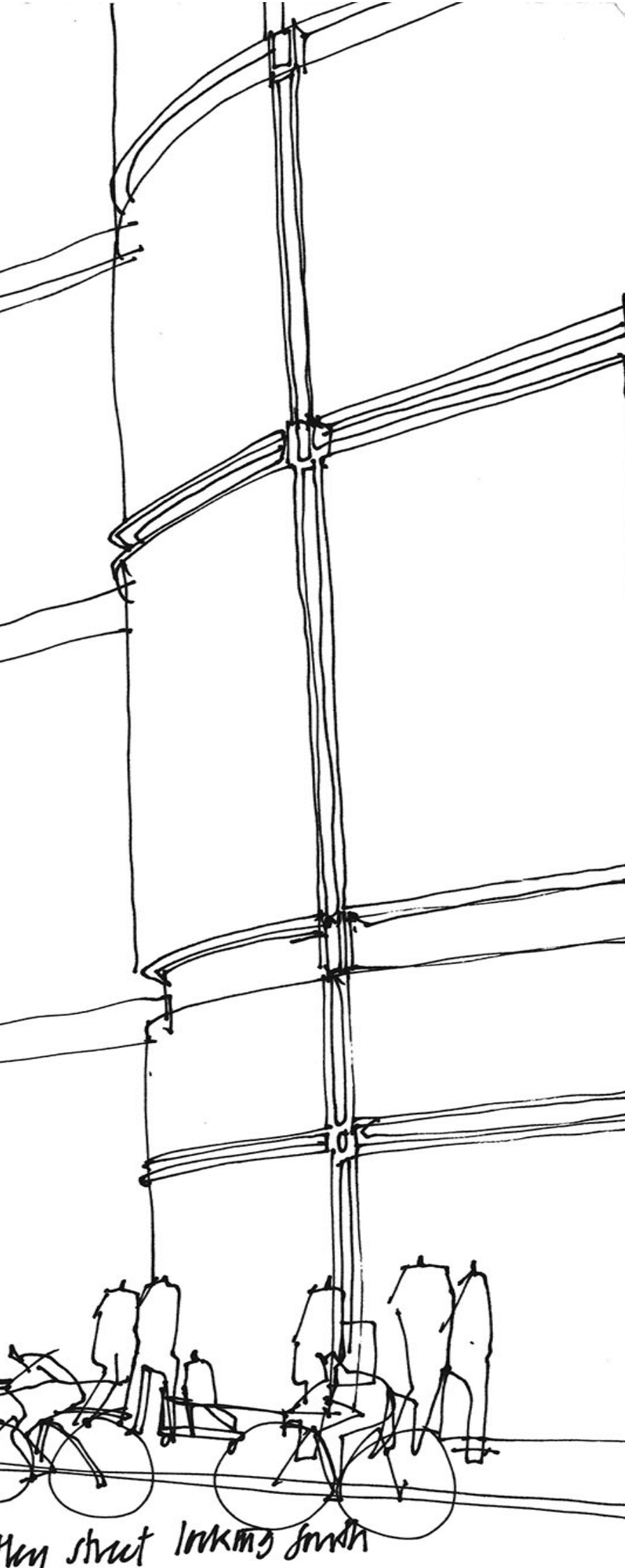


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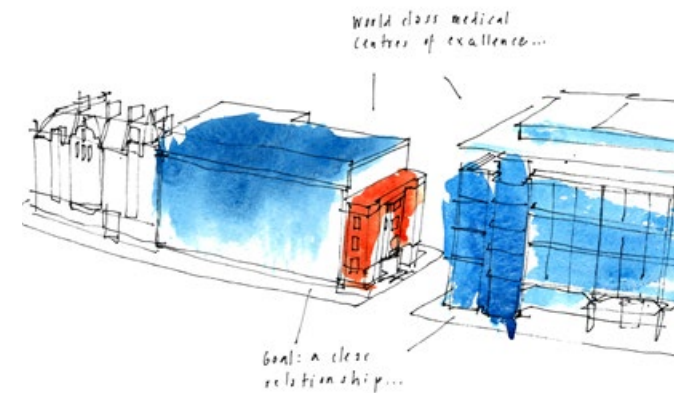
Unit



4.0 Design Evolution

4.2 External Expression

Pilbrow & Partners were invited to collaborate with Steffian Bradley Architects on the external design of the building at the suggestion of LB Camden.



In September 2014, Pilbrow & Partners were invited to collaborate with Steffian Bradley Architects on the design the external envelope for UCLH Phase 5. This collaboration was suggested by planning officers at LB Camden who felt the quality of the scheme's clinical planning had not been matched by the building's external envelope.

Pilbrow and Partners conducted an audit of the design and its underpinning contextual analysis.

Aspects of the proposal were manifestly robust. A clinical planning approach focused on patient needs promised to deliver a facility that would be a model for buildings of its type. The decision to plan waiting space on the principal facade offered a immediate and obvious benefit for the elevation design. It was recognised that such daylight waiting areas provided the potential to readily relate to the articulated façades to Gordon Mansions in the south. The scale of the building, which restored the street wall in line with FAAP advice, was recognised as contextually correct.

Why therefore had Camden and other consultees felt unable to endorse the building's architectural design?

Pilbrow and Partners believed the decision to retain a fragment of the 1927 Royal Ear Hospital lay at the heart of this dissatisfaction. The retained fragment related poorly to the clinical planning of the new facility and precluded a natural expression of its internal organisation. Accordingly its replacement by a new building should be evaluated.



4.0 Design Evolution
4.2 External Expression
September 2014 Proposals

SBA’s proposals sought to retain the end elevation of the former Royal Ear Hospital. The decision impacted the building’s external elevation and internal organisation.

Initial discussions on the Phase 5 site between SBA and Camden planning officers explored the correct design approach to a sensitive Bloomsbury site. In the context of existing buildings that were of some heritage value.

Of the two existing buildings, there was consensus that the former student union building had no heritage merit - indeed it created an entirely negative gap in the street wall characteristic of the area.

The former Royal Ear Hospital was a more complex case. The building was not of listable quality, a position recently confirmed by English Heritage in their grant of a Certificate of Immunity against Listing. It had some interest in medical planning terms through the innovative proposal to create open balconies for the recuperation of patients, however this feature was never realised. The building’s principal value was its contextual response to the Bloomsbury Conservation Area rather than its inherent merit.

It was clear that the clinical planning needs of the new facility could not be met through the full retention of the former Royal Ear Hospital whose structure, services and floorplate were unsuitable for the needs of a modern hospital.

The partial retention of the building through the preservation of its Copper Street end gable was explored as a compromise between the needs of the new facility and the heritage considerations of the context.

As outlined in the previous section the internal clinical planning for Phase 5 sets the treatment areas at the heart of the building between connections to patient waiting areas on Huntley Street and staff access on Shropshire Place. Logically access to the upper floors is planned from a vertical circulation core at the end of the treatment areas.



SBA September 2014 proposals - Copper Street facade - looking south to Huntley Street

Architecturally the relationship between new and old was extremely challenging. Wndows to the retained facades on Shropshire Place did not align to the floors

4.0 Design Evolution
4.2 External Expression
October 2014 Proposals

Pilbrow & Partner’s initial designs sought to work with the retained Copper Street fragment. The results were judged unsatisfactory.

Pilbrow and Partners explored whether a better architectural resolution could be developed to successfully integrate the retained fragment of the former Royal Ear Hospital. Three approaches informed the design:

- That the scale and grain of waiting areas on Huntley Street should be more closely aligned to the adjacent bays of Gordon Mansions to the south. Internally this delivered smaller scale waiting clusters with benefits to the environment for patients. Externally, the bays allow the building to relate to the residential character to its south.
- That the core set behind the retained fragment might be architecturally expressed on the elevation and that this expression might be an aid to identify the buildings entrances on Huntley Street and Shropshire Place. The core was conceived as a ‘fulcrum’ between the new wing to the south and the retained gable to the north.
- That the disparity of scale between the lower retained fragment and the new building might be addressed by an oversailing element framing a new roof terrace. The new building should clearly respond to the established scale of the street wall - a scale established by Gordon Mansions to the south - and the UCH Macmillan Cancer Centre building to the north

Aspects of the adopted approach looked useful - particularly the relationship with Gordon Mansions, however the resultant design failed to provide a convincing response to either the demands of the hospital or the high standards set by the quality of the context.

