



7. MASTER PLAN AREA – a system for regeneration

7.1 Problem Statement

Illegibility, under-utilised space and lack of circulation control was identified as the main problems on a precinct scale. The proposed restorative open space system aims to ameliorate these problems. However, without mitigation, the T.R.H.M will result in even more under-utilised space and illogical circulation patterns. The viable opportunities to reclaim space for different functions (parking, restorative spaces, public spaces etc.) will not be utilised in the implementation of this plan.

Some specific problems include:

T.R.H

- insufficient parking
- surplus access points
- no access to fire hydrants
- undefined walkways
- insufficient gathering, waiting and public areas
- undefined zones of function.

U.P

- unsafe movement
- insufficient parking
- lack of “public” waiting or recreational areas.

Some opportunities include

- Major restoration of some buildings is already under way and this will improve the imageability of the area.
- Using the established steam pipe network as a method of guiding direction.
- Catering for the needs of a variety of users and utilising a variety of uses, will result in vibrant spaces that are used 18 hours of the day.

7.2 Objectives

1. To reclaim the importance of the T.R.H as a public institution aimed at the improvement of public health.
2. To improve the spatial connection between the Medical Campus and the Prinshof Campus of the University of Pretoria.
3. To address illegibility and lack of circulation control and reclaim under-utilised space as part of a hierarchy of restorative open spaces.
4. Legibility can be improved through the intensification of existing experiential journeys.

These measures will result in a more accessible experience for the user. Therefore the master plan area will focus specifically on the relationship between the T.R.H and the U.P

7.3 Brief

To design a series of spaces, within the existing fabric, which could have the potential to aid public health. The interventions should be interconnected to an overall hierarchy of spaces that aim at addressing site-specific and user-specific needs. The hierarchy of space should guide movement and direction through the Hospital Hill. This will be achieved by providing connections to the region through exploiting views and vistas, but also, through improving accessibility on a local level through flexible and inclusive design.

The organization of movement should stimulate social interaction in some areas by enhancing existing centres and providing the user with choices. The relationship between movement (direction) and lingering (centres) should be linked by transitional spaces. In combination, these spaces should stimulate restorative sensations. The hierarchy of space should be unified through place-specific imageability and co-ordination of materials and furniture.

The restorative open space framework should be implemented in phases.



7.4 Proposed solution

7.4.1 Zoning

The proposed zonings for the master plan area is aimed at improving the experiential landscape . The successful functioning of the spatial hierarchy of the master plan is based on the relationship between landmarks and places of interest; movement patterns of users; and the natural environment. An optimum relationship between these components will result in a hierarchy of restorative open spaces which would unify the fragmented nature of the Hospital Hill, and improve circulation.

The following components will be discussed:

1. Circulation control
2. Legibility
3. Users
4. Space reclamation
5. Safety
6. Intensity of experience

Following a breakdown discussion, a post-development, experiential landscape map will be compiled.

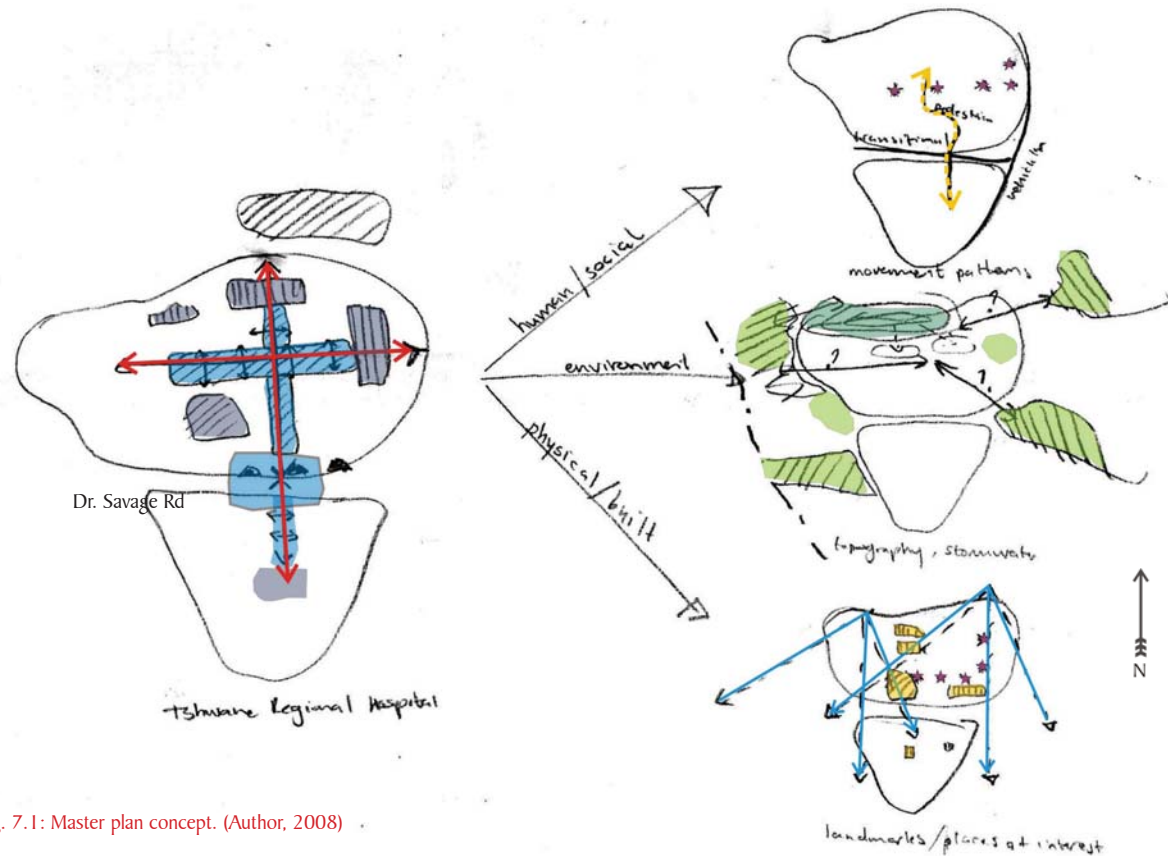
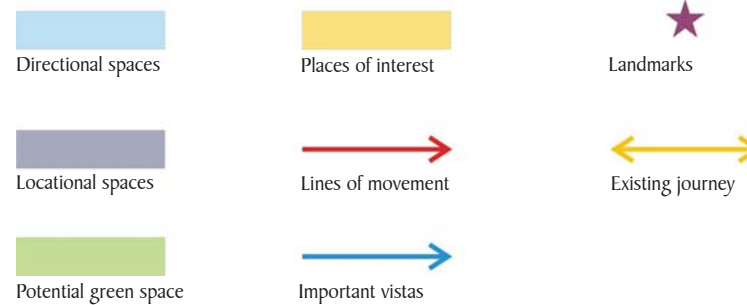


