A METHODICAL APPROACH TO FORMULATING THE CLIENT USER INPUT TO A DESIGN BRIEF FOR HEALTH BUILDING

VOLUME 2 : APPENDICES and INDEX

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CONTAINS PULLOUTS

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Stages in Planning

Stage A

FUNCTIONAL CONTENT;
SITE APPRAISAL;
PROJECT COST

A1 ASSESSMENT OF FUNCTIONAL CONTENT—(H.B.P.N.3)

(Including preliminary costing from Departmental Cost Guide in Hospital Building Procedure Note No. 6).

submission of A1 to D.H. & S.S.

Formal meeting with D.H. & S.S. if necessary.

A2 SITE FACTORS—(H.B.P.N.4)

A3 BUILDING SHAPE—(H.B.P.N.4)

(Written description—see H.B.P.N. No. 4—sufficient but site block plan useful).

A4 COST & PHASING—(H.B.P.N.6)

(Assessment of total cost of *whole project* based on agreed phasing (if any) and after consideration of alternatives by project team. On-costs to be individually estimated—see H.B.P.N 6 App. 9. The first phase will be covered in more detail than other phases but the whole will be as accurate as possible).

Revenue cost estimate to be attached.

Select contracting method.

submission of A5 to D.H. & S.S.

Formal meeting with Department if necessary.

A5 APPROVAL
(By D.H. & S.S.)

Stage B

PLANNING POLICIES
DEVELOPMENT CONTROL PLAN;
BUDGET COST

B1 MANAGEMENT CONTROL PLAN

Summary for whole project.

Up to start on site for first scheme in project. Bar charts for following schemes (if any).

B2 PLANNING POLICIES—(H.B.P.N.2)

Whole hospital; departmental as necessary to assess areas including additional accommodation and additional engineering.

(Regional Planning Policies established pre-stage A).

submission of B1 & B2 to D.H. & S.S.

Formal meeting with Department if necessary.

B3 DRAFT DEVELOPMENT CONTROL PLAN—(H.B.P.N.5 Design Note No. 5)
DRAFT BUDGET COST
(Based on B2 policies and to include engineering overlay drawing and report).

submission of B3 to D.H. & S.S.

Formal meeting with Department if necessary.

B4 FINAL DEVELOPMENT CONTROL PLAN & BUDGET COST—(H.B.P.N.6)

(Up to date assessment of *project* and final assessment of individual schemes—areas and costs based on essential advance stage C information, e.g. preliminary sketch drawings and provisional schedules of accommodation, etc. and additional engineering (clients requirements).

Note 1 At this stage cost of each scheme with its own fees, furniture and equipment must be kept separate within the total budget cost.

Note 2 Site must be available or accessible before Stage B budget cost can be completed.

Note 3 On Costs:—
It is essential that details of on-costs are as accurate as possible for all phases.

Note 4 The Budget Cost for the first scheme is the base for cost planning hereafter.

Note 5 Revised revenue costs to be attached to B4 cost.

submission of B4 to D.H. & S.S.

Stage C

(relevant phase or scheme only)

COST PLANNING;
SCHEDULES;
SKETCH DESIGN;
DESIGN COST REPORT

Note *Commence notional cost plan based on B4 cost of first scheme only.*

In the case of a new project this would be phase I.

Where phase I is in construction or has been completed it would be phase II, etc.

C1 DEPARTMENTAL PLANNING POLICIES;

SCHEDULES OF ACCOMMODATION (B.Ns; Design Notes);

COST PLAN

C2 SKETCH DRAWINGS (Health Service Design Notes)

ROOM DATA SHEETS

C3 MAJOR EQUIPMENT SCHEDULES (Equipment Notes)

COMPONENT SCHEDULES (Compendium)

Carried out in parallel with C2.

C4 REVISION OF COST PLAN & DETAILED ESTIMATES;

REVISED REVENUE COSTS & STAFFING ESTIMATES;

DESIGN COST REPORT (H.B.P.N.6)

(The Design Cost Report and estimate is for the *relevant scheme* only taken from the total budget cost prepared at stage B4).

submission of C4 to D.H. & S.S.

Stage D

D1 PRODUCTION MATERIAL

(And cost planning)

ENGINEERING DETAIL;
(and cost planning)

FINAL COMPONENT SCHEDULES;

BILLS OF QUANTITIES;

TENDER DOCUMENTS

Note The cost plan is adjusted to reflect the result of the design cost report and must be carried out throughout production material stage.

Stage E

CONTRACT & CONSTRUCTION

Note Tender documents to go out and be received back at commencement of stage E.

E1 CONTRACT
Details of tender to D.H. & S.S.

E2 CONSTRUCTION
Cost analyses to D.H. & S.S.

Stage F

—— Commissioning (To start any time after stage C)

TEAM BRIEF; APPOINT TEAM

MANAGEMENT CONTROL PLAN, including closures

OPERATIONAL HANDBOOKS

FINAL EQUIPMENT SCHEDULES & ORDERS

FIX ESTABLISHMENT, STAFF ASSEMBLY & TRAINING

EQUIPMENT & SUPPLIES ASSEMBLY & STORAGE

ENGINEERING COMMISSIONING

CLEANING

OPENING, PUBLIC RELATIONS, PUBLICITY

Stage G

EVALUATION

(of finished scheme after being taken into use).

Stage A

PRELIMINARIES TO INVESTIGATION

0.1 determine SUBJECTS to be investigated – eg building, equipment, function

0.2 determine PURPOSE of investigation
- 1 REASON for making investigation – eg relief of suffering, increased efficiency . . .
- 2 OBJECTIVES of investigation – acquisition of data, development of design type . . .

0.3 determine SCOPE of investigation
- 1 FORM of investigation – eg survey, design, assessment
- 2 SUBDIVISIONS of work – eg administration, production, research
- 3 STAGES of work – eg collect data, develop solutions
- 4 EXTENT of work – eg type, complexity, work content
- 5 RESOURCES available – eg labour, time, information, finance
- 6 PRESENTATION of results – eg contents, distribution, form
- 7 FEASIBILITY of investigation – yes? no?
- 8 ALTERNATIVE methods – increase resources, diminish work

0.4 determine ORGANISATION of investigation
- 1 AUTHORITY for investigation – department, office, person
- 2 COMPOSITION of team – chairman, secretary, members
- 3 RESPONSIBILITIES of members – aspects of work
- 4 COORDINATION of work – central direction, meetings, reports
- 5 PROGRAMME for investigation – work content, times, dates
- 6 METHODS of conducting – interview, survey, records examination
- 7 FACILITIES for investigation – visits, reading, trials
- 8 EVALUATION of investigation – objectives, opportunities, timing
- 9 PROCEDURES at meetings – agenda, recording, questions
- 10 RECORDING methods – notes, stenographer, memory
- 11 DATA PROCESSING methods – pro formas, punched cards, charts
- 12 MEETING times and places – room, location, times
- 13 SECURITY aspects – secrecy, loss

Stage B

GENERAL INFORMATION on subject of investigation

1 SUBJECT of investigation
- 1 define subject
- 2 subject classification
- 3 sources of information

2 PURPOSE of subject
- 1 historical background
- 2 existing situation
- 3 objectives of subject
- 4 future trends

3 SCOPE of subject
- 1 range of functions included
- 2 validity in other situations

4 ORGANISATION of subject
- 1 authorities responsible for subject
- 2 chain of command
- 3 duties of individuals
- 4 coordination with other subjects
- 5 economic aspects of organisation of subject
- 6 operational aspects – eg centralisation, mechanisation
- 7 control methods – eg supervision, instruction
- 8 facilities involved – eg transport, amenities

Stage C

SITUATION of subject

5 LOCATION of subject
- 1 extent of region – area, population, travel time
- 2 physical influences – climate, topography
- 3 social influences – population, transport, work, amenities
- 4 effect of surroundings on site – physical, social aspects

6 SITE of subject
- 1 site characteristics
- 2 restrictions on use of site
- 3 possible positions and arrangements – LAYOUT SKETCH

Stage D

USE/OPERATION of subject

7 FUNCTIONS of subject – WORK, FACILITIES, MANAGEMENT
- 1 what used for
- 2 who uses
- 3 how used
- 4 when used
- 5 sequence of use
- 6 where used
- 7 movements involved
- 8 quantities involved
- 9 duration of use
- 10 frequency of use
- 11 services used
- 12 equipment used
- 13 relation to other functions
- 14 degree of permanence
- 15 reliability of informant

8 POPULATION involved in subject
- 1 description of persons
- 2 distribution of persons
- 3 physical characteristics

9 ACCOMMODATION for subject
- 1 possible layouts – sequence of functions, access, traffic, etc
- 2 space forms – size, shape, peripheral length
- 3 relation to external factors – view, sun, wind, noise, etc
- 4 relation to structure
- 5 relation to engineering services
- 6 relation to equipment and supplies

Stage E

CONDITIONS required for use/operation

10 PERCEPTION involved in use, operation
impression required, senses involved, sources of stimulus
causes, locations, intensity of stimulus
duration of perception, quality of stimulus

11 PROTECTION required for use
standard of safety, type of use, type of user, risks involved, method of control

12 ENVIRONMENT CONTROL
existing conditions, required conditions, control methods

Stage F

FACILITIES involved in use/operation

13 SUPPLIES required for use
categories, method of use, specification

14 EQUIPMENT required for use
categories, method of use, specification

15 SERVICES required for use
types, availability, performance, means of control,
means of operation, distribution methods, conditions for operation

Stage G

LIMITATIONS affecting use/operation

16 LEGAL, statutory, social limitations and obligations,
type, authorities, notification,
form of submission, conditions for approval, penalties

17 ECONOMIC limitations, restrictions
type, controlling factors, forms of expenditure
dividend, practicability

Stage H

PROPOSALS concerning subject

18 RECOMMENDATIONS on proposed form of subject
organisation of subject
procedure, methods of use
form, arrangement for use

19 EXECUTION of recommendations
methods of implementing proposals
programme for implementation
contract administration procedure

Stage I

FABRICATION and design proposals for subject

20 STRUCTURAL design
forms, materials, loading, stresses, environmental and
accommodation factors, statutory limitations, structural
member design, cost, erection, alterations, joints

21 CONSTRUCTIONAL design
element, use, performance, materials, form, environment,
accommodation, statutory requirements, fabrication and assembly
method, erection method, specification and details, cost,
maintenance

22 ENGINEERING SERVICES design and selection
type, use, performance, energy sources, media, distribution,
control method, statutory requirements, plant and equipment,
installation costs, maintenance, specification

23 EQUIPMENT – design and selection
types, use, performance, environment, accommodation
statutory requirements, installation, specification, costs,
maintenance

Stage J

ASSESSMENT

Purpose, principles, stages at which made, factors affecting basis
of assessment, methods of evaluation, process of design,
rating of success

4.3.2 The six sub-systems are as follows:

(i) Brief

(ii) Design

(iii) Production Documentation

(iv) Construction

(v) Commissioning

(vi) Evaluation and Maintenance.

