

EXAMPLE DESIGN STATEMENTS :

EXAMPLE FOR AN INPATIENT FACILITY

Introduction:

The mental health inpatient facility will bring together the inpatient services onto one site as a mental health campus, offering inpatient care and treatment in an integrated, healing and stigma reducing facility.

THE NON-NEGOTIABLES FOR PATIENTS

The mental health facility must be patient focused to provide reassuring and therapeutic accommodation, conveniently located and with a minimum of social stigma.

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"
<p>1.1 Location: the developed facility must be in Cityburgh convenient to the population it serves; and co-located with other healthcare facilities to dilute the stigma of attending a specific mental health site.</p>	<p>Site within 20 minutes travel distance of the city centre and the bypass. Site on or adjacent to existing or planned (within 5 years) healthcare facility.</p>
<p>1.2 Patient access: admission may be planned or unplanned, and can be via A&E, community mental health, primary care (including GPs), other inpatient settings, outpatient clinics or crisis services. Therefore patients will be arriving by a range of means from public transport, private car and ambulance. The experience of arrival should be both convenient and pleasant.</p>	<p>Public transport: bus stop within 20m of the entrance. Drop-off and taxi rank facilities within 20m of the entrance Emergency patient access: there must be a discrete entrance for emergency receipt and transfer of disturbed patients. 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.</p>
<p>1.3 Impression and Ethos</p> <p>The impression of the facility must be welcoming and reassuring, but not attract undue attention. The entrance should be obvious to visitors but unobtrusive to passers-by.</p> <p>The building must embody and convey the ethos of a competent health organisation: it must feel welcoming, therapeutic, modern and efficient. It may look and feel more like a hotel than a hospital.</p>	 <p>What might success look like? Kentish Town Health Centre; Carlisle Health Centre, Belfast ; Pulross Medical Centre</p>
<p>1.4 Organisation and wayfinding: there must be a separation between the residential accommodation and the treatment facility as though there was a 'journey to work'.</p> <p>That journey, and other communication routes, must be safe, secure and pleasant, with clear visual signals (both in the form of the building, views out and the use of art) to provide identity aiding orientation and wayfinding.</p>	 <p>What might success look like? Stratheden Mental Health Unit (NHS Fife); Woodhaven Mental Health Unit; Glasgow Homeopathic Hospital;</p>

1.5 Patient experience:

Accommodation must be arranged such that i) patient groupings are of a reasonable social scale and ii) segregation by gender is readily managed.

There should be no more restrictions on a person's freedom than is warranted by his or her clinical condition. When and where appropriate, patients must be able to access a choice of environments; giving the option of the privacy of one's own room, a social communal space, and external garden space. The interrelation of these spaces must facilitate and encourage easy use whilst not impacting adjacent uses (e.g. people in an open garden space must not be able to look directly into a private bedroom space).



Inpatient accommodation to be divided into units of not more than 15 patients. Each unit must be capable of segregating the sexes both inside and, ideally, within garden areas. The living accommodation must give access to inherently secure external garden spaces.

What might success look like? Woodhaven Mental Health Unit, Bamburgh Mental Health Unit

Patient Environment : There are three key spaces that are at the heart of the patient's experience and daily life and therefore these are described and benchmarked below.

1.6 **Bedrooms:** Single bedrooms with en-suite facilities will be provided that balance the patients' needs for privacy and dignity against the need for unobtrusive observation. Key considerations in the design of the rooms are:

- A home-like feel, with space for personal objects and visitors.
- Evidence Based Design – such as the impact of daylight and views and control over ones environment.
- Inclusive Design – both from physical disability and dementia friendly perspectives
- The transition from the bedroom to the circulation and communal spaces

- The view from the room – and particularly from the bed – must allow a view of landscape and/or interesting scene or activity but not allow others to view directly into the room.
- Daylighting - research has linked daylight levels to patient recovery therefore bedrooms must be placed and orientated to maximise the use of available light. No more than 20% of rooms shall be north facing.
- The rooms shall meet the standards established by the Stirling Dementia Centre and BS8300:2001
- The space immediately outside the bedroom door shall provide place for staff to sit unobtrusively and observe; a 'breathing space' in the corridor to allow patients to pause or social interaction; a view of the other facilities in the unit to encourage them to be used.



What might success look like? a sketch from 'ideas' website – Bamburgh and Stratheden mental health units

1.7 **Communal Rooms :** two rooms will be provided in each unit to allow a choice of environment. Key considerations in the design of these rooms are:

- Evidence Based Design – such as the impact of daylight and views (inc. long views beyond any courtyard) and control over ones environment.
- Inclusive Design – both from physical disability and dementia friendly perspectives.
- Easy transition to external space.



What might success look like? Maggie,s London; Stratheden Mental Health Unit, Fife; Harmony Centre, Brent.

See also 1.6 above


1.8 External spaces :

A variety of spaces will be provided that are appropriate to the patient groups in terms of interest, physical ability and utility (ie gardens for psychiatry of old age will be different to spaces for younger adults). These will be used for respite and physical therapies.



