

Design Review Report

DECLARATIONS OF INTERESTS

Panel members, observers and other relevant parties are required to declare *in advance* any interests they may have in relation to the Design Review Agenda items. Any such declarations are recorded here and in DCFW's central records.

Review status

CONFIDENTIAL

Meeting date	31st January 2013
Issue date	Tuesday 12th February 2013
Scheme location	Glanrhyd Hospital, Bridgend
Scheme description	Low secure mental health unit
Scheme reference number	80C
Planning status	Pre-planning

Consultations to date

The development team have consulted with the Local Planning Authority ahead of submitting a formal planning application. The LPA voiced its support of the scheme in principle and appreciates the complexities and constraints of the development, yet has concerns about the external appearance of the proposed building and its relationship to existing buildings on the hospital site.

Summary

The Panel would have preferred to see the scheme at an earlier stage in the design process. It supports the design team's objective that the secure mental health unit should be designed to avoid conventional institutional characteristics. However, the Panel has concerns about the way this objective is manifested in some key aspects of the design. In summary the main points made by the Panel are:

- The landscape proposal is thoughtful and well developed. The Panel agrees that it will be an important aspect of the therapeutic environment that the project team is aiming to create. It is essential that the landscape scheme, as proposed, is fully implemented in the delivery of the project.
- The variation of angles of the circulation spaces and their frequent punctuation with rest areas and glazing has the potential to contribute to the creation of the 'non-institutional' character to which the design team aspires. However, the organisation of the plan lacks clarity, and the irregularity of the circulation spaces in plan does not translate adequately to greater spatial interest or quality in three dimensions.
- While the design team asserted that the roof would contribute to the creation of the 'non-institutional' environment this is not evident from the proposal presented. The

Panel believed the design of the roof appears unnecessarily complex and would add no meaningful value to the patient experience.

- Despite the design team's efforts to introduce spatial interest into the plans, the Panel is concerned that the cross-sectional drawings lack any similar ambition. The commercial suspended ceiling system runs at one level through all of the habitable space and brings into question the design team's commitment to achieving their declared objectives.
- The Panel was concerned by the lack of information on the proposals for the external envelope. The reliance on a single, basic proprietary cladding system could result in a banal external appearance. The proposed deep eaves overhangs could result in uneven weathering of the proposed timber cladding, which will be detrimental to the appearance of the building.
- A significant portion of the Victorian hospital building is to be demolished to make way for the proposed building. This will yield a large volume of material, most significantly a quantity of rare Quarella sandstone. The Panel thought that the design team should make every effort to incorporate this material in the design of the proposed building and landscape.

Discussion and Panel response in full

It was explained by the presenting team that, when completed, the proposed unit will enable the decommissioning of Cefn Coed Hospital with services being transferred to Glanrhyd. The Welsh Government has committed funding for the scheme. The proposal is to provide two wards each comprising fourteen en-suite rooms. It is envisaged that all occupants in the first instance will be male, however, one of the wards is designed so that it can be separated into two parts to allow for shared male/female occupancy in future.

The draft Design and Access Statement was not available to the Panel.

The hospital grounds and adjacent parkland are Grade II listed. The landscape proposal deals with the constraints sympathetically. Approximately sixteen mature trees that are in poor condition will be removed and will be replaced over a larger area with sixty new trees. The trees proposed for the courtyard areas have been selected for their small size and limited leaf loss. The landscape has been designed to provide therapeutic benefit. All communal spaces and bedrooms will benefit from views either into the courtyards or the perimeter landscaping. Overall the Panel thought the landscape strategy was well developed and that its delivery as currently designed is essential to the success of the scheme.

The Panel was encouraged by the design team's assertion that it is committed to the creation of a low secure mental health unit that does not have the character of an institution, and wholly supported the design team's stated ambition to achieve this through the architectural richness of the development.

Prior to the Review meeting, the Panel had found it difficult to assess the performance of the proposed plans because no information had been provided to explain how the building is intended to operate. The design team's explanation of the complex constraints of managing security and patient welfare aided the Panel's appreciation of the challenges to which the design team need to respond and they appreciate that such functional constraints are onerous.

The proposed roof form of the low secure unit was questioned by the Panel. Whilst it was clear that the proposed roof is complex and aims to be interesting, the impact of it from the the ground or from the inside will not necessarily meet this aim. The Panel felt that overall the complexity of the roof was not justified and could present problems of shading and staining of the timber cladding. The Panel was disappointed that the design team had not considered the possibility of re-using the high-quality Quarella stone that will be made available by the imminent demolition of a part of the Victorian hospital to clear the site for the proposed low secure unit.

The Panel were confused about the relationship of the ward areas to the entrance, however, it was explained that there would be relatively few visitors to the facility. In the design team's view this meant that the experience of visitors entering and flowing through the building was of low priority. The Panel remained concerned that the plan, as a whole, lacks organisational rigour and consistency and that the experince of all users, including visitors, should be fully considered.

A 'Kingspan' system is proposed for the entire building envelope. It was the team's view that this system allows for a wide range of finshes to be applied, the finishes being proposed are cedar boarding and white render only. The proposals suggest that a greater investment is made in the design of the roof than has been made in the design of the walls, but the panel were concerned that patients will havevery limited view of the roof or the walls and that the walls will convey the great majority of the external character of the building

The main entrance itself is very understated whereas the most prominent element of composition is the two-storey structure at the north-east corner which houses the plant room and the panel felt this lack of clarity underpinned many of the external design decisions.

Despite the design team's assertion that the quality of internal fit-out had been prioritised, a similar disappointing pragmatism is evident in the approach to the design of the ceilings throughout the building. When an effort has been made to vary the plan form of circulation spaces, it is frustrating that no similar effort has been made to vary ceiling heights or finishes, or to admit natural daylight via the roofs into the internal spaces.

The design team spoke on several ocassions about the large areas of glazing that were proposed to partition common areas and to provide views into the courtyards. It was explained that this aspect of the design would make a good use of available daylight from the perimeter of the building and that it would provide a sense of 'openness' that would benefit patients. It was also explained that the areas of glass were required to enable comprehensive suveillance of patients by staff. The Panel agreed that the extensive use of glazed internal partitions could help to make the internal environment more attractive for patients and staff, but were disapointed that no material was presented by the design team to illustrate the extent of the proposed glazing.

The Panel endorsed the Local Authority's view that the emphasis placed on the internal arrangements of the building is to the detriment of the external architecture. The site is part of an historic park and garden, which is potentially a future conservation area, and the architectural design of the proposed low secure unit does not adequately respond to the quality of the setting. In particular, no consideration has been given to the fact that the proposed building will sit directly alongside the remaining part of the Victorian hospital. In giving priority to the construction timescale alone, the Local Authority thought that the design team's opportunity to produce a design that reflects the unique context has been lost.

DCFW was pleased to have the opportunity to review this project, despite its late stage, and would welcome further consultation as the project develops, if time constraints of the scheme allow.

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A Welsh language copy of this report is available upon request.

Attendees

Agent/Client/Developer	Lindsay Jones Abertawe Bro Morgannwg University Local Health Board
Architect	Kevin Dumbill - Boyes Rees
Consultants	Paul Vining - WYG Planning Andrew Gardner - Interserve Project Services Lorraine Corscadeen - Corscadeen Associates Gary Ralph - Gardiner & Theopald
Planning Authority (Bridgend CBC)	Claire Hamm Sue Tomlinson Eilian Jones
Design Review Panel Chair Lead Panellist	Alan Francis Jonathan Adams Angela Williams

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