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# CASE STUDIES AND REGIONAL WORK

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504: Part 1 - Final hand-in

Precedents: A critical analysis of relevant case studies relating to the after use of former mental health asylums within the UK.

JANUARY 13, 2019  
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## **1. Introduction**

The former Whitchurch Hospital in Cardiff closed to the public in 2016. Considered by the Cardiff and Vale University Health Board (C&VUHB) as “no longer appropriate for 21st century care”, (Cardiff and Vale University Health Board 2015, p. 3) the Hospital has been replaced by a facility at Llandough Hospital in the Vale of Glamorgan. Since closure, the large sprawling complex of buildings forming the estate have lain vacant and are deteriorating into a state of dereliction. The challenge facing the Heath Board in managing the closed site and identifying a sustainable future for the Grade II listed complex is significant.

This report will consider and critically analyse the reuse of three former hospital sites including two mental hospitals and a general hospital. In considering precedents, it is anticipated that an understanding of the process, opportunities and challenges of identifying and delivering new uses for large institutional hospital buildings, will emerge. The relative success of reuse in each case will be assessed and its relevance to the reuse of Whitchurch considered.

## **2. Wider Context**

In order to critically analyse the sites to be considered in this report, it is important to first consider the wider context within which asylum buildings emerged in the UK.

Franklin (2002a, p. 24) explains that “the nineteenth century lunatic asylum is a unique building type. Planned and designed for a specific purpose, it represents in built form the ideological response of nineteenth century thought to a particular problem; that of madness.”

Asylums were typically characterised by “impressive, often architecturally distinguished, complexes of buildings in extensive landscaped settings ... often secluded, separate and contained” (Joseph et al 2013, p. 136) occupying sites that Architects would have selected for the most impressive of stately homes. (Binney 1995, p. 1)

The plan for each varied but was always based on the need to provide care, treatment and moral occupation for patients. Facilities included separate male and female wards, staff quarters, workshops, kitchens, stores, recreation/entertainment halls, laundries, a water tower, chapel and mortuary all in south facing landscaped grounds. (Franklin 2002b, p. 173) Farms, gate lodges and Superintendents Houses were also common features. (Taylor 1995, p. 18) Over time, accretions of varying quality were often added as institutions expanded often damaging the aesthetics and setting of the original building. (Franklin 2002a, p. 27)

Increasingly, these institutions became “tainted with notoriety” (Joseph et al 2009, p.79) and viewed as “places of custody, [and] containing, rather than [of] curing madness.” (Franklin 2002b, p. 173) Deinstitutionalisation of welfare services from the 1960’s onwards (Gleeson & Kearns 2001, p. 61), developments in science and medicine for mental health (Franklin 2002b, p. 174); and greater emphasis on providing care in the community<sup>1</sup> (ibid p. 174) has meant that these large sprawling institutions have become redundant and since the mid-1980’s most have closed down. (Franklin 2002a, p. 27)

The fate of former asylum buildings is well documented by [countyasylums.co.uk](http://countyasylums.co.uk)<sup>2</sup> and SAVE Britain’s Heritage<sup>3</sup> Some asylums have benefited from new uses whilst others remain vacant and derelict presenting significant challenges for progressing beneficial new uses.

### **3. The Challenge of Re-use**

“Not since the Beeching Axe fell on the railways has so large a slice of the nation’s public architectural heritage been made so precipitately redundant” (Binney 1995, p.1) As SAVE (1995) demonstrate, the challenge of identifying alternative uses is

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<sup>1</sup> Promoted by the Mental Health Act of 1859 and the NHS and Community Care Act 1990. (Franklin 2002b, p. 174)

<sup>2</sup> <https://www.countyasylums.co.uk/the-asylum-list/> Presents 199 former asylum case studies.

<sup>3</sup> Mind Over Matter: A Study of the Country’s Threatened Mental Asylums, 1995. Considers the fate and future of 106 threatened and closed mental asylums in England.

significant and compounded by many factors. Franklin (2002b, p. 174) highlights the “ambivalent quality of asylums as buildings; symbolic of fear and oppression, but architecturally impressive.” Often stigmatised as inhumane within the collective memory (Joseph et al 2013, p. 139), asylums are places which can evoke mixed emotions influenced by the memory of their previous use. Joseph et al (2013) refer to a process of “selective remembering” manifested in the appreciation of an asylums more appealing attributes such as its architectural design; and also, of “strategic forgetting” or the suppression of memories associated with the reality of their former use.

As Franklin (2002b, p. 174) contends, the future of asylums rests on the “ability to ... detach the physical structure from its symbolic associations, and to appreciate it primarily as a built form.” Franklin (2002b, p. 171) highlights the inherent qualities of asylums, their “derivation, form, appearance and location” which when combined with the passing of time and changing attitudes towards their previous use has led to the successful reconstruction of the asylum. In three case studies, Franklin (2002b, p. 175 - 182) considers the progression from closure to re-use and the dynamics at play including development viability, retention of design features, demolitions and the impact of new build; as well as approaches to planning and marketing of sites. Franklin (2002a, p. 25) goes on to suggest that “many asylums have ... [now] been redefined as an opportunity rather than a liability.”

In the past decade, the adaptive reuse<sup>4</sup> of buildings of all types “has become increasingly important” (Plevoets 2019, p. 1) Increasing urban densities and a growing emphasis on sustainable development, is refocussing attitudes in favour of the retention and transformation of heritage buildings. Society is increasingly beginning to recognise their economic, cultural and social value and reevaluate the

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<sup>4</sup> The term adaptive reuse refers specifically to “changes that involve a functional and a physical component”. (Plevoets 2019, p. 23). Such adaptations can vary from wholesale structural and aesthetic changes to minimal interior changes.

balance between historic and conservational values; and architectural, economic and social values. (ibid p.1)

Within the context of asylum redevelopment, Chaplain & Peters (2003, p. 228) recognise that many “appear to be undergoing a metamorphosis from containing the most disadvantaged and least valued members of society to providing homes with character at a market price ... [and that] paradoxically, asylum can now be bought in an ideal, self-contained community, with security to keep society out.” A changing urban planning context is contributing to this “metamorphosis” (ibid) meaning that many asylums have been subsumed by urban growth into suburban contexts. Lowin et al (1998, p. 129) recognise the benefits afforded by this new context to the potential for adaptive reuse highlighting that many asylums now occupy prime development locations set in extensive grounds and benefiting from serviced spaces.

Pleovets (2019, p 16 – 20) summarises contemporary theory and attitudes to adaptive reuse presenting case studies of adaptive reuse in practice. Pleovets (2019, p.1) recognises that the full potential of a heritage building may lie in its future reuse. However, it is acknowledged that “altering existing buildings for new ... use is a complex task”. (ibid, p.1) Wong (2017, p. 38) highlights the need to first understand and accept the order of the existing buildings and structures thereby ensuring that adaptive interventions don’t fall prey to the “Frankenstein Syndrome” – the monster being the analogy of an adapted host building against which new and incompatible structures have been introduced to the original order. (ibid, p. 34) Within this context, an understanding of the tangible and intangible significance of the site is essential.

The case studies that follow, will critically consider the relative success of adaptive reuse in practice and provide a resource to assist in guiding the future conservation and adaptive reuse of the former Whitchurch Hospital.

#### **4. Methodology**

A review of primary and secondary materials has been undertaken, supplemented by interviews with key users, stakeholders and Officials involved in all three case studies<sup>5</sup>. The Planning Portal has been a key resource. It is acknowledged that in the case of Pen-y-fal and Hayes Point, the amount and detail of documentary evidence remaining and publicly accessible after nearly 20 years is limited. It should be noted that it has not been possible to visit the former Edinburgh Royal Infirmary (ERI).

A full background to each case study is presented in the appendices and each should be referred to ahead of considering each appraisal.

#### **5. Case Study 1: Former Pen-y-Fal Hospital, Abergavenny, Monmouthshire.**

“Gone to Abergavenny” that was the metaphor, notorious in the collective memory of the wider region of south-east Wales, for someone committed to the Pen-y-fal Mental Hospital. (Butters 2019, para 2) For some, including MLC2<sup>6</sup>, it was “a menacing place” but for others including MLC1<sup>7</sup>, it “was a happy place where friends worked; the staff social club hosted many family events and many patients were well known in the pubs and shops in town. Closure was a sad day for the town and patients.”

Viewing the restored hospital today (Figures 1-2) it is neither “menacing” or bearing in any reference to its former use. Aside from the restored pavilions and the cemetery memorial, (Figures 3-5) many passers-by, unfamiliar with the history of the site, could be forgiven for considering it a former country house.

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<sup>5</sup> Interviews undertaken in accordance with the School’s Research Ethics Procedure, approved on 3<sup>rd</sup> December 2019.

<sup>6</sup> Member of the local community 2.