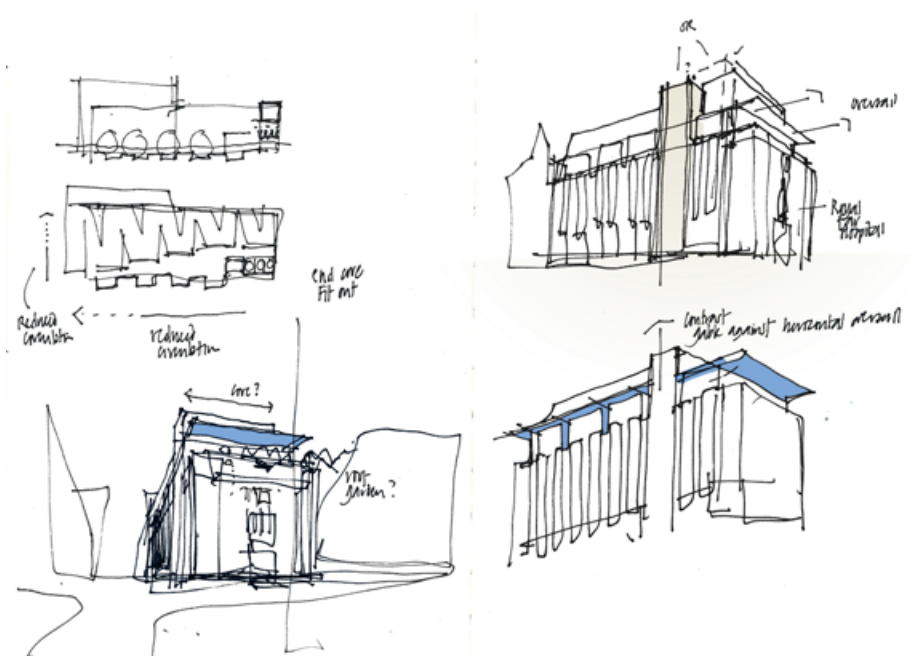
Accordingly a re-evaluation of the decision to retain the Copper Street fragment was judged appropriate.



P&P October 2014 proposals - Aerial view from the north-east

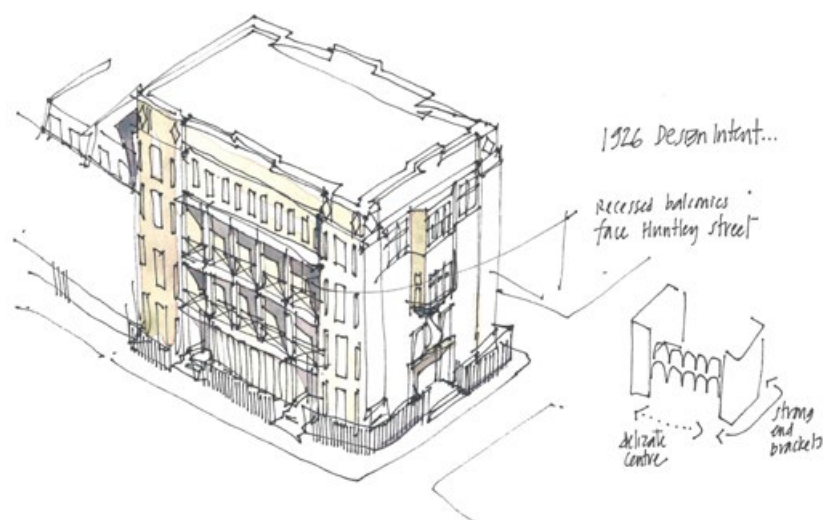


P&P October 2014 proposals - Huntley Street at the corner of Copper Street looking

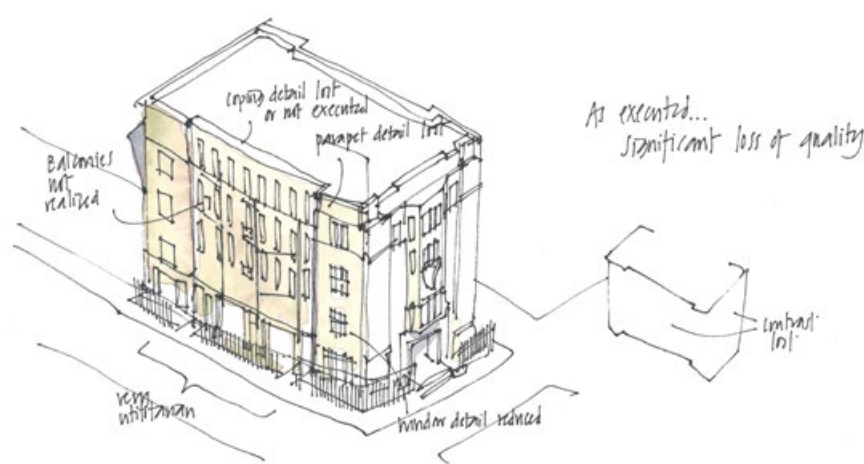


P&P October 2014 proposals exploring the integration of the former Royal Ear Hospital

4.0 Design Evolution
4.3 External Expression
The Copper Street Elevation Retention



Balconies proposed as part of the treatment regime within the Royal Ear Hospital were never constructed



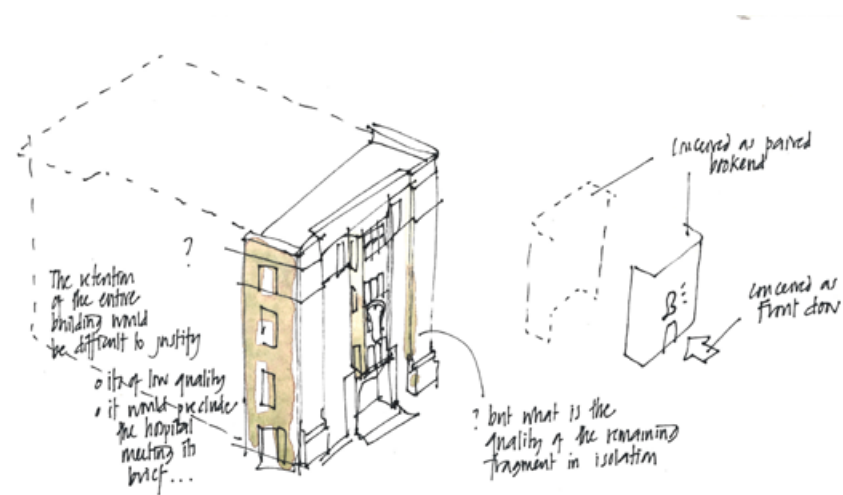
The resulting Huntley Street elevation was utilitarian in character

The initial decision to retain the Copper Street fragment was re-evaluated with LB Camden with input from KM Heritage. To inform this evaluation, the comparative benefits of a replacement building were also assessed.

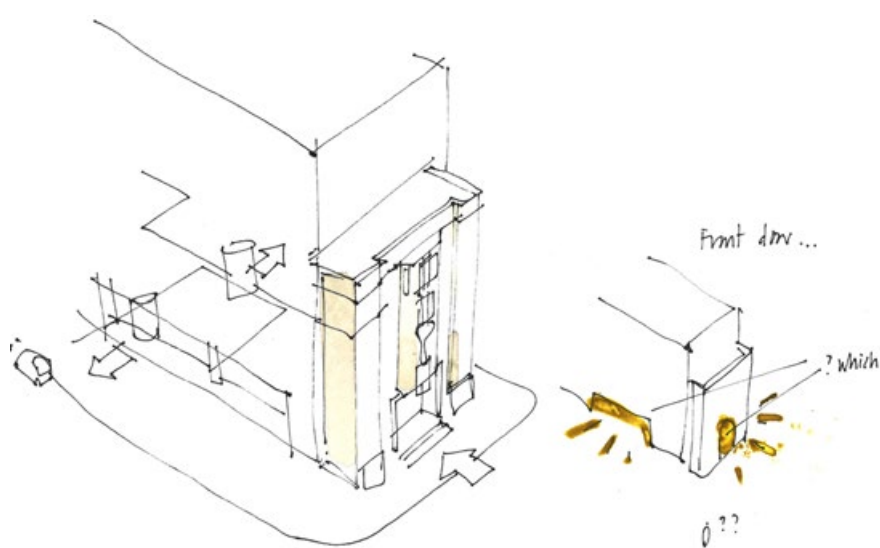
Kevin Murphy's research into the former Royal Ear Hospital concluded that the quality of the design and its intrinsic heritage value was modest. English Heritage endorsed this view in January 2015 with their grant of a Certificate of Immunity against Listing.

