The Baird Family Hospital: SCIM Design Statement

Introduction

The development of The Baird Family Hospital will bring a range of health services together in one facility. The general design approach shall be to create a truly 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 the project are:

- **Person Centred Care.** To provide improved ambulatory care services; a reduction in inappropriate hospital stays and a reduction in length of stay; to provide appropriate maternity facilities for low, medium and high risk women, providing patient choice; to provide appropriate, safe and secure facilities to deliver optimal care; to provide services that support patients and families to be healthy, well and independent
- **Improved Access to Treatment.** To provide appropriate access to High Dependency, ITU and Theatre services and to provide enhanced clinical service integration by co-locating services and allowing for physical connections to other hospitals on the Foresterhill Health Campus
- **Improved Effectiveness and Efficiency.** To have suitable facilities to provide appropriate tertiary services for the North of Scotland; to achieve sustainability of achievement of national waiting time and treatment targets; to create an environment that supports a sustainable workforce

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

NB: the preferred site for this facility had been chosen prior to the Design Statement Workshops (on the south west side of the Foresterhill Health Campus) and therefore the statement is written with this in mind.

1 Non-Negotiables for Service Users (and those accompanying them)

Non-Negotiable Performance Objectives *What the design of the facility must enable*	**Benchmarks** *The physical characteristics expected and/or some views of what success might look like for each*
1.1 The first impression of the facility must be of a place of wellness and reassurance; a place you feel you could have a joyful experience, not one that would take the joy out of it. It should feel more part of the community than the hospital, being softer with aspects of landscape and homeliness. It must not be monolithic.	The hospital should have an attractive exterior which works well with the surrounding environment and existing buildings. It is important that the first impression should be a positive one for patients, visitors and staff. A light, bright and airy feel have been expressed as characteristics which stakeholders feel would be important to achieve. A standard building "box" is not a look the building should emulate. It is also hoped that the design of the building on first impression should allow for easy and intuitive wayfinding. The hospital should be complemented with a sympathetic and welcoming exterior environment e.g. greenery, walkways, seating.  


MAIN ENTRANCE

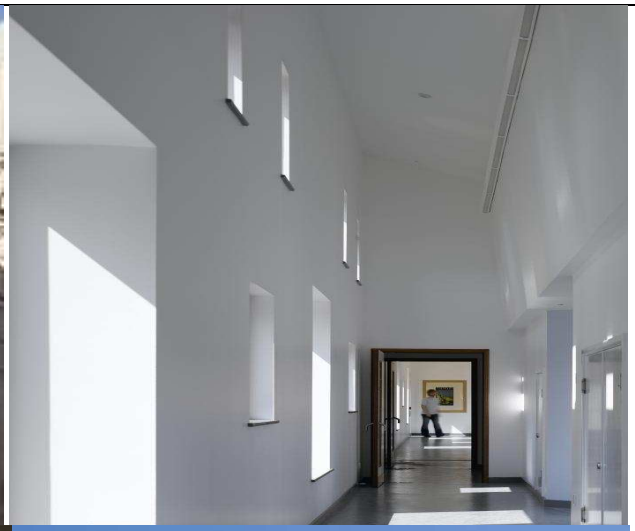
	
1.2 The facility must be easy to get to, with pleasant walks from parking and bus stops. There must be quick and reliable access when needed, 24/7.	Walking routes to be well lit and observed and use landscape features to provide shelter and a soft/natural feel. Routes to be wide enough to allow parents with buggies to pass and for families/friends to walk together and chat rather than in single file. Walking routes to be within 50 metres of public transport drop off points. Drop-off facilities for women in labour and others with limited mobility to be within a short distance of the entrance (including any alternate entrance used out of hours), with direct view to the arrival point. Access to parking close by for out-patients. This is important to make sure that people attend and close parking is known to improve uptake of e.g. breast screening.

