

Design Review Report

North Denbighshire Community
Hospital, Rhyl

DCFW Ref: N226

Meeting of 23rd April 2020



Review Status

Meeting date
Issue date
Scheme location
Scheme description
Scheme reference number
Planning status

Public

23rd April 2020
1st May 2020
Rhyl
Health
N226
Pre-application

Declarations of Interest

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.

None.

Consultations to Date

No previous reviews of proposals for this site by DCFW.

Note on current operational context:

The Design Commission for Wales is operating during necessary public health measures due to the impact of the Coronavirus Covid 19 pandemic and this report follows the recent online review meeting.

The Proposals

The proposal is for a four-storey community hospital sited to the rear of the current Royal Alexandra hospital to re-house current hospital departments to contemporary health care standards. The current listed hospital will form a supportive role to the new development.

The proposed development comprises two wings with central access atrium. The new build will host current outpatient departments and an inpatient ward.

Smaller ancillary buildings are to be demolished to site the new facility, car park and landscaped spaces. The renovated listed building will house administrative services to the new hospital and will also include the paediatric occupational therapy department.

Main Points

DCFW welcomes the proposal to develop new healthcare facilities on this site which will facilitate the retention and refurbishment of the existing listed hospital building. The wider potential contribution to the regeneration of the town is also positive with the facility supporting more jobs in the town and the possibility of community uses being incorporated into the new building.

However, the proposals as they currently stand do not fully or adequately realise this potential or provide an appropriate setting for the listed building. The plan form of the new building, its relationship to the listed hospital building and the types of external spaces created - basic elements of design strategy for the site - are areas of significant concern that should be reconsidered.

It is disappointing that the proposals were not reviewed at an earlier date, when the concept and site strategy were being established, as there would have been greater potential to add value to the process at that stage. Given the stage of consultation with the Design Commission and the context of the business case, we are surprised to have found key elements of the design process to be missing or incomplete.

The following key points express some of our concerns in more detail.

Site Layout

Clinical considerations have been a key driver in the development of the design. Whilst crucial, they are not the only important consideration and other aspects must be given full and appropriate consideration, including:

- Clarity of public, private (patients and staff) and support spaces
- Existing trees and boundary walls
- Quality of external spaces created and their intended use
- Location and provision for community uses
- Proximity and arrangement of the new building in relation to the existing

It is understood that the design has been through a number of iterations over the course of the development of the scheme. This is a critical point at which to review the culmination of this process and determine whether it is achieving the desired outcomes for the site.

There is no convincing explanation of the dog-leg plan of the new building and the rationale for a strong diagonal line to be established within the site. Relationships between public, private and service/operational spaces have not been adequately considered and consequently there is not an appropriate distinction and separation between them. For example, the main route and space between the existing and proposed buildings runs alongside a generator and fuel tanks and the space is dominated by cycle storage.

The building location and plan should be the primary way to define different types of spaces, followed by landscape design, with walls or fences the last way to provide separation not the primary one. Currently the site planning and landscape design do nothing to assist with privacy of clinical rooms on the ground floor and there is no external space for patients or staff that is not public.

The quality of the pedestrian experience has not been sufficiently addressed. Key pedestrian movement routes have been identified but, for example, the route between the existing and new hospital entrances and the through-route across the site from Grosvenor Road to Alexandra Road both appear unnecessarily constricted. The key routes across Alexandra Road from the proposed car park to the new hospital entrance also require further consideration to ensure that the layout provides maximum efficiency and

convenience for people on foot. The position of the proposed main pedestrian crossing point on Alexandra Road shown on the layout plans is not in the same position as the identified key route shown on the concept diagram.

There are also concerns with the space to the south of the proposed building which is adjacent to the service area. It is not clear whether this will be accessed only through the building or from the southern boundary resulting in ambiguity about whether it is public or private, and the degree of security and design of the site boundaries in this area.

The café, potentially run by a local social enterprise, is an idea with potential but does not seem to be well integrated into the layout. If it is for public use, a more visible location that relates well to an external space would provide the most likely conditions for success.

It is concerning that an arboricultural survey has still not been completed even at this advanced stage and that a significant area occupied by existing trees is proposed for sprinkler tanks when there are so few trees in the area. Alternatives should be considered.

Many of these issues could be designed out but will require changes to the proposed site plan.

Relationship with Existing Listed Building

A thorough heritage assessment of the listed building and integration of the findings of this assessment are lacking. A contemporary approach to the new building is supported in principle, but it must relate to and complement the listed building. Currently this is not evident within the design with the proposed new building interacting awkwardly with the existing building in terms of proximity, scale and massing, roofscape, spaces created between the buildings, proportions, fenestration and materials.

Much more consideration needs to be given to how to interpret and respond to the qualities of the listed building in a contemporary but sensitive way. The contemporary approach could be bolder but there must be a clear vision and design strategy/philosophy.

It is important to have ground-level views of the proposals in the context of the existing hospital building and the wider context to understand these relationships. These street level views should be systematically analysed, and the most important ones should be reviewed in detail and presented so that the relationship between existing and new build is clearly seen and understood.

Boundaries

The existing site boundaries provide a distinct character to the site and care is needed in the approach to integrating new and old boundaries as well as meeting the security requirements for the site. It would be extremely disappointing to have additional security measures bolted on at a later date. The design of the boundaries, including entrances and exits, needs to be seamlessly co-ordinated with the design of the external spaces as well as the architecture. It will be a highly significant factor contributing to the 'arrival experience' and in determining whether or not the objective of achieving a harmonious and integrated development for the site as a whole is met.

Landscape Design

The spaces around the buildings are rightly identified as a critical part of the proposals, which will play a major role in the success of the integration of new build with the existing hospital, but a landscape architect has not been involved to date. Early involvement of a landscape architect should inform the site layout, the development of the relationship between internal and external spaces and the quality of these spaces.

Environmental Strategy

It is positive that BREEAM Excellent is being targeted but it is not clear how the environmental strategy is informing the design at this stage. Renewable energy and other sustainability features must be integrated from an early stage and all options must be explored. This could include integral PV panels on the south facing elevation or integrated solar thermal to support the hot water requirements of the hospital which may be more appropriate than the wind turbines indicated.

Wider Strategy and Policy Considerations

It is difficult to identify how the current proposals demonstrate a full response to the duty placed on the Welsh Government, the local authority and health trust under the Well-being of Future Generations Act Wales (contributing to the seven goals and the five ways of working); the Active Travel Act and the placemaking objectives of Planning Policy Wales 10. This is unacceptable. Public investment in projects of this nature should clearly demonstrate how they address this legislative and policy context and ensure long term public value.

Next Steps

If there is an opportunity to use any delay to the project, resulting from the impact of measures related to the Coronavirus Covid-19 pandemic, to reconsider the site layout and architectural response it should be taken. Long term, public value must be delivered with the investment in this project and the design must deliver the best possible solution. The design work still needed to fully inform the business case is significant. There will be uncertainty regarding costing the current scheme accurately within the budget based on the current proposals. The proposal does not maximise the opportunities to create an uplifting experience for patients, staff and visitors, and to achieve wider community benefits beyond meeting clinical need. Compromises have resulted from the process which are capable of being designed out at this stage and it is strongly recommended that time is taken to do so.

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

Attendees

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