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Dear Seonaid

Former Royal Ear Hospital and Former Student Union Building, Capper Street / Huntley Street, London. WC1E 6AP (Application Reference: 2015/1281/P)

Design Evolution – Loss of the Capper Street Facade

You have advised that further information and clarification is required to demonstrate the rationale behind the loss of the Capper Street façade during the design evolution of the scheme. This letter provides further information in addition to that that has already been submitted to demonstrate the reasoning behind the loss of the Capper Street façade. It details clinical, design and heritage issues behind the design evolution of the scheme.

This letter should be read in conjunction with the Heritage Report, Design and Access Statement and Planning Statement.

Clinical Rational

The client groups transferring from the Royal National Throat, Nose and Ear Hospital (RNTNEH) and the Eastman Dental Hospital (EDH) into the proposed Phase 5 facility have diverse requirements and some patient groups have particularly challenging needs.

The EDH manages children and adults with special needs who have complex treatment over many years and includes major facial surgery. The children seen at the hospital are often referred to the EDH because they have multifaceted needs that could be dental in nature and/or Psychological in nature.

The RNTNEH provides services for Ear, Nose and Throat with specialists including services for children that include neonatal babies who may be diagnosed as profoundly deaf. The hospital also treats children who have had meningitis and developed deafness and other complications as a result of this devastating infection.

All of the children and many of the adults treated at both specialist hospitals have complex needs. The original designs (figure 1) with the retained façade provided a particular challenge to UCLH clinically due to some clinical rooms being situated behind the lift core, resulting in a separation of rooms.

Figure 1 – Typical floor plate with retained facade

Separating a group of rooms:

- Reduces the ability of the clinical services to provide co-located examinations and tests; and
- Requires adults and children to relocate to different areas of the new facility during a consultation.

The removal of the façade (figure 2) allowed UCLH to:

- Co-locate services to avoid causing additional anxiety;
- Treat the patients quickly without the need to relocate them to another space and in some; instances another floor. This enabled us to;
- Reduce the time a patient spends in the new facility;
- Affords us the opportunity to redesign our pathways and flows to reduce the need for patients to have multiple appointments which;
- Enhances overall patient experience when with us.

Figure 2 – Typical plate without retained façade showing improved 'clustering' of rooms

The way finding for these patient groups can be challenging as it has to meet many diverse needs to avoid confusion and avoiding adding to their anxiety. Many of these patients have been visiting the EDH and the RNTNEH for many years and know the Hospitals intimately, and these patients are anxious about the relocation of the EDH and RNTNEH and the impact this will have on their treatment.

The retention of the façade and therefore the original entrance, would cause confusion for patients and would create a 'false entrance' which would not be utilised. Removing the Capper Street entrance and façade;

- Simplifies external way finding for patients
- Provides 2 clearly defined entrances to the facility
- Reduces confusion when a patient first comes to the facility.
- Simplifies way finding within the facility to the upper and lower floors.

Design Rational

Generic floor plate analysis - Façade retention Studies

Executive Summary

Through the design process the Design team have analysed the inclusion of a primary service Core within the retained façade. This proved to be technically very challenging given that the façade had to be retained and a new core built within the internal constraints of the retained structure. It should be noted that this core would be the primary core needed to service the main building. This primary core needed to include the following key components to service the facility:

- 4 number patient lifts which included one fire lift
- Fire escape stairs and circulation stairs for the staff and users
- Secondary service risers
- Fire escape lobby
- Primary service risers
- Toilets

The total area of this footprint needs to be circa 170 metres which included circulation area to service these key spaces and zones for the primary core. The actual Net area of the zone within the retained façade is 62 metres squared which means that we could not technically accommodate the spaces required within the technical constraints of the retained façade.

The design team fragmented the core into two zones to test whether the core could be accommodated within the retained façade if broken down in two separate zones. The team tried to accommodate 4 number lifts, a fire escape and a fire lobby within the retained façade however it was not technically possible to accommodate the key zones and services needed to ensure the building functioned efficiently.

We also explored reducing the number of lifts however the numbers of patients and visits to the building have validated the need for 4 number lifts so we could not compromise on vertical circulation. The inclusion of a structural wall within (and setback from) the retained façade also limited the available net area to accommodate any vertical core in this zone .

In summary the inclusion of the above key zones and structural encasement of the primary core could not be accommodated within the internal constraints of the retained façade. It should also be noted that the encasement of the retained façade also compromised the basement structural solution, limiting the amount of net clinical floor space that could be utilised below ground which reduced the efficiency of the plate.