The following paragraphs will describe each sub-system in turn.

4.4 BRIEF SUB-SYSTEM

4.4.1 The objectives of this sub-system is to draw up a specification for Health and Welfare buildings on a particular site in such a way that all the functional requirements are met and the capital and revenue cost consequences are within the Programme limitations.

4.4.2 This specification must be set out in terms suitable for direct conversion to a complete design.

4.5 DESIGN SUB-SYSTEM

4.5.1 The objective of this sub-system is to precisely define the physical shape, type of construction, and content of the actual project.

4.5.2 The advances in industrial building technology in recent years have led to preferred dimensions for Health buildings being laid down in British Standards. These will give, for example, a range of standardised floor-to-ceiling heights from which the most appropriate can be chosen. From a knowledge of the functional content of the building, the most suitable type of structure, room sizes, etc. can be selected.

4.5.3 A hospital designed under the CUBITH System uses the preferred dimensions most suitable to its own particular functional content. However, these techniques have been carried further in CUBITH by detailing a number of Management Systems, which greatly simplify the selection of building and engineering components.

4.5.4 Each Management System is a self-contained set of compatible components. Thus, if a Management System is chosen, the designer will know that all the doors, windows, junctions, etc. specified are co-ordinated to form a complete building, or section of a building. The designer thus chooses the Management System most appropriate to the particular project and is saved the tedious work of checking the interfacing of all the various engineering and building components required.

4.5.5 The designer also has, readily available, information on each component, including its performance, cost, availability, supply and fixing arrangements. This method also has the advantage that the user is selecting from known products and a predicted demand can be placed on industry. The aim is that, when a Management System is used, by the completion of the Design sub-system, a final selection of all the components will have been made.

4.5.6 As each component is evaluated and selected, the drawings are coded; thus, in the final stages of the Design sub-system, schedules can be prepared for cost-checking and further developed into a tender document. Producing a tender document at this stage has the advantage that industry can participate more fully in later operations. For example, suppliers can have early warning of future requirements. If a main contractor can be selected here, his skill and expertise are available to the design team, and work plans, etc. can be designed which are compatible with his own system.

4.6 PRODUCTION DOCUMENTATION SUB-SYSTEM

4.6.1 This sub-system is concerned solely with the processing of decisions which have been made in the Design sub-system, in order to form a basis for tender documentation and the provision of information necessary for building construction.

4.6.2 It is important to note that here there is a departure from traditional practice, where at this stage much time would still be spent on gathering information from the client.

4.6.3 The tasks in this sub-system commence when the detailed design and cost data have been prepared and established. The whole purpose of the Production Documentation is to take account of the way in which a general contractor and sub-contractor carry out their various operations.

4.6.4 Documentation is provided for each party involved in the industrial processing, describing his part of the work in clear and simple terms. The information is divided into packages of manageable size, in such a way that all relevant personnel can be provided at any particular time with the data they need in the correct form. Thus the need to extract particular information from the total data is removed, resulting in reduced management content and avoiding wasteful transcription by the various parties.

4.6.5 These packages of data observe certain conventions, such as in the setting out of graphic material (e.g. common plan levels for building and engineering data) and the use of pre-packaged constructional elements (components, assemblies and junctions).

4.6.6 These packages are complemented by written documentation which is suitable for tender purposes but can later be used as a basis for further project management.

4.6.7 The conventions outlined in this sub-system enable standard solutions to be applied to recurring building and engineering problems.

4.7 CONSTRUCTION SUB-SYSTEM

4.7.1 The tasks to be carried out in this sub-system are based on the need to economise on-site labour, a factor of prime importance throughout the CUBITH System.

4.7.2 This is achieved by using selected ranges of components (both supplied and supplied-and-fixed), assemblies of building and building/engineering components, and equipment. These would be accompanied by their associated and inter-related assembly and junction details, together with term contract agreements establishing, between those involved on the site, the conditions of supply, and requirements of on-site attendance. Each such range would form a complete Management System as described in paragraph 4.5.4.

4.7.3 The increased use of pre-packaged, composite components represents a departure from the traditional labour-intensive methods. This has resulted in the need for the main contractor to reinforce his role as co-ordinator and manager. This is particularly apparent in the CUBITH System, where the sub-contracted work can be as much as sixty to eighty per cent of the total contract, due to the high degree of plant usage and the sub-letting by the contractor of some site operations.

4.7.4 It is envisaged that in some projects a contractor may devote his entire resources to the management of sub-contractors. Whilst CUBITH sets out to rationalise site procedures and aid management, it cannot substitute for the contractor's responsibilities, since the work plan produced will not necessarily suit his own particular management system. Thus methods to be applied on the site could also be affected. Hence, if the main contractor can be brought in at an early stage, his ideas can be incorporated prior to the commencement of on-site working.

4.7.5 The value of standard systems can clearly be seen at this stage. The particular data needed for any series of site operations is readily available, together with any supplementary details which may be required. This data then becomes directly accessible to each sub-contractor, who can process it within his own system to give him information on plant utilisation, labour and material requirements, availability, ordering, cost control, etc.

4.7.6 It can be seen that the tasks in this sub-system fall into two main sections; those performed prior to the actual construction, and the construction itself which is the responsibility of the main contractor.

4.8 COMMISSIONING SUB-SYSTEM

4.8.1 This sub-system utilises the data prepared in the Brief and Design Sub-systems. The tasks to be performed relate to equipping and staffing, setting up building and engineering maintenance procedures, and public relations.

4.8.2 Standard information on these subjects is available as soon as the actual construction commences, and as the work progresses, the commissioning procedures, timed to the construction timetable, are put in hand. They involve the recruiting and training of staff, the ordering, delivering and positioning of equipment, the production of operational, maintenance and staff job manuals, the dissemination of publicity material, and general liaison.

4.9 EVALUATION AND MAINTENANCE SUB-SYSTEM

4.9.1 This sub-system has not been studied in detail by the authors of this report, and although it is an essential element, it requires further study in depth before a valid appraisal can be written.

4.9.2 By devising procedures related to the current operational systems, it is possible to simplify evaluation and subsequent feedback of information. This feedback results in an improved management information system, which is available to all projects, and aids the amendment of the common data base.

4.9.3 Evaluation within the CUBITH System is directly related to the original requirement, determined for the particular project. For example, activity policies on how the building is used can be compared with those proposed, and the fabric can be related to the actual performance.

4.10 PROCEDURAL SUB-SYSTEMS

4.10.1 The six currently accepted CUBITH sub-systems described above are mainly time oriented. They may be referred to by name, but in this report the System will be considered as a continuous whole from which groups of related tasks or procedures can be selected for discussion in turn. For example, the procedures dealing with the requirements, ordering, installation and evaluation of equipment cut across the six CUBITH sub-systems and can be said to form a sub-system on their own. These sub-systems, summarised in paragraph 4.14 and described in detail in Section 5, will be referred to in this report as Procedural Sub-systems.

4.10.2 It is most important to recognise that very few of the Procedural Sub-systems are self-contained and each should be developed within the framework of the total system. This report will attempt to give guidance on the relationship between the sub-systems, but further studies may show other relationships or other sub-systems.

4.11 COMMON DATA BASE

4.11.1 The CUBITH System is based on the ready access to data for control and decision making. It is therefore most important that sufficient thought is given to the task of setting up a common data base.

4.11.2 In Sections 6 and 7, guidance is given on this area of work, but at this stage, until further experience of practical applications has been gained, there is little point in defining a firm system. Thus only very generalised rules have been given, and it is most important to ensure that any data base should be capable of change and growth as the system develops.

4.11.3 Since the data base is intended to inter-relate all data, some of which would be highly confidential, considerable thought should be given to its security aspects. Access to the data should be via security keys, so that suitable control can be exercised.

4.12 PROJECT FILE

4.12.1 As well as a common data base, it is necessary to set up project files for each project. These will contain all relevant data on a project from pre-start. Eventually these files will form historical records for each Health and Welfare building, and will be of use when further schemes or extensions are planned, either to that project or inter-related projects.

4.12.2 The project file will contain reports on evaluation carried out once the building is in use. Thus it will feed back relevant information on usage to the common data base, and so assist, as appropriate, in the revision of standard techniques contained there.

4.12.3 The files will eventually contain details of all existing facilities, and can then be used during briefing as an aid to defining policy and function on new schemes in each area.

4.12.4 When project files are set up it is most important that all these aspects are investigated, since it would be wasteful to set up a file for the period from pre-start to commissioning only.

4.12.5 Normally the project file would be set up using references to the data base for standard data, rather than including full data on all subjects. However, if these files are to be used as historical records, they must take account of the fact that the common data base will change over a period of years, whilst a particular project may lie dormant without change during that time. Thus a system must be designed which avoids the necessity to update all the project files each time the standard data on the data base is changed.

4.13 SYSTEM REQUIREMENTS

4.13.1 The main requirement of the CUBITH System is that information on any aspect of the Hospital Building Programme should be readily and inexpensively available.

4.13.2 Some information will be provided on a routine basis, in the form of reports issued at regular intervals, or on request.

4.13.3 It is also envisaged that the CUBITH System will be able to assist in the decision making process on any project. Thus there must be easy access to all data affecting a decision. This data must be capable of presentation in a form suitable for the person or persons making the decision. Thus the presentation may vary, not only according to the decision to be made, but to the person making it.

4.13.4 Whenever possible, after decisions have been taken, automated procedures should take over to produce final requirements, such as schedules and drawings. In this way the purely manual tasks are minimised, resulting in reduced costs and timescales.

4.13.5 The facility for research and development must also be provided, so that new technologies can be introduced to the system and their application simulated, before they are accepted as principles for future projects.

4.14 SUMMARY OF PROCEDURAL SUB-SYSTEMS

4.14.1 Procedural Sub-systems have already been defined in paragraph 4.10.1. The following paragraphs will summarise the procedural sub-systems to be described in more detail in Section 5. The sub-systems have been named as follows:

(i) The Hospital Building Programme
(ii) Project Team Activities
(iii) Determination of Project Requirements
(iv) The Development Control Plan
(v) Activity Data
(vi) Equipment
(vii) Staffing
(viii) Cost Analysis
(ix) Design Development
(x) Production Drawings
(xi) Engineering
(xii) Scheduling and Component Selection
(xiii) Tender Action and Contracts

4.14.1 Cont'd
(xiv) Construction
(xv) Services to the Construction Industry
(xvi) Maintenance Documentation
(xvii) Commissioning Team Activities
(xviii) Data Base Management
(xix) Project File
(xx) The On-Line Enquiry System

4.15 THE HOSPITAL BUILDING PROGRAMME

4.15.1 The Hospital Building Programme lays down the timescale and expenditure that is to govern the production of Health and Welfare buildings. The Programme covers a ten year period, and shows the expenditure for each project that is to start within this period.

