

NHSScotland Design Assessment Process

Project No/Name: LK06 - Monklands Re-fresh

Business Case Stage: IA

Assessment Type: Desktop

Assessment Date: February 2017 (update 23 Aug 2017)

Response Issued: 19 Sept 2017

The body of report below is based on the Draft IA (version 14) and update to Design Statement (v2 230817) received by NDAP on 9 Jan and Aug 2017 respectively. We understand it is this version of Design Statement incorporated in the IA sent to decision-makers in the Board and CIG.

Following initial issue of this report on 6th February 2017 the Board have updated their design statement (see new version appended). This has provided sufficient comfort for us to provide the supported status below. Initial recommendations that have been discharged are noted **in bold** below, including recommendations which require to be cleared prior to publishing the final IA.

Joint Statement of Support

Having considered the information provided, Health Facilities Scotland and Architecture & Design Scotland have assessed the project as not yet a standard for

SUPPORTED (verified)

With the following recommendations:

Essential Recommendations

1. That the benchmarks in section 1 and 2 of the Design Statement be significantly developed **prior to publication with the approved IA** to describe the range and nature of environments described in the objectives, and to extend the views of what success might look like significantly beyond images of the West of Scotland radiotherapy facility to provide additional views of a more appropriate scale. The following notes are given for illustration, but are not exhaustive:
 - o Section 1.2 talks of a welcoming arrival, obvious entrance, yet is illustrated by a largely internalised shed building with a door that's difficult to distinguish in surrounding glazing. **(partial DISCHARGE) 2 images, cover first elements but not 'who we are'**
 - o Section 1.4 talks about an initial space with places to sit, get refreshments daylight and views, but is illustrated with spaces with no views, and little seating. **(DISCHARGED)**
 - o Section 1.5, benchmarks should be clear if the walking distance noted is from the site entrance, or building entrance, as that could significantly affect overall walking distances and therefore accessibility. If walking distances from the building are used it would be helpful to add maximum walking distances for patients in section 1.2 **(DISCHARGED)**
 - o Section 1.8 should be significantly developed to include images of external spaces for therapeutic uses, respite etc of the scale and nature needed for the service intended at the hospital. Also, a 100m walk to access these spaces would not be easy for many and would limit staff observation; we therefore recommend this benchmark be revisited. **(DISCHARGED)**
 - o Section 2.4 should include images of environments appropriate for staff respite, not a reception desk. **(DISCHARGED)**

2. Section 4 of Design Statement be developed **prior to publication with the approved IA** to
 - o include objectives for wider health promotion through use of landscape and the wider site.
 - o provide more detailed benchmarks for project specific sustainability, e.g. total energy in-use targets 300 kWh/m²; undertake and implement independent accessibility review by SDEF, DSDC or similar, at each stage. **(DISCHARGED)**
 - o Section 4.1 need not be included as is, this part of the Design Statement is about what the development should do over and above meeting service objectives, which should all be incorporated in sections 1-3. If included, needs development with appropriate benchmarks.
3. Section 5 should state the name and organisation for each of the stakeholders/representatives, participating in the workshop to develop the Design Statement, and expected to review the proposed solutions against these agreed benchmarks. **(DISCHARGED)**

Advisory Recommendations

- A. Please remove Architecture & Design Scotland from the list of stakeholders involved in developing the Design Statement; A&DS facilitated some sessions, but did not input into the objectives and were not involved in the image selection which happened after those sessions. **(DISCHARGED)**

Notes of Potential to Deliver Good Practice

None.

Next Stage Processes

Next Actions at Current Business Case Stage

The Board are invited to provide the evidence described below to allow the NDAP to verify the **SUPPORTED** status to the CIG.