The enclosed analysis diagrams (SBA sk 304) illustrate how the constraints of the existing retained façade and the structural core / wall solution needed to support this wall would not render the core available to accommodate the primary or fragmented core space required.

The studies below illustrate the design process the team have been through to evaluate the most efficient Clinical and Architectural solution to the phase 5 site.

Option 1 – 3 core solution with Retained Capper Street façade (SBA SK 300)

The Design team developed a concept which provided a linear plate split by a central core to create two linear fractured zones on both sides of the floor plate. This solution was not ideal clinically as it fractured the plate. However, the clinical model at this time sought to stack departments over two levels so there was no clinical conflict with this solution.

Through our discussions with the Planning department it was advised that it would be desirable to explore the option of retaining the Capper street façade. Therefore the team sought to retain the façade and incorporate a north core within the existing façade. The team analysed the inclusion of a secondary Core within the retained façade which proved to be technically very challenging given that the façade had to be retained and a new core built within the internal envelope of the retained structure. This solution also compromised the basement structural solution which limited the amount of floor space that could be utilised below ground which reduced the efficiency of the plate. Accommodating the north core solution within the existing retained façade proved a non-efficient and very expensive.

Option 2 – 2 Core solution with Retained Capper Street Façade (SBA SK 301)

Following a detailed review of the concept and the brief it became clear that the massing of the site could only offer a defined area for the building. The brief had developed in a quantum much larger than the envelope of the building so the team sought to develop the concept to see if the building could be more efficient. The clinical brief also evolved which meant that a single floor plate was more efficient clinically then that of two split plates. This resulted in the team developing a solution whereby the Central core was removed from the linear floor plate and located asymmetrically to the west close to the Capper street façade. A solution was also developed which sought to interlink the new central core with the retained façade, however structurally and clinically it was not technically possible to interlink the two cores within the building with the façade and create an optimum floor plate for the building.

The 2 core solution created a more efficient floor plate and allowed for the retention of the Capper street façade as part of the Concept. However, the clinical zone within the Capper street façade was segregated from the main clinical plate which proved to be a major future flaw in the concept. The on stage off stage concept was further developed to create an animated zone of waiting along Huntley Street and an animated zone of staff circulation along Shropshire place. The two zones were interlinked with service corridors which provided linkage to the various consulting and treatment pods. This Option was developed Architecturally and presented to LBC and CABE for their review.

Option 3 – 2 Core solution – Capper Street façade not retained (SBA SK 302 , SK 303)

Following the CABE design panel review the design team developed a solution which allowed for the removal of the Capper street façade. This solution created the opportunity to create a new central core to the North of the floor plate and by doing so offered the most efficient and functional

clinical plate to the phase 5 building. This solution greatly enhanced the flow of patients and staff to offer the best clinical and Architectural solution to the compact linear site.

The waiting area facades along Huntley Street were developed to mirror the Architectural bay treatment of Gordon Mansions to create animated waiting bays along the primary façade of Huntley street. The new North Core was developed and optimised technically to ensure that the building had the most efficient clinical solution to service the floor plate. The introduction of the staircase as a key design feature to the North core offered the opportunity to further articulate this key part of the new building and provide a vertical totem or way finding device for the Users. The development of this North Core and its integration with the façade would be developed further to offer the final and current solution which has been submitted as part of this planning application. Please find enclosed a generic clinical plate of the current solution – **SBA SK 303**.

Core Analysis Studies (SBA – Core Analysis studies)

The design team as part of this exercise undertook a detailed Architectural and Clinical analysis of both core solutions to evaluate which solution was more efficient and worked best Clinically. The 2 core solution with and without the retained façade were evaluated in detail by the Design team. Key points in the review were as follows:

- The offset secondary core was not as efficient as a new core / non retained façade solution
- More circulation was needed for the retained façade core solution which reduced the amount of net clinical space.
- The layout of the secondary core created a clinical zone which was segregated from the main body of the Clinical plate – this was not endorsed clinically by the users and was the fundamental flaw in the proposal
- The core fractured the horizontal plate which compromised the internal planning and technical resolution of the cores
- The location of the service lifts did not offer the optimum solution with regards to patient and user movement. Key patient and user flows were compromised which resulted in the current core solution being adopted.
- The location of the fire escape was not ideal and created a more bespoke fire strategy solution
- The new core solution offered a significantly enhanced opportunity to create a better Architectural solution to the phase 5 Building.