4.15.2 The Programme also attempts to define the facilities required and policies to be followed, but only in the broadest terms, since requirements and policies may change over the ten year period. Naturally, expenditure becomes more precise and policies more clearly defined as the project start approaches.

4.15.3 Once a project has commenced, it must be phased so that expenditure during development and construction conforms to that laid down in the Hospital Building Programme for that project. The CUBITH System will be required to monitor this aspect.

4.16 PROJECT TEAM ACTIVITIES

4.16.1 The Project Team is responsible for ensuring the optimum use of funds and resources and that the finished project meets all requirements possible within the limits of existing technology, cost (both capital and revenue) and timescale.

4.16.2 The size of the project team will vary with the size of the project. A large team could include

Medical Officer
Architect
Engineer
Nursing Officer
Quantity Surveyor
Administration Officer

(Other Specialists could be co-opted as required).

It is possible for one project team to control several small projects simultaneously.

4.16.3 In addition to their overall responsibility, the project team must produce a management control plan for the project as a whole. This would include management networks for each phase on a multi-phase project. They must also write a project report, so that work can be reviewed in retrospect.

4.17 DETERMINATION OF PROJECT REQUIREMENTS

4.17.1 It is necessary for the project team to evaluate the needs of an area, so that the project can be correctly phased to take account of changes in local facilities and requirements. To enable them to do this, data on existing facilities, closures, etc. must be available to the system. In addition, details of changes in Government policy, the setting up of new towns, airports or motorways, must be made available to the project team, as these may cut across the present regional board areas. Details of facilities offered by surrounding boards may also be required.

4.17.2 The type of information just described may have to be obtained from other Government Departments, and it will be necessary to carry out further studies on the problem of interface with other systems which are outside the scope of this report.

4.17.3 Broad decisions on phasing form a basis for staff requirements and revenue estimates, and also give a guide to equipment expenditure phasing. For example, if a department requiring very expensive equipment is to be included in the first phase of a project, care must be taken to control expenditure, so that sufficient sums are available to adequately equip later phases. The information on staff requirements will form a basis for staff recruiting and re-training programmes.

4.18 THE DEVELOPMENT CONTROL PLAN

4.18.1 During the early stages of a project, a Development Control Plan is produced, and this, together with the production of its documentation, forms a system in its own right.

4.18.2 Production of the Development Control Plan is the first design activity to be carried out by the project team. The purpose of the plan is to determine the disposition of the required facilities on the selected site, to achieve a correct relationship between the two, both spatially and with regard to project phasing. It must also provide the means of assessing realistic overall capital costs for the project as a whole.

4.19 ACTIVITY DATA

4.19.1 The concept of activity data is now well defined, and the use, evaluation and updating of this data forms a system in its own right.

4.19.2 Fundamentally, activity data, comprising both alphanumeric and graphic information provides the project teams with pre-prepared planning data. This enables them to carry out systematic and rapid selection of standard sets of area layouts together with recommended environmental policies and equipment requirements, which when grouped together will fulfil particular demands for health services on a specific site.

4.19.3 Although the data is first used by the project team during briefing, it will be used throughout the system as a basis of design requirements, as a cross check on costs, to assist in the preparation of production drawings and master schedules at the pre-tender stage, and to revise and confirm equipment schedules during the commissioning phase.

4.19.4 It is envisaged that standard layouts could also be of assistance at the time of installing the pieces of equipment, although groups of standard activity data will have been drawn together by then, with possible modifications to form area layouts for each particular project.

4.19.5 Although activity data can be selected at a very low level, such as room data sheets, it must be remembered that the system is structured in such a way that, should a standard department or even a whole hospital be required, these too can be selected very simply using the same system.

4.20 EQUIPMENT

4.20.1 The broad phasing of a project will give a rough guide to equipment requirements and expenditure, but it is not until this is related to selected activity data that reasonably accurate costed schedules of equipment can be obtained.

4.20.2 Activity data will give equipment requirements in relation to broad performance specification, but these will have to be related to lists of approved costed equipment before it is possible to make a final selection of the exact equipment to be installed.

4.20.3 These preliminary decisions are made during briefing to ensure that the equipment meets the overall requirements of function and cost. However, during the design phase the exact selection could be modified to suit design requirements, more usually a compromise is made.

4.20.4 During the production drawings phase, the exact requirements are related to recommended manufacturer's equipment and a final selection made. Just before the building is put to tender, the lists of equipment are checked and updated with respect to developments during the course of the project.

4.20.5 During the construction of the building, a phased delivery plan is set up and orders for equipment are placed with suppliers. This is a function of the commissioning sub-system. As the building approaches completion, equipment is delivered, tested and installed. Costs are calculated and inventory lists are produced.

4.21 STAFFING

4.21.1 As each project is phased at the onset, broad staffing requirements are laid down during briefing. However, it is the responsibility of the commissioning team to establish the staff recruiting plan, including the retraining of existing staff, if appropriate.

4.21.2 It is also necessary to produce staff job specification manuals and ensure that the building is adequately staffed with the appropriate personnel before it becomes operational. The provision of a personnel record system could form part of this sub-system, and it may be necessary to relate this to the standard Department of Health and Social Security salary and staff grading procedures.

4.22 COST ANALYSIS

4.22.1 Full facilities must be provided for cost analysis at all stages in the system.

4.22.2 Some cost reports can be produced at specified stages and in pre-determined formats. For example, at the end of briefing, phased equipment costs should be fairly well established, as should capital and revenue costs for the project as a whole, and so reports can be produced.

4.22.3 One of the first requirements of the Design sub-system is to set up a project cost control plan and a system of cost checks for each project. Routine cost checks continue until tender action and must interface with the contractor's cost checking system.

4.22.4 Provision must be made for cost analysis on past projects, to assist in retrospective project evaluation related to cost.

4.22.5 Enquiries on cost may be made at any point in the project. These may take any form, and it is therefore important to ensure that cost data is easily accessible to the users of the management information system and is capable of presentation in a form suitable for each specific enquiry. Not only will information be required about actual costs to date, but it may be necessary to simulate alternative strategies on a cost basis to assist in management decisions.

4.23 DESIGN DEVELOPMENT

4.23.1 Towards the end of Briefing, selected sets of room data will provisionally have been collected within an overall site layout plan to form a viable scheme. At the start of the design phase, these will be developed further to form a 1/200 design layout plan for the project. This plan forms the basis for all design drawings and documentation, and from it the site layout, services layouts, and structural grid can be further developed.

4.23.2 Once the overall design has been established, 1/50 drawings can be produced, showing project room layouts. A design for the site services layout can be drawn up, and a structural system can be selected and further developed. A complete set up of 1/200 drawings can be produced, showing plans, sections and elevations. If applicable, a management system can be selected.

4.23.3 The term 'management system' is applied in this context to a particular grouping of component manufacturers whose products are thus grouped together to form a practical system. The advantage of selecting a management system at this stage is that the work of the project team is reduced by making it possible for certain design and constructional decisions to be short circuited and taken automatically. If a management system is used, it is possible to predict its resulting design, cost and constructional consequences.

4.23.4 Design documentation will contain many of the drawings referred to above, together with design stage schedules, and these form a basis for production drawings and master schedules.

4.23.5 It must be remembered that on a large scheme, several people or even different firms may be working in the same area. Care must therefore be taken to ensure that a comprehensive feedback system is designed, so that all decisions affecting other members of the design team are circulated as soon as possible.

4.24 PRODUCTION DRAWINGS

4.24.1 Although the CUBITH System regards the preparation of production drawings as a separate system, it does in fact continue automatically from the designers' work. The additional drawings produced at this stage are 1/100 project and design drawings, 1/50 and 1/20 engineering drawings, key base and location drawings, and junction details.

4.24.2 As with design documentation, several different disciplines may be working in the same area. Thus, a comprehensive feedback/information system must be set up to ensure that all modifications are appropriately fed back to those concerned.

4.24.3 Once production drawings are available, they form part of the tender documentation.

4.25 ENGINEERING

4.25.1 Engineering design and production drawings are really a sub-set of the constructional design and production drawing system, but show engineering services systems in more detail and how these relate to the layout of the project as a whole.

4.25.2 Details of services available near the site are included in the development control data. At the beginning of the design phase, the basic development control documentation is further developed to give 1/500 site layout plan showing services. When the structural system is established, a full engineering services layout is produced, and this is further developed on larger scales in the design phase. During the production phase, more detailed engineering drawings are produced on a 1/100, 1/50 and 1/20 scale, and engineering schedules are produced.

4.25.3 At the start of the construction sub-system, engineering work is submitted to tender in parallel with the main tender. However, engineering sub-contractors are appointed before the main tender documents are finished, and hence the sub-contracted engineering systems documents together with the names of the sub-contractors appointed, form part of the main tender documentation.

4.25.4 During construction, the engineers must work under the management of the main contractor.

4.25.5 During commissioning, engineering systems must be checked and retested as equipment is installed. Maintenance manuals must be prepared for future engineering maintenance, once the building is operational.

4.26 SCHEDULING AND COMPONENT SELECTION

4.26.1 Towards the end of the design sub-system, design stage schedules are produced, items included in selected (and possibly amended) room data sheets are checked against lists of recommended suppliers components, and a final choice is made according to requirements.

4.26.2 At this stage, lists of requirements can be sent to appropriate manufacturers, to give advance notification of quantities and delivery dates. If possible, these 'lists' should be presented in a form suitable for direct use by the selected manufacturers.

4.26.3 Once all production drawings are completed, master schedules can be produced. These form a basis for the various sortitions of bills of quantities and give prime costs for the tender documentation.

4.26.4 Material selection, ordering, purchase, delivery and site inventory systems, are all part of the scheduling system, together with stores issue. Information must be presented in a form suitable for each user requirement and should be compatible with contractors' and sub-contractors' own systems for stores purchase, cost control, etc.

4.26.5 There must also be provision for evaluation of manufacturers' components during use and this will be used in the assessment of manufacturers' components, together with recommendations for use and maintenance.

4.26.6 Much more study is required into the whole area of contractors' and sub-contractors' use of the information provided, before the system can be fully developed.

4.27 TENDER ACTION AND CONTRACTS

4.27.1 The whole area of tender action is not yet clearly defined, and more liaison is required with contractors and sub-contractors, before the system can be detailed. The contract system also needs further study.

4.28 CONSTRUCTION

4.28.1 It should be possible to lay down rules for the evaluation of contractors' work, especially in relation to the reports required during the building phase of a project. Time analysis, resource analysis and cost analysis will be required in various forms.

4.28.2 More detailed discussions with the contractors are required before rules can be laid down. This area will have to be carefully interfaced with the scheduling system and the tender action and contracts system.

