

Report Title: Victoria Ambulatory Care and Diagnostics Hospital (ACAD)

Issue Date: 21st October 2005
Client/Developer: Balfour Beatty/ NHS Greater Glasgow
Lead Designer: McInally Associates Ltd
Local Authority: Glasgow City Council
Location: Glasgow
Planning Ref.: 05/01157/DC
Details: Proposed ambulatory care and diagnostic hospital with associated car parking on a site adjacent to the Victoria Hospital



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INTRODUCTION

This project was presented by representatives of HLM, McInally Associates and Balfour Beatty at a Design Review meeting on Tuesday 4th October 2005. The meeting was also attended by representatives of Glasgow City Council.

Following the meeting, a report dated 21st October 2005 was forwarded to the Project Team and to the Council with the following observations.

A+DS' OBSERVATIONS

1. Concept

1.1 The Panel felt that the scheme had not yet realised its stated ambition to be a 'hospital in the park', and that the promise of early sketches for urban relationships and space making had been considerably diluted. The design of the new road, and the location of the 'at-grade' parking, divorced the building from the parkland beyond and did not provide sufficient space within the plot to allow the building to sit within its own park.

1.2 The site posed particular difficulties as each side was exposed to the public realm and therefore it was felt to be important that the building relate well to the changing context of each elevation. The scheme sited the building centrally in the plot and left spaces between it and the streets that, generally, were not positive additions to either the hospital or the public realm. The form of the proposed building was a particular concern to the south of the site and in relation to the park as follows:

- The building stepped up to the south where the ground was at its lowest giving it a more massive feel. This combined with the introverted functions expressed in this location would present a disrespectful face to the existing neighbours and the 'nose' site that was soon to be vacant. A considered public face was needed in this location given its prominence on a local through road, and potential long-term visibility from Battlefield Cross.
- The elevation to the park could be softened and opened up more to reflect the altered nature of the site. The opportunity for access should be more fully exploited, and the orientation and views from all bed spaces (including dialysis) should be carefully examined. It was suggested that the introduction of visual and physical links

between internal courtyards and the park could benefit the internal environment and the sense of connection.

1.3 On the west elevation the urban crescent was weakened by a lack of grounding at either end and the scale of the access road which severely diminished the size and utility of the park within the crescent.

2. The Patient's Experience

2.1 There was concern over the number, complexity and quality of proposed routes to and from the building, in particular the route from the basement parking, and the legibility of the rear entrances (which included the MIU entrance).

2.2 The inclusion of courtyards within the design was felt to be very positive. It was considered important that the courtyards should be developed as accessible, usable areas of amenity for patients, visitors and staff. The detail of these spaces could significantly contribute to the user's experience and therefore the Panel stressed that careful attention should be given to the quality and design of the internal finishes and to the incorporation of appropriate planting and furniture etc.

2.3 The links between the proposed building and the adjacent parkland were agreed to be very important for patients. However, the Panel felt that the opportunities in relation to both visual and physical links had not been well exploited and should be developed further.

3. Materials and Detailing

3.1 There was concern over the long term appearance of the render panel system; and the insubstantial feel that might result due to the location of the windows in such a system, not offering the depth of reveal that would lend solidity, relief and articulation to a building. The building would occupy an important site in the context of the city and was to provide an important public service. The quality of the materials used for its construction and their detailing should reflect this. The building would enjoy a parkland setting and a civic frontage and as such there was a responsibility to ensure that the privilege of building on a high quality site was matched by exemplar architecture for health provision.

CONCLUSIONS

The Panel recognised the complexity of the project, the ambition of the client and architect and the extent of work and effort that had gone into the design. It was felt that the strategic relationships between internal functions and their location on the site was strong but that the internal arrangement had not lead to an external form that had a fully developed and positive connection to either its urban or parkland settings.