The buildings principal architectural interest derived from its pioneering proposal to provide open balconies on Huntley Street as part of the care environment for patients with hearing disorders. Unfortunately the noisy environment precluded the realisation of this intent and the balconies were replaced by a utilitarian windowed wall.

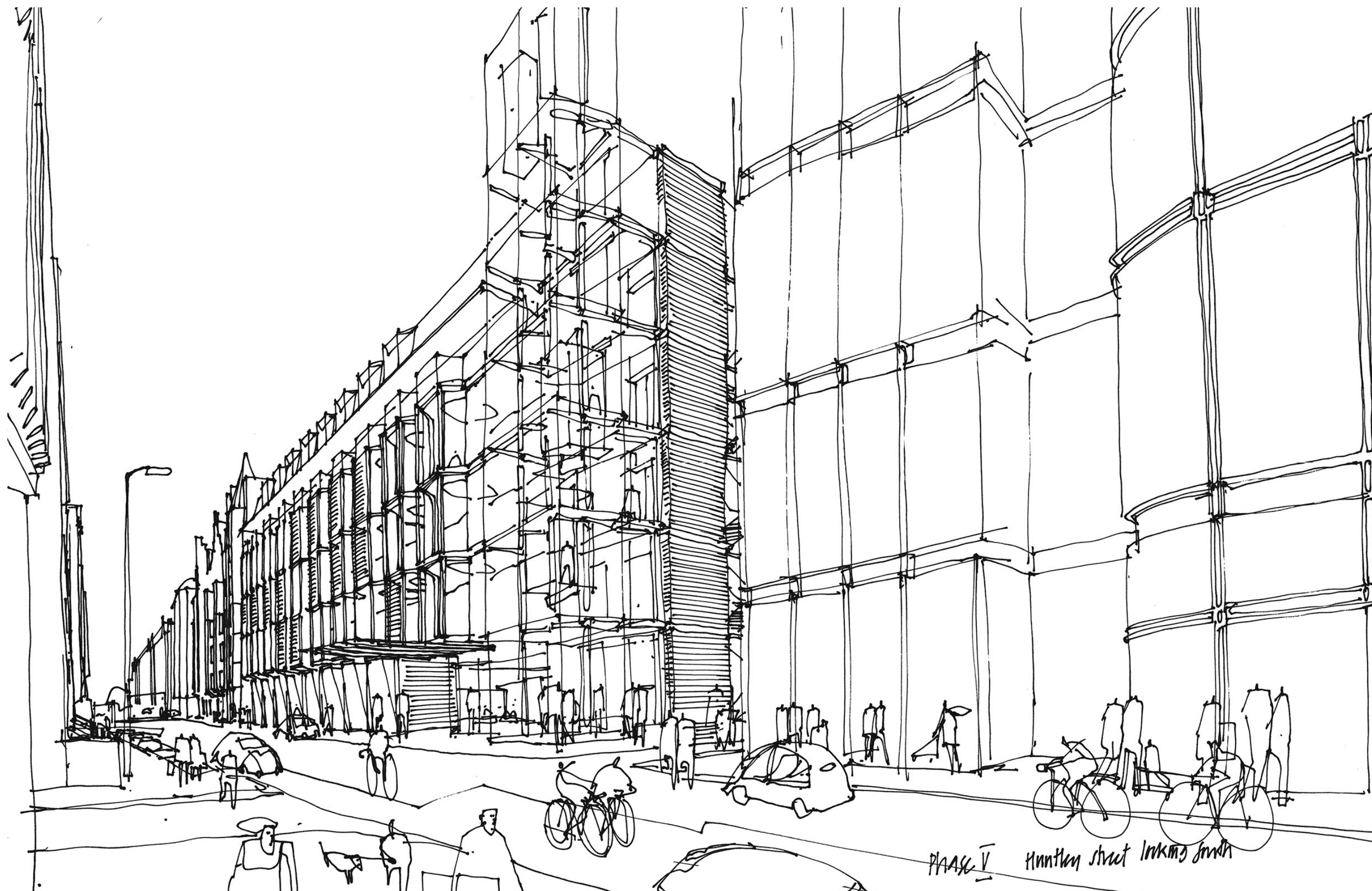
The design had contrasted the central balconied elevation against a pair of robustly detailed 'bookend' to the north and south. Without the balconies the composition is less compelling. Without the retention of the body of the building the end bookend is reduced to be an isolated fragment.



The architectural order of the 1927 building contrasted the robust character of the 'bookends' against the open detail of the central Huntley Street facade. The retention of the end fragment removes this compositional underpinning