4.29 SERVICES TO THE CONSTRUCTION INDUSTRY

4.29.1 It is envisaged that the output of the CUBITH System will be of great value to the construction industry in general, and especially to commissionees of the Hospital Building Programme.

4.29.2 The data available could be used in training and also in 'management games' type simulations. This would improve design technique and allow commissionees to gain experience of the system without actually erecting a building.

4.29.3 This facet of the system has tremendous potential if exploited fully.

4.30 MAINTENANCE DOCUMENTATION

4.30.1 During the construction phase, feedback on actual building techniques, materials and components, will be used to form the basis of a manual for use by maintenance teams.

4.30.2 Maintenance will probably start before the official opening. Broad revenue figures will have been agreed during the briefing phase, and the maintenance manual should contain details of cost maintenance, which could be cross checked with total revenue figures.

4.31 COMMISSIONING TEAM ACTIVITIES

4.31.1 The task of the commissioning team is to ensure that the project development phase is brought to a successful conclusion and that the building is opened on time and functions according to specification.

4.31.2 The commissioning team is also responsible for the staff recruitment plan and the provision of adequate staff, the installation of equipment, (including any checks which are to be made before equipment may be said to be operational), advance publicity, if required, and the official opening ceremony. They must also ensure that the change over period, from development to operational working, is as smooth as possible.

4.32 DATA BASE MANAGEMENT

4.32.1 The maintenance, updating and revision of the common data base, forms a system in its own right. More details are given in Sections 5, 6 and 7 of this report.

4.33 PROJECT FILE

4.33.1 The maintenance and updating of project files forms a system in its own right.

4.34 ON-LINE ENQUIRY SYSTEM

4.34.1 During the full operation of the CUBITH System, it is envisaged that an on-line enquiry system will be provided for project teams, regional hospital boards, designers, engineers, contractors, sub-contractors, main suppliers,.etc.

4.34.2 This system will need further study in depth before it can be fully defined.

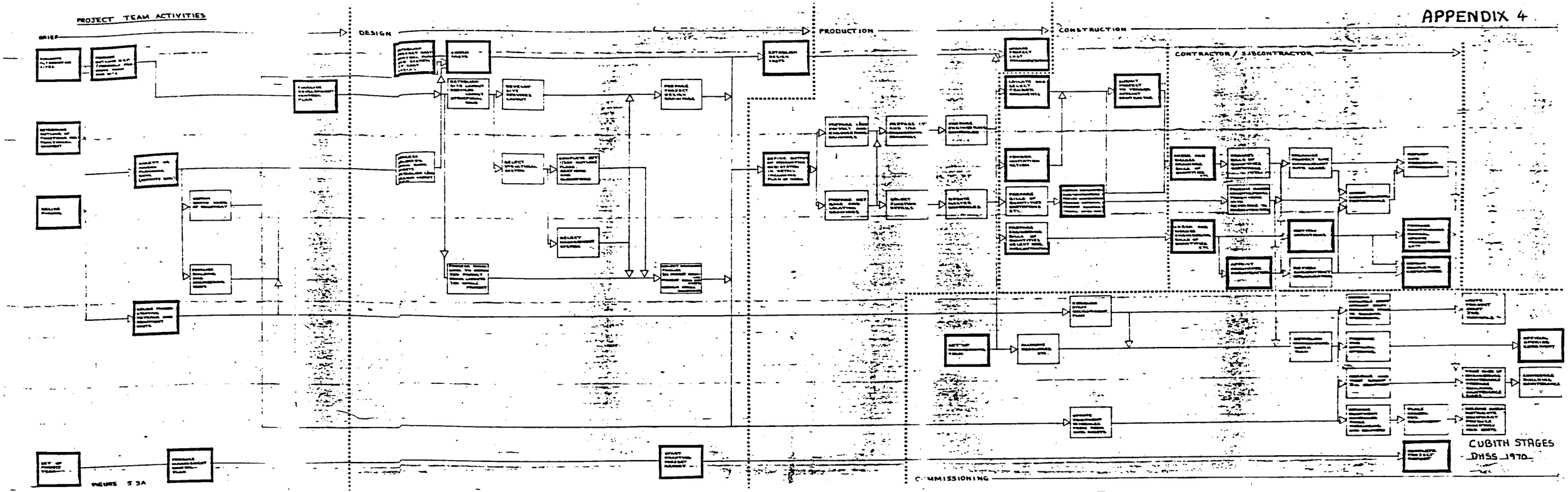
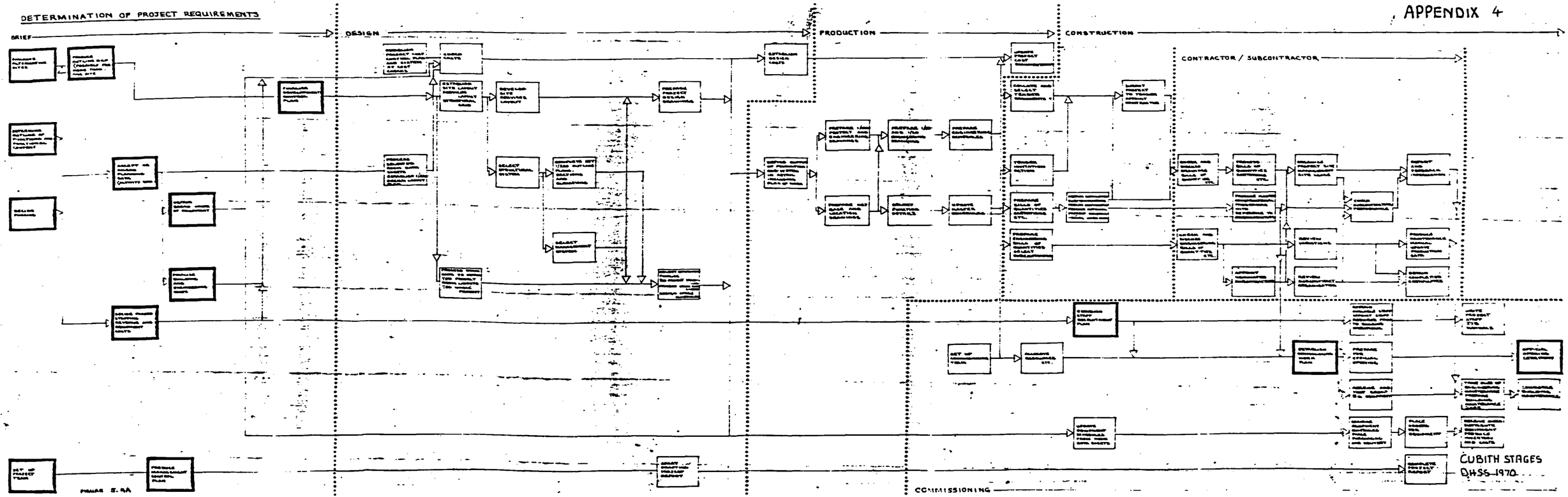
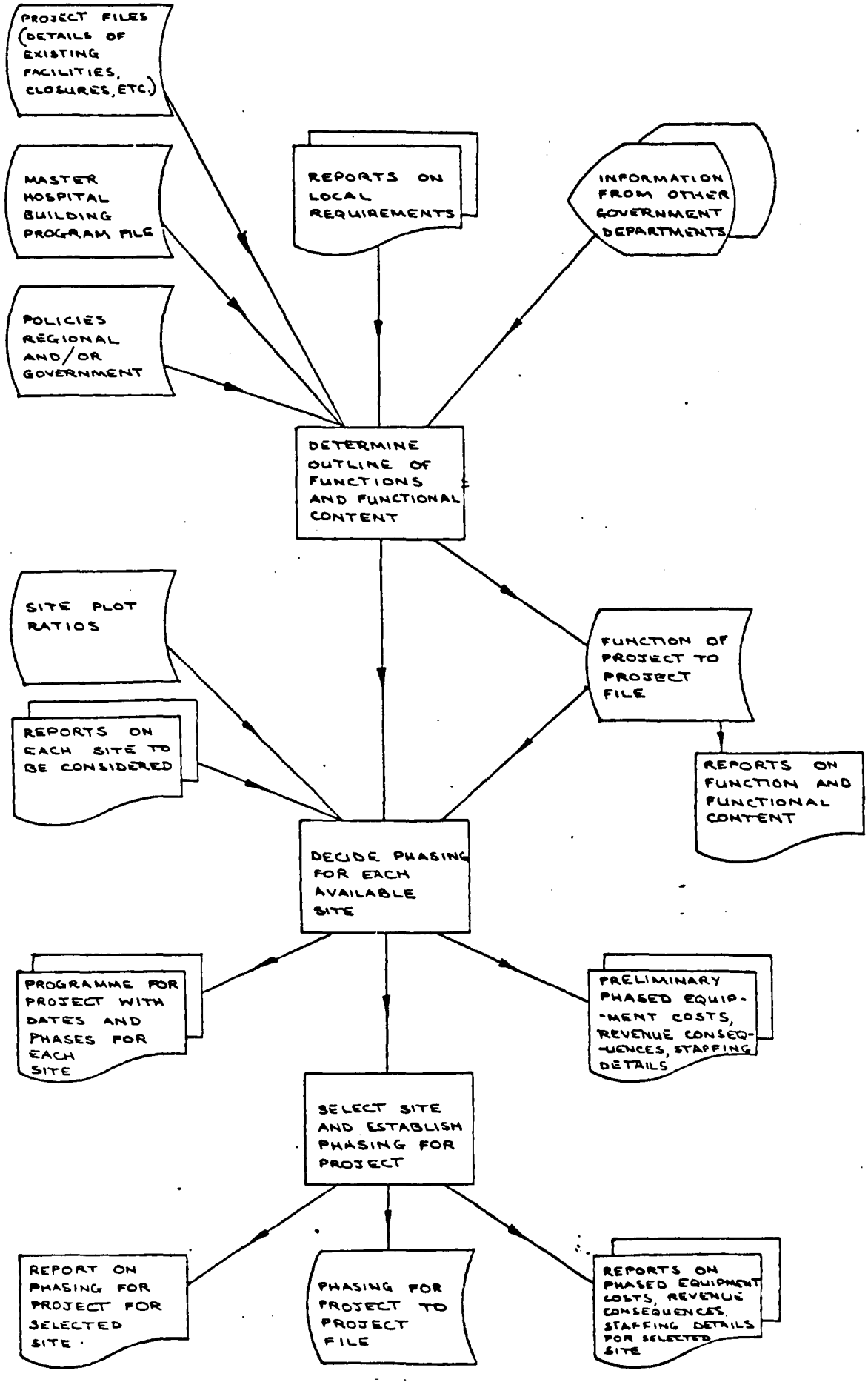


