

**Statws/Status:**

**Cyfrinachol / Confidential**



**Adroddiad Adolygu Dylunio;  
Design Review Report:**

**18 December 2007**

**Dyddiad Cyfarfod / Meeting Date:**

**5 December 2007**

**Lleoliad/Location:**

**Ystrad Mynach, Caerphilly**

**Disgrifiad o'r Cynllun  
Scheme Description:**

**Hospital**

**Cleient/Asiant:  
Client/Agent:**

**Gwent NHS Trust [Peter Sampson,  
Helen Richardson, Glenn Evans]**

**Developer/Datblygwr:**

**HBG [Stuart Clack]**

**Pensaer/Architect:**

**Nightingale Associates  
[Kieren Morgan]**

**Cynllunio/Consultants:**

**Arup [David Pitman]**

**Awdurdod Cynllunio:  
Planning Authority:**

**Caerphilly CBC [John Forrester]**

**Statws Cynllunio:  
Planning Status:**

**Outline consent granted. Detailed  
application imminent.**

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

**Richard Parnaby (cadeirydd/chair)  
Cindy Harris (swyddog/officer)  
Charlie Deng (swyddog/officer)**

**Ann-Marie Smale  
Michael Griffiths  
Lyn Owen**

**Phil Roberts**

**Lead Panellist:**

**Michael Griffiths**

**Sylwedyddion/Observers:**

**Alison Smith [WAG]**

### **Cyflwyniad/Presentation**

The proposal is for a 268 bed local general hospital covering 29,500 square metres. The need for a new hospital in this location was established by the Wanless review and identified as a priority by the minister. Together with the one at Ebbw Vale, this will be the first to be delivered under the new procurement framework. The site is on a flood plain and is currently occupied by a Local Authority office building, which is relocating elsewhere, and a cenotaph and Victorian fire station, which will be protected for relocation on the site.

Since the time of the last review in April 2007, a value engineering exercise has taken place, leading to a re-design process from July. Outline planning consent has been obtained and enabling works have begun. A planning application has been submitted for the memorial garden including the relocation of the cenotaph and fire station, as well as a site wide landscape strategy. The team hope to start on site in July 2008, with completion three years later.

The key to the design development and the internal layout has been the decision to provide 100% of the accommodation in single bed rooms. The other main driver has been the need to mitigate the risk of flooding as far as possible. For this reason all hospital accommodation is located from first floor level upwards, so that the building appears to hover above the landscape. Parking is at grade, interspersed with triangular green courtyards and zoned to relate to different hospital departments. Other triangular courtyards are located at level 1 to provide an amenity space for patients and visitors. The Environment Agency have decided details for the realignment of the flood defences and a new swale to the north of the site

The structure is a concrete frame with rainscreen cladding consisting of Eternit panels. Vertical timber fins will line the glazed street. The roof finish will be standing seam metal sheet and there will be no roof top plant.

The Local Planning Authority confirmed that outline consent was granted in August 2007 and that they are discharging some conditions to allow enabling works to proceed. They have accepted with regret the removal of some major trees, in return for a strong landscape strategy. The old hospital site will house the relocated playing fields.

The authority is content with recent design development which is consistent with the original concept. A reserved matters application is expected in January which should be accompanied by a full landscape strategy.

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

The Panel observed that the design does not appear to have moved forward substantially since last April, and yet now the team are working towards an even tighter timescale for submission of a planning application. The architect agreed and emphasised the importance of the interior planning of the hospital which, in an iterative process, influences all other aspects including the exterior architecture. The whole internal planning was revised as part of the value engineering exercise. We understood but expressed concern that the current deadline was unrealistic.

We noted that some of the concerns we raised at the last review have been addressed – for example the access and relationship to Caerphilly Road. We supported the creation of the memorial garden, the relocation of the cenotaph and fire station, and the swale, all of which would be useful in establishing a better relationship with Caerphilly Road. However, our recommendation to consider the wider setting of the hospital and to carry out a landscape and visual impact assessment, with key views onto the site from surrounding viewpoints, does not appear to have been carried out. We still thought this was an important consideration, particularly given the 3D roofscape sketch, in which the roof forms at the southern end descend into a rather chaotic jumble. The architect agreed with this observation and promised that the roofscape would be resolved.

We still have major concerns about the whole entrance experience, especially from the point of view of a pedestrian arriving underneath a flyover, and we would like to see a detailed model produced of this multiple-level area. We understood the reasons for an elevated access, because of flooding risk, and we accepted that a staffed reception point and cafe at the ground floor level entrance was intended to provide a welcoming arrival point. However, we thought that the lower reception area appeared very cramped and ill-resolved for a building of this scale.

Obviously much depends on the wayfinding strategy, to make the environment more legible, and this was used to justify the location of the main entrance at one end of a long block. It was explained that repeat visitors arriving by car will be directed to the relevant sub-entrance and parking area.

However, we thought that, for people arriving by car, the journey from car park zone to the internal destination was likely to feel exposed and hostile, and the distance to the various entry points will be perceived as a security issue by many users. Safe, dedicated footpaths should be provided, separating pedestrians, cyclists and car traffic,

with clear route marking and security lighting. We urged the team to reconsider the lightwells from the courtyard areas to maximise daylight into all areas of the car park and to facilitate management and control of the area.

Out of hours access will be through the single main entrance and the level 0 street will be open at all times. The emergency entrance off Caerphilly Road will be bollarded but there will be 24 hour access to A&E and to the mental health unit. We were told that the car park-to-bed ratio is far below what the Trust originally wanted. It is intended to enhance the pedestrian link to the railway station and adequate cycle parking is provided. The Panel enquired whether an extract system would be necessary to vent exhaust fumes from the car park, but we were informed that, in view of the open perimeter, the engineers had advised that this was not necessary.

In terms of future flexibility, the Panel was informed that this was built into the engineering systems. The structural systems were dry systems, so could be dismantled, and were unitised. Opportunities for expansion could be created if certain courtyards were closed. The team is currently discussing the need to provide for future vertical expansion and we were concerned that any such provision should not compromise the current design. We were informed that the single bed concept provides a great deal of flexibility in use, compared with long wards. The design team have resisted the use of underfloor heating for reasons of flexibility. The Trust noted that some services currently provided by hospitals were in fact contracting.

The Panel was pleased to note that the biomass heating system had been protected through the design development and urged that this should continue to be so.

## **Crynodeb/Summary**

The Panel supports the general approach that is being developed and appreciates the positive response to many of our earlier comments. We recognise that the relatively minor issues that remain to be resolved arise largely from site constraints, such as the risk of flooding. Our main concerns can be summarised thus:

- We have real worries about the quality of space and the arrival experience at and around the main entrances. We would like the design team to consider further ways of ameliorating this.
- We have grave concerns that the design team is operating to an unrealistic schedule and we would not want to see the promised quality eroded in this process
- We would wish to see some protection for the detail and quality promised in the drawings, built into the procurement method.
- In the ground floor parking area, pedestrian movement should be separated from cyclists and cars, with well marked and well lit dedicated footpaths.

- We think that general pedestrian access across the site east to west should either be restricted or accommodated.
- We would like to see this proposal again, following submission of a planning application but pre-determination.

**Diwedd/End**

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