- Reconvene their **Design Statement** users (incl. a broad range of patient interests) workshop to:
- o Select images of success, to ensure their view of what success might look like is included in the development's vision. The statement clearly states that the facility should represent the community (not one person or interest), however statement updated 22 Feb 2017, has images all by one architect firm, chosen by a small team then circulated for agreement, rather than chosen through engagement of a wider group. **(DISCHARGED)**
 - o Confirm at workshop above, if combined benchmark (1.2 & 1.5) of 450m walk from parking/site entrance to outpatient departments is considered acceptable within aims of increasing accessibility / health promotion, or revise benchmarks to suit. **(DISCHARGED)**
 - o Develop Section 4 benchmarks at workshop above; see examples in HFS email 01 Mar 17. **(DISCHARGED)**

VERIFICATION CIG (to be completed once above has been received and considered):

The above evidence was received and conditions discharged on ...**23 August 2017**.....

A Copy of the updated acceptable Design Statement is attached. The above **SUPPORTED** status is therefore **VERIFIED**.

Signed ...*Susan Grant*..... Dated ...**19 Sept 2017**.....

Process at Next Business Case Stage

- o Consultation with NDAP prior to site selection stage (as noted on the Board's Self Assessment Process). Thereafter, if a new build option is to be taken forward, a panel assessment during concept design stage, and in the run up to OBC.

Notes on Use And Limitations To Above Assessment

Any Design Assessment carried out by Health Facilities Scotland and/or Architecture & Design Scotland shall not in any way diminish the responsibility of the designer to comply with all relevant Statutory Regulations and Scottish Government mandatory policy and guidance.

Monklands Refurbishment/Replacement: Design Statement

(IA version, post workshops held on 20th May 2016, 2nd November 2016 and 22nd June 2017)

This Design Statement has been compiled to support the refurbishment/replacement of Monklands Hospital and will act as a key briefing document for the Project Technical Team. It will be used to enhance the design process to ensure that the objectives of the project are achieved. The business objectives for the facility are:

- Improving person-centred services
- Improving the safety of patient care
- Improving clinical effectiveness and enhancing patient experience and clinical outcomes
- Improving the quality of the physical environment
- Providing flexible and adaptable facilities across the healthcare system.


The key design principles underpinning the project are:



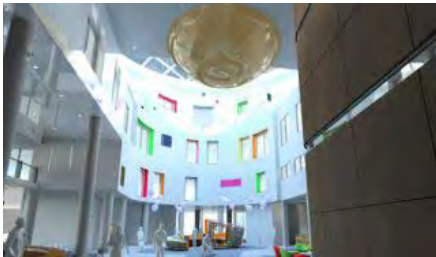

- Provide services that will be easily and safely accessible
- Improve clinical effectiveness through the development of new service models
- Provide an environment that supports the service models, clinical effectiveness and integrated service provision
- Provide a clinical environment which promotes the health and wellbeing of the building users
- Ensure that the new facilities reflects local needs
- To provide facilities that are efficient, sustainable and flexible to support service provision in the future
- Provide a facility which patients and staff can be proud of

Therefore, in order to meet these, the facility/s in which services are provided must possess the attributes listed on the following pages. These may be achieved through refurbishment, re-use, reconfiguration, and/or new-build; the preferred route for this will be developed and tested through the business case process.

1 Non Negotiables for Patients

Non-Negotiable Performance Objectives <i>What the design of the facility must enable</i>	Benchmarks <i>The physical characteristics expected and/or some views of what success might look like</i>
<p>1.1 The facility must be easy to find and get to, particularly considering more limited travel options of dispersed and rural communities, and affordability of travel.</p>	<ul style="list-style-type: none"> • The site must be a physical or cultural landmark in the community • Within 100m of public transport serving local communities • Within 20 minutes' drive for 85% of primary catchment population • Clear signposting from A roads and Motorway network. <div data-bbox="887 483 1417 815" data-label="Image"> </div> <div data-bbox="1451 483 2024 815" data-label="Image"> </div> <div data-bbox="887 845 1417 1278" data-label="Image"> </div> <div data-bbox="887 1278 969 1305" data-label="Caption"> <p>Campus</p> </div> <div data-bbox="1451 928 2000 1278" data-label="Image"> </div>
<p>1.2 The experience of arriving (planned arrivals such as outpatients, admissions) must reduce stress and give reassurance in the service.</p>	<ul style="list-style-type: none"> • Though not part of the physical environment, the first step in this is the quality and accessibility of information provided in advance, this should include information on how to get to the appointment, including travel/parking options.