Fig. 7.1: Master plan concept. (Author, 2008)



7.4.2 Circulation control

Transitional zones play a prominent role in the intended control of circulation and access. Certain transitional zones were identified in the framework and these will be developed into nodes of transitional activity, for example waiting, pick-up and drop-off zones; access control points and trading areas. From these nodes movement can disperse into other directions. Transitional zones should always be linked to a directional or adjacent locational space.

Movement within the premises of the T.R.H is largely guided by the position of the existing steam pipe network which will be used as a secondary way of strengthening the imageability of the site and guiding pedestrian movement. Also refer to **Fig. 3.17**. Vehicular access should be restricted to Gate 8 for staff and students; and to the existing entrance to the new parking lot for visitors. The services entrance will remain. It is important that the master plan makes provision for access to fire hydrants in the case of fire.

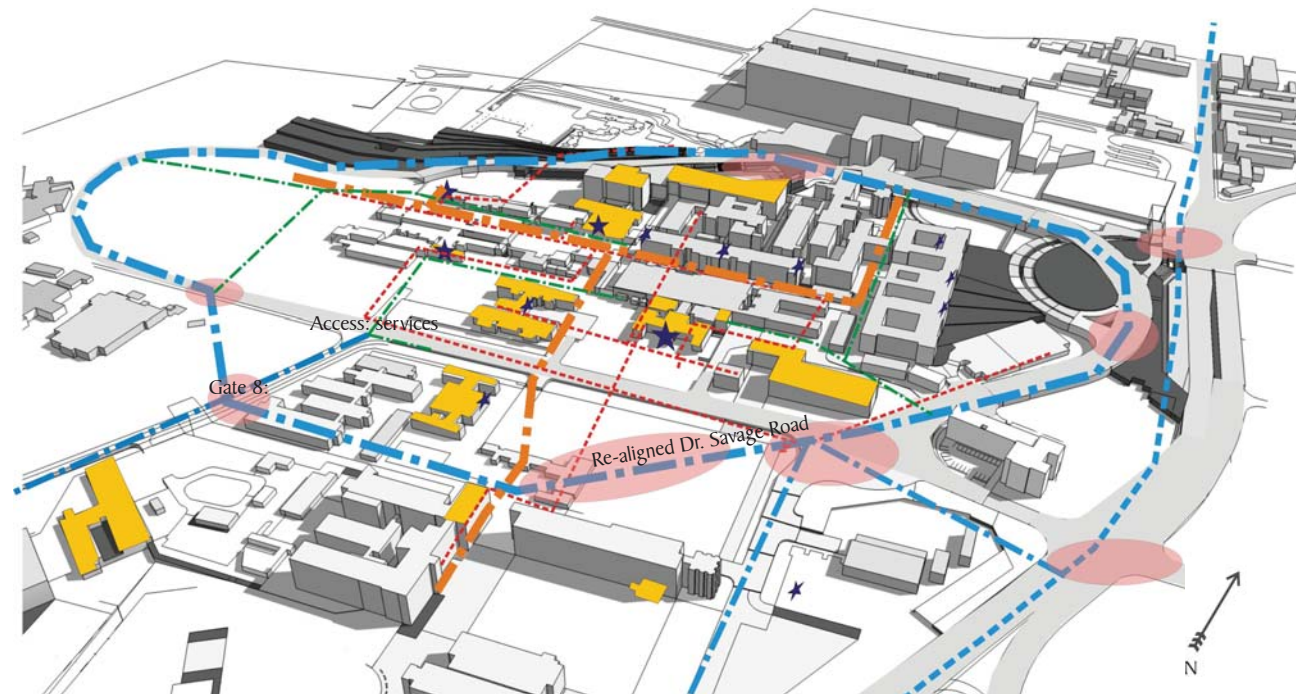
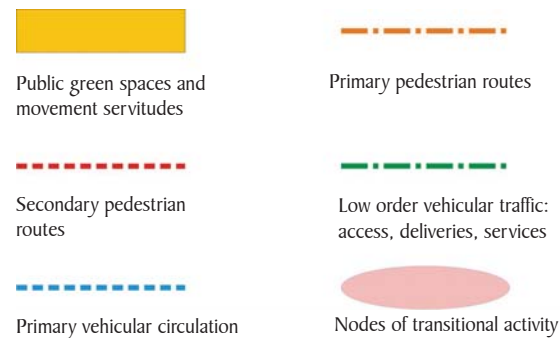


Fig. 7.2: Primary circulation.. (Author, 2008)



7.4.3 Legibility

Movement should be guided from the transitional spaces towards other activities through corridors and edges. The existing fabric should be exploited to further develop and emphasise local centres of social interaction and social imageability. This will lead to movement through the fabric in the form of sequential experiences that install sense of place and guide orientation.

The imageability of commonly used areas can be intensified through a colour-coded system imposed on the master plan areas. By repeating a specific colour, pattern or texture within a specific area, it subjectively intensifies the sense of place. It also serves as a guide to direct illiterate users.