FIGURE 5.3A

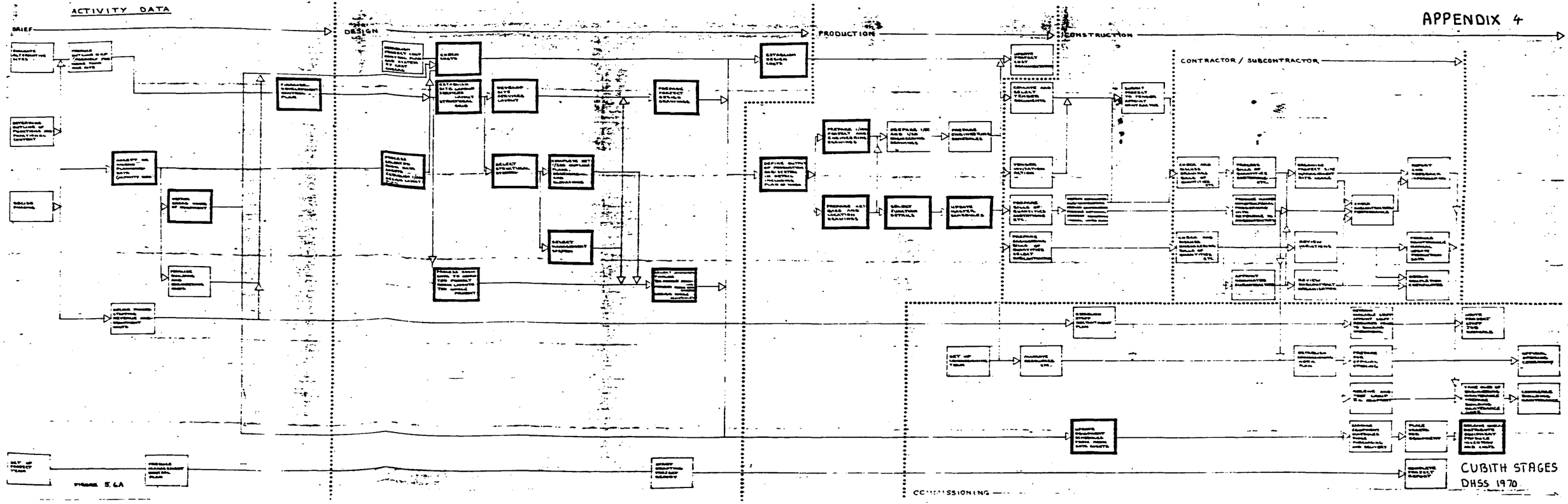
CUBITH Stages (DHSS, 1970)



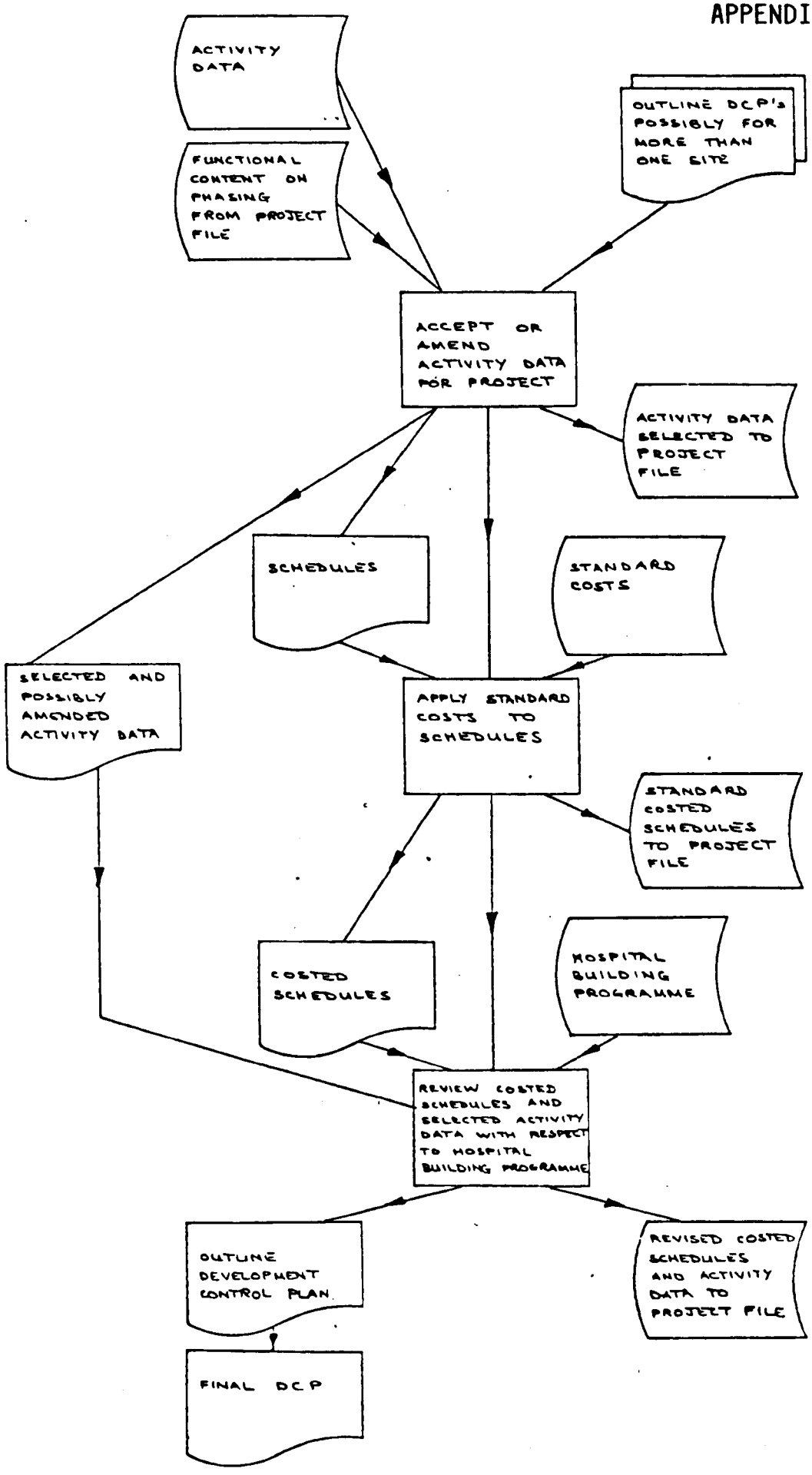
CUBITH Stages (DHSS, 1970)



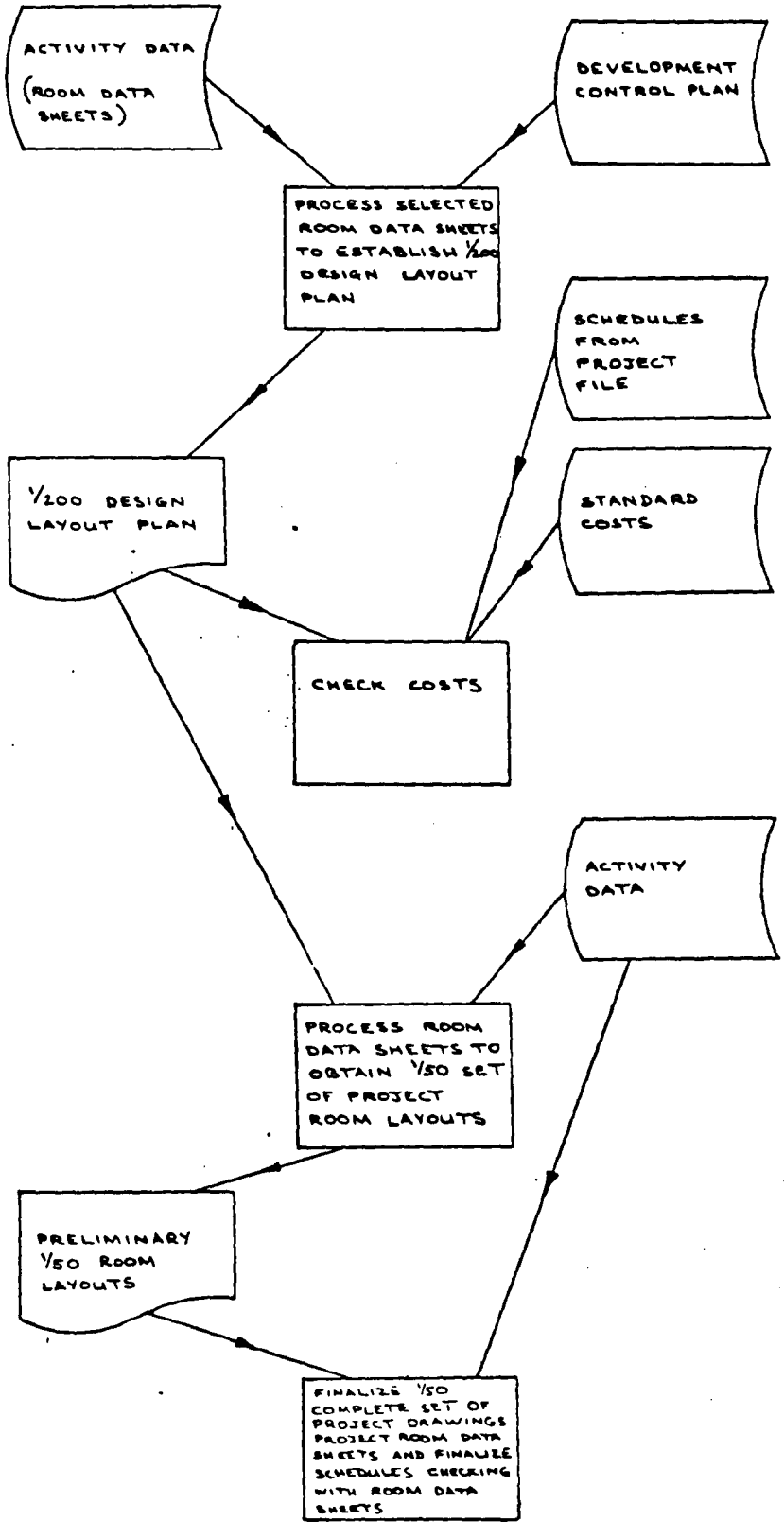
Determination of project requirements
[CUBITH Stages (DHSS, 1970)]



