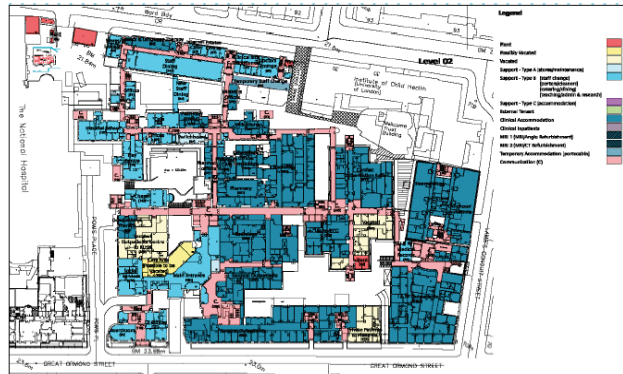
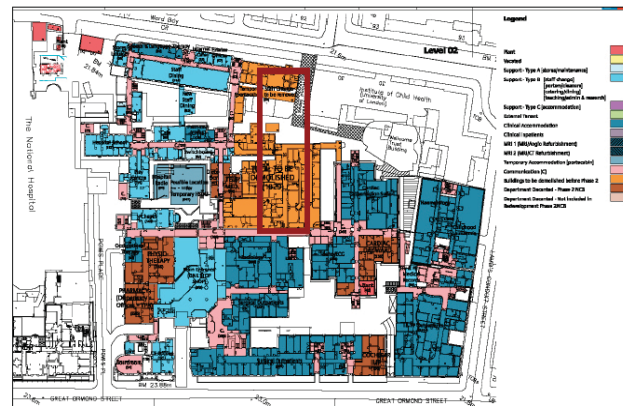


2.1 Design Response: Context and Urban Design



Existing Estate



Demolition for Phase 2A



Phases 1 to 4 as per DCP-05

Introduction

The Design Response as outlined in this chapter set out to identify the important design drivers in the scheme and describe the appropriate strategies that were guiding the design development through the Scheme Design phase, and informed the resulting design solution. The architecture has been developed further by the design team in an integrated process and through continuous interfaces with the Trust (Client) Design Panel -the Design Review Panel is the external review panel organised via NHS Estates, and Camden Town Planners, while being tested and refined in terms of its environmental and sustainable performance.

The resulting design offers a flexible and neutral envelope to deliver the clinical demands, while offering the quality spatial environment to promote healing and at the same time deliver a stimulating elevational treatment that reflects the innovation and excellence of GOSH.

GOSH Development and Control Plan

A series of Development Control Plans have been developed to ensure a far reaching vision and planning in order for allow the campus to grow and expand in a less ad hoc fashion than over the previous decades. In 2004 LDY was asked to revisit the hospitals existing Development Control Plan (DCP) that was prepared in 1999 as a precursor of the next phase of development.

Development Control Plan 05 foresees the virtual reconstruction of the Great Ormond Street Hospital Island Site over a fifteen-year period. The provision of new departmental area, refurbished area and decanting and enabling works to facilitate the works and redistribute departments forms part of the Plan. The plan will be implemented in 3 major phases of construction to achieve the Trust's Model of Care objectives. Some space would need to be allocated off site.

The Phase 2 Project in the context of site development

The project known as Phase 2 will replace the inpatient accommodation that is still in need of upgrading on the site, and upgrade some of the outdated infrastructure on the site. Phase 2 is to a large extent a very internalised project, that serves as an "enabling project" to not only replace outdated building stock with modern accommodation, but also to unlock the site for future development and improvement.

The identified location for Phase 2 has a series of major constraints, physical and technical. Phase 2 would though need to be delivered without compromising any activity on the site. A complex programme of enabling works and decanting is part of the Phase 2 project.

The Phase 2 Site

The new DCP, (DCP-05), recommended that this next phase of redevelopment (Phase 2) should comprise a new building on the site of the existing Barrie Wing followed by the substantial rebuilding/refurbishment of the Cardiac Wing. The buildings that currently occupy the site, the Barrie Wing and the Nurses Home Annex (which will be demolished) and the Cardiac Wing (which will be part demolished and wholly refurbished), constitute the best opportunities for decanting and demolition. A wing of the Southwood Building will also be demolished to facilitate the new Phase 2.

