Midpark Hospital
A Case Study
Midpark Hospital

Overview

Midpark Hospital in Dumfries opened its doors in early 2012; one of the first projects to be completed through Frameworks Scotland. The client team feel that the partnership approach within Frameworks Scotland was key to developing a shared vision and subsequent adoption of the completed development by staff. The team’s concept of ‘Learning to Live’ centres on providing patients with a homely environment that helps them develop the skills needed to return to independent living. Significant time was invested throughout the design process to share ideas and discuss concerns, targeting and testing the potential issues with the design. Applying the collective knowledge and experience of staff, patients groups, project team and design team to resolve these issues early on was considered fundamental; not only in evolving the design but also in that it gave ownership to the people who would eventually use the building. Design Manager, Stephen Howie commented:

“…I think a huge benefit in how the building was received was that staff had felt engaged with the design process… by the time they were moving in they felt familiar with the building and it was theirs.”

One of the key challenges for the project team was how to deal with the 14 metre drop across the site. The brief called for accommodation of approximately a third of the site area. A single story response would have meant significant expense in ground works and raising the building to become very prominent when viewed from a Conservation Area to the west, potentially causing problems in planning. The architect’s response of stepping the development over three levels cleverly creates single-storey accommodation with landscaped gardens for each ward and reduces the visual impact of the facility by breaking up the form into terraces.

The stepped approach provides more natural light and green landscape views to the south-east than would be possible with all wards on one level. Wards to the rear of the site can see over the top of the neighbouring ward, opening long vistas. The layout also means that both on the approach and within any one ward, you are not aware of much of the rest of the facility; making it feel less institutional and more domestic in scale.

The building layout is based on the team’s ‘Learning to Live’ concept of zones arranged according to the needs and independency requirements of different patient groups. Areas for patients that require more care, such as the Intensive Psychiatric Care Unit (IPCU), are furthest away from the public entrance, thereby providing the greatest levels of peace and privacy. Conversely, the wards for people who are more independent are closer to the public realm including six flats specifically designed to cater for the most independent patients in an environment that closely resembles houses on a street. Most wards are arranged around a string of open south-east facing courts.
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Externally, the building is clad in bright coloured panels, which the architects chose by drawing influence from the colours of the meadow found on the site previously and referenced in the patient-kept gardens. This move was perhaps the most controversial aspect of the design. Many have commented on how striking the panels are and some have questioned if they are sympathetic enough for a mental health facility. But the project team’s intention was not to be shy about the facility.

“Dumfries and Galloway is not hiding away their mental health hospital and trying to think that it doesn’t exist. We’re quite happy to shout about it and be proud of the facility… Patients coming in in a depressed or distressed state, they notice it as well. They’re forced to lift their heads and look at it and maybe talk about it [and] comment on it. It takes away their focus from their own problems.”

Stephen Howie, Design Manager, NHS Estates
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Experience

When arriving at Midpark Hospital, you are immediately greeted by the undulating mounds of Charles Jencks’ landform “Doublewalk”, with glimpses of the main building’s coloured panels behind. The landform is an engaging sculptural piece with a winding route that invites patients, visitors and staff to walk along its curved banks for exercise, fun, contemplation or to just ‘let off steam’. The road winds around this landscaping to the car park and main entrance, which is easily identified by the double height canopy, glazed curtain wall and a scattering of cubed seating. Wards and tribunal areas are accessed directly from this central arrival space and the IPCU has another more discrete entrance to the rear of the site. As you walk through the main entrance the double-height public space feels light and airy but is darker towards the back with a blank end wall, which feels an abrupt end to the route rather than a welcoming transition to wards. This is a consequence of the main circulation spine running into the site (rather than across the contours) so that the rear of the space is below ground level. Further accommodation was also placed at the rear of the space, preventing views through at the upper level. However, progressing from this space into the wards either at ground level (for elderly acute and dementia care) or up one level (for IPCU and adult acute) you quickly enter routes with lovely views to courtyards, re-establishing the relationship with the landscape.