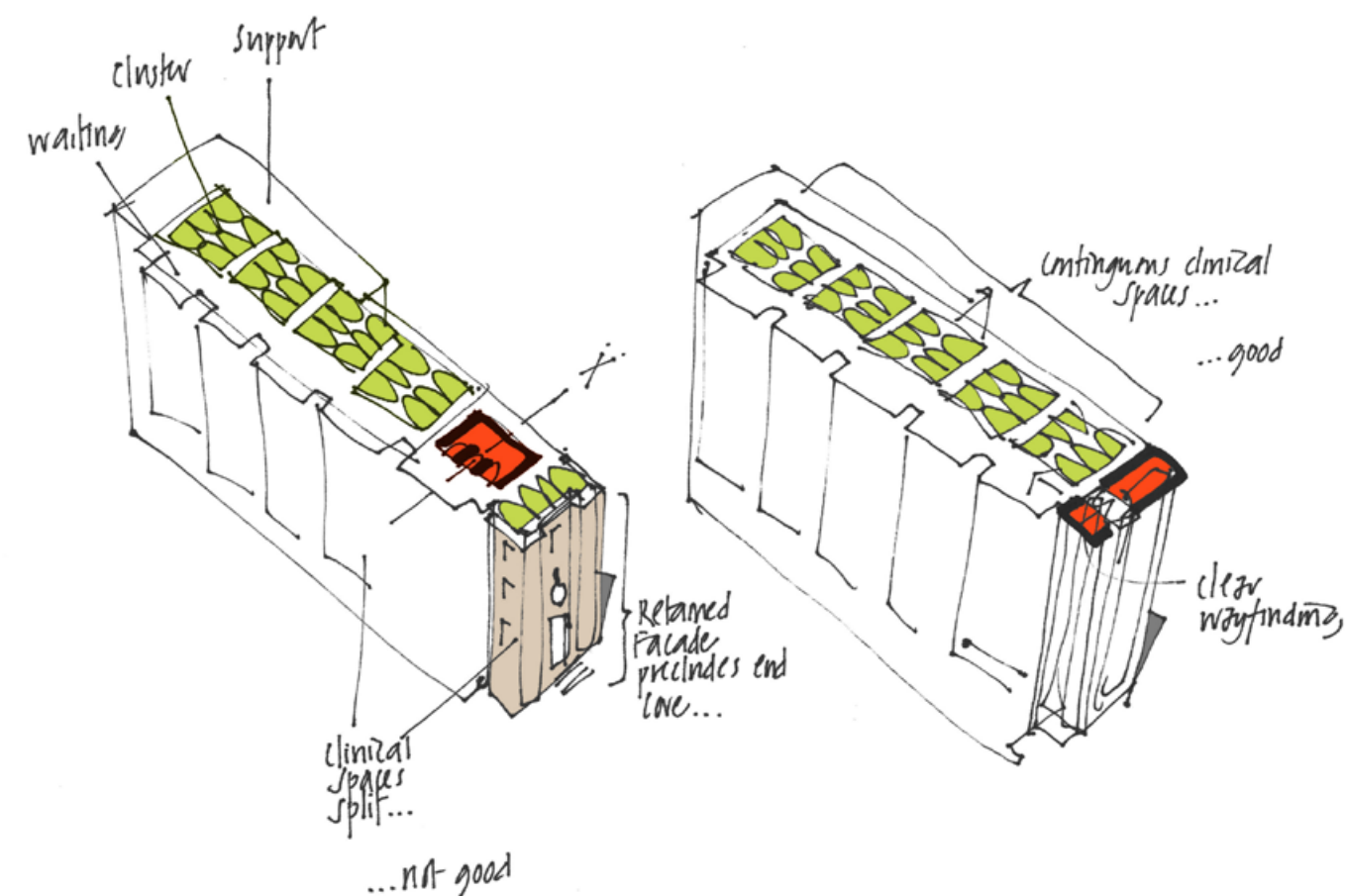


The retained fragment historically formed the main entrance to the hospital. Its location is unsuitable for the new building which requires a vehicular drop-off on Huntley Street and secondary access from Shropshire Place. The retained fragment creates confusion about the entrance position

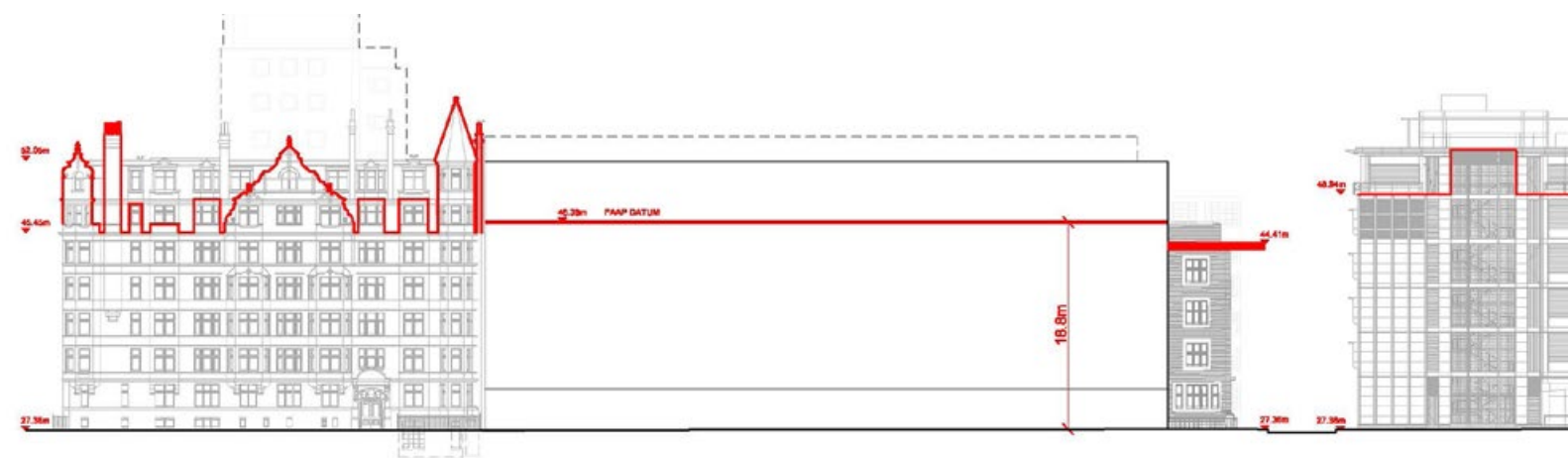


The end core to the replacement building could serve to denote the Huntley Street entrance - Initial studies explored the relationship between this core and the corner turret on Gordon Mansions to the south

4.0 Design Evolution
4.5 External Expression
The Royal Ear Hospital Replaced



Retaining the Capper Street facade drove the core towards the middle of the plan which was disruptive to clinical planning and good wayfinding



The retained fragment breaks the natural order of the street wall introducing a lower scale between Gordon Mansions and the UCH Macmillan Cancer Centre

The design team looked at the comparative qualities of a replacement building unfettered by the retained fragment on Capper Street.

The facade retention of Capper Street pushed the building’s core to the south. This was problematic confusing internal wayfinding, ground floor planning and the efficiency of clinical layouts. A proportion of these clinical spaces were planned behind the retained facade, some with windows at floor or ceiling level.

By reconfiguring the core within the north façade the overall programmatic layout became easier to negotiate for both staff and users.

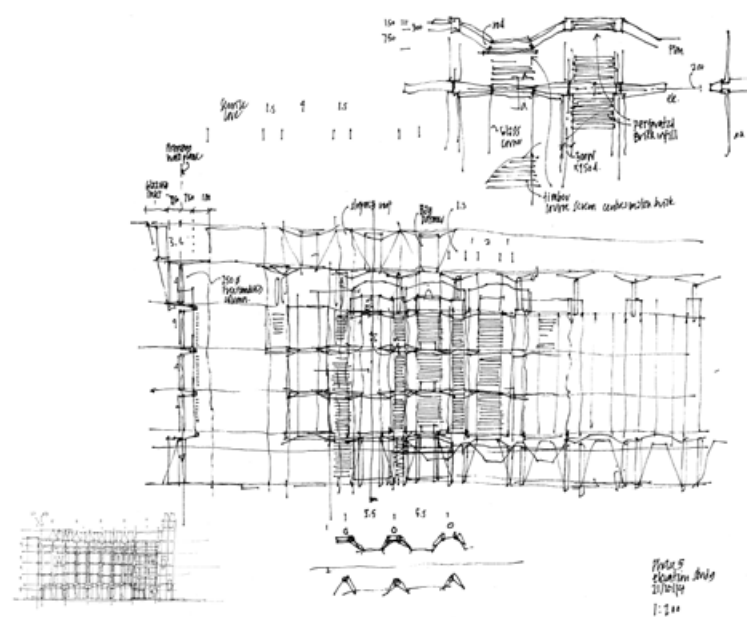
The diagram for a cluster of internal clinical cells is re-established into a single contiguous zone resulting in a clearer expression along the Huntley street façade.

Consequently both internal and external way finding is improved resulting in a façade that truly represents the internal functionality within. This development also provides the opportunity to establish a clear division between ‘Bay’ Entrance’ and ‘Core’.

The end core also establishes a new streetscape line which more closely engages with the neighbouring scale of the UCH Macmillan Cancer Centre.

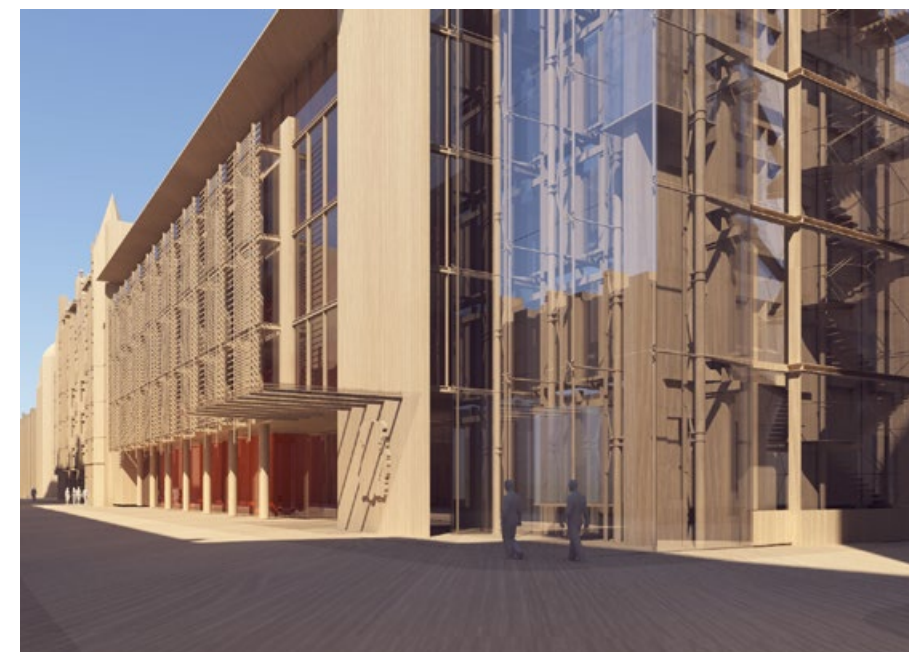
This taller element also acts as a markers for the hospital, enabling users to locate the new building from longer views down Huntley Street and Tottenham Court Road. Furthermore the new core arrangement creates a clearer visual route through.