<sup>7</sup> Member of the local community 1.



Figure 1: Restored front range of original 1851 hospital. (Authors own image, photographed 31 December 2019)



Figure 2: Main entrance to original 1851 hospital utilised today as the main access to residential accommodation contained in the original hospital and its wings. (Authors own image, photographed 31 December 2019)



Figure 3: Restored Octagonal Pavilion to the front of the original hospital has been well integrated into the redeveloped site. (Authors own image, photographed 31 December 2019)

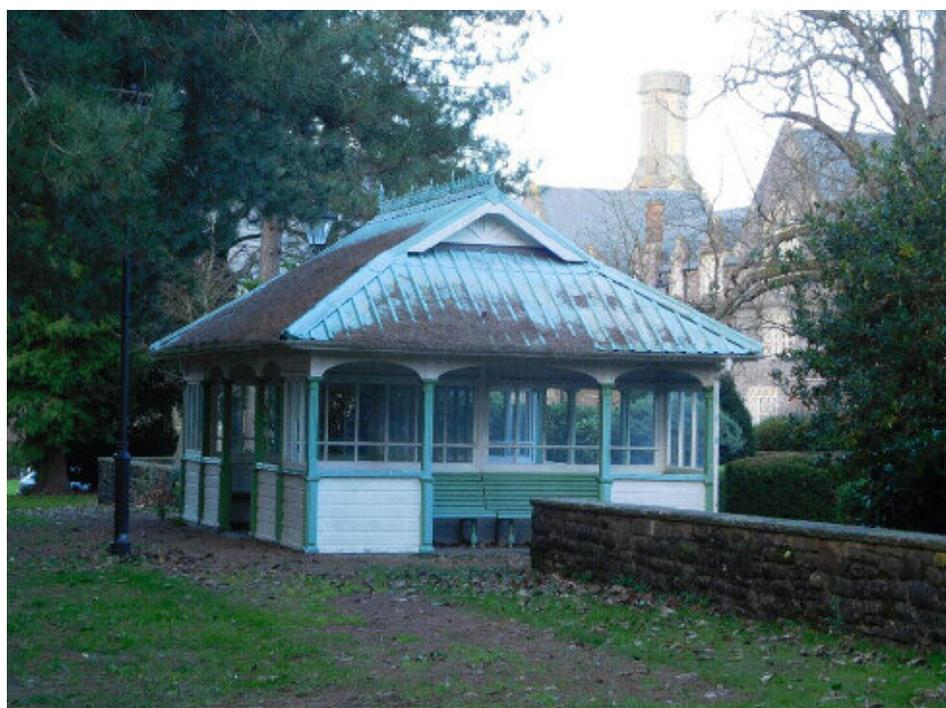


Figure 4: Restored rectangular Pavilion, as above, it has been integrated into the adapted reuse of the site as a space for residents to relax and enjoy the surrounding landscapes grounds. (Authors own image, photographed 31 December 2019)



Figure 5: Memorial stone commemorating the final resting place of residents is the only reference to the sites former use. (Copyright, Abergavenny Chronicle)

A current RoP<sup>8</sup> agrees and is not daunted by its previous use explaining that there are no internal references reminding residents of where they live. Not being a native of the town, RoP does not share the same collective memories as MLC1 and MLC2 and enjoys the convenience of being close to town, the well cared for grounds and pavilions, the quality of the restoration and the sense of community enjoyed amongst residents.

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<sup>8</sup> Resident of Pen-y-fal, occupying a two bedroomed flat in an original wing off the original 1851 hospital.

Restoration is of a high quality, well executed and the original hospital remains the focus on approach. A FSOMCC<sup>9</sup> considers the scheme to be “successful” and attributes this “to the appointment of Conservation Architects at the outset who understood the significance of the site and prepared a Conservation & Development Plan (C&DP) to guide the restoration.” Developed in advance and supported by local planning policy, redevelopment was effectively managed and attracted a developer who become immediately engaged with the Heath Trust moving the development forward avoiding a decent into dereliction. (ibid)

The extent of demolition has been significant but according to FSOMCC, “the quality of accretions was poor in terms of construction and design and their inclusion would have seriously hindered the viability of restoring the 1851 building which was considered to be of primary significance within the C&DP.” FSOMCC notes that “none of the accretions were individually listed, rather they were curtilage structures or attached to the 1851 building and as such their demolition was justified.” Monmouthshire County Council (MCC) (August 2001, p. 47) notes the improvement to the setting of the original building acknowledging that “the design of the original asylum building can now be appreciated in a way that has not been possible for over a hundred years.”

Demolition has focused attention on the original building and released land for new build. The range of new build tenures works well and includes 16 affordable units. (Figure 6-8) FSOMCC agrees the development “has stood the test of time.” RoP agrees, explaining that “new build elements are sufficiently removed from the original building meaning that the setting of the original building has not been negatively affected.”

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<sup>9</sup> Former Senior Officer of Monmouthshire County Council



Figure 6: New build residential accommodation echoes the vertical emphasis, chimneys, gabled frontage and window proportions of the original hospital (located directly to the front of this row) utilising a coloured and smooth rendered finish to distinguish itself as a modern intervention to the site. (Authors own image, photographed 31 December 2019)



Figure 7: New build, detached executive housing located on the outer boundaries of the development site is sufficiently removed from the original hospital to warrant the use of palette book designs without detriment to the character and setting of the original hospital. (Authors own image, photographed 31 December 2019)



Figure 8: Affordable housing units, also located on the outer edges of the development site, sufficiently removed so as not to adversely impact on the character and setting of the original hospital. (Authors own image, photographed 31 December 2019)

Road networks into and through the site service the development well. The only exception for both RoP and FSOMCC being parking serving the 1851 building. Despite allocated spaces, many residents prefer instead to park as close to the original building as possible a situation further exacerbated by visitors parking in the same vein. For FSOMCC, the effect on the setting is significant and undermines the quality of the restored façade. (Figure 9)



Figure 9: Uncontrolled car parking encroaching upon the setting of the main entrance of original hospital impacts upon the quality of the restored front façade. (Authors own image, photographed 31 December 2019)

New wings to the 1851 building, incorporating town houses, were scrutinised carefully by MCC who emphasised the need for any modern additions to be of a “high standard of design ... [so as not to] detract from the special interest of the listed building.” (MCC, 10<sup>th</sup> August 2001, p. 47) Material details<sup>10</sup> were approved to match those on the original building with the intention of achieving “a better relationship in terms of scale between the new build and original listed building.” (ibid, p.76) FSOMCC believes this has worked well. However, as Figures 10-12 demonstrate, whilst the scale of new-build is consistent, the colour of new stone remains at odds with the original, the ratio of window to façade proportions are higher and the boundary treatment and rear garden layouts are poor detracting from the setting of the original adjacent wing.

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<sup>10</sup> Including roof coverings, rainwater goods, new stonework/brickwork, new joinery; and window materials, dimensions and profiles



Figure 10: New build town houses attached to the rear original building and facing an original wing. Garden boundary treatments are necessary but poorly executed within the context of the wider landscaping scheme. (Authors own image, photographed 31 December 2019)



Figure 11: New wing extension to the rear range of the original hospital providing 3 storey town houses. After nearly twenty years, the new stone designed to match the original, has failed to weather in sufficiently to match the colour of original stonework. (Authors own image, photographed 31 December 2019)



Figure 12: Original (to the left) and new wing extension (to the right) viewed within the context of wider landscape and pavilion setting. The scale of new build reflects that of the original however, there are visibly more windows on new build elements compared to the original reflecting the need to provide greater levels of daylight to new build residential units. (Authors own image, photographed 31 December 2019)

Internally, FSOMCC recognises that redevelopment “did eradicate many internal design features” a view supported by Cadw (2005) who acknowledge that much of the interior “was retained up to closure in 1997, but the subsequent conversion to apartments has of necessity destroyed most of this.” In this case it has clearly been necessary to significantly alter the internal layout to create living spaces. (Figures 13-18)



Figure 13: Internal layout of a 2 bedroom flat inside the original hospital currently for sale for £215,000. With the exception of the lounge area, rooms are long and narrow. To get to the en-suite for example, you must first walk through a wardrobe. (Do not scale from drawings)  
Source - <https://www.onthemarket.com/details/8027816/> houses with boundary fences.



Figures 14 -15: Long and narrow bathroom proportions.  
Source <https://www.onthemarket.com/details/8027858/>



Figure 16: Multi-function kitchen/living/dining area – delineation of separate spaces is challenging given the narrow proportions of the original range. The original floor to ceiling heights however appear to have been retained.  
Source - <https://www.onthemarket.com/details/8027858/>



Figure 17: Narrow dining space. Source - <https://www.onthemarket.com/details/8027858/>



Figure 18: The retention of original window with views into and beyond the grounds greatly enhance the quality of the interior.  
Source - <https://www.onthemarket.com/details/8027858/>

Marketing brochures refers to it as forming part of an impressive development of apartments within a beautiful Grade II listed building which was formerly a hospital. “Selective remembrance” (Joseph et al 2013) clearly at play.

