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FRAME PROJECTS

Camden Design Review Panel

Report of Formal Review Meeting: Great Ormond Street Hospital

Friday 19 November 2021
5 Pancras Square, London, N1C 4AC

Panel

Catherine Burd (chair)
Kiru Balson
Neil Davidson
Barbara Kaucky
Kaye Stout

Attendees

Ewan Campbell	London Borough of Camden
Alastair Crockett	London Borough of Camden
Amy Ly	London Borough of Camden
Patrick Marfleet	London Borough of Camden
Neil McDonald	London Borough of Camden
Elaine Quigley	London Borough of Camden
Tom Bolton	Frame Projects
Hanako Littlewood	Frame Projects

Apologies / report copied to

Nick Baxter	London Borough of Camden
Alex Bushell	London Borough of Camden
Bethany Cullen	London Borough of Camden
Kevin Fisher	London Borough of Camden
Richard Limbrick	London Borough of Camden
Edward Jarvis	London Borough of Camden
Jonathan McClue	London Borough of Camden
Daniel Pope	London Borough of Camden
Richard Wilson	London Borough of Camden

Confidentiality

This is a pre-application review, and therefore confidential. As a public organisation Camden Council is subject to the Freedom of Information Act (FOI), and in the case of an FOI request may be obliged to release project information submitted for review.

1. Project name and site address

Great Ormond Street Hospital Children's Cancer Centre (GOSH CCC), Great Ormond Street, London WC1N 3JH

2. Presenting team

Mark Brown	BDP
Benedict Zucchi	BDP
Crispin Walkling-Lea	GOSH
Gary Beacham	GOSH
Duncan Sissons	John Sisk and Son Ltd
Rory McManus	Turley

3. Planning authority's views

Great Ormond Street Hospital (GOSH) is a campus of buildings occupying most of a perimeter block bounded by Guilford Street, Lamb's Conduit Street, Great Ormond Street and Powis Place. The frontage elements of the hospital site fall within the Bloomsbury Conservation Area, and the Paul O'Gorman Building is considered to contribute positively to its character and appearance. As identified in the London View Management Framework, the hospital lies within the protected vista from Primrose Hill to St Paul's Cathedral.

GOSH is the UK's largest paediatric hospital and has been the subject of on-going phased development. The objectives of Phase 4 (the current scheme) are to replace the majority of the buildings along the Great Ormond Street frontage with new building to house the Children's Cancer Centre, which will be a national resource for children with rare and difficult-to-treat cancers. A single, nine-storey, purpose-built clinical building is proposed to create a welcoming main entrance and arrival experience; and to provide flexibly-designed accommodation, including outpatient consulting rooms, inpatient wards, and teaching and education space.

The developing designs for the Children's Cancer Centre build on the themes of 'House', 'Hospital' and 'Garden'. The 'House' is representative of a reassuring sense of home away from home. The 'Hospital' refers to GOSH as a special place with a serious clinical purpose. The 'Garden' relates to indoor-outdoor spaces that provide relief from the clinical environment and the potential for play and interaction.

The project was previously presented to the Camden Design Review Panel in 2018. The scheme was for a different clinical brief that included the Paul O'Gorman Building, which does not form part of this planning application.

Camden officers asked the panel for advice, in particular, on size and height; the building's relationship to a sensitive location; treatment of roof level; detailed design; the new street frontage; on how to ensure that the building is as welcoming as possible, particularly to children; and on sustainability.

4. Design Review Panel's views

Summary

The panel considers that the design for the Children's Cancer Centre building is progressing well. It makes suggestions intended to help introduce a further level of subtlety and to manage scale and junctions with neighbouring buildings. Verified views are needed to show that the building has a minimal impact on protected viewing corridors. The overall massing of the proposal has potential to be acceptable, with breaks in the façade and articulation at roof level helping reduce the perceived scale. However, the panel feels elevations need to be developed to the next level of detail to introduce more character, subtlety and depth. The scale of the bays and openings should be reduced and refined to create a building with a less commercial feel. Lightwells should be omitted where possible to improve connection between the building and external public spaces. The articulation of balconies should be adjusted, and the bay that contains them potentially reduced in width. A cornice should be considered to create a stronger termination at the top of the main elevation. The panel considers that further design work is needed in plan and elevation where the building adjoins the Paul O'Gorman Building, and to determine whether the entrance is recessive or expressive in character. The design of the public realm is an integral aspect of the project, and as such should be developed in tandem with the design of the building. A transport strategy should be produced to model pedestrian and vehicle movement. A greater level of ambition should be established for sustainability, with energy use and embodied carbon targets set to ensure a complete, realistic energy strategy can be developed, and use to inform the design approach. These comments are expanded below.

Height

- The panel considers the proposed building height is broadly acceptable, but that the façade treatment and massing require further refinement in order to reduce the perceived scale and to minimise impact on the sensitive historic streetscape. It appreciates the design team's assurances that the building will breach viewing corridors only in ways that are imperceptible. However, this must be demonstrated to be the case through the production of verified views.

Architecture

- The panel supports the overall design approach to the new building, including the development of 'House', 'Hospital' and 'Garden' themes to provide a conceptual structure. This approach promises to lead to a high quality development that also provides spaces that are welcoming to children.

- The panel considers that the design of the main façade on Great Ormond Street requires further development, with greater level of detail and finesse. At the moment, this important elevation feels relatively flat and lacking in texture. The next stage of design development should aim to further break down the scale and create a richer, more welcoming character.

- More variety could be introduced into the ground floor treatment, with subtle difference between the detailed design of individual bays. The panel suggests Euston Fire Station (LCC, 1902) as a useful precedent for managing variety within a façade.