	 
1.3 Arrival experience must not feel like arriving at a hospital, but into a community place. The initial space should be of a size to handle throughput in a calm manner. Help and welcome must be more than obvious as you enter the building. The design should make it easy to find your way about so you do not feel you have to ask for help but it is there if you need reassurance.	The initial arrival space to have a social feel; light and airy but intimate in scale and calm in nature. It should be a space for all people, a place to be with visiting relatives/friends, have refreshments and a chat. It should have space to bring in community life (music etc). Useable external space(s) for quiet respite and for relief (such as allowing children to run off steam) should be provided immediately adjacent to enable use.

	 
1.4 The layout must be designed around the 'emotional flows' of different user groups, avoiding sensitive relationships but without sending out subconscious signals (turn left for good news, turn right for bad) or making the reason for your visit obvious to others.	Conflicts of emotional state such as waiting areas for the reproductive medicine service having sight of areas where new mothers are playing with their babies must be avoided. Signage etc that is visible from shared areas must be discreet regarding the service patients are using.  

1.5 On arriving at a department or ward there must be a direct view to a reception/staff point so a human is visible and you feel assured that staff know you are there. The waiting experience must be 'emotion sensitive', accommodate the person and their family's needs and allow for personal choice.	Waiting areas to be light and open, with space for relatives/friends to wait in comfort while patients are being seen/treated. Spaces within departments to be located close to staff areas so you feel in touch with what is going on and able to get information. There should also be a way of being able to go to the shared social area if there is time and to stay in touch with the appointment. Seating to be comfortable and arranged to allow family groupings and also the appropriate separation, as per patient choice, of different groups (e.g. pregnant women and those attending the reproductive medicine department). The facility must be designed to allow for discreet egress from the building for patients who may have received bad news e.g. early pregnancy loss. The successful design will enable women in these circumstances to exit the department without having to encounter other patients.  

	
1.6 There must be places, both internal and external, for people to go for quiet reflection and to enable critical experiences to happen whenever they need to happen.	A sheltered garden area to be provided adjacent to the Neonatal Unit to allow parents and babies a breath of fresh air as and when needed. This must be useable even when the helipad is in operation. There must be quiet, comfortable spaces within out-patient and ward environments for people to be able to compose themselves after difficult news and before heading back into the 'public' areas of the hospital. Sanctuary space (internal and external) to be provided near the initial space and to be accessible to all building users. This must be sheltered from noise and disturbance (e.g. helipad).

	
1.7 Birthing rooms must have a non-clinical feel and be as homely as possible.	Where clinically appropriate, the furnishings and layout of these rooms should minimise the feeling of “clinical” space and allow women and their partners to feel relaxed and comfortable. Space for partners to remain with women at all times is a key component of these spaces and should be suitable and comfortable to meet the needs of both groups.  

	 
1.8 Consulting and treatment rooms must appear slick and professional, but not intimidating. Treatment spaces should look more clinical/clean and consulting spaces more friendly. They must be designed to be flexible so that the nature of the space and equipment can be adapted to suit the patient's needs.	Good daylighting and privacy. Space to hide clinical equipment so that the room can be readily changed in nature.
1.9 Bedrooms must be for families, not just for the patient. They must be calming and relaxing, and allow good observation so people do not feel isolated.	Bedrooms to be adaptable for family use, day and night. Rooms to have good daylight and views and to be close to outdoor space to allow families a breath of fresh air. Rooms should be designed to make it easy to control noise and lighting levels to allow rest/sleep when needed (this is particularly important for rooms in the Neonatal Unit).
1.10 The development (building and grounds) must be breastfeeding friendly throughout, including providing attractive spaces for those who prefer to feed in private.	An adequate provision of breastfeeding room(s) must be included. The location of these rooms should be carefully considered e.g. not included or close to toilet facilities. The furnishing of such spaces should be comfortable and include equipment as required to support mothers.