Viability issues have hindered the Chapels reuse but as SOMCC<sup>11</sup> explains this is now progressing. However, compromises have been made in terms of floor to ceiling height reductions and window punctuations to bring forward restoration.

Table 1 summarises the key points of relevance to the adaptive re-use of Whitchurch Hospital.

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<sup>11</sup> Senior Officer for Monmouthshire County Council

**Table 1: Relevance of the Case Study to Whitchurch Hospital**

<b>Key Conclusions</b>
<p>A planned and pragmatic approach to redevelopment has led to retention and redevelopment of the original hospital and the successful integration of new build elements which have stood the test of time. New build additions to the original hospital are less successful. Whilst similar in scale, material stone elements have not yet successfully integrated with the original as intended, and garden boundary treatments are clearly a design after thought.</p> <p>The development is sought after as reflected in the higher than average prices commanded by properties currently for sale, reflecting perhaps a high regard for the quality of the development. Demolitions, whilst significant in scale, have refocused attention on the design quality, significance and setting of the original hospital and overall the reuse of Pen-y-fal can be regarded as successful.</p>
<b>Positives</b>
<p>After use of land identified in local planning policy ahead of hospital closure affording advanced agreement, in principle, of alternative use of site for residential use.</p>
<p>Developer engaged ahead of closure leading to seamless transition to residential use avoiding deterioration of hospital into dereliction.</p>
<p>Conservation &amp; Development Plan prepared to inform redevelopment.</p>
<p>Appointment of experienced Conservation Architects who understood the significance of the site.</p>
<p>Original building retained.</p>
<p>Retention and integration of pavilions and external landscape.</p>
<p>High quality new build dwellings of varying tenures including affordable housing.</p>
<p>The site is in close proximity to town centre facilities – seen as a positive to residents.</p>
<b>Negatives</b>
<p>Significant demolition undertaken and full physical significance of the site’s morphology has been lost.</p>

Redevelopment of the Chapel has taken 20 years. Problems with viability have been the main issue arising from the complexity of converting one cavernous space; understanding the building and cash flowing the restoration.

Parking problems associated with the remote location of allocated spaces.

Loss of internal features.

Local social connection to the site lost as a result of private development.

Poor integration of new additions to original hospital.

Absence of a memorial to previous use. Overtime, the significance of the building as a Hospital will be lost from the collective memory.

## **6 Case Study 2: Former Edinburgh Royal Infirmary, Edinburgh, Scotland now the Quartermile Development<sup>12</sup>**

In sharp contrast to Pen-y-fal Hospital, Quartermile is a mixed-use development on a significant scale. The site vacated by the Lothian University Health Trust (LUHT) is considerably larger and its city location has afforded far greater opportunity to pursue wholesale redevelopment of the site for a range of adaptive re-uses.

During concept development in the early 2000's, Edinburgh, had a population in excess of 750,000, was the 6<sup>th</sup> largest growing city in Europe and was ranked as the UK's second city for financial services. (Fisher 2009, p. 4) As Fisher (ibid, p. 4) explains, "the site was widely recognised in 2000 as a major development opportunity in terms of location, scale and potential." The proximity of the site to tourist attractions to the north and Meadows to the south provided a "development opportunity of rare scale" (ibid, p.4) within a capital city.

As the Scottish Government (2009, p. 36) recognise, "Quartermile is a good example of a project that applies a mixed-use development concept where it is appropriate and will be supported by market demand." Ahead of closure, it's not surprising that LUHT took advantage of the city's potential, recognising the site as a key development opportunity with the capability to yield significant revenue.

The sale by LUHT was planned in advance, organised and supported by planning policy. (Scottish Government 2009, p. 38) The success and effectiveness of this process is demonstrated by sale of the full site as a single land package to a single private sector owner/consortia with a single source of funding. Single ownership avoided problems surrounding multiple ownership; and land and finance assembly enabling effective delivery of the Master Plan.

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<sup>12</sup> Please refer to Appendix 2 ahead of considering Case Study 2

Whilst Overage Agreements integrated into the terms of sale were unsuccessful for LUHT, their foresight should be commended for maximising opportunity for realising financial returns to the public purse. From the developer's perspective, a single Overage payment to settle the Agreement undoubtedly lifted a financial burden and barrier to development and had no impact on the success of the final project. (Scottish Government 2009, p. 37)

The Master Plan approach can be regarded as successful in that it defined a clear vision and a mixed-use concept that was agreed as part of the sale process. The Plan "served the project well as a tool for mediating between the demands of architecture, town planning and development feasibility." (Fisher 2009, p. 11) The Plan was supported by Planning Policy and market demand for modern housing<sup>13</sup> and office stock<sup>14</sup> within the city. (Fisher 2009, p. 7 - 8) The appointment of Foster + Partners (F+P) as Master Planners at bid stage of the sales process can also be considered "crucial." (Fisher 2009, p. 10) Their international reputation, modernist style and alignment to CEC's Planning Brief in balancing heritage, design and commercial deliverability undoubtedly contributed to successful delivery. (ibid, p.10)

F+P had a clear design approach which responded to the CEC Planning Brief and the challenges of retention and conversion of listed buildings. Taking a pragmatic approach their overall Plan has retained the significance of the key focal points - the original Medical Pavilions and Surgical Hospital and integrated new build alongside them in a way that responds to their immediate context. The design quality of development is high and the legibility of the site as a former Hospital still visible.

The scale of development necessitated the establishment of a dedicated Team within the CEC<sup>15</sup>. SOCEC<sup>16</sup> explains, this team ensured seamless management of the planning process from brief and master planning stage through implementation to completion. This "linear process" adopted a business-like approach within which

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<sup>13</sup> Historically, Edinburgh has a high incidence of tenement living accommodation. (Fisher 2009, p. 7)

<sup>14</sup> Much of which was outdated or inconvenient (Fisher 2009, p. 8)

<sup>15</sup> Comprised of key Officers from CEC's Planning Department, Building Regulations, Health and Transport Teams as well as Historic Scotland.

<sup>16</sup> Senior Officer of the City of Edinburgh Council

constant dialogue between CEC and the developer successfully resolved issues as they arose.

SOCEC explains, the presence of so many listed buildings “presented both an opportunity and a challenge.” The planning brief promoted retention and reuse and the Master Plan, although amended over time, responded using “conservative surgery” as its guiding principle. (Foster December 2006, p. 4) The scale and nature of re-development however caused much opposition from heritage and conservation bodies including ICOMOS<sup>17</sup> and the Edinburgh World Heritage Trust<sup>18</sup> who objected to the impact of new build on the historic skyline. (Boddy, 2003, p. 1) To commentators such as Lang (2017, p. 115) “the actual effect is marginal” but controversy did prompt CEC to develop a Skyline Policy (CEC 2017, p. 74) for assessing future development and later Planning applications have considered more specifically skyline impact. (Figures 19-20) Overall, SOCEC commended the approach adopted by CEC for managing the complexity of applications which has since been rolled out on other major schemes.

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<sup>17</sup> International Council on Monuments and Sites

<sup>18</sup> Independent Charity established in 1999 to champion the World Heritage Site and co-ordinate action through the Management Plan to conserve and enhance the World Heritage Site. <https://ewh.org.uk/about-us/>

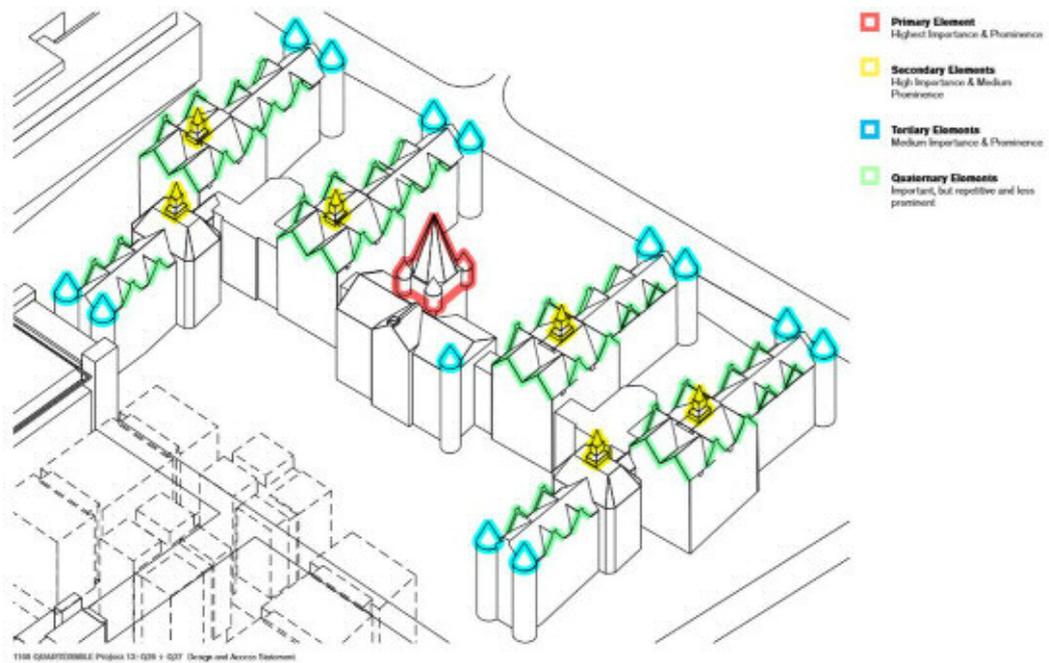


Figure 19 Prioritisation of existing architectural elements on the former Surgical Hospital (soon to be the University of Edinburgh’s Futures Institute) from Lauriston Place, based on significance within the Skyline in relation to proposed new build development to the south. The view of the Clock Tower is identified as the most significant element to be retained. Do not scale from Drawing. (Copyright Foster + Partners 2017)

