



The Ida Wing, Cookridge Hospital  
Historic Building Recording  
ArcHeritage 2019

The Former Ida Wing, Cookridge Hospital, Leeds  
Historic Building Recording

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## **NON-TECHNICAL SUMMARY**

This report presents the results of a Building Survey of The Former Ida Wing, Cookridge Hospital. The survey was undertaken to record the history and the historic architectural features of the building in advance of redevelopment. ArcHeritage was commissioned by Esh Construction to undertake the survey and report, which were carried out in line with the specification produced by the West Yorkshire Archaeology Advisory Service (WYAAS). This was undertaken as a condition of the Planning Approval (Application Nos. 18/00725/FU and 18/01326/LI).

The Hospital was built in 1889 by Chorley and Conon as an addition to the Cookridge Convalescence Hospital built eighteen years earlier on the same site. The Ida Hospital was built in memory of Ida North by her parents. Built in the half-butterfly plan with particular regard for sunlight and ventilation, the hospital was an improvement on the earlier Cookridge Hospital as it provided patient accommodation on the ground floor and contained a variety of ward types and sizes. Although stylistically similar to the older hospital, the Ida Wing was built in a more domestic architectural style. The neighbouring Robert Arthington Hospital was built in the early 20<sup>th</sup> century to a similar design and was originally linked via a covered walkway.

The fabric of the hospital changed little over its history, a testament to its sound design. The only major change was the replacement of the original toilet blocks with larger extensions in the 1960s. The hospital continued in use until 2005 when it was closed along with the rest of the site.

## 1 INTRODUCTION

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## 2 SITE LOCATION AND DESCRIPTION

The site is located in Cookridge a suburb of Leeds approximately 6.5 km from the city centre (NGR SE 25483 38884, Figures 1 & 2). The hospital is situated in an area of woodland and shares its site with the former Old Block and the Robert Arthington Wing. The site is bounded by woodland to the north, east and west, and a new housing estate to the south. It is accessed from Hospital Lane to the north and Oak Park Drive to the south.

The structure consists of a three-storey central block flanked by single storey wings. The building is aligned north-west to south east with its principal elevation facing south-west. For the purposes of this report the building is referred to as aligned along the cardinal points, with the principal elevation facing south.

## 3 AIMS AND METHODOLOGY

### 3.1 Aims

The general aim of the project was to produce an architectural and archaeological record of the building in line with the guidelines set out by Historic England in *Understanding Historic Buildings* (HE 2016), guidance from the Chartered Institute for Archaeologists (CIfA 2014) and industry best practice.

The building recording was undertaken to a specification produced by the West Yorkshire Archaeology Advisory Service (WYAAS) who had requested that a survey be made as part of planning permission 18/00725/FU and 18/01326/LI.

Condition 24 states:

*Archaeological recording shall be maintained in accordance with the details approved under application 10/04346/FU.*

*In the interest of protecting the historic environment.*

### 3.2 Methodology

The site was visited by Christopher Curtis on 3-7<sup>th</sup> December 2018 and 11<sup>th</sup> March 2019. Certain parts of the building were deemed unsafe due to fire damage and weak floors and were therefore not entered. This includes much of the west wing and rooms 65 and 66 on the first and second floors. Access to the basement was delayed due to the presence of asbestos.

### 3.2.1 *Desk-based research*

The historical background of the site has largely been covered in A.J. Ward and T. Ashton's *The History of Cookridge Hospital 1867-1972* as well as a heritage assessment by Woodhall Planning and Conservation which will form the basis of the historical background for this report. This has been supplemented with additional information acquired during the production of this report.

### 3.2.2 *Written Record*

The written record is based on notes made during the site visits and the completion of WYAAS room data sheets. Each recorded room has been given a number on the data sheets and referred to in the body of this report. The room numbers are also annotated on the floor plans for ease of identification.

### 3.2.3 *Photographic Recording*

A photographic survey of the building was conducted, including a written description of the exterior and interior of the building. The onsite survey involved written notes and annotated printouts of the existing drawings.

Photography of the building was carried out using a tripod and artificial light when necessary. A 24-megapixel DSLR was used for all photography, which included:

- general views of the buildings in the wider setting;
- the external appearance of the buildings, showing all external elevations;
- the overall appearance of all rooms and circulation areas;
- external and internal decorative detail relevant to the building's design, development and use;
- dates, inscriptions or graffiti which contribute to understanding the building;
- building contents and ephemera which had a significant bearing on the building's history.

### 3.2.4 *Drawn Record*

The drawn record was based on plans provided by the client. The record consists of plans of the ground, first, second and basement floors drawn at 1:200 as well as a west-east section of the rear range, which will be demolished, at 1:100.

## **4 HISTORICAL BACKGROUND**

The Ida Hospital was built in 1889 as an adjunct to Cookridge Convalescent Hospital. The origins of Cookridge Hospital can be linked to the rebuilding of the Leeds General Infirmary in the 1860s. Previously, convalescent patients had been kept in the attic of the old infirmary or sent to Scarborough, Southport, Ilkley and Burmantofts. Convalescent hospitals were uncommon anywhere before the 1860s, but it had become accepted that patients might heal faster away from the general infirmaries and from their own, possibly insanitary, homes.

The idea of a convalescent hospital for Leeds was mooted by John Metcalf Smith, a local banker. The Infirmary Board were reluctant to pay for the hospital out of their funds, so Metcalf Smith donated the money himself, around £10,000. The site chosen was Ireland Wood in Cookridge, a rural location thought to be conducive to convalescing (Figure 3).



The original Cookridge Convalescent Hospital was built to designs by Richard Norman Shaw and followed the pavilion plan typical of its time. In common with contemporary convalescent hospitals, Cookridge differed from general hospitals only in its provision of day rooms and dining rooms.

The Cookridge site was expanded when, in 1885, the hospital committee agreed to build the Ida semi-convalescent hospital for forty patients, on the condition that their upkeep was paid for by the general infirmary. The hospital was completed in 1889 to designs by local architects Chorley and Conon. The use of the arts and craft style was designed to fit in with the main hospital building but its design was more innovative. Chorley and Conon employed the half-butterfly plan, kept all the patients on the ground floor, and made use of different sized wards for different patients. New admissions would typically be kept in the large dormitories in the wing whilst stronger patients who required less supervision could be kept in smaller rooms.

The 1893 OS map and original plans of the hospital show it as it was built. In common with the main block the hospital was built symmetrically with gender segregated wards either side of a central administrative block, with a kitchen and ancillary block to the rear. The upper floors provided accommodation for nurses and medical officers. Minutes from the building committee show that great care was taken with the heating and ventilation of the building, which had central heating, open fires and crude heat exchangers in the air inlets under the building. The heat exchangers were used to warm cold air ventilating the building rather than being a significant contributor to the heating the building.

The site was expanded yet again in 1905 with the addition of the Robert Arthington Hospital to the south-east of the Ida Hospital. The new building was designed by the same architects to a similar but larger design. The Arthington wing was clearly designed to work with the Ida wing as it lacked its own kitchen facilities and appears not to have had its own boiler room. The OS map of 1908 shows the two matching buildings linked by a corridor.

The surviving records give little information as to the administrative history of the hospital; however, the OS maps provide some clues. The 1893 OS map shows the Ida Hospital in the same grounds as the Cookridge hospital, with adjoining paths. Presumably they were originally administered together. By the 1908 OS map a boundary had appeared between them with no joining lines. It may be surmised that by that point the hospital was administered by the Leeds General Infirmary as it had already agreed to pay for patients there. By the 1954 OS map the hospital is labelled as a pre-convalescent annex of the general infirmary, and therefore would have been subsumed into the NHS. The 1954 map also shows a new nurses home constructed to the north of the Ida and Robert Arthington Hospital, however this no longer survives. The 1971 OS map shows that the toilet blocks to the north of the wings had been replaced and ancillary buildings had been added to the service range to the rear.

The hospital remained in use until 2005 when it was closed along with the rest of the Cookridge Site.

## 5 BUILDING DESCRIPTION

### 5.1 Overview

The Ida wing comprises a hospital arranged in a half-butterfly plan. The building is aligned roughly south-east to north-west and consists of a three-storey central block with single storey canted side wings and a two-storey kitchen range to the rear. The building is predominantly constructed with red brick with stone dressings, while the upper floors are clad with roughcast and applied timber framing. The pitched roofs are clad with graded slate.

### 5.2 Exterior

The south elevation can be divided between the central range and the two side wings which are almost a mirror image of each other. The central range, built over three storeys is also symmetrical, presenting a three-bay façade towards the valley below (Photos 2-3).

The ground floor is constructed of red brick in stretcher bond, set on top of a sandstone plinth. It has a central recessed entrance over a shallow segmental arch. The doorway itself has a two-centred arched head. The original door survives in poor condition as a two-leaf panelled door, with three panels per door (Photo 239). The top two panels appear to have been glazed, although no glass survives. Either side of the door are two pairs of windows in stone surrounds. Either side of the entrance there are two large canted bays with paired windows with stone surrounds (Photo 22). The windows to the west are typical of the building, consisting of double-hung timber sash windows with 9 over two panes and thick glazing bars. The east windows are timber casements and presumably a replacement (Photo 30).

The first floor is lit by three timber casement windows. The two to either side have three large lights and three top-lights whilst the middle five-light window forms a canted oriel and has its own tiled roof (Photos 23 & 28).

The second floor sits within the gables of the M-shaped roof. It is decorated with fake small-panel framing and cusped braces below the windows forming trefoil heads. The two windows comprise five-light timber casements, although the east window is lacking much of its framing (Photo 32).

The side wings are largely a mirror image of each other and are constructed of brick in the same style as the central block (Photos 5-6). Both wings contain a bay at the same angle as the main block before canting southwards (Photos 19 & 35). The first bay of the west wing contains three sash windows with top-lights, whilst the matching bay of the east wing has been altered to make a double doorway with casements to the side. The canted wings start with a single sash window with top-light close to the main range. The remainder of the elevations are occupied by timber-framed verandas, each with four bays and corresponding gables. The gabled bays comprise posts supporting arch-braced collars, although the collars have been removed from the east wing. The verandas would have originally been open, however, they have since been infilled with timber windows and cladding to the gables. The verandas have also been fitted with rolling awnings, although their placement appears to be a later addition as they obscure the moulded bases of the arch braces (Photos 13 & 14).

The rear elevations of the wings are broadly similar, consisting of red brick walls on a stone plinth punctuated by sash windows with over-lights (Photo 113). The rear side of the wings

have also been extended with flat-roofed, sing-storey toilet blocks (Photo 107). These are built in red brick in stretcher bond and feature steel casement windows. The blocks were probably added in the 1960s, replacing existing, smaller blocks with are shown on the original plans. The west block incorporates a section of the original block in its north elevation, including stone window surrounds and a stone plinth (Photo 55). Both wings join the central block with a small gabled range (Photo 57).

The upper storeys of the central block present an elevation to the north similar to that of the south, consisting of an M shaped pair of gables projecting over a roughcast façade. The fenestration is irregular but consists of timber casements (Photo 95).

To the rear of the hospital there is a single storey north block and a two-storey kitchen block to its east. The rear block is constructed similarly to the rest of the building, with red brick walls over a stone plinth, however, the bricks are laid in English garden wall bond. The block has a gabled slate roof aligned north-south. The west elevation is fairly plain, relieved only by three regularly space sash windows (Photo 95). The east elevation consists of a blocked arched opening where a corridor once linked the Ida building to the Robert Arthington hospital (Photo 100). The north elevation contains the building's main entrance, a double doorway within a stone surround with a shallow segmental arch head (Photo 70). The door is flanked by two stub walls with fixed-glazed windows, and sheltered by a glass and steel veranda. Scarring in the brickwork above the veranda suggests a pitched roof once adjoined the building. This probably relates to a *porte-cochère* shown in the original plans.

The kitchen range, attached to the north-east of the rear block, consists of perpendicular gabled ranges and an enclosed yard to the west (Photos 64 & 65). The gabled north elevation of the kitchen contains three sash windows with top-lights. The elevation continues eastwards with two further windows before giving way to a gateway to the kitchen yard. The kitchen block also has an east facing elevation at first floor height overlooking the yard, consisting of three sash windows below a mock-timber gable in the same style as the central block of the hospital.

At the east end of the kitchen yard a storage building presents a plain gabled elevation to the north. Its east elevation is blocked by the blank brick wall of a partially demolished extension. The south elevation of the kitchen block consists of the gabled end of the kitchen itself, mirroring the north elevation but containing a doorway in place of the central window (Photo 93). To the east of the kitchen the elevation continues as the service block, containing two doorways, one leading to the kitchen courtyard and one to an externally accessed room, formerly the mortuary (Photo 87). A set of external stairs leads down to the basement under the block (Photo 88).

### 5.3 Interior

The interior of the building can be roughly divided between the southern half of the building, containing the central block and wings, and the northern half of the building containing the service and kitchen blocks. The whole building is accessed from a main north-south corridor and an east-west corridor. The ground floor of the central block and wings provided accommodation for patients whilst the rest of the building provided accommodation for staff and administrative space.

#### *Central block and wings*

The ground floor of the central block is almost symmetrical, as it was designed as two identical units for different genders. The main entrance to the building leads into a lobby, separated from the main north-south corridor via a mixed timber panelled and glazed partition with leaded lights (Photo 236). The partition has matching panelled and glazed double doors. The corridor leading from the entrance is decorated with plain plaster walls, a flush-beaded skirting board and a coved cornice to the ceiling. The corridor leads through an arch to the similarly decorated east-west corridor (**14**) and continues into the north block (Photo 238). The east-west corridor appears to have originally been open to the north and to the east and west but has had modern partitions and doorways inserted (Photo 240).

Either side of the entrance corridor the central block contains an almost identical set of day rooms (**15/16**) (Photos 248 & 230). The rooms are lit from the south with canted bay windows and are accessed from doorways to the north. Each room has a blocked fireplace in its outer wall and they have both had doorways inserted into the adjacent rooms. The rooms have been mostly stripped of any original features, and the sash windows in the east room have been replaced with timber casements.

Either side of the day rooms are a further pair of rooms (**55/38**), marked as four-bed wards on the historic plans but now linked to the inner day rooms and presumably used as such in later years. As with the inner day rooms, any historic features have been stripped out, although blocked chimney breasts remain on the inner walls (Photos 253 & 255). The rooms have had service hatches inserted through to the neighbouring outer rooms (**57/26**) and the east room has had its windows replaced with timber casements and a set of modern doors leading outside.

The central block also contains a set of rooms on the north side of the main east-west corridor. The outer rooms (**56/13**) are presumed to be identical, although the west room has largely been destroyed by fire. The east room (**13**) is plainly decorated and both rooms are marked as one bed wards on the historic plan. The next rooms (**11/12**) in are marked as cloakrooms on the historic plan but appear to have been altered. The eastern room (**12**) is entirely plain and has a modern suspended ceiling (Photo 203), it may have been latterly used as a treatment room. The western room has been converted to a W.C (Photo 129). Either side of the north-south corridor leading into the north block there are two small spaces. To the east the space is occupied by the stairs to the first floor and an electrical cupboard underneath it. The west space contains a storage room with a skylight (**10**). The room is marked as clothes store on the historic plan and contains what is probably a set of original shelves (Photo 126).

The side wings each consist of a large open ward and a nurses' room in the angle of the wings and the central block. Both wings have 1960s extensions to their north, primarily containing W.C.s and washing facilities. These replaced smaller original wash blocks, although the west extension contains original fabric. Only the east wing was fully accessible, but the areas of the west wing that were inspected were found to have few differences.

The east wing nurse's room (**26**) appears to have been modernised in the later part of the 20<sup>th</sup> century. It is accessed via a plain, half glazed 60s door in an original moulded architrave. The room has a blocked chimneybreast in the east wall and has a linoleum floor (Photo 268).

The main ward in the east wing (27) consists of a large open room with a high ceiling, lit by tall sash windows with top lights (Photo 271). The room has a coved ceiling and a linoleum floor but is otherwise plainly decorated. The room is accessed from the main east west corridor via 1960s glazed doors and would have been heated by fireplaces at either end. The west fireplace has been blocked and a door has been inserted through the east chimney. The room has wall mounted electrical units containing lamps, power sockets and headphone sockets either side of the windows corresponding with where beds would have been situated (Photo 274), providing space for fifteen beds in total. This fits with the layout of the room on the historic plan, although one bed has been removed at the entrance to the later wash block. A door in the south west corner of the room leads to the veranda.

The verandas (59/39) were formerly open structures but the vagaries of the English climate and the need for space saw the insertion of glazing to the bays. The verandas were probably converted in the 1960s or 70s and feature modern softwood windows and a low ceiling, effectively extending the ward space (Photo 17).

Both wings feature later extensions to their north which are probably contemporary in date although their layouts are slightly different. Both the extensions are divided into two spaces, one accessed from the main ward providing W.C and washing facilities and another accessed from the main east-west corridor providing work and storage space. The extensions are all furnished and decorated in the same way, featuring plain plastered walls, plain skirting boards and concrete floors. The doorways typically have no architrave and feature either plain doors or plain doors with rounded windows. The extensions are lit with steel framed casement windows.

The east extension has three small rooms accessed from the main corridor (34-36). The westernmost room (36) is devoid of any features (Photo 206) whilst the central room (35) has pigeon holes and what appears to be the remains of a workbench (Photo 209). It may have been either an office or treatment room. The eastern room (34) has a cupboard and a counter opening into the ward (Photo 212). This presumably served as a dispensary for medication.

The remainder of the extension consists of a wash block with staff rooms. The wide entrance from the ward leads into a central space that once had toilet stalls (31) (Photo 217). To the west this leads to two bath and shower rooms (32/33) (Photo 220). To the east the extension contains a store room (30) and two staff rooms (29/30) (Photos 225 & 228) with external access.

#### *The central block upper floors*

The first floor of the central block is accessed from a staircase in a northern projection. The floor consists of three main rooms to the south, two smaller rooms to the northwest and a hallway, W.C and a further staircase to the north-east. The first floor retains its original layout and much of its original fixtures and fittings.

The main hallway (40) is decorated with plain plaster walls, moulded skirting boards and a moulded cornice to the ceiling (Plate 293). All of the doorways have deep moulded architraves with four-panel timber doors. The staircase leading from the ground floor consists of a closed string dog-leg staircase with turned balusters (Photo 299).

The south-east room (43), labelled as the matron's bedroom on the historic plans, has a simpler cornice and skirting board than the hallway and also has a picture rail (Photos 281 & 282). It is

lit with a six-light timber mullion and transom window. There is a corner chimneybreast in the north-east corner of the room but this has been blocked and the fireplace removed.