2 Non-Negotiables for Staff

Non-Negotiable Performance Objectives *What the design of the facility must enable*	**Benchmarks** *The physical characteristics expected and/or some views of what success might look like for each*
2.1 There must be safe and reliable access for staff.	The standards of access set above for patients will meet the majority of staff needs with additional needs as noted below: • There must be discrete and immediate access and egress for ambulances and clinicians on emergency calls, with sheltered parking for ambulances immediately adjacent to an entrance • On call staff parking very close to the same entrance • Staff changing facilities, with space to store personal possessions, to be close to staff access routes
2.2 The layout must bring staff together to aid communication and support learning.	Staff routes around the facility to be designed so that you 'bump' into colleagues from other departments as part of your normal daily work. Staff rest areas, including those which need to be provided locally due to operational constraints, to be outside the clinical environment so that they are shared with a nearby service.  
2.3 The layout must be flexible in use and efficient, in terms of the relationship of departments and also to support new ways of working.	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. IT facilities to support video conferencing with colleagues in other areas. There must be an internal link between the Neonatal Unit and Royal Aberdeen Children's Hospital to allow quick and

	reliable transfer for neonates who require surgery. There must be an internal link between the new hospital and Aberdeen Royal Infirmary to allow quick and reliable transfer for women who require access to ITU, HDU and Imaging services.
2.4 The facility must feel a good place to work in, value staff and support their wellbeing.	Staff areas to be as nice as patient areas. Staff and meeting areas designed flexibly to allow for special events/classes. A staff only area where you can get a breath of fresh air. Staff rest facilities to be away from patient areas so that they can feel off duty and blow off steam, or have a quiet moment. The main staff rest area should be designed so that it is nice enough to encourage use and is positioned so that it feels accessible to all staff. **What we do not want:** 
2.5 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.	Vehicle service routes placed away from public areas and which remove/reduce the need to reverse. Material flows separated from public flows. Good distributed storage.

3 Non-Negotiables for Visitors

Non-Negotiable Performance Objectives *What the design of the facility must enable*	**Benchmarks** *The physical characteristics expected and/or some views of what success might look like for each*
3.1 There must be facilities to cater for the full range of family needs, from siblings to elderly relatives who may visit.	The provision of comfortable and accessible public areas are important e.g. coffee shop at front entrance with seating and areas which encourage congregation. A children's play area should be included but also not impact negatively on other users of the space. Partner facilities to be included where appropriate in clinical areas to allow partners or family members to remain with women e.g. when in labour. Provision of "Patient Hotel" accommodation to cater for patients to allow them to be more appropriately accommodated, rather than being in an in-patient bed unnecessarily.

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)

Non-Negotiable Performance Objectives *What the design of the facility must enable*	**Benchmarks** *The physical characteristics expected and/or some views of what success might look like for each*
4.1 The development of two new buildings (the Baird Family Hospital and the ANCHOR Centre) will form part of "re-fronting" the Foresterhill Health Campus. As such, both buildings and landscapes should work together to improve the impression and operation of the hospital and it's relationship with the adjacent residential areas.	The Baird Family Hospital must be a good neighbour to the Royal Aberdeen Children's Hospital and the neighbouring residential housing. Landscape changes to the southern edge of the site to be designed to improve walking routes and health promotion opportunities, co-ordinating with other landscape changes planned for the site.
4.2 NHS Grampian's commitment on sustainability	The development of this new building will form part of the Foresterhill Health Campus. As part of this campus, it is responsible to the EU-ETS (European Union Emissions Trading Scheme). This requires NHS Grampian to reduce its carbon emissions year on year. 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.

5 Stakeholder Involvement

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

Name	**Role**
Jackie Bremner	Project Director, NHS Grampian
Gail Thomson	Service Project Manager, NHS Grampian
Morag Davidson	Support Manager, NHS Grampian
Sheila Ingram	Breast Care Nurse, NHS Grampian
Jenny McNicol	Head of Midwifery, NHS Grampian
Andrew McArdle	Head of Logistics, NHS Grampian
Cathy Young	Unit Operational Manager, NHS Grampian
Tara Fairley	Unit Clinical Director, NHS Grampian
Laura Dodds	Project Manager, NHS Grampian
Margaret Meredith	Project Nurse, NHS Grampian
Mike Munro	Project Clinical Lead, NHS Grampian
Jane Raitt	Project Midwife, 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			Local Authority local plan and Foresterhill Development

	with advice from Project Team Option appraisal			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