<p>The initial impression must be of a place that is safe, welcoming, professional, calming and attractive with a strong emphasis on being easily accessible.</p> <p>It must say something of “who we are”, both the people of Lanarkshire and the service (inspiring staff, see 2.1 below), sitting well in the landscape and community it serves, not a work of ego or a blot on the landscape.</p>	<ul style="list-style-type: none"> • Parking must be easy to navigate, easy to use and prioritised by need. • The walking route(s) from the street/public transport/parking to the entrance must be easy to navigate with the entrance visible from a distance, with shelter from wind. Max walking distance from site entrance and car park will be no greater than 100m. • The public entrance to be clearly visible from the street, public transport and the route to the parking, with the view from main walking routes not obscured by parking. • All spaces must be well lit and not add to light pollution for neighbours • There must be a discrete route in and out for people feeling vulnerable (such as patient transfer etc.) <div data-bbox="931 568 1995 1086">  </div>
<p>1.3 Arrival on an unplanned visit (emergency/minor injuries/out of hours GP service etc.) must give clear and direct access to the right services.</p>	<ul style="list-style-type: none"> • This entrance must be distinct (separate and looks different) from the main hospital entrance, but obviously visible from arrival routes, with clear signage to reassure and reinforce this. The entrance however shouldn't dominate the view of arriving at the site as this would undermine 1.2 above and increase chance of people with planned attendance coming in through the wrong entrance. • Emergency admissions must be within 100m direct walking route of the main entrance space to allow quick diversion of any people who chose the wrong entrance.

<p>1.3 cont.</p>	 
<p>1.4 The initial arrival space must be welcoming, calm, not frenetic or crowded, with a community feel, and communicate a sense of a 'health promoting' facility. It should feel soft and not clinical, a place where you can relax but where you feel you are in the right place to deal with your health concerns.</p> <p>The next step on your journey (check-in, route to appointments) must be clear from the point of entry with the differing needs of all patients addressed.</p> <p>This space must also serve the needs of those leaving unaided, allowing people to wait for transport (pick-up/bus) in shelter or gather their thoughts in an appropriate area.</p>	<ul style="list-style-type: none"> • A welcoming space that is bright and airy with daylight and views, and a social feel with places to sit and access to food/refreshments/cash dispenser, and a range of health promoting amenities. However it should not be so comfortable and entertaining that you might want to stay all day. The design, in its form, materials and fixtures/art must not be alienating, but respond positively to the culture of Lanarkshire. Assistance with wayfinding should be provided.   <ul style="list-style-type: none"> • Check-in facilities (electronic and a person who can help you and direct you) to be visible from the point of arriving in the entrance space.

1.4 cont.



- Easy to maintain with a clean appearance, access to information to support health promotion.
- Reliable information on transport options, including timetables and a place to sit where you can see bus stops and drop off/pick-up area.



1.5 The layout of the development must mean patients go no further into the building than is needed. It must be easy to find where you need to go.

There must be a discrete route to wards for those being transferred.

- Typically no more than 100 metres or 5 minutes' walk from building entrance to clinics/outpatient departments
- Typically no more than 100 metres or 5 minutes' walk from building entrance to day admissions/ward admissions
- Patient circulation spaces to be bright and airy with easy to follow wayfinding and clear visibility of destinations.

