

15 February 2005

David McNamara  
Development and Renewal  
London Borough of Tower Hamlets  
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17 FEB 2005

DEVELOPMENT CONTROL

Our Ref: DRL/30/1774

Dear David

**TOWER HAMLETS:**  
**Ref: PA/04/00611**

**ROYAL LONDON HOSPITAL**

Thank you for consulting CABE about the amendments to the planning application for the redevelopment and refurbishment of the Royal London Hospital. We have had the benefit of meeting the developer and their architects to discuss the latest revisions and a copy of our letter, dated 14 February 2005, to Nick Parker was sent to you. For clarification, the following comments should be considered as CABE's formal response to the latest amendments to the planning application.

We note that the more time and effort that has been directed to the design, the better the project has become. It is to the credit of all involved that work on refining the design of the public realm, ground floor and elevations of the proposed hospital has continued despite the planning application already having been submitted. We note that the drawings we are commenting on here have now been submitted to the local authority as amendments to the planning application. The following comments should be understood in the context of our long involvement in the project and the fundamental criticisms of the initial development decisions. This letter should be read alongside our previous comments.

We applaud the continuing design analysis and the further evolution of the scheme. The latest revisions represent a significant improvement in what we have seen before. The reconsideration of the design of the public realm and the atrium, which we previously supported, combined with the latest variations to the modelling of the upper parts of the building and the elevations have, in our view, transformed this project from its original, unacceptable proposition to one that we are now willing to support.

We understand that the detailed design of the landscape and the details of the elevations are to be reserved matters in this application. In terms of the post-planning decisions, we wish to make the following comments.

In our view, the design of the new square, the most significant civic part of the scheme, should be treated as a design project in its own right. It is

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important that this space is designed not as an extension of the ground plane of a large hospital building but as a significant new civic space for this part of London. We are encouraged that the ground plane of St Phillip's Square has been refined and that an entrance to the southern block for outpatients now addresses the square and Church opposite.

In our letter dated 3 November 2004 addressed to Tower Hamlets we remarked that we were disappointed that the architecture of the buildings had not moved on in the same way as the ground plane. We are encouraged that the architects have sought to address this aspect of the scheme. By 'slipping' the large blocks, varying the plane of the facades to the west and east, adding full height glazing to the waiting areas on each floor of the towers and using brises-soleil on the southern elevations, the architects have gone a considerable way to addressing our reservations about the architecture of the buildings. We find the perspective images of 'fluted' towers when viewed from the west far more convincing than the previous version.

We think that the consistency and rigour of the relationship between the plan, use, elevation, cladding and materials results in greater clarity of the project as a whole. The clarity of the best elements should now be carried through to all parts of the building. This is particularly relevant to the design of the Women's and Children's Hospital, which we still find awkward. Given the prominence of this building in the views from the Royal London Hospital Square, we think that greater simplicity and clarity is required. For example, we are not convinced that the louvred upper part of the building is successful; it has little functional relevance as it is not providing solar shading.

As a further matter, it is our intention to write to the relevant ministers in respect of the unavailability of the Post Office site to the consortium responsible for this project. In our view, this decision not to include the site in the bid has compromised and damaged both the potential for the best possible design and the most efficient and economical way of phasing the construction and decanting of this huge project.

Finally, we appreciate the Trust's positive approach to our criticisms and we acknowledge that the architects have made changes where possible. We also recognise the contribution which the Local Authority, GLA and English Heritage have made to improve this scheme substantially. We are now optimistic that a major new civic space for East London can be designed and delivered to the highest standards. We would wish to play a part in its future development if that was felt appropriate.

Please keep us informed on the progress of the application and we would welcome a copy of the decision notice in due course.

Yours sincerely



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cc. Nick Parker Skanska  
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04 November 2004

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08 NOV 2004  
DEVELOPMENT CONTROL

Our Ref: DR/L30/1774

Dear Mr McNamara

**TOWER HAMLETS: THE ROYAL LONDON HOSPITAL SITE**  
YOUR REF: PA/04/00611

*Revised plans including the submission of a revised Environmental Statement under the provisions of the Town and Country Planning (EIA) Regulations 1999.*

Thank you for consulting CABA about the latest revisions to this strategic project. As you will be aware CABA has had a long-standing involvement in this scheme and one that is continuing.