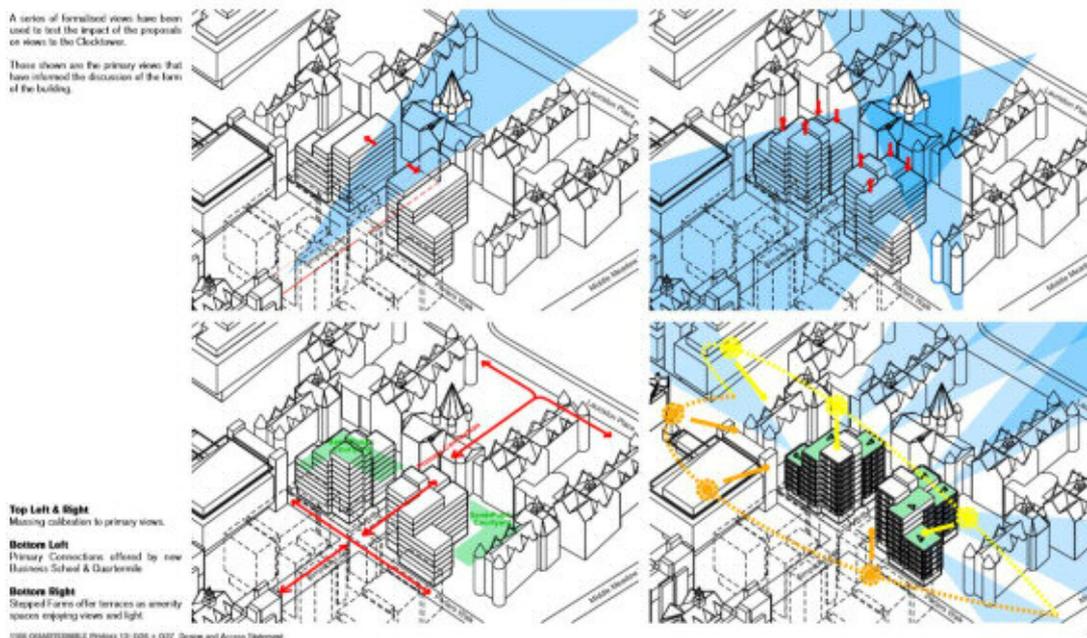


Figure 20: Assessment of massing and views of proposed new build blocks to the south of the former Surgical Hospital. Do not scale from Drawing. (Copyright Foster + Partners, 2017.)

Similarly, the Architectural Heritage Society of Scotland objected to the scale of demolition (Boddy, 2003, p. 1) which is acknowledged as significant. It's clear that the maze of accretions rendered conversion difficult and expensive. Some buildings<sup>19</sup> were considered structurally beyond repair (Fisher 2009, p. 5) whilst the intended conversion of the Red Home proved commercially unviable. (Foster + Partners, December 2006, p.7) Its demolition to accommodate public open space contended by F+P as necessary to improve the setting of adjacent listed buildings. (April, 2006, p. 9)

Despite these objections, CEC maintained the development would bring significant benefits including creating new residential communities within the city thus preventing development within the green belt. (Boddy, 2003, p. 1) SOCEC adds that demolition was essential to "tidy up the site to enable development" and that many of the demolished listed buildings were in poor condition, poor examples of their type or, as was the case for the George Watson Hospital, little original fabric remained; on that basis their demolition was justifiable.

SOCEC approves of the final development stating that the site provides a new urban quarter and "vibrant new living spaces in the city rather than a closed off, hostile space synonymous with ill health." The site has been opened up to public through access for the first time in its history and as Fisher (2009, p. 7) recognises "the location of the site is ideal for city living with work places and amenities within easy walking distance and views over the meadows."

Demolition of accretions declutters the site and enables Bryce's original Pavilions to be clearly seen again. The mix of high quality 21<sup>st</sup> century design, characterised by glass and steel, juxtaposed with the stone-built Pavilions to the north and south works well. The uniformity of new build materials enhances their setting when compared to the accretions that had been attached over time. (Figures 21-23)

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<sup>19</sup> The Simpson Memorial Hospital and Florence Nightingale Nurses Home



Figure 21: Quatermile as viewed from the Meadows. The proximity to the City centre is visible in the background. The former Medical Ward Pavilions, accommodating residential flats, now enjoy visual prominence, with Fosters new build infill development set back sufficiently to enable appreciation of the Pavilions landscape setting once more. Source: <https://www.insider.co.uk/news/new-residential-developments-underway-edinburghs-9870405>



Figure 22: Quatermile from the south west. Uniformity of new build materials is evident throughout offering consistency to the materials palette for new build elements that clearly sets the contemporary design apart from the historic Pavilions and remaining listed buildings. (Source: Foster + Partners. [Foster + Partners. https://www.fosterandpartners.com/projects/quartermile-development/](https://www.fosterandpartners.com/projects/quartermile-development/))



Figure 23: Restoration of the Medical Pavilions overlooking the Meadows has been done to a high quality with communal gardens framing the interaction of old with new design. Balconies have been restored and integrated as design features for the luxury flats. Underground car parking removes the visual clutter of cars, a problem afflicting the Pen-y-fal redevelopment.

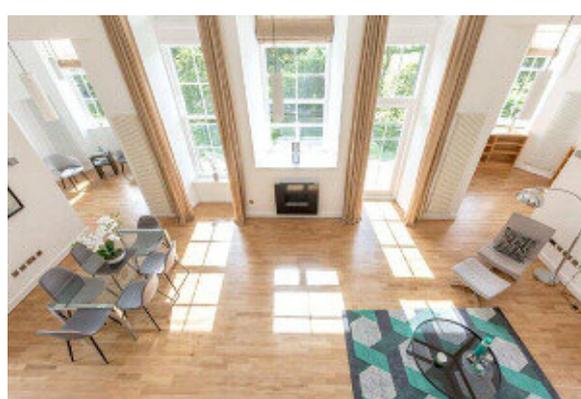
Full restoration and conversion to residential use has been undertaken to the Medical Pavilions. It's clear a high standard has been achieved and average sale prices of £609k<sup>20</sup> reflect this. (Figures 24-30)

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<sup>20</sup>Zoopla average price paid in past 12 months for a flat on Simpson Loan <https://www.zoopla.co.uk/house-prices/edinburgh/simpson-loan/>



Figures 24-25: This top floor, 3 bedroomed duplex flat on Simpson Loan is currently for sale at £870k. The original balcony has been incorporated into the living space offering views to the Meadows. (As at 4<sup>th</sup> January 2020. Source: [https://www.zoopla.co.uk/for-sale/details/52822008?search\\_identifier=efa4a70965b46730b82070517b86ca3f](https://www.zoopla.co.uk/for-sale/details/52822008?search_identifier=efa4a70965b46730b82070517b86ca3f))



Figures 26-27: Internal living spaces retain the full extent of the original windows and as such are bright and airy. (Source: [https://www.zoopla.co.uk/for-sale/details/52822008?search\\_identifier=efa4a70965b46730b82070517b86ca3f](https://www.zoopla.co.uk/for-sale/details/52822008?search_identifier=efa4a70965b46730b82070517b86ca3f))



Figures 28-29: Internal fixtures and fittings are to a high specification and bedrooms enjoy spacious and light vistas. (Source: [https://www.zoopla.co.uk/for-sale/details/52822008?search\\_identifier=efa4a70965b46730b82070517b86ca3f](https://www.zoopla.co.uk/for-sale/details/52822008?search_identifier=efa4a70965b46730b82070517b86ca3f))