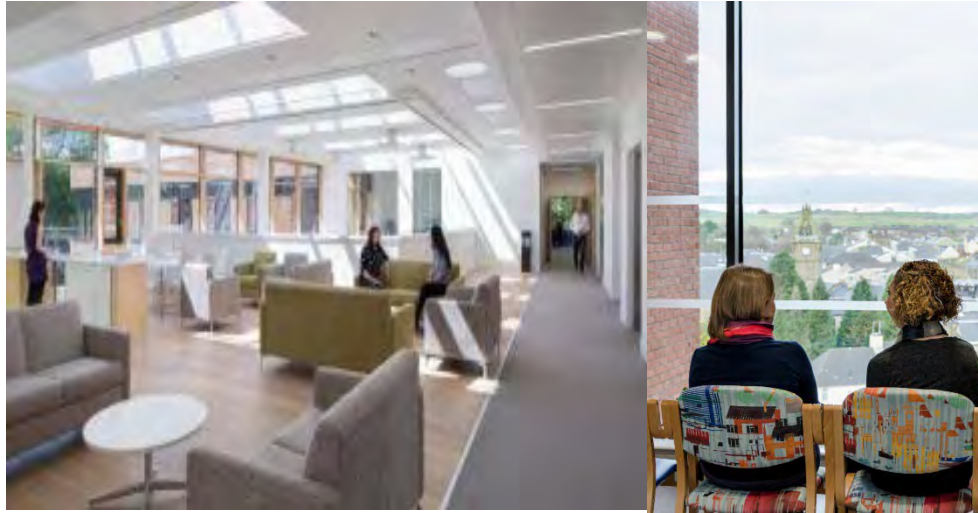
1.5 cont.



1.6 While systems should minimise the need for waiting, where waiting is likely (due to transport, between appointment/diagnostics etc.), people must be able to have some personal choice in environment. There must be clear methods/systems in place for people on how to find out any delays and how/when they will be called, and the option to wait in comfort at your destination if preferred.

- Waiting areas to have daylight, external views and sources of positive distractions (such as public art, health promotion information and access to Wi-Fi. Seating should be in groups to allow choice of environment (more social or quieter in feel). The design of these areas should be age appropriate, recognising the wide age range of patients and must convey a sense of safety.
- There should be good IT service for patients, allowing entertainment and access to information, and a range of check-in options.

1.6 cont.



1.7 Consulting and treatment rooms must be calming and professional.

- Rooms situated so that occupants can have privacy (visual and audio) and daylight, where appropriate, at the same time.



1.7 cont.



1.8 Green spaces throughout the building and site to be designed to provide easy access to therapy and respite that compliments the internal facilities, and to discourage misuse.

- Positioned so that they are easy to get to (direct access off/within typically 50m of waiting/social/physical therapy spaces) and observable from staff areas.
- Shelter to extend use due to weather and by those required to avoid UV exposure.



1.9 Ward environments must be welcoming, and support patients to feel comfortable, connected to others and relieve boredom. The layout must facilitate rehabilitation.

- Staff member (friendly face) visible when you enter the ward so you're confident staff know you're there and can assist direct you where to go.
- Bedrooms have windows you can see out of (to interesting view) when lying down, and good visual connection to see staff & life in the ward. Access to an appropriate mechanism, e.g. blinds, to allow patient to control privacy and glare.
- The ward layout should have spaces (not necessarily rooms) to encourage patients out of their room for both social interaction and mobility, so to minimise reliance on staff and aid independence.
- There should be facilities to enable staff to easily serve healthy food and refreshments in a range of locations – bed, bedside chair, more social setting, depending on patients needs




1.10 There must be means of supporting those who are leaving in a more vulnerable physical or emotional state than they arrived in to do so with privacy and dignity.


Discrete discharge area (comfortable to meet waiting standard above) with direct access to sheltered collection point visually screened/separate from main arrival routes.




2 Non Negotiables for Staff


The majority of working areas are patient areas listed above. The sections below cover the additional aspects needed to support staff in their role and own wellbeing.