Heritage Rational

The conservation area appraisal for the Bloomsbury Conservation Area considers that ‘The former Royal Ear Hospital, dating from 1926, situated on the west side of Huntley Street makes a positive contribution to the Conservation Area’. When the building is examined and analysed as it has been here, that contribution can only sensibly be allocated to the small portion of the building facing Capper Street; the rest of the building (and the Student Union building) very evidently does not make any meaningful contribution to the conservation area, and the conservation area appraisal

rightly does not dwell on the rest of the building. The Student Union building, by virtue of its pedestrian design and awkward scale in relation to the street, could be considered to detract from the character and appearance of the conservation area.

However, a full analysis of even that part of the former Royal Ear Hospital that is considered to make a positive contribution - makes clear that the 'positive' contribution is a relatively small one, and the Capper Street fragment of the overall former Royal Ear Hospital does not make such a contribution to the conservation area or its sub-area that its retention is not essential for the preservation of overall character and appearance - that aim can be achieved by the replacement of this modest contributor with a new building of equivalent or greater architectural merit.
The two existing sites must, of necessity, be treated as a single development. This is what is required in practical terms, and, in turn, the holistic approach to the site as a whole helps to ensure the best possible outcome in architectural, urban design and heritage terms. Treating the site in this way permits each part to relate better to each other part and the whole to its surroundings, and this is evident when the scheme is considered in views.

The quantum of development that introduces greater height across the combined sites will allow the scheme to offer greater benefits - the Design & Access Statement explains at length the very specific constraints and considerations that apply to the amount of accommodation required and how it is laid out. As the FAAP acknowledges, that is not the only justification of greater height in this location - greater height performs an urban design role in addressing the inappropriately lower scale of the former Student Union building. The scale and massing of the proposed development is consistent with that of the majority of Huntley Street, and helps to create a coherent building line on its western side.

The proposed scheme is clearly and confidently contemporary, while at the same time being directly allusive and responsive to its historic context. By virtue of the careful analysis of context that has informed the design, it is in keeping with the historic qualities found in that context. Brick is used in the scheme as a reference to the predominant material of the conservation area. The use of bays and string courses echoes in a contemporary way - without pastiche imitation - the Edwardian aesthetic qualities of Gordon Mansions and Woburn Mansions. The use of perforated brick screens as one aspect of the bay design lends visual interest as well as being a practical feature of the elevation design. The design of the northern end of the scheme - where the existing Capper Street fragment will be removed - reflects the relatively greater formality of this end of the existing building, thus preserving the presence on Capper Street of a prominent element of the hospital site, albeit in new form. The detailed design of elevations and roofs is similarly respectful and contextual.

The proposed development will transform Shropshire Place by introducing a main entrance giving on to that space, and this will assist in activating a connection through Queen's Yard to Tottenham Court Road.

The scheme displays evident skill in making new architecture of integrity in a historic area. Overall, the scheme rejuvenates a pair of redundant sites whose condition detracts from the

character and appearance of the conservation area to provide the site as a whole with a secure and long-term future.

The proposal will certainly alter the site and the character and appearance of the conservation area, but will do so in a positive and enhancing way. It will replace a building that detracts from the character and appearance of the conservation area (the former Student Union building) and a former inter-war hospital building with only fragmentary heritage quality, with a well-designed modern development that is highly contextual and responds sensitively to the scale and nature of its context. It will provide needed health care facilities and other uses that are consistent with the character and appearance of the conservation area in up-to-date accommodation. The massing and layout of the scheme relates directly to its surroundings in a way that the existing building on the Student Union site does not.

The conclusion of our assessment, contained in the Heritage Appraisal submitted with the application, is that the proposed scheme preserves and enhances the character and appearance of the Bloomsbury Conservation Area, as well as preserving and enhancing the setting of nearby listed buildings. The proposed development thus complies with S.66(1) and S.72(1) of the Planning (Listed Buildings and Conservation Areas) Act 1990. It does not lead to 'substantial' harm or any significant level of 'less than substantial' harm to the Bloomsbury Conservation Area, or any other heritage assets.

It has been acknowledged that the Capper Street fragment of the overall former Royal Ear Hospital makes a modestly positive contribution to the character and appearance of the Bloomsbury Conservation Area. This contribution is to a very specific part of the overall conservation area and even to the sub-area within which it is located. It is our view that its retention is not essential for the preservation of overall character and appearance.

