



DESIGN
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Design Review Report

Velindre Cancer Centre, Cardiff

DCFW Ref: N91

Meeting of 17th March 2016



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.

Review Status

CONFIDENTIAL

Meeting date	17 th March 2016
Issue date	24 th March 2016
Scheme location	Whitchurch Cardiff
Scheme description	New hospital facility and mixed use masterplan
Scheme reference number	N91
Planning status	Pre-application

Declarations of Interest

DCFW's Design Review co-chair and panel member Jamie Brewster is employed by Hassell who are part of the consultant team. Jamie did not on this occasion and will not in future, sit on the DCFW panel for any reviews of this project.

Any DCFW panel member who may have an interest in bidding for is project (either personally or the company for which they work) has been excluded from the review process and their declarations recorded.

Philip Roberts is a Board member of the Velindre Health Trust and is also a serving panellist for DCFW's panel. He is not and will not be involved on DCFW's behalf for any reviews and workshops for this project.

Panellist Michael Griffiths is good friends with the Clinical Director at Velindre who was not present at the review.

All present were content to proceed in light of these declarations.

Consultations to Date

This was the second opportunity that DCFW had to review this scheme; an initial introductory review was held in November 2015.

The Proposals

Proposals are being developed for a new Velindre Cancer Centre within the wider Whitchurch Hospital campus, Cardiff. This would replace the existing Velindre Cancer Hospital. An earlier mixed use masterplan forms the basis of an extant outline planning consent which was granted in 2001 and extended, and which is now the subject of

review through this study. The proposed development will consist of a main 'hub' with satellite functions including provision for radiotherapy, chemotherapy and inpatients.

An outline planning application will be submitted for the whole site accompanied by a masterplan and design code.

Consideration is also being given to an existing consent for part of the site, relating to proposals for the Maggie's Centre, Cardiff.

Main Points

The design team provided an update on the progress of the masterplan for the site and proposals for the Cancer Centre. Further work is being undertaken on workforce planning and the impact that this is likely to have on the brief for the Centre. This is expected to be concluded in early June 2016. As a consequence of this further work the design for the building has not progressed as far as expected from the previous review. This review therefore focused on the masterplan for the site and the emerging general approach to the design of the Centre.

Masterplan

It is positive that discussions have been held with the Maggie's Centre team regarding the relocation of the building to a more appropriate site in the context of the proposed Cancer Centre location. This will ensure that the landscape setting can remain an important aspect of the design and is not crowded by other buildings.

Site 4 remains the preferred location for the Centre and this view was reinforced by the work that had been undertaken on the capacity of Site 2. This has demonstrated that the potential to create a centre of exceptional quality that takes advantage of the setting of the site and allows for future expansion simply cannot be accommodated on Site 2. The issue of access to the site which would be convoluted and lack prominence remains a concern.

The presence of staff, patients and visitors at the Cancer Centre creates the potential to support a range of uses within the overall site and this should be considered in the masterplan in relation to the type of place that this will become and the language that will be used to describe it. For example, the idea that it might be a village or community in its own right, albeit connected to the existing facilities on Whitchurch, could be an idea that is developed further. A range of uses will help to support a sense of place and establish activity through the day. The interaction of uses across the site could be given further consideration in the masterplan to ensure that this is supported through pedestrian connections and that the capacity for other uses is understood.

Taking the philosophy of a healing or healthy environment across the whole site is positive and could be developed further to ensure that the principles are fully integrated into development proposals for the residential sites and mixed use core. This should include measures to ensure that the site facilitates active and healthy lifestyles including walking and cycling, outdoor play, a connection to nature, social interaction and sense of community and belonging.

The masterplan provides a lot of useful information and direction for the development of the site but there is a risk that the key points could be lost in the length of the document. For example the important visual connection between the Hospital Chapel and the main hospital entrance building was explained in the review but is not clear in the document. Where possible the analysis and design principles should be explained through plans, images, diagrams and text kept to a minimum with the potential for some of it to be relocated to an appendix. There should be a clear distinction between the description, principles and requirements.