Phase 3 and future growth

The design of Phase 2 needs to take into account the possible future development of the site as outlined in a series of Development and Control Plans that the Trust has developed over the years. It is most likely that the Southwood building will be demolished in the future, that will enable the creation of a large open space to the West of Phase 2. This will be significant not only in creating much needed spatial relief and quality external space, but could be used as a future entrance space as explored in the DCP 05.

The Bloomsbury context

GOSH is situated adjacent to and partially within the Bloomsbury Conservation Area and its setting. The island site itself falls within the setting of two listed buildings, 83 Lambs Conduit Street and the Great Ormond Street Chapel. Two strategic viewing corridors fall over the site: The Strategic View Corridor and the Wider Setting Consultation Area of St Paul's Cathedral from Primrose Hill, and the Background Consultation Area of St Paul's Strategic View corridor from Greenwich Park and Blackheath Point.

The Phase 2 design will have a façade onto Guilford Street and the conservation area, and great care has been taken to design an elevation that relates to and makes a contribution to the street. The internal elevations into the site will further enhance the setting of the conservation area in their architectural quality. The general height of the development has been governed not only by the scale and massing of the area, but the strategic viewing corridors. The project is well below the main Primrose Hill – St. Paul's corridor, and the bulk of the building will remain below the background-viewing corridor, with only flues, hand-rails and cleaning cradles imposing.

The GOSH island Site

The Great Ormond Street Hospital is housed mainly on the "island site" formed by Great Ormond Street in the south, Lambs Conduit Street in the east, Guilford Street in the North, and Queen's Square in the West (although the National Hospital, the Homeopathic Hospital and UCL also have buildings on this "campus").

2.1 Design Response: Context and Urban Design



The Bloomsbury Context

The nature of hospital planning on the site has developed an east west spine known as the hospital street, parallel to Great Ormond Street roughly in the centre of the block. This Street functions as the “high Street” or distributor on the site linking all the different buildings and pavilions. The activities of the hospital therefore tend to be orientated towards this internal street, and turn its back on the streets around the campus. The result is the historic “fortress like” treatment of buildings and facades, the reduced activities along the edges and the resulting city block that is not very permeable (neither visual nor physical). The main entrance to the campus is off Great Ormond Street, and forms the only major public entry into the internally focused campus, and one that is very underplayed in its scale and importance.

Phase 2 urban design contribution

Phase 2 is designed as a positive contribution to the campus. The project has to functionally relate to the central circulation spine in the middle of the Campus, and the main hospital use. The main patient address for Phase 2 will remain off the hospital street, but a secondary face is developed to Guilford Street which will improve the quality of the street.

A physical relationship is formed between the new Phase 2 street elevation and the research facilities of the Institute of Child Health, reflecting the close functional relationship of the two institutions and facilities. The new Phase 2 façade forms the address for GOSH research facilities with an important public entrance for students, academics and for other staff from GOSH. This entrance will animate the streetscape, and adding to the reading of a more permeable street block. Phase 2 will provide ground floor activity onto the street in the form of a restaurant that will overlook Guilford Street. The functions placed along the street at the upper levels are offices and staff spaces that will make relationship from within the building to the surroundings (especially towards Coram Fields) and important connection to the context around.

Site Movement

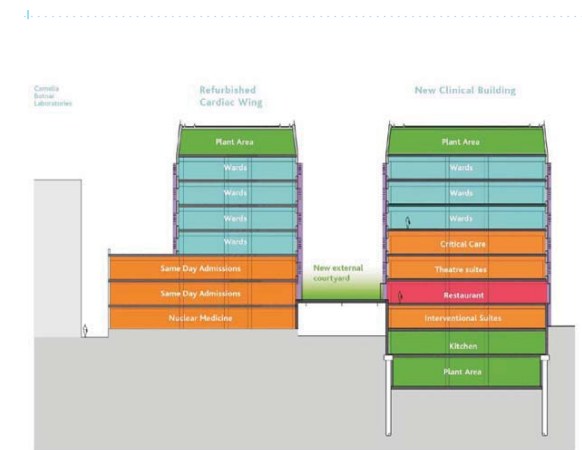
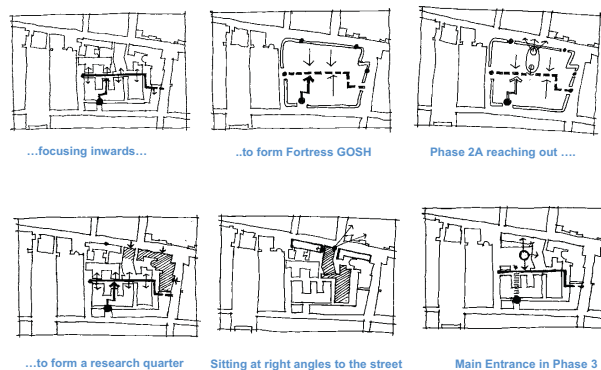
The new Phase 2 is an extension and rationalisation of the existing network of movement on the site and feeds off the main hospital street, with a secondary staff only entrance off Guildford Street. A FM (facilities management) delivery area is created between NCB and CWR on Level 1.