The central room (44), labelled as the matron's sitting room on the historic plans, is decorated in the same way as the south east room, but has a five-light bay window and a central fireplace (Photos 285 & 286). The fireplace appears to be a 1930s replacement with an even later gas burner in it.

The south-west room (45), marked as the house surgeon's sitting room on the historic plan, mirrors the south-east room, however it also features a dado rail (Photos 300 & 301). The tiled former fireplace appears to be a 1930s replacement. The original was probably taller as the dado rail is interrupted at this point.

The north west room (46) consist of a relatively small space decorated similarly to the others but with no picture rail (Photo 308). The room has a corner chimneybreast with its fireplace removed and a hatch in the west wall giving access to the roof structure over the west wing. The room is marked as the house surgeon's bedroom.

The central north room (65) was not accessed during the visit due to safety concerns. The room is marked as a store room on the historic plans, however it is also shown with a fireplace and is fairly large and well lit, indicating it may have been designed as further staff accommodation.

The north-east corner of the first floor is occupied by a W.C and bathroom (41) (Photo 314), similarly decorated to the rest of the floor and showing no signs of alteration. The layout is the same as the historic plan.

The second floor consists of four main rooms, two on each side of an east-west corridor with the stairs at the east end and a W.C at the west end. The historic plans do not cover the second floor but it's general appearance and position suggests it provided accommodation for normal staff members. The floor has been altered more significantly than the first and shows fewer decorative features, limited to simple door and window architraves and plain skirting boards. The doors have all been replaced with modern fire doors. It is possible that decorative features have been stripped out, but it is also likely that the upper floor was more sparsely furnished, reflecting the lower status of its inhabitants.

The stairs to the second floor wind up from the east of the building and while narrower and steeper, are built in the same style as the ground-first floor stairs (Photo 330). The hallway (49) is lit with roof lights and has a partition at either end (Photos 237 & 238). The west partition appears to be original and features a door architrave in the same style as the rest of the floor. The east partition appears to be a modern addition. The west end of the hallway has modern toilet stalls inserted into a projecting part of the building (Photo 329).

The partition between the southern two rooms (47) has been knocked through to create a larger space but it is evident that they were originally separate (Photos 318 & 320). The rooms are sparsely decorated with plain skirting boards and have a softwood floor. The rooms are lit with five-light mullion windows and have corner chimney breasts at the northern end of the remains of the partition wall. The fireplaces have been removed.

The north-east room (48) is fairly small and lit with a three-light mullion window (Photo 324). The north-west room (66) is probably identical but could not be accessed due to safety concerns.

#### *The north block*

The hospital's north block comprises a single storey range with rooms either side of a north-south corridor. The block is accessed from the central block to the south and an external entrance to the north. There are also corridors leading east to the kitchen range and formerly to the Robert Arthington hospital.

The corridor itself (1) has modern plain skirting boards and a modern tiled floor (Photo 139). The walls and ceiling are plain plastered and meet at a deeply coved cornice similar to the corridor in the central block. Access to adjacent rooms is through doorways with moulded architrave and four-panel doors. The space is lit via roof lights in ceiling. A marble dedication plaque on the rounded corner of the corridor commemorates Ida North, the namesake of the hospital (Photo 149).

The main entrance to the corridor is via a set of doors at its north end leading to what used to be a *porte-cochère*. The doors and ante-room are similar in arrangement to the south entrance, although the inner doors have been replaced with a pair of swinging plastic doors, probably in the 1960s (Photo 145). Having better access to the road in and out of the hospital, it is likely that the rear entrance was the most used.

The west side of the block contains three rooms, all accessed from the main corridor. The north room (2) is domestic in appearance, featuring a deeply coved cornice and high skirting board (Photo 116). The room is lit with sash windows, has a carpeted floor and a blocked chimneybreast to the south. The historic plan labels the room as the nurses' sitting room.

The central room (3) is marked on the historic plan as the porter's bedroom and is similarly domestic in appearance with the addition of a dado rail (Photo 138). The room has a blocked chimneybreast on the north wall.

The narrow southern room (4) is labelled as a dispensary on the historic plans and appears to have most of its original fixtures intact (Photo 122). The room is lined with cupboards, shelves and workbenches built in the same style as the joinery in the rest of the hospital.

The east side of the block contains two rooms and a few smaller storage spaces. The north east corner contains a room and a small narrow room next to it. The narrow room (5) is lit by a single sash window and has half-height tiling to the walls and was probably last used as a W.C (Photo 131). The room is accessed from the south via a sliding door in a modern plain architrave. The larger room to the east (6) is accessed via a large opening to the south and is lit by a single sash window (Photos 133 & 134). The room is devoid of any features apart from a series of numbered power sockets midway up the wall. The two rooms are shown as one on the historic plans and labelled as a store. It is likely that they were divided in recent years.

The central room (7), accessed from the kitchen corridor to the north, is marked on the historic plan as a linen store. This function appears to have remained unaltered as it is still lined with wide shelves (Photo 136). The doorway has a plain modern architrave and door. The room is shown as extending further south on the historic plan; however, now the south of the room is

occupied by a spur of the corridor leading to a large blocked opening (Photo 143). This would have led to a covered walkway linking the building to the Robert Arthington Hospital. The room was probably truncated not long after being built to make way for the corridor. To the south of the link corridor are two small cupboards (8) and the stairs to the first floor (Photo 151).

### *The Kitchen Range*

The kitchen range is attached to the east side of the northern block and consists of the double height kitchen, washrooms with staff accommodation above and further storage buildings to the east forming a yard with the kitchen. The entire block sits above a basement boiler house.

The kitchen (17) occupies the western part of the range and is a double height room orientated north-south and open to the roof (Photo 153). The kitchen is lit at both ends by sets of three sash windows and top-lights, although a doorway has been inserted into the middle south window. The room is accessed primarily from the north block to the west, via a set of modern double doors. The room has been stripped of any furnishings or equipment, although a large fireplace remains on the west wall (Photo 155), where the cooking was presumably originally done with a coal stove. The room walls and floor are entirely clad in tiles.

The kitchen has open doorways to the north and south of the east wall. These lead into similar tiled rooms (18/19) Photos 163 & 165) that appear to have been used most recently for washing dishes. The historic plan shows a slightly different arrangement, with the north room being part of the neighbouring pantry and the northern part of the kitchen being used as a scullery. Judging on the tiles, it is likely that the kitchen was overhauled in the 1960s as technology changed. A doorway in the centre of the east wall leads to a small lobby containing stairs to both the first floor and the basement as well as access to the pantry to its north (Photo 166). The pantry (20) contains slabs set against the wall and a tiled floor and walls (Photo 193).

The first floor over the pantry and wash rooms is accessed via a narrow set of stairs with turned newel posts and plain balusters (Photo 198). The floor consists of a lobby for the stair landing (53) and a cramped sitting room to the north (54). The room is devoid of any decoration but has a fireplace to the west wall (Photos 199 & 202). The fireplace is modern but the chimneystack is original. The first floor of the kitchen range isn't represented on the historic plan; however, it is likely that it was built as a sitting room for the cook, and appears to have been used as such continuously.

The kitchen and pantry lobby give access to a further range of rooms to the east arranged around a yard and accessed from a semi-open veranda. The two spaces either side of the yard (52/23) are occupied by industrial refrigerators whilst the veranda to the south has been closed in with modern glazing and a set of half-glazed double doors (Photo 185). The main fridge (52) is marked as coal storage on the historic plan.

There are three rooms to the south of the veranda as well as a formerly open passage and a W.C. The westernmost room (21) is a fairly awkward space marked as a boot room on the historic plan. The room is plastered and lit by a sash window to the south (Photo 170). The room is accessed via a moulded four-panel door with matching architrave (Photo 172) and most of its space is taken up by a chimney rising from the location of the former furnace in the basement.



Adjacent to the west room is a through passage (22) providing access to the yard and kitchen range from the south. The passage is lined with brick and has a W.C. to the east. The passage is shown as open on the historic plan but has since been enclosed. To the south the opening has a panelled and glazed door, possibly an early addition (Photo 173). To the north the opening onto the veranda has been filled with a modern partition and door (Photo 174).

The central room (51) is accessed only from outside to the south and appears to have been built this way. The room is clad with glazed tiles and is marked as a mortuary on the historic plan. More recently it appears to have been used as a store room.

The narrow east room (24) is accessed from the end of the veranda via a plank and batten door. The room is open to the rafters and has painted brick walls (Photo 180). The south wall has a blocked window. The room is fairly spartan and is marked as an ash room on the historic plan.

### *Basement*

The basement is located beneath the Hospital's service wing and comprises two main rooms, with two smaller rooms in between as well as a staircase to the building above. The basement is accessed from the central staircase in the kitchen block above and a set of external stairs from the east room.

The large west room and the smaller central rooms sit under the kitchen block and broadly mirrors its layout. The stone and brick stairs lead into small central lobby (62) which leads north into a small room filled with server racks (63). The central lobby also leads to the large west room (60), built principally of brick but with a concrete floor and ceiling (Photo 332). The room has high level windows on the north and south walls for ventilation and brick stub walls on the west wall supporting the kitchen hearth above. The room contains a series of low concrete blocks that presumably supported machinery. A doorway in the south-east corner of the room leads to a lobby (63) leading to the eastern half of the basement.

The large eastern room (64) (Photo 333) appears to have functioned as the hospital's boiler room, constructed with a brick floor and walls and a concrete ceiling, which may have been added when the kitchen was updated, possibly in the 1960s. The space is divided by a thick spine wall running east-west with openings at either end. The north of the room contains a sunken area approximately one metre lower than the rest of the basement. At the west end of the room there is a large chimneybreast, the chimney itself has been demolished below roof level. At the east end of the room there are two large arched openings for dropping coal, the southern opening has been blocked. A doorway at the east end of the south wall leads to an external set of stone stairs.

## **6 CONCLUSIONS**

The Ida Hospital was built in 1887 as an adjunct to the Cookridge Convalescent Hospital, itself built eighteen years earlier in 1869. Superficially both hospitals are similar, sharing a south facing aspect and a concern for ventilation. Both buildings are also built in a similar architectural style and based on the same principal of having a symmetrical set of gendered wards based either side of a central administration block. However, whereas the Old Block simply used the standard pavilion model of hospital design, with little modification to use as a convalescence hospital, the Ida Hospital was more innovative.

The Ida hospital saw improvement on the original Cookridge design in a number of areas. Whilst the architectural style of the building referenced the old block, it was given a more domestic and less institutional appearance. Patients, whose mobility could be limited, were kept entirely on the ground floor and were provided with a range of ward sizes. This meant that recent patients could be supervised on the larger wards whilst stronger patients nearing discharge could be kept in smaller wards.

The hospital also saw an early use of the half-butterfly plan, with inwardly canted wings designed to make better use of the sun. Receiving adequate sunlight and ventilation was a priority for the builders of late Victorian hospitals, who were heavily influenced by Florence Nightingale's *Notes on Hospitals* (Nightingale, 1863). The large south facing verandas allowed mobile patients to sit out in the sunshine and the large opposing windows in the wards provided plenty of light and ventilation. The heat exchangers in the grills under the windows were probably not an attempt at providing a novel heat source to the wards, which had radiators and fireplaces, but were designed to take the cold edge off ventilation in the winter months. The Victorian obsession with light and air proved a little too optimistic, given the vagaries of the English climate, and a later generation would enclose the formerly open verandas.

In many ways the rear service block is similar to that found in contemporary country houses. The block is located to the rear of the hospital and, although architecturally significant, it is invisible from the south. The block communicates with the rest of the hospital but is also accessed externally via its own yard, meaning that goods and kitchen staff would not need to mix with patients and other hospital staff. The kitchen gave access directly to the main north-south corridor which would have allowed the quick delivery of food to hospital staff and patients on the wards.

The original plan shows that the kitchen was laid out similarly to a large country house kitchen, with a large scullery and pantry close at hand. Unfortunately, precise details of the kitchen arrangements can't be inferred from the surviving plan or the fabric of the building, but it is likely that the fireplace would have contained a coal-fired range as coal was then the most economical and common fuel.

The position of the first floor sitting room above the service block is somewhat analogous to the housekeeper's living room described in Robert Kerr's *A Gentleman's House* (Kerr, 1863) in that it probably provided a private space for the senior kitchen staff but was also positioned close to the kitchen and commanded views over the kitchen yard.

Although superficially similar to a country house service block, there are a number of differences to the design at the Ida Hospital. Although the block is located at the rear of the hospital, out of view of the principal elevation, in reality the hospital's rear entrance was also its main one. Staff, patients and visitors would have all seen the service range on a regular basis. Furthermore, in country houses great care was taken to avoid cooking smells drifting into the house, but the proximity of the main entrance to the kitchen meant most hospital visitors would most likely have been greeted with the smell of cooking.

The hospital service block is also much simpler than that likely to be found in most country house service ranges. Whereas the Ida Hospital features a kitchen, scullery, pantry and boot

room, even a modest country house would also feature a wet and dry larder, a bakehouse, a still room, and separate laundry facilities.

The presence of these features in the Ida Hospital can also serve to illustrate its relationship with the original Cookridge Hospital. It is significant that the Ida Hospital had its own Kitchen, mortuary, and central heating system, giving it functional independence in these areas. However, the hospital lacked an independent water supply and relied on the Old Block for laundry.

That the innovative design was also effective is reflected in the fact that form of the building changed very little over time. The general arrangement of the wards and dayrooms remained the same, as did the use of the upper floors as staff rooms and the rear blocks as administrative buildings. Significant changes to the building include the extension of the day rooms into the neighbouring wards and the replacement of the wash blocks with larger versions in the 1960s. The kitchen also appears to have been overhauled, probably in the 1960s, by which time gas ranges would have become the norm.

## 7 DISSEMINATION AND ARCHIVING

A bound copy of the report, along with a digital copy in PDF/A format, will be provided for inclusion within the West Yorkshire Environment Record. The digital photographic record will be deposited with the Archaeology Data Service following the guidance of the ADS..

A full archive for deposition with West Yorkshire Archives has been prepared. The full site archive has been prepared to recognised standards (Brown 2007). The archive comprises copies of correspondence relating to fieldwork, site notebooks/diaries, original photographic records, site drawings (plans, sections, elevations), and computer discs and printouts. An OASIS online record has been made and has the number archerit1-348378.

## 8 ACKNOWLEDGEMENTS

The author would like to thank ESH Construction for commissioning the report and arranging access to the hospital.

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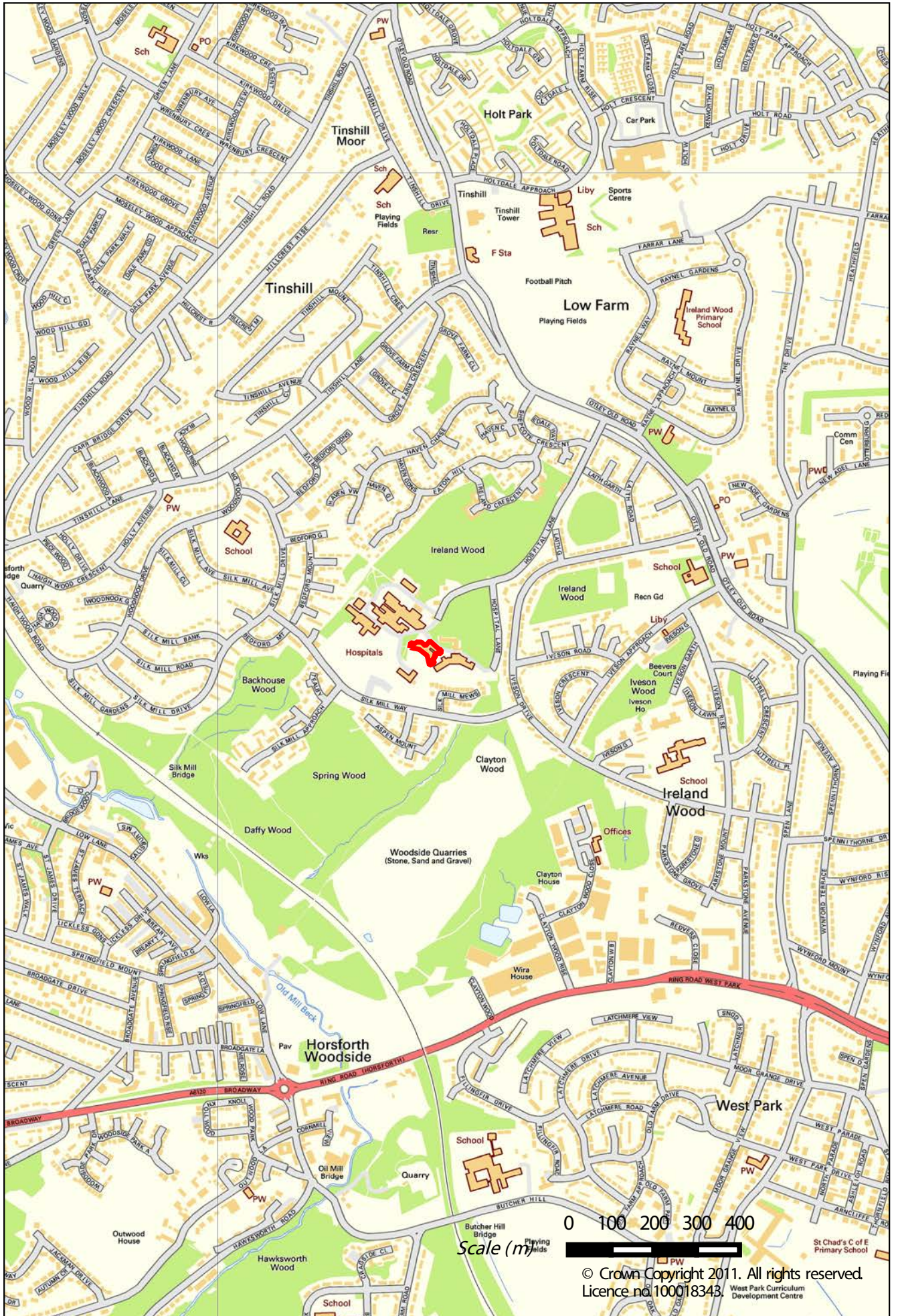


