



Design Review Report

Velindre Cancer Centre, Cardiff

DCFW Ref: N91

Meeting of 24th November 2017

Review Status

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Outline Application Submitted

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.

Philip Roberts is a Board member of the Velindre Health Trust and attended in this capacity. He is also a serving panelist for DCFW's design review panel. He is not and will not be involved on DCFW's behalf for this or any subsequent reviews and workshops for this project. All present were content to proceed following this declaration.

Consultations to Date

The masterplan for the Whitchurch hospital site and proposals for the cancer centre have been reviewed previously. This was the first review of the cancer centre with the current proposed access point from the north.

The Proposals

The proposal is for a new cancer centre for non-surgical specialist cancer treatment. The centre will include facilities for radiotherapy, systemic anti-cancer therapy, diagnostic imaging, outpatients, pharmacy services and inpatient beds. Also included in the application is a deck car park, energy centre and the proposed location of a Maggie's Centre.

An outline planning application has been submitted with all matters reserved except access. The application will establish the parameters for the location, height and massing of the development. Access is proposed from the Coryton roundabout, past the existing McDonald's and Asda store. Other reserved matters applications will follow the competitive Mutual Investment Model (MIM) tender process.

Main Points

The Design Commission for Wales welcomed the opportunity to review this important development again however were disappointed that a period of 18 months had elapsed since previously being consulted. DCFW invited regular strategic engagement as it does with many other significant developments; however this opportunity had not been pursued. It is disappointing that the Commission is being approached at such a late stage and when an outline planning application has been submitted. Opportunities have been lost for constructive discussion during the design development for the outline application and in relation to site wide constraints and opportunities, access and connectivity. However, we were assured during the meeting that there remains both scope and

commitment to inform the reference design process. This project is being procured via the mutual Investment Model (MIM) and will return in the long term to the public estate. Ensuring its high quality, utility, and longevity is therefore imperative. The following key points are highlighted from this review.

Building form, massing and elevations

The proposed disaggregated form works well with the concept of the building having a strong relationship with the landscape beyond. The form still needs to be tested against healthcare planning requirements to ensure it is efficient. One example would be ensuring that the three 'fingers' containing the out-patients ward can be adequately staffed and that walking distances are acceptable. This may inform the length of the blocks and the relationship to the "cloister" circulation space. Patient journeys from the bunkers to the ward need to be assessed.

The integration of the landscape in between the different parts of the building is very evident on plan and will be perceived when inside the building looking out, but is less evident in the images that show the building from a distance. From this view, the overall mass of the building is significant and greater consideration should be given to how the different forms are read and how the landscape permeates the buildings from a range of views. This is most important in the view from the approach road as there are few other locations from which the building can be seen as a whole. The relationship between the building and the external areas in terms of views in and out as well as the potential for access in some locations would support the concept. Currently the building appears to be inward looking and could have a more open relationship to the surrounding landscape. Evidence of the positive well-being and recovery impacts for service users/patients where landscape is well integrated in health care settings should be drawn upon.

The form of the building results in a high floorspace to elevation ratio and the cost implication of this, along with the need for quality, needs to be very well considered with realistic expectations of what can be achieved. Details of the materiality were not available at this stage but, if the aspiration is to achieve a similar quality to those shown in the precedents used, then the rationale of healthcare planning, cost and elevational treatment needs close integration and detailed assessment.

Whether each of the volumes of the building have the same external treatment or whether they differ in some way will have an impact on legibility and how the building reads as a whole as well as how it is experienced at human scale. Wayfinding is one of the biggest challenges in healthcare design from both the outside as well as the inside, and the materiality of the building may help with this and help support a good end user experience.

Whilst views of the building from the surrounding settlement are limited, it should be a development that is celebrated and consideration should be given to how to best link the building to the local community to give it a presence both physically but also at a community level.

