

# WELLINGTON HOSPITAL DESIGN GUIDE TABLE OF CONTENTS

1.0	Introduction	Page 2
	• The Place of Wellington Hospital	2
	• The Future of the Hospital	2
2.0	The Intention of the Design Guide	3
3.0	Analysis	4
	• General	4
	• Riddiford Street	5
	• Mein Street, Hospital & Adelaide Road	5
4.0	Objectives	6
	• Massing	6
	• Scale	6
	• Skyline	6
	• Views	7
	• Circulation	7
	• Elevational Modelling	7
5.0	Guidelines	8
	• Massing	8
	• Scale	9
	• Skyline	9
	• Views	10
	• Circulation	10
	• Elevational Modelling	11
	<b>Location and Height Control Plan</b>	<b>12</b>

# 1.0 Introduction

## The Place of Wellington Hospital

Wellington Hospital is the primary provider of public health care facilities for the Wellington region and lower half of the North Island, and operates one of New Zealand's three Clinical Schools of Medicine. Established on its current site over a century ago, the Hospital has continually changed and developed in response to medical advances and changing user needs.

In the current economic and political climate the Hospital faces competitive pressure from other institutions. However it alone in the Wellington region has the capacity to deal with the most fundamental and complex medical situations, provide specialist medical facilities on a national basis, and deal with the medical contingencies of large-scale civil disaster.

The Hospital must be able to enhance and develop its facility in a cost-effective manner if it is to be able to serve Wellingtonians in the manner that is necessary and expected of it.



## The Future of the Hospital

The facility and infrastructure of the Hospital must continue to be responsive to change and it must be able to develop in a way that best supports the function of the Hospital and is cost effective. The form and extent of future Hospital facility development is difficult to predict, as health care plans are constantly updated to cater for changes in demography, technology, funding levels, morbidity patterns and treatment of diseases. Any framework for, or controls on, development must be sufficiently flexible to accommodate unforeseen requirements. The main principles of the Hospital development are orderly growth, the separation of conflicting uses and the flexibility to adapt to change. Following these principles, and recognising the importance of design for function and improvements in circulation, any future additions to wards or clinical services will tend to be located with existing facilities of the same type.

Ward and clinical services buildings are used by both the public and hospital staff. These buildings will continue to be located in the central portion of the site with the main public front to Riddiford Street, and will be connected to the existing central circulation system. The Clinical School, teaching facilities, technical and industrial support functions will continue to be located on the southern portion of the site with direct access from Mein Street. Community-based services will continue to develop on the peripheral areas to the north towards Adelaide and Hospital Roads.

Massive growth and development is not expected. The process of addition, improvement and occasional site redevelopment is likely to continue for the foreseeable future.

## 2.0 The Intention of the Design Guide

As specified in the District Plan rules, all new building development within the precinct is a Controlled Activity in terms of its design and appearance, siting and height. This Design Guide provides the standards or criteria against which controlled elements will be assessed.

This Design Guide is intended to allow the essential development of Wellington Hospital to occur in a way that both meets its important public health care objectives and maintains or enhances the valued qualities of the public environment. This will be achieved by improving the amenity of the public areas around the Hospital buildings and respecting the desirable environmental qualities that give this area its unique character.

The Design Guide starts from the premise that both design guidelines and good design are site-specific: no single rule or ideal provides a solution for every situation. For this reason, suggestions and guidelines have been developed for specific parts of the site in order to respond to the unique conditions of each area and achieve site-specific development objectives.

The guidelines establish a three-dimensional framework within which development can take place, imposing the minimum amount of control necessary to achieve the set objectives and respond to the needs of the Hospital and the wider community. They are intended to give a degree of certainty as to the parameters of appropriate development in the publicly relevant parts of the Hospital and also to allow flexibility so that an alternative design response can be pursued if it can be shown to meet the Guide's objectives.

Variations from certain guidelines will be considered if it can be shown that the variation would achieve the urban design objectives stated in this Guide. Other factors which will be considered in assessing proposed variations include whether the proposal is cost-effective, and whether it promotes the efficient delivery of medical services.