Figure 1. Site Location

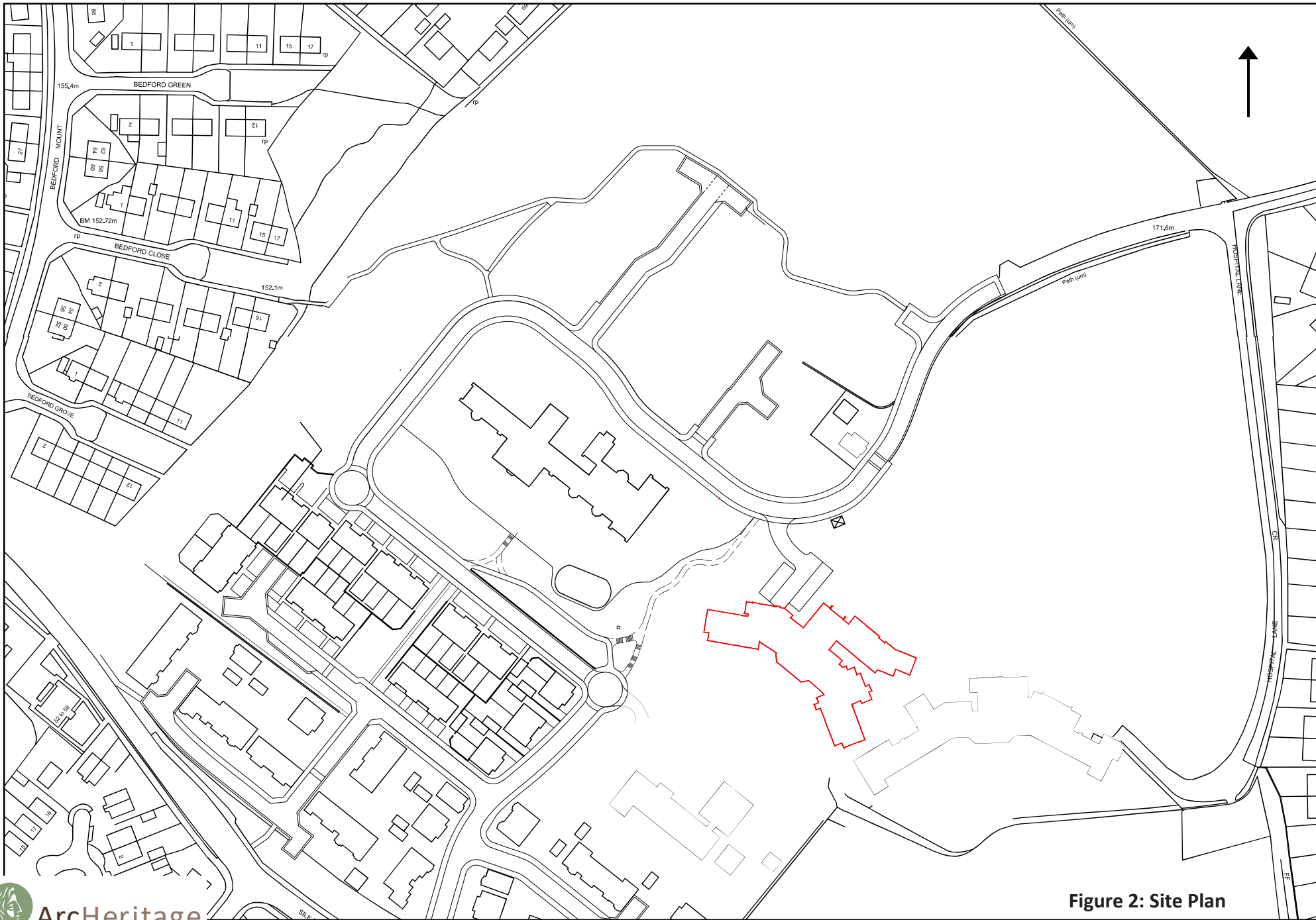


Figure 2: Site Plan



Figure 3: 1851 OS map

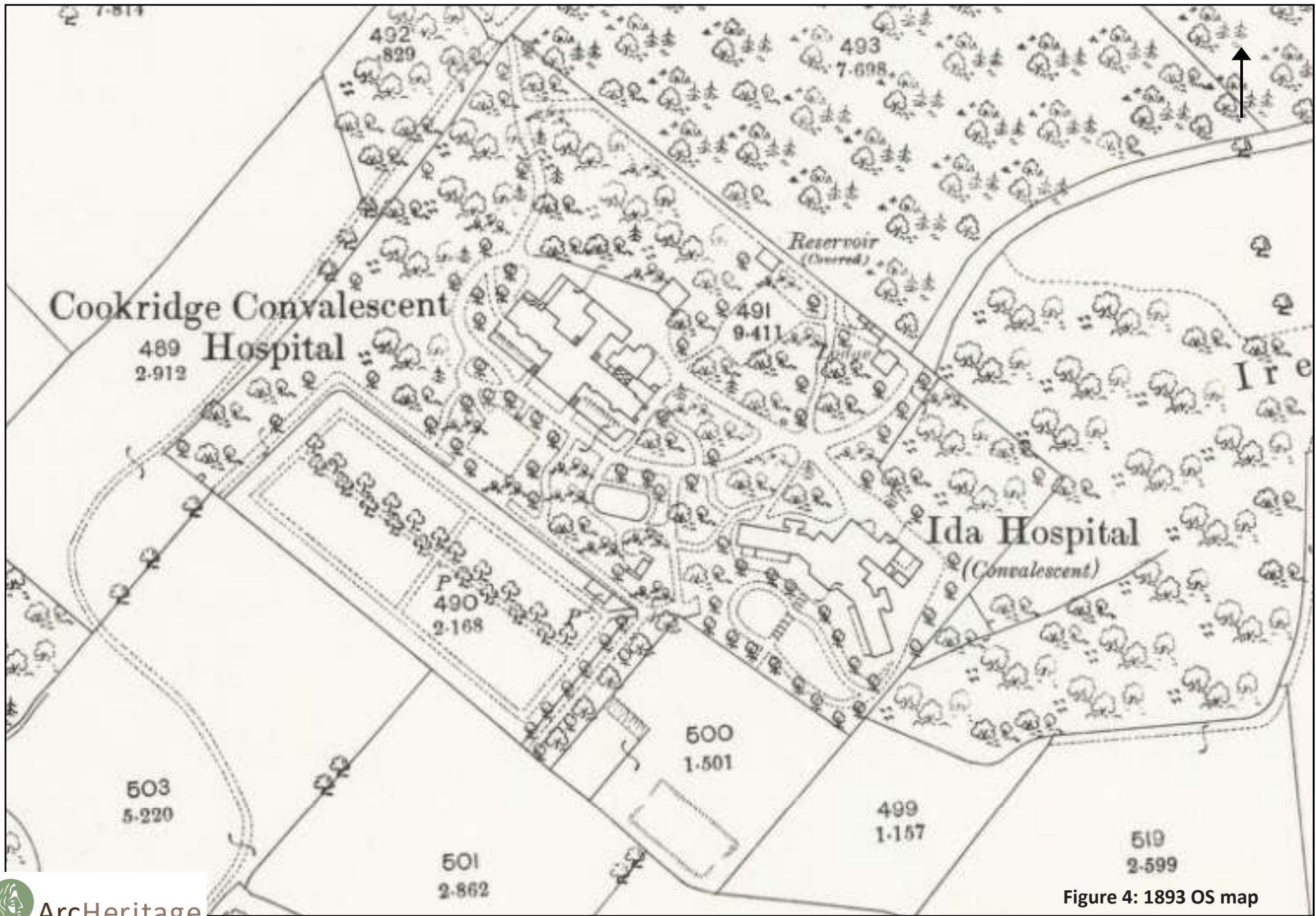
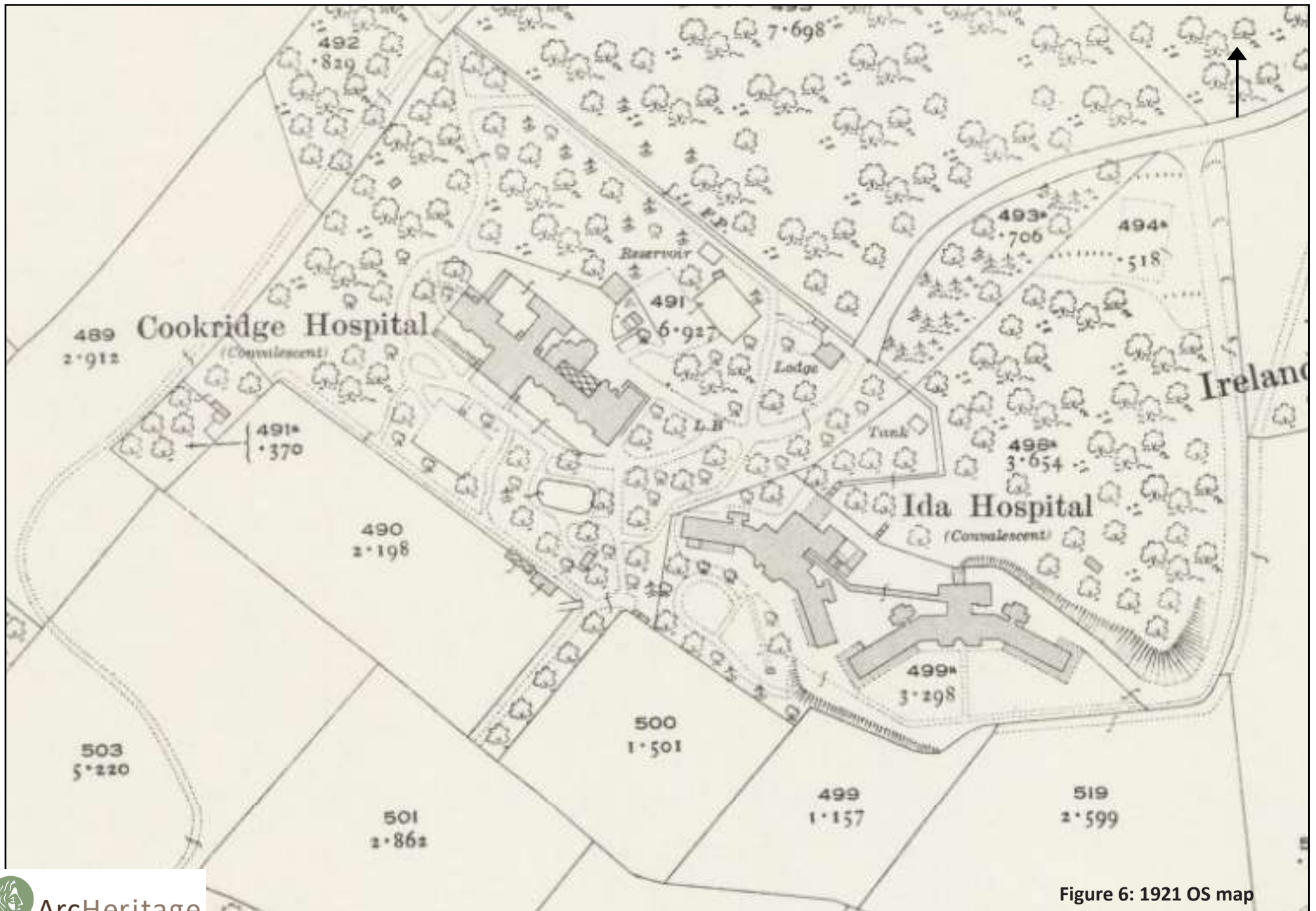


Figure 4: 1893 OS map







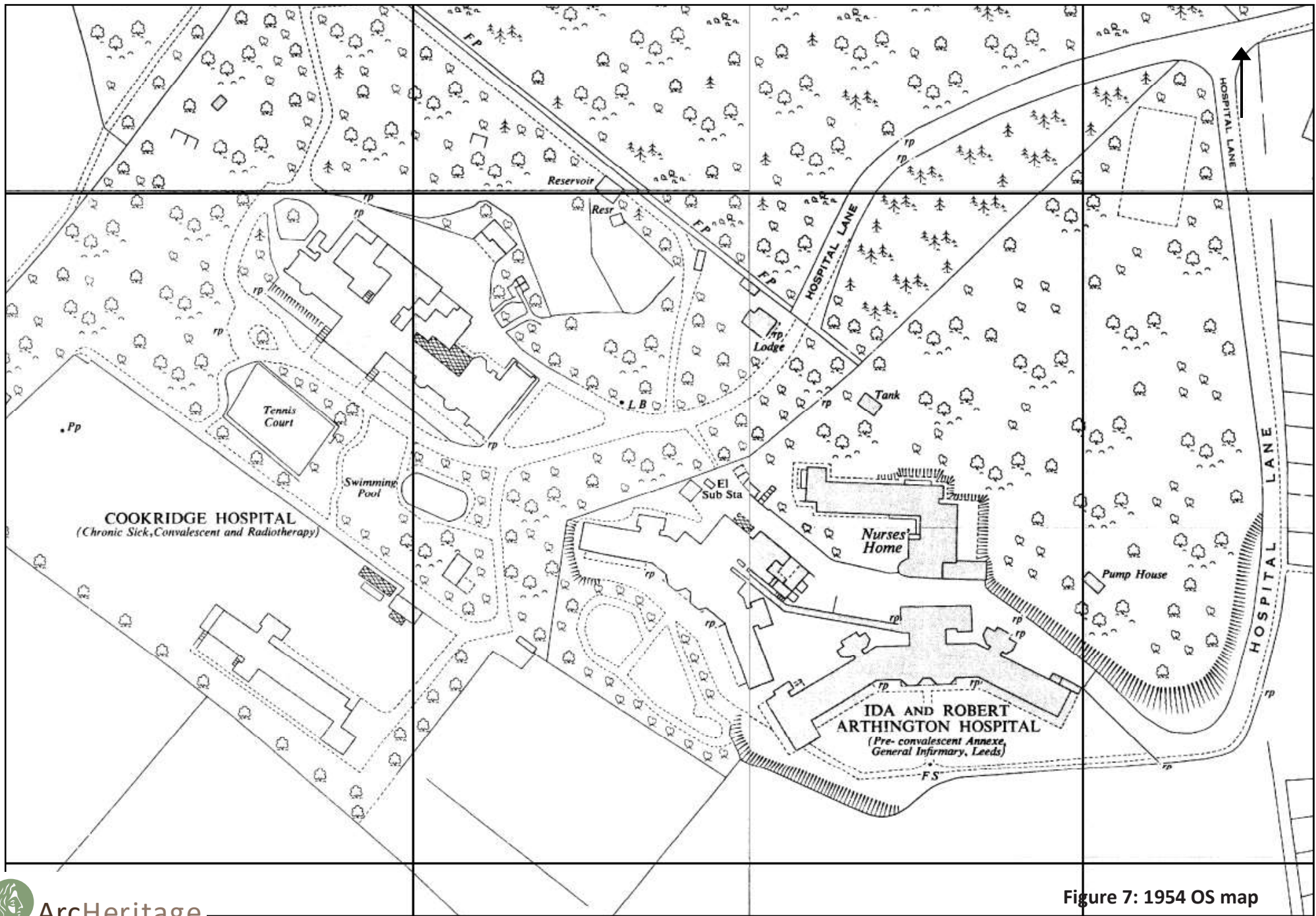


Figure 7: 1954 OS map

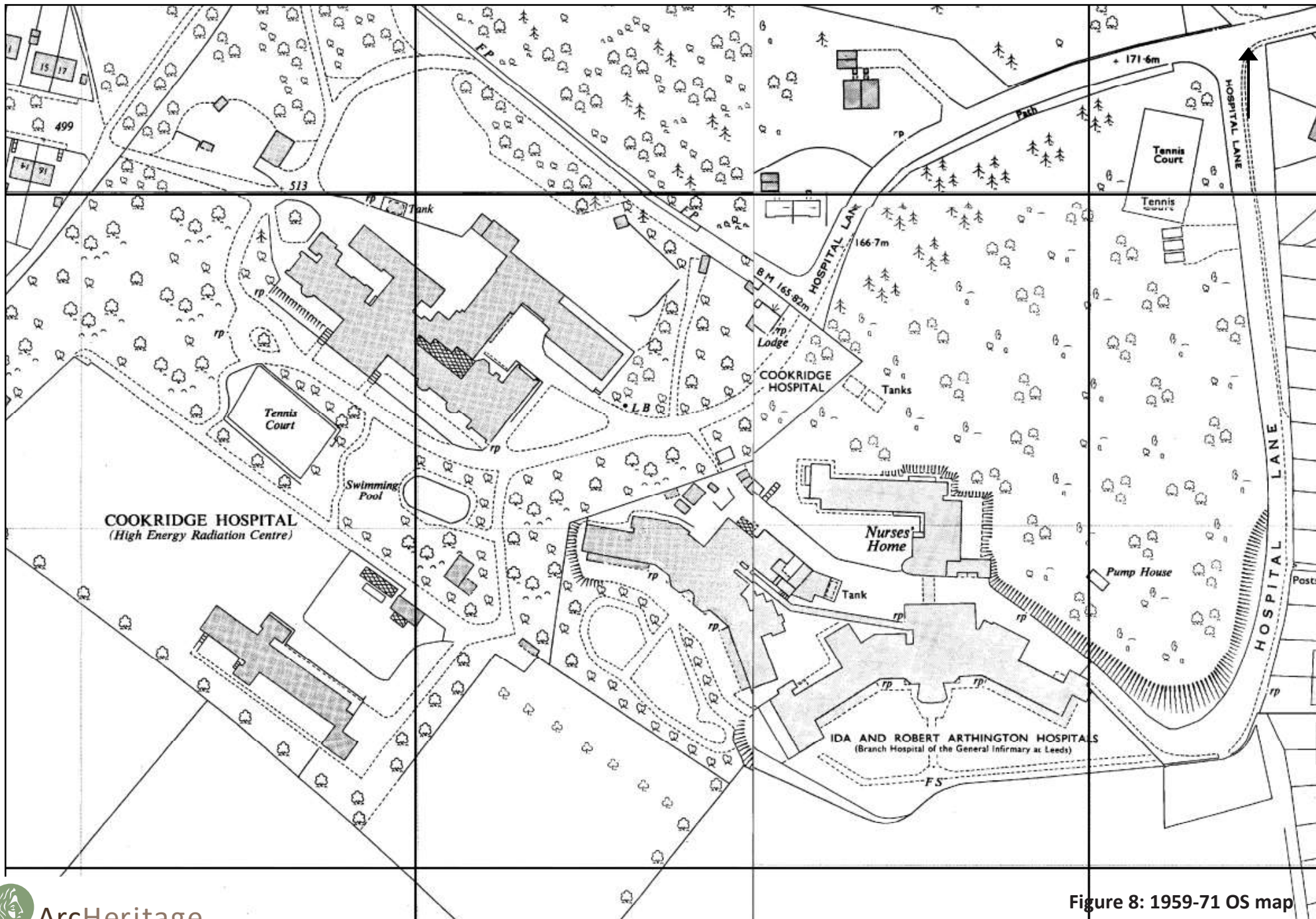
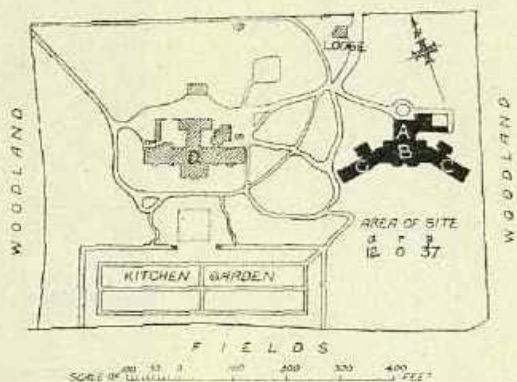


Figure 8: 1959-71 OS map

SEMI-CONVALESCENT HOME COOKRIDGE, LEEDS.