CABA's Design Review Committee has formally commented on this scheme three times. In November 2002 we commented on both the competing PFI schemes. We comment again in February 2004 on the scheme which is now the subject of the planning application and then again on the 1<sup>st</sup> July 2004. On all occasions a representative from your authority was present.

In addition to these formal committees we have been involved in commenting on the design quality of the proposal as it evolved. The most recent meeting took place at CABA's offices on the 29<sup>th</sup> September 2004 and our comments on the scheme at that stage are contained in our letter to Skanska dated 1<sup>st</sup> October 2004. This letter was submitted by Skanska as part of the information that accompanied the latest revisions to the planning application. Our comments at this stage are as follows.

It is to the considerable credit of the Trust, Skanska and HOK that they persevere with consultation and continue to seek ways of improving the design.

Notwithstanding our fundamental concerns about this project most recently expressed in our letter to Tower Hamlets dated 21 July 2004, we offer our views on

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the revisions as presented at our meeting as a way of continuing the dialogue about the design of the project.

In our view, the latest revisions to the ground plane represent a significant strategic improvement. The bold decision to remove the East Wing to create a new civic square has, at a stroke, created a workable strategy to provide an appropriate urban context for a large scale hospital building, to which we are happy to lend our support.

Creating a series of important entrances relating to the square is equally welcome. If handled with care and skill this space could become the 'heart', not only of the hospital but also this area of the city, and fulfil a number of functions on a daily and seasonal basis, including civic events. Clearly the case needs to be made for the demolition and alteration of the existing listed buildings, which will need to take place if this square is to be achieved – we think that it should be possible to make this case successfully.

We also welcome the enlargement of the public areas of the ground floor within the new building. We think that this now provides coherence to the common ground floor areas.

We think that the reorganisation of the A&E Department to allow a public entrance from the new square will greatly assist access and wayfinding. We are encouraged that this fundamental change in the clinical planning has been achieved at this late stage. It will now be important to build on this when creating the identity for the individual department entrances as they address the square.

The edges of the square will also need careful consideration. We concur that the architecture of the existing rear of the Whitechapel Road buildings and the proposed elevation of the new building are required to have a 'conversation'. However, in our view, it is preferable if they have a sensible exchange with one another rather than 'shouting' their differences. This is particularly significant for the pedestrian experience at ground level. This is not to suggest that the lower levels should be brick or stone but rather that scale, detail and character respect the existing buildings, reflect the new civic nature of the space and give it coherence.

The proposal to remove the steps fronting Whitechapel Road to create level access and an enlarged entrance are also most welcome. We acknowledge that the consequence for the basement are significant, but we think that here to a successful case could be made for it.

In terms of the new buildings, we are still disappointed that they have not moved on architecturally in the same way as the ground plan. Our previous criticism that they are offered as an artwork but do not involve an artist remains. We still believe that more of the functionality of the buildings should be expressed on the elevations and

that the blocks should be further articulated to reflect their different orientations north / south and east / west. In our opinion, the use of layering and modelling rather than colour and shade would give the buildings greater simplicity and thus clarity. This is particularly relevant to the later phases of the design of the Women's and Children's Hospital, which we find especially awkward.

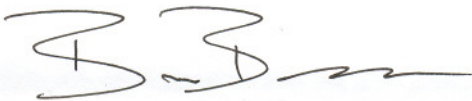
In conclusion we congratulate all on proposing the strategic move that fundamentally improves the urban scale of the scheme. We hope that this bold thinking will continue on the elevations. We would like to see the design detail of the square as it evolves and we would appreciate the opportunity to continue the dialogue as the design develops.

It is important that this letter is read in conjunction with our previous comments which include our concerns about this project.

We welcome the further design thinking for the landscape design for the proposed London Square and we think that the spatial comparisons submitted are useful in understanding the scale of the space created. We would welcome the inclusion of some visualisations to supplement these plans. We anticipate that further detailed design work will be carried out in regard to the nature and landscape of the London Square, the entrance canopies to the different departments in the new building and the repair of the façade of the Front Block – Ian Ritchie Architect's Reina Sofia's Art Museum in Madrid could provide a useful reference for this type of vertical circulation core.