Finally the expression of the vertical circulation on the façade begins to activate the prominent corner plots engaging both passers-by with the movement of the hospital staff.



Above: Initial facade studies - Through consultation with Camden more heavyweight brick elevation was developed from these initial open bay studies

Right: Huntley Street looking north - October 2014
Far right: Huntley Street looking south - October 2014



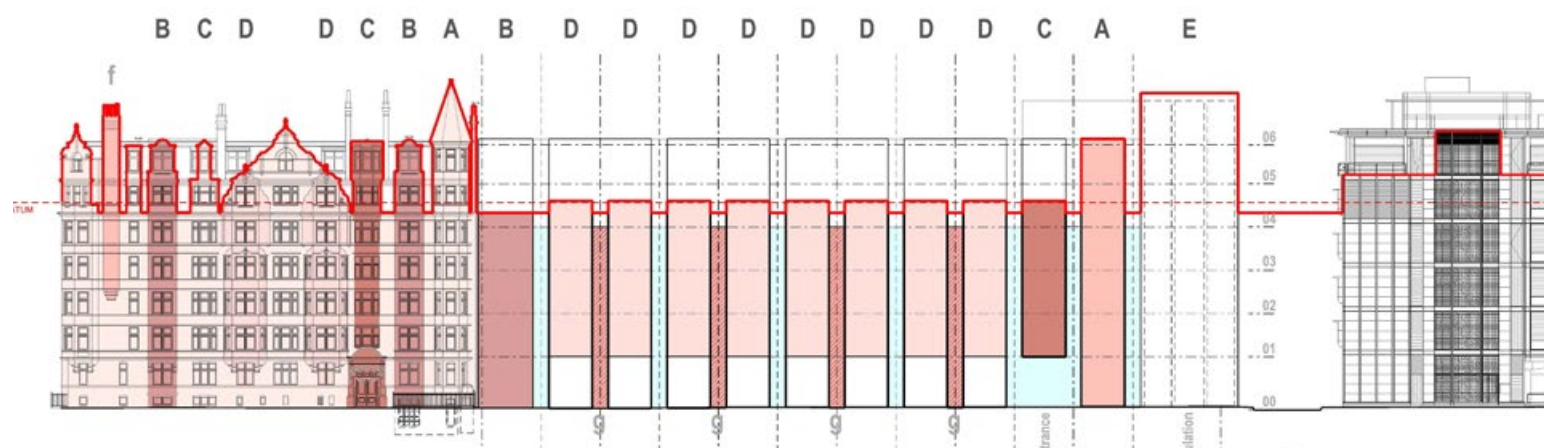
Phase 5 acts as a mediator between the delicately articulated rhythm of Gordon mansions to the south and the larger scaled institutional buildings to the north. Initial studies set a vertical tripartite massing form:

- A generous open plan ground floor, with continuous views through to Shropshire place
- Three levels of Oriel bay details that articulate the main facade along Huntley street re-establishing the FAAP line.
- Upper levels are recessed to define a plane aligned to Gordon mansions mansard

The fenestration is expressed in three forms:

- A typical oriel bay set on 5.5 metre grid
- A pause or transition to denote the entrance
- An articulated end core element

Learning from Gordon Mansions the roof-scape expresses a variation of scale and height. Whilst the larger roof volumes are set back from Huntley street to reduce the bulk from local views.



Huntley Street facade studies - The scale of the proposed bays echoes that of Gordon Mansions

4.0 Design Evolution

4.6 External Expression

Huntley Street Design Evolution



Huntley Street facade sketch

The initial focus for the design of an all new building for Phase 5 was on the treatment of its Huntley Street facade.

The positioning of waiting areas along the street promoted the concept of aligning oriel bay windows along a 5.5 metre grid. This bay module reflected the finer grain of the neighbouring Gordon Mansions. The architectural expression of the bay would also denote the position of the clinical cells within the heart of the building.

The entrance is defined by a 11 metre pause in the facade. The removal of the bay in this zone generates a transition from lightweight to heavier articulations present in the larger group bay waiting area present in the end core.

Reviewing the architectural treatment with officers at Camden and the finer grain of the bay spacing was supported and we were encouraged to explore a brick elevation to further strengthen links to the adjacent residential neighbouring buildings.

4.0 Design Evolution
4.6 External Expression
Internal Waiting Space Design Evolution

The design of the Huntley Street bays was evolved in response to internal planning and external appearance.

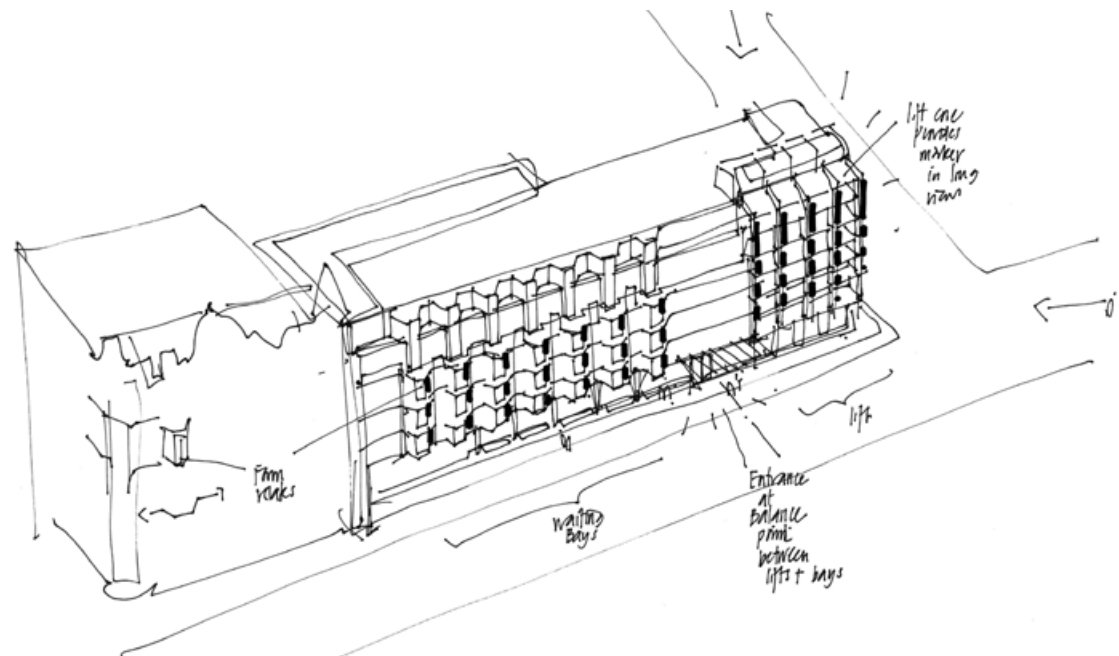
Initial orthogonal oriel bay studies were analysed internally and externally. Internally such designs were judged to create an unsatisfactory waiting environment with patients set facing one another in rigidly defined zones. Externally achieving the correct depth to the facade articulation appeared to be at odds with optimum internal planning.

A splayed bay scheme was tested in order to blur the boundary between waiting and circulation space whilst maintaining a sense of privacy. The 45 degree canted bay provided a more generous quality of space to the waiting areas whilst expressing a clear relationship with the similar details of splayed bays on Gordon Mansions.

