

WORKSHOP THE 'NON-NEGOTIABLES'

The guidance document includes recommended headline areas under which to consider and set the objectives of the project, but how these are used or interpreted will be specific to the aims of the project.

To assist, the headline areas are expanded upon below by a series of questions and prompts, the responses to which should inform the development of project specific 'non-negotiables'¹.

PEOPLE

PATIENTS ...a welcoming, healing and reassuring place

Converting patient pathways into the patient experience, from leaving their home to returning home.

- **Accessibility and approachability** – Is this facility to be somewhere that is part of their experience of the community structure; a familiar place they go past when shopping, maybe even pop into for information or coffee, or somewhere that is likely to be a special trip for a significant purpose?

Therefore how important is location in terms of prominence, links with public transport, parking space etc. Is it something that's an integral part of the built fabric of the community or a place apart from it? What should the initial impression be like? Can we say that drivers (other than those with a particular physical need or urgency) will not be given priority over those arriving by other means – that the facility will not face the world through a sea of carparking?

- **Welcome and wayfinding** – a place that doesn't stress you out just finding where you have to be.

A single entrance space from which you can see all secondary reception points has been achieved in a number of primary and acute care buildings – is this a non-negotiable for your project?

- **The overall ethos and appearance of the facility.**

A place that gives me confidence that I'll receive good care/treatment, and where I can retain some sense of myself rather than feel subsumed by the system – see also notes above on ethos.

- **The patient environment** – evidence based design links basic placemaking aspects such as views (positive distractions), control over your environment (noise, heat, ventilation and light etc), and a sense of privacy and human dignity to improved recovery. Can you pick a few key location types (reception/waiting areas, bedroom, and social space) and benchmark these?

- **Will there be somewhere nearby I can escape to if there's an opportunity** – a breath of fresh air on a difficult day.

PATIENTS ...a place that supports life

- **For a children's hospital** – a play space I can get to from my bed – an external space I can get to every day if I want – a place my family or friends can be with me....

¹ Once established these non-negotiables can be a useful tool both in developing the scope and authority of the project team's work, and in counteracting contrary pressures.

- For a dementia unit – a place that doesn't add to my confusion, that is reassuring and somehow familiar. A place I can still do some things for myself.
- For many wards – a place I can rest, where I can think, where I can talk in confidence or be comforted in private. A place to get away for a moment to feel I've still some choices and control.
- For outpatient facilities - a place that doesn't depress me / stress me to go to and where those that have to come with me (a carer / a driver / my children) can be kept occupied.

STAFF ...a place that supports the work

- What is the working model that is to be supported by the new/altered facility? Does it transpose current working practices or are new more integrated working methods to be used?
Can this be embodied in any specifics such as only one reception point (as opposed to one for NHS, one for social work etc) or a commonality of room specification to allow space to be used as a resource rather than a territory?
- Is it a stand-alone facility, or are links to other services/departments/community facilities critical?
This'll effect both the location and the facilities that'll be needed within the development.
- What do staff need to function effectively in terms of accessibility of the facility, functionality of working space and places to escape. Are there particular spaces you wish to benchmark?
e.g. deciding early days that there's a particular theatre design that you wish to benchmark (perhaps open plan with windows) will inform very early design approaches to ensure a view that cannot be reciprocated.
- What is the ethos of the facility? What messages is it trying to convey and what behaviours are you looking to engender? The physical nature of the building (imposing or friendly) both embodies and influences the staff/patient relationship and the types, places and modes of communication.
- What level of efficiency are you looking for and how will you approach it? Does 'lean design' mean concentrating solely on staff walking distances (and potentially making the building deep plan and artificially lit/ventilated) or are you really looking at making the briefing and design work harder so that you get more than one benefit from any space (internal and external) that you build?
eg - Designing areas that have more than one use such as combined circulation/waiting spaces with something such as an atrium that assists with daylighting and ventilation: or, placing accessible external spaces (which may be need as lightwells etc) where they can have others uses such as formal and informal therapy, play space, additional waiting, respite and contribute to the biodiversity commitment?
- What are the additional benefits you're looking for from the development?
Are you looking for it to help with staff retention or event to attract new staff – if so which facilities does it have to beat to attract the skilled employees you want?