Non-Negotiable Performance Objectives <i>What the design of the facility must enable</i>	Benchmarks <i>The physical characteristics expected and/or some views of what success might look like</i>
<p>2.1 The layout of the site/parking must provide reliable and quick access in/out for peripatetic staff.</p> <p>Staff access and parking for routine/regular access must support the green travel plan for the site.</p>	<ul style="list-style-type: none"> • Parking within 5 minutes' walk of entrances. • Drop-off space with access to secure store for large/heavy equipment/materials • Walking routes for staff from street/bus/parking to be typically a maximum of 100m and of equal quality (nature/safety etc.) to those described for patients above. 


<p>2.2 The layout of the building must provide flexibility in use to cope with uncommon but critical events.</p>	<ul style="list-style-type: none"> • There must be a means of isolating one access point and routes from that for consulting treatment areas, and keeping the rest of the building in operation.
<p>2.3 Normal use of working environments must bring staff from different disciplines or departments together to increase recognition and share/grow learning. Environment must promote learning.</p>	<ul style="list-style-type: none"> • Rest/social areas positioned so accessible by all, within 5 minutes' walk of working areas, and designed to encourage use (see below for nature of rest spaces) • Staff walking routes not separated by department, and circulation designed to allow impromptu discussions at natural meeting points. • Office/meeting/ learning areas not separated by department, but shared and designed to be used 
<p>2.4 staff environments must support their wellbeing and communicate the value placed on them. These must not be basic.</p>	<ul style="list-style-type: none"> • Changing facilities provided directly en-route from arrival to working areas. • 'Modern' approach to working environments, allowing choice in the nature of space to do work. • Any staff areas occupied continuously to have views of life/sky and ground. • Staff rest areas to support both social gatherings and time apart (solo or small groups) for respite. There must be access to refreshments and food (catering and or storage/prep). • Access to green space and opportunity to support health/wellbeing through exercise and use of designated walking routes of varying lengths.

	
<p>2.5 The building must enable service change both now and into the future.</p>	<ul style="list-style-type: none"> • Services co-located such that there is continuity for patients being treated by the same clinical team irrespective of their route of referral • Equipment and materials to be stored local to their point of use to increase effectiveness • Consulting areas and receptions designed flexibly to facilitate changes in the number of consulting rooms accessed from any one department or the use of rooms over time. • Flexible design to allow service change to be accommodated
<p>2.6 Management of supplies and waste must be accommodated out with view of primary public areas to ensure that image of a professional and clean facility is readily maintained.</p>	<ul style="list-style-type: none"> • Service yard for refuse, clinical waste and supplies - separate from, and not impacting upon, patient pedestrian and vehicle movement.

3 Non Negotiables for Visitors

Non-Negotiable Performance Objectives <i>What the design of the facility must enable</i>	Benchmarks <i>The physical characteristics expected and/or some views of what success might look like</i>
<p>3.1 There must be places which are quiet and comfortable, are outwith the clinical area, where you can wait for prolonged periods with easy and direct access to information on how patient is.(Patient in A&E or during operations)</p>	<ul style="list-style-type: none"> • Waiting environment similar to benchmarks in 1.6 above, but with direct access to refreshments/toilets (within 50m) without losing contact to staff. • Access to external areas for fresh air to sit quietly or to allow accompanying children to run-off some steam, within 200m of A&E waiting and surgical waiting 
<p>Carers accompanying patients must be able to find information and additional support to assist them in caring for a friend/family member.</p>	<ul style="list-style-type: none"> • Information and signposting points – This can be done through information points within atrium, • Option for providing drop-in carer support services in a Multi functioning/purpose atrium space • Space for mutual support groups – Multipurpose atrium / options for seating configuration

