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The Society's statement in response to the pre-application enquiry in relation to the redevelopment of Bristol Royal Infirmary Old Building, Upper Maudlin Street, Bristol to provide a medical school and student residential accommodation and office space.

3<sup>rd</sup> September 2015

The Society responds to the proposal by Unite to redevelop the site to deliver:

1. A medical school of c. 2,000 sq m with a frontage to Upper Maudlin Street.
2. Student residential accommodation comprising 742 beds and ancillary facilities.
3. C. 400 sq m of office space.

The Society supports the proposal to reuse and redevelop the site but it regrets that it cannot support the current proposal.

#### **Demolition - Heritage Matters**

The Society supports the Council and Historic England who strongly object to the demolition of the historic buildings, which are nominated to the Local Heritage List. The Charity Universal Building and the chapel lend themselves to an alternative use. Unite emphasises that the site does not lie within a conservation area and that there are no listed structures. Unite stresses that the Council's permission is not required to demolish the existing buildings. Conversion and reuse should be the first option of any developer of a 200 year old, important civic building. Despite the additions to the 18<sup>th</sup> century façade, the elevation and forecourt remains a substantial and distinguished façade that is a positive element in the street scape. It is worth retention. The original façade of the Charity Universal hospital remains recognisable; it demonstrates the development of hospital building over 200 years. It is a source of civic pride. The elevation creates an interesting composition with Charles Holden's Edward VII Memorial Wing on the north side of the street. The retention of the façade and the removal of the clutter of pipes and other disposable additions would produce a substantial visual improvement to the street and the public realm. The loss of the Charity Universal Building would cause considerable public regret. The erection of an 'anywhere' utility student accommodation block could not compensate for the harm to the city's character; Bristol will lose a landmark building and another part of its remarkable history. The Georgian foundation hospital was an amazing achievement; it was one of the first four charity hospital open. The only older hospitals were Adenbrooks Cambridge (1760), Winchester (1736) and Edinburgh (1738).

Demolition has not been the choice of other hospital trusts who are heir to historic buildings in important streets. The proposal compares unhappily with the successful regeneration and reuse of other hospital of which the former Bristol General Hospital is a notable example. The Society takes a commercial view of development. The redevelopment and return of the site to economic use of the hospital is in the public interest. The Society would strongly support retention and redevelopment within the main hospital building and the conversion and redevelopment of the architecturally distinguished, Romanesque style mortuary chapel. The absence of interior historic architectural details creates a greater opportunity to remodel the interior of both buildings.

### **Change of use**

The Society supports the construction of a medical school. The Society supports student accommodation in the centre of the city but submits that a 742 bed scheme would not produce balanced and sustainable development. The student accommodation would be the largest in Bristol by some measure. It would comfortably exceed the next largest block of student accommodation. Unite's Trenchard Street block will contain 442 student beds. The scheme conflicts with policy BCS21 – *Quality Urban Design*. The policy's aim is to "*Promote diversity and choice through the delivery of a balanced mix of compatible buildings and uses. And, to create buildings and spaces that are adaptable to changing social, technological, economic and environmental conditions.*" The inclusion of a small medical school and some office space does not compensate for the overlarge mass of student accommodation. This important city centre site merits more inventive, mixed use. The scheme would conflict with policy BCS20 – *The effective and efficient use of land* – the scheme would not provide an appropriate mix of housing to meet the community's needs and demands. Policy BCS5 – *Housing provision* – promotes the principle of ordinary flatted accommodation to contribute to the proposed delivery of 7,400 new homes in the central area by 2026. Although the Society does not object to the inclusion of a small quantity of office accommodation, the inclusion of a proportion of residential accommodation would achieve the objects of both policies BCS5 and BCS20. Flatted accommodation would dilute the mass of student accommodation without loss of profitability.

### **The height, mass and design of the replacement building**

The Society welcomes the new right of way from Whitsun Street to Lower Maudlin Street but this new passage could not offset or mitigate the overbearing mass of the proposed development on Marlborough Street. If it is to make a significant contribution to the public realm, the link must create an inviting space from high quality materials. There is no apparent detail in the pre-app material. The mass of replacement building concerns the Society. The massing models in Unite's pre-app statement show how the replacement building would be taller and closer to the back of the pavement than the current hospital building. These models demonstrate the increase in development in Marlborough Street. A taller block built to the back of the pavement would change the character of the area. To narrow the street would be oppressive in a constricted area and increase traffic noise.

The inclusion in the Society's observations about the elevation of a replacement building is without prejudice to the Society's principal objection to the hospital's demolition. The Society notes the architectural references in Unite's pre-app statement; local references do not inform the design of the replacement building. The obvious reference to which a replacement elevation should respond is to the King Edward block opposite. However, the

current elevation is superior to any of the architectural references. The hospital façade articulates the whole width of the block into a vertical rhythm with a horizontal hierarchy. The proportions of the elevation, the aperture proportions, and the wall to void ratio create a harmonious ensemble, which restoration would complete.

The Society reserves its comments on the massing of the new block at the south end of the site until it sees details of the design and materials.