The illustrations in the Guide are intended to support the text by explaining principles. They are not intended to represent actual design solutions.

It is not intended that Hospital buildings should necessarily look like the nearby houses, shops or commercial buildings. It may be most appropriate for them to maintain the inherent character resulting from the design requirements of medical facilities. This character should be developed in new buildings in a way that responds to but does not replicate the appearance of their setting.

## 3.0 Analysis

### General

The Hospital has a long-established and significant visual presence, with many buildings that are identifiably institutional and clearly express their Hospital function.

To meet the requirements of function and economies of scale many Hospital buildings will continue to be large, highly serviced and institutional in character. A high degree of internal interconnection is essential.

The Hospital is set in an area that is characterised by a diversity of building scale and form.

The surroundings vary from the one and two storeyed timber-framed dwellings in the region of Mein and Owen Streets to the great diversity of Adelaide and Hospital Roads where buildings are generally no more than four storeys high.

The visual centre of gravity of the complex is likely to remain the clinical services block due to its size and the organisational and functional dependence of the Hospital on this building.

Although the Hospital is visually imposing, its visual dominance is reduced by its position on the valley floor, meaning that it is viewed against the south western flanks of the Mt Victoria ridge.

The main Hospital buildings impact significantly on the skyline of the area, but as they are located away from the edges of the site, they do not visually overwhelm nearby properties or streets.

The overwhelming and contrasting mass of the 12-storey main blocks acts as a local landmark when viewed from a distance. Because they are near the centre of the site, however, they are not particularly dominant when viewed from most parts of the streets bounding the Hospital.

High-rise multi-storey development in the centre of the site, between and behind existing high-rise buildings, will generally be masked from view from the residential area to the south and will not significantly alter views from these residential areas.

The institutional appearance of the Hospital, arising from its function and large scale, is in abrupt contrast to the form and scale of most nearby development.

The scale change between the main Hospital buildings and their surroundings is abrupt and accentuated by the large, flat and visually repetitive facades of some of these buildings.

The large site occupied by the Hospital offers great potential for substantial future development without adversely affecting neighbouring properties.



With a lack of obvious public through routes, the Hospital site is a barrier to convenient pedestrian access between the city and parts of the nearby residential area of Newtown.

Future development must pay particular attention to personal safety for Hospital users and staff, ensuring varying levels of security as appropriate for the different functions within.

## **Riddiford Street**

Riddiford Street is both the main boundary of the Hospital and the main route into Newtown. It is generally characterised by buildings built to the street edge, by a two storey scale and consistency of horizontal and vertical scale. Whatever their age, most buildings (apart from the existing hospital building) retain a narrow frontage.

The Hospital establishes an appropriately strong presence on Riddiford Street with an established building that contrasts in scale and materials with those around it. This building has local landmark significance.

Riddiford Street comprises buildings that vary widely in plan area, but which are generally no more than two storeys high. They are often modelled to give a vertical rather than a horizontal emphasis, which reduces their apparent frontage length.

The Riddiford/Mein Street intersection is uncharacteristically poorly defined with building to the Street edge on one corner only.

Riddiford Street has historically had a retail and commercial character and is likely to retain this character.

## **Mein Street, Hospital and Adelaide Road**

The Mein Street edge of the Hospital is characterised by support and service functions.

Publicly accessible outpatient functions of the Hospital are concentrated at the north end of the site in an area that is already characterised by a diversity of building types and scales and a wide range of activities.

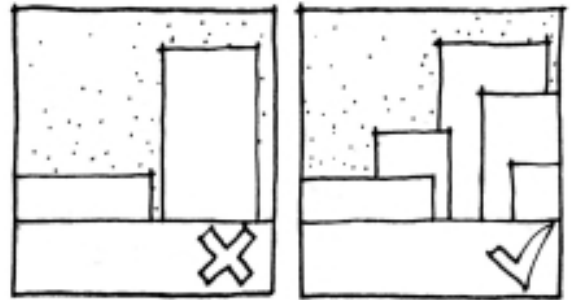
The Hospital, at the intersection of Riddiford and John Streets, directly adjoins an area covered by the Newtown Suburban Centre Character Area Design Guide.

