

**Appendix 2: Plans and Images**

Existing Site Location Plan



Proposed Block Plan



Approval Outline Location Plan for Medical Campus



Indicative Masterplan for Medical Campus



Proposed Entrance Location to New Building



Proposed Aerial View of New Building



# Proposed Entrances to North Wall



## **Appendix 3: Quality Review Panel Reports**

### **First Review – 28<sup>th</sup> November 2017**

#### *Summary*

The Quality Review Panel supports the move to create improved facilities for St Ann's Hospital through selective redevelopment of the existing site, but considers that some further thought is required to ensure that the overall masterplan will deliver a high quality, legible and accessible environment that will sufficiently accommodate the future needs of the hospital. The panel welcomes the level of thinking that underpins the detailed layout of accommodation for the new in-patient wing of St. Ann's Hospital, and recognises the aspirations for a high quality environment. The panel notes that the footprint of the proposals for the new in-patient building have increased since the previous outline approval in 2015. It feels that this evolving brief for the building has resulted in a building footprint that is now too large for the identified plot of land, and is causing problems with vehicular and pedestrian circulation, the public realm adjacent, relationships with other buildings, and the amenity and privacy of the proposed accommodation. Further details on the panel's views are provided below.

#### *Massing and development density*

- The panel considers that the current proposals represent a significant change from the scheme and masterplan that was approved in 2015, and it understands that a detailed planning application is to be submitted for the new hospital building.
- The panel understands that the brief for this new in-patient building has evolved in response to clinical considerations. This has resulted in a reduced number of storey heights, and a much larger building footprint.
- The proposed building is now too large in plan for the site, and has a negative impact on the configuration of circulation across the hospital site, the access route and entrances to the hospital and new building, and the amenity of the internal accommodation that is now located hard up against primary pedestrian routes, resulting in a lack in privacy for patients in some rooms.
- In light of this, and in order to adequately make allowance for changing needs in the future, the panel would encourage the applicant to re-consider the balance of land retained for hospital use compared to that released for redevelopment.
- It considers that the density of the proposed (and approved) residential development is relatively modest; increasing the residential density of parts of the site may enable retention of a greater portion of land for the hospital, through the resulting increase in land value enabled.
- One option to explore might be to re-align the site boundary to remove the dog-leg, retaining more of the central area of land within the hospital's ownership.

#### *Strategic masterplan*

- The panel would like to see a revised strategic masterplan for the whole site, that is flexible enough to accommodate future shifts in demand for – or provision of – hospital services. It should also clearly set the context for both sites, in order to avoid early residential redevelopment effectively constraining the future development options for the hospital land immediately adjacent.
- The masterplan should seek to establish where the primary pedestrian routes and desire lines are, and the locations that people are walking from and to. It should identify how these routes relate to – and are punctuated by – the different spaces within and beyond the hospital campus. The panel notes the intention to create a diagonal pedestrian route across the site; however, this is not clearly apparent within the proposals.
- The masterplan should also consider carefully the locations of the entrances to the campus and to the principal buildings, to provide a more legible campus environment for visitors.
- The panel would encourage a greater clarity and understanding of the places and spaces being created within the hospital site and their role. Early involvement of a landscape architect to help develop a coherent strategy for high quality routes and spaces would be welcomed.
- The masterplan should also underpin and support legibility and wayfinding within both the hospital campus and the new neighbourhood to be created adjacent. Consideration of views (locally and further afield) will help to understand and explore the visual impact of the hospital and the proposed residential development, both within and around the local area.
- The panel would also welcome further clarity on the proposed vehicular routes, configuration, location and accessibility of parking areas (staff and visitor), and the pedestrian links between the parking areas to the different buildings within the hospital campus.
- Within the approved 2015 scheme, the primary vehicular circulation on the retained hospital site seemed to work well configured as a loop; the current configuration is much less convincing as dead-ends with turning circles.
- The panel also considers that it is not ideal for the primary circulation to run along the rear of residential back gardens. It would encourage the design team to re-think this interface (between the hospital site and the land adjacent released for residential redevelopment) to mitigate nuisance and security issues for the residents whilst enhancing place-quality and surveillance of the circulation areas within the hospital campus.