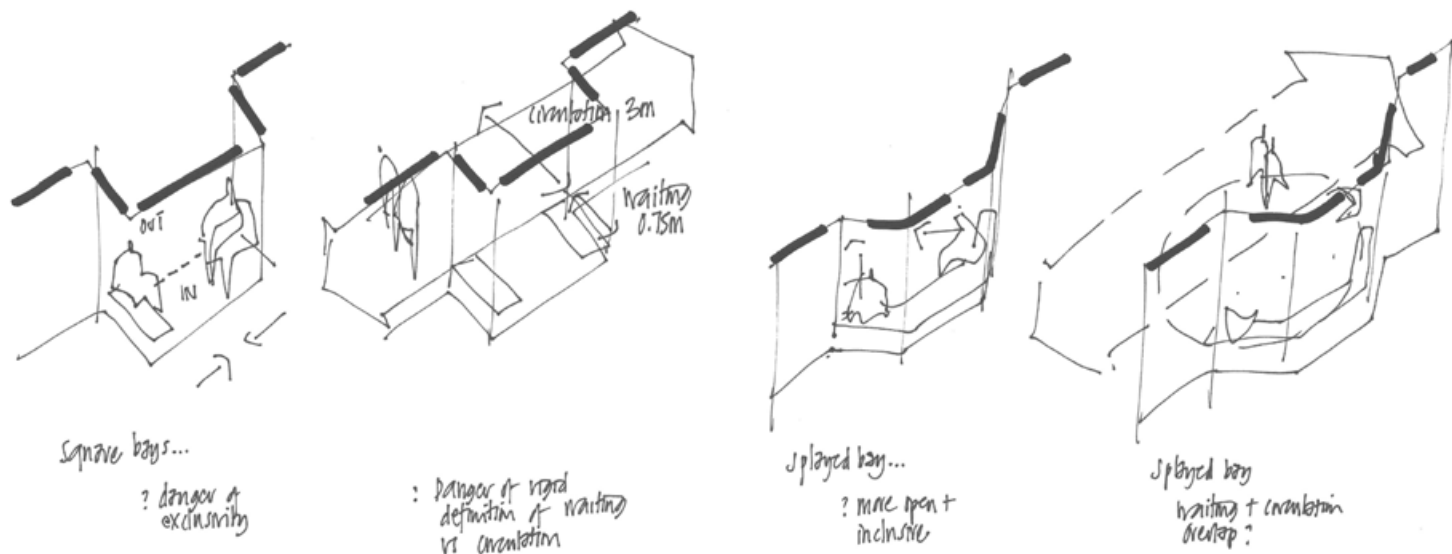
By opening the bay to a 45 degree angle the user can chose to either engage with others or experience the oblique views down Huntley Street.

The development of the 45 degree canted bay projection provided the opportunity to vary the solidity of the building from views along Huntley Street. A more solid approach was expressed on the southern faces of the bay to establish a private and grounded building when viewed from the residences to the south. This solidity provided an opportunity for incorporating a brise soliel element angled towards the south.

Conversely the building appears more transparent to passers-by when arriving from the north conveying the internal activity amongst the waiting areas.

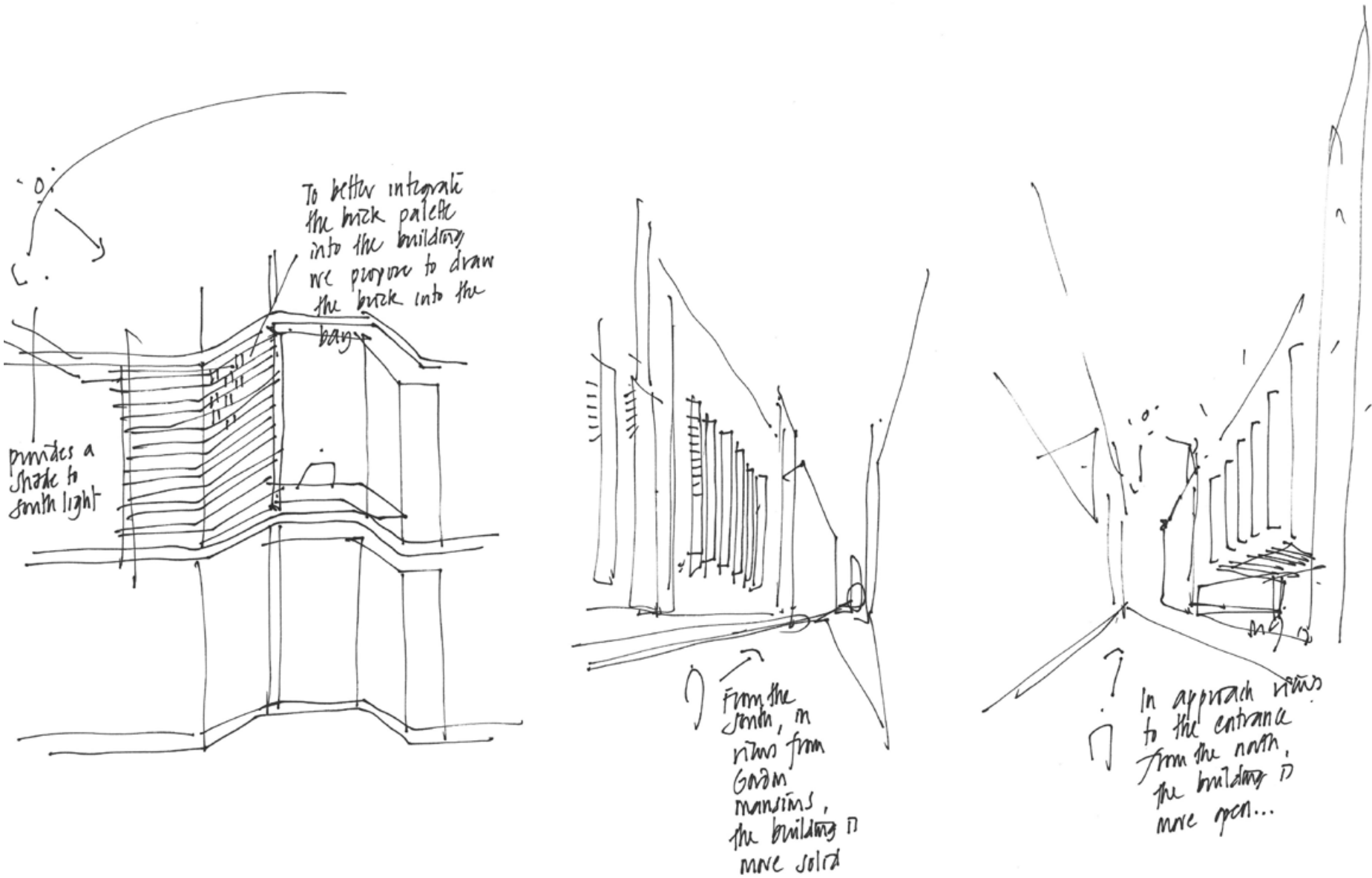


The Huntley Street elevation contrasts the waiting bays against an expressed end core -The building's entrance is set between the two elements



Splayed bays incorporating integral window seats were developed in response to internal and external considerations

4.0 Design Evolution
4.6 External Expression
Internal Waiting Space Design Evolution



The suggested use of brick was exploited for its decorative potential.

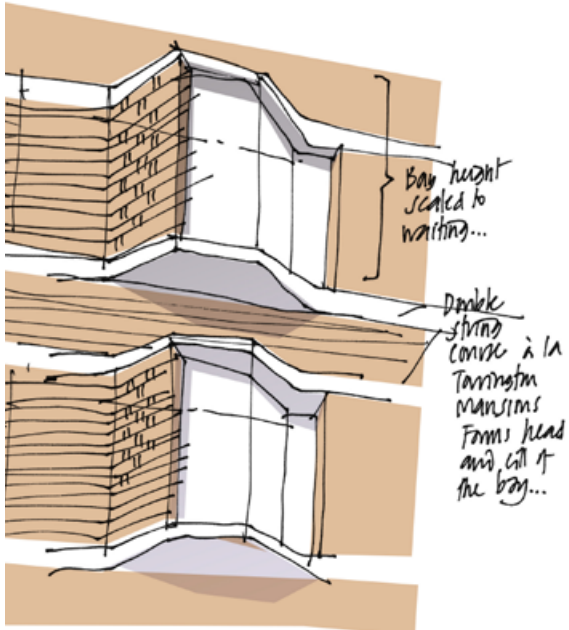
A double string course was established with reference to the neighbouring Torrington Place and Gordon Mansions. Bays are set between string courses. Internally a coffered ceiling reflects services planning and establishes each waiting area as a defined zone.