## 4.0 Objectives

Drawing from the preceding site-specific analysis, and with reference to the District Plan's general objectives for suburban precincts, there are a number of broad urban design objectives that future development should satisfy. These represent the "spirit" of the design guide.

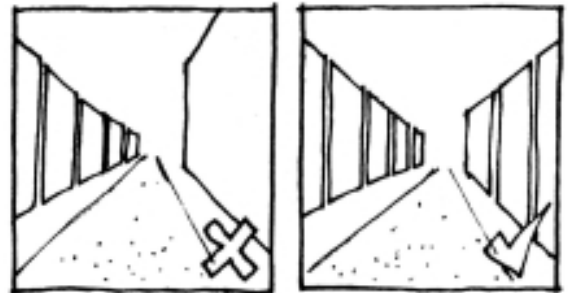
### Massing

- 01 To ameliorate existing building scale contrasts.
- 02 To ensure that new development close to street edges relates to the horizontal and vertical scale of existing buildings off site, where the existing buildings establish a character that is valued and desirable.
- 03 To maintain reasonable sun and light access to adjoining residential properties.
- 04 To define a coherent sequence of open spaces between buildings.
- 05 To allow the visual expression of the Hospital's functional centre and "visual centre of gravity" that is currently based on the Clinical Services block.
- 06 To ensure reasonable continuity in the definition of the eastern edge of Riddiford Street.



### Scale

- 01 To reduce where appropriate the abrupt and significant scale transition between high and low rise buildings on the site.
- 02 To maintain and reinforce the existing characteristic scale of street walls and degree of street enclosure.
- 03 To ensure that the scale and articulation of building form is generally consistent with development in the immediate vicinity.
- 04 To achieve a transition in scale between the existing large-scale blocks of Wellington Women's Hospital and Clinical Services and the one to two-storey scale of buildings at the perimeter.



### Skyline

- 01 To allow development that may alter but not significantly increase the existing visual dominance of the high-rise buildings of the Hospital on the local skyline when viewed from Newtown to the south.

- 02** To encourage the modelling of the tops of new buildings that relates first to their institutional scale and function and also to the typical level of intricacy and scale of the rooflines of neighbouring buildings.

## **Views**

- 01** To maintain a reasonable quality of long range outlook towards and over the Hospital, recognising that such views may change with any Hospital development.
- 02** To minimise any detrimental visual impact to neighbours of large numbers of parked cars.

## **Circulation**

- 01** To maximise the safety, convenience and amenity of the external and publicly accessible circulation routes within the Hospital.
- 02** To enhance the quality of the pedestrian link along the edge of Riddiford Street between John and Mein Streets.
- 03** To maintain or enhance the visibility and ease of public identification of the main public entrances to the Hospital from Riddiford Street.
- 04** To integrate vehicle accessways to the Hospital in a manner that ensures convenient access for emergency services and continued safe pedestrian access along street edges.

## **Elevational Modelling**

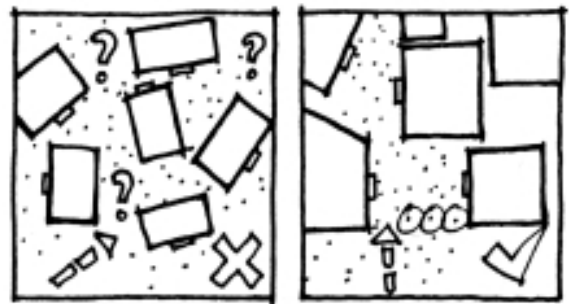
- 01** With any new development at the Hospital edge, to respond to and respect the visual characteristics of significant or valued buildings or groups of buildings immediately adjacent or opposite the site.
- 02** To relate the visual complexity of the public edges of the Hospital to the viewing time and distance of the significant and main groups of users of the streets.
- 03** To project the presence of people and activity out onto Riddiford Street and the main pedestrian circulation routes within the Hospital.