What might success look like? Maggie's London; Bamburgh Mental Health Unit; Glasgow homeopathic hospital

2 NON NEGOTIABLES FOR STAFF

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"
<p>2.1 Location: the site must be located close to an existing district general hospital, or other significant health facility, to allow convenient access to diagnostic and treatment facilities, but also to promote enhanced clinical challenge leading to a higher level of care.</p>	<p>Benchmark: 10minutes max travel time (on foot or by vehicle transfer) to relevant services.</p>
<p>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 on standardised hours to contribute to achievement of the green travel plan.</p>	<p>Two minutes max walking distance from staff entrance to bus stop with services at max 10 mins intervals during peak working hours. Essential users (such as peripatetic staff) 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.</p>
<p>2.3 An integrated facility ; The benefits of co-location of the services (below) must be enabled and encouraged by the facility</p> <ul style="list-style-type: none"> Facilitating interaction with colleagues from other disciplines Realising economies of scale and benefit through shared services and treatment areas - seeing space as a resource not a territory. 	<p>Spaces for impromptu conversations</p> 
<p>2.4 Suitable place of work and functional compliance:</p> <p>The facility must be an attractive place to work, providing up to date facilities to attract and maintain the calibre of staff required.</p> <p>Design of the physical environment is integral to the delivery of effective care and treatment: the environment is part of the treatment, and care should be taken with intervisibility (safety), freedom (level of staffing), and the therapeutic quality of the building within its landscaped setting to support an overall philosophy of recovery and social inclusion. (see patient environment above).</p> <p>Non-patient areas within the unit (such as offices, serveries and utility rooms) must be conveniently located and inherently secure from unauthorised patient access.</p>	<p>See patient environment spaces described and benchmarked in 1.6-1.8 above and main working areas. .Two key additional spaces have been identified for benchmarks, the Art Therapy and Physical Therapy Rooms.</p> <p>Key design considerations are supporting interaction and unobtrusive observation, good use of daylight, ventilation and views. The spaces should give direct access to secure external environments to allow the activity to take place outdoor as and when possible.</p> <div data-bbox="1196 1612 1745 1896" style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Image of art therapy room the team visited and liked – is it like a art's studio in a collage, a school classroom, a 'spa' conservatory where one might sketch the plants and the views....?</p> </div> <div data-bbox="1760 1612 2309 1896" style="border: 1px solid black; padding: 5px;"> <p>Images of physical therapy room the team visited and liked – is it like a spa hotel gym, a snoozlem sensory room, the physiotherapy room at the Glasgow homeopathic....?</p> </div>

2.5 Human needs: the facility must be self-sufficient in terms of staff amenity with catering and changing facilities, internal and external respite areas segregated from patient areas, and the opportunity for physical exercise.



What might success look like?
Carlisle Centre, Belfast.

2.6 The design must support staff in their working practices to address Healthcare Associated Infections.

HAI-Scribe assessment process to be used.

2.7 Flexibility in use: flexibility must be built into the accommodation to respond to challenges thrown up by changes in the patient group, new and emerging models of care in response to changes in policy, legislation and evolution of evidence based practice.

20% of bed spaces in each unit must be 'swing beds' – meaning that they can be associated with either male or female areas. Support areas such as therapy rooms will be provided in a central location to allow the shared use of resources and economies of benefit from the co-location.

2.8 The building must be easy and cost effective to clean and maintain.

The building must be durable enough to cope with the demands of this patient group, with robust impact resistant materials. It must be possible for M&E systems to be serviced without service personnel entering the patient area.

3 NON NEGOTIABLES FOR VISITORS

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"

3.1 Accessible

See sections above

3.2 Welcoming and reassuring : Waiting areas must be calm and comfortable. There should be a café area for use by both patients and visitors together, with access to facilities for children's play, and to an external garden space.



'The Arches' Belfast; Maggie's London
It should be possible for visitors to enter the building and to receive help without knowing the access codes.

4 ALIGNMENT OF INVESTMENT WITH POLICY

Agreed Non-Negotiable Criteria (Investment Objective / Customer Quality Expectation)	Benchmarks The standard to be met and /or some views of “what success might look like”
<p>4.1 Local Need</p> <p>The provision of the facility in Cityburgh represents a significant public investment 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 spatial and physical nature as of the area as described in the Local Development Plan:</p> <ul style="list-style-type: none"> • <i>List applicable aims</i> 	<p><i>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</i></p> <ul style="list-style-type: none"> • <i>physical regeneration – improving the appearance of the neighbourhood</i> • <i>public realm improvements – perhaps including increased personal safety and reduction in crime</i> • <i>local HIA – through both availability of services supporting patients and carers but also as part of biodiversity/green travel/access to green spaces...</i>
<p>4.2 Future Flexibility and Expansion.</p> <p>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.</p>	<p>??% expansion space to be allowed adjacent to ??? areas include ??% expansion capacity in M&E</p>
<p>4.3 Sustainability</p>	<p>The building will achieve BREEAM Health excellent</p> <p>The design and construction of the facility will contribute to NHS???'s commitments in terms of – Good Corporate Citizen Assessment Model.</p>

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

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 if the project is likely to be delivered through an NPD model. to test the brief
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, day space, 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	Advisors external to the project team	Assessment of completed development by representatives of the stakeholder groups involved in establishing the above against the goals they set.	