**Royal National Hospital For Rheumatic Diseases Upper Borough Walls Bath**

Listed Building Consent: Internal and external alterations associated with proposed conversion to hotel (Use Class C1); demolition and replacement of modern infill extension, new glazed roof and new infill development of northern elevation to internal courtyard of East Wing; alterations to the roof of east and West Wings; removal of external staircase to West Wing and replacement with glazed link to new extension and replacement infill development; abutment of new glazed structure with West Wing chapel south wall; demolition and replacement of 3rd floor extension to West Wing and additional plant screen and lift overrun to West Wing roof; partial demolition of the boundary wall on Parsonage Lane; construction of replacement glass screen to main internal ground floor lobby of West Wing; changes to internal layout and consequential changes to internal partitions and other fabric.

*Object*

The Royal Mineral Water Hospital is a Grade II\* Georgian former hospital situated in the core of the Bath conservation area and World Heritage site. The east wing was originally constructed in two phases in 1738-1742 and 1793-1795, with the west wing added in 1859-1862 with some rear and roof alterations in the 1960s and 1990s. A prominent building in Bath’s cityscape from the top of Milsom Street, BPT recognises the importance of finding a socially and economically sustainable function for this building to sustain its material and associated historical integrity.

We appreciate the implementation of some external and internal alterations and conservation that will improve the overall condition and appearance of the listed building; internal inserts from the late 20th century will be removed to reveal the few original internal fixtures and fittings, and the exterior will undergo sensitive stone cleaning with the basement windows on Upper Borough Wells being reopened for the proposed basement bedrooms. We feel that these changes will improve the evidential and aesthetic value of the listed building, and will enhance the overall appearance of a historically and evidentially significant region of the Bath conservation area and World Heritage site.

However, following an in-depth consideration of this application, BPT have decided to object to the proposal for the following reasons:

**Rear Bedroom Extension**

Whilst we appreciate that the design has been amended in response to numerous pre-application and public consultations, BPT is unable to support the submitted design, due to the proposed prominent usage of incongruous materials and proportions, the lack of contextual architectural associations, and the ambiguous presentation of the building’s expected light spill within a city of low illumination levels.

In principle, the Trust does not object to approaches to contemporary design that are either sensitive to or enhance the historic environment. However, we maintain that the proposed extension would detract from the special architectural and historic interest and setting of the listed building due to the conflicting use of materials.

We remain concerned about the use of copper; due to its ‘pinkish’ tone and high levels of reflectivity, it is a material that is discordant with the colour and material palette of its setting, and is visually dominant where the extension is expected to instead be subservient to the main hospital complex. The additional inclusion of Bath stone has resulted in a confusing design that is both trying to blend in and be something new, when instead it should be one or the other.

The Trust would further emphasise that in accordance with Bath’s existing variety of backland architectural texture, the extension does not have to align with the frontage, and could instead have followed the established contextual architectural reference visible to the rear of Bath’s Georgian terraces. Extensions to the rear façade of listed buildings are often varied with regards to height, design, and use of materials, and are valuable material signifiers of the functional and social uses often not visible within the designed frontages of Bath townhouses and terraces; however, it is important to highlight that they almost always remain subservient to the main body of the building. Unfortunately, the extension has failed to align with this architectural tradition; it neither respects, contributes to, or positively stands alone from the west wing building due to it being neither classical in its principles nor contextually creative, whilst being of a massing that dominates the aesthetic character of Parsonage Lane and obstructs the west wing’s rear façade.

The fenestration remains ambiguously connected with Georgian proportions, and the use of two-storey windows in the central portion of the building has resulted in an unbalanced, asymmetrical appearance. Ultimately, we feel that an opportunity has been missed to design a building of contemporary and positive interest that, whilst respecting the scale and massing of the surrounding conservation area, could be a building of individual merit that adds an architectural layer to Bath’s material narrative. Unfortunately, the new three storey extension sharply conflicts with the existing building without, on the other hand, creating a standalone building of elegance and its own identity; we would recommend that this design is reconsidered before this application progresses further.

With regards to the proposed light spill of the building, we have found the provided visualisations to be ambiguous due to the varied presentations of illumination throughout both the extension itself and the glass conservatory link. The high levels of single-pane glazing will exacerbate higher levels of illumination than is suitable within the historic city centre. Consequently, BPT would strongly recommend that a more honest representation of how the extension will affect the existing low light levels, and associated atmospheric character, of Bath. Whilst the proposed view of the extension is suggested to be of minimal harm, its visibility from Alexandra Park highlights the importance of maintaining a low spill of light in the evening or at night, particularly from the uppermost floors, to prevent harm to Bath’s skyline views and positive visual connection with its landscape setting. Therefore, we would advise that this application is not allowed to progress until improved night-time visualisations are supplied.

The Trust is additionally concerned regarding the articulation of the hotel’s entrance. Due to the scale of the conservatory link’s entrance on Parsonage Lane, a small, residential street that is unsuited to high volumes of activity, it appears as the main entrance to the hotel rather than the west wing entrance. We would instead prefer that the conservatory entrance is made less visually dominant to minimise the potential for Parsonage Lane becoming overcrowded by both pedestrian and vehicular traffic.

