Addroddiad Adolygu Dylunio
Design Review Report

Review Status: Confidential

Meeting date: 17 September 2008
Issue Date: 25 September 2008
Scheme Location: Llanfrechfa Grange, Torfaen
Scheme Description: New Hospital
Planning Status: Pre-application

Part 1: Presentation

This proposal reflects a new approach to the provision of health care with the integration of specialist critical care services from across Gwent on this site, and more minor services provided locally. The Outline Business Case is being considered by WAG and the allocation of the southern part of the site for housing is an important part of the funding package. The new hospital is located on the northern part of site to take advantage of the best views, to minimise the impact on the listed building and to minimise the impact of increased traffic on local roads.

The Local Planning Authority confirmed that this option for the site is included in the emerging LDP. They are in favour of the proposed use in principle.

Summary of key points arising from discussion, to be read in conjunction with Part 2 of this report.

We appreciate the early consultation on this scheme and the clear, convincing presentation. The early engagement with the community is also welcomed. Given its planning status and the commitment to return to Design Review during the planning process, we think the scheme is an acceptable response to the site and the brief, with minor revisions necessary.

- The scale of this building is significant and we welcome the early involvement of a landscape team to propose mitigation measures. The rooftop plant should be relocated if at all possible.
- The treatment of the main entrance is disappointing and a more welcoming sense of arrival needs to be created without relying on signage.
- The internal central street needs enhancing and linking with the landscape to improve legibility and create a convivial public space.
• There should be a firm commitment to achieve BREEAM Excellent and demonstrate how this will be done. More daylight should be introduced into central corridors.
• The entrance roundabout should be made smaller with a single access leading off it. A subsidiary junction would then lead to the emergency access.
• A more comprehensive visual impact assessment should be completed, showing accurate views from the site entrance, the town and from across the valley to the west.
• We welcome the procurement strategy and commend the commitment of the team to protect design quality.

Part 2: Discussion and Panel Response in Full

Despite the natural screening offered by mature trees and the sinking of the building into the ground by 7 metres to the rear, its impact will nevertheless be considerable and this should be demonstrated from specified viewpoints, such as the entrance roundabout. Long range and medium range views of this significant building in its landscape setting will also be important to assess its impact but unfortunately none were provided. A landscape mitigation strategy should be employed to minimise the impact and enhance the building’s relationship with the surrounding parkland and walled garden.

The scale of the building is increased by the rooftop plant which occupies the whole footprint of the middle floors. If this could be relocated or stacked vertically, this would not only lead to a reduction in scale, but would also offer the huge benefit of allowing daylight into central corridors and the very deep lightwells.

The main entrance, mainly due to the scale of the building above, appears anonymous and forbidding rather than welcoming. The entrance could be marked by a change in the built form to signify an accessible space and a point of arrival. Signage should not be relied upon to signal the entrance.

The location of the car park off to one side of the entrance road protects the open parkland in front of the building and enhances the view of the building, but also means longer walking distances to access the main entrance. Staff parking will occupy the spaces furthest away from the entrance and there is the possibility of decking the parking and setting it into the sloping ground. Transport for vulnerable patients could be arranged by using an electric buggy.

The internal ‘street’ as a space for public circulation and amenity is a strong concept, dividing public space from clinical space and repeated on all floors. The strong linear relationship between the street, the walled garden and the listed house could be a powerful organisational device. However, the street should be distinguished from other corridor spaces by creating a void to one side, or by increasing its width and/or height, and possibly by the introduction of large scale planting. The glazed corridors bisecting the lightwells should be avoided, and any other means to minimise their depth and introduce daylight should be explored.

A commitment to achieve BREEAM Healthcare Excellent should be included in the planning documents, together with a strategy for achieving this. We welcome the central energy centre housing a CHP plant which will serve the whole site, including a future link
to the residential development. This will have the potential to generate income in the future. The east/west orientation of the blocks was adopted to optimise views out and fit the building into the wooded landscape, but it also serves to increase the need for a solar shading strategy, which would be minimised by a north/south orientation.

The integration of public transport within the site, more frequent bus services, dedicated public footpaths and green travel plans for employees, are all welcomed. We think the entrance roundabout is oversized – virtually as big as the main roundabout on the A 4042 – and could cause unnecessary confusion with the emergency access being the first exit option. A much better arrangement would be to reduce the exits to one main access off a smaller roundabout, with a subsidiary junction off that for emergency traffic. We also queried the short length of dual carriageway between the roundabouts.

The procurement process is part of the Design for Life strategic framework, and includes open book procedures and whole life costing. The team have learned much from their first two schemes under this framework [Ebbw Vale and Caerphilly which are currently on site]. An agreed square metre cost will be ringfenced to safeguard design quality and protect the integrity of the elevations. No details of the future housing development, already the subject of a live planning application, were presented, but the links between the sites and with the wider community should be addressed in both planning applications.

The Design Commission for Wales Design Review Panel and staff welcome further consultation and will be happy to provide further feedback on this report and/or where appropriate, to receive further presentations. Thank you for consulting the Commission and please keep in touch with us about the progress of your project.

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

Appendix 1: Attendees

Asiant/Client/Datblygwr
Agent/Client/Developer

Gwent NHS Trust [Alex Howells, Glenn Evans]
Laing O’Rourke [John O’Toole]

Pensaer/Architect:

BDP [Martin Jones, Nick Fairham]

Consultants:

Gleeds [Mark Rudman]

Awdurdod Cynllunio/Planning Authority:

Torfaen CBC [Norman Jones]

Y panel adlygu Dylunio:
Design review panel:
Alan Francis [Chair]
Cindy Harris [Officer]

Phil Roberts,
Michael Griffiths
Ed Colgan
Martin Knight

Sylwedyddion/Observers:

Nigel Davies, Welsh Health Estates