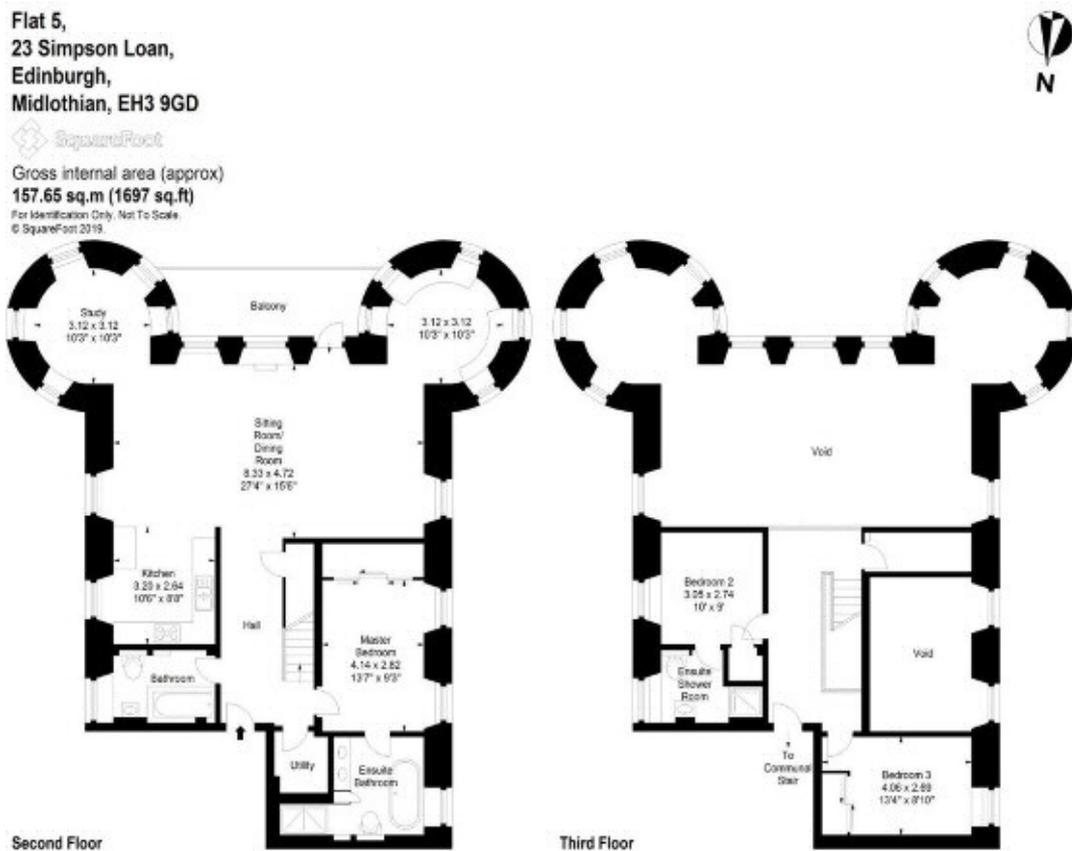


Figure 30: The floor plan reveals effective use of space for the end of this Pavilion split over two levels. (Source: [https://www.zoopla.co.uk/for-sale/details/52822008?search\\_identifier=efa4a70965b46730b82070517b86ca3f](https://www.zoopla.co.uk/for-sale/details/52822008?search_identifier=efa4a70965b46730b82070517b86ca3f))

Fisher (2009, p. 8) notes that conversions did not provide very efficient space... [and as such] sold on average for less per square meter than the new units" a suggestion that is certainly reflected in current sale prices. (Figures 31-38)



Figure 31: New build residential blocks echo the original design detail of the adjacent historic Medical Pavilions overlooking the Meadows. Floor to ceiling windows and balconies maximising light and ventilation as Bryce's original Pavilion design set out to achieve. (Image courtesy of <https://www.servicedapartments.co.uk/edinburgh/quartermile/>)



Figures 32-33: New build infill between Pavilions facing the Meadows offer more spacious living accommodation. This 3 bedroomed flat for sale in Simpson Loan is currently for sale at £1.2 million. (As at 4<sup>th</sup> January 2020. Source - <https://www.zoopla.co.uk/for->

[sale/details/52821975?search\\_identifier=efa4a70965b46730b82070517b86ca3f](https://www.zoopla.co.uk/for-sale/details/52821975?search_identifier=efa4a70965b46730b82070517b86ca3f)



Figures 34-35: High quality purpose designed internal living spaces offer more scope to incorporate a high specification of fixtures and fittings. (Source - [https://www.zoopla.co.uk/for-sale/details/52821975?search\\_identifier=efa4a70965b46730b82070517b86ca3f](https://www.zoopla.co.uk/for-sale/details/52821975?search_identifier=efa4a70965b46730b82070517b86ca3f))



Figures 36-37: Outdoor balconies maximise the impact of vistas over the Meadows and city to the south. (Source - [https://www.zoopla.co.uk/for-sale/details/52821975?search\\_identifier=efa4a70965b46730b82070517b86ca3f](https://www.zoopla.co.uk/for-sale/details/52821975?search_identifier=efa4a70965b46730b82070517b86ca3f))



Figure 38: Internal floor space is greater than the Pavilion. New build allows a more effective use of space more aligned to modern city centre demand. Spaces for wine stores and Spa Baths for example being notable features missing from the converted Pavilion. (Source - [https://www.zoopla.co.uk/for-sale/details/52821975?search\\_identifier=efa4a70965b46730b82070517b86ca3f](https://www.zoopla.co.uk/for-sale/details/52821975?search_identifier=efa4a70965b46730b82070517b86ca3f))

Interestingly, both marketing brochures refer to the previous use with additional reference to the development having been “master planned by award winning architects Foster and Partners.” (Savills 2020)

Public spaces integrate both new and traditional elements offering high quality meeting places for adjacent users including the University and financial district. New office accommodation is contemporary, offering high spec accommodation located alongside retail, leisure and residential uses which has helped to attract global companies including IBM<sup>21</sup>. (Figures 39-40)



Figure 39: Public spaces enhance the setting of listed buildings with a high quality and consistent materials palette used throughout for street furniture and surfacing materials. (Image courtesy of: <https://unsplash.com/s/photos/quartermile%2C-edinburgh%2C-united-kingdom>)

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<sup>21</sup> <http://www.qmile.com/quartermile-property-news-edinburgh/228-state-street/>)



Figure 40: New office accommodation is of a high standard of design which sets it apart from the original hospital buildings and many office developments in the city centre. A high specification of interior fit out and layout is attracting international business. (Image courtesy of Quartermile <http://www.qmile.com/quartermile-property-news-edinburgh/228-state-street>)

Table 2 summarises the key points of relevance to the adaptive re-use of Whitchurch Hospital.

**Table 2      Relevance of the Case Study to Whitchurch Hospital**

Key Conclusions
<p>A very well executed, high quality, planned, mixed-use development shaped by planning policy and supported by market demand. The size, scale and complexity of the former ERI site, its Capital City location and parkland setting present clear, transferable synergies to the adaptive reuse of Whitchurch Hospital.</p> <p>The established and existing urban location, transport and services infrastructure; market demand for new housing and business accommodation supported by Edinburgh’s position as a leading European financial services centre; and an accessible cultural offer all combine to create an exciting new urban quarter within the city.</p>
Positives

Clear mixed-use concept agreed in advance by the CEC and supported by market demand.
A well planned sales procedure led by the Lothian University Health Trust ensured that the parameters for quality urban development were agreed from the outset.
Development site within single ownership at master planning and delivery stage – avoided complex issues of multiple ownership and the problem of land assembly.
Single source of private sector funding – no reliance on grant funding.
Single Vision identified and agreed from initiation through to implementation.
Appointment of lead master planners with proven experience and knowledge of developing and delivering quality mixed-use development in city locations.
Masterplan approach with costed and phased implementation strategy.
Diversity of end uses have proved attractive to end users and occupiers and also offered the developer a more rounded investment portfolio that is not reliant on one dominant use which could be susceptible to market fluctuations.
Joined up approach to progressing the development between CEC, the Design Team and developer.
Brownfield site benefitting from existing transport and services infrastructure and connectivity reducing pressure for development within the Edinburgh Greenbelt.
Reuse of original 1879 David Bryce buildings, integrating high quality new build elements without impacting upon the character and setting of the original listed buildings.
Redevelopment has opened the site to public access where access was previously related to use of the ERI.
High quality design and consistent materials palette for new build, public spaces and landscaping replaces historic accretions and enhances the setting of the remaining listed buildings.
Single management structure to maintain the built development.
Multiple award winning development accommodating a range of local and international businesses and residents.
<b>Negatives</b>
Overage Agreements proved to be a significant burden and barrier to development by the Developer. The original Agreement focussed on end value without regard

for capital expenditure. Negotiated settlement with hospital Trust enabled Agreement to be waived.