Finally, we hope that this important new public space will be given sufficient design time and resource to ensure its full potential, as the new civic square for Tower Hamlets, is reached.

Yours sincerely



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21 July 2004

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22 JUL 2004

**DEVELOPMENT CONTROL**

DR/L/30/1774

Dear Mr Mcnamara

**TOWER HAMLETS: ROYAL LONDON HOSPITAL**

Thank you for coming to the meeting of CABE's design review committee on the 1 July in connection with this scheme. We are grateful for the trouble that was taken in preparing the presentation material and for the presentation itself. Having considered the scheme in the light of the presentation and the discussion which followed it, the committee's views are as follows:-

CABE has, through its enabling and design review programmes, offered advice to the Barts and the London Trust on the development of this project (and that for Barts) over the course of two years. We have now been consulted by the planning authority about the planning application scheme.

We applaud the Trust's willingness over that period to engage in dialogue with CABE and others, and we acknowledge the effort that has been put into addressing concerns that we expressed after earlier reviews of the project, in particular our criticisms of the building's appearance. We regret that the scope for improvement was so restricted, and that it was not possible to overcome some of the more fundamental points we raised. We acknowledge the constraints that the Trust have operated under and continue to operate under. Our job at this point, however, is to offer our views of the design as it now stands, taking into account the advice we have given to date, and the responses which have been made to that advice.

The standard of the design, in our view, falls a long way short of what ought to be expected of one of the largest public sector building projects in the country. We recognise that the design which is on offer is likely to be built, because of the importance of and pressing need for the accommodation being provided for the community; yet if it were being put forward as an office project, it is extremely difficult to imagine it being given planning permission. A hospital of this size and prominence ought to be an exemplar of the public sector's commitment to high design standards through the Better Public Buildings programme. It should be a plausible candidate for the Prime Minister's Better Public Building Award. We think that this design fails to reach that standard.

Everyone who has seen the designs for this project develop recognises the scale of the design challenges. We also recognise that the designers' task has been made much more

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difficult because of early decisions about the site. This includes the decision to retain the listed buildings at north side of the site. While there is legally a presumption in favour of their retention, it is not impossible to obtain permission to demolish listed buildings, and we understand that the question was never seriously asked. CABE does not encourage the demolition of listed buildings but projects of this size and importance need to be looked at in the round and the historic environment is only one part of the jigsaw, not necessarily a given.

The most fundamental and most difficult of the design challenges is to reconcile the operationally and technically driven demands of the clinical brief with the creation of a human and humane healing environment which works, in terms of urban design and of architecture, as a very large scale addition to a sensitive cityscape.

We do not doubt that the Trust shares these aims, nor that very great effort has been put into achieving them. The fact that the result is in our view a failure in significant aspects is as much a criticism of the process of hospital procurement in this country as of the efforts of the Trust or their preferred bidder.

Our criticisms of the planning application scheme are as follows:

#### *Organisation and plan form*

We continue to believe that the scheme lacks a clear organisational diagram. While the main axis leading through the retained building on Whitechapel Road and through to the new glazed internal street is clear, the relationship of this axis both to a number of important entrances to the hospital, and to the internal circulation of the hospital, is not clear. The entrances other than those to the internal street are poorly signalled by the architecture. The equally important route for visitors to the wards should be much more direct.

We remain concerned about the amount of accommodation which has no access to daylight or views, although we acknowledge that in many places the architects have succeeded in providing good daylight and views; for example in the main north-south corridor on the upper floors, where there are views out from each of the links between the main blocks. There are many parts of a modern hospital which do not need windows, but the plans of this project contain a significant number of rooms which would clearly be better off with windows; for example, consulting rooms. Daylight and views are important both to patients and to staff and research has shown the beneficial effects of views of greenery. We recognise that the constraints of planning the building may make it almost impossible to provide more rooms with windows within the site available, but it remains a source of regret for us, particularly in terms of the quality of workspace provided for some staff.

