EXAMPLE DESIGN STATEMENT

EXAMPLE FOR ACUTE TREATMENT FACILITY

Introduction: The new ACAD facility will bring together onto one site the following day services, in an integrated manner:

Day Surgery, Imaging, Endoscopy, Endoscopy Reprocessing, Ophthalmology, Renal Dialysis, Urology, Gynaecology, Health Records, Medical Illustration, Laboratory Facilities, Minor Injuries and Out of Hours Medical Service, Nuclear Medicine, Physical Assessment and Rehabilitation Unit, Pharmacy, Cardiology, Clinical Physics, Cardiac Rehabilitation, Dental, Respiratory, Diabetes, Pain Clinic, ENT/Audiology, Dermatology.

THE NON-NEGOTIABLES FOR PATIENTS

The ACAD must be patient focused to reduce clinical waiting times (through time taken transferring patents between different areas of the facility), and ensure that patients arrive at the correct location in good time and with minimum levels of additional stress and anxiety. The building diagram MUST therefore be designed around the patient pathway and the patient experience, and the success of the project is predicated on the following:

	Agreed Non-Negotiable Performance Criteria **(Investment Objective / Customer Quality Expectation)**	**Benchmarks** **The standard to be met and /or some views of "what success might look like"**
1.1	Site: the site must be in North Cityburgh convenient to the community it serves and with good transport links.	Site within 20 minutes travel distance of the city centre and the bypass.
1.2	Planned patient access: most patients will attend the ACAD for an appointment at a specific time; those attending an outpatient clinic may or may not be accompanied (and therefore may use various forms of transport inc public if convenient); those attending day surgery will require to be accompanied (likely to come by car/taxi). Access for all groups must be convenient; not stress raising.	Public transport: bus stop within 20m of the entrance. Drop-off and taxi rank facilities within 20m of the entrance Parking for those accompanying patients must be within 2 minutes walk of the main entrance. The provision of such parking must not dominate the arrival experience for those coming by other means.
1.3	Emergency patient access: this is required to the Minor Injuries Unit only and must be planned to accommodate both ambulances and private vehicles arrivals arriving on an unplanned visit in being driven by people in a state of raised anxiety.	The entrance to the MIU to be located so that it is visible from the public road or main campus circulation route. Covered Ambulance drop-off within 5m of entrance Vehicle drop-off within 20m of entrance. Short term parking within 50m of entrance. Blue light access to be segregated from general access.
1.4	Main entrance: the entrance to the ACAD must be clearly identifiable and designed to be welcoming and to lower stress. If (due to site conditions or other factors) there requires to be more than one access point to the building all entrances should lead directly to a single entrance space.	 What might success look like? Stobhill Hospital, Glasgow

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1.5 Wayfinding: the patient journey within the building should be minimised with clear and legible way-finding. Key considerations are:

- Welcoming and calming
- Good use of daylight and links to nature
- There should be a single reception point visible from all public entrances, and all sub-reception areas should be visible from the main reception point.
- Distinctive – the places and spaces on the route must be distinctive (through the form of the building, the links to outside views and the use of art) to aid orientation
- Inclusive Design – both from physical disability and dementia friendly perspectives.
- Privacy and Dignity - circulation routes for those in a reduced state of dress must be separate from public routes.

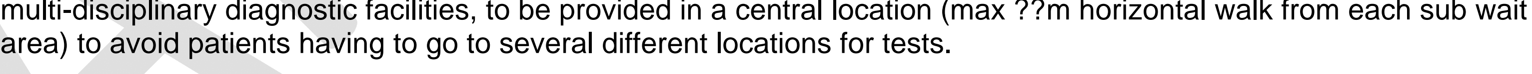
What might success look like?: Stobhill Hospital Glasgow; Arches, Belfast;

1.6 Ethos: the building must embody and convey the ethos of a competent health organisation: it must feel welcoming, therapeutic, modern and efficient.

..designed with *"a level of care and thought that conveys respect"* Dr Harry Burns

What might success look like? Rikshospitalet, Norway; Cork University Maternity Hospital, Ireland

1.7 Organisation: the design and operation of the building will be patient focused.



multi-disciplinary diagnostic facilities, to be provided in a central location (max ??m horizontal walk from each sub wait area) to avoid patients having to go to several different locations for tests.