If a positive contributor is removed from a conservation area, then a degree of harm may be caused to the character and appearance of the conservation area. However, for the reasons given above and by virtue of the very high architectural quality of the proposed scheme, the character and appearance is preserved and indeed enhanced despite the removal of the existing buildings. Because of this quality, no residual harm is caused to the heritage significance of the conservation area, and the low level of less than substantial harm that may be caused by the removal of the Capper Street fragment is more than compensated for by design the proposed scheme.
The previous section has examined the effect of the proposed development on the heritage significance analysed earlier, and, in our view, the scheme does not in any way cause substantial harm to heritage assets. Though change occurs, that change is not in itself damaging of the things that are of central heritage significance in the Bloomsbury Conservation Area. The test provided by PPG for substantial harm is not met. There is nothing about the proposal that would give rise to this level of harm. Nothing that is 'important or integral to the character or appearance of the conservation area' is lost or damaged by the proposed scheme.

The changes to the conservation area and the setting of listed buildings, individually or cumulatively, do not reach the threshold of harm that would cause the scheme to fail to preserve the

special interest of any listed building or the character and appearance of the Bloomsbury Conservation Area. We do not believe that the demolition of the existing buildings has the potential to result in any level of harm to heritage significance greater than a low level of less than substantial harm, for the reasons discussed in the previous section. Quite the opposite applies - the character and appearance of the conservation area and the setting of listed buildings will be enhanced.

In any event, and even if some minor level of less than substantial harm is caused by the proposals, the scheme provides a tangible public benefit in the form of providing a major new healthcare facility as part of a co-ordinated development plan for UCLH services. There are few more evidently beneficial ways in which this site could be redeveloped. This would more than outweigh what low level of 'less than substantial harm' that might be caused by the removal of the Capper Street fragment. The core special architectural and historic interest of the Bloomsbury Conservation Area and other heritage assets remains entirely intact in the proposal.

It is entirely valid to weigh the quality of a new development against the contribution made by an existing building, and it is entirely valid to consider new development making a positive contribution to a conservation area. The quality of the design of the proposed scheme exceeds that of the existing buildings on the site. The loss of the Capper Street fragment may have a minor adverse effect on the character and appearance of the conservation area, but this is more than compensated for the very considerable enhancement of the conservation area provided by the proposed scheme. In addition, considerable public benefits flow from the scheme.

For these reasons, the proposed scheme complies with the law, and national and local policy and guidance, for listed buildings and conservation areas.

Arts and Heritage Strategy

In response to feedback from patients and staff at the Eastman Dental Hospital, the Royal National Throat, Nose and Ear Hospital and planning officers at Camden Council, UCLH arts and heritage (the arts and heritage programme which serves UCLH and its community) are developing an arts and heritage strategy to ensure the heritage of these sites are celebrated in the future fabric of the new Phase 5 hospital.

Central to the development and delivery of this strategy will be an investigation into the hospitals' rich heritage. Through the appointment of an artist and oral historian we aim to tease out individual narratives around and about the buildings, the services provided and the communities that these hospitals served. These oral and visual narratives will not only feed into the overall arts and heritage strategy, but will also be sensitively integrated within the fabric of the new hospital. UCLH arts and heritage are currently developing an artist and oral historians brief for distribution towards the end of May.

Conclusion

It is recognised that the Bloomsbury Conservation Area appraisal considers that the Royal Ear Hospital building is a positive contributor to the Conservation Area, with the Capper Street façade recognised as the key contributor. However, as noted above this contribution is a relatively small one and its retention is not essential to the preservation of the conservation area. The site must be considered holistically.

The proposals provide a replacement that is of greater architectural merit and relates better to the architectural urban form. The design has been progressed to ensure it responds to the character of the surrounding area and its historic context. It puts forward a positive transformation and rejuvenates an underutilised site that detracts from the character and appearance of the conservation area. It is also important that the clinical benefits of the scheme are considered.

The architects have explored a number of options during the design evolution of the scheme, with the initial intention through engagement with LBC to retain the Capper Street façade. These options comprised providing the core in the retained façade and providing exam/consultant rooms in the retained façade. While exploring these options it was essential that the clinical requirements were met and the most appropriate scheme was brought forward.

Additionally, as part of the clinical brief it was essential that a number of key components were incorporated within the primary core to service the facility. The inclusion of all these components proved challenging and impacted the scheme clinically and architecturally. As demonstrated above in detail, the retention of the Capper Street façade was not an appropriate solution clinically as it would result in segregated clinical zones, fractured floor plates and the inefficient flow of staff and patients. Subsequently, following the CABE design review panel and receiving comments from English Heritage regarding the Certificate of Immunity application a new façade approach was adopted. This approach, as submitted, met all the internal clinical requirements and provides an efficient functional building for the Hospital.

It is the intention of UCLH to ensure that the heritage of the site is celebrated within the new scheme by developing a new arts and heritage strategy. This ensures that the heritage of the site is captured for use by future generations.

Yours faithfully,

Emily Cochrane
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JLL