The vertical movement strategy builds upon the existing logic. The NCB creates a new clinical lift core adjacent to the hospital street, with a pair of ECMO-standard patient lifts, as well as a second FM core, linking the new FM deliveries and new kitchen facilities with all levels of the hospital. A second lift core is created in the north that will primarily serve staff movement and will contain abed evacuation lift. The existing Cardiac Wing central lift core will become a strengthened general core with a clinical lift and two passenger lifts in Phase 2B.

The Phase 2 projects

Two separate and distinct phases are combining to deliver the Phase 2 project. Phase 2A is a complete new building comprising of 7 upper floors plus a mechanical plant level, and two basement levels (one of which accommodates plant. This building will connect over 6 levels to the rest of the campus.

The Phase 2 B is the refurbishment of the current Cardiac Wing building constructed in the 1980’s. The building will be stripped back to the structural core, and the upper levels will be demolished. This will enable the floor heights to be adjusted to the new heights established on the site (as per Variety Club Building, the new Octav Botnar Wing and the proposed Phase 2A. The new structure will also be a slim steel structure that will provide a far more efficient floorplate than the original Cardiac Wing structure with large concrete double piers.



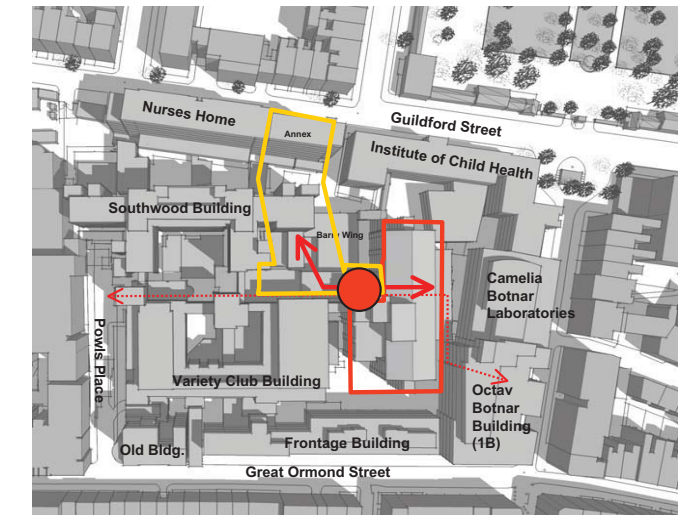
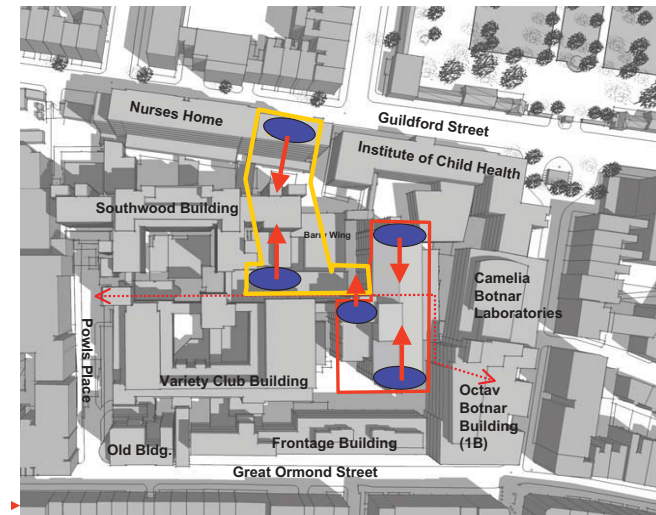
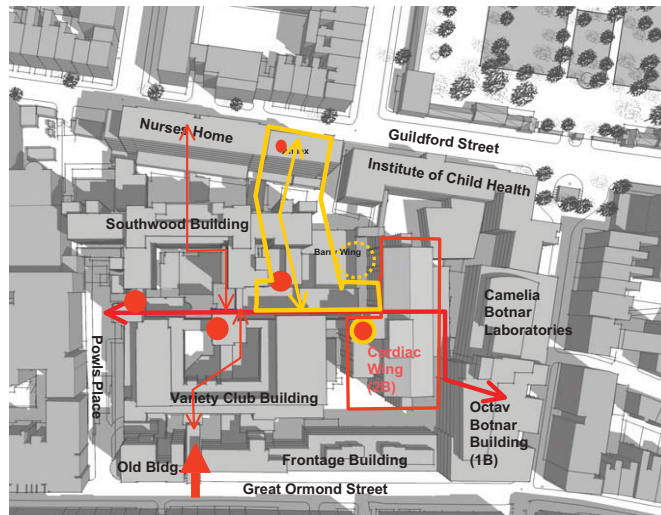
2.2 Design Response: Building Organisation