Ensuring design quality

The proposed design concept that has been developed has several aspects that are critical for design quality and these aspects need to be ensured and protected through

'mandating' at every stage of the competitive procurement process. This includes, but is not limited to: the quality of the landscape, environmental performance, elevation treatment and detailing, and the spatial relationships of the cloister. It was suggested that the weighting of the tender process be reviewed in view of the sensitivity of quality in healthcare environments in a competitive setting. Careful thought should be given to ensuring requirements are sufficiently well articulated so as to drive quality.

Access and movement

The considerations that have informed the selection of access point were explained in the review. It is unfortunate that the vehicle route cuts through the landscape setting which is such an important aspect of the design concept. The vehicle route needs to be designed sympathetically to the landscape setting and the arrival sequence needs to be considered to minimise the potential negative impact of the energy centre and other utilitarian elements on the end user.

The location of the Maggie's Centre appears to place it close to the access road which will have a significant amount of passing traffic including delivery vehicles. The Maggie's team should be confident that the desired qualities of the Centre can be achieved in this location and that measures to maintain landscape quality and reduce noise and disruption from the road have been minimised.

Pedestrian access to the site from Whitchurch currently brings people to the servicing and delivery area. This conflict needs to be better resolved to create a safe, positive, legible and convenient pedestrian route to the main entrance. The car park entrance and drop off area need to be well planned and legible to ensure that the main entrance does not become vehicle dominated.

Car parking

The car parking is currently split between two floors underneath the main building and a two storey deck car park set within the landscape. This arrangement will need careful management to ensure that patients, visitors and staff are directed to the right locations and circulation of vehicles is minimised. Ideally all parking would be located underground to take the deck car park out of the landscaped grounds. However, given that cost implications are unlikely to allow this, consideration should be given to how to make the deck car park as integrated into the landscape as possible. It will be useful to consider where long term value is best achieved in parking solutions and learn from consideration of recent projects elsewhere in Wales.

Staff parking in healthcare settings should be clearly identified and it was mentioned that this is to be managed via electronic means. Careful consideration of control and capacity of carparking facility is needed in the next stages.

The car park below the cloister courtyard will prevent any significant landscape interventions unless planters or an exemplary landscape design is pursued. The quality of this space could be undermined if a suitable approach is not identified. The potential of breaking through the deck in order to enhance the connectivity of the car park to the cloister at different points might help to integrate movement to and through the space and should be tested.

Landscape

The quality and delight of the natural landscape is expressed in many of the images that accompany the outline application but the illustrative landscape masterplan loses some of these qualities and presents a more formal arrangement. The landscape is critical to the concept for this development so principles for its design need to be clearly and consistently set out.

It was noted that the existing space and landscape is enjoyed by the community, and the manner in which they may continue to do so should be explored, albeit in a different and smaller landscape space.

The reality of the landscape abutting the building, as shown in some of the images in the Design and Access Statement, should be tested to ensure that maintenance and management requirements do not erode the concept.

The cloister environment has a different nature to the landscape on the outside of the building. The qualities of this space need to be further considered to check daylight penetration, usability of the space and planting potential given that it is above a car park. A wind tunnel analysis is to be considered in the next stages.

Next Steps

Clearly articulated objectives in line with the Well-being of Future Generations Act should be set out along with how they will be met. There was no evidence presented to the Design Commission as to how these have been considered, communicated or used to drive design strategy and quality. A wellbeing strategy for the development should be prepared to help to protect the ambition of the project as well as align with and address the Well-Being of Future Generations goals and ways of working. The goals and ways of working should be evident in the procurement process as well as the resulting proposals.

Further consultations with DCFW should be programmed to enable meaningful engagement throughout the process. The next session should take place by mid-February 2018 in order to be meaningful before the tender process begins. Suggested dates were provided at this meeting and the team will need to respond swiftly to take advantage of them early in the new year. A considerable risk exists where an insufficiently tested 'reference' design may be taken forward in to tender process and ultimately construction. There is still an opportunity to reduce this risk and provision can be made for DCFW sessions to support stages in the tender process with appropriate confidentiality arrangements and expertise in place.

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protocols, code of conduct and complaints procedure, which should be read and considered by users of the service.

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

Attendees

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