1.8 Patients' human needs: Privacy and dignity are imperative.

Reception areas should allow discussion of private matters. Waiting areas should be separated from public circulation areas.

Patients may be at the facility for an extended period and their personal needs must be catered for in terms of readily accessible toilets, attractive catering facilities, and access to external spaces

What might success look like?:

Stobhill Hospital: café and public toilets located in main entrance with access to external spaces.

St Olav's Hospital, Trondheim

2 THE NON-NEGOTIABLES FOR STAFF

The ACAD will focus on planned activities and operate standard working hours, with the exception of the Minor Injuries Unit. The efficient running of the facility is therefore predicated on the following:

Agreed Non-Negotiable Performance Criteria **(Investment Objective / Customer Quality Expectation)**	**Benchmarks** **The standards to be met and /or some views of "what success might look like"**
2.1 Site: the service to be provided is stand alone and therefore must be self-sufficient in its normal operation. It does not require to be on an existing hospital site, however there is the need for associated ward facility to accommodate patients who cannot be discharged within normal working hours.	Five mins transfer time to overnight beds suitable for patients recovering from surgery. This may be provided within the project or by co-location with suitable facility with excess capacity.
2.2 Accessibility: the facility must be accessible for staff. The transport strategy and provision must be built around need and to encourage the majority of staff who are on standardised hours to contribute to achievement of the green travel plan.	Two minutes max walking distance from staff entrance to bus stop with services at max 10 mins intervals during peak working hours. Essential users parking: 50m max to car park spaces from staff entrance. General staff parking: five minutes max walking distance from staff entrance, via well lit and observed route.
Suitable place of work and functional compliance: the facility must be an attractive place to work, providing up to date facilities to attract and maintain the calibre of staff required as a centre of excellence. Key spaces are operating theatres, imaging rooms and consulting/examination rooms - these are described below and benchmarks for these are provided to give a view of the human 'qualities' to be considered in addition to HBN and HTMs for these areas.	
2.3 Operating Theatres: Key considerations in the design of the theatres are: • The facility must be suitable for both the clinical task to be undertaken, but also for teaching. • Daylight - without glare or overheating. • Distant views without compromising privacy.	 What might success look like? The Royal Alexandra Hospital, Brighton; Circle Hospital, Bath
2.4 Consulting Room : Key considerations in the design of consulting and treatment rooms are: • Welcoming and calming, with good use of daylight • Inclusive Design – both from physical disability and dementia friendly perspectives • Privacy and Dignity • Staff safety • The facility must be suitable for both the clinical task to be undertaken, but also for teaching. See also 2.7 below	 Image of another consult / treatment room that the team visited and liked What might success look like? A sketch from 'ideas' website