Building Organisation

The Phase 2 project has been conceptualised to operate in all the phases of the project (as an isolated Phase 2A building, and ultimately as an interlinked Phase 2A and B).

Both the buildings have a mixture of functions on the various levels (following the horizontal layering of the campus). Both the Phase 2 buildings are therefore conceived as general flexible clinical floors that can accommodate ward layouts, theatres and other functions. The maximum flexibility in Phase 2A is achieved by locating the main vertical cores (lifts, stairs and service risers) at the extremities of the building (which also ties in with the wider circulation strategy). The result is an open floor plate that can be easily planned to the different demands. This principle is applied to Phase 2B as well, as the fire escape staircases are already positioned on the ends, by further adding the vertical service risers.

Phase 2A will include an area that will link the two phases that and becomes important in how the two buildings function as an ensemble. This “Link Building” will serve as the shared space between Phase 2A and 2B and will, in the upper ward floors, accommodate the common reception areas. This will become the heart and focus of the joint Phase 2 project, a fact that will be reflected in the architectural and interior design treatment.



2.3 Design Response: Interior Design Strategy

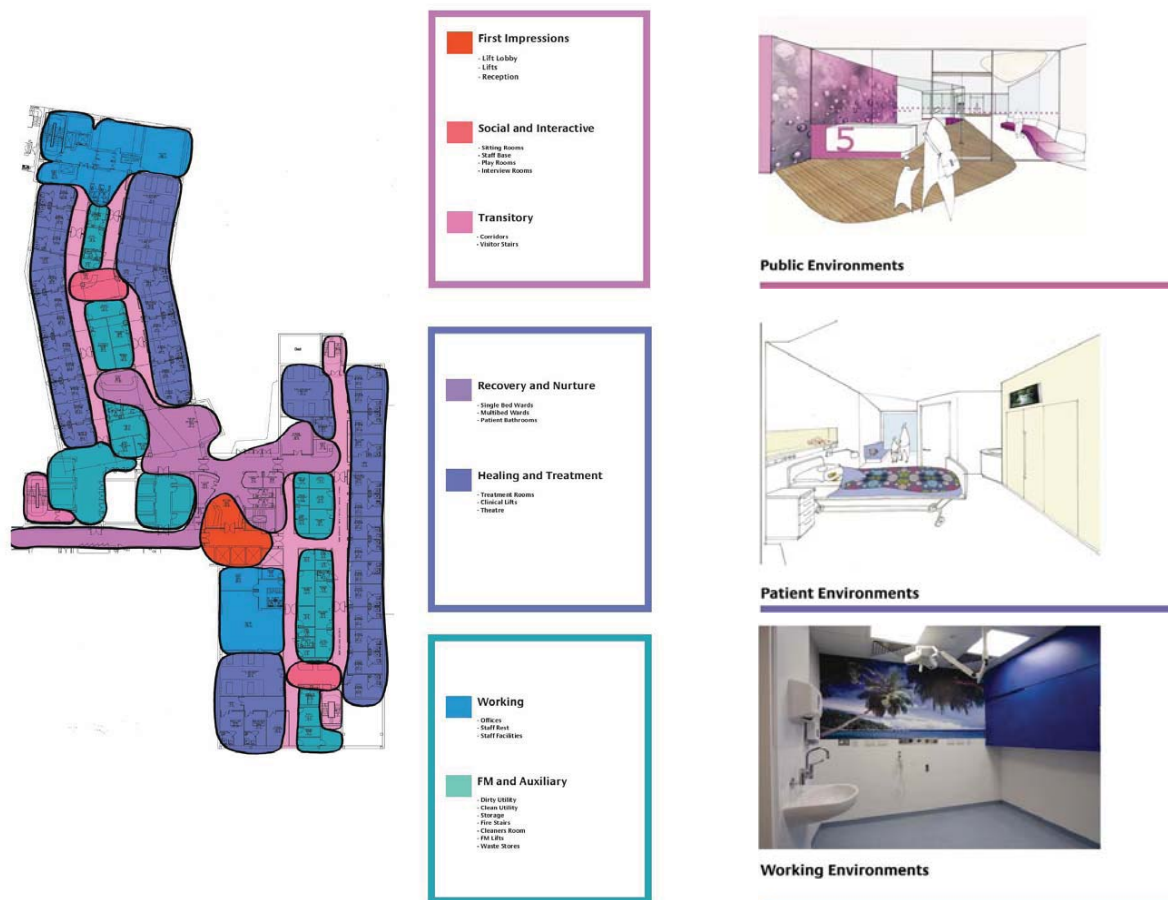
Interior Design Strategy

The internal organisation of Phase 2B is driven by the clinical programme and needs. Very early on in the design process an interior design strategy has been developed that develops a hierarchy of public to private spaces, overlaid with an appreciation of how people orientate themselves in the building combined with a strategy to combine art to enhance the internal patient experience, while making a natural contribution to place and therefore orientation and wayfinding.

The hierarchies also reflects the fact that the building, although a children's hospital, also needs to deliver an efficient medical facility that responds to staff needs, while also having to accommodate parents, visitors and family members.