The 45 degree canted bay is set asymmetrical to the grid to allow for a lancet window to its north. Perforated brick screens to the south provide shading and privacy.

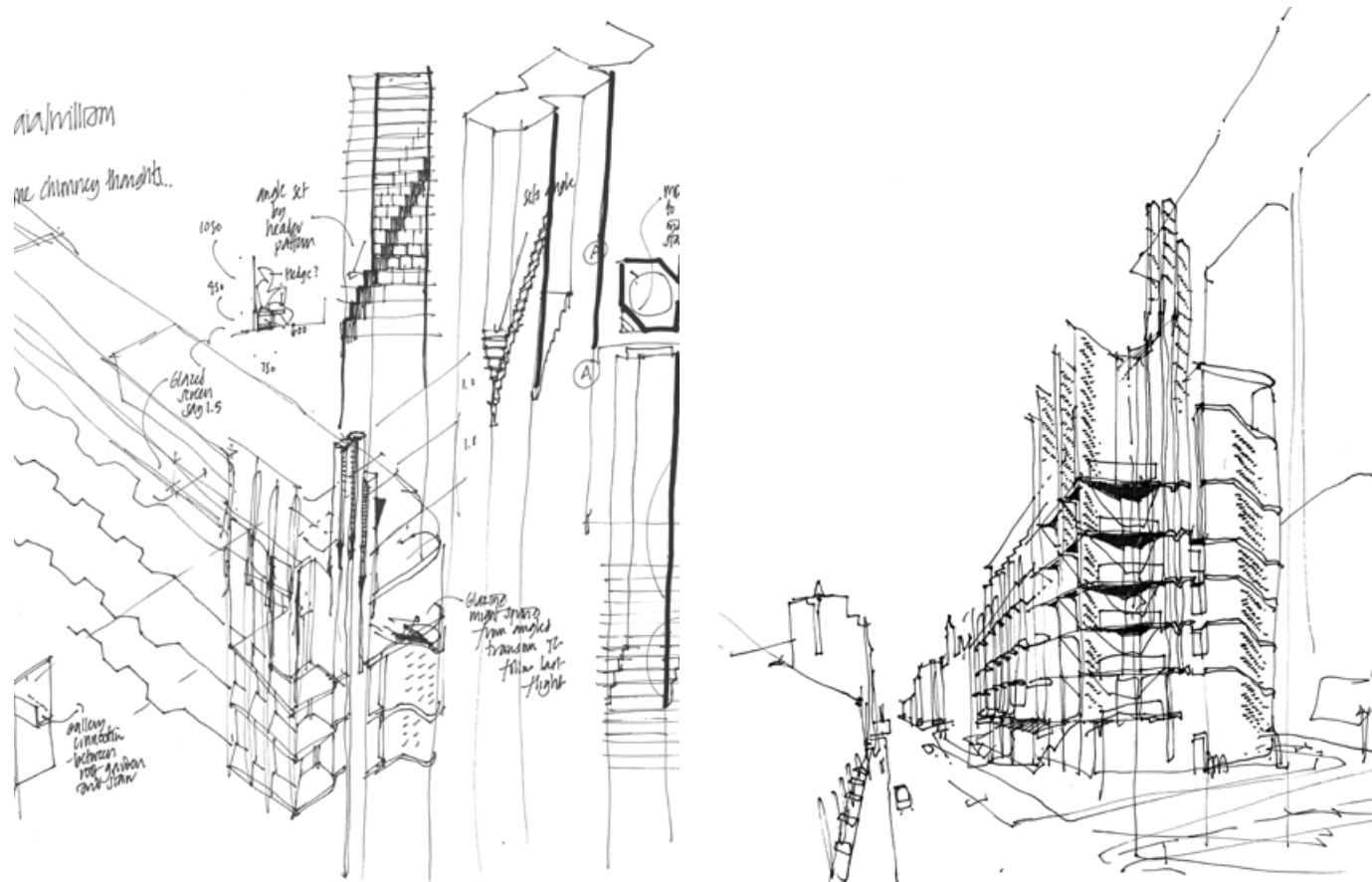
The material and detail qualities of the facade engage with the built traditions of the area.



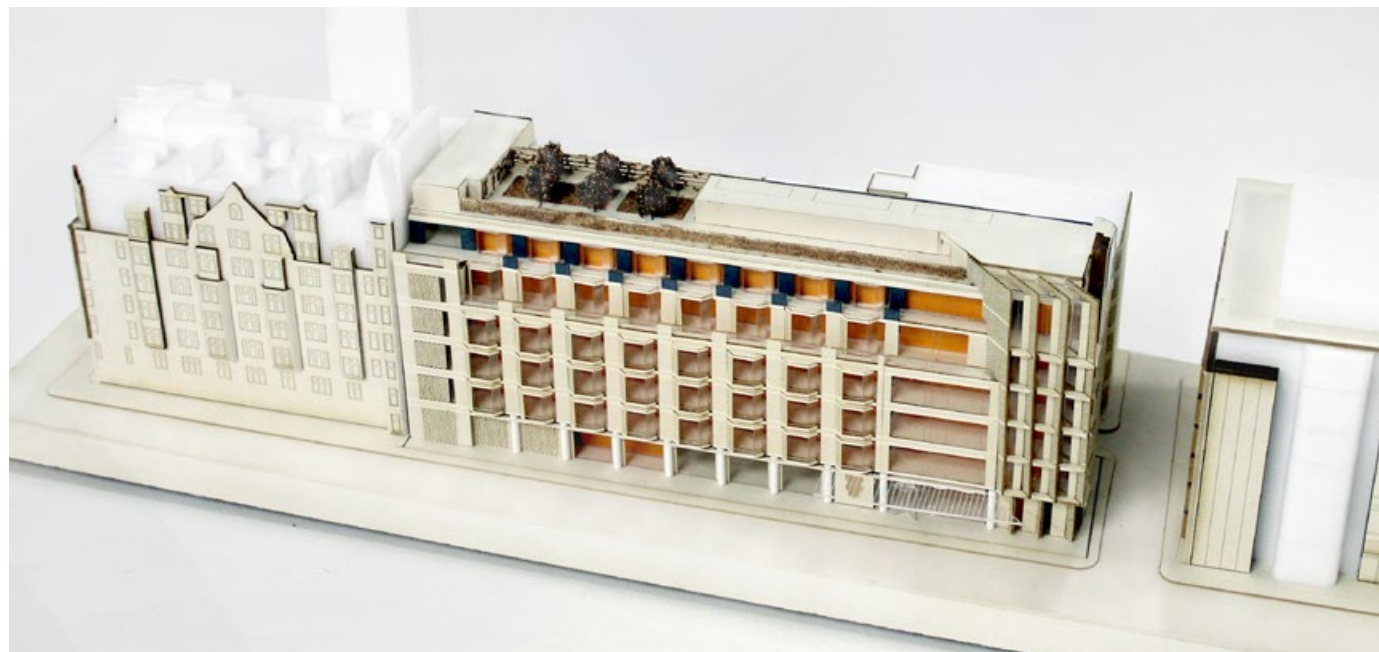
The double string course of the adjacent Torrington Mansions was an important reference for the design evolution.