Reuse of the original 1879 David Bryce buildings has been successful. However, the demolition of the original William Adams Hospital (1740), 3 other listed buildings; and the part demolition of 4 others has seen the significant removal of a complex that can be attributed to the historic development of public health care services in Edinburgh.

The 2008 financial crisis impacted upon the viability of the proposed 5\* Hotel demonstrating that long term mixed-use developments can be susceptible to market and demand fluctuations.

The resulting changes to the Master Plan, initiated by the financial crisis, substantially altered the viability of development and led to the demolition of a much loved listed building – the Red Home.

The extent of demolition attracted much controversy from heritage and conservation bodies demonstrating a need to engage early with relevant organisations and stakeholders to avoid conflict and delays.

Completion of the Master Plan is still to be achieved. The University of Edinburgh's Futures Institute completes the Plan, but it is noted that it has taken over 15 years to deliver the final scheme.

## 7. Case Study 3: Former Sully Hospital, Vale of Glamorgan now Hayes Point Apartments<sup>22</sup>

Viewed from the north and south, the redevelopment has been executed to a very high standard. The design quality of the 1930's building complex is still largely visible and has enabled Galliards to create an exclusive development which is complemented by its landscape setting. (Figures 41-42)



Figure 41: Northern elevation – front façade viewed on approach via main access drive. (Photograph courtesy of Hayes Point.com. <http://www.hayes-point.com/>)



Figure 42: Southern elevation – former ward block now luxury residential accommodation. (Photograph courtesy of Hayes Point.com <https://www.hayespoint.co.uk/about/>)

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<sup>22</sup> Please refer to Appendix 3 ahead of considering Case Study 3

The preparation of a Design Statement and Manual can be regarded as a strong and positive influence upon the Design Team and Vale of Glamorgan Council (VOGC) and is regarded by the Design Commission for Wales (DCW) (No date, para. 5) as having been fundamental “for making decisions and imposing a strong discipline in maintaining a consistent approach to detail.”

The priorities of the Planning Brief have largely been achieved and the DCW (No date, para. 8) recognise that “the overall design utilises a logical approach which allows for an efficient layout and maximises the positives of the site.”

In contrast to Pen-y-fal and the former ERI, the extent of demolition has been limited and the original form and setting of the Hospital can still be interpreted. Extensions however have been significant in scale and have impacted upon the character of the original building complex. New extensions to the Nurses Block (Figures 43-44) were designed to “complement the existing building in terms of mass, scale and use of materials, whilst also being contemporary in character.” (Vale of Glamorgan Council 2004, p. 10) Both circular stair and lift towers (Figure 45) were intended to be “transparent and light in form.” (ibid, p.10) Collectively, the extensions bare heavily on the form of the original Nurses Block and despite an attempt to reference original symmetry, materials and scale, they detract significantly from the original 1930’s façade a concern highlighted by the Twentieth Century Society (TCS). (Vale of Glamorgan Council 2004, p.8)



Figure 43: Addition to the former Nurses block, viewed from the north-west and replicated on the north eastern elevation. Extensions double the width of the original façade and conceal an original view point of the hospital complex to its rear. (Photograph courtesy of Zoopla)



Figure 44: Extensions are modern, with a greater ratio of fenestration to render detailing than the original nurses block. The significance of windows within the context of the original use of the hospital is recognised within the Ward Block. An over application of reference to this detailing is demonstrated on the extensions to the nurse's block within which windows were not regarded as a key function of the building. (Photograph courtesy of Peter Alan Estate Agents)



Figure 45: Glass circular stair and lift towers added to the front façade now dominate the vista on approach via the main drive and detract significantly from the ability to read and understand the design hierarchy of the original façade. Both towers have become the primary design elements in terms of scale and materials and as such now dominate the front façade of the building.

Extensions to the east and west of the Administration Block execute a similar design approach. (Figure 46) Intended to “reinforce the symmetrical form of the building in line with the original design intent” (Vale of Glamorgan Council 2004, p.10), the TCS (2004, para. 5) consider “the architectural language of the new additions ... [to be] somewhat timid ... [which] ...departs from that of the listed structure.”



Figure 46: Single storey additions to the former Administration block, regarded by the TCS as “timid” in design. (Authors own, photographed 24 October 2019)

The fourth-floor addition to the Ward Block, echoes the “cranked” plan of the original layout and additions are contemporary and set back from the main southern elevation. Intended to be “separate and distinct.” (Vale of Glamorgan Council 2004, p.10), they appear top heavy in scale and mass when viewed from the rear (Figure 47-49) and detract significantly from the original character of the building epitomising Wong’s “Frankenstein Syndrome.” (2017, p. 34)



Figure 47: Top floor additions to the former Ward Block, viewed from the south, appear more integrated with the original design and are set back to minimise the impact on the original host building. (Authors own, photographed 24 October 2019)



Figure 48: Top floor additions to the Ward Block – when viewed from the rear, additions detract significantly from the character of the original building, creating an overbearing, top heavy and almost alien appearance exacerbated further by the lack of detail or reference to the host building. (Authors own, photographed 24 October 2019)



Figure 49: Top floor additions viewed from the east - when juxtaposed to the adjacent former Administration Block, the elevated height and lack of detail dominate this elevation and damage the symmetry of the original form. (Authors own, photographed 24 October 2019)

ROHP<sup>23</sup> recognises the architectural quality of the buildings and their setting but highlights a lack of attention to detail internally likening the development more to a “hotel” than a home. Grievances are many in number<sup>24</sup> and a long list of rules and regulations<sup>25</sup> govern management of the site. Many original design features, however, have been retained and incorporated into the restoration and retain the buildings character. (Figures 50-52)

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<sup>23</sup> Resident of Hayes Point, occupying a three bedroomed flat within the original Ward Block.

<sup>24</sup> Including - poor sound insulation between and within units, lack of robustness in fixtures and fittings, leaking stairwells, small unusable bedrooms, un-insulated water pipes, single ventilation systems between kitchen and main bathrooms, no sense of community, no children’s play areas, a largely retired resident population and an isolated location necessitating use of a car.

<sup>25</sup> Including – no BBQ’s on site, no loud noise after 9pm, no smoking within 10m of the building, no plastic furniture on the balcony – only metal or timber, no drying of clothes on balconies, only white blinds are permitted in windows, a specific colour of paint to be used internally throughout and redecoration must be undertaken by residents every seven years.



Figure 50: The original spinal corridor has been retained, restored and performs a key task in orientation around the building. Colour coded areas assisting access through the complex making spaces more legible for users. (Authors own, photographed 24 October 2019)

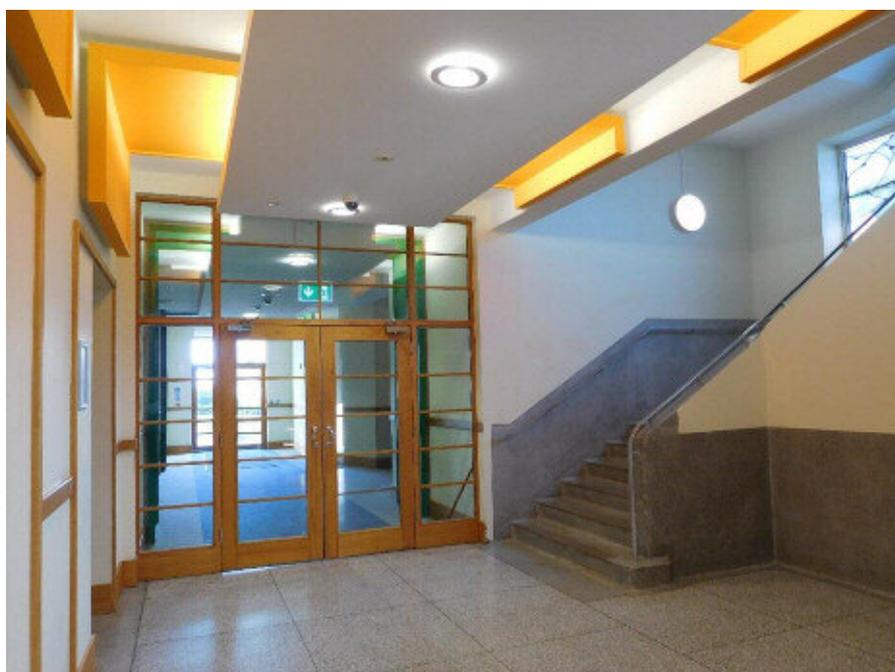


Figure 51: Internal circulation areas within the spinal corridor retain original floor finishes and replicate internal door features and dado rails. Original windows and doors allow light into a space which is linear and continuous in nature. (Authors own, photographed 24 October 2019)

