

**Statws/Status:**  
**Cyfrinachol / Confidential**



**Adroddiad Adolygu Dylunio:** 22 October 2007  
**Design Review Report:**

**Dyddiad Cyfarfod / Cyflwyno'r Deunydd:** 3 October 2007  
**Meeting Date / Material Submitted:**

**Lleoliad/Location:** Whitchurch Hospital Cardiff

**Disgrifiad o'r Cynllun** Mental Health unit  
**Scheme Description:**

**Cleient/Asiant:** Cardiff and Vale HS Trust  
**Client/Agent:** [David McGee, Ian Walker]

**Developer/Datblygwr:** Laing Oroure [Derek Hatherell]

**Pensaer/Architect:** Powell Dobson [Ian Norman]

**Cynllunio:** Soltys Brewster [Simon Brewster]  
**Consultants:** WSP Buildings [Brett Seeney]  
DPDS [Mike Craggs]

**Awdurdod Cynllunio:** Cardiff CC [Sandy Williams,  
**Planning Authority:** Martin Morris]

**Statws Cynllunio:** Pre-application  
**Planning Status:**

**Y Panel Adolygu Dylunio/**  
**Design Review Panel:**

John Punter (cadeirydd/chair)	Douglas Hogg
Cindy Harris (swyddog/officer)	Michael Griffiths
Charlie Deng (swyddog/officer)	Ed Colgan
Ashley Bateson	Lyn Owen

**Lead Panellist:**

**Douglas Hogg**

### **Cyflwyniad/Presentation**

The site for this proposal lies in the south west corner of the grounds of the grade 2 listed Whitchurch Hospital. It is a roughly triangular area surrounded by mature trees, a line of which demarcate the eastern boundary of the main hospital. The main access is from Park Road to the north and past the hospital, and a secondary service access from Velindre Road is under negotiation with the Highways Authority. Existing buildings on the site will be demolished. The main views out from the site are to the north east and the hospital, although these are filtered by the line of trees. The site is effectively invisible from the south and west.

The project team wished to ensure equality of access to the outdoor environment from all component parts of the scheme and this led to the compact radial plan with short circulation routes, striking a balance between enclosure and separate identities and functions. The buildings are of a domestic scale and respect the landscape setting. The layout shows a public reception hub to the north with more semi-private and private spaces leading off it. The car parking layout has been revised to a less formal arrangement and all spaces are located to the west of the access road and fringed by the bank of trees to the west.

The sustainability strategy has been kept as simple as possible and is driven by optimising the building's performance rather than bolt-on technologies. It is estimated that the building will save an extra 200 tons of carbon per annum over and above a similar conventional building. Solar water heating is included, along with rainwater recovery and attenuation. The building will be primarily naturally ventilated and the results of thermal modelling are awaited. The use of phase change materials is under consideration.

The landscape strategy seeks to enhance the mature parkland setting. An Environmental Impact Assessment and an arboricultural evaluation have been carried out and there are no significant constraints. A mitigation strategy for the tree cover has been agreed with the Local Authority and the majority of existing mature trees will be retained. A plan for re-planting was presented. The arrival garden outside reception is the main public space, and more private therapeutic gardens with varying levels of security lie to the rear, some within courtyards formed by the buildings. The aim is to create serene reflective spaces which stimulate the senses.

There has been a significant amount of pre-application discussion with the Local Authority, especially concerning the trees and landscape setting. Their key criteria in evaluating this scheme are the context of the historic park and garden and the proximity to a listed building. Legibility, accessibility, methods of enclosure and boundary treatment are all important, along with a landscape strategy which addresses the limited life of mature trees. The design has to be informed by clinical demands and to meet sustainability requirements.

### **Ymateb y Panel/Panel's Response**

The Panel welcomed this proposal and considered the function and scale appropriate for the setting. We questioned the design decision to adopt a palette of materials distinct from the main hospital. This was justified by the design team as a wish to achieve a lightness and delicacy to the built form, and to provide a welcoming aspect. The Panel thought that this could be achieved with red brick but was prepared to accept the team's rationale if the architectural treatment was carried out with more conviction.