**Third Floor Extension**

The Trust does not object to the demolition and replacement of the 1990s roof extension to the west wing of the building, as this does not constitute a loss of historic fabric. The removal of roof clutter such as defunct flues and lift shafts will overall be beneficial to the appearance of the building and clean up the roofline.

However, we object to the proposed design of the new third floor on the grounds of its incongruous appearance in relation to the west wing’s extant historic façade. Despite claims in the D&A Statement that the new extension intended to realign the windows with the existing symmetry of the façade, we do not feel that this is suitably visually communicated, particularly around the southern and western portions of the west wing building. In particular, the proposed scale of the windows is out of keeping with the traditional Georgian proportions of the Royal Mineral Water Hospital as a whole; a typically Georgian fenestration follows a steady progression of window scale in which the larger windows are located towards the bottom of the building, and the smaller windows either along or within the defined roofline of the building. Therefore, by increasing the roof extension’s window size beyond the scale already defined by the windows on the second floor, the building has a ‘top heavy’ appearance in which the contemporary addition creates a jarring contrast with the historic original.

Furthermore, we have been unable to locate information regarding the specific material specification of the extension, aside from the copious use of glazing. We would recommend that this specific information is provided to enable a better understanding as to the prospective appearance and wear of the extension.

We maintain that this application has missed the opportunity to better tie the extension to the original building through the use of historic detailing such as the use of glazing bars. Considering the significant contribution of the Royal Mineral Water Hospital façade to the character of Bath’s Georgian highways such as Milsom Street and Old Bond Street, any new additions to this Grade II\* frontage must be sensitive to its established architectural tradition, and we do not feel that the proposed roof extension is visually appropriate.

**Archaeology**

There remain some concerns as to the prospective levels of Roman archaeology to the rear of the west wing, and how these will be affected during and following the proposed works. Despite the D&A Statement’s claim that the basement mosaic was relocated during the original construction of the west wing, archaeological consultation has revealed that there is “insufficient evidence” for whether the basement mosaic is in its original context, and can therefore indicate a surviving archaeological layer across the site. The public notice by the basement mosaic reads (or used to read) *‘Uncovered during building of hospital extension in 1859 as part of a larger floor and still on original bedding mortars’*; this therefore suggests that, contrary to the D&A statement, the mosaic remains in its original setting until conclusively proven otherwise. Therefore, we emphasise the need for further archaeological investigations before work commences, and the presence of an archaeological watching brief on site for the duration of any site excavations.

**Public Access, Interpretation and Mineral Water**

We remain uncertain as to how public interpretation of the history of the Royal Mineral Water Hospital is being enabled by the redevelopment of the building. The Trust maintains that as a hotel and adjoining spa, the building is not publicly accessible and therefore does not allow for residents and visitors to engage with a significant architectural element of Bath’s spa and medical history. The Statement of Significance lacks clarification regarding spaces for public interpretation and education, which instead might be relegated to the “ground floor of the new-build extension” rather than within the historic core of the building. Therefore, the scheme does not convincingly demonstrate an increased public benefit that balances or outweighs the principle of substantial harm to the significance of multiple heritage assets.

The Trust maintains its preference for the hotel’s reconnection to Bath’s hot springs, as we feel that this will directly enhance the original historical and evidential significance of the Royal Mineral Water Hospital, and its original establishment to enable access to Bath’s thermal springs and its associated healing qualities. We appreciate the complexities of reconnecting to the springs, but feel that the ambiguity of the application is inadvisable. We would have preferred that the feasibility of access in conjunction with B&NES Council Extraction Officers was fully secured (or definitely rejected) before the planning application was submitted.

**Sustainability**

BPT maintains that the sustainability measures detailed within this application remain insufficient in comparison with the proposed scale of the contemporary extension and the intended usage of the building. Considering the proposed roof treatment to the west wing with the replacement of the existing 1990s third floor extension, we feel that this offers the opportunity for the implementation of PV panels across the west wing and the extension with a negligible impact on historic fabric or aesthetics.

**Conclusion**

Whilst we appreciate the opportunity to bring the Royal Mineral Water Hospital back into new and continued use and occupation, BPT ultimately objects to the proposed extension and external material alterations to the Royal Mineral Water Hospital which would have a harmful impact on multiple heritage assets, the Grade II\* building, conservation area and World Heritage Site. We feel that the extension, by virtue of its materials and design, neither suitably complements nor stands apart from the west wing, and conflicts with Bath’s backland architectural grain in a way that neither preserves nor enhances the character of the conservation area or World Heritage site. The proposed light spill of the highly-glazed building has not been properly communicated at detriment to Bath’s skyline views from Alexandra Park. The public access aspect of the hotel has not been fully or adequately considered, and therefore the public benefit of the hospital’s development does not suitably outweigh the substantial harm to a listed building in accordance with paragraph 195 of the NPPF. Therefore, this application is contrary to the Planning (Listed Buildings and Conservation Areas) Act 1990, Section 12 and 16 of the NPPF, and Policies B1, B4, BD1, CP6, D1, D2, D3, D4, D5, D7, D8, and HE1 of the Core Strategy and Placemaking Plan, and we would strongly recommend that it is either refused or withdrawn and reconsidered.