## 5.0 Guidelines

### Massing

- G1** The general extent of building mass is partly defined by the Location and Height Control Plan. New building development is expected to comply generally with the height provisions and the guidelines relating to height.
- G2** Any future development of similar height to the existing Wellington Women's Hospital and clinical services blocks should be located in the general area between and to the east of these buildings.
- G3** Development to the west and south of the existing Hospital centre and in the intermediate zone between centre and periphery may rise to around eight storeys above ground level.
- In this and other areas, the nominal height of a "storey" relates to the type of building in the proposed development and to the precedent set by existing immediately adjacent or neighbouring buildings.
- G4** All building built to the Riddiford Street edge should be provided with a verandah or other means of providing shelter to pedestrians.
- G5** Building along the Riddiford Street frontage should generally be not less than two storeys and built to the street edge except that buildings may be set back to form a well-defined, non-linear and significant public open space at the street edge.
- G6** A building acting as the public front of the Hospital may rise to four storeys at the street edge for a distance of approximately one-third of the Riddiford Street frontage. Should the existing Hospital building be integrated into new development along the Riddiford Street frontage, then new building at the street edge may rise to four storeys over a length not more than two-thirds of the width of the existing building.
- G7** Development at the street edge of the Orthotic Centre site should generally be not less than two storeys, rising to a maximum of three storeys at the centre of the site. Residential zone boundary conditions will apply at the non-street boundaries of this site.
- G8** Development in the northern portion of the site immediately adjacent to Hospital Road should generally not exceed three storeys.

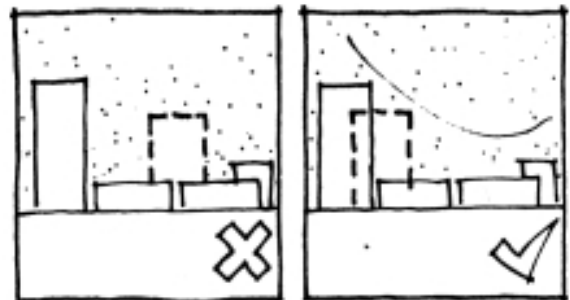
**G9** Buildings will be designed with consideration of their role in defining, shaping and enclosing public open space both on and off the site. The shape, orientation and scale of such spaces and their linkage with other spaces, buildings and the Hospital circulation system will be considered from the point of view of maximising both the visual quality and the functional amenity of a coherent open space system.



**G10** Projections such as rooftop architectural features and service or plant rooms protruding above the indicated heights should be designed as an integral part of any building and should not compromise the objectives of this Design Guide.

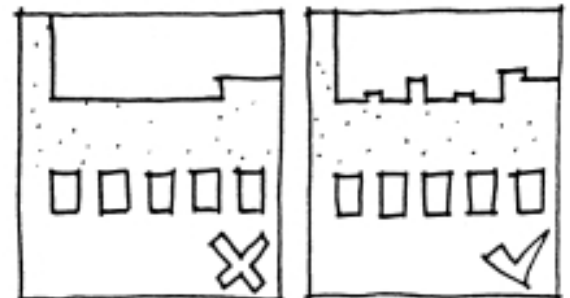
## Scale

**G1** Buildings intermediate in height between the existing high rise at the centre of the site and low rise at the perimeter should, where practicable, be placed to achieve a transition between the two.



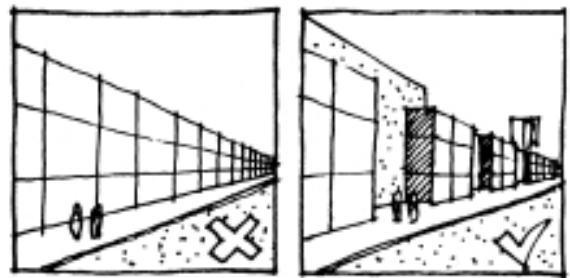
**G2** An accentuation of the public significance of the main Hospital entrance may be achieved with a scale juxtaposition at this point.

**G3** The horizontal dimensions of the modelling of buildings when immediately adjacent to or directly fronting onto a residential area should relate to both the spacing and the horizontal dimensions of the residential buildings.