EXAMPLE

2.5 Imaging rooms: Key considerations in the design of the imaging rooms are:

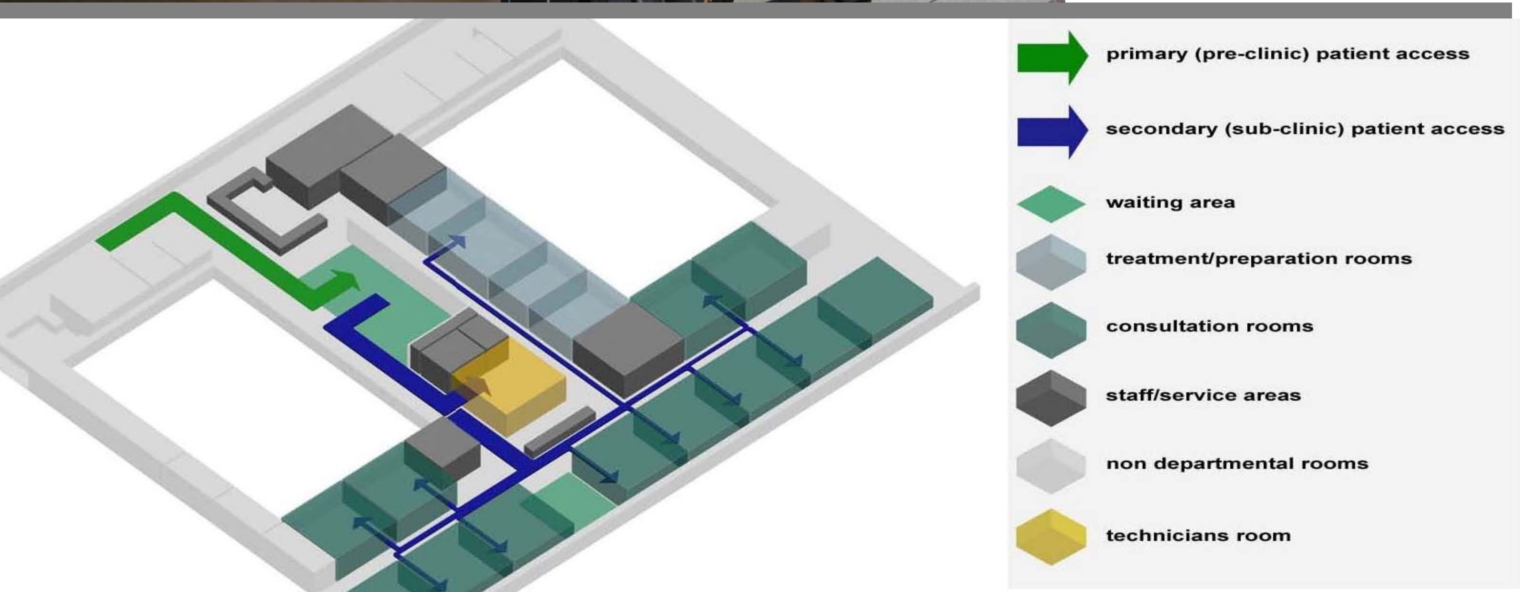
- Simple access from a well considered waiting area - including changing where required, avoiding a requirement for patients to sit in waiting areas in a state of partial undress
- Appropriate attention to patient reassurance (particularly the visual environment) the specific solution should respond to the particular imaging process to be undertaken.
- Effective and discreet radiation screening for staff where required
- Transfer to ward accommodation should be internal with a preferred maximum travel time of 5 minutes.
- Imaging suites must allow easy replacement of equipment.

Images of other rooms or waiting areas the group visited and liked

2.6 Human needs: the facility should be self-sufficient in terms of staff amenity with catering and changing facilities and respite areas segregated from patient areas. There should also be opportunities for social interaction with colleagues from other disciplines opportunities for physical exercise.

What might success look like? As nice at the Carlisle Centre, Belfast, but MUCH BIGGER!

2.7 Flexibility in use: consulting examination rooms should be standardised as far as possible to allow flexible allocation to a wide range of disciplines, and arranged in such a manner that the number of consulting rooms serviced by any one sub-waiting area to be varied to allow clinic sizes to expand and contract. (see opposite the circulation diagram adopted at Stobhill hospital, Glasgow.)



2.8 HAI: the design must support staff in their working practices to address Healthcare Associated Infections.

Benchmark: HAI-Scribe assessment process.

2.9 Cleanliness: the building must be easy and cost effective to clean and maintain, with FM traffic separated from public areas.

Benchmark: material durability, life cycle costs, frequency of cleaning; generally clinical surfaces should be light coloured so that they can be seen to be clean.

3 NON-NEGOTIABLES FOR VISITORS

There should be little demand for conventional hospital visitors in an ACAD; most visitors will be accompanying patients, and therefore there are few additional criteria set for this group:

Agreed Non-Negotiable Performance Criteria (Investment Objective / Customer Quality Expectation)	Benchmarks The standard to be met and /or some views of "what success might look like"
3.1 Human needs: waiting areas should be comfortable, with access to facilities for children's play, and access to an external garden space.	As 1.8 above. Plus need for child play areas (Kaleidoscope Centre, Lewisham pictured) Provision of a crèche to allow patients or visitors to drop off children during their appointment.