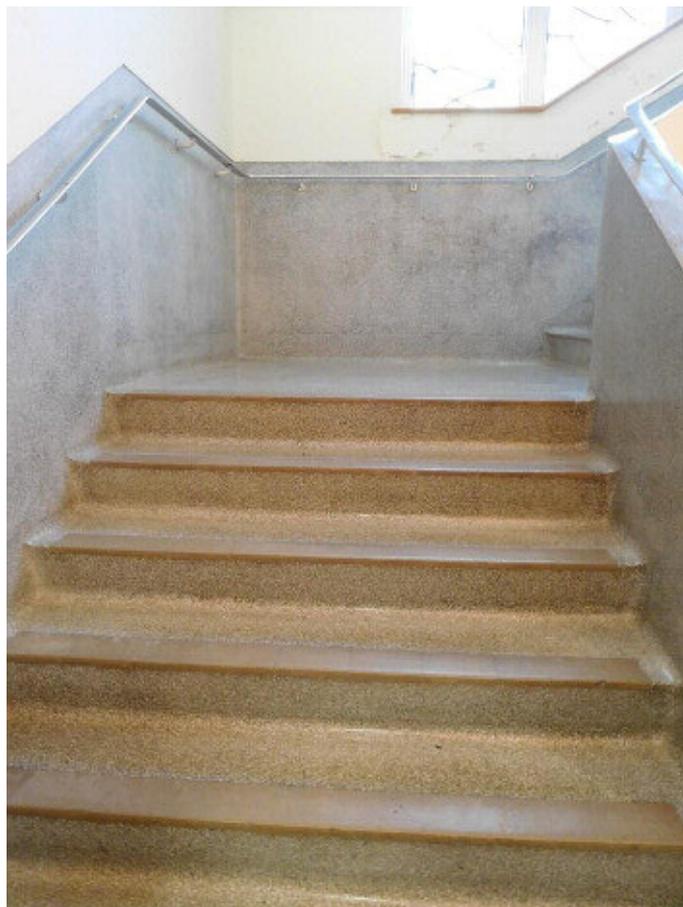


Figure 52: Original staircases are retained and restored enhancing the architectural quality of the interior and providing reference to the buildings former medical use. (Authors own, photographed 24 October 2019)

The challenge of converting vast, bespoke complexes into new uses can be understood when considering the existing internal layout of the former Nurses Block and Administration Building. (Figures 53-54) Conversion to residential use, out of necessity, removes the historic functional relationship between use and space but ensures a new future and ongoing use of the buildings for future generations.

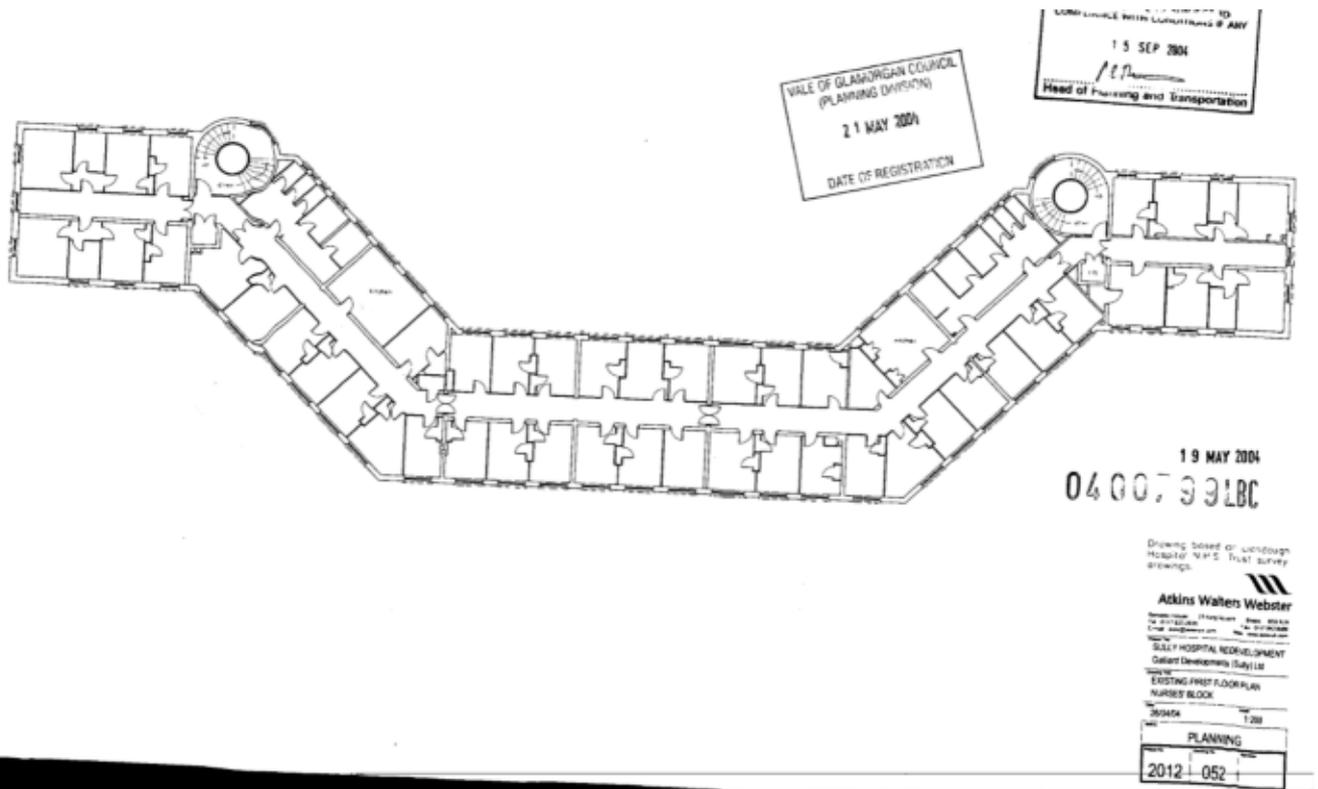


Figure 53: Existing first floor layout of former Nurses Block shows multiple, small self-contained rooms. Conversion to larger living spaces has been achieved but inevitably compromises the functional design of the original layout. Do not scale from drawings. (Copyright AWW)

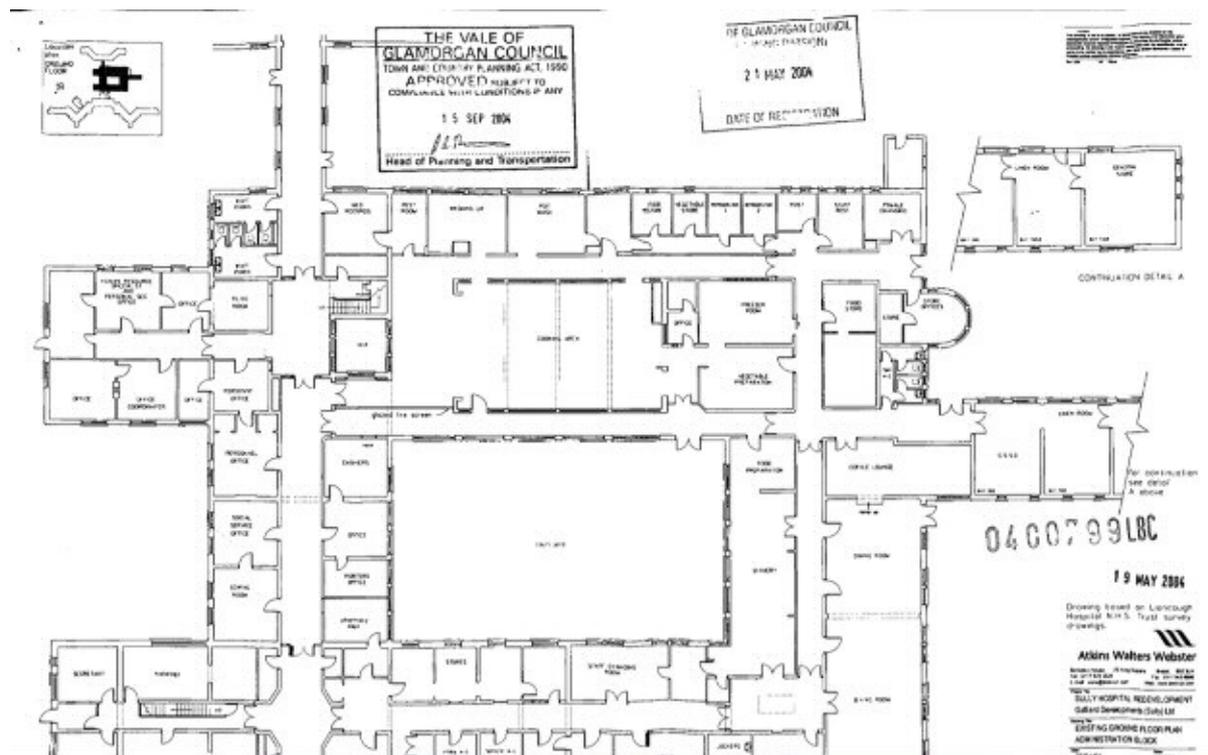


Figure 54: Challenge of conversion - existing Ground Floor layout of the former Administration Block again demonstrates multiple bespoke spaces designed with a functional purpose. Conversion creates new spaces which secures the future use of the building. Do not scale from drawings. (Copyright AWW)

Reference to the sites former use is remembered within the central foyer to the former Nurses Block serving as a reminder of the sites previous function. Marketing brochures (Figure 55) issued ahead of completion however, bare no reference to the sites former use, narratives focusing instead on the “exclusivity” of the development rather than its historic use. “Strategic forgetting” (Joseph et al 2013) in action and clearly deployed to stimulate interest in the restored complex.