#### *Urban design, form and massing*

As a series of large blocks seen in a cityscape, the form of the new building appears jumbled and ad hoc. To reconcile the differing existing street grids to the north and



south of the site is clearly difficult, but the scheme fails to pull it off. There are two different geometrical alignments but there is little discernible rationale for why any given part of the project follows one alignment and not another. This leads to visual confusion in the relationships between the new blocks and in relation to the streets and spaces and buildings around them. The fact that there are three main blocks, two of which are very similar to each other, with the third (northerly) block having a different alignment and height, needs very careful handling not to be disorienting and disturbing. We do not think that the relationships of these blocks to each other, to their linking elements and to the 'base' they sit on has been handled with sufficient confidence and clarity.

Handling form within the cityscape at this large scale requires design skills which are quite different from those of clinical planning. We fear that the skills that have been applied to this project have been too focussed on the latter.

### *Public realm*

We applaud the effort that has been put into the design of the public realm, including hard and soft landscape design. There is every indication that this aspect of the project will be a success. The quality of the end result will however be heavily dependent of the quality of materials and detail. The specifications appear to be of high quality at this stage, but as this is an aspect of a hospital building's budget that will always be vulnerable to cost pressure, we would urge the Trust to defend this quality and to ensure that these matters are tied down in a detailed design at this stage – this is also something that should be closely controlled by the planning authority. The materials and details will need to be physically robust, as the environment created will be subject to heavy use. The public realm designs should be developed in a way that does simple things well, eliminating clutter and unnecessary complication, and ensuring that the design is easy to maintain and to keep clean and tidy.

### *Architecture, appearance, elevations*

We acknowledged above the effort that has been put into addressing our criticisms of the building's appearance. The results, however, while an improvement on previous versions, are not in our view a success. This is partly because they have been carried out, after the most recent round of discussions, without any corresponding re-examination of the plans and sections. We find it disappointing that more has not been done, as we had suggested during these discussions of the design, to allow the design of the elevations to reflect and express the life of the institution within, allowing the more public parts of the plan such as circulation and common areas to be seen from the outside.

Brightly coloured elevations with red stripes on them may be thought to offer a 'wow factor' in the context of the existing streetscapes of Whitechapel. While we accept that to a large extent such matters are subjective ones of personal taste, at this scale the questions assume a public and civic significance. We have three concerns about the approach. First, what looks new and modish now may look dated even by the time the building is finished, let alone decades later; we believe that public buildings have a duty to

represent more enduring qualities. Secondly, this is put forward, we presume, as a kind of art work on a heroic scale; yet the work does not involve an artist. Thirdly, we think that the elevations are unambitious in environmental terms.

We draw attention to the importance of the building's skyline in near and distant views. With such large plain rectangular volumes, anything which breaks the skyline, particularly on the higher blocks, will be highly prominent, and so need careful attention. The roofs of the lower blocks will form a prominent part of the view from the upper blocks, and so they need to be considered as a 'fifth elevation' in visual terms. Any plant rooms, flues, telecommunications equipment etc need to be carefully designed and disposed under the control of the architect before planning permission is granted; and we recommend that such matters are closely controlled by planning conditions.

#### *Energy use*

We think that such a high profile project should aspire to a high standard of environmental performance. We have little sense that the project proposes more than compliance with the Building Regulations in terms of energy usage. This project should be exemplary in environmental terms, but as we suggested above, the imagery of the smooth artistic skin suggests a traditional sealed and heavily serviced box rather than anything more ambitious and forward-looking in its attitude to servicing and energy use. The architecture says little about a façade's main purpose, keeping wind and weather out, and minimising solar gain and energy consumption.

#### *Conclusion*

We believe that all of the above concerns are important. We are aware that others may claim that if they are irreconcilable with the pressing need to improve healthcare in East London, then they should be set aside in the interest of the greater good. We think this would be wrong, for the following reasons.

Planning policy and design practice in this country have increasingly recognised the importance of urban design. This has been a reaction to an approach to urbanism of the second half of the twentieth century which often treated large projects as isolated and alien interventions imposed on a cityscape, failing to relate to the grain and pattern of their surroundings. Many large hospitals of the period had this characteristic. The designers of this project have claimed that they are following sound urban design principles, but to our eyes the project recreates some of the mistakes made in large projects in the 1960s. To ask that such a large and intractable building type as a major hospital should also work in urban design terms is undoubtedly difficult. Yet there are recent projects that have achieved it. One exemplar in this respect is the Northwestern Memorial Hospital in Chicago, which, admittedly within larger-scale surroundings, reconciles very large building blocks with a humane and high quality public realm and streetscape and a way which integrates seamlessly with its surroundings. The result is a set of buildings which (from survey evidence) is cherished and admired.