SCALE OF FEET 0 10 20 30 40 50 60 70 80 90 100

BLOCK PLAN

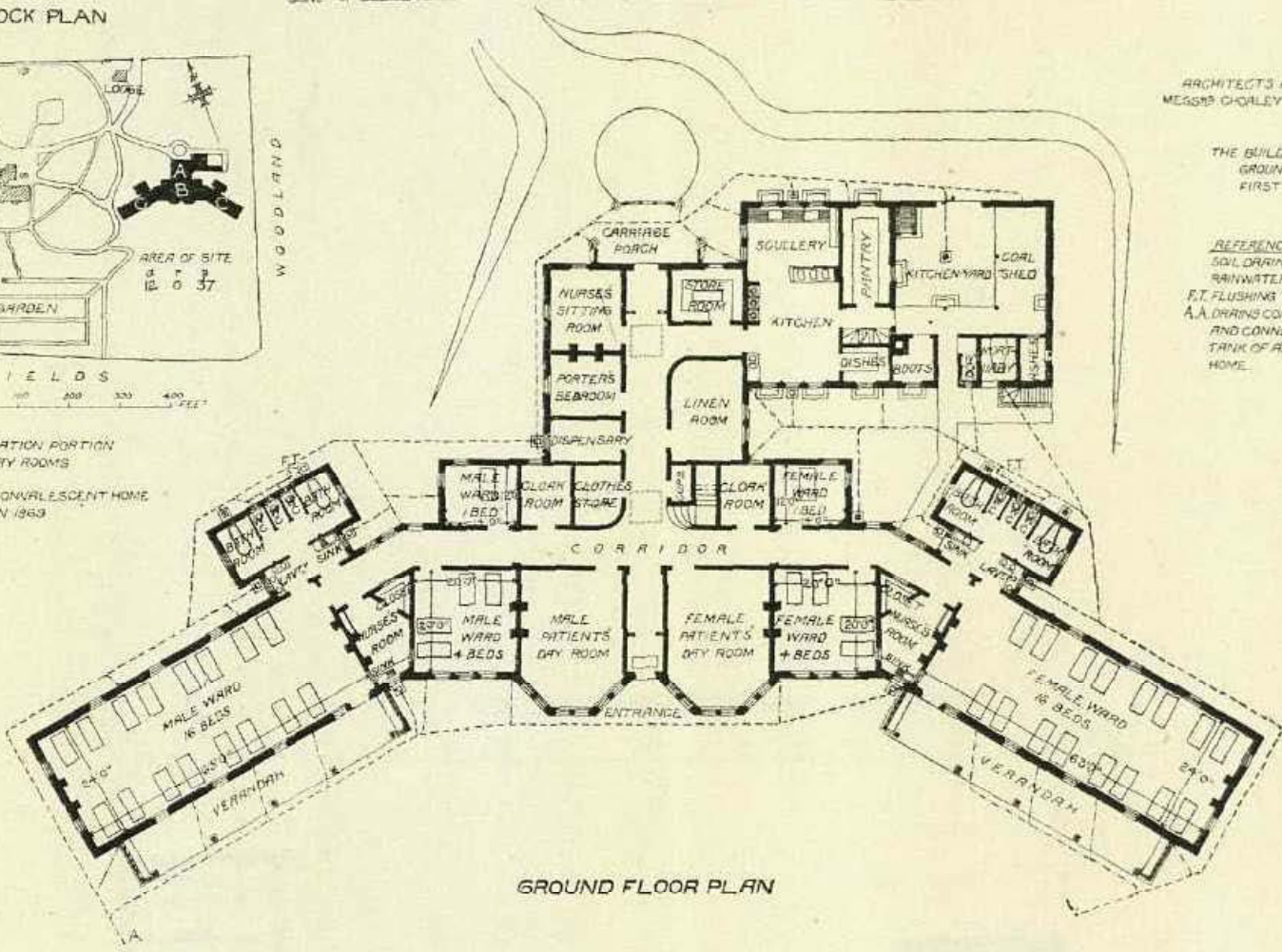


- A ADMINISTRATION PORTION
- B WARDS & DAY ROOMS
- C WARD
- D EXISTING CONVALESCENT HOME ERECTED IN 1869

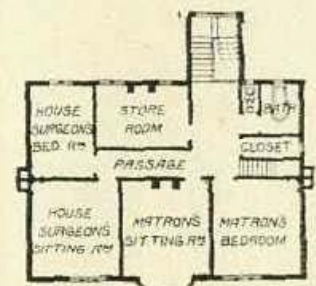
ARCHITECTS FOR THE BUILDING  
MESSRS CHOLEY AND CONNOR 1887

THE BUILDING CONTAINS  
GROUND FLOOR  
FIRST - (PART ONLY)

REFERENCE FOR DRAINING  
SOIL DRAINING SHOWN THUS - - - - -  
RAINWATER SURFACE - - - - -  
F.T. FLUSHING TANKS  
A.A. DRAINING CONTINUED TILL THEY MEET  
AND CONNECTED WITH PRECIPITATING  
TANK OF ADJOINING CONVALESCENT  
HOME.



GROUND FLOOR PLAN



FIRST FLOOR PLAN

Figure 9: Plan of Ida Hospital from Hospitals and Asylums of the World 1891-3

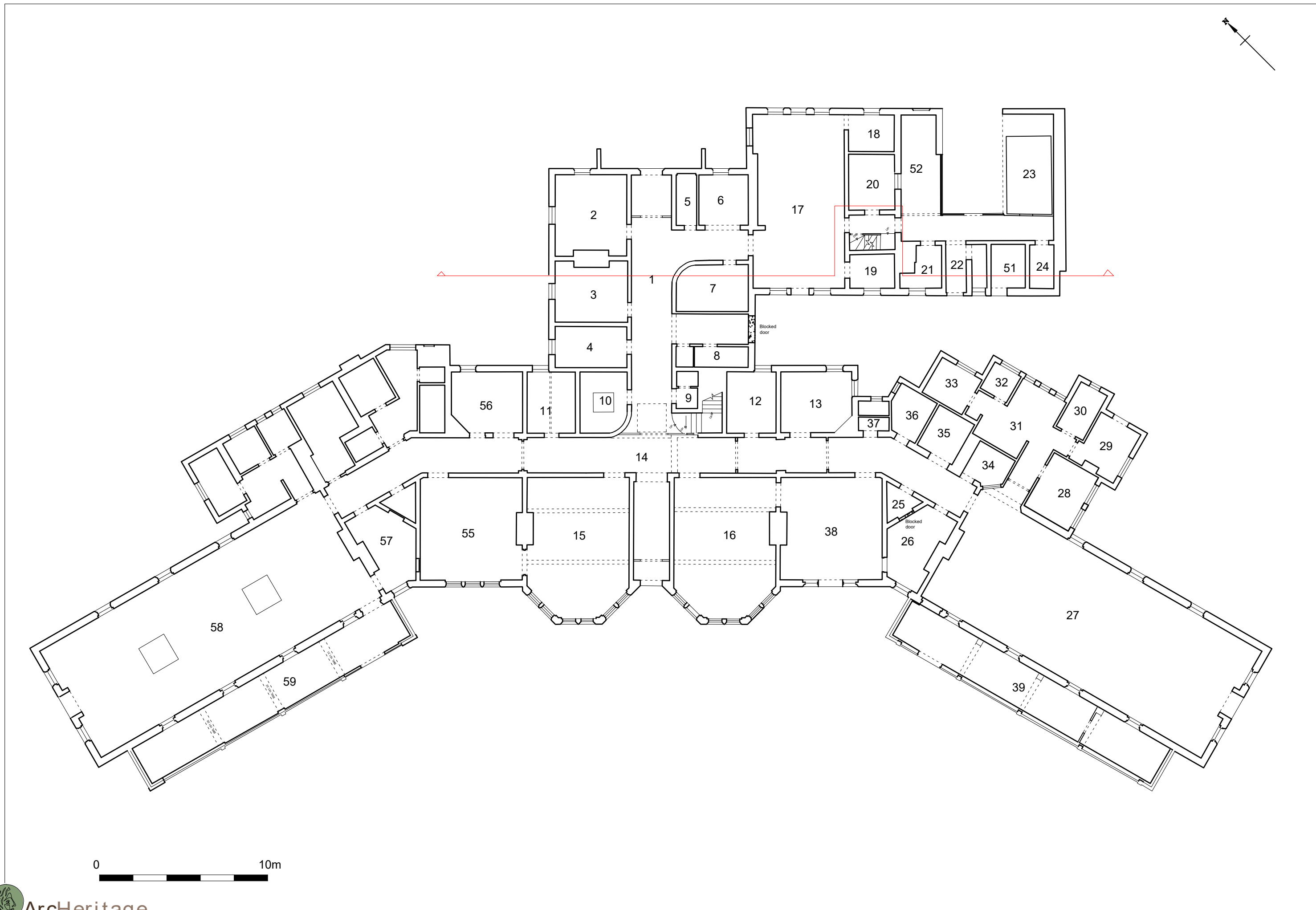
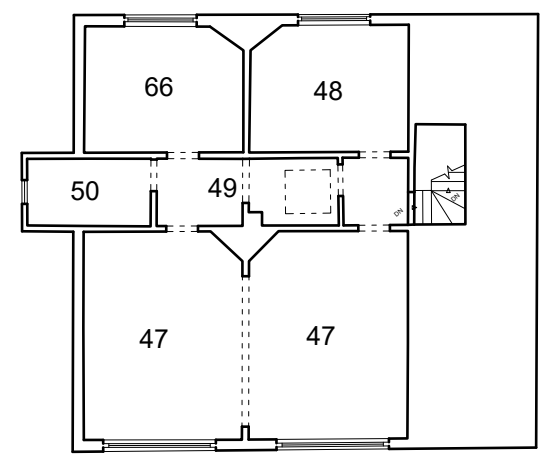
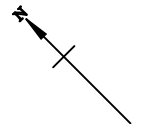
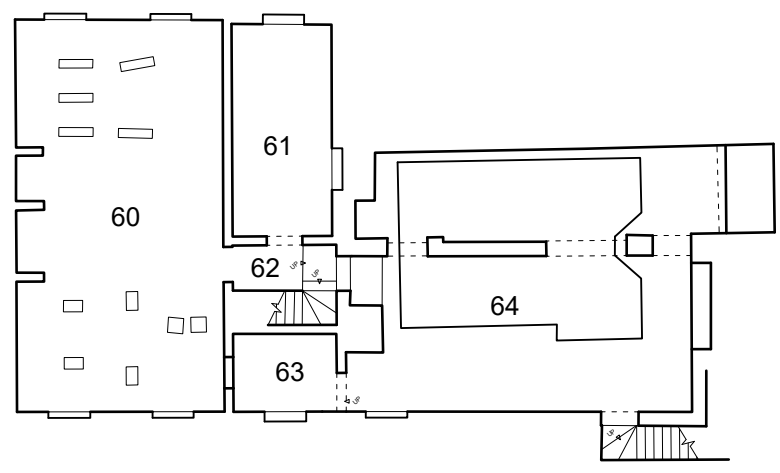


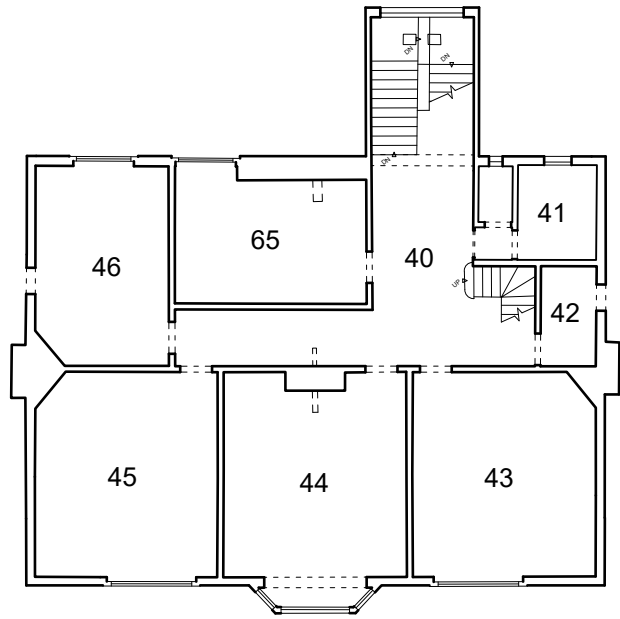
Figure 10. Ground floor plan 1:200 @ A3



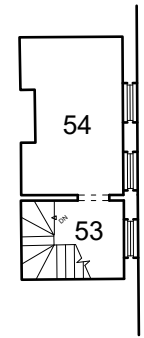
Second Floor



Basement



First Floor





0 5m

Figure 12. West to east section through north block and service range, facing north 1:100 @A3



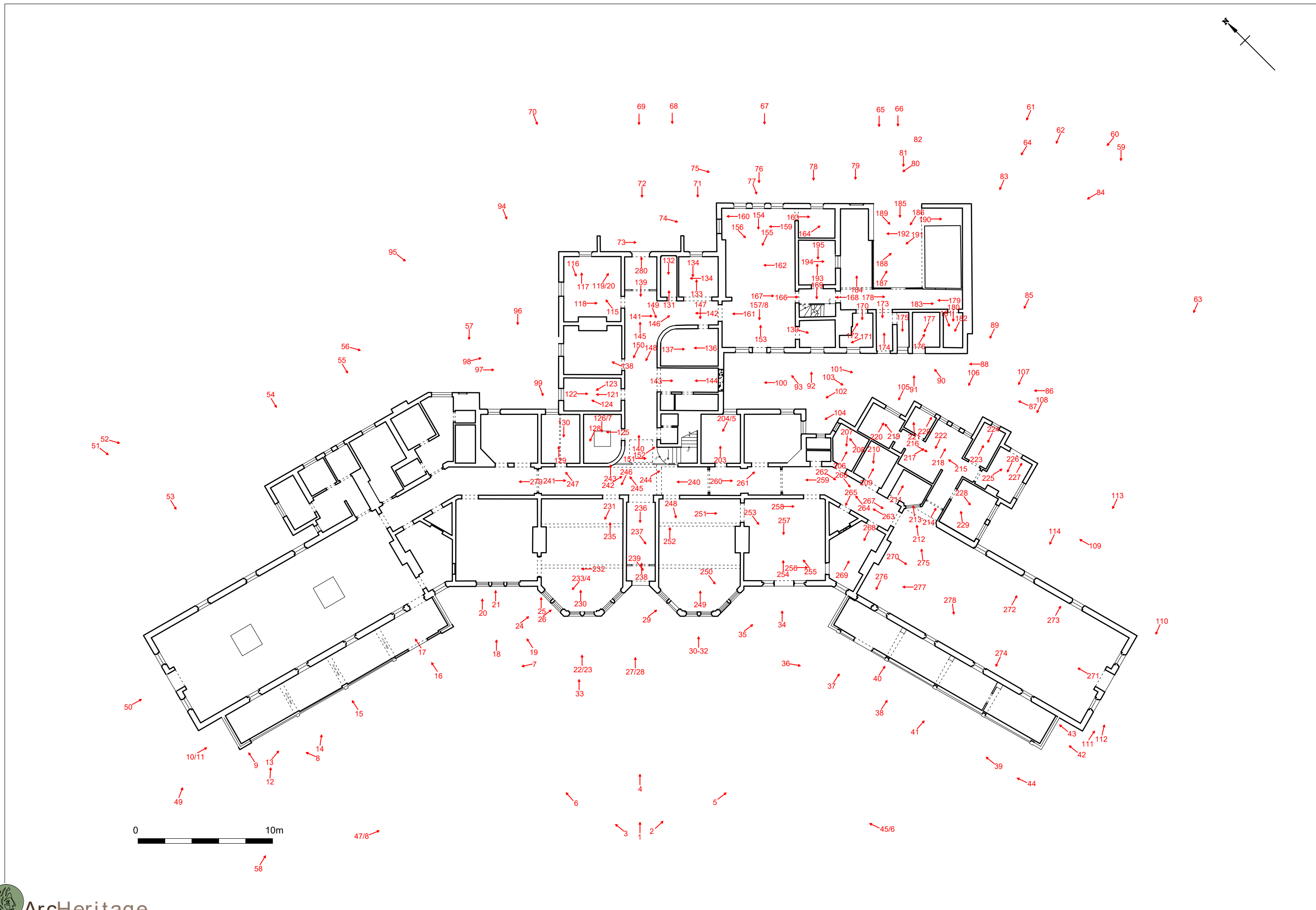
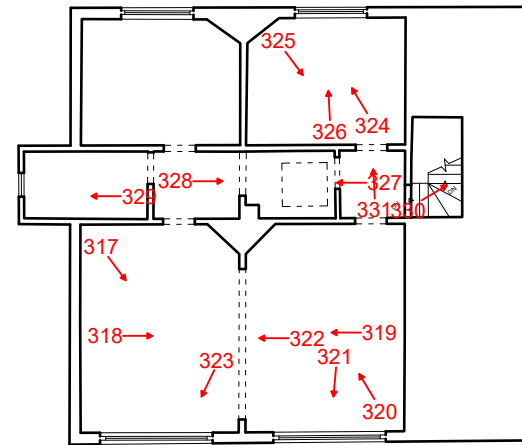
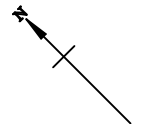
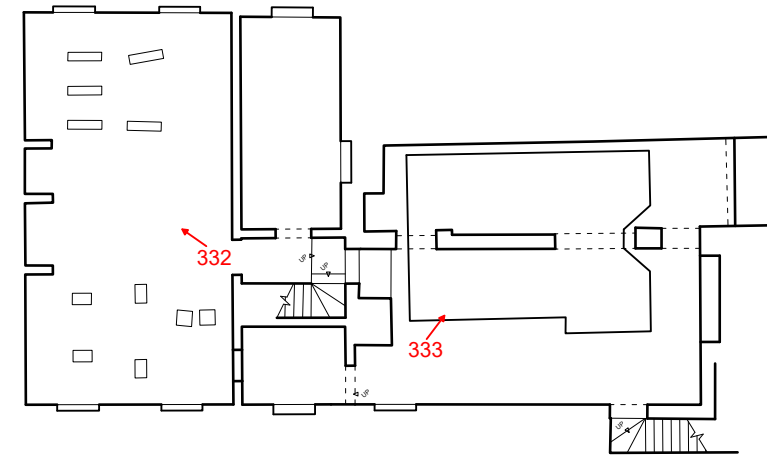