### *Scheme layout*

- The panel recognises the level of thought that has gone into resolving the challenges presented by the complex brief for the new in-patient building.



- It welcomes the aspirations for a safe and calming environment; however, it feels that scope remains for improvement within the communal and more public areas of the building, for example the main entrance, family room, dining and activity areas and courtyards.
- There is also scope for improvement in the primary entrance area; currently the foyer comprises the access to the lifts and WCs, and would benefit from further thought. The panel would like to see more generosity in the design of the entrance, to create a welcoming arrival space for visitors.
- The aspiration to enjoy views of the courtyard from the entrance through the family visiting room may not be realised, as it is likely that the visiting room will be screened with blinds for privacy, effectively blocking any view through.
- The proposed dining and activity areas are currently configured as internal rooms looking onto a corridor adjacent to the courtyard. The panel would encourage the design team to locate these communal spaces immediately adjacent to the courtyard to maximise external views and levels of daylight for the occupants within. The potential to open up access to the courtyard from these spaces should also be considered.
- Clarity on the nature and anticipated use of the courtyard areas would also be welcomed. The location of a first-floor terrace over part of the courtyard area will result in significant overshadowing below, further reducing the access to light of the internal rooms adjacent.
- The majority of the bedroom windows are orientated towards the north; the panel questions whether the orientation and aspect of the accommodation and/or fenestration could be reconsidered to improve the outlook of the individual rooms.

#### *Architectural expression*

- The architectural expression and materiality of the proposals was not discussed in detail; the panel's comments were at a more strategic level.
- Further consideration of the design and configuration of window openings would be supported, especially in terms of overlooking and outlook.
- The panel would also like clarification of the proportions of the different windows proposed; it notes some inconsistencies in the visuals shown.
- The proposed plant area at roof level is very visually dominant, and appears to be more than a storey in height. The panel would like more information as to how the plant will be visually integrated to minimise the impact on the views of the building from around the site, and from St. Ann's Road.

#### *Inclusive and sustainable design*

- The panel would like to know more about the strategic approach to energy efficiency and environmental sustainability for the scheme as a whole.

- It notes that the accessible units are located at some distance from the primary entrance and staff areas, and would encourage further consideration of this aspect of the layout.

### *Next Steps*

- The Quality Review Panel would encourage a re-think of the overall masterplan to better support the future needs of the hospital, in addition to delivering high quality routes and places within both the retained hospital site and the land released for residential redevelopment.
- The emerging floor plan for the new in-patient wing appears too large for the plot of land identified, which is impinging upon the quality of the urban realm and hospital accommodation. It highlights a number of action points to be considered by the design team regarding the proposals for this new in-patient wing of the hospital, and it would welcome a further opportunity to review the scheme, in addition to the overall masterplan.

### Second Review – 14<sup>th</sup> February 2018

#### *Summary*

The Quality Review Panel remains concerned that the proposed mental health inpatient building has too large a footprint for its site. This creates awkward and cramped relationships around the building, particularly the eastern side where the proposed accommodation comes too close to the houses being constructed on the adjacent Police Station site, but also on the north and south frontages where footpaths come close to ground floor bedroom windows. The panel generally supports the simple architectural design for the building, although further thought perhaps needs to be given to the free-standing canopy on the pedestrian spine. Further details on the panel's views are provided below.