**G4** The "module", or scale, of the articulation of building elevations should relate to both the scale of existing adjacent off-site development and the distance from which the new building will primarily be viewed.

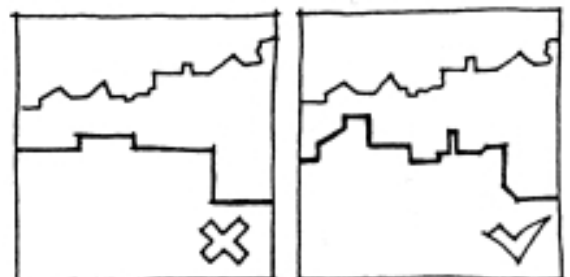
**G5** The scale modulation of horizontal runs of facade at street edges should, when appropriate, be achieved with significant articulation of form (for example, setbacks or recesses) which may or may not be emphasised with surface treatment and minor elevational detail.



## Skyline

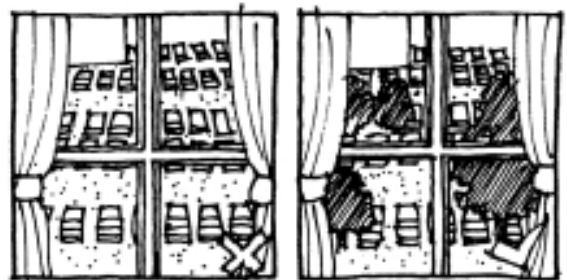
**G1** Building elements may extend above the Hospital skyline as viewed from the south provided that they break down the scale, or otherwise add visual interest to the skyline.

**G2** The modelling of building tops directly adjacent to or opposite an area with an identifiable skyline character should respond to both that character and the function of the Hospital building.



## Views

- G1** Large-scale buildings that are visible from surrounding areas should have an aesthetic quality appropriate to a contemporary metropolitan hospital. This includes a degree of visual richness appropriate to function, location and the range of distances over which the building is predominantly viewed.
- G2** Avoid locating large numbers of parked cars along the Riddiford Street edge of the Hospital.
- G3** Use landscaping to soften the visual impact of large numbers of parked cars where these would be closely overlooked from adjoining residential areas.



## Circulation

- G1** Emphasise the presence of the main public Hospital entrances from Riddiford Street with landmark buildings or positively defined open space that addresses both the Hospital and the Street. Such emphasis may be derived from the maintenance and development of the existing building and space or by new construction of an appropriately large scale and definitive character.
- G2** Develop parking areas and external public circulation routes in accordance with the Guidelines for Design Against Crime.
- G3** Wherever possible, locate publicly relevant and accessible activities at the edges of the street or main circulation routes or overlooking these.
- G4** The impact of vehicle circulation on pedestrian use should be minimised with the use of detailed design measures to keep vehicles at an appropriately low speed, improve pedestrian amenity and allow safe use of vehicle crossings by pedestrians at Hospital entrances.
- G5** Existing public pedestrian through routes should be maintained and enhanced or be replaced by new and better alternatives. Future development of the publicly accessible circulation system within the Hospital site should allow for a well-defined, clear and attractive public cross-site pedestrian link with connection to existing streets and pathways.



## Elevational Modelling

- G1** The massing, scale and large-scale elevational modelling of new buildings next to existing residential properties should respond to the characteristics of the residential context.
- G2** Large, unbroken, flat expanses of wall that are out of scale with neighbouring buildings off the site or which form the edges of publicly accessible spaces intended primarily for pedestrian use should generally be avoided. Such walls are only acceptable where they make a positive contribution to the quality of user experience of the Hospital complex, or are unavoidable for a critical functional reason.
- G3** The degree of elevational modelling should respond to the viewing distance (or range of potential viewing distances) of the observer. Areas consistently viewed from close range should exhibit a fine grain of detail, while the modelling of building elements in a facade viewed from a greater distance should be of a larger scale.
- G4** Large-scale building elements and Hospital entries along Riddiford and Mein Streets should be articulated to avoid visual monotony and to help people arriving by car to find their way quickly. Small-scale richness should be considered at the ground level of buildings at street edges to make the buildings more attractive to people passing by on foot.