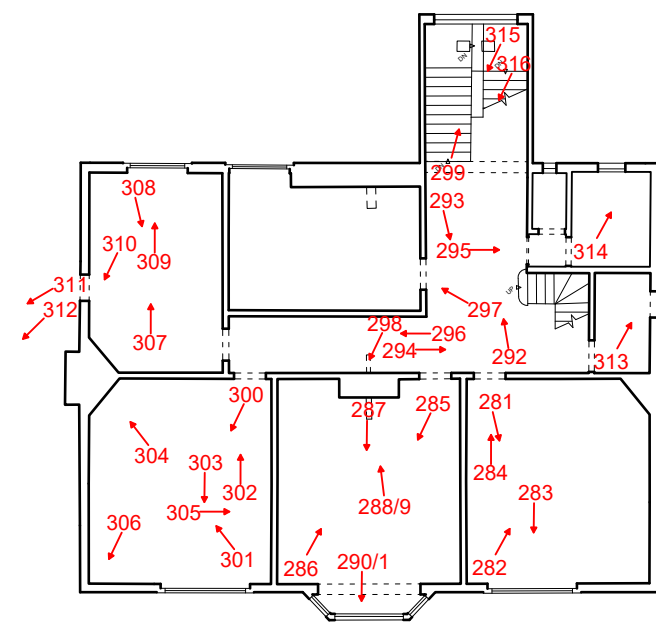
Figure 13. Ground floor photo location plan 1:250 @ A3



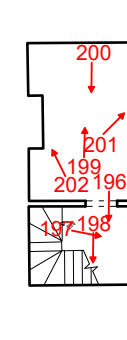
Second Floor



Basement



First Floor



**PHOTOS**



Photo 1: South elevation (1796\_001.TIF)



Photo 2: South elevation (1796\_003.TIF)



Photo 3: South elevation (1796\_002.TIF)



Photo 4 Central block, south elevation (1796\_004.TIF)



Photo 5: East wing, south elevation (1796\_005.TIF)



Photo 6: West wing, south elevation (1796\_006.TIF)



Photo 7: West veranda, facing west (1796\_007.TIF)



Photo 8: West veranda, facing west (1796\_008.TIF)



Photo 9: Detail of west veranda, facing north (1796\_009.TIF)



Photo 10: Side elevation of west veranda, facing east (1796\_010.TIF)



Photo 11: Side elevation of west veranda, facing east (1796\_011.TIF)



Photo 12: Gable of west veranda (1796\_012.TIF)





Photo 13: West veranda, facing north-east (1796\_013.TIF)



Photo 14: Bay of west veranda, facing north (1796\_014.TIF)



Photo 15: West veranda, awning obscuring arch brace, facing north (1796\_015.TIF)



Photo 16: West veranda bay with doorway, facing north (1796\_016.TIF)



Photo 17: Interior of west veranda, facing north (1796\_017.TIF)



Photo 18: Exterior of room 55, central block, facing north-east (1796\_018.TIF)



Photo 19: Exterior of room 55, central block, facing north (1796\_019.TIF)



Photo 20: Detail of top-light, facing north-east (1796\_020.TIF)



Photo 21: Detail of ventilation grill, facing north-east (1796\_021.TIF)



Photo 22: Exterior of west day room (15), facing north-east (1796\_022.TIF)



Photo 23: Window to first floor south-west room (45), facing north-east (1796\_023.TIF)



Photo 24: Dayroom window, facing north-east (1796\_024.TIF)



Photo 25: Sash window horn, facing north-east (1796\_025.TIF)



Photo 26: Ventilation grill, facing north-east (1796\_026.TIF)



Photo 27: Entrance to central block, facing north east (1796\_027.TIF)



Photo 28: Oriel window to first floor central block, facing north-east (1796\_028.TIF)





Photo 29: East dayroom (16) window, facing east (1796\_029.TIF)



Photo 30: Exterior of east dayroom (16), facing north-east (1796\_030.TIF)



Photo 31: Window to south-east first floor room (43), facing north-east (1796\_031.TIF)



Photo 32: Window to second floor, facing north-east (1796\_032.TIF)



Photo 33: Window to second floor, facing north-east (1796\_033.TIF)



Photo 34: Exterior of room 38, facing north east (1796\_034.TIF)



Photo 35: Exterior of room 38, facing east (1796\_035.TIF)



Photo 36: East veranda, facing east (1796\_036.TIF)



Photo 37: Entrance bay to east veranda, facing north-east (1796\_037.TIF)



Photo 38: East veranda bay, facing north-east (1796\_038.TIF)



Photo 39: East veranda, facing north (1796\_039.TIF)



Photo 40: Detail of join on veranda plinth stonework, facing north-east (1796\_040.TIF)



Photo 41: East veranda bay, facing north-east (1796\_041.TIF)



Photo 42: Return elevation of east veranda, facing north (1796\_042.TIF)



Photo 43: Detail of east veranda return elevation, facing north (1796\_043.TIF)



Photo 44: Oblique view of south elevation, facing north (1796\_044.TIF)





Photo 45: Oblique view of south elevation, facing north (1796\_045.TIF)



Photo 46: The west wing with Cookridge Old Block behind, facing north (1796\_046.TIF)



Photo 47: Oblique view of south elevation, facing east (1796\_047.TIF)



Photo 48: Distant view of central block, facing east (1796\_048.TIF)



Photo 49: West elevation of west wing, facing east (1796\_049.TIF)



Photo 50: West elevation of west wing, facing east (1796\_050.TIF)



Photo 51: North elevation of west wing, facing south (1796\_051.TIF)



Photo 52: General view of the rear of the hospital, facing south-east (1796\_052.TIF)



Photo 53: North elevation of west wing (1796\_053.TIF)



Photo 54: North elevation of west wing wash block (1796\_054.TIF)



Photo 55: North elevation of west wing wash block (1796\_055.TIF)



Photo 56: Rear of the west wing, wash block and central block, facing south-east (1796\_056.TIF)



Photo 57: North elevation of west wing and wash block, facing south-west (1796\_057.TIF)



Photo 58: View of the hospital from Oak Park Lane, facing east (1796\_058.TIF)



Photo 59: Rear view of the Ida and Robert Arthington Hospitals, facing south (1796\_059.TIF)



Photo 60: General view of the rear of the hospital, facing south-west (1796\_060.TIF)





Photo 61: General view of the rear of the hospital, facing south-west (1796\_061.TIF)



Photo 62: Rear of east wing and service range, facing south-west (1796\_062.TIF)



Photo 63: North elevation of east wing and wash block (1796\_063.TIF)



Photo 64: Service range, facing west (1796\_064.TIF)



Photo 65: Kitchen courtyard, facing south-west (1796\_065.TIF)



Photo 66: North elevation of kitchen (1796\_066.TIF)



Photo 67: North elevation of kitchen (1796\_067.TIF)



Photo 68: North elevation of kitchen, north block and central block (1796\_068.TIF)



Photo 69: Service range and Robert Arthington Hospital, facing south (1796\_069.TIF)



Photo 70: North elevation of north block (1796\_070.TIF)



Photo 71: Typical 9x2 sash window, facing south-west (1796\_071.TIF)



Photo 72: Entrance to north block, facing south-west (1796\_072.TIF)



Photo 73: Glazed stub-wall to north of north block, facing south-east (1796\_073.TIF)



Photo 74 : West elevation of Kitchen (1796\_074.TIF)



Photo 75: Oblique view of service range north elevation, facing south-east (1796\_075.TIF)



Photo 76: Kitchen windows, facing south-west (1796\_076.TIF)





Photo 77: Light/ventilation well to basement, facing south-west (1796\_077.TIF)



Photo 78: Modified window to kitchen wash room (18) facing south-west (1796\_078.TIF)



Photo 79: Window to service range fridge (52), facing south-west (1796\_079.TIF)



Photo 80: Oblique view of kitchen range, facing west (1796\_080.TIF)



Photo 81: Gate to kitchen courtyard, facing south-west (1796\_081.TIF)



Photo 82: North elevation of service range (1796\_082.TIF)



Photo 83: Partially demolished extension to east of service range, facing south-west (1796\_083.TIF)



Photo 84: Partially demolished extension to the east of the service range, facing west (1796\_084.TIF)



Photo 85: North elevation of east wing and wash block (1796\_085.TIF)



Photo 86: East side of the hospital, facing north-west (1796\_086.TIF)



Photo 87: South elevation of the service range, facing north (1796\_087.TIF)



Photo 88: External stairs to basement, facing north-west (1796\_088.TIF)



Photo 89: Paving sets to the east of the service range, facing north-west (1796\_089.TIF)



Photo 90: South elevation of the service range (1796\_090.TIF)



Photo 91: Entrance to service range and mortuary (1796\_091.TIF)



Photo 92: South elevation of the service range (1796\_092.TIF)





Photo 93: South elevation of kitchen (1796\_093.TIF)



Photo 94: North elevation of central block (12 & 13), facing west (1796\_094.TIF)



Photo 95: West elevation of north block and north elevation of central block, facing south (1796\_095.TIF)



Photo 96: North elevation of central block (56) (1796\_096.TIF)



Photo 97: West elevation of north block (1796\_097.TIF)



Photo 98: Chimneystack above north block, facing south-west (1796\_098.TIF)



Photo 99: Window to room 11, facing south-west (1796\_099.TIF)



Photo 100: Blocked entrance to east elevation of north block, facing north-east (1796\_100.TIF)



Photo 101: End-ridge tile, presumably from gable above room 13 (1796\_101.TIF)



Photo 102: Exterior of room 13, facing west (1796\_102.TIF)



Photo 103: West elevation of east wing was block (1796\_103.TIF)



Photo 104: Window to room 13, facing west (1796\_104.TIF)



Photo 105: Window to east wing wash block, facing west (1796\_105.TIF)



Photo 106: Windows to east wing wash block, facing west (1796\_106.TIF)



Photo 107: East wing wash block, north elevation (1796\_107.TIF)



Photo 108: Entrance and window to east wing was block, facing west (1796\_108.TIF)





Photo 109: East elevation of east wing wash block (1796\_109.TIF)



Photo 110: Very oblique view of east wing east elevation, facing south-west (1796\_110.TIF)



Photo 111: Very oblique view of east wing east elevation, facing north-east (1796\_111.TIF)



Photo 112: Very oblique view of east wing east elevation, facing north-east (1796\_112.TIF)



Photo 113: North elevaton of east wing (1796\_113.TIF)



Photo 114: Typical east wing sash window, facing west (1796\_114.TIF)



Photo 115: Interior of room 1, facing north (1796\_115.TIF)



Photo 116: Interior of room 2, facing south (1796\_116.TIF)



Photo 117: Room 2 window, facing north-east (1796\_117.TIF)



Photo 118: Room 2 door, facing south-east (1796\_118.TIF)



Photo 119: Room 2 cornice, facing west (1796\_119.TIF)



Photo 120: Room 2 skirting board, facing west (1796\_120.TIF)



Photo 121: Room 4, facing north-west (1796\_121.TIF)



Photo 122: Room 4, facing south-east (1796\_122.TIF)



Photo 123: Room 4 cupboard, facing west (1796\_123.TIF)



Photo 124: Room 4 cupboards and draws, facing north (1796\_124.TIF)





Photo 125: Room 10, facing north-west (1796\_125.TIF)



Photo 126: Room 10, facing south-west (1796\_126.TIF)



Photo 127: Room 10 roof-light, facing south-west (1796\_127.TIF)



Photo 128: Room 10 shelving, facing west (1796\_128.TIF)



Photo 129: Room 11, facing north-east (1796\_129.TIF)



Photo 130: Room 11, facing south-west (1796\_130.TIF)



Photo 131: Room 5, facing north-east(1796\_131.TIF)



Photo 132: Room 5 facing south-west (1796\_132.TIF)



Photo 133: Room 6, facing north-east (1796\_132.TIF)



Photo 134: Room 6, facing south-west (1796\_13740.TIF)



Photo 135: Room 6 power sockets, facing north-west (1796\_135.TIF)



Photo 136: Room 7, facing north-west (1796\_136.TIF)



Photo 137: Room 7, facing south-east (1796\_137.TIF)



Photo 138: Room 3, facing north (1796\_138.TIF)



Photo 139: North block corridor, facing south-west (1796\_139.TIF)



Photo 140: North block corridor, facing north-east (1796\_140.TIF)





Photo 141: Kitchen corridor, facing south-east (1796\_141.TIF)



Photo 142: Kitchen corridor, facing north-west (1796\_142.TIF)



Photo 143: North block corridor to Arthington Hospital, facing south-east (1796\_143.TIF)



Photo 144: North block corridor to Arthington Hospital, facing north-west (1796\_144.TIF)



Photo 145: North entrance to north block, facing north-east (1796\_148.TIF)



Photo 146: Kitchen corridor, facing east (1796\_146.TIF)



Photo 147: Entrance to room 7, facing south-west (1796\_147.TIF)



Photo 148: west side of north block corridor, facing west (1796\_148.TIF)



Photo 149: Ida Hospital dedication plaque, facing south (1796\_149.TIF)



Photo 150: North block corridor cornice, facing west (1796\_150.TIF)



Photo 151: Stairs to first floor, facing south-east (1796\_151.TIF)



Photo 152: Entrance to cupboard under stairs, facing east (1796\_152.TIF)



Photo 153: Kitchen, facing, north-east (1796\_153.TIF)



Photo 154: Kitchen, facing south-west (1796\_154.TIF)



Photo 155: Kitchen fireplace, facing west (1796\_155.TIF)



Photo 156: Kitchen east wall, facing south (1796\_156.TIF)





Photo 157: Kitchen doorway, facing south-west (1796\_157.TIF)



Photo 158: Kitchen top-lights, facing south-west (1796\_158.TIF)



Photo 159: Kitchen window, facing north-west (1796\_159.TIF)



Photo 160: Kitchen light-switch, facing north-west (1796\_160.TIF)



Photo 161: Doorway from kitchen to north block, facing north-west (1796\_161.TIF)



Photo 162: Kitchen floor tiles (1796\_162.TIF)

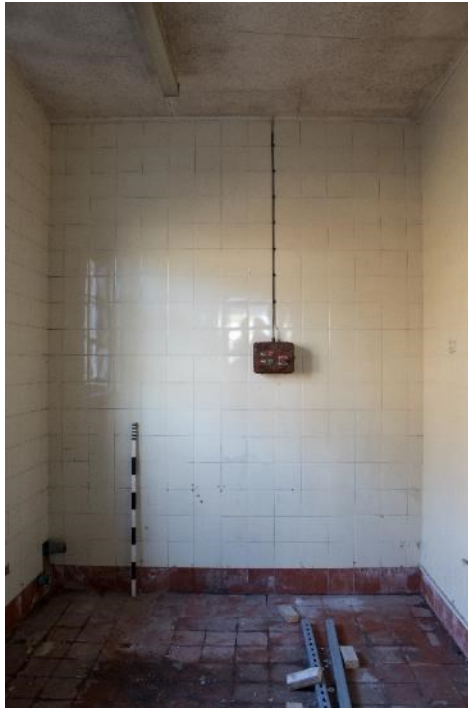


Photo 163: Room 18, facing south-east (1796\_163.TIF)



Photo 164: Room 18, facing east (1796\_164.TIF)



Photo 165: Room 19, facing south (1796\_165.TIF)



Photo 166: Corridor from kitchen to service range, facing south-east (1796\_166.TIF)



Photo 167: East door to kitchen, facing south-east (1796\_167.TIF)



Photo 168: Corrdior from service range to kitchen, facing north-west (1796\_168.TIF)



Photo 169: Stairs to first floor of service range, facing south-west (1796\_169.TIF)



Photo 170: Room 21, facing south-west (1796\_170.TIF)



Photo 171: Room 21, facing west (1796\_171.TIF)



Photo 172: Door to room 21, facing north-east (1796\_172.TIF)



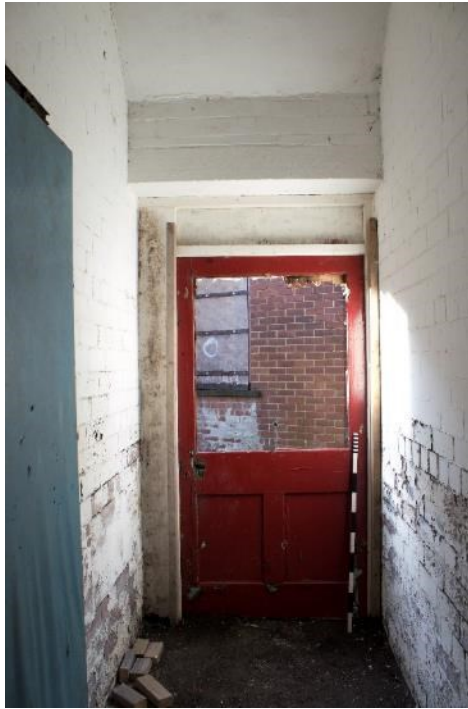


Photo 173: Entrance passage to service range, facing south-west (1796\_173.TIF)



Photo 174: Entrance passage to service range, facing north-east (1796\_173.TIF)



Photo 175: Service range W.C (22) facing south-west (1796\_175.TIF)



Photo 176: Mortuary (51), facing north-east (1796\_176.TIF)



Photo 177: Doorway to mortuary, facing south-west (1796\_177.TIF)



Photo 178: Service range corridor/enclosed veranda, facing south-east (1796\_178.TIF)