#### *Massing and development density*

- The panel notes that the current proposals form the basis of a full planning application which was submitted in January 2018. It considers that the proposed scheme represents a departure from the scheme and masterplan that was approved in 2015.
- The brief for this new in-patient building has evolved in response to clinical considerations, which has resulted in a reduced number of storey heights, and a much larger building footprint.
- As discussed at the previous review, the proposed building footprint is too large for the site, and creates some awkward and cramped relationships around its edges. The worst impact is to the east where it comes too close to the townhouses being constructed on the adjacent site, and where the angled windows are unlikely to be sufficient to protect privacy. Along the north and south sides footpaths come close to ground floor bedroom windows, although this can be mitigated to some extent by

deep planting beds. To the west, the pedestrian spine feels cramped, but at least the windows on this side of the building are offices not bedrooms.

- The panel feels that the only way of mitigating the worst aspects of this problem is to reduce the east/west width of the building, which would potentially reduce the number of bedrooms accommodated, unless the space can be made up on a new second floor.

### *Scheme layout*

- As at the previous review, the panel recognises the level of thought that has gone into resolving the challenges presented by the complex brief for the new in-patient building. It understands that the detail of the layout has been largely shaped by the clinical design guidelines for this type of facility.
- The panel welcomes the refinements to the plan that seek to improve the quality of the courtyard and the communal areas. The panel notes that the floor plan of the facility is very rigidly symmetrical; it questions whether it may be appropriate to relax the symmetry of the plan in order to respond more effectively to the challenging context immediately around the building through improving privacy and amenity, especially at the southern end of the building.
- As mentioned above, the panel note that potential exists for locating nonclinical uses above first floor level.
- The panel considers that the main entrance at the north of the site is the most appropriate location for a taxi / vehicle drop-off point for the in-patient building, rather than at the south where it is currently shown, although it is accepted that drop-off towards the south will be necessary for the Eye Clinic.
- The panel understands the reasons for locating parking areas along the boundary of the retained hospital site; however, this could result in noise and security issues for neighbouring residents to the west of the site. In this regard, the boundary should be designed to mitigate any nuisance, noise and security issues for the adjacent properties that abut the parking areas.

### *Architectural expression*

- The panel supports the architectural approach to the building; it reflects a simple and polite addition to the buildings on the hospital campus.
- It would encourage further consideration of the central canopy adjacent to the western edge of the building; a colonnade that is more integrated and visually coherent with the main body of the building may be more appropriate (and easier to maintain) than a free-standing glazed canopy. The colonnade could lead to a visual focal point set in the landscape beyond the building.
- The panel welcomes the approach to cloaking the plant at roof level with a metal screen.

### *Strategic masterplan*

- The strategic masterplan for the whole site will be a very important document, that can guide the development of both the hospital site, and the residential site on the western half of the hospital campus. It need not be an adopted document, but will carry weight even with an informal status.
- The panel would encourage further thought around the strategic layout of the hospital site in the long term. As the adjacent buildings on the retained hospital site are eventually redeveloped, this may allow for more generosity in the routes and spaces around the new hospital facilities, through locating future hospital buildings closer to (or adjacent to) the western boundary.
- The potential for this should be accommodated within the strategic masterplan at this stage, to ensure that future residential development on the western section of the campus does not preclude the future hospital development. The panel would encourage further exploration of how the two distinct entrances to the hospital site could work. It notes that if cars were confined to the back of the site then this would open up views down the proposed boulevard from the pedestrian entrance to the north, through the removal of traffic and parked cars.
- As mentioned at the previous review, the panel would encourage a greater clarity and understanding of the places and spaces being created within the hospital site and their role. Early involvement of a landscape architect to help develop a coherent strategy for high quality routes and spaces would be welcomed.
- In addition, the masterplan should also underpin and support legibility and wayfinding within both the hospital campus and the new neighbourhood to be created adjacent. Consideration of views (locally and further afield) will help to understand and explore the visual impact of the hospital and the proposed residential development, both within and around the local area.

### *Next Steps*

- The Quality Review Panel remains concerned about some aspects of this proposal, but are content to leave the final negotiation on outstanding matters to officers.