Huntley Street design evolution, November 2014. The design seeks to exploit the textural potential of a brick elevation. Perforated brick screens are drawn forward to shade the south facing wing of the bays. Nicely, this detail both responds to environmental considerations and offers a contextual response to views from Gordon Mansions north up Huntley Street



Copper Street core studies - November 2014



1:250 Sketch model - November 2014



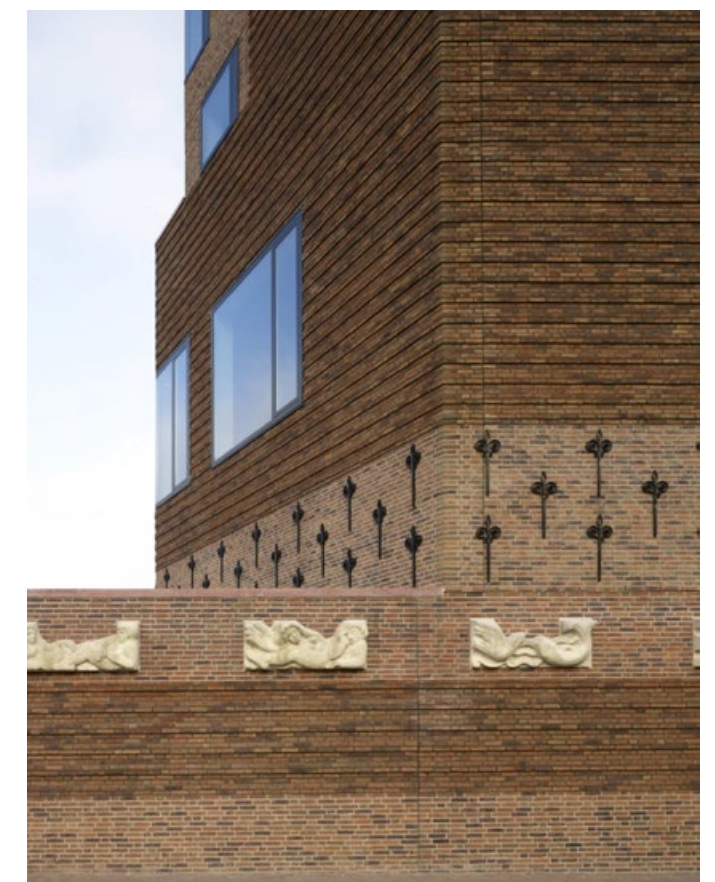
Brickwork precedent - Gordon Mansions



Copper Street chimney precedent study



Decorative brickwork study - Cottrell and Vermeulen



Copper Street chimney precedent study - Raakspoor

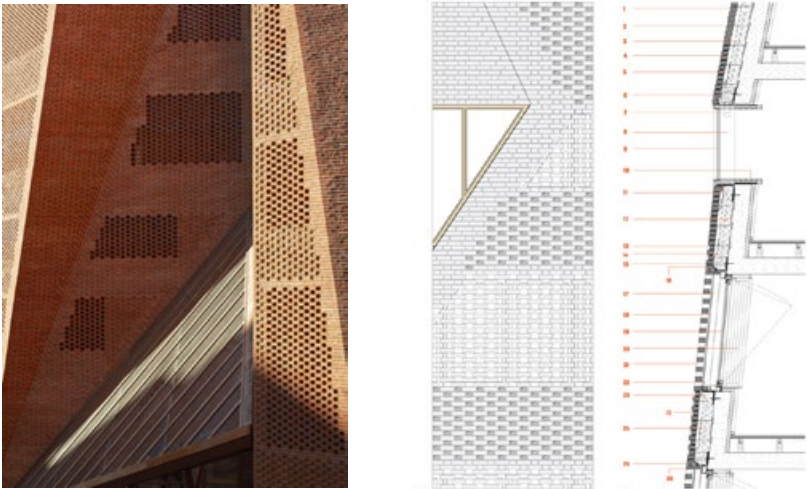
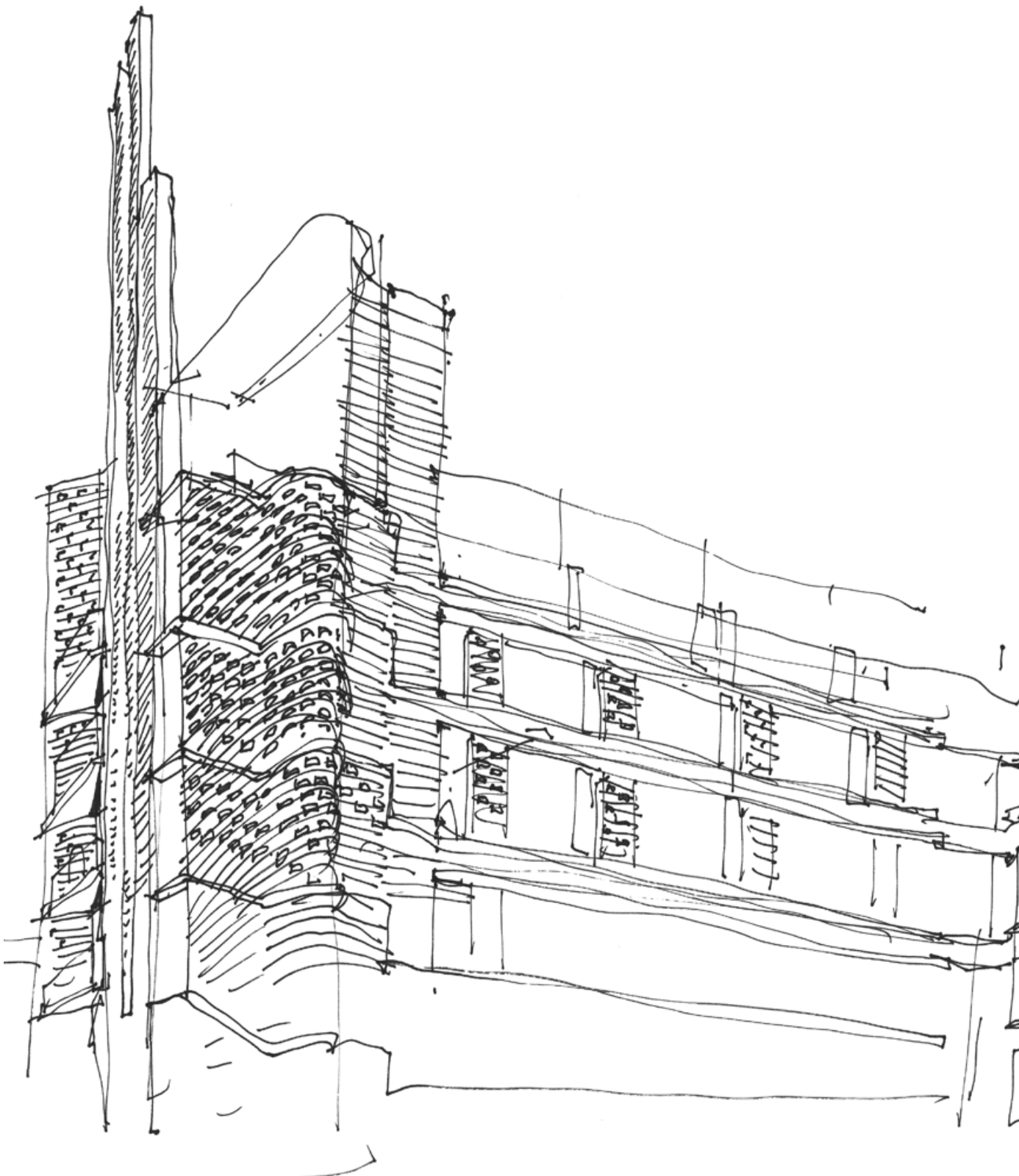
4.0 Design Evolution
4.7 External Expression
Capper Street & Shropshire Place Design Evolution

The core on Capper Street marks a dramatic termination to the Phase 5 building denoting its entrance in lines of approach from the north and west.

The decorative potential of perforated brick is exploited in the development of the facade to the Capper Street core. The vertical activity of the stair core provided the opportunity to locate the hospital from longer views down Tottenham Court Road, whilst a lighter glazed lantern at the top activates the corner of the building.

An expression of perforate, recessed and glass bricks were tested to promote a modern approach with a traditional and contextual material. (Consulting precedents such as O'Donnell + Tuomey's LSE Saw Swee Hock Student Centre).

The expression of Shropshire Place is defined by the functionality of the internal planning. The rear of the building serves as the clinical staff circulation therefore the elevation is more restrained, consisting of a more subtle flush perforated brick and glazed panels.



The retained fragment breaks the natural order of the street wall introducing a lower scale between Gordon Mansions and the UCH Macmillan Cancer Centre

Capper Street core elevation study: relation to Shropshire Place return