Photo 179: Service range corrdior/enclosed veranda, facing north-west (1796\_179.TIF)



Photo 180: Room 24. Facing south-west (1796\_180.TIF)



Photo 181: Blocked window in room 24, facing south (1796\_181.TIF)



Photo 182: Bench in room 24, facing west (1796\_182.TIF)



Photo 183: Door to room 24, facing south-east (1796\_183.TIF)



Photo 184: Semi-enclosed space on the west side of the kitchen courtyard, facing north-east (1796\_184.TIF)



Photo 185: Kitchen courtyard, facing south-west (1796\_185.TIF)



Photo 186: Kitchen courtyard, facing west (1796\_186.TIF)



Photo 187: Kitchen courtyard, facing north-east (1796\_187.TIF)



Photo 188: Kitchen courtyard, facing east (1796\_188.TIF)





Photo 189: Large refridgerator in kitchen courtyard, facing south-east (1796\_189.TIF)



Photo 190: Space behind refridgerator, facing south-east (1796\_190.TIF)



Photo 191: East elevation of kitchen/service range (1796\_191.TIF)



Photo 192: Gable of courtyard elevation of service range, facing north-west (1796\_1902.TIF)



Photo 193: Larder, room 20, facing north-east (1796\_193.TIF)



Photo 194: Room 20 window, facing south-east (1796\_194.TIF)



Photo 195: Door to room 20, facing south-east (1796\_195.TIF)



Photo 196: Room 53, facing south-west (1796\_190.TIF)



Photo 197: Room 53, facing south-east (1796\_197.TIF)



Photo 198: Stairs to first floor of service range, facing south-west (1796\_198.TIF)



Photo 199: Room 54, facing north-east (1796\_199.TIF)



Photo 200: Room 54, facing south-west (1796\_200.TIF)



Photo 201: Room 54 window, facing east (1796\_201.TIF)



Photo 202: Room 54 fireplace, facing north (1796\_202.TIF)



Photo 203: Room 12, facing north-east (1796\_203.TIF)



Photo 204: Room 12, facing south-west (1796\_204.TIF)





Photo 205: Ceiling above room 12, facing south-west (1796\_205.TIF)



Photo 206: Room 36, facing east (1796\_206.TIF)



Photo 207: Room 36, facing west (1796\_207.TIF)



Photo 208: Window to room 36, facing north (1796\_208.TIF)



Photo 209: Room 35 facing east (1796\_209.TIF)



Photo 210: Door to room 35, facing south-west (1796\_210.TIF)



Photo 211: Room 34, facing east (1796\_211.TIF)



Photo 212: Room 34 as viewed from the east ward, facing north (1796\_212.TIF)



Photo 213: Room 34, facing north (1796\_213.TIF)



Photo 214: East wing wash block viewed from the east wing, facing east (1796\_214.TIF)



Photo 215: East wing wash block (31), facing north (1796\_215.TIF)



Photo 216: East wing wash block (31), facing south (1796\_216.TIF)



Photo 217: Location of former toilet stalls in room 31, facing south-east (1796\_2107TIF)



Photo 218: Windows to room 31, facing east (1796\_218.TIF)



Photo 219: Room 33, facing north, (1796\_219.TIF)



Photo 220: Room 33, facing east (1796\_220.TIF)





Photo 221: Location of bath, room 32, facing north-east (1796\_221.TIF)



Photo 222: Location of wash basins in room 31, facing west (1796\_222.TIF)



Photo 223: Room 30, facing east (1796\_223.TIF)



Photo 224: Room 30, facing west (1796\_224.TIF)



Photo 225: Room 29, facing south-east (1796\_225.TIF)



Photo 226: Cupboards in room 29, facing west (1796\_226.TIF)



Photo 227: Light-switches in room 29, facing east (1796\_227.TIF)



Photo 228: Room 228, facing south (1796\_228.TIF)



Photo 229: Door to room 28, facing north-east (1796\_229.TIF)



Photo 230: East dayroom (15), facing north-east (1796\_2.TIF)



Photo 231: East dayroom (15), facing west (1796\_231.TIF)



Photo 232: Door to east dayroom (15) from room 55, facing north-west (1796\_232.TIF)



Photo 233: East dayroom windows, facing west (1796\_233.TIF)



Photo 234: East dayroom toplights, facing west (1796\_234.TIF)



Photo 235: Door to east dayroom, facing north-east (1796\_235.TIF)



Photo 236: South entrance corridor, facing south-west (1796\_236.TIF)





Photo 237: Cornicing in south entrance corridor, facing south (1796\_237.TIF)



Photo 238: South entrance corridor, facing north-east (1796\_238.TIF)



Photo 239: Door in south entrance, faicing south (1796\_239.TIF)



Photo 240: Main east-west corrdior, facing north-west (1796\_240.TIF)



Photo 241: Main east-west corridor, facing south-east (1796\_241.TIF)



Photo 242: Inserted partition between north and central block corridors, facing east (1796\_242.TIF)



Photo 243: Inserted partition between north and central block corridors, facing north-east (1796\_243.TIF)



Photo 244: Inserted partition between north and central block corridors, facing east (1796\_244.TIF)



Photo 245: Inserted partition between north and central block corridors, facing north (1796\_245.TIF)



Photo 246: Door to east dayroom (15), facing west (1796\_246.TIF)



Photo 247: Door to room 11, facing north (1796\_247.TIF)



Photo 248: West dayroom (16), facing south-west (1796\_248.TIF)



Photo 249: West dayroom, facing north-east (1796\_249.TIF)



Photo 250: West dayroom windows, facing south (1796\_250.TIF)



Photo 251: Doorway between west dayroom and room 38, facing south-east (1796\_251.TIF)



Photo 252: Door to west dayroo, facing north-east (1796\_252.TIF)





Photo 253: Room 38, facing south (1796\_253.TIF)



Photo 254: Room 38, facing north-east (1796\_254.TIF)



Photo 255: Chimneybreast in room 38, facing north (1796\_255.TIF)



Photo 256: Service hatch between room 38 and 26, facing south-east (1796\_256.TIF)



Photo 257: Windows and doors to room 38, facing south-west (1796\_257.TIF)



Photo 258: Door to room 38, facing south-east (1796\_257.TIF)



Photo 259: East-west corridor, facing north-west (1796\_259.TIF)



Photo 260: East-west corridor, facing south-east (1796\_260.TIF)



Photo 261: Door to room 13, facing east (1796\_261.TIF)



Photo 262: East end of east-west corridor, facing south (1796\_262.TIF)



Photo 263: East end of east west corrdior, facing north (1796\_263.TIF)



Photo 264: North side of east end of eas-west corridor, facing north (1796\_264.TIF)



Photo 265: Room 25, facing west (1796\_265.TIF)



Photo 266: South side of east end of east-west corridor, facing south (1796\_266.TIF)



Photo 267: Door to east ward, facing south (1796\_267.TIF)



Photo 268: Room 26, facing west (1796\_268.TIF)





Photo 269: Room 26, facing east (1796\_269.TIF)



Photo 270: East ward (27), facing south (1796\_270.TIF)



Photo 271: East ward, facing north (1796\_271.TIF)



Photo 272: East ward window, facing east (1796\_272.TIF)



Photo 273: East ward, bedside lamp and headphone socket, facing east (1796\_277.TIF)



Photo 274: East ward, bedside lamp, headphone socket and power socket, facing west (1796\_278.TIF)



Photo 275: East ward, entrances to main block and wash block, facing north-east (1796\_275.TIF)



Photo 276: East ward, door to veranda, facing west (1796\_276.TIF)



Photo 277: West corner of east ward, facing west (1796\_277.TIF)



Photo 278: Coving to west ward ceiling, facing south-west (1796\_278.TIF)



Photo 279: West end of east-west corridor, facing north-west (1796\_279.TIF)



Photo 280: Main door to north block, facing north-east (1796\_280.TIF)



Photo 281: Room 43, facing south west (1796\_281.TIF)



Photo 282: Room 43, facing north-east (1796\_282.TIF)



Photo 283: Window to room 43, facing south-west (1796\_283.TIF)



Photo 284: door to room 43, facing north-east (1796\_284.TIF)





Photo 285: Room 44, facing west (1796\_285.TIF)



Photo 286: Room 44, facing north-east (1796\_286.TIF)



Photo 287: Window to room 44: facing south-west (1796\_287.TIF)



Photo 288: Fireplace to room 44, facing north-east (1796\_288.TIF)



Photo 289: Projecting beam above fireplace in room 44, facing north-east (1796\_289.TIF)



Photo 290: Details of window fittings in room 44, facing south-west (1796\_290.TIF)



Photo 291: Window stay in room 44, facing south-west (1796\_291.TIF)



Photo 292: First floor stair landing, facing north-east (1796\_292.TIF)



Photo 293: First floor hallway, facing south-west (1796\_293.TIF)



Photo 294: Stairs to second floor, facing south-east (1796\_294.TIF)



Photo 295: Door to room 41, facing south-east (1796\_295.TIF)



Photo 296: First floor hallway, facing north-west (1796\_296.TIF)



Photo 297: Door to room 65, facing north (1796\_297.TIF)



Photo 298: Projecting wall feature in first floor hallway, facing west (1796\_298.TIF)



Photo 299: Stairs from ground to first floor, facing north-east (1796\_299.TIF)



Photo 300: Room 45, facing south-west (1796\_300.TIF)





Photo 301: Room 45, facing north (1796\_301.TIF)



Photo 302: Door to room 45, facing north-east (1796\_302.TIF)



Photo 303: Window to room 45, facing south-west (1796\_303.TIF)



Photo 304: Fireplace to room 45, facing north (1796\_304.TIF)

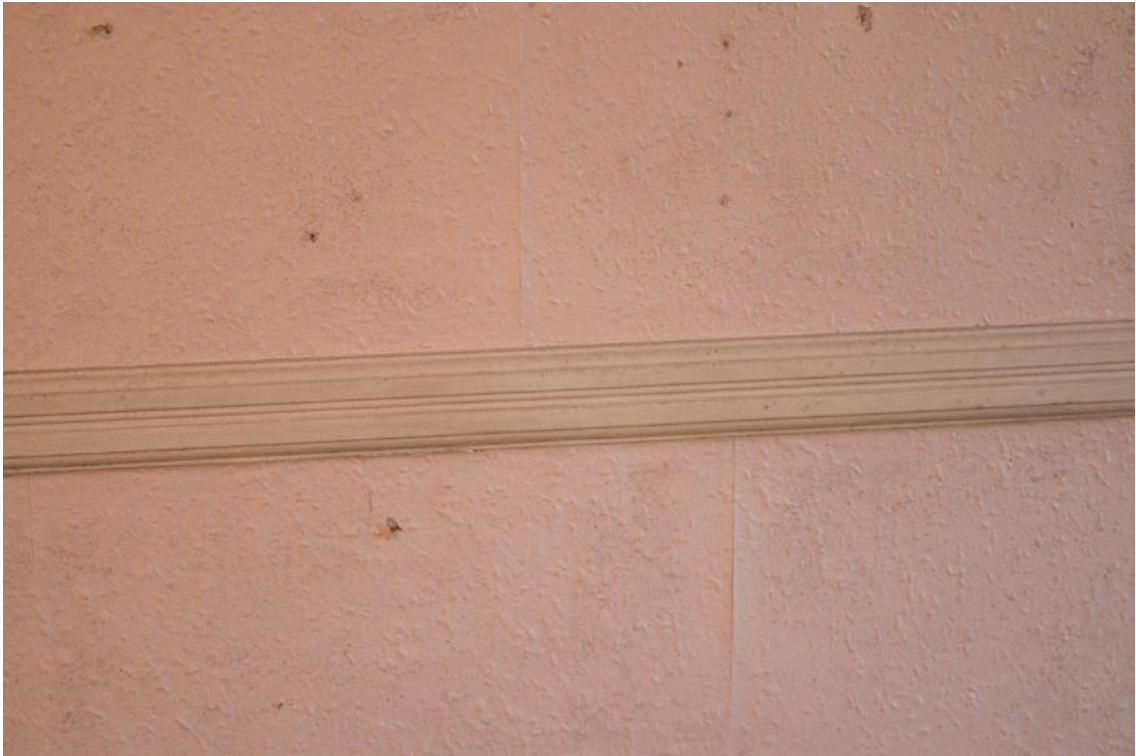


Photo 305: Dado rail to room 45, facing south-east (1796\_305.TIF)



Photo 306: Picture rail and cornice in room 45, facing west (1796\_306.TIF)



Photo 307: Room 46, facing north-east (1796\_307.TIF)



Photo 308: Room 46, facing south-west (1796\_308.TIF)



Photo 309: Window to room 46, facing north-east (1796\_309.TIF)



Photo 310: Roof access hatch in room 46, facing west (1796\_310.TIF)



Photo 311: Room 55 viewed from roof access hatch in room 46, facing west (1796\_311.TIF)



Photo 312: Room 55 viewed from roof access hatch in room 46, facing west (1796\_312.TIF)



Photo 313: Room 42, facing east (1796\_313.TIF)



Photo 314: Room 41, facing east (1796\_314.TIF)



Photo 315: Stairs from ground to first floor, facing south-west (1796\_315.TIF)



Photo 316: Stairs from ground to first floor, facing south-west (1796\_316.TIF)





Photo 317: West half of room 47, facing south (1796\_317.TIF)



Photo 318: Room 47, facing south-east (1796\_318.TIF)



Photo 319: Room 47, facing north-west (1796\_319.TIF)



Photo 320: East half of room 47, facing north (1796\_320.TIF)



Photo 321: East window to room 47, facing south-east (1796\_321.TIF)



Photo 322: Beam above room 47, facing south-west (1796\_322.TIF)



Photo 323: West window to room 47, facing west (1796\_323.TIF)



Photo 324: Room 48, facing north (1796\_324.TIF)



Photo 325: Room 48, facing south (1796\_325.TIF)



Photo 326: Window to room 48, facing north-east (1796\_326.TIF)



Photo 327: Second floor hallway, facing north-west (1796\_327.TIF)



Photo 328: Second floor hallway, facing south-east (1796\_328.TIF)



Photo 329: Second floor W.C. (50), facing north-west (1796\_329.TIF)



Photo 330: Stairs from first to second floor, facing south-east (1796\_330.TIF)



Photo 331: Doorway to room 48, facing north-east (1796\_331.TIF)



Photo 332: West room in basement (60) facing north (1796\_332.TIF)





Photo 333: East room in basement (64) facing east (1796\_333.TIF)

# **APPENDIX 1 - SPECIFICATION FOR DRAWN AND PHOTOGRAPHIC BUILDING RECORDING**

**Specification For Drawn and Photographic Building Recording at The Former  
Ida Wing, Cookridge Hospital, Leeds  
(SE 25426 38902)**

**Specification prepared at the request of the Mr Andrew Gaunt MRICS of BWA on behalf of Leeds City Council (Planning Permission 14/02558/LI)**

## **1 Summary**

1.1 A building record (drawn and photographic survey) is required to identify and document items of archaeological and architectural interest prior to the partial demolition and conversion of this early example of a convalescence hospital. This specification for the necessary work has been prepared by the West Yorkshire Archaeology Advisory Service, the curators of the West Yorkshire Historic Environment Record.

NOTE: The requirements detailed in paragraphs 6.1.1 to 6.1.5 inclusive, 8.3 and 8.4 are to be met by the archaeological contractor **prior** to the commencement of fieldwork by completing and returning the attached form to the WY Archaeology Advisory Service.

## **2 Site Location and Description**

### **2.1 Location**

2.1.1 (Grid ref. SE 25426 38902) The Ida Hospital, which was part of Cookridge Convalescence Hospital, lies in woodland to the north of Leeds in the historic township of Headingley cum Burley. Otley Old Road passes the site some 650m to the north.

2.1.2 The Ida Hospital is located on a purpose built terrace on a south facing slope. The earlier Cookridge Convalescence Hospital (designed by Richard Norman Shaw) lies to the west. The slightly later, larger and less decorative Arthington Wing lies to the immediate east and shares the same general plan as the Ida Wing.

2.1.3 At the time of our last inspection in July 2014 the site was extensively overgrown and only partial access was possible to the buildings. The WYAAS understand that further deterioration and fire damage has occurred since this visit.

2.1.4 The Ida Hospital has a footprint of 1373m<sup>2</sup> and is located in the historic township of Adel cum Eccup.

### **2.2 Description**

2.2.1 The Ida Convalescence Hospital is grade II listed (National Heritage List for England 1,255,593) and is described in the Royal Commission on the Historic Monuments of England book English Hospitals 1660 – 1948: A Survey of their Architecture and Design.

2.2.2 Although known as the Ida Convalescence Hospital or Ida Wing the modern Ordnance Survey names the building the Ida and Robert Arthington Hospitals [sic] conflating it with the adjacent Arthington Wing.

- 2.2.3 The Ida Hospital was built in 1887-8 to designs by Chorley and Connon. A plaque in the northern entrance hall states that the building was given by Mr and Mrs North for the use of patients of Leeds General Infirmary in memory of their daughter, Ida.
- 2.2.4 The hospital employs a symmetrical “half butterfly plan” of single storey wings and a three storey central block. This plan was chosen to better catch the sun. The southern façade and selected other parts of the building complex are executed in an Arts and Craft style with mock timber framing to the gables, oriel windows, jettied upper floors with coving and decorative cast iron finials to the roofs.
- 2.2.5 Originally separate male and female wards for 42 patients were provided in the single storey pavilions or wings and on the ground floor of the central block. Separate male and female day rooms, an important attribute of the contemporary convalescence hospital, were also provided to the ground floor of the central three storey block.
- 2.2.6 The pavilion-wards have timber framed verandas on their southern sides. Access to each veranda is via a door located towards the centre of the building and the wards have windows on to the verandas. Iron work, to support awnings (similar to a shop front awning), survived on the southern side of the western (male) veranda.
- 2.2.7 Sanitary facilities were provided for each ward although these have been rebuilt in the 20th century.
- 2.2.8 The main entrance (which faced north towards a lane leading to Otley Old Road) has a stone surround with a 3-centre arched doorway. This entrance is set below a steel? and glass port-clochere.
- 2.2.9 To the south-east of the single storey entrance are a group of service buildings. These include:
- A two storey block with large north facing windows. At ground floor level this was built as a kitchen, scullery and pantry. The function of the upper floor is not currently known.
  - To the south-east of the kitchen there is a collection of short single storey ranges arranged around a small courtyard and providing a boot room, W.C., mortuary and coal shed.
  - A basement is provided below both kitchen and kitchen courtyard. Whilst the eastern portion was evidently a boiler house the western part's function is unknown. The basement is entered by an external stair on the south-eastern corner of the yard.
  - A large & truncated square chimney in the centre of the service block may have served both the boiler room and kitchen.