Design Philosophy

The Design Commission supports the philosophy of a building(s) that makes a strong connection to the landscape to capture the benefits of nature and enhance the character and identity of the development.

The reference design must establish the characteristics of different spaces within the Centre that support the philosophy such as the windows and doors onto the 'landscape room' that represent the range of physical and visual connections possible with the site and how that is to be realised in the architecture. This requires further three dimensional analysis of the surrounding landscape to identify the specific views that should be captured such as specific trees, the tree canopy or plants and features at a lower level. It is positive to see that the landscape is being considered in the adjacent diagrams and this needs to be carried through to the next stages of the design process.

The idea of a disaggregated form is supported and is important if the desired connections to the landscape are to be achieved. This design concept must be maintained through the modelling process to test the options that are currently being explored.

Access to natural light and fresh air is also an important aspect of concept and will influence how spaces are integrated into the arrangement of the site, permeability and the relationship with windows and doors as highlighted above.

Patients, visitors and staff

The needs of each of these users must be considered in the development of the design. Waiting is likely to be a particular feature of the use of the facility for both patients and visitors and this experience must be considered and developed in the design including the range of facilities available on the site and the quality of the spaces created.

On-site facilities such as a cafe and shops can help to create a heart and focus to the centre but should echo the quality of the core and be balanced in relation to the potential uses to be developed across the whole site.

Approach and access to the site

The meandering approach into the site indicated on the masterplan helps to take in the benefits of the setting and slow traffic down. This must be supported by a more direct pedestrian link into the site including a link from Coryton train station. Pedestrian and cycle access should be afforded as much consideration as vehicular requirements including provision of direct and attractive routes as well as sufficient cycle parking. The

client and team should be responsive to the opportunities provided in legislation via the Active Travel Act (Wales) 2013.

Public transport connections are critical and a bus connection with a comfortable and conveniently located bus stop(s) with sufficient capacity should be provided.

The vehicular entrance to the Cancer Centre site is under consideration and account is being taken of the potential for future expansion of the site and the need to accommodate site traffic at a later date.

Parking

Ease of parking must be taken into account to reduce potential stress of visiting the centre, however the amount of parking required (400-500 spaces) has the potential to dominate the site and undermine the desired nature, character and quality of the space around the buildings. The opportunity to locate some of the parking, such as the staff parking, in an underground or undercroft car park could help to overcome some of these issues. If this approach is used there must be a legible and pleasant pedestrian link from the car park to the entrance.

Benchmarking

The Design Commission supports the aspiration for this to be a centre of international status and quality. Drawing on examples from around the world in relation to best clinical practice in this field, supported by design excellence, will help to support this and explain the approach being taken. However, we recognise that technology and methods are constantly changing and this must be taken into consideration. The centre should be conceived in a manner that avoids the risk of it being outdated by the time it is built. Design excellence alongside clinical excellence will need to be fully integrated and protected throughout the project.

Next Steps

The proposed development has the potential for excellence and is heading in a positive direction. We strongly support the use of Site 4 and the relocation of the Maggie's Centre to support this location. When the workforce planning has been undertaken and integrated onto the emerging proposals for the Centre the Commission recommends that the team take full advantage of a further design review meeting. The next review should cover how the design philosophy and detailed site analysis have been integrated into the design as well as considerations of materiality.

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

Attendees

Client: Denis O'Keeffe, Velindre NHS Trust
Designers: Mark Lawton, Landscape Architect, HLM
Neil Orpwood, Landscape Architect, HLM
Kieren Morgan, Architect, HASSELL
Jamie Brewster, Architect, HASSELL

Design Review Panel:
Chair Jen Heal, Design Advisor, DCFW
Lead Panellist Chris Jones
Panel Mike Gwyther-Jones
Michael Griffiths
Angela Williams