

NHS Lothian: Royal Hospital for Sick Children

Report on AEDET workshop 12th August 2010

Facilitated by HFS

Architects: Nightingale Associates and BMJ

Principal Supply Chain Partner: BAM

Introduction

An AEDET (Achieving Excellence in Design Evaluation Toolkit) workshop was held on the 12th August 2010 to allow the stakeholders to assess the design current at that date for the NHS Lothian: Royal Hospital for Sick Children Redevelopment (at Little France).

The Policy on Design Quality for NHSScotland states that all NHSScotland Bodies must use Design Quality Indicator (DQI) tools as appropriate to manage their design requirements through the life of a project. The English Department of Health's AEDET assessment is recognised as an exemplar towards achieving the appropriate level of project design management.

The design development for the project had not reached stage E (Technical Design) of the RIBA Plan of Work at the time of the workshops and insufficient information was available to make an assessment against Sections E, F & G: Build Quality, which deal with the performance of the building fabric and engineering systems and the quality and robustness of the construction and Sections H and J which deal with the efficiency of the spatial organisation. These sections will be assessed in any subsequent AEDET workshop as the project approaches the Final Business Case submission.

There were two separate AEDET workshops with different user groups, workshop one in the morning and workshop two in the afternoon. Both groups were invited to respond to the same sections within AEDET. The workshops addressed the following AEDET sections:

- A: Character and Innovation
- B: Form and Materials
- C: Staff and Patient Environment
- D: Urban and Social Integration
- I: Access

Note: The AEDET workshop provides an evaluation by the stakeholders of the design presented to them. It does not provide an assessment of the compliance of the design with current healthcare planning or technical guidance. HFS acted as independent facilitators for the workshop and this report does not necessarily reflect the views of HFS.

Section A: IMPACT - Character and innovation – average scores: 4.6 (workshop 1); 5.0 (workshop 2)

This section deals with the overall feeling of the building. It asks whether the building has clarity of design intention, and whether this is appropriate to its purpose.

Comment: The building scored well in this area with general support for the building's clarity of design and appropriateness to its purpose. It was agreed that as currently presented the design followed the current best practice in terms of form and technology and could be a building that clients, developers and designers would wish to visit to learn from when working on future projects.

In the afternoon the proposal scored 5 in every category. At the morning workshop the building generally scored 5, however in the category 'the building projects a caring and reassuring atmosphere' and also 'the building appropriately expresses the values of the NHS' the proposal scored 4. More information about materials and finishes may assist participants at a future workshop in assessing the proposal.

Recommendations: Continued development of the design. Further detail is required at the next AEDET workshop to allow a better assessment of the buildings potential to project 'a caring and reassuring atmosphere'.

Section B: IMPACT - Form and materials – average scores: 3.5 (w1); 3.8 (w2 - for questions scored)

This section deals with the nature of the building in terms of its overall form and materials. It is primarily concerned with how the building presents itself to the outside world in terms of its appearance and organisation.

Comment: Both workshops considered that the scale of the building was appropriate, felt welcoming and also that the design takes advantage of available sunlight. Designers were requested to address any potential issues with exposure to the wind at the entrance.

At workshop 1 there was little agreement that the entrances are obvious and logically positioned in relation to likely points of arrival on site. This was summarised by the comment that access, from car parking, through the Royal Infirmary was not considered ideal. At the afternoon workshop this issue received fair agreement: participants felt the proposed building itself was strong, but considered the access through the existing building to be unfortunate. The differences in scores can be accounted for in the second group isolating this issue from the evaluation of the proposal. (Note: scores are double weighted for this section)

The statement 'the external materials and detailing appear to be of high quality' received fair agreement from Workshop 1, with the important proviso that detailing must be fully considered for all materials (both in terms of suitability and also weathering). Some attendees raised the issue concerning the appearance of weathered timber. Workshop 2 felt unable to score this section due both to the group being non-technical (and also the information available at this stage). Both workshops gave strong agreement that the external colours and textures seem appropriate and attractive.

Recommendations: The designers should give consideration to the effects of the prevailing winds around the building entrance, (due both the general open nature of the Little France area and also the potential effects of the existing buildings). Designers / Client should give consideration to the legibility of the approach route from the proposed car parking, through the existing hospital to the entrance to the Children's hospital.

Section C: IMPACT - Staff and patient environment – average scores: 4.6 (w1); 3.8 (w2) section not fully scored in either workshop

This section deals with how well the internal environment complies with best practice as established by the research evidence.

Comment: The majority of patient provision is in single rooms. The design was thus considered to respect the dignity of patients and allowed for appropriate levels of privacy. Both workshops considered there to be good views inside and out of the building. The landscaped areas and courtyards provide patients and staff with good access to the outdoors; however more detailed information on this provision is required for next workshop. Both workshops were unable at this stage to score whether the design offered high levels of comfort and control of comfort. Workshop 1 noted that the experience of the Royal Infirmary was not optimal.

Recommendations: More information is required at the next review regarding staff and patient access to outdoors (this includes disabled access and information about external levels). Access from the medical ward to external areas is through the adolescent area – designers were requested to consider if there should be direct access, and if so, whether this can be achieved. More information was sought about the interior of the building and patient comfort, including more fully developed proposals to explain how the internal environment can be controlled by the occupants including patient's control from their bed. More information was also sought concerning staff catering and also staff access to IT.