### 3 Planning Background

- 3.1.1 Mr Andrew Gaunt MRICS of BWA (Studio 11, The Basilica, 2 King Charles Street, Leeds, LS1 6LS Tel.: 0113 244 6528 email 'Andrew Gaunt' Andrew.Gaunt@bwa.uk.net) requested this specification with respect to the

implementation of planning permission No. 14/02558/LI for the partial demolition and conversion of the convalescence hospital to an extra care facility, comprising 56 apartments, and a 40 unit dementia care facility. The WY Archaeology Advisory Service (as Leeds City Council's archaeological advisor) has prepared this specification in order to allow the developer to meet the terms of an archaeological condition which has been placed on the planning consent.

## **4 Archaeological Interest**

### **4.1 Historical Background**

- 4.1.1 By the mid 19th century the need for separate convalescence homes or wards was recognised by medical practitioners. It was recognised that the prevailing situation, of having patients convalesce in general wards or at home in less than adequate conditions, reduced the probability of a satisfactory recovery. During the ensuing decades a trend developed to providing specific facilities. These convalescence homes and hospitals were often located in a rural setting to better provide the sunlight and fresh air - both commodities that were considered to be efficacious in achieving a full recovery. Provision of a healthy diet was also recognised as important in achieving a successful recuperation.
- 4.1.2 The Ida Convalescence Hospital combines several aspects of contemporary hospital design. In addition to fresh air and sunlight these include use of the pavilion plan, which was dominant in hospital design from the 1860s. The convalescence hospital also had its own kitchen to provide healthy meals heating plan and ancillary storage and service buildings. The hospital's setting in a remote and forested location necessitated the use of road transport and this is amply illustrated in the northern orientation of its principal entrance and porte-cochere. The application of a contemporary decorative style and domestic scale to these functional buildings is also worthy of note.
- 4.1.3 For these reasons a detailed record of the Ida Hospital is required prior to partial demolition and redevelopment.

### **4.2 Impact of proposed development**

- 4.1.4 The southern façade comprising the half butterfly wards and central three storey block will be retained and converted. The service wing comprising the main entrance, kitchen, kitchen yard and basement will be demolished and the site redeveloped

## **5 Aims of the Project**

- 5.1.1 The first aim of the proposed work is to identify and objectively record by means of photographs and annotated measured drawings any significant evidence for the original and subsequent historical form and functions of the Ida Hospital, and to place this record in the public domain by depositing it with the WY Historic Environment Record (Registry of Deeds, Newstead Road, Wakefield WF1 2DE).
- 5.1.2 The second aim of the proposed work is to analyse and interpret the buildings as an integrated system intended to perform a specialised function. The archaeologist on site should give particular attention to reconstructing as far as possible the functional arrangements and divisions of the buildings. The roles

of historical plan form, technical layout and circulation should all be considered in this process of interpretation.

- 5.1.3 Research should also be carried out into the architectural style employed and commemorative features and the contribution they can make to our understanding of the hospital's foundation (Colum Giles 2013 West Yorkshire Archaeology Advisory Service Research Agenda: Historic Buildings In West Yorkshire (Medieval and Post Medieval to 1914: p 40 – 43). The Research Agenda is available from the WYAAS as a .pdf document on request (see <http://www.wyjs.org.uk/archaeology-advisory/>).

## 6 Recording Methodology

### 6.1 General Instructions

#### 6.1.1 Health and Safety

The archaeologist on site will naturally operate with due regard for Health and Safety regulations. Prior to the commencement of any work on site (and preferably prior to submission of the tender) the archaeological contractor may wish to carry out a Risk Assessment in accordance with the Health and Safety at Work Regulations. The archaeological contractor should identify any contaminants which constitute potential Health and Safety hazards and make arrangements with the client for decontamination/making safe as necessary and appropriate. The WY Archaeology Advisory Service and its officers cannot be held responsible for any accidents or injuries which may occur to outside contractors engaged to undertake this survey while attempting to conform to this specification.

#### 6.1.2 Confirmation of adherence to specification

Prior to the commencement of any work, the archaeological contractor must confirm in writing adherence to this specification (using the attached form), or state in writing (with reasons) any specific proposals to vary the specification. Should the contractor wish to vary the specification, then written confirmation of the agreement of the WY Archaeology Advisory Service to any variations is required prior to work commencing. Unauthorised variations are made at the sole risk of the contractor (see para. 8.3, below). Modifications presented in the form of a re-written project brief will not be considered by the West Yorkshire Archaeology Advisory Service.

#### 6.1.3 Confirmation of timetable and contractor's qualifications

Prior to the commencement of any work, the archaeological contractor must provide WYAAS in writing with:

- a projected timetable for the site work
- details of project staff structure and numbers
- names and CVs of key project members (the project manager, site supervisor, any proposed specialists, sub-contractors *etc.*)
- details of any specialist sub-contractors

All project staff provided by the archaeological contractor must be suitably qualified and experienced for their roles. In particular, staff involved in building recording should have proven expertise in the recording and analysis of

institutional buildings. The timetable should be adequate to allow the work to be undertaken to the appropriate professional standard, subject to the ultimate judgement of WYAAS.

#### 6.1.4 Site preparation

Prior to the commencement of work on site the archaeological contractor should identify all removable modern material (including modern machinery) which may significantly obscure material requiring an archaeological record, and should contact the developer in order to make arrangements for their removal (if necessary, under archaeological supervision). It is not the intention of this specification that large-scale removal of material of this type should take place with the archaeological contractor's manpower or at that contractor's expense.

6.1.4 Externally both mature trees and undergrowth currently prevent a clear view of the building in its entirety. Undergrowth and self-seeded bushes and trees should be cleared to achieve the required photographic record.

#### 6.1.5 Documentary research

Prior to the commencement of work on site, the archaeological contractor should undertake a rapid map-regression exercise based on the readily-available map and photographic evidence held by the relevant Local History Library (Leeds Central Library, Municipal Buildings Calverley Street Leeds LS1 3AB Tel.: 0113 2478290) and the West Yorkshire Archive Service (WYAS, Leeds West Yorkshire Joint Service Nepshaw Lane South Morley Leeds LS27 7JQ Tel.: 0113 393 9788), and a rapid examination of the available 19th- and 20th-century Trades and Postal directories, the appropriate census returns and all other available primary and relevant secondary sources. This work is intended to inform the archaeological recording by providing background information with regard to function and phasing. Please note that this exercise is not intended to be a formal desk-based assessment, and should not represent a disproportionate percentage of the time allowed for the project overall.

#### 6.1.6 Use of existing plans

Langtry-Langton Architects have produced plans as existing of the hospital buildings. If appropriate, these plans may be used as the basis for the drawn record and for any annotation relative both to the historic and photographic record. Additional information relevant to the historic record should be indicated on the plans, which shall be re-drawn as necessary. It is the responsibility of the archaeological contractor to check the accuracy of these drawings and to make any necessary adjustments or corrections. Contractors are therefore advised to determine prior to the submission of tender whether major re-survey/re-drawing will be necessary. For this purpose, the WY Archaeology Advisory Service would suggest that the tendering contractor check a small number of randomly selected measurements across the site, e.g. a few long face measurements, the position and size of a selection of doors and windows, and a random series of internal diagonals (it is accepted that the contracting archaeologist will not be able to identify isolated and unpredictable errors by using this method). It is the archaeological contractors' responsibility to obtain the appropriate copyright permissions for any original material employed as a basis for further work.

## **6.2 Sequence of recording**

### 6.2.1 Initial record

As a result of the modern partitioning and remodelling of Ida Hospital, recording work should take place in two stages. The structures should initially be recorded as extant, with due provision made for the removal of any debris or modern material which may obscure fabric or features requiring an archaeological record (para 6.1.4 above). A structural watching brief may be necessary in some areas of the Ida Wing during demolition works if access to the complex is restricted for operational or safety reasons.

## 6.3 Written Record

6.3.1 The archaeologist on site should carefully examine all parts of each building prior to the commencement of the drawn and photographic recording, in order to identify all features relevant to its original use and to obtain an overview of the development of the building and of the site as a whole. As part of this exercise, the archaeologist on site should produce written observations (e.g. on phasing; on building function) sufficient to permit the preparation of a report on the structure. This process should include the completion of a Room Data Sheet or similar structured recording pro-forma<sup>1</sup> for each room or discrete internal space within the volume of the structure. The crucial requirement is that each room should be examined individually, that the results of that examination should be noted in a systematic fashion, and that these objective observations should be used to inform an analytical interpretation of the overall development and operation of the site.

## 6.4 Drawn Record

### 6.4.1 Drawings required

#### 6.4.1.1 The drawn record should comprise:

- Plans of all floors of the building
- East to west section of the service & reception wing (staggered as appropriate to show full height, service buildings and basement)

6.4.1.2 Drawings should be made at an appropriate scale (not smaller than 1:100 for plans; not smaller than 1:50 for sections). The structures should be recorded as existing, but a clear distinction should be made on the final drawings between surviving as-built features and all material introduced in the structure during the late 20th-century.

#### 6.4.1.3 Scope of record

All features of archaeological and architectural interest identified during the process of appraisal should be incorporated into, and clearly identified in, the final drawn record. Typically, items of interest would include:

- Evidence of dedication plaques
- Original fenestration and doorways
- Original structural elements and the materials used

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<sup>1</sup> The WY Archaeology Advisory Service would recommend the employment of the attached pro-forma, but will consider any suitable alternative which the archaeological contractor may wish to submit (Note that agreement for the employment of an alternative *schema* must be obtained in writing from the WY Archaeology Advisory Service prior to the commencement of work on site).



- Original ventilation and heating arrangements
- Original lighting arrangements
- Method of construction and decorative treatment of verandas
- Awning mechanisms

but this list should not be treated as exhaustive. The archaeologist on site should also identify and note:

- any significant changes in construction material – this is intended to include significant changes in stone/brick type and size
- any blocked, altered or introduced openings
- evidence for phasing, and for historical additions or alterations to the building.

#### 6.4.1.4 Provision for Additional Drawings

The recording requirements outlined above are based on a brief inspection of the site by the WY Archaeology Advisory Service. However, detailed examination and analysis of the site by the archaeological contractor may reveal features which merit detailed recording beyond what has been specifically required. In addition to what is requisite to complete the work specified above, the archaeological contractor should tender for a contingency period of one days recording on site (with two day drawing-up time off site – three days in total) in order that features so identified may be adequately recorded. This contingency should be clearly and separately identified in any tender document.

- 6.4.1.5 If features requiring additional drawing are identified during the course of work on site, the WY Archaeology Advisory Service should be contacted as soon as possible, and should be provided in writing with a schedule of proposed additional work. A site visit will then be arranged by the WYAAS to examine the features in question and to assess the need to apply the contingency (this visit will usually be combined with a routine monitoring visit). Implementation of the contingency will be at the decision of the West Yorkshire Archaeology Advisory Service, which will be issued in writing, if necessary in retrospect after site discussions.

#### 6.4.1.6 Dimensional accuracy

Dimensional accuracy should accord with the normal requirements of the English Heritage Architecture and Survey Branch (at 1:20, measurements should be accurate to at least 10mm; at 1:50, to at least 20mm; at 1:100, to at least 50mm).

#### 6.4.1.7 Drawing method

The survey may be executed either by hand or by means of reflectorless EDM as appropriate. In accordance with national guidelines<sup>2</sup>, drawings executed on site should be made either on polyester-based film (minimum thickness 150 microns) with polymer-bonded leads of an appropriate thickness and density, or on acid-free or rag paper. If finished drawings are generated by means of CAD or a similar proven graphics package, recorders should ensure that the software employed is sufficiently advanced to provide different line-weight (point-size); this feature should then be used to articulate the depth of the drawings. CAD repeats or cloning of features

<sup>2</sup> English Heritage 2006, *Understanding Historic Buildings – a guide to good recording practice*, 7.1.1ff

should not be used. What is required as an end product of the survey is a well-modelled and clear drawing; ambiguous flat-line drawings should be avoided. Drawing conventions should conform to English Heritage guidelines as laid out in English Heritage 2006, *Understanding Historic Buildings – a guide to good recording practice*, and the WYAAS would recommend that the CAD layering protocol detailed in the same volume (8.3, Table 2) should be adhered to.

## **6.5 Photographic Record**

### **6.5.1 External photographs**

The primary photographic record must be made using medium format or larger cameras and monochrome film (see below). An external photographic record should be made of all elevations of the Ida Hospital building, from vantage points as nearly parallel to the elevation being photographed as is possible within the constraints of the site (note the present limitations due to vegetation). The contractor should ensure that all visible elements of each elevation are recorded photographically; this may require photographs from a number of vantage points. A general external photographic record should also be made which includes a number of oblique general views of the building complex from all sides, showing the complex as a whole in its setting. In addition, a 35mm general colour-slide survey of the building should also be provided (using a variety of wide-angle, medium and long-distance lenses). While it is not necessary to duplicate every black-and-white shot, the colour record should be sufficiently comprehensive to provide a good picture of the form and general appearance of the complex and of the individual structures. The colour slide record should include some internal shots. See section 6.5.6 below detailing digital photography as an alternative to the use of slides.

### **6.5.2 Internal photographs**

A general internal photographic record should be made of the building. General views should be taken of each room or discrete internal space from a sufficient number of vantage points to adequately record the form, general appearance and manner of construction of each area photographed. In areas which are wholly modern in appearance, character and materials, a single shot to record current appearance will suffice.

### **6.5.3 Detail photographs**

In addition, detailed record shots should be made of all individual elements noted in section 6.4.3 above. Elements for which multiple examples exist (e.g. each type of roof truss, column or window frame) may be recorded by means of a single representative illustration. N.B. Detail photographs must be taken at medium-to-close range and be framed in such a way as to ensure that the element being photographed clearly constitutes the principal feature of the photograph.

### **6.5.4 Equipment**

General photographs should be taken with a Large Format camera (5" x 4" or 10" x 8") using a monorail tripod, or with a Medium Format camera which has perspective control, using a tripod. The contractor must have proven expertise

in this type of work. Any detail photographs of structural elements should if possible be taken with a camera with perspective control. Other detail photographs may be taken with either a Medium Format or a 35mm camera. All detail photographs must contain a graduated photographic scale of appropriate dimensions (measuring tapes and surveying staffs are not considered to be acceptable scales in this context). A 2-metre ranging-rod, discretely positioned, should be included in a selection of general shots, sufficient to independently establish the scale of all elements of the building and its structure.

#### 6.5.5 Orthophotography

6.5.5.1 Should the buildings archaeologist wish to employ rectified digital photography to record part of the hospital plans and elevations should be prepared at the scales given in section 7.4.4 above. Photographs must be taken at a resolution adequate to allow the creation of images at these scales. The collection and archiving of digital photographs used to create orthophotographs must follow and comply with Historic England's guidance contained in "Measured and Drawn: Techniques and practice for the metric survey of historic buildings (2nd edition)", English heritage 2009" and the recently published Photogrammetric Applications for Cultural Heritage; Guidance for Good Practice (Historic England 2017).

6.5.5.2 In general photographs must be taken parallel or near parallel to the subject's main surface, sufficient photographs must be taken from additional viewpoints to capture any changes in level or concealed areas; photographs must have sufficient overlap (60%-80%) to ensure good interpolation by the software used; targets or scales must be used and the resulting image must be checked against the subject/features before their destruction. Orthophotographs or copies should be annotated with relevant identification numbers or text and be cross referenced in the descriptive and interpretive text in the site report.

#### 6.5.6 Use of Drones

If the contractor intends to use a drone to obtain aerial images of the site they must ensure that this activity is in full compliance with aviation law, the operator is fully trained and if necessary licenced by the Civil Aviation Authority and that a pre-flight and onsite risk assessments have been carried out. Digital images obtained from a drone mounted camera must comply with the requirements for digital photography given below.

#### 6.5.7 Film stock

All record photographs are to be black and white, using conventional silver-based film only, such as Ilford FP4 or HP5, or Delta 400 Pro (a recent replacement for HP5 in certain film sizes such as 220). Dye-based (chromogenic) films such as Ilford XP2 and Kodak T40CN are unacceptable due to poor archiving qualities.

#### 6.5.8 Digital photography

Digital photography: as an alternative for colour slide photography, good quality digital photography may be supplied, using cameras with a minimum resolution of 10 megapixels. Digital photography should follow the guidance given by

Historic England in Digital Image Capture and File Storage: Guidelines for Best Practice, July 2015. Note that conventional black and white print photography is still required and constitutes the permanent record. Digital images will only be acceptable as an alternative to colour slide photography if each image is supplied as both a JPEG and a TIFF versions. The latter as an uncompressed 8-bits per channel TIFF version 6 file of not less than 25Mbs (See section 2.3 of the Historic England guidance). The contractor must include metadata embedded in the TIFF file. The metadata must include the following: the commonly used name for the site being photographed, the relevant centred OS grid coordinates for the site to at least six figures, the relevant township name, the date of photograph, the subject of the photograph, the direction of shot and the name of the organisation taking the photograph. Any digital images are to be supplied to WYAAS on an archival quality "gold" CDs by the archaeological contractor accompanying the hard copy of the report.

#### 6.5.9 Printing

Record photographs should be printed at a minimum of 5" x 7". In addition, a selection of photographs intended to illustrate structural detail should be printed at 10" x 8" (it is expected that there is likely to be a need 5 such prints). Bracketed shots of identical viewpoints need not be reproduced, but all viewpoints must be represented within the report.

6.5.10 Prints may be executed digitally from scanned versions of the film negatives, and may be manipulated to improve print quality (but not in a manner which alters detail or perspective). All digital prints must be made on paper and with inks which are certified against fading or other deterioration for a period of 75 years or more when used in combination. If digital printing is employed, the contractor must supply details of the paper/inks used in writing to the WY Archaeology Advisory Service, with supporting documentation indicating their archival stability/durability. Written confirmation that the materials are acceptable must have been received from the WYAAS prior to the commencement of work on site.

#### 6.5.11 Use of Digital Archiving in Place of Film

6.5.11.1 In response to the mounting costs and decreasing numbers of practitioners offering professional photographic building recording on large and medium format chemical film the WYAAS have investigated other means to secure the long term preservation of photographic images. The WYAAS are satisfied that it is now feasible to substitute digital photography for this aspect of building recording in some projects as an alternative to monochrome photography as specified above.

