

## The ANCHOR Centre: SCIM Design Statement

### Introduction

The development of The ANCHOR Centre on the Foresterhill Health Campus will provide out-patient and day patient services for Oncology and Haematology patients. In addition, there will be aseptic pharmacy provision and research and teaching accommodation. The design approach will be to create an inclusive environment which must be designed to the highest standards, taking into account specific infrastructure opportunities and constraints to create a high quality facility.

The business objectives for this project are:

- **Person Centred Care.** To provide services that support patients and families to remain healthy, well and independent and in their own communities; to provide appropriate, safe and secure facilities to deliver optimal care in the acute centre and in communities across the North of Scotland
- **Improved Access to Treatment.** To provide improved ambulatory care services
- **Improved Effectiveness and Efficiency.** To create an environment that supports a sustainable workforce; to achieve sustainability of achievement of national waiting times and treatment targets; to have facilities to be better able to provide appropriate tertiary services for the North of Scotland

In order to achieve these, the facility must possess the following attributes.

NB: the preferred site for this facility had been chosen prior to the Design Statement Workshops and therefore the statement is written with this in mind.

## 1 Non-Negotiables for Patients

<b>Non-Negotiable Performance Objectives</b> <i>What the design of the facility must enable</i>	<b>Benchmarks</b> <i>The physical characteristics expected and/or some views of what success might look like for each</i>
<p>1.1            Together with the wider project (including the Baird Family Hospital and the Foresterhill Development Framework), routes to and from the facility must be improved to make patient access more manageable.</p>	<p>Convenient and reliable parking to be provided in the immediate vicinity of the front entrance e.g. disabled parking spaces within 50 metres of entrance. The vehicle route to the parking allows a view of the facility so you know where you are going and how to get there.</p> <p>Walking routes from buses to be within 50 metres of entrance without alternate transfer. Routes to be shallow grade, well lit and protected from wind. If longer routes are planned, these must include areas to rest in full shelter.</p> <p>Drop-off facilities to be provided immediately adjacent to the entrance.</p> <p>There must be a discrete access/link provided to allow dignified transfer of patients to/from other areas of the Foresterhill Health Campus.</p> 
<p>1.2            The facility should be identifiable so it is obvious where to go. It should inspire confidence and give a positive impression of the service but not attract undue attention so</p>	<p>The entrance should be clearly apparent and welcoming. The signage strategy directing patients to other buildings should be clear, including providing plans and maps to show the location of main facilities.</p>

that it yells 'the cancer place' or is so attractive that it becomes the new east entrance to the Foresterhill Health Campus.

There should be obvious and yet intuitive wayfinding so it is clear to patients where they are going and they can be confident that they are in the correct place. The exterior characteristics should be welcoming, not a drab and uninspiring facade.



1.3  
The arrival experience must offer breathing space both outside and in for patients to gather and mentally prepare themselves for their appointment or treatment.

The initial space within the building must feel open, uncluttered, comfortable and sociable. The arrival/entrance area should have a "coffee shop feel". From here, there must be good planned routes to complimentary facilities, such as the Maggie's Centre, and other clinical services on the Foresterhill Health

Campus. There should be good access to external areas (within or nearby the development) for a breath of fresh air and respite.

Toilets, space for parking/storing wheelchairs unobtrusively and space for visiting services e.g. Third Sector charities and support organisations to all be provided in or adjacent to this space.



1.4

On arrival, there must be someone clearly visible that you can ask for help and who can direct you to the appropriate service/waiting area.

The routes for patients must be planned to reduce walking distances to and between services. The journey should also allow for patients to be collected from the waiting area by clinicians, both for welcome and informal conversation, but also to allow some initial assessment of the person's condition through

	<p>observation of their movement.</p> <p>Patients arriving to the ANCHOR Centre for radiotherapy must be able to find their way easily to this existing area; the two component parts of the facility should read as one internally.</p> 
<p>1.5 Waiting area(s) must feel tranquil, spacious, light and private, with views of nature and other positive distractions. The waiting area(s) must be designed to cope with a range of personal needs and a high proportion of people with limited mobility.</p>	<p>Comfortable seating in a variety of sizes and groupings.</p> <p>Access to printed and digital information and wifi.</p> <p>Views of 'stuff going on' but without being on show. Good links to nature (shown to reduce stress) and ideally the ability to step outside into a sheltered area during longer waits.</p> <p>The waiting area should include space for complimentary therapies and also for information/resources. There will also be a waiting area facility for teenagers/young adults.</p> <p>A garden or terrace facility should be provided to allow for external relaxation/private space.</p>



What we do not want in the waiting areas:



<p>1.6 Treatment areas e.g. for chemotherapy must have similar properties to the characteristics as described in section 1.5 above in terms of comfort, daylight, views and distractions.</p>	<p>These spaces should be designed to feel as relaxed as possible, whilst still supporting high quality clinical care. Ideally there will be views of external spaces and other points of interest for patients and their families to enjoy whilst undergoing sometimes lengthy periods of treatment.</p> <p>Treatment spaces must also be flexible enough to allow for social grouping of patients and more quiet secluded areas. There must be space provided for visiting complimentary therapies.</p>
<p>1.7 Consulting and counselling areas must feel quiet, calm and not too clinical.</p>	<p>There must be space to gather yourself again after the consultation before stepping out into ‘public’. The facility should provide appropriate main waiting and sub-waiting areas to support these clinical functions, providing ease of access but also physically designed to protect confidentiality e.g. appropriate technical standards to provide soundproofing where required. Decoration and furnishings should be used to create a friendly and non-intimidating environment.</p>
<p>1.8 The ability to eat a nutritious and tasty meal at the point where patients happen to have some appetite is very important to their health and wellbeing.</p>	<p>There must be the ability to warm meals and provide snacks locally to treatment areas. Kitchen facilities local to treatment areas and coffee and snacks close to the out-patient waiting areas.</p>

## 2 Non-Negotiables for Staff

<p><b>Non-Negotiable Performance Objectives</b> <i>What the design of the facility must enable</i></p>	<p><b>Benchmarks</b> <i>The physical characteristics expected and/or some views of what success might look like for each</i></p>
<p>2.1 There must be a discrete entrance and arrival route for staff and the ability to change conveniently before being ‘on duty’.</p>	<p>The design should allow, as much as possible, for the appropriate separation of staff and patient movements.</p>
<p>2.2 The facility should have a ‘buzz’; lively but calm, and the layout must help staff be productive and support and share with each other.</p> <p>The provision of high quality teaching spaces and facilities to support clinical research are vital.</p>	<p>Staff routes should be short and easy with the “right staff in the right place”.</p> <p>Routes and facilities to be shared by different disciplines so that people meet in the normal course of working. Staff routes should also allow for discreet clinical conversations to be held near to consulting rooms but away from public routes.</p>

	<p>Materials and finishes chosen to lessen noise from machines and movement.</p> <p>Learning/meeting and other staff only spaces should be as attractive as those for patients to demonstrate value and encourage pride.</p> <p>The centre will also include research and teaching facilities so will be an environment for learning and clinical innovation as well as providing patient care.</p> <p>Clinical staff must be able to get quickly and easily between the centre and the in-patient unit in the Matthew Hay Building.</p> <p>There must be an internal link to the main corridor of Aberdeen Royal Infirmary to allow ease of staff movement as well as to allow patients attending the centre to access Imaging. This internal link will also allow for patients who become ill and require admission to be transferred internally.</p>
<p>2.3 The management and transfer of materials, including pharmacy, must be managed without impacting on the nature of patient areas. Ideally, the logistical movement of such materials should avoid patient areas where possible.</p>	<p>The “front of house” and clinical areas must be welcoming and suitable for patient use without distraction or disturbance by logistics movement across the facility. There will be considerable daily movement of goods, sometimes big and bulky packages, which must be managed in a discreet way so as to not impact on the patient experience.</p>
<p>2.4 Clinical spaces provide the opportunity for flexible use and support remote meetings/consultation using IT e.g video conferencing.</p>	<p>Rooms (consulting, treatment, meeting) to be laid out so that they can be used flexibly by different services and not defended as the territory of one service.</p> <p>IT facilities to support video conferencing with colleagues and patients in other areas are available in designated areas as outlined in the room data sheets.</p>
<p>2.5 Staff must be able to rest and feel off-duty.</p>	<p>Rest room with good daylight and views, within a few minutes walk of clinical areas to allow for maximum use. The room should be designed to allow people to gather in social groups or have a moment of privacy and peace.</p>

	
<p>2.6 The facility must be designed to make it easy to clean and service without impacting on patient areas, or staff rest areas, visually or with noise.</p>	<p>Vehicle service routes placed away from public areas and which remove/reduce the need to reverse.</p> <p>Material flows separated from public flows.</p> <p>Good distributed storage.</p>

### 3 Non-Negotiables for Visitors

The majority of needs for accompanying friends/family can be met through the environment provided for patients above. Only additional needs are listed below.