The zones which were selected are based on function and visibility and include the following:

- Dr. Savage Plaza
- H.W. Snyman building; H.W. Snyman Square and associated activities such as the chapel and children's garden.
- The secondary line of movement with all associated spaces and functions should read strongly as the east – west spine of

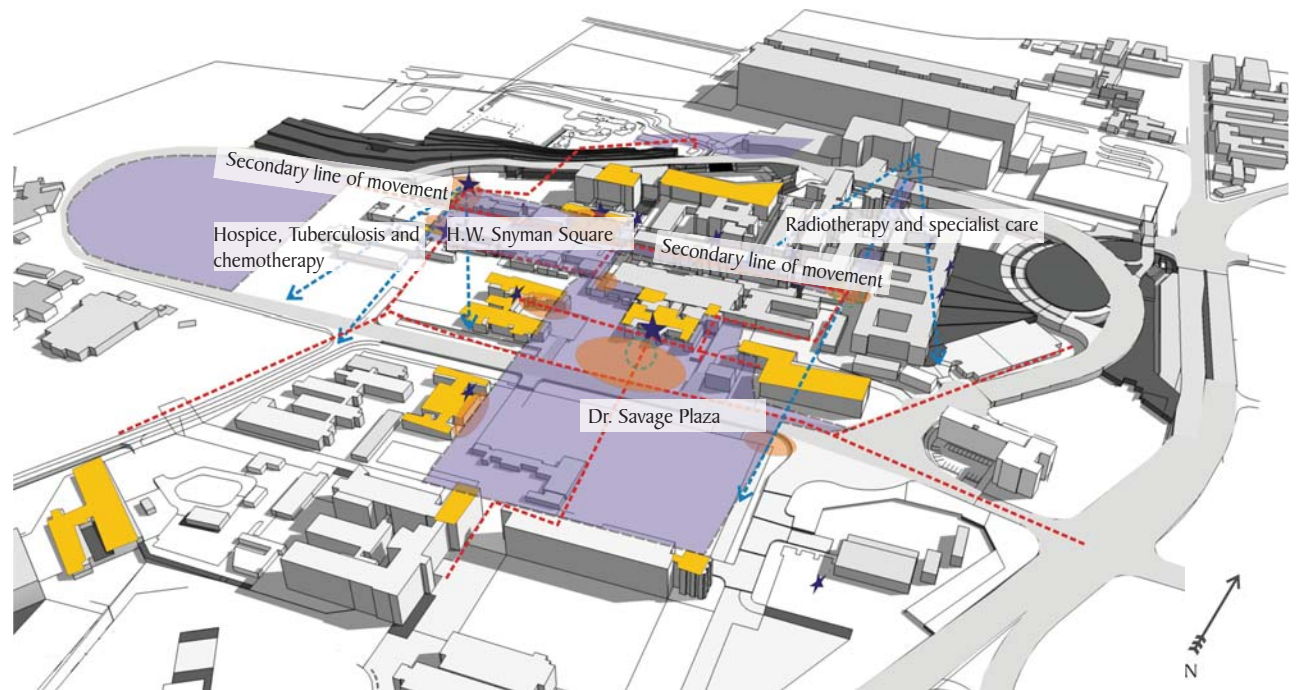
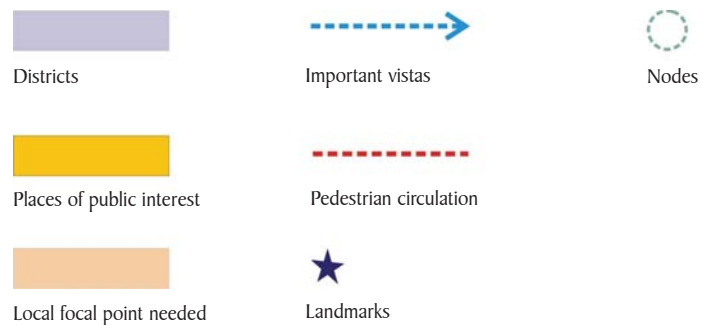


Fig. 7.3: Legibility zones. (Author, 2008)



the master plan area. The north – south spine will be defined by the intervention of the line of movement by Dr. Savage plaza. From the main entrance of the building, the plaza becomes an interior space.

- The Hospice, Chemotherapy wing and Tuberculosis hospital and their shared spaces.
- The Radiotherapy wing and Specialist Treatment







7.4.4 Space reclamation

Different activities are located along the lines of movement. These relate closely to the functions of buildings in close proximity, as well as the users of the spaces. Space reclamation is vital in improving the imageability of the area by reducing the number of vacant, weed-invested spaces. The users require specific functions, and these provide scope for reclaiming lost space:

- Student parking
- Staff parking
- Public plaza
- New buildings
- Visitor parking and drop-off zones
- Centres of social imageability for students at front and rear of H.W. Snyman Building.



Fig. 7.4 User groups. (Author, 2008)

	
Hostel residents	Services and support staff
	
General health care and health staff	Students
	
Transitional	Specialist care and staff



- Waiting areas at the Pharmacies, Hospice and Tuberculosis ward
- A vegetable and herb garden at the the Tuberculosis ward.
- Children’s garden at ward 2.
- Centres of restoration for staff and visitors.
- A memorial garden at the chapel.
- A contemplative space at the Pastoral Services building.
- Walkways and boulevards, leading from newly constructed parking lots towards the corridors of movement
- Irrigation dam for maintenance strategy

7.4.5 Safety

After numerous site visits, it is the opinion of the author that perceived safety is much more important than actual crime statistics. Although the area is presently dubious, the internal areas are not unsafe, they are merely unmaintained. The existing transitional areas are not hazardous, they are merely mismanaged. The introduction of a system of legible corridors and centres will define lines of movement and if these are well-maintained the user will regain trust in the respectability of the institution.