6.5.11.2 The long-term archiving and curation of image captured during building recording will be carried out by the Archaeological Data Service (ADS). The ADS charge for this service and it is the contractor's responsibility to pay for this long term curation. See:

<http://archaeologydataservice.ac.uk/advice/chargingPolicy.xhtml>

6.5.11.3 An estimate of the cost of archiving digital images and reports using the ADS Easy service can be obtained from the ADS website:

<http://archaeologydataservice.ac.uk/easy/costing>

6.5.11.4 The buildings archaeologist should be aware of the ADS' policies and requirements for metadata accompanying digital files. Comprehensive guidance can be found on the ADS website dealing with planning for the creation of a digital archive, collecting data, selection and discard policies, file structures, licencing and the transfer of material to the ADS.

### 6.5.12 **Equipment**

6.5.12.1 A digital SLR with a resolution of at least 10 megapixel should be employed. Cameras with an FX sensor, which is close to equivalency with 35mm film, are preferable to DX sensor equipped cameras. A variety of lenses should be used to best capture the subject and its setting

6.5.12.2 Care should be taken to ensure sharply focused well composed photographs are taken and when appropriate the camera should be set up and levelled on a tripod, e.g. when recording facades and larger interior spaces. The use of perspective shift lenses or pan and tilt adaptors may be necessary in some situations to achieve an acceptable image. Alternatively lens distortion may be removed post-capture by software but this must be recorded in the photographic catalogue and details of the software used given in the report. Original pre-correction images should be included in the site archive.

6.5.12.3 Photographs should be taken with a low ISO setting to reduce noise in the images captured.

6.5.12.4 The camera should also be Exchange Image File (EXIF) compliant and accurate time, date and, where applicable, GPS information and other metadata set up prior to commencing recording work on site. Further requirements relating to metadata are described below.

### 6.5.13 **Archiving Digital Photographs**

6.5.13.1 Photographs and reports should be archived using the ADS Easy online service. (<http://archaeologydataservice.ac.uk/easy/home>). An estimate of the cost to archive digital images and reports using the ADS Easy service can be obtained from the ADS website

<http://archaeologydataservice.ac.uk/easy/costing>

6.5.13.2 The buildings archaeologist should be aware of the ADS' policies and requirements for metadata accompanying digital files. Comprehensive guidance can be found on the ADS website dealing with planning for the creation of a digital archive, collecting data, selection and discard policies, file structures and naming conventions, licencing and the transfer of material to the ADS

<http://archaeologydataservice.ac.uk/advice/guidelinesForDepositors.xhtml>

- 6.5.13.3 Meta data: in addition to the EXIF data stored in each image the contractor should create Project Level meta data. The coverage field in this document should include the historic township, site name and grid reference of the site ([http://guides.archaeologydataservice.ac.uk/g2gp/CreateData\\_1-2](http://guides.archaeologydataservice.ac.uk/g2gp/CreateData_1-2)).
- 6.5.13.4 A raster data meta data file, cataloguing the digital photographs, should also be prepared. A template for this spreadsheet is available to download from the ADS (a template & examples of the latter are available from the ADS at:
- <http://archaeologydataservice.ac.uk/advice/FilelevelMetadata.xhtml>
- 6.5.13.5 When depositing files with the ADS the contractor should enable the automatic notification of the completion of this process and have an email sent from the ADS to the WYAAS at the following address [wyher@wyjs.org.uk](mailto:wyher@wyjs.org.uk).
- 6.5.13.6 The WYAAS will only recommend the discharge of planning conditions upon receipt of a notification from the ADS that photographs have been archived.
- 6.5.13.7 Please note the WYAAS still require hard copy of the report accompanied by laser prints of the photographs on archivally stable paper and a facsimile copy of the report in ISO19005-1 compliant PDF/A format and the images on a “gold” archive quality CD.

#### 6.5.14 Documentation

A photographic register detailing (as a minimum) location, direction and subject of shot must accompany the photographic record; a separate photographic register should be supplied for any colour slides or for colour digital photographs. The position and direction of each photograph and slide should be noted on a copy of the building plan, which should also be marked with a north pointer; separate plans should be annotated for each floor of each building

## 7 Post-Recording Work and Report Preparation

### 7.1 After completion of fieldwork

- 7.1.1 Prior to the commencement of any other work on site, the archaeological contractor should arrange a meeting at the offices of the WY Archaeology Advisory Service to present a draft of the 1st- stage drawn record (fully labelled and at the scale specified above), a photo-location plan, and photographic contact prints adequately referenced to this plan (material supplied will be returned to the contractor). Copies of the slides or digital photographs should also be brought in for checking. N.B. if full-sized prints or digital versions of contact sheets are supplied for this purpose, they must be accompanied by a sample of the processed negatives. If appropriate, the WY Archaeology Advisory Service will then confirm to Leeds City Planning Services that fieldwork has been satisfactorily completed and that other work on site may commence (although discharge of the archaeological condition will not be recommended

until a completed copy of the full report and photographic record has been received and approved by the West Yorkshire Archaeology Advisory Service). Please note that as of the 1st April 2011, the WYAAS will charge the archaeological contractor a fee for each fieldwork verification meeting.

## 7.2 Report Preparation

### 7.2.1 Report format and content

A written report should be produced. This should include:

- an executive summary including dates of fieldwork, name of commissioning body, and a brief summary of the results including details of any significant finds
- an introduction outlining the reasons for the survey
- a brief architectural description of the hospital building and its component parts presented in a logical manner (as a walk around and through the building, starting with setting, then progressing to all sides of the structure in sequence, and finally to the interior from the ground floor up)
- a discussion placing the Ida Wing in its local, historical and technological contexts, describing and analysing the development of individual structures and of the complex as a whole. This analysis should consider the site type as an integrated system intended to perform a specialised function, with particular attention being given to historical plan form, layout and access arrangements.

The architectural description should be fully cross-referenced to the drawn and photographic record, sufficient to illustrate the major features of the site and the major points raised. It is not envisaged that the report is likely to be published, but it should be produced with sufficient care and attention to detail to be of academic use to future researchers. A copy of this specification and a quantified index to the field archive should also be bound into the back of the report. The cover sheet should include a centred eight-figure OS grid reference and the name of the township in which the site is located (Adel cum Eccup).

### 7.2.2 **Report Illustrations**

Illustrations should include:

- a location map at a scale sufficient to allow clear identification of the hospital in relation to other buildings in the immediate area
- an overall keyed plan of the site showing the surviving buildings in relation to each other and any buildings on site which have been demolished
- any relevant historic map editions, with the position and extent of the site clearly indicated
- a complete set of site drawings / orthophotographs completed to publication standard, at the scale stipulated in Para. 6.4.1 above (unless otherwise agreed in writing by the West Yorkshire Archaeology Advisory Service)
- a complete set of site drawings at a legible scale, on which position and direction of each photograph has been noted
- any additional illustrations pertinent to the site
- a complete set of good-quality laser copies of all photographs (reproduced at a minimum of 5" by 7").

The latter should be bound into the report in the same logical sequence employed in the architectural description (Para. 7.2.1 above) and should be appropriately labelled (numbered, and captioned in full). When captioning, contractors should identify the individual photographs by means of a running sequence of numbers (e.g. Plate no. 1; Plate no. 2), and it is this numbering system which should be used in cross-referencing throughout the report and on the photographic plans. However, the relevant original film and frame number should be included in brackets at the end of each caption.

### **7.3 Report deposition**

#### **7.3.1 General considerations**

- 7.3.1.1 The report should be supplied to the client and identical copies supplied to the West Yorkshire HER, the WY Archive Service and to the Oasis project. A recommendation from WYAAS for discharge of the archaeological condition is dependant upon receipt by WYAAS of a satisfactory report which has been prepared in accordance with this specification. Any comments made by WYAAS in response to the submission of an unsatisfactory report will be taken into account and will result in the reissue of a suitably edited report to all parties, within a timescale which has been agreed with WYAAS.
- 7.3.1.2 The report copy supplied to the West Yorkshire HER should include a complete set of photographic prints (see Para. 7.3.2 below). The finished report should be supplied within eight weeks of completion of all fieldwork, unless otherwise agreed with the West Yorkshire Archaeology Advisory Service. The information content of the report will become publicly accessible once deposited with the Advisory Service, unless confidentiality is explicitly requested, in which case it will become publicly accessible six months after deposit.
- 7.3.1.3 Copyright - Please note that by depositing this report, the contractor gives permission for the material presented within the document to be used by the WYAAS, in perpetuity, although The Contractor retains the right to be identified as the author of all project documentation and reports as specified in the Copyright, Designs and Patents Act 1988 (chapter IV, section 79). The permission will allow the WYAAS to reproduce material, including for commercial use by third parties, with the copyright owner suitably acknowledged.
- 7.3.1.4 The West Yorkshire HER supports the Online Access to Index of Archaeological Investigations (OASIS) project. The overall aim of the OASIS project is to provide an online index to the mass of archaeological grey literature that has been produced as a result of the advent of large-scale developer funded fieldwork. The archaeological contractor must therefore complete the online OASIS form at <http://ads.ahds.ac.uk/project/oasis/>. Contractors are advised to contact the West Yorkshire HER officer prior to completing the form. Once a report has become a public document by submission to or incorporation into the HER, the West Yorkshire HER may place the information on a web-site. Please ensure that you and your client agree to this procedure in writing as part of the process of submitting the report to the case officer at the West Yorkshire HER.



7.3.1.5 With the permission of the developer, the archaeological contractor are encouraged to consider the deposition of a copy of the report for this site with the appropriate Local History Library (e.g. Leeds Central Library Local Studies department).

7.3.1.6 An note on this work should be submitted to Post-medieval Fieldwork in England and Northern Ireland, published by the Journal of the Society for Post – Medieval Archaeology.

### 7.3.2 Deposition with WY Archaeology Advisory Service (West Yorkshire Historic Environment Record)

7.3.2.1 The report copy supplied to the WY Archaeology Advisory Service should also be accompanied by both the photographic negatives and a complete set of labelled photographic prints (mounted in archivally stable KENRO display pockets or similar, and arranged in such a way that labelling is readily visible) bound in a form which will fit readily into a standard filing cabinet suspension file (not using hard-backed ring-binders). Labelling should be on the back of the print in pencil giving film and frame number only and on applied printed labels on the front of the appropriate photographic sleeve which should include:

- film and frame number
- date recorded and photographer's name
- name and address of building
- national grid reference
- specific subject of photograph.

Negatives should be supplied in archivally stable mounts (KENRO display pockets or similar), and each page of negatives should be clearly labelled with the following:

- Township name
- Site name and address
- Date of photographs (month/year)
- Name of archaeological contractor
- Film number

7.3.2.2 Colour slides should be mounted, and the mounts suitably marked with – ‘Headingley cum Burley’ (the Township name) with ‘Ida Hospital’ under, at the top of the slide; grid reference at the bottom; date of photograph at the right hand side of the mount; subject of photograph at the left hand side of the mount. Subject labelling may take the form of a numbered reference to the relevant photographic register. The slides should be supplied to the WY Archaeology Advisory Service in an appropriate, archivally stable slide hanger (for storage in a filing cabinet). Digital photographs should be supplied on an archive standard “gold” CD with a full facsimile of the report in ISO19005-1 compliant PDF/A format.

## 7.4 Summary for publication

- 7.4.1 The attached summary sheet should be completed and submitted to the WY Archaeology Advisory Service for inclusion in the summary of archaeological work in West Yorkshire published on the WYAAS website. During fieldwork monitoring visits WYAAS officers will take digital photographs which may be published on the Advisory Service's social media feed as part of an ongoing strategy to enable public access to information about current fieldwork in the county.

## **7.5 Preparation and deposition of the archive**

- 7.5.1 After the completion of all recording and post-recording work, a fully indexed field archive should be compiled consisting of all primary written documents and drawings, and a set of suitably labelled photographic contact sheets (only). Standards for archive compilation and transfer should conform to those outlined in Archaeological Archives – a guide to best practice in creation, compilation, transfer and curation (Archaeological Archives Forum, 2007). The field archive should be deposited with the Leeds District Office of the West Yorkshire Archive Service (West Yorkshire Joint Service Nephshaw Lane South Morley Leeds LS27 7JQ Tel.: 0113 393 9788), and should be accompanied by a copy of the full report as detailed above. Deposition of the archive should be confirmed in writing to the WY Archaeology Advisory Service.

## **8 General considerations**

### **8.1 Technical queries**

Any technical queries arising from this specification should be addressed to the WY Archaeology Advisory Service without delay.

### **8.2 Authorised alterations to specification by contractor**

It should be noted that this specification is based upon records available in the West Yorkshire Historic Environment Record and on a brief examination of the site by the West Yorkshire Archaeology Advisory Service. Archaeological contractors submitting tenders should carry out an inspection of the site prior to submission. If, on first visiting the site or at any time during the course of the recording exercise, it appears in the archaeologist's professional judgement that

- i) a part or the whole of the site is not amenable to recording as detailed above, and/or
- ii) an alternative approach may be more appropriate or likely to produce more informative results, and/or
- iii) any features which should be recorded, as having a bearing on the interpretation of the structure, have been omitted from the specification,

then it is expected that the archaeologist will contact the WY Archaeology Advisory Service as a matter of urgency. If contractors have not yet been appointed, any variations which the WY Archaeology Advisory Service considers to be justifiable on archaeological grounds will be incorporated into a revised specification, which will then be re-issued to the developer for redistribution to the tendering contractors. If an appointment has already been made and site work is ongoing, the WY Archaeology Advisory Service will resolve the matter in liaison with the developer and the Local Planning Authority.

### 8.3 Unauthorised alterations to specification by contractor

It is the archaeological contractor's responsibility to ensure that they have obtained the West Yorkshire Archaeology Advisory Service's consent in writing to any variation of the specification prior to the commencement of on-site work or (where applicable) prior to the finalisation of the tender. Unauthorised variations may result in the WY Archaeology Advisory Service being unable to recommend discharge of the archaeological recording condition to the Local Planning Authority and are made solely at the risk of the contractor.

### 8.4 Monitoring

This exercise will be monitored as necessary and practicable by the WY Archaeology Advisory Service in its role as 'curator' of the county's archaeology. The Advisory Service should receive at least one week's notice in writing of the intention to start fieldwork. A copy of the contractor's Risk Assessment should accompany this notification.

### 8.5 Valid period of specification

This specification is valid for a period of one year from date of issue. After that time it may need to be revised to take into account new discoveries, changes in policy or the introduction of new working practices or techniques.

8.6 Any queries relating to this specification should be addressed to the WY Archaeology Advisory Service without delay.

**David Hunter**  
**West Yorkshire Archaeology Advisory Service**

**October 2017**

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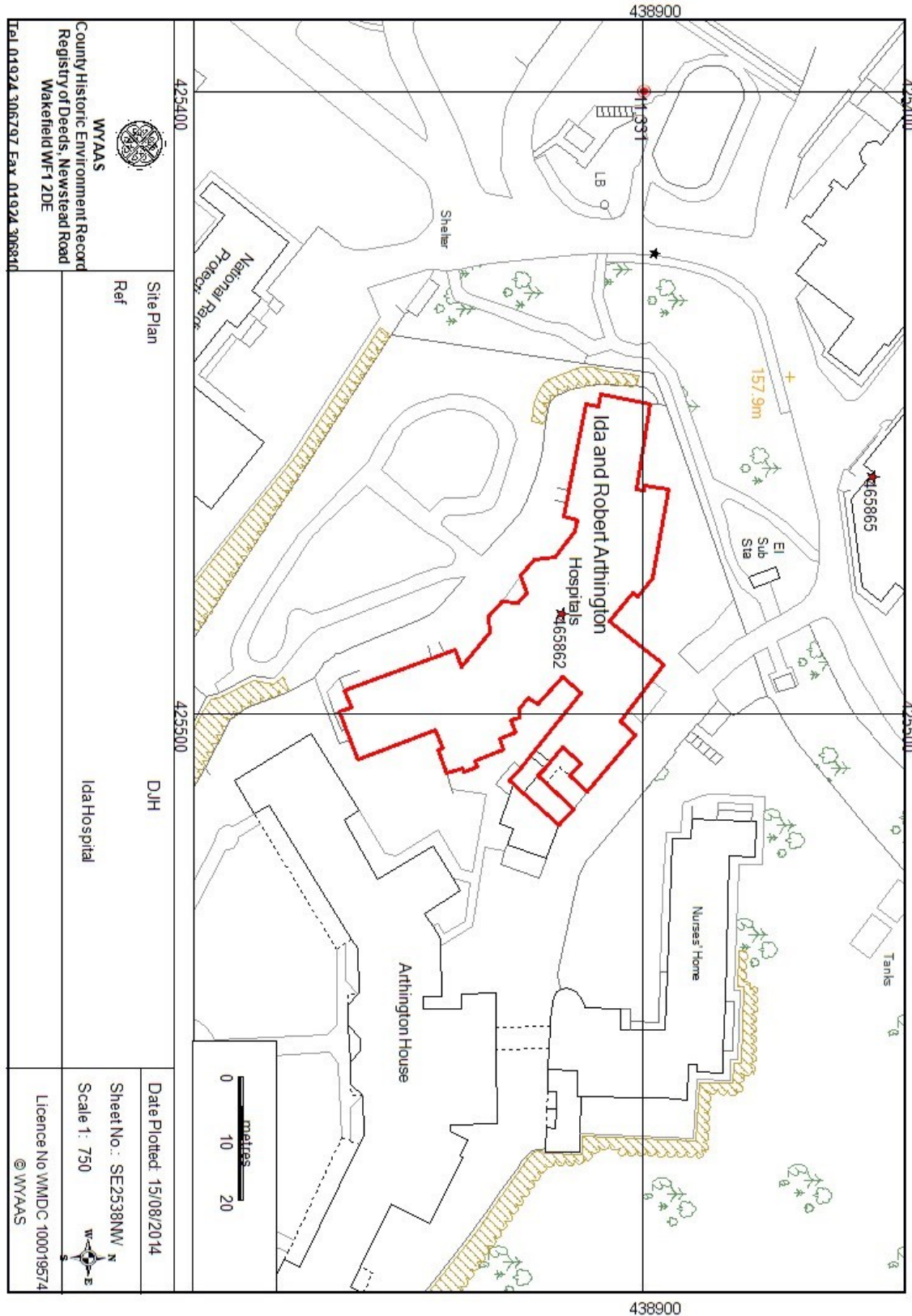


Figure 1. Location Plan

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