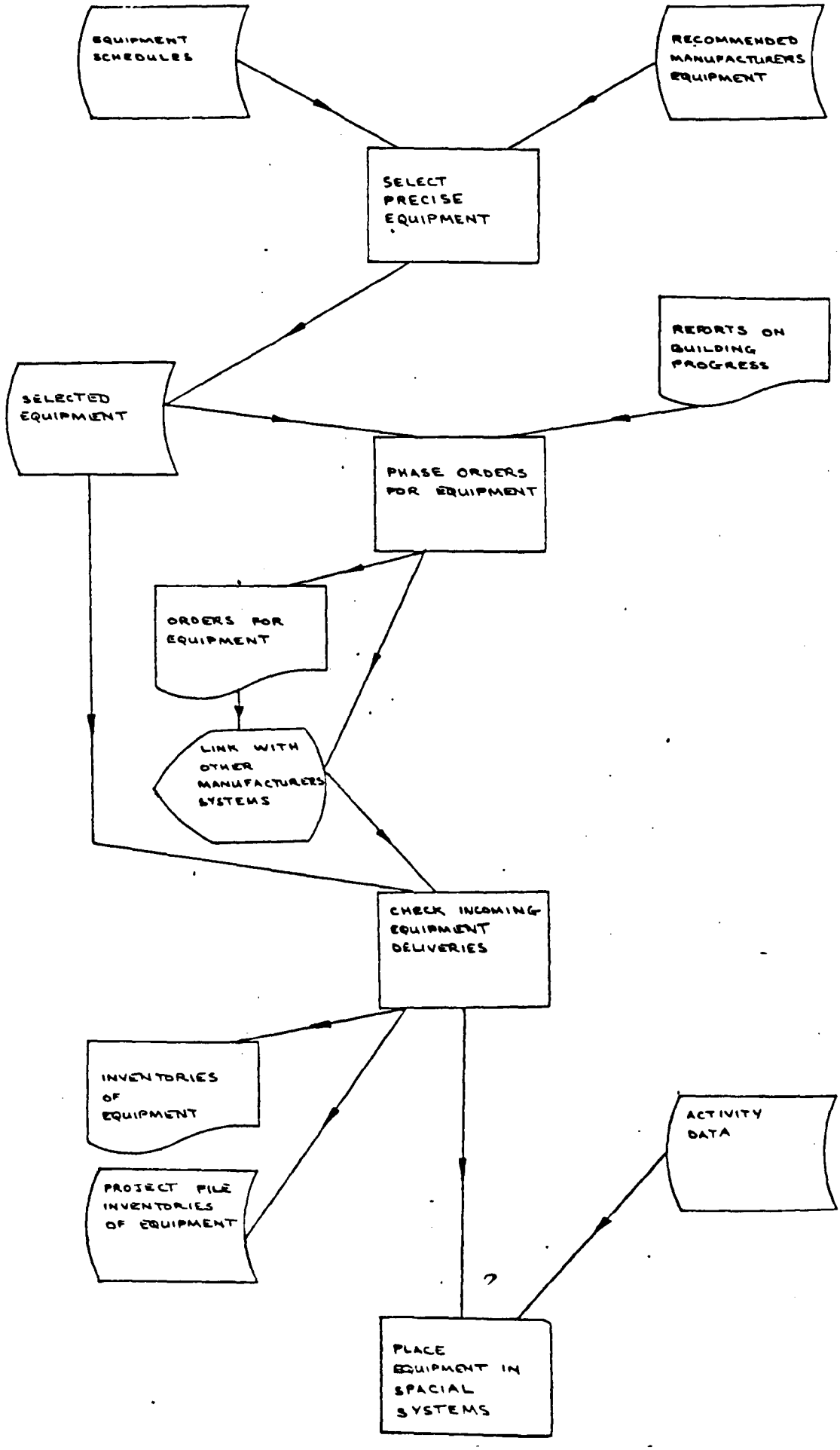
Activity Data
[CUBITH Stages (DHSS, 1970)]



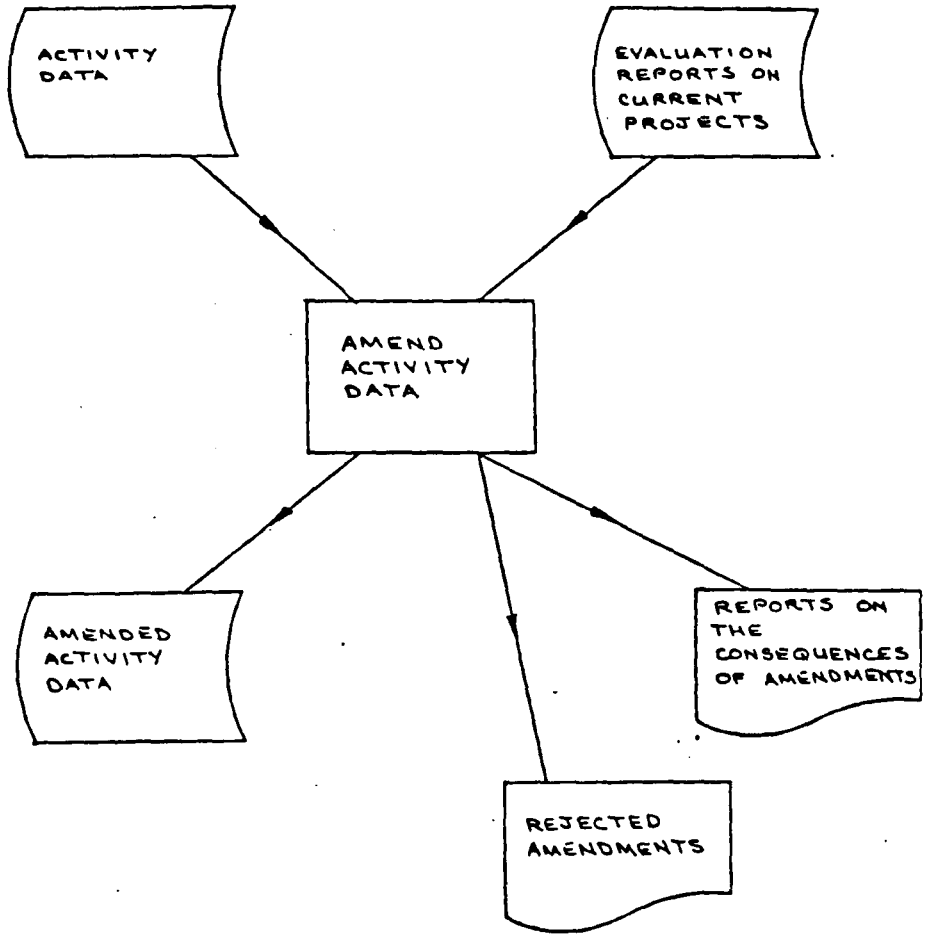
Activity Data (a)
[CUBITH Stages (DHSS, 1970)]



Activity Data (b)
[CUBITH Stages (DHSS, 1970)]



Activity Data (c)
[CUBITH Stages (DHSS, 1970)]



Activity Data (d)
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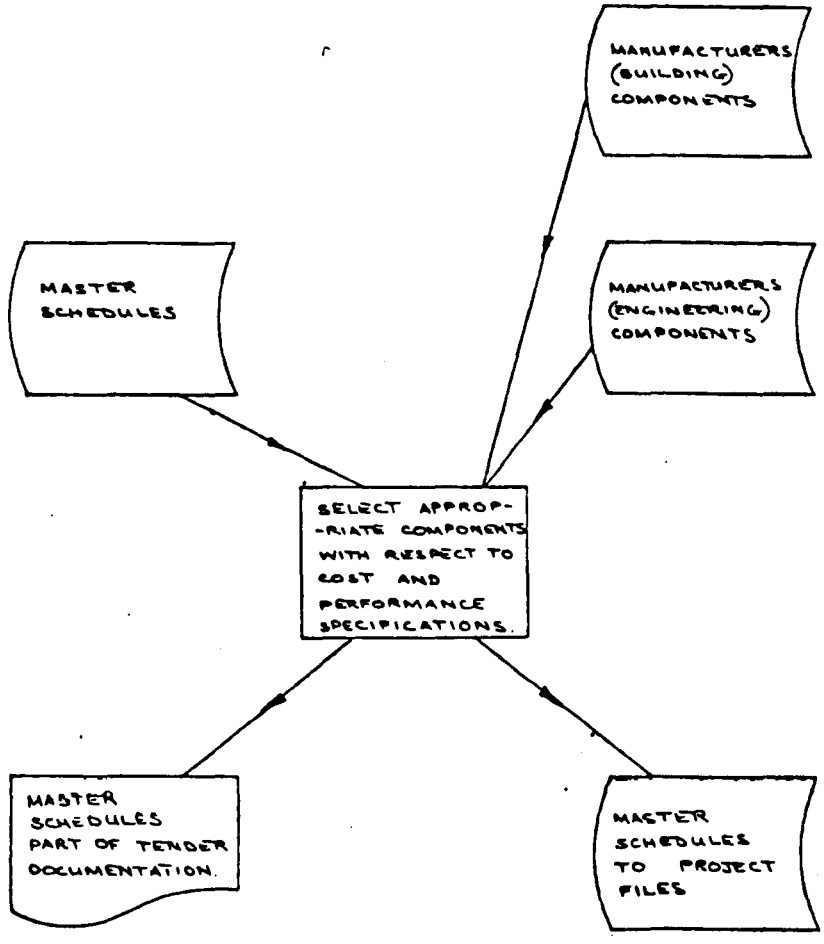
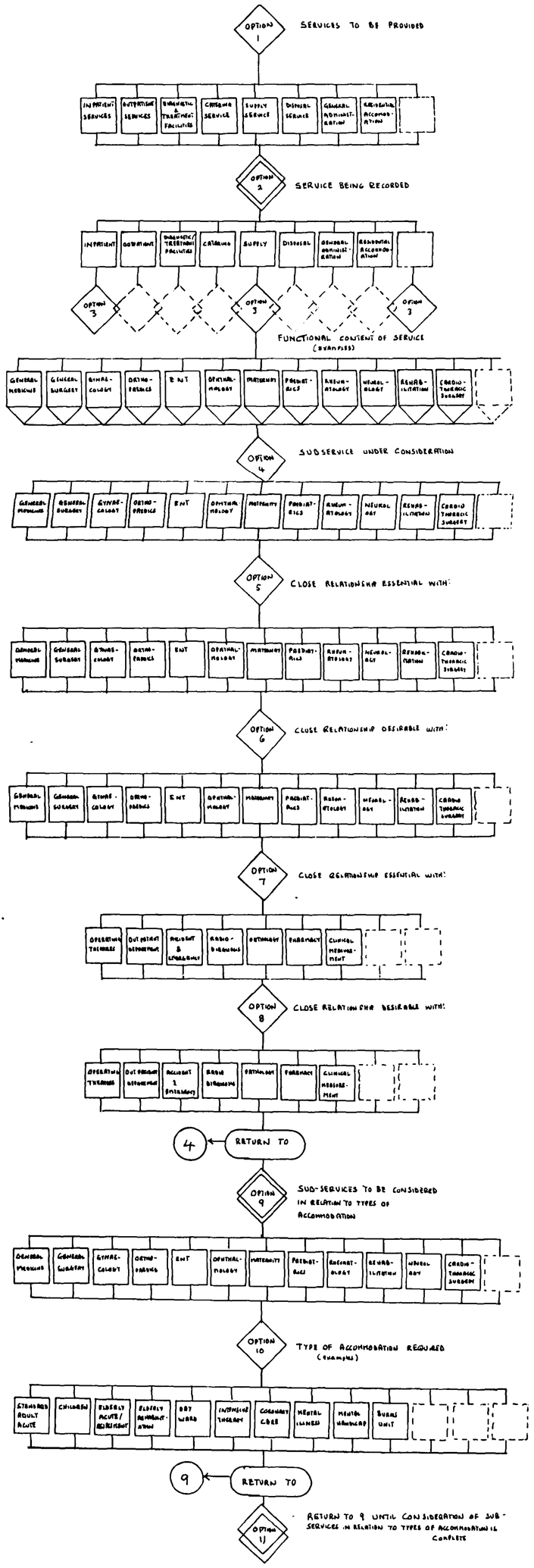