STAFF ...a place that'll not constrain future work

- How serious are you about future flexibility?
Will you require all consulting rooms to be the same, and a proportion of such rooms serviceable from more than one sub-reception to allow different users to occupy different areas as needs change? Will you require services to be routed such that walls can be

removed/reconfigured more cheaply and the building refurbished on a floor by floor basis?
What does flexibility mean in terms of your project?

- Is expansion space an absolute?

VISITORS ...a place to meet and discuss...a place that I can leave loved ones

- Do those accompanying, or visiting patients have a significant impact on the building function and the experience of patients?
Will they take residents for a walk, or need space to meet and chat with in-patients? Will they be waiting for loved ones to come out of treatment, and need information and reassurance? Will they be there for extended periods and need a breath of fresh air whilst not feeling too out of touch?
- How important are play and even crèche facilities to allow patients to attend and keep accompanying children occupied?
- Are there complimentary facilities or services that'd help meet broader objectives of community perception or accessibility of services / encouraging healthy lifestyles? Are there any other visitors you'd wish to encourage by facilities such as drop-in information point?
One of the community health facilities in Belfast has a cafe for use by those attending the GP, but it's so nice that it's popular with other locals and helps maintain the vibrancy and 'normality' of the place as it's a familiar part of the community structure rather than a place you go only when unwell.

POLICY

LOCAL NEEDS ... regeneration, community context and development

- **Local Board context:** how does this project link into the board's wider strategic asset management plan? Is it a piece in the onward development of a larger site and therefore must include elements that deliver on broader site masterplanning and infrastructure elements or set a standard for future developments on the site?
What additional benefits does the board want from the project in terms of public perception?
- **Community Context:** The project is undoubtedly a significant investment in the community it serves, how should that be used to support the community structure including local needs for healthier places, regeneration and sustainable growth in the community?
e.g. The construction of a facility in a run-down area is a chance to develop local civic pride and a feeling of worth (thereby potentially increasing community ownership and reducing vandalism as well as setting a benchmark for future projects in the area) as opposed to developing something that is simply 'in keeping' with the current dilapidated nature.
- **Planning and Local Development:** In broad terms, the new Planning Act shifts the emphasis of planning to consider and plan "what goes where and why" and therefore local development plans should be supporting the identification and protection of community facilities, such as those for health. This, combined with Single Outcome Agreements, is a real opportunity to plan the location of facilities to support local development rather than in response to it.
An agreed 'non-negotiable' objective that requires the facility to be placed in a location the

supports local regeneration or a planned shift in population, on a project commissioned jointly with the local authority, is likely to be a very powerful tool.

- **Local Board context:** how does this project link into the board's wider strategies such as commitments under the Single Outcome Agreement or local initiatives on health promotion, carer support etc?

How does the project fit into the board's strategic asset management plan? Is it a piece in the onward development of a larger site and therefore must include elements that deliver on broader site masterplanning and infrastructure elements or set a standard for future developments on the site?

What additional benefits does the board want from the project in terms of public perception of the board?

e.g. The location and approachability of the facility can increase or reduce the likelihood of people walking or cycling to the facility and even using it.

NATIONAL NEEDS ... NHSScotland Policies

- **Better Health Better Care** : how does the project support the shift in care patterns and embody the concept of mutuality.
- **Sustainability and Asset Management** : how the project will allow you to improve your reporting on these elements.
- **Design Quality** : This is unlikely to need a specific objective as it should be met in achieving the others.

NATIONAL NEEDS ... Broader Governmental Objectives

- **The 5 Strategic Outcomes and 45 National Indicators** : Health boards, as bodies spending the public purse, are expected to contribute across all of these outcomes.
- **National policies on placemaking and design** : the call for leadership by example in the public sector.

Scotland's Infrastructure Investment Plan 2008 establishes that good design is key to achieving best value from all public sector investment.

"In developing Scotland's infrastructure, the Scottish Government recognises that good building design should be responsive to its social, environmental and physical context. It should add value and reduce whole life costs. Good building design should be flexible, durable, easy to maintain, sustainable, attractive and healthy for users and the public; and it should provide functional efficient adaptable spaces ... Equally important to the design of individual buildings is the design of sustainable places. Well-designed buildings and places can revitalise neighbourhoods and cities; reduce crime, illness and truancy; and help public services perform better".

It is this approach - which is underpinned by national policies on Architecture and on Place Making – that will inform appraisal of all projects.

Taken from the Scottish Capital Investment Manual (SCIM) - Appendix D