The plan form of the proposed buildings has in our view been driven by the demands of clinical adjacencies at the expense of other considerations. This has meant that two important considerations are not dealt with adequately.

First, for patients and visitors to the hospital, clarity of wayfinding is of great importance. Many people find large hospitals intimidating. Most visitors are anxious for one reason or another. Getting lost adds to the anxiety. The main circulation routes, horizontal and vertical, should form a fundamental skeleton of the project, providing clear organisation to routes and to accommodation. The complex diagrams produced to explain the wayfinding strategy show in our view that this has not been achieved, for example in the placing of the lifts.

Secondly, a clear anatomy of circulation routes, to which the more detailed needs of particular departments and areas are subsidiary, provides a general organisation which will prove flexible and adaptable in the longer term. Clinical adjacencies represent today's needs; changes in practice or in building or in medical technology will generate new needs during the life of the hospital – quite possibly, by the time the project is built. If the layouts are based too closely on a very detailed set of requirements while lacking an overall organisation, the building will be difficult and expensive to change. The costs involved in change during the life of the contract will presumably have to be met by Trust rather than the consortium.

CABE's 'Healthy Hospitals' campaign set out ten important factors which contribute to well-designed healthcare environments:

1. Urban design and integration with public transport
2. Quality of entrances
3. Quality of landscape design
4. Coherent layout
5. Clear signage
6. Spacious interiors with good daylight
7. Adequate storage
8. Thoughtfully designed rooms and interiors
9. Integration of art, architecture and landscape for therapeutic effect
10. Versatility in use and adaptability

These factors are all important. Success in some of these is dependent on strategic decisions made early in the design process; others are more dependent on matters of more detailed design. It would be possible to develop the present designs to achieve success in respect of some details of the design, such as the interior design of rooms; but the scheme is in our view flawed at a strategic level. Despite the architects' assertion that the present design addresses the above criteria successfully, the planning application scheme could never succeed in terms, for example, of urban design, coherence of layout, provision of daylight or adaptability.

In conclusion, we believe that if the design were built in its present form, that would be a mistake which will come to be regretted, perhaps quite soon or perhaps when all of

those presently involved are no longer involved. When we build major public buildings we should build for the long term, not just for the needs of the present. Looking no further than London, there are examples of hospital buildings from the eighteenth, nineteenth and twentieth centuries (like the main courtyard and surrounding buildings at Barts Hospital, for example) which are admired – we think that this project should aspire to build a project for the twenty-first century which enriches people's lives in a similar way.

As we noted above, we appreciate that the Trust and their preferred bidder have engaged in an open dialogue with CABA about the design, and we appreciate the efforts that they have made between them to address our concerns within the parameters they have felt necessary to set themselves, or the parameters that are set for them by the procurement process in which they are engaged. We regret, however, that after a certain point, the structure of the process of design, consultation, redesign and so on has been carried out without entertaining any changes to the agreed clinical adjacencies.

Everyone involved would like this project to result in a first class hospital. For reasons we have set out above, we believe that, as a public building, as a part of a city, and as a functioning hospital, this design falls short of that mark by a substantial margin.

Please keep the committee in touch with the progress of this scheme. If there is any point on which you would like clarification, please telephone me.

Yours sincerely

PP Peter Stewart  
Director of design review

- |    |                 |                                 |
|----|-----------------|---------------------------------|
| cc | Steve Saunders  | Barts and The London NHS Trust  |
|    | Larry Malcic    | HOK International Ltd           |
|    | Nicholas Parker | Skanska                         |
|    | Owen Whalley    | London Borough of Tower Hamlets |
|    | Paddy Pugh      | English Heritage                |
|    | Widemar Spruijt | GLA                             |

Declarations of interest

CABA Commissioner Paul Morrell (not present at the meeting) has declared an interest: his company Davis Langdon LLP are providing Project Management services

Chris Twinn, Design Review Committee member recorded that his company Arup gave a few hours advice to Skanska PFI scheme