Activity Data (e)
[CUBITH Stages (DHSS, 1970)]



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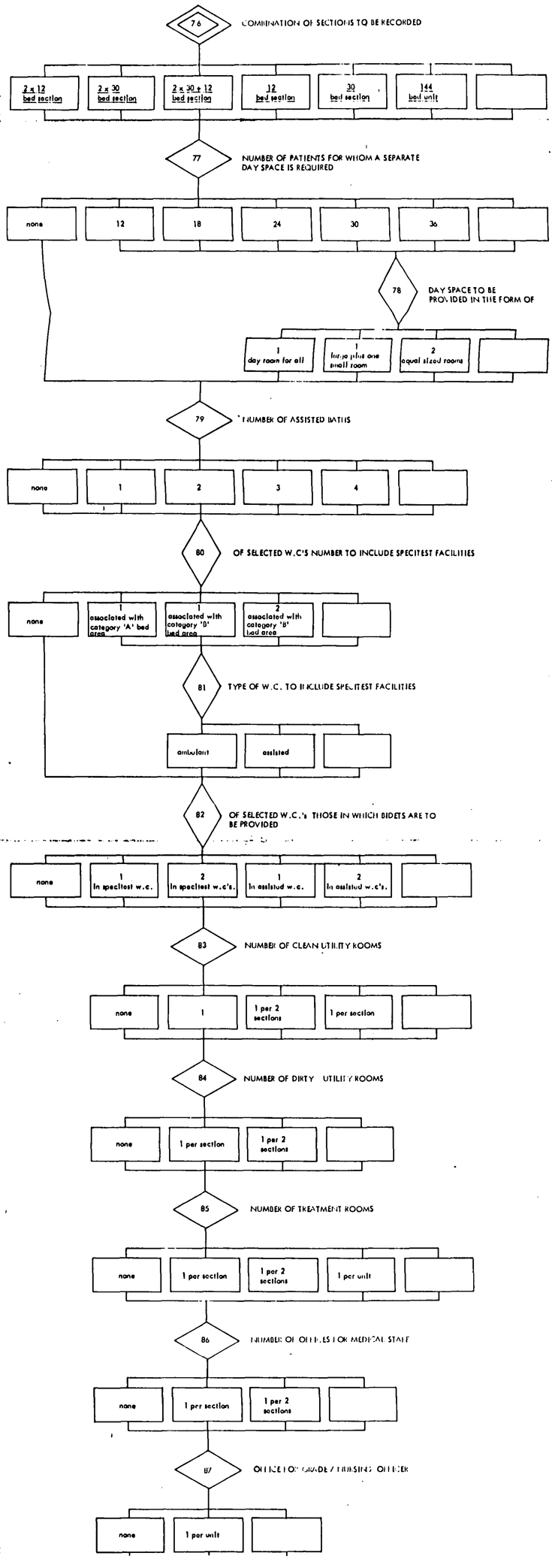
APPENDIX 5 Flow Chart representing graphically the decisions which client/users take in the preparation of a brief – Whole Hospital level.

(Adapted from the DHSS feasibility study on setting up an Activity Data Base. 1971)

FACILITIES WHICH MAY BE SHARED BETWEEN SECTIONS



APPENDIX 6 Flow Chart representing graphically the decisions which client/users take in the preparation of a brief when considering the facilities which could be shared between nursing sections.

(DHSS Feasibility study on setting up an Activity Data Base. 1971)

TELEPHONE LEEDS 31799

THE UNITED LEEDS HOSPITALS

The General Infirmary at Leeds
The Maternity Hospital at Leeds
incorporating
The Hospital for Women at Leeds
The Dental Hospital at Leeds

CHAIRMAN OF THE BOARD OF GOVERNORS:
SIR DONALD HARRY, KT., T.D., M.P.

SECRETARY TO THE BOARD:
J. ARNOLD TUNSTALL.

Reply to
THE SECRETARY TO THE BOARD,
THE GENERAL INFIRMARY,
GREAT GEORGE STREET,
LEEDS. LS1 3EX

quoting ref.: HMcC/BF

9th August, 1973.

Mr. R. J. Brigden,
Hospital Nursing Officer,
Department of Health & Social Security,
Room 620,
Euston Tower,
286, Euston Road,
LONDON, NW1 3DN.

Dear Mr. Brigden,

Following my earlier letter to you regarding the Accommodation Design Data for an Accident and Emergency Department, I have at long last managed to look through the document on Adult Acute In-Patients. Apart from one or two points of detail, I find this an excellent document and you are to be congratulated on producing such a useful planning tool. I hope you will not regard me as a carping critic if I make the following comments:-

1. In the section on General Philosophy, I think the first sentence on Self Care should be re-written to include the words "and/or social" between "economic" and "factors".

2. Page 14 Section 3.5 Staffing - I am not sure what planning unit/department means in this context.

3. Page 16 Section 3.5 - Maximum numbers on duty at one time is often a crucial piece of information in determining the level of provision of staff facilities.

4. Supporting Guidance Data - Under the Organisation of Service section, I think the following might be included:-

   4.1 Fire precautions, safety and security
   4.2 Maintenance (of fabric and equipment)

5. On page 171 of the S.G.D. section I am intrigued by the specific statement that the sister's office should not be next to the staff base and I should like to know the reasons for this. There are many arguments to the contrary, although I do not personally have strong feelings one way or the other.

Thank you very much for letting me see the document. I hope my comments will be of some use.

With kind regards,

Yours sincerely,

Margaret McCutcheon

Comments on DHSS Activity Data Base, Accommodation Design Data (DHSS, 1975)

EAST ANGLIAN REGIONAL HEALTH AUTHORITY

Union Lane, Chesterton, Cambridge, CB4 1RF
Telephone: Cambridge 0223 61212 Ext. No. 240
Your Ref.: Our Ref.: PHW/LB

4th December, 1974

Dear Mr. Brigden,

Here are my comments of the A.D.B. Accommodation Design Data Documents that you left with me, in so far as I understand them from my two short introductions.

I cannot make detailed comparative comments with other systems, which I think is what you hoped for, as although I have been in Planning (and Commissioning) for some seven years or so, I have not been involved in a project which I saw through from beginning to end.

Harness, I am only vaguely familiar with.

Nevertheless, studying these documents, and employing the principles to assist me with a project that appropriately came up, I am of the opinion that the system is a vast improvement on any that I have come across before.

The fact that it lends itself to easy updating is a major credit factor. The fact that by employing the system one must inevitably move forward in a logical manner (not always the case now) comes a close second, and perhaps one of the most basic benefits will be that of having so much information available for easy reference in one document, which will save endless hours of wading through files, and cut down the margin of error through lapse of memory over past decisions taken etc.

One facility which seem to me to be desirable, and which is not catered for in the system is that of having a source of reference to letters or documents which brought about a policy decision in the first place, or perhaps most importantly the change in thinking during the exercise.

I have in mind, letters from DMT's say, or Heads of Departments.

These will still have to be kept in a conventional filing system as I see it, and a column incorporated in the documents pointing one to the appropriate file etc. would seem helpful.

Perhaps further familiarity with the system would prove this to be unnecessary, but certainly that area is one that can cause a great number of problems particularly when personnel change during the course of a project.

I do hope that these comments are of some value.

Yours sincerely,

P.M. Wayman

P.M. Wayman
Regional Nurse Capital/Service Planning

APPENDIX 7

Old Road, Headington,
Oxford. OX3 7LF

Please ask for Miss Hart Ext. 226

Your Ref.:

Our Ref.: 1/5/24 JRH/CO'C

R Brigden Esq
Nursing Officer
Department of Health & Social Security
Euston Tower
286 Euston Road
London NW1 3DN

30 May 1975

Dear Mr Brigden

Please find enclosed a copy of my comments on the DHSS Activity Data Base Accommodation Design Data as requested.

Yours sincerely

J Rosemary Hart
Regional Nurse (Planning)

COMMENTS ON DHSS ACTIVITY DATA BASE
ACCOMMODATION DESIGN DATA

The Introduction appears to be a complete explanation and therefore does what it intends. Reference is made to Harness but this could equally apply to Oxford Method and could represent a saving on existing methods if its intention covered all our needs.

If documents could be used throughout the whole planning procedure which are meaningful to all concerned and not ambiguous, this would surely be welcomed and help in commissioning. The latter usually takes place long after the original personnel have left, and known principles on which planning was based are often not to be found.

The system provides a check list and would perhaps save duplication of effort in several ways. It would give a more detailed design brief for the architects to work from. I do not think the method would be received unfavourably in the Oxford RHA and we are already using and developing computer-aided design, for which availability of accurate activity data is crucial, following processing, for outline design.

Whether cost effectiveness is achieved depends on whether it does achieve better methods than those we use now at less cost, or would simply provide a better method but at greater cost. It might prove speedier than our present methods but this has yet to be shown.

South East Thames Regional Health Authority

Randolph House 46 48 Wellesley Road Croydon CR9 3QA
Telephone 01 686 8877 Telex 947113 Healthsel Croy

Your reference

Our reference
H/MEF/97

Date
10th. November 1975

Dear Mr. Brigden,

[redacted] HOSPITAL DEVELOPMENT

Use of DHSS Activity Data Base System
and Accommodation Design Data

At the beginning of my involvement with the planning of the new operating theatre unit at [redacted] I decided that it was important to produce a comprehensive and agreed operational policy and schedule of accommodation. This sounds a simple exercise but at the stage when I became involved the operational policy had not been written although, because of the severe site restrictions, an architectural feasibility study had been produced. This study had been used by the Project Team as a basis on which to develop further detailed planning. It was obvious that the difficulties which the proposed design showed had not been appreciated by the district medical and nursing staff but they had accepted the feasibility study as the design solution as it appeared to be an improvement on their existing provision and conditions. Among the functions included in the feasibility study was an X-ray diagnostic room for special procedures which appeared to have minimal or negligible back-up facilities.

During the formation of the new brief for the operating theatre unit I was able to raise the question of the desirability of repeating the previously agreed functions and with the help of a separately prepared paper it was eventually agreed that this unit was not the best place for this X-ray room. It has now been agreed that this provision will be made adjacent to an existing operating theatre suite and X-ray department, which appears to be far more satisfactory.