Within each ward, circulation and accommodation is designed to move from ‘public’ to ‘private’. You encounter staff rooms and visitor accommodation first, where patients can meet friends and family. From here the main social space welcomes you into the heart of each ward and a central nurses’ station can observe routes down to each wing of single-bed accommodation. This solution supports clear wayfinding for patients and reassures them that staff are close by.

In most wards the social area is located at a corner between two wings of bedrooms. This is used for eating and socialising, though some other small spaces are also provided for people who want time away from the main group. Being placed at the corner, the rooms are quite deep in plan with limited external wall available for lighting and views. The nurses’ station is quite large and located centrally in this space but due to changing working patterns, staff are spending less time here and more time with their patients. A less visually dominant piece of furniture could perhaps have provided staff with the touch-down facilities they need and have detracted less from the intended domestic nature of the living area. Staff are also considering plans to subdivide this main social area into spaces with different uses and characters to provide greater choice and flexibility in patient environment.

In addition to the main social space there are a variety of spaces within circulation areas and quiet, one-off rooms that are visually and acoustically well separated, offering inviting ‘destinations’ for people to sit, chat, rest and view art. This gives patients the choice and opportunity to move into social situations at their own pace, providing them with some sense of control over their surroundings.
The coloured walls and doors in the circulation spaces help to visually break up the length of the corridors and define different spaces, although additional daylight in corridor seating areas would have improved the nature of these alternative social spaces. These spaces do soften the character of each ward and aid wayfinding for patients with poorer navigation skills, particularly for patients in the Dementia Unit. The Dementia Unit also use personal memory boxes to help patients identify their own rooms or be directed to their room by a member of staff.

Flexibility in the number of patients in the single sex wards is accommodated by providing a group of beds between the end of ward wings that can act as an extension to either the men’s or women’s ward by the locking and unlocking of lobby doors. The bedrooms themselves have lovely large windows and good views; however, the finishes to floors and doors are linoleum and formica respectively, and the lighting makes the rooms feel quite clinical. The client group, having worked hard to address this impression, felt the resultant design could still be improved and as a result have contributed to the publication ‘Personal Space: Interior design approaches to mental health bedrooms’ which provides design and material studies balancing the needs for safety, cleanliness and homeliness.

To strengthen the sense of home, each team of nursing staff were given £1000 to furnish their ward with ornaments, cushions and minor pieces of art; creating a more personal and unique sense of character for patients. The art strategy ‘Healing Spaces’ (developed by Jane McArthur of ‘Wide-Open’) was built around participatory works with patients, students and artists. These works document meaningful places for patients, as well as inviting user engagement, experience and personal recollection. Paintings and photographs are placed throughout the building to assist wayfinding, placemaking and create pleasant distractions for patients, visitors and staff.

Each ward has ready access to a generously proportioned courtyard for the private use of its patients. Most courtyards are not fully enclosed, improving levels of daylight and sunlight in the garden spaces and reducing the potential ‘goldfish bowl’ feeling experienced in many secure courtyards. The open end of the court is fenced and partially screened by trees, but the aspect takes full advantage of the rural landscape views to the south, giving patients a view of the world beyond the facility. The courtyards also offer patients opportunities for exercise, gardening, fresh air and views; all within a safe environment that permits them privacy. More able and energetic patients also make the most of the ball court and adjacent gym, using exercise and play to relieve stress.
Reaction

The building has been well received by patients, staff and visitors and recognised in the wider healthcare sector winning the 2012 NHS Scotland HFS Environment and Design Award and a Design Commendation at the 2011 Awards. More importantly, staff are seeing real differences in patient wellbeing, which they attribute to the design of the new building. The reduction in instances of patient aggression is a very positive indication that the environment is evidently calming and conducive to the healing process.