The result is that the interior design forms a seamless interface with the clinical planning, the architecture and as mentioned the Art and Wayfinding strategies. The strategy is therefore a robust concept that can be developed through the detail design stage. The interior design concepts have been developed at an early enough stage to influence the clinical design and the architectural response.

A comprehensive Interior Design Strategy is in place, and will be developed further in the Detail Design Stage. The approach to the upper levels is illustrated in the next chapter of this report.



Client:
Great Ormond Street Hospital
NHS Trust

Structural Consultant:
WSP

Services Consultant:
WSP

Cost Consultant:
Gardiner+Theobald

Project Manager:
Gardiner+Theobald

Date:
20.08.07

Scale:
1:200 @ A1 1:400 @ A3

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Project title:
Phase 2

Drawing title:
LEVEL 3 THEATRES

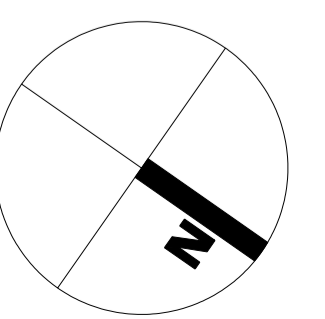
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Revision:
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Drawing title:
LEVEL 3 THEATRES



Client:
Great Ormond Street Hospital
NHS Trust

Structural Consultant:
WSP

Services Consultant:
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Cost Consultant:
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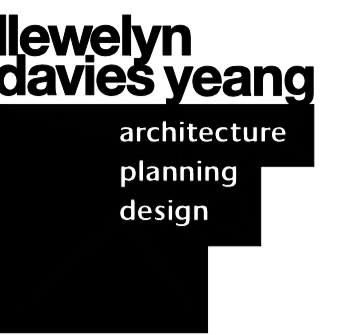
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Project title:
Phase 2

Drawing title:
LEVEL 4 CRITICAL CARE

Project number:
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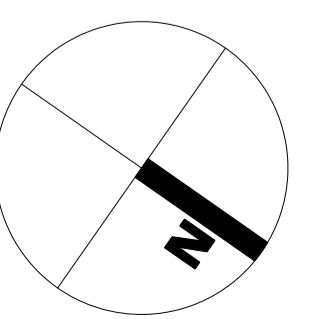
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Revision:
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Drawing title:

LEVEL 4 CRITICAL CARE



Client:
Great Ormond Street Hospital
NHS Trust

Structural Consultant:
WSP

Services Consultant:
WSP

Cost Consultant:
Gardiner+Theobald

Project Manager:
Gardiner+Theobald

Date:
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Project title:
Phase 2

Drawing title:
LEVEL 6 WARD

Project number:
34285

Drawing number:
P_2AB_06

Revision:
01



Drawing title:

LEVEL 6 WARD