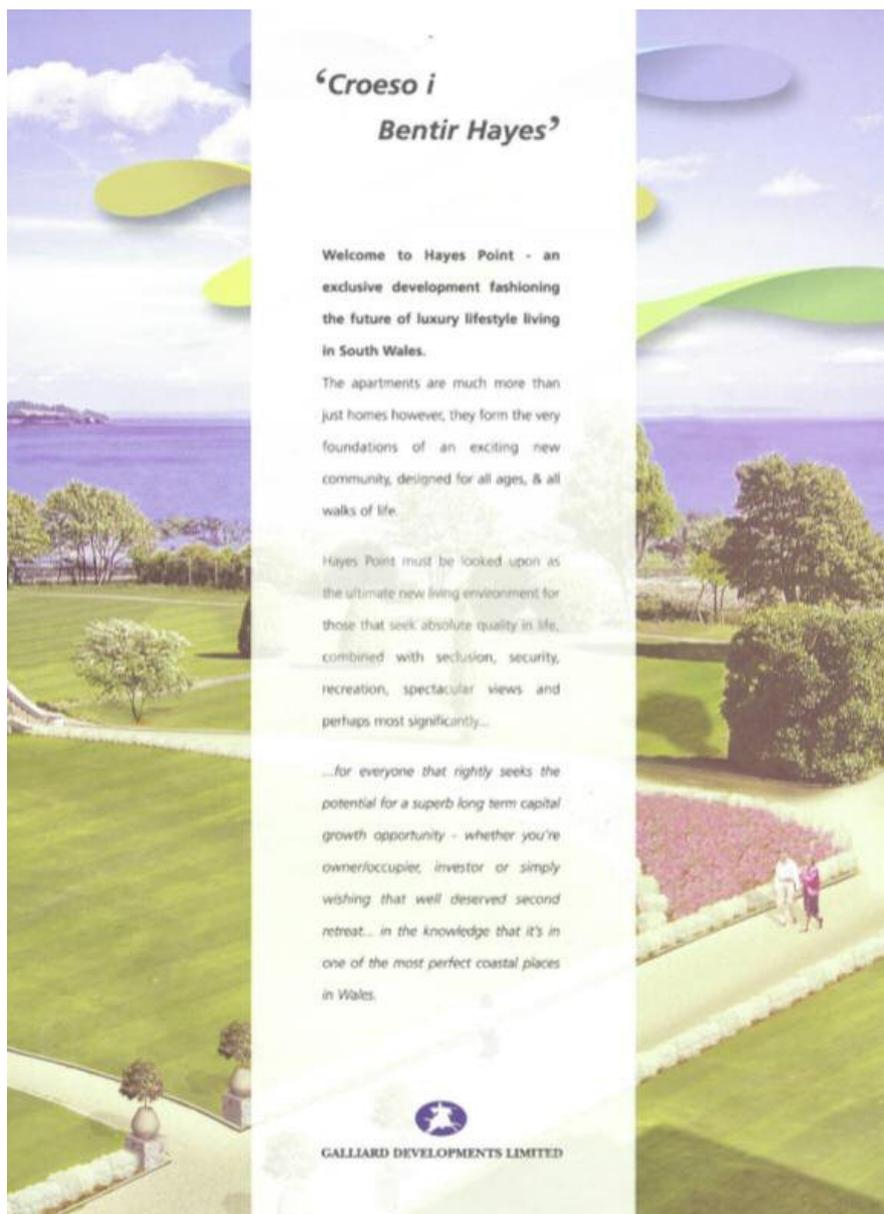


Figure 55: Galliard Marketing Brochure highlights the exclusivity of the development but does not refer to its former use. (Copyright Galliard Homes)

Despite the “exclusivity” of the development, residents are challenging the cost of site management within the Courts - seeking to purchase the Freehold as an alternative and improvement to private sector management which is not regarded as “value for money” - demonstrating a need to carefully consider maintenance aftercare and management of such vast building complexes as part of the development and design stage.

Table 3 summarises the key points of relevance to the adaptive re-use of Whitchurch Hospital.

**Table 3      Relevance of the Case Study to Whitchurch Hospital**

<b>Key Conclusions</b>
<p>High quality development the restoration of which has maximised the quality of the buildings original design. New build additions and extensions are less successful and detract from the character and setting of the original building complex demonstrating how the “Frankenstein Syndrome” (Wong 2017) can occur even on high quality restoration projects.</p> <p>Delays in bringing forward new uses for the site accelerated its decline into dereliction and could have been avoided had the Cardiff and Vale NHS Trust approached closure in a more planned manner.</p> <p>The Design Statement and Manual and its championing throughout the restoration can be regarded as a key achievement at Hayes Point.</p>
<b>Positives</b>
<p>Retention of one of the finest modernist sanitoriums in Britain.</p>
<p>The eventual preparation and agreement of a Planning Brief enabled the adaptive reuse of the site to be driven forward.</p>
<p>The preparation of the Design Strategy and Manual early in the Planning process provided a vehicle through which all parties including the Local Authority and Design Team were made aware of the significance of the building’s individual features enabling consistent decisions to be made.</p>
<p>A commitment early in the design process to retaining original design features including – the spinal corridor, balconies to the Ward Blocks, stairwells and original window detailing.</p>
<p>Recognition from the outset of the building’s significance in architectural terms and a commitment to retaining original features, where possible, throughout the restoration.</p>
<p>The landscape setting of the former hospital has been retained and integrated into the development. No significant new build elements have been added within the grounds.</p>

Negatives
Delays in agreeing and progressing the reuse and redevelopment of the site led to the majority of buildings falling into a state of significant disrepair.
No public access to the site. The main access road into the site clearly state that the site is for residents only.
The site is isolated necessitating access to a car to access convenience shopping, work and leisure opportunities.
Residents are subject to an extensive list of rules and regulations which can, at times, hinder the enjoyment of residency.
Whilst the quality of the exterior restoration is good, internal detailing and the quality of fixtures and fittings is poor.
Private management and maintenance of the site is a source of grievance to residents. Costs are high and the quality of service is poor.

## 8. Conclusion

Notwithstanding consensus or otherwise on what has been achieved at each site, all three have been largely retained and transformed demonstrating that adaptive reuse of heritage buildings is possible and beneficial in terms of architectural, economic and social values. (Pleovets 2019, p.1)

With the exception of Hayes Point, both Pen-y-fal and the former ERI were considered “opportunities rather than [liabilities]”, (Franklin (2002a, p.25) ahead of closure and their potential decent into dereliction and abandonment avoided. Hayes Point lay derelict for several years highlighting the dangers of not considering what adaptive re-use might be possible in advance of closure. The fate of Whitchurch Hospital in this regard is, to a large degree, already sealed and its decent into dereliction already underway.

All three case studies demonstrate the challenges and opportunities of reuse. Each is individually successful. Having benefitted from Conservation led restoration, they are fully occupied, sought after and their long term future has been secured. All three cases demonstrate that once the reuse of the building has been agreed, a planned approach is essential and can deliver successful restorations and new uses for vast and bespoke building complexes.

Whilst there are and always will be issues surrounding adaptive re-use, (Plevoets 2019, p.1) restoration of these ambivalently viewed buildings (Franklin 2002b, p.174) is taking place across the UK<sup>26</sup> and having assessed each case study, there are clear synergies to be drawn and lessons to be learnt in considering the adaptive re-use of Whitchurch Hospital.

Perhaps the most relevant case study to draw reference from, is the Quatermile development. Its Capital City location, the size of the site, its accessibility to local services and infrastructure and its remaining Ward Pavilions echo many features and characteristics at Whitchurch Hospital. Going forward, it is clear that significant and swift action is required to secure the adaptive reuse of Whitchurch Hospital before further deterioration and neglect endanger the adaptive reuse of one of the City's most iconic buildings.

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<sup>26</sup> <https://www.countyasylums.co.uk/the-asylum-list/> & Mind Over Matter: A Study of the Country's Threatened Mental Asylums, 1995.



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Final Hand-in  
Rebecca Hartley (C1881763)

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