“I mean the amount of incidents of aggression [and] self-harming have dropped dramatically right down…I honestly can’t tell you other than one incident where anybody’s picked up anything and smashed [it]…We’ve got ornaments and crockery throughout the building, glass vases, the lot, and that would never have lasted.”

Senior Charge Nurse

Staff believe that reduced aggression levels are, in part, a result of the variety of spaces available to patients within each ward. Having the choice and control to experience a variety of environments allows patients, who might get more stressed and uncomfortable, to calm down before things get too much. This ranges from the types of spaces that respect patient privacy, dignity and sense of security, to the outdoor spaces for exercise and other social activities.

“I think the amount of choices and spaces that they have to utilise means that they can spend some time on their own, it doesn’t necessarily need to be in their room. If it’s like a quiet reading corner or it’s a female quiet room or the tele[vision]…there’s a whole load of options”

Senior Charge Nurse

Staff have suggested however, that the positive atmosphere of the private courtyards can make patient de-escalation in IPCU procedures difficult for staff. When a patient escalates they may naturally want to move outside, into the courtyard, but this sometimes makes it difficult for staff to get them back through to the intensive treatment room, in the opposite direction. When in the intensive treatment room, staff often have to open the windows for better ventilation and due to the proximity of this room to more public and social spaces, noise transference can cause distress for visitors and other patients in visitor rooms that are close by. In future IPCU facilities, therefore, it could be beneficial to re-examine the location of the de-escalation room and the routes to it, potentially providing direct access from courtyards. Staff are also looking to destigmatise this treatment room by letting patients use it to play board games, listen to music and relax so patients don’t only associate it as the room where they are taken when restrained.

Staff believe there is an opportunity to make the main public atrium space feel more sociable with a functioning café. Seating is already in place and the servery area is very well attended when used for fundraisers and social afternoons anyway. Staff considered that assessing the viability of a café service from a principally monetary aspect a rather simplistic view that disregards the social worth to patients. The potential positive impact a café could have on patient rehabilitation, such as volunteering and working on communication skills, is seen as an initially missed opportunity, but one that can be rectified.
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The new building and service has made an extremely effective contribution to patient length of stay, which is thought to have now been reduced by around 25% compared to the previous building. With the rate of recovery much higher, the new building now runs at around 70% capacity, allowing room for the anticipated growth of patient numbers in the Dumfries and Galloway area. In comparison, the older facility ran over-capacity and with more beds. The savings as a result of helping patients to recover faster is in no small part due to the quality of the environment and is thought to be in the region of around £600 per patient per day!

“…it’s very short-sighted to say that the capital cost is crucial at the design stage. If we had been suggesting the number of social spaces that you’ve now got at design stage we would’ve been told to cut all these out. But you probably wouldn’t have had the results that you’ve got now in being able to settle people and stabilise them at the speed that you’re able to do so. And the capital cost pales into insignificance when you start looking at the revenue cost to keep patients in longer.”

Steven Howie, Design Manager, NHS Estates

Overall, staff are delighted with the work environment created and feel a huge sense of pride working there. One nurse commented:

“there’s clear ownership of the building [and] of the service; it just feels much more professional …they’re very proud of what we’ve got here and what they deliver, definitely.”

The pride and respect that staff and patients have for the building is testament to the quality of environment they have helped create. Regular and early collaborative discussions with stakeholders, patient representatives, client team and design team meant that ideas could be rigorously tested and developed to accommodate many people’s needs and requirements. This has resulted in a building that is safer, more welcoming and ultimately helps encourage patients with mental health issues to move back into the community.
Project Information

Client body: NHS Dumfries and Galloway
Location: Bankend Road, Dumfries, Dumfries and Galloway
Architect: Archial NORR
Landscape architect: ERZ
Principal Contractor: Laing O’Rourke
Value: £26.4 million
Area: 6930m²
Opening Date: January 2012
Procurement Type: Frameworks Scotland

A+DS would like to thank the following for their time and candour:

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