- The Great Ormond Street façade also seems too commercial in scale at Levels 2 and 3 (ground and first floors), with large windows. The lightwell between the building and the pavement is also long and dominant. The area of ground floor terracing that projects over the lightwell helps to break down the scale of the façade and to give it a less commercial feel. The panel suggests that efforts are made to introduce projecting ground floor bays elsewhere, reducing the area of lightwell further.

- The current proposals also seem unresolved in detail at roof level. A cornice could be introduced to create a stronger end point for the building. The arts and crafts terraced mansion blocks in roads around Elgin Avenue, London W9, are suggested as a possible inspiration in how to manage façade variety in long elevations.

- The panel asks whether the hospital school could be given a stronger presence at street level. At the moment the use is not visible to passers-by, but making it apparent could help to animate the street and to distinguish between different ground floor uses in the elevation design.

Balcony bay

- The bands of colour between floors on the Great Ormond Street elevation succeed in breaking down the impression of size. However, the panel feels that these should not continue across on the edges of the projecting balconies, other than on the continuous first floor balcony.

- The panel considers the proportions of the bays and recessed balcony spaces between them could be revisited. Their large scale adds to the overall impression of size. Reducing their width would help to break the façade scale down further.

- The panel also feels that the structural design of the balcony bay would benefit from further thinking. The single column running through the balconies appears crude is a large element, and may not be necessary if the width of the balconies were reduced.

- The panel questions whether the cost of providing the large balconies represents the best use of resources. The design team should be certain that resources will deliver maximum benefit to patients. Some of this budget could potentially be spent more effectively on street level public realm.

- The panel also feels that the ground floor terrace areas will seem large to children, and that the scale should be reduced from a child's perspective. This comment applies to all areas.

- It is important that the balconies are designed to provide sufficient depth of soil for plants to grow successfully. The panel also asks for further testing to ensure that the balconies will receive enough sunlight for healthy planting, especially on the west side where they could be overshadowed.

Entrance bay

- The panel feels that the entrance bay requires further development in its massing, plan, and elevation.

- The existing hospital entrance with its deep external, covered threshold is successful, giving space between the pavement and the interior of the building. The panel is keen that a similarly generous threshold, one that gives sufficient space for visitors to pause, is created at the entrance to the new building.

- While the continuous banding over the entrance is a strong feature, the floors above seem too complicated. The panel suggests this elevation should be simplified, and that the design should demonstrate clearly whether it is intended to be a prominent element of the façade, or whether it will recede into the background.

- The panel considers that the massing at the junction with the Paul O'Gorman Building, as seen from the west, appears awkward and over-scaled. The large stair tower should be set back or reduced. More work is needed to ensure the upper elements of the new building sit more comfortably next to the old. The simpler massing at the east end of the building is more successful.

Roof gardens

- The panel suggests that the landscape design has not yet been developed with the same level of rigour as the architecture. The ambition for the quality of these spaces should be higher than simply meeting urban greening factor requirements. Gardens should be the best of their kind in London, and involve more variety than the current proposals. They should make use of ideas around storytelling and play, using element such as sand and trees to provide children with the best possible experience.

- The roof garden should be designed to create a garden space all year round, rather than using short-term planting.

- Garden spaces at ward level will require infection control approval. The design team should be sure that their proposals are acceptable and workable within the operational requirements of GOSH.

- A management plan should be developed at an early stage for the roof garden, to ensure the resources are put in place that will enable it to thrive. Space should be included to store maintenance equipment.

- The panel also asks that a rainwater management strategy is developed, and that options for green and blue roofs are explored.

Public realm

- The panel considers that the public realm around the building, especially on Great Ormond Street, is a crucial part of the project. It is therefore important that GOSH's plans for the public realm are developed, as far as possible alongside and as an integral part of the Children's Cancer Centre proposals. While it may not be possible to commit to a public realm strategy as part of the planning application, a clearer understanding is needed of the relation between the building and the external spaces at ground floor level.

- The panel suggests that an understanding of the public realm surrounding the site should be developed with the same level of attention given to the townscape analysis. This should include consideration of how the slope along Great Ormond Street can be treated, and how connections can be made between the new building and the pavement.

- The panel supports GOSH's ambition for Great Ormond Street to be pedestrianised in future. It asks that the public realm design considers how greening can be introduced to the street, and how its scale can be broken down for children, and excitement created for them.

- A transport management strategy should be developed to plan the way vehicle and pedestrian movement will be managed around the site.

Sustainability

- The panel asks for feasibility studies to be made available explaining the decision to demolish the existing building, by demonstrating why it cannot deliver what is required for the Children's Cancer Centre. A strong case is needed to justify the embodied energy required for demolition and rebuilding.

- The panel suggests that sustainability ambitions should go beyond BREEAM Excellent, to set objectives that will distinguish the project. It emphasises the need to set definitive targets for operation energy use and embodied carbon. These should then be used to inform the detailed design of the building, and to proactively drive energy demand.

- The design team should also make use of Passivhaus standards as a tool to test the proposed design. This will help to inform the energy targets that can be set for a hospital building. The recommendations from post occupancy evaluations of recent GOSH projects should be reviewed, and integrate into the proposed energy strategy.

- The panel asks for more detail on the south façade design to show how solar gain will be managed, and how thermal bridging will be addressed.

- The design team should also demonstrate how the energy demand for hot water and ventilation is optimised. For example, floor level façade ventilation options could be considered.

Next steps

The panel is available to review the proposals again at the next stage of their design development.