<b>Non-Negotiable Performance Objectives</b> <i>What the design of the facility must enable</i>	<b>Benchmarks</b> <i>The physical characteristics expected and/or some views of what success might look like for each</i>
<p>3.1 There must be space for relatives to be occupied, either in the treatment rooms or in the waiting/arrival area, while the patient is seen.</p>	<p>Provision of waiting areas which are comfortable and there is ease of access to refreshments, external areas and distraction for visitors.</p>

#### 4 Alignment with Policy

The things we can do with the same investment that can help other objectives (not strictly related to the service being provided in this building)

<b>Non-Negotiable Performance Objectives</b> <i>What the design of the facility must enable</i>	<b>Benchmarks</b> <i>The physical characteristics expected and/or some views of what success might look like for each</i>
<p>4.1            With the wider project (the Baird Family Hospital) the project is part of re-fronting the Foresterhill Health Campus and, as such, should work together to improve the impression and operation of the centre. This refers to both the building and the landscape.</p>	<p>Alterations to routes and parking to make better sense of the eastern arrival area. Landscape changes to southern edge of site to be designed together to improve walking routes and health promotion opportunities, co-ordinating with other landscape changes planned for the site.</p> <p>The ANCHOR Centre must be a good neighbour to the Radiotherapy Centre and, in turn, be planned so that the qualities above will be retained after subsequent adjacent development (redevelopment of Phase II building) is completed in 10-15 years time. The ANCHOR Centre and the existing Radiotherapy Centre should be designed to be seen as two halves of one whole.</p> 
<p>4.2            NHS Grampian's commitment on sustainability</p>	<p>The development of this new building will form part of the Foresterhill Health Campus. As part of this campus, NHS Grampian is responsible to the EU-ETS (European Union Emissions Trading Scheme). This requires NHS Grampian to reduce its carbon emissions year on year.</p> <p>EU-ETS allocates an annual allowance for carbon emissions to various organisations. Hospitals are allowed to opt out but are still set targets with a 2% year on year reduction. Failure to achieve these targets will mean that Foresterhill will be withdrawn from the scheme and have to pay the full cost carbon emissions.</p>

## 5 Stakeholder Involvement

The above was developed through the engagement of the following people:

Name	Role
Jackie Bremner	Project Director, NHS Grampian
Mike Greaves	Project Clinical Lead, NHS Grampian
Gail Thomson	Service Project Manager, NHS Grampian
Jane Tighe	Consultant Haematologist, NHS Grampian
Sean Berryman	Unit Operational Manager, NHS Grampian
Yvonne Wright	Divisional Lead Nurse, NHS Grampian
Andrew McArdle	Head of Logistics, NHS Grampian
Carolyn Annand	Project Nurse, NHS Grampian

Facilitators: Heather Chapple, Head of Design Forum, Architecture and Design Scotland

Susan Grant, Principal Architect, Health Facilities Scotland

## 6 Self Assessment Process

Decision Point	Authority of Decision	Additional skills or other perspectives	How the criteria will be evaluated and valued	Information needed to allow evaluation
Site Selection	Decision by Project Board with advice from Project Team  Option appraisal			Local Authority local plan and Foresterhill Development Framework
Completion of Clinical Brief	Decision by Project Board with advice from Project Team	Patients, patient representative organisations, clinicians and staff (Project Team)	Clinical model to be assessed in terms of the objectives set out in the Design Statement	Benchmarking against best practice statements  SIGN  Clinical pathways

Selection of early design concept from options developed	Decision by Project Board with advice from Project Team	External technical advisor NDAP	Assessment of the early option, using AEDET to evaluate the likelihood of the options delivering the objectives set out in the Design Statement	Reference Design proposals developed to RIBA Stage 2 with sufficient detail to allow distinction between the main uses of the building, including circulation and external space
Selection of Delivery/Design Team (associated with Preferred Bidder consortium)	Decision by Project Board with advice from Project Team	External technical, legal and financial advisors Scottish Futures Trust (SFT)	Design Statement shall be embedded in the ITPD documents. Project Team will assess design against Design Statement using AEDET	Dialogue with bidders shall affirm Design Statement as a key document in the development of the project
Approval of design proposals to be submitted to planning authority	Preferred Bidder to submit to planning following agreement by Project Board	External technical advisor Scottish Futures Trust (SFT) NDAP	Assessment of proposals, using AEDET to evaluate the likelihood of delivering the objectives set out in the Design Statement	Review against Design Statement and approved service model
Approval of detailed design proposals to allow construction	ProjectCo to agree with Project Team	External technical advisor. Scottish Futures Trust (SFT) NDAP	Assessment of proposals, using AEDET to evaluate the likelihood of delivering the objectives set out in the Design Statement	Review against Design Statement and approved service model
Post Project Evaluation	Consideration by Project Board with advice from Project Team with results fed to SGHSCD	Independent analysis by technical adviser/service providers	Assessment of the completed development against the objectives set out in the Design Statement by representatives of the Project Board and final AEDET review undertaken with Project Team	Review against Design Statement and service model  Conduct patient/relatives/visitor and staff satisfaction survey within 2 years of occupancy

End of Design Statement