Section D: IMPACT - Urban and social integration – average scores: 4.8 (w1); 5.0 (w2)

This section deals with the way the building relates to its surroundings.

Comment: The proposals achieved strong agreement (5.0) scores in both workshops in all sections within the Urban and Social Integration category, with the exception of the building being sensitive to neighbours and passers by; (in the morning workshop this score was 4.0).

Recommendations: The proposals included integrated courtyard and external landscape proposals serving both patients and also providing space for staff groups and public access. These proposals contributed to the high scores achieved in this section. Developing the detailed treatment of these spaces was viewed as being very important to their success. I was also noted that the designers should continue to take recognition of adjacent neighbours in developing their proposals.

Section I: FUNCTIONALITY - Access – average scores: 4.0 (w1); 3.7 (w2) (section not fully scored in either workshop)

This section focuses on the way the users of the building can come and go.

Comment: The scoring was generally above average on this section although additional information will be required to complete all sections. With regard to public transport access, the issue of access to the A&E Emergency entrance, including out of hours access, was raised. It was stated that at present 70% of arrivals travel by public transport who would arrive at the main entrance. This will require careful consideration to be given to the security of the through building route at all hours. Parking concerns were highlighted at workshop 1, issues included:

- policing of blue badge parking near to entrance;
- a shortage of parking for the existing Royal Infirmary A&E which may spill into the parking provided for the new Children's Hospital A&E
- safety of staff accessing parking out of hours (distance from building, lighting)
- safety issues concerning pedestrian priority at vehicle drop-off, with child pedestrians in the vicinity

With regard to the approach and access for ambulances, the following issues were raised:

- Whether PCU was served by the Blue Light Route.
- Possible conflicts between pedestrian route for children and adults entering A&E and ambulance routes

Goods deliveries and waste disposal arrangements achieved very high scores. (The service tunnel from the service yard for the existing Royal Infirmary was seen to be an optimal solution to provide segregation). The first workshop considered pedestrian access routes to be obvious, pleasant and suitable for wheel chair users and people with other disabilities / impaired sight; the second group included a patient's representative who had first hand experience. This group considered the distance from car parking to be long and raised issues with the carpeted mall and heavy doors of the existing infirmary. There was insufficient information to indicate whether or not the issue of safe lighting indicating paths, ramps and steps had been adequately addressed and this was an area of particular concern to the staff and patients who would be using the building.

Recommendations: Further consideration should be given to the access to A&E including out of hours access, particularly for public transport users. Design development should ensure that external lighting proposals address staff concerns. It was recommended that additional information be made available at a future AEDET workshop to evaluate this.

Conclusion

The participants in the workshop showed a real interest in the work being presented to them by the designers and provided some very positive input which should be of benefit to the success of the project if incorporated in the final design. The design was well received; some of the issues raised concerning access through the existing infirmary may be outwith the immediate scope of this project. The physical relationship between these buildings and treatment of the space between the buildings should be addressed in the RHSC project.

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Summary score sheets from morning and afternoon workshops

Achieving Excellence Design Evaluation Toolkit (AEDET Evolution)



Project details: Title

Royal Hospital for Sick Children at Little France: Workshop 1

Workshop details: Location

Lecture room (first floor), School of Community Paediatrics, 18 Millerfield Place, Edinburgh

Date

12.08.2010

Results summary:

Category	1	2	3	4	5	6	Average Score	Scored
A: <u>▶ Character and innovation</u>				■			● 4.6	5 of 5 scored
B: <u>▶ Form and materials</u>					■		● 3.5	6 of 5 scored
C: <u>▶ Staff and patient environment</u>					■		○ 4.6	11 of 8 scored
D: <u>▶ Urban and social integration</u>							● 4.8	5 of 4 scored
E: <u>▶ Performance</u>								0 of 4 scored
F: <u>▶ Engineering</u>								0 of 5 scored
G: <u>▶ Construction</u>								0 of 7 scored
H: <u>▶ Use</u>								0 of 7 scored
I: <u>▶ Access</u>				■			○ 4.0	7 of 7 scored
J: <u>▶ Space</u>								0 of 6 scored

NOTE: A filled traffic light dot [●] in the table above indicates a valid average score; a hollow dot [○] indicates that one or more statements have been marked as 'unable to score'.

Project details:	Title Royal Hospital for Sick Children at Little France: Workshop 2
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Workshop details:	Location Lecture room (first floor), School of Community Paediatrics, 18 Millerfield Place, Edinburgh	Date 12.08.2010
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Results summary:

	1	2	3	4	5	6		
A: ▶ <u>Character and innovation</u>				■			● 5.0	5 of 5 scored
B: ▶ <u>Form and materials</u>				■			○ 3.8	6 of 5 scored
C: ▶ <u>Staff and patient environment</u>					■		○ 3.8	12 of 8 scored
D: ▶ <u>Urban and social integration</u>							● 5.0	5 of 4 scored
E: ▶ <u>Performance</u>								0 of 4 scored
F: ▶ <u>Engineering</u>								0 of 5 scored
G: ▶ <u>Construction</u>								0 of 7 scored
H: ▶ <u>Use</u>								0 of 7 scored
I: ▶ <u>Access</u>							○ 3.7	7 of 7 scored
J: ▶ <u>Space</u>								0 of 6 scored

NOTE: A filled traffic light dot [●] in the table above indicates a valid average score; a hollow dot [○] indicates that one or more statements have been marked as 'unable to score'.