4 Alignment of Investment with Policy

Non-Negotiable Performance Objectives <i>What the design of the facility must enable</i>	Benchmarks <i>The physical characteristics expected and/or some views of what success might look like</i>
<p>4.1 The development, through its location and design, must be a positive part of the community and regeneration of the area</p>	<ul style="list-style-type: none"> • Good regeneration development practices provide a healthy, self-perpetuating cycle, these will include: early, wide and continuous Community Engagement; incorporation of Health Promoting Health Service (HPHS) principles, enabling healthy decisions, e.g. stair visibility, food outlet standards or usable gardens/ courtyards, non-car dependant transport network. Build on wider Green Infrastructure locally, to encourage physical activity and biodiversity, e.g. cycle/ walking travel routes; positive tree use to reduce energy + CO², add to well being; plus enable ongoing community engagement and benefits, e.g. growing spaces, walking groups, art. • Creating a building with suitable civic presence that is welcoming and modern with potential for providing a catalyst for wider urban regeneration. • Sites selected should be provided with appropriate parking and access from public transport to ensure convenient ease of access for both patients and staff. • Buildings will be designed with appropriate privacy in terms of overlooking and closeness. • Sites should enable appropriate massing of the buildings to achieve a coherent and economic use of space. • The area will be located to allow access to the landscape which promotes greater use of outdoors for physical activity and contact with nature 
<p>4.2 The facility must be designed to allow future adaptation and service expansion or reconfiguration for growing/aging/changing population</p>	<ul style="list-style-type: none"> • The Site is to be large enough for up to 20% in total expansion; but to an agreed list of percentages per service/ dept; NOT blanket wide. • The Building design and construction will enable adaptation & flexibility, e.g. 'repeatable rooms & standard components'; 'loose fit'; modular grid; 'soft spaces'; climate change; all electric energy source. • Safety, Accessibility & Equality will be at the foundation of our design and operations. • Collaborative workshops & independent reviews at key stages to evidence progress e.g. HAI Scribe,

	<p>Inclusive design (SDEF), Dementia (DSDC).</p> <ul style="list-style-type: none"> • Where parts of the facility are provided for the sole use of one service they must be located and designed such that they may be realigned to meet changes in service. • Non-clinical rooms such as storage areas to be designed such that they can, if required, be adapted to clinical uses or use by other (incoming) services. • The design adopted will maximise the ease of maintainance and alteration and minimise disruption to clinical services for PPM
4.3 Sustainability. Promotes health, social, environment and economic sustainability by delivering whole life value form investment	<ul style="list-style-type: none"> • Collaborative workshops using current BREEAM, BRUKL, BIM and DSM (dynamic simulation model) are required at key stages, evidencing a holistic approach to delivering safe, sustainable long term investment. For example, new build target: BREEAM 2014 NC 'Excellent'. Options pre-assessments and early NDAP reviews will allow HFS to set a bespoke/ pragmatic % target BREEAM score. • Minimum criteria will include: Man03: Considerate construction; Man04: Building user guide; Man05: 2yrs seasonal commissioning; Ene01: 5credits; Ene02: sub-meter; Wat01: 1credit; Wat02 + Mat03: Criteria1 only; HEA04: 3credits. • Operational energy consumption target: $\leq 320\text{kWhr/m}^2$; plus thermal safety & comfort (TM52: all 3 criteria); evidenced by realistic DSM using future local weather data. • Continuous improvement, i.e. annual operational energy report (DEC or equivalent) min. 3yrs /FM contract period. • Social, economic and technical sustainability to be considered as part of the design process • The design should minimise energy consumption in use and during construction/demolition phases • The building should be well insulated and designed to make maximum use of passive solar energy while avoiding overheating • Designed to include as much natural daylight as possible to reduce the need for artificial lighting and improve the wellbeing of the occupants. • Provide zoning of heating and cooling to allow different thermal requirements to be compartmentalised • Natural Ventilation - designing clear and robustly controlled air flows through buildings for cooling.
4.4 Wider community benefits – Good corporate citizenship	<ul style="list-style-type: none"> • Collaborative workshops for Equality & Diversity Impact Assessment (EDIA) at key stages, to set and evidence positive steps to reduce local health inequality; e.g. public WiFi, Changing Places toilet, electric scooter bay, bariatric access.