Having completed the policy and schedule of activities for the operating theatres and ICU, I feel that the policies have been thoroughly and methodically thought through by the members of the Project Team and that therefore there should be far fewer problems with the design than there would have been with the more usual system of brief formation.

It is difficult at this stage to fully appreciate the advantages and disadvantages of the ADB system, these I am sure will become far more apparent when the Design Team starts work on the brief, and the new unit is in use and evaluated.

Yours sincerely,

B.E. Ferris (Miss)

APPENDIX 7

North Western
Regional Health Authority

Regional Nursing Officer:
P. DAVIS RICE
S.R.N., R.F.A., A.M.B.I.M.

GATEWAY HOUSE, PICCADILLY SOUTH, MANCHESTER M60 7LP.

Tel: 061-236 9456 Ext.

Please ask for

Your ref:

Our ref: JD/EG

6th May, 1975

Dear Mr. Brigden,

On behalf of my planning team colleagues, we would like to extend our thanks for the constructive talk you gave us on A.D.B. on 25th April.

All members have indicated that they clearly accept the principle of the system, and we would all like to see this type of system working in this Region. In fact, there were no adverse comments from a cross section of all disciplines at a senior level, and we all view the system as an essential aid to planners.

We look forward to formulating a proposal to adopt a pilot run and we propose to do this in the near future as soon as our capital spending pattern is established.

Yours sincerely,

Regional Nurse (Planning).

Mr. R. Brigden,
Nursing Officer,
Department of Health & Social Security,
Euston Tower,
286 Euston Road,
London, NW1 3DN.

Mersey Regional Health Authority

Wilberforce House,
The Strand,
Liverpool L2 7DW.
051 236 8464

When telephoning or calling please ask for

Our Ref. WEF/DB

Your Ref. -

Mr. W. E. Fowler

9th May 1975

Mr. R. J. Brigden,
Nursing Officer,
Room 620,
Department of Health and Social Security,
Euston Tower,
286 Euston Road,
London, NW1 3DN

Dear Mr. Brigden,

Accommodation Design Data

I must apologise for not writing earlier on the above subject.

Having studied the two books you left with me and having discussed at some length with the Capital Administrator, I would like to make the following comments:-

1. A tenant document which enables the principles of planning to be observed, especially by those who are not skilled in planning.
2. In some cases is over elaborate but we feel that more emphasis the better so that it could be used far more effectively.
3. When developed to every department we feel that this would be the best planning tool so far.

I hope that more departments will be made available in the near future and look forward to their publication.

Yours sincerely,

W. E. Fowler,
Regional Nurse, Capital Projects

APPENDIX 7

HARNESS DESIGN BRIEF

ACCIDENT & EMERGENCY DEPARTMENT

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NOTE:

Relevant guidance material has been extracted for background information from the ADD package and is printed on coloured paper. The page numbers of the guidance material correspond to the pages of the design brief.

1. GENERAL PHILOSOPHY OF SERVICE

The Accident & Emergency department will provide facilities for the reception, assessment, examination and treatment of accident cases and of acute surgical and medical emergencies. The department will provide a comprehensive 24-hour 7 day week service and will be able to call upon all the facilities of the district general hospital.

It will undertake the reception and when necessary the resuscitation and primary treatment of patients arriving at the hospital in need of immediate admission. It will also undertake the reception, examination and treatment of patients who urgently require hospital attention as the result of minor injury or illness but do not need to be admitted as inpatients.

The department is not designed to undertake the treatment of patients who do not require hospital attention. Liaison with general practitioners, first aid stations, ambulance services, the police, and the provision of more group practices and health centres should reduce the number of patients with minor injury or illness attending the department leaving it to concentrate on cases needing its specialised facilities.

Patients requiring neuro-surgery or plastic surgery may have to be transferred to the appropriate regional or sub-regional centres.

To help ensure that the essential features of good A & E design are embodied in the department it is considered as comprising a number of 'elements of service' or 'clusters' of accommodation which should as far as possible be kept together. The design of the department should also reflect the chosen pattern of patient workflow.

2. SCOPE OF SERVICE & WORKLOAD

The department will provide a service for the following categories of patients:

New patients

Serious injuries and emergency cases on stretchers; minor injuries or illness cases, mainly ambulant; and where necessary, resuscitation and primary treatment of patients before admission to hospital.

Return patients

Patients (other than fractures) requiring further treatment in the department:

The department is not expected to provide facilities for patients being admitted by prior arrangement (e.g. G.P's, transfers from other hospitals etc.), or patients requiring special investigation or treatment only provided at regional or sub-regional centres, for example, neurosurgery or plastic surgery.

The department will be designed to provide facilities for up to 60,000 new patients per annum.

3. SUMMARY OF PROVISION

For the larger sized department, the peak loading in a 3-hour period will be 120-160 total patients (including return patients).

(Note: Summary of provision may require revision in the light of future statistics being obtained on the incidence of returned patients.)

4. ORGANISATION OF SERVICE

4.1 Patient care

The examination and treatment of ambulant A & E patients will be organised on a doctor-to-patient system for patients who need to remove clothing and a patient-to-doctor system for patients who do not need to remove clothing.

All emergency patients (except those requiring admission by prior arrangement) will be examined in the A & E department before transfer to the wards.

Treatment may be carried out in any of the following areas:-

the resuscitation area (stretcher patients only);
examination/treatment room;
examination /treatment cubicle;
plaster/major treatment room;
major treatment room.

Children will be examined and treated only in the specifically provided combined examination/treatment room.

Procedures such as suturing, incision of abscess, reduction of simple fracture under general anaesthetic, will be carried out in a major treatment room. Facilities for application of plaster of Paris for emergency patients will be provided for the exclusive use of the department. Patients who require a major operative procedure under general anaesthetic, e.g. compound fractures, exploration of extensive wound, will be treated in the main operating department which should have preparation, recovery and short stay beds associated with it. Patients requiring a prolonged recovery will also be accommodated in these beds rather than the cubicles within the A & E department. Initial segregation of patients will be achieved by the provision of separate entrances for stretcher patients and ambulant patients.

Cleansing facilities will be provided near the entrance for patients who have been exposed to radioactivity or injurous chemicals and require decontamination.

4.2 Patient facilities

Sanitary facilities will be provided in main waiting and near the treatment area. Patients' property will be kept with them (e.g. in a mobile basket) whilst they undergo examination or treatment, and they will dress or undress in examination/treatment cubicles.

The main waiting area will accommodate patients , accompanying relatives/ friends, and returning ambulance patients; there will be separate sections for both new and return patients. A separate waiting area will be provided also for children.

A sub-waiting area will be provided adjacent to the consulting rooms. This may be used for forward waiting, e.g. for patients awaiting treatment or those ambulant patients returning from X-ray.

An interview room and separate waiting area or room will be provided for

the use of distressed relatives. Patient interviews, (e.g. MSO, chaplain, police), will take place in the interview room or any office in the department conveniently available, e.g. sister's, doctor's, duty room, etc.

4.3 Patient movement

Patients will most frequently move to and from the following areas (in order of priority):

Within the department

1) Between waiting areas, consulting rooms and treatment facilities.

Outside the department

1) X-ray 2) Wards, including observation 3) Coronary care 4) Intensive therapy.

They will be transported if necessary to and from the department on trolleys or in wheelchairs.

4.4 Patient documentation/reception

A & E patients will register at first attendance in the department and their records will be kept in the department. Registration for new and return patients will be by manual procedures with mechanical aids and take place in main reception. A block appointment system will be used for return patients. Documentation of patients admitted as emergencies by prior arrangement will take place in the A & E department or in the section/unit/department to which they are being admitted.

Medical secretarial and typing facilities will be provided centrally, but additional secretarial/typing facilities will be available in the department.

4.5 Staffing

The day-to-day management of the department will be co-ordinated by an A & E consultant or general surgeon or orthopaedic surgeon. In addition, there will be a nursing officer No.7 (for nursing staff only); sister/charge nurse No.6 (in charge of examination/treatment section); and patient services officer (clerical staff only). With the exception of the patient services officer the above will require offices in the department.

The person clinically responsible for the individual patient attending the department will be the consultant in the department.

Porters will be provided exclusively for the department on a permanent basis.

The person responsible for organising domestic cleaning services will be the domestic supervisor. Cleaning will be carried out partially by domestic staff who work mainly in the department and partially by unit teams working outside busy peak periods.

The emergency resuscitation area will be supplemented by a team based in the I.T.U.

The range of personnel who will work in the department will include:

Nursing	Medical/Dental	Para Medical/ancillary
Nursing Officer	Consultant	Medical Social Workers
Sister/Charge nurse	Senior Registrar	Plaster technicians
State Registered nurses	Registrar	Plaster orderlies
State Enrolled nurses	S.H.O.	Domestic assistants
Learners	Junior Doctors	Cleaners
Auxillaries	Medical Assistants	Outside Porters
	Anaesthetists	Clerk/receptionist
	Dentist	Secretary/typist

4.6 Staff facilities

The average number of staff working in the planning unit/department during a shift will be 10-15.

Staff will use the central changing accommodation of the hospital, but small lockers for personal possessions will be required in the department. Staff will use the seminar room for tea/coffee breaks and rest room facilities. Ambulance staff will have access to waiting facilities at the porter's station.

4.7 Education

Clinical instruction and teaching will be carried out for medical post-graduates, student nurses, pupil nurses, post-registration nurses, plaster technician trainees and patients (clinical procedures) and will take place in the examination/treatment area, staff room/seminar and major treatment rooms.

Formal teaching of medical/nursing/technical staff will be carried out in an education centre.

Instructions or advice to parents and patients will be given in examination/treatment cubicles/rooms, interview rooms and distressed relatives' waiting area.

4.8 Special procedures and facilities

X-ray facilities will be available in the resuscitation room for seriously ill or injured patients only (mobile equipment or a fixed equivalent), the plaster room (mobile equipment) and in the main X-ray department.

No special provision for cross-matching will be made within the A & E department.

4.9 Catering

Staff will take their main meals or beverages/light snacks in the snack bar or central restaurant.

Emergency beverages for patients, escorts and distressed relatives will be provided at the beverage point, but no meals will be prepared in the department.

4.10 Supply and storage

The supplies deliveries to be controlled by a topping up system will be sterile supplies (including syringes), cleaning materials, stationery and milk.

The frequency at which supplies will be delivered will be:

Sterile supplies (including syringes)	daily (6 times per week)
Linen	daily (6 times per week)
Pharmacy supplies	daily (6 times per week)
Medical and surgical sundries	weekly
Cleaning materials	weekly
Hardware and crockery	fortnightly
Stationery	fortnightly
Catering provisions (milk)	daily
Catering provisions (other)	twice weekly

The number of days supply held will be:

Sterile supplies (including syringes)	7 days
Linen	3 days
Pharmacy supplies (varies according