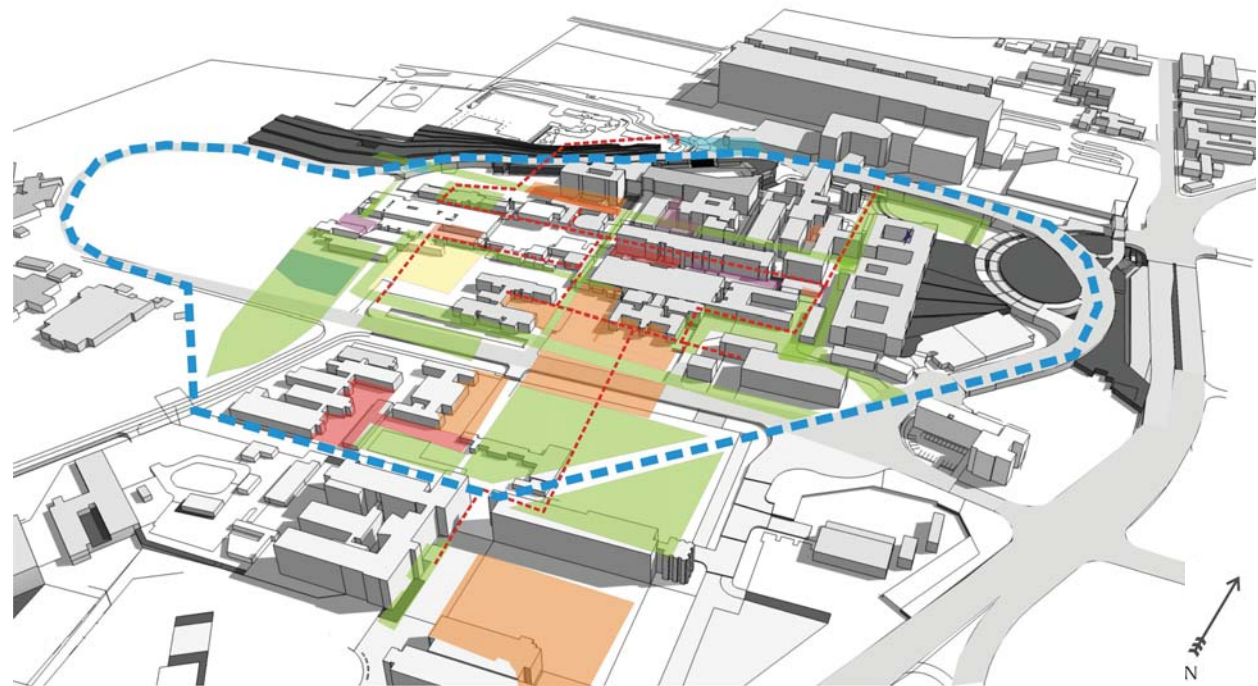
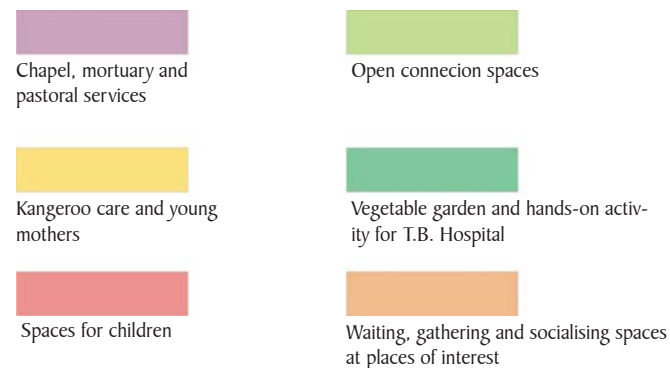


Fig. 7.5: Network of restorative spaces (Author, 2008)



7.4.6 Intensity of experience

The relationship between direction and centres can also be described as a relationship between movement and activity. To compile a zoning map for the Master Plan, this conceptual diagram of intensity of experience was combined with user needs, an existing experiential landscape map and the analysis of the three journeys.

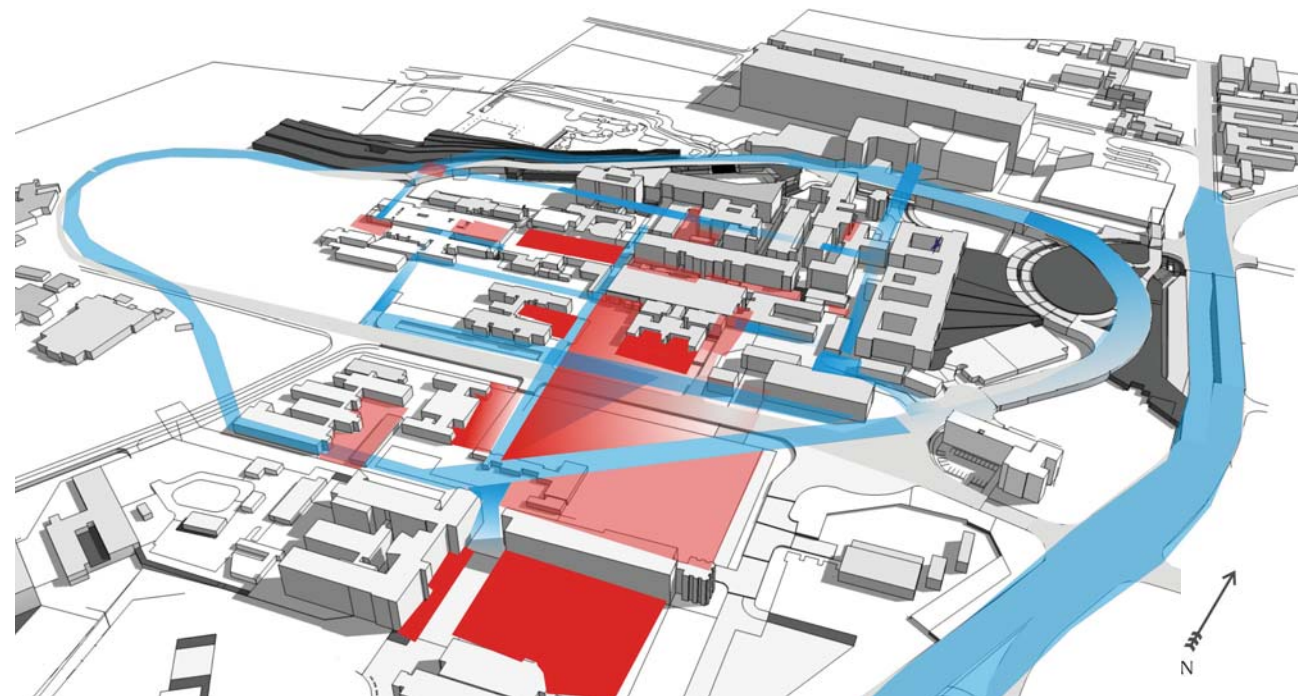


Fig. 7.6: Intensity of experience. (Author, 2008)