5 Self-Assessment Process

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 required to allow evaluation
Site selection	Decision by Corporate Management Team with advice from Project Board	Comment to be sought from NDAP to inform a Corporate Management Team decision	Risk/benefit analysis considering the capability of sites to deliver a development which meets the above stated criteria	Site feasibility (including sketch design to RIBA stage B) for alternative sites. Cost estimates (construction and operating costs) based upon feasibility.
Completion of brief	Decision of Project Board with advice for Project Manager & Project Team	Peer review across stakeholders	The above design statement will be included within the brief	Completed brief
Selection of Delivery/Design Team	Decision of Project Board with advice for Project Manager & Project Team	Design Advisor external to Project Team	Quality cost ratio to comply with guidance for complex projects as per annex A, para A.3.5 of Scottish Government Construction Procurement Manual. Must also comply with NHS Lanarkshire SFI's	Design team proposals and costs
Selection of early design concept from options developed	Decision of Project Board with advice from Project Manager & Project Team	Comment to be sought from NDAP	Assessment of options, utilising AEDET or other methodology, to assess the likelihood of options delivering a facility which demonstrates compliance with the above criteria	Sketch proposals developed to RIBA stage C with colour used to distinguish main use types – circulation, outpatient areas, ward areas, theatres, ICU, offices, staff facilities, etc.
Approval of design proposals to be submitted for planning authority approval	Decision of Project Board with advice from Project Manager & Project Team	Public /stakeholder engagement process incorporated	Formal option appraisal to assess the likelihood of options delivering a facility which demonstrates compliance with the above criteria	Formal process to approve Stage D agreed with Project Board
Approval of detailed design proposals to allow construction	Decision of Project Board with advice from Project Manager & Project Team	Design Advisor/Health care Planner external to Project Team	Review with reference to agreed clinical model and Design Statement objectives	Full design information
Post Occupancy evaluations	Formal Post Project Evaluation in accordance with SCIM	Design Advisor/Health care Planner external to	Assessment of completed development by stakeholder	Completed SCIM pro-forma documentation

		Project Team	group representatives and staff involved in establishing the criteria set out in the original Design Statement	
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This statement was developed through the engagement and participation of the following key stakeholders/groups:

Patient representatives:

Donald Masterton, North PPF	Pat O'Reilly, North PPF	Jack Ferguson, South PPF
Wilson Paton, South PPF	Joyce McPherson, North Access Panel	Alan McPherson, North Access Panel

NHS Lanarkshire

Andrew Carton, Head & Neck Surgeon	Ann Chapman, Infectious Diseases Consultant	Sanjiv Chohan, Consultant Anaesthetist
Marion Devers, Endocrinology Consultant	Andrea Fyfe, Director of Hospital Services	David Litherland, Consultant in Emergency Medicine
Rory Mackenzie, Chief of Medical Services	Graeme McGibbon, Surgical Services Manager	Brian McWatt, Head of Finance
John Murphy, Consultant Haematologist	John Paterson, Director of PSSD	Colin Lauder, Deputy Director of Strategic Planning
Graham Johnston, Head of Planning	George Reid, Deputy Director of PSSD	Nicola Ruddy, Senior Nurse
Praveen Sharma, Consultant Surgeon	Donald Spence, Staff side representative	Nicola Summers, Medical Services Manager
Ana Talbot, Care of Elderly Consultant	Robert Peat, Head of Podiatry	Ruth Thomson, Chief of Nursing Services
Jim Ruddy, Consultant Anaesthetist & Project Clinical Lead		

Facilitators:

Tom Bostock, Reiach & Hall	Jim Hackett, Currie & Brown	Fiona McDade, Currie & Brown
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