4 ALIGNMENT OF INVESTMENT WITH POLICY

Agreed Non-Negotiable Criteria (Investment Objective / Customer Quality Expectation)	Benchmarks The criteria to be met and /or some views of "what success might look like"
4.1 Local Need The provision of the facility in north Cityburgh represents a significant public investment in an area, parts of which experience multiple deprivation and must therefore contribute to the achievement of the 5 strategic outcomes in relation to the population of the area. Specifically the development must contribute to the delivery of commitments given in the Single Outcome Agreement and contribute to the realisation of improvements to the special and physical nature as of the area as described in the Local Development Plan: • *List applicable aims*	*client group to insert criteria given in the SOA and the LDP that are to be realised though the investment – likely to cover the following areas* • *physical regeneration – perhaps increasing skills and employment opportunities* • *public realm improvements – perhaps including increased personal safety and reduction in crime* • *local HIA – through both availability of services supporting patients and carers but also as part of biodiversity/green travel/access to green spaces...*
4.2 Future Flexibility and Expansion. To allow for new and altered facilities that cannot be developed within the existing envelop, the building should be capable of expansion without compromising the above non negotiables – that means it should not occupy the whole if its site at the outset.	??% expansion space to be allowed adjacent to ??? areas include ??% expansion capacity in M&E
4.3 Sustainability	The building will achieve BREEAM Health excellent The design and construction of the facility will contribute to NHS???'s commitments in terms of – Good Corporate Citizen Assessment Model.

The above where agreed by the involvement of the following stakeholder groups: ***?????***

EXAMPLE

5 SAMPLE SELF ASSESSMENT PROCESS – V1 at Initial Agreement Stage

Decision Point	Authority of decision	Additional skills or other perspectives	How the above criteria will be considered at this stage and/or valued in the decision	Information needed to allow evaluation
Site selection	Decision by Health Board with advice from Project Board	Comment to be sought from National Design Assessment Process (NDAP) to inform Board's consideration	Risk/benefit analysis considering the capacity of the sites to deliver a development that meets the criteria above.	Site feasibility studies (including sketch design to RIBA stage B) for alternate sites or completed masterplan (for site with the potential for multiple projects). Cost estimates (both construction and running costs) based on feasibility.
Completion of brief to go to market.	Decision by Project Board with advice from the Project Manager	Peer review by colleague with no previous connection to the project.	Is the above design statement included in the brief? Can the developed brief be fulfilled without fulfilling the above requirements?	Public sector comparator design (to published guidance) will be prepared to test the brief if the project is likely to be delivered through an NPD model.
Selection of Delivery/Design team	Decision by Project Board with advice from the Project Manager	Design advisor external to the project team	Quality cost ratio to be at upper level of guidance for complex projects contained in Annex A, para A.3.5 of Scottish Construction Procurement Manual CEL(2009)50 – the selection ratio and criteria to be published at the point of going to market to assist in attracting appropriate skills. Within the 'quality' section, the potential to deliver 'quality' of the end product in terms of the above criteria shall be greater than the aspects of 'quality of service' in terms of delivery. Compliance with service standards (such as PII levels etc) shall be criteria for a compliant bid and not part of the quality assessment.	Sketch 'design approach' submitted with bid (the stage and detail of these to be appropriate to procurement route chosen). The client team will visit 2 completed buildings by Architects in shortlisted team, to view facility and talk to the clients At interview, a section of presentation and questioning to be on design approach and potential of the team to deliver on above criteria.
Selection of early design concept from options developed	Decision by Project Board with advice from the Project Manager	Comment to be sought from NDAP	Assessment of options, using AEDET or other methodology, to evaluate the likelihood of the options delivering a development that meets the criteria above.	Sketch proposals developed to RIBA stage C, coloured to distinguish between main use types (bedrooms, dayspace, circulation, treatment, staff facilities, usable external space). Rough model.
Approval of design proposals to be submitted to planning authority	Decision by Health Board with advice from the Project Board		Assessment of options, using AEDET or other methodology, to evaluate the likelihood of the options delivering a development that meets the criteria above.	
Approval of detailed design proposals to allow construction	Decision by Project Board with advice from the Project Manager		Assessment of options, using AEDET or other methodology, to evaluate the likelihood of the options delivering a development that meets the criteria above.	
Post occupancy evaluations	Consideration by Health Board - lessons fed to SGHD	Design and healthcare advisors external to team	Assessment of completed development by representatives of the stakeholder groups involved in establishing the above against the goals they set.	

EXAMPLE