The Panel considered the basic design approach to be clear, strong and well considered and we appreciated the sensitive landscape treatment. While we supported the general form and massing, we thought that the clarity of the radial form had been allowed to slip, particularly at the north east corner where the blocks become orthogonal and protuberances creep in which compromise the elevations and the roofline. The team acknowledged that it was difficult to accommodate the required schedule of accommodation in the original pure plan. The Panel had no objection to the infilling of the radial wards to meet the accommodation requirement and thought the enclosed gardens thus created would be an asset, and would give additional flexibility for internal planning.

Although it was acknowledged that the long access route through the site was not ideal, it was also recognised that Velindre Road was not suitable for a main access point. Pedestrian and cycle access could be from either entrance. It is intended to create a bus terminus at the northern entrance to the site and the Panel welcomed this. The project team stated that parking numbers were based on published guidance and equated to two spaces per bed, although this was still under discussion. The Panel thought this was excessive, especially given that the new bed spaces were replacing existing ones. We expressed concern that the overflow parking area was eating into green space unnecessarily. The team pointed out that two existing car parks elsewhere on site were being removed or downgraded, and they agreed to consider porous green surfacing for the new parking areas.

We were informed that cycle storage would be included, along with changing facilities and showers, but we were disappointed that this was not shown on the drawings.

The M&E consultant stated that they have concentrated on reducing present energy demand. Fossil fuel would be the heating source initially, delivered via underfloor heating, with the aim to retrofit lower carbon technologies in the future. The Panel thought that this was a missed opportunity to invest in the appropriate infrastructure now, and this scheme was an ideal candidate for a single community heating system. We pointed out that low carbon fuels such as biomass were being used in other healthcare schemes in Wales and were considered to be increasingly economically viable. The Panel recommended that the solar water heating panels be located together, in an optimum position for solar access, rather than spread across the various roofs. If a single hot water system is not used, we thought that the scheme would not benefit from economies of scale. We would like to see a means of introducing daylight into the central corridors of the deep plan blocks.

The Panel stated that the heavily treed edge of the site bordering the canal and Velindre Road would need active management, rather than just protection, and the runoff from the car park down this steep slope would need some form of sustainable drainage system. Along with permeable surfaces and rainwater harvesting, the Panel suggested that further on-site attenuation such as swales should be considered. The team agreed to look at this with the proviso that areas of open water could not be directly accessible by patients. We suggested that the Glamorgan Canal Trust could advise on biodiversity along the canal, and the team stated that CCW had been consulted and the ecological branch within Soltys Brewster were part of the team. The Panel thought that new elements of the landscape should avoid ornamentality and the overall aim should be for an extension of the existing parkland with replacement provision for older trees. Treatment of the main forecourt area should be kept simple and unfussy.

It was confirmed that this is not a phased development and that the 110 new / replacement beds match the requirement for the present and the foreseeable future. The functions include facilities for day patients and in-patients with specialist addiction units, therapy units and emergency assessment. The pharmacy will be for in-patient use only.

### **Crynodeb/Summary**

The Panel welcomed this clear presentation and admired its complex and appropriate response to the site, as well as the attention paid to creating

therapeutic environments. While strongly supporting the proposed use, form and scale, we would recommend the following minor revisions:

- While we welcome the informal parking arrangement, we think that the car parking provision should be reduced, the overflow parking area removed, and permeable surfaces use for parking areas.
- We are concerned about the loss of clarity in the design development and would like to see a reinforcement of the original radial layout. The roof form and elevations should be kept simple and free from intrusions. Solar water heating panels should be located together in an unshaded position.
- We are not convinced by the arguments for a decentralised energy system within the site and think there is a far stronger case for the carbon benefits of a single community heating system. If this is not installed now, it is unlikely that it will be ever be retrofitted.
- We have some concern about the access routes and we strongly support the intention to create a bus stop at the main entrance to the site.
- The landscape strategy needs to be carefully monitored to respect, reinforce and restore the original parkland setting. We think the sustainable drainage strategy should be further developed.
- The architectural treatment and roof plans need to display more conviction and would benefit from reconsidering the palette of materials in the context of the listed hospital.
- We would like to be kept informed of plans for the future development of the whole hospital site, including those elements made redundant by this development.

**Diwedd/End**

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