7.4.7 Combined zoning map

The discussion of circulation, legibility, users and under-utilised spaces which could potentially host activities, were included in the restorative network. In addition to those functions, transitional or infill activities are required to guide the journey and establish the intensity of experience. The zoning map further classifies the restorative network into some main categories as listed below:

- boulevard or axial line of movement
- square space
- green space
- waiting areas
- gathering spaces
- parking
- pick-up and drop-off zones

The zoning map will be used to inform the concept for the master plan, which will be discussed later on.

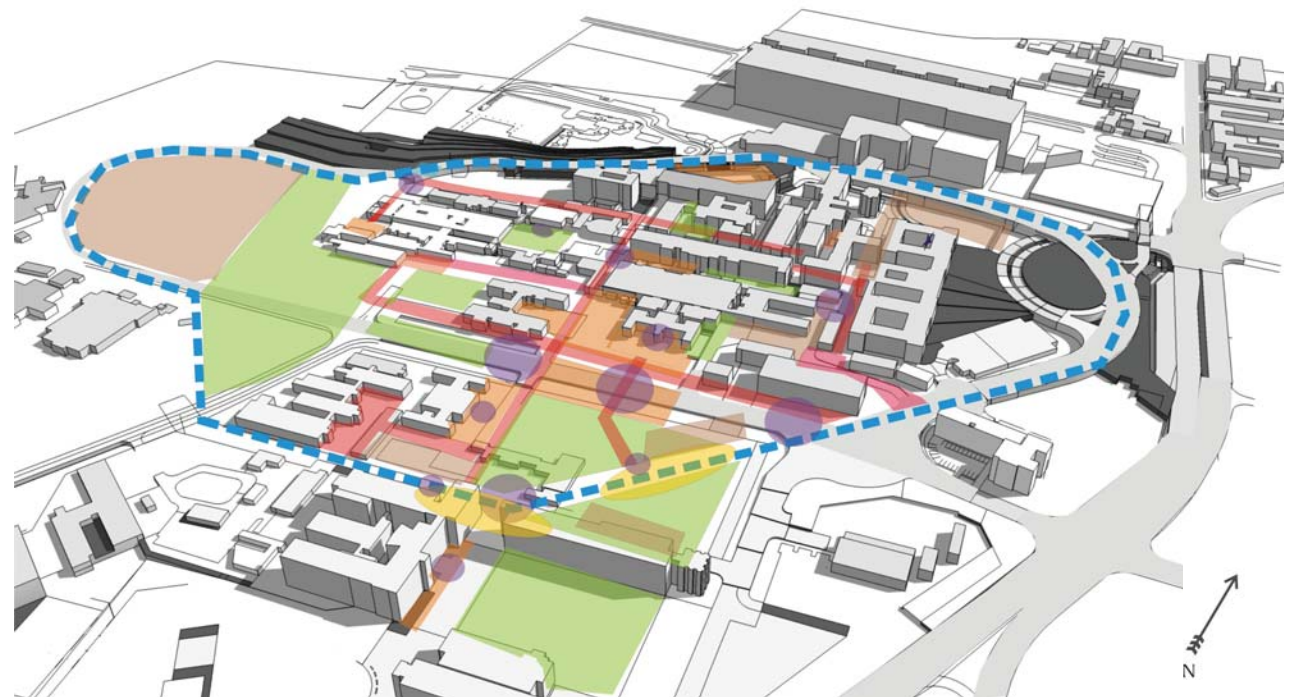
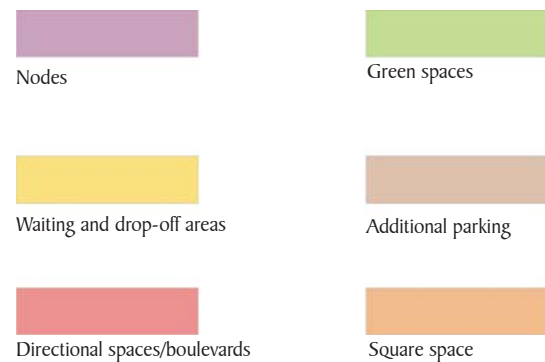


Fig. 7.7: Proposed zoning. (Author, 2008)

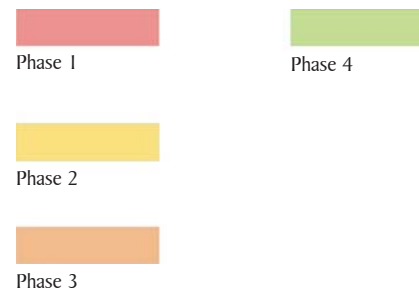


7.4.8 Phasing

- 1 – Re-alignment of Dr. Savage Rd to complete the ring system and associated parking areas.
- 2a – Upgrade and construct secondary lines of movement with waiting areas, more parking and access control
- 2b – Develop eastern wing of secondary line of movement to and from Pharmacy, Pastoral Services and Acute Care
- 3 – Develop square spaces
- 4 – Dedicated restorative spaces



Fig. 7.8: Proposed phasing. (Author, 2008)



7.4.9 Experiential landscape map

The proposed experiential map compiled by the author indicates a simulation of how the experiential qualities of the master plan can be improved. The map of anticipated experiential qualities in terms of the CDTA theory of Thwaites and Simkins (2007), very clearly illustrates the transitional area bordering Dr. Savage rd as commanding the most intense experience. Thus, Dr. Savage Plaza will be developed as the most important node of the open space system.

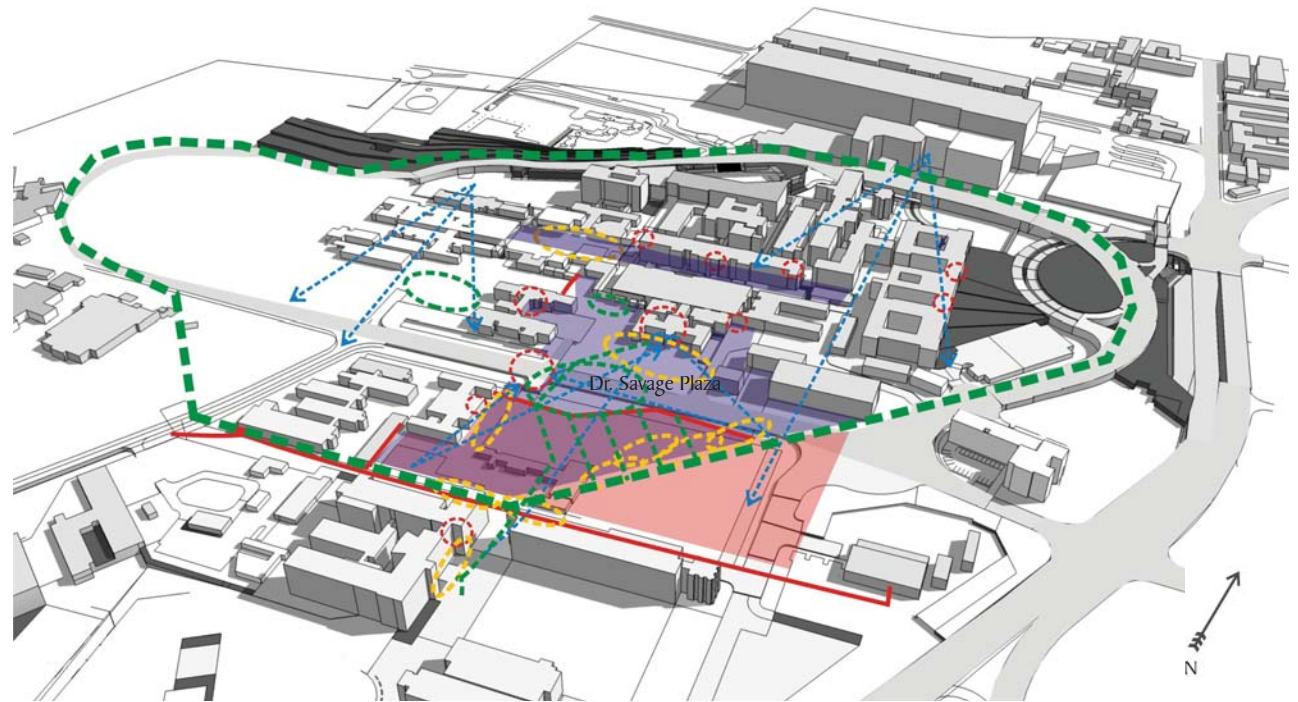
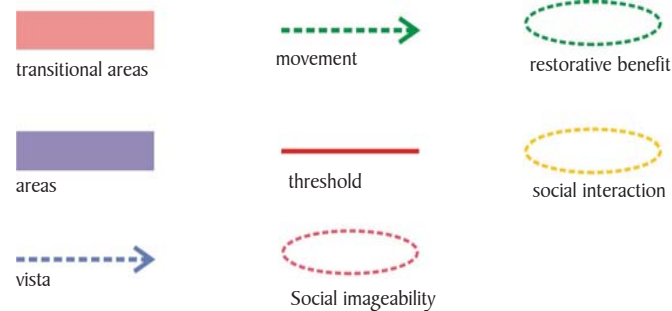


Fig. 7.9: Anticipated experiential landscape map. (Author, 2008)



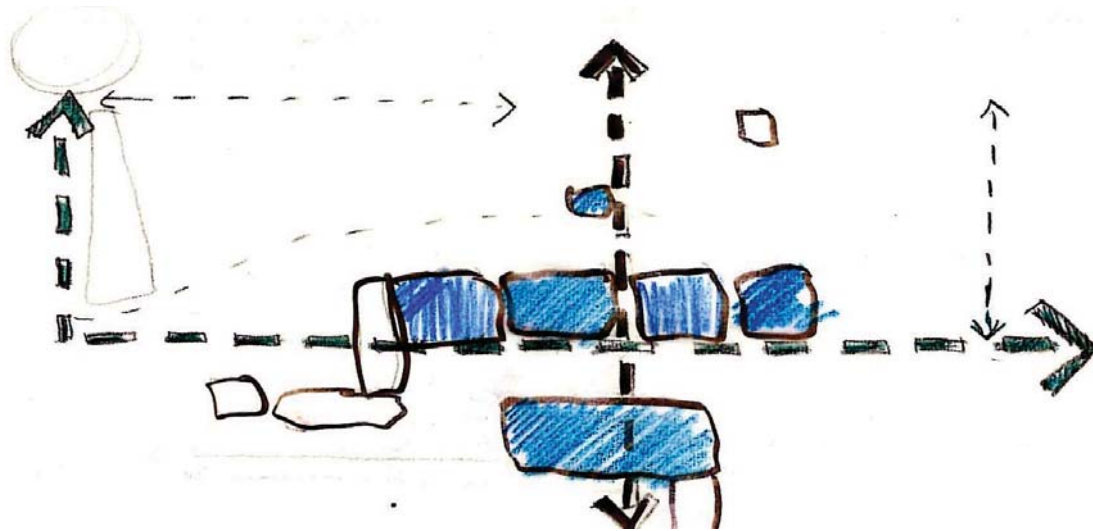












Fig. 7.10: Hypothesis. (Author, 2008)

The concept of the master plan is proof of the hypothesis as stated in Chapter 2; and objectives for the master plan area as listed under Section 7.2. The master plan is composed of a hierarchy of open spaces that guide direction through the fabric, which reduces the fragmented nature of the Hospital Hill. Furthermore the following can be stated:

- The proposed master plan reclaims the importance of the T.R.H as a public institution, specifically through the development of Dr. Savage Plaza. Student parking.
- The spatial connection between the Medical Campus and the Prinshof Campus of the University of Pretoria.
- Through a hierarchy of spaces which pays attention to the experiential qualities of moving through space, illegibility and lack of circulation control is addressed.
- Many of the vacant spaces that are a result of the implementation of the T.R.H.M can be redevelopment as spaces dedicated to the benefit of public health.

-  Places of public interest
-  Directional spaces and transitional zones
-  Semi-public open spaces
-  Private, dedicated open spaces
-  Pedestrian movement
-  Important vistas
-  Landmarks
-  Primary vehicular circulation
-  Secondary vehicular circulation (Access and services)
-  Network of directional spaces, as per hypothesis

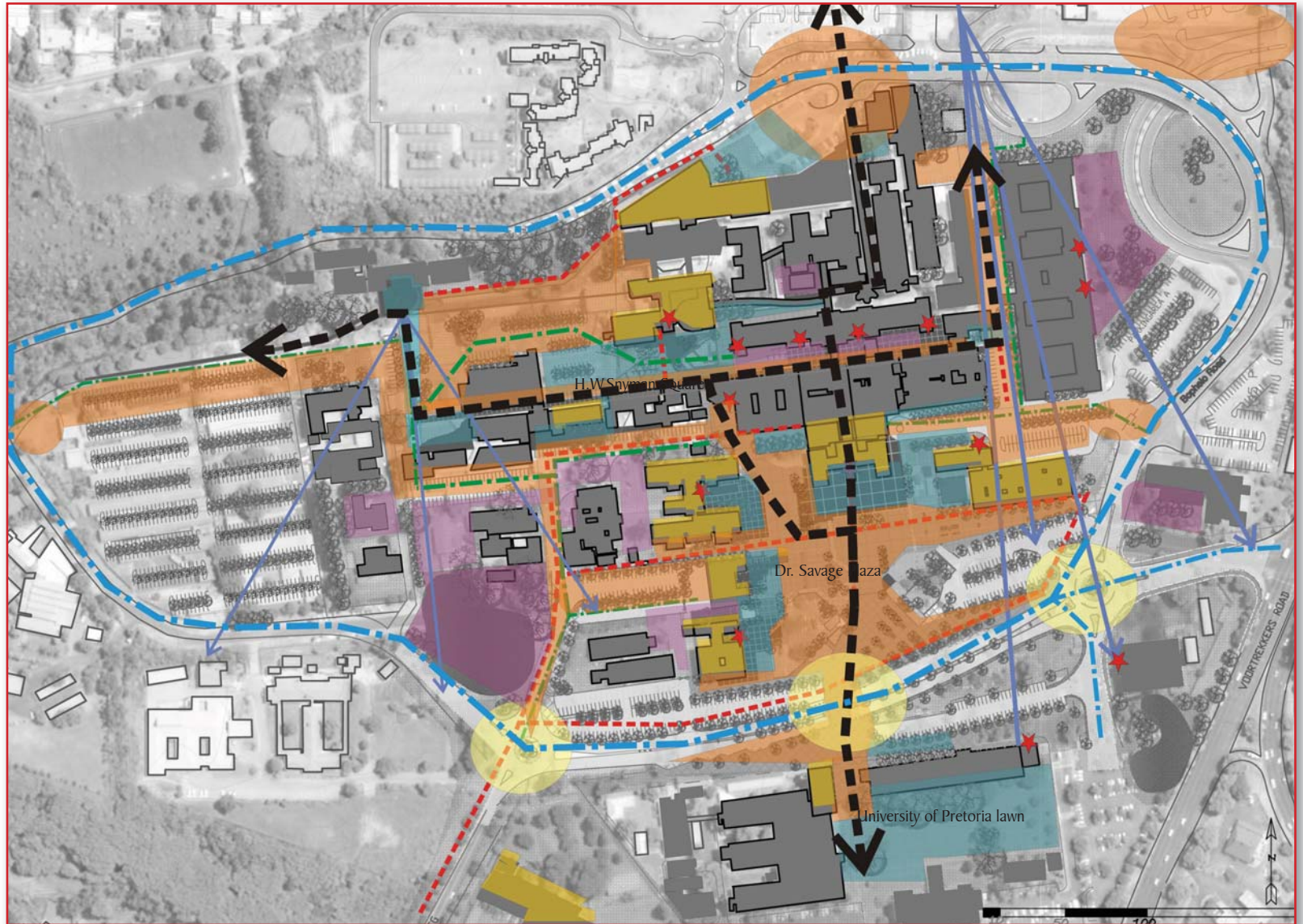


Fig. 7.11: Master Plan Concept. (Author, 2008)

Land use:

- A : Services, repairs and horticulture
- B : Mortuary
- C : Chemotherapy and cancer patients' wards
- D : Hospice and pharmacy
- E : Services: linen, archives and waste
- F : Specialised research
- G : Surgery and physiotherapy
- H : Services: Kitchens, linen
- I : General wards (x 5 levels)
- J : Trauma and emergency
- K : Skinner clinic
- L : Main admin reception and banking hall
- M : Psychiatric ward
- N : Pastoral services
- O : Chapel
- P : Children's ward
- Q : University of Pretoria Medical campus
- R : Radiotherapy
- S : Residences
- T : Out patients and pharmacy
- U : Services: steam pipe network
- V : Dental clinic
- W : Cripple care
- X : Creche
- Y : Kiosk and shop
- Z : Tuberculosis hospital and "Kangeroo Care"
- AA : Hospice

Activities:

- 1 : Student parking
- 2 : Gathering and outdoor space in front of Dennekruijn hostel
- 3 : Boulevard from parking towards University of Pretoria
- 4 : Secondary line of movement : Covered walkway which opens up into flanked, useable outdoor space
- 5 : Vegetated berms form part of patient walkways (exercise corridor)
- 6 : Additional "soft" parking with access for fire hydrant
- 7 : H. W Snyman Square - Multi-functional outdoor space for University of Pretoria Medical Campus. Refer to Sections D and E
- 8 : Children and family spaces
- 9 : Memorial wall and chapel
- 10 : Quiet and contemplative space at pastoral services
- 11 : Outdoor space for general wards and staff
- 12 : Gathering space at entrance to Curlitzia residence
- 13 : Emergency drop-off zone, parking and staff parking
- 14 : Access control - Emergencies, drop-off and staff
- 15 : Re-aligned Dr. Savage Rd
- 16 a : Parking (mostly students)
- 16 b : Parking (mostly patients and visitors)
- 16 c : Parking (mostly staff)
- 17 : Drop - off zones

- 18 : Trading
- 19 : Outdoor space for Dental care
- 20 : Children's play area and connection to existing creche
- 21 : Outdoor restaurant seating, lockers and information kiosk and ATM
- 22 : Information tower and green wall
- 23 : Outdoor waiting areas for Skinner clinic, Out Patients and Trauma Unit
- 24 : Plinth to main building
- 25 : Green, private spaces for "Kangeroo Care" and Tuberculosis hospital
- 26 : Vegetable garden for Tuberculosis Hospital
- 27 : Outdoor areas and reception for Hospice
- 28 : Memorial garden
- 29 : Access control: staff and services
- 30 : Irrigation dam 1 (Refer to Section on Hydrology)
- 31 : Irrigation dam 2
- 32 : Green corridor between University of Pretoria (Prinshof Campus) and Cripple Care
- 33 : Gardens of the State Mortuary
- 34 : Pretoria Academic Hospital
- 35 : Existing courtyard at Radiotherapy
- 36 : Reception and socialising space for H.W. Snyman Building (University of Pretoria)
- 37 : Private outdoor areas for residences
- 38 : Great lawn. (University of Pretoria)
- 39 : Pedestrian crossing (Dr. Savage Road)



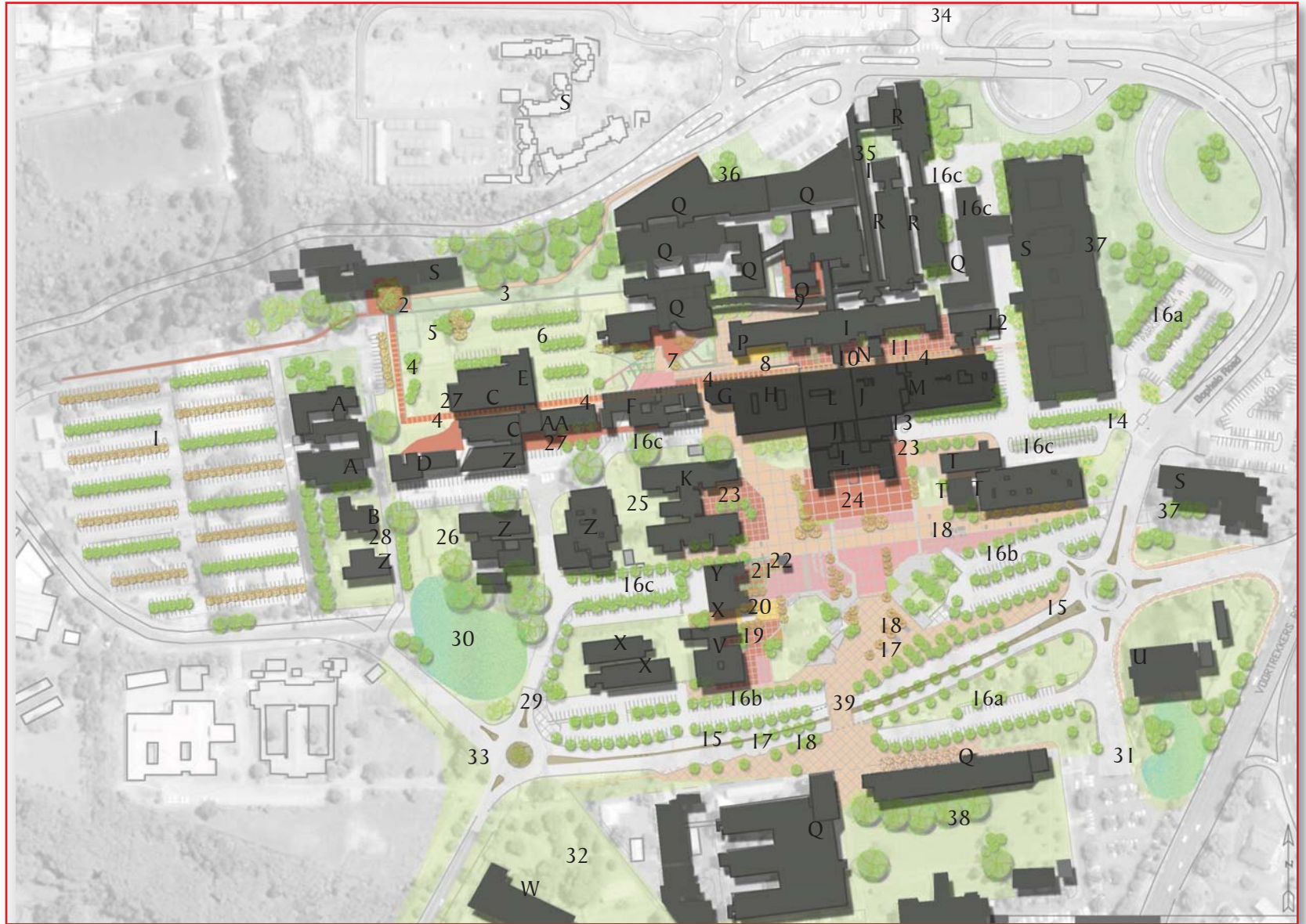


Fig. 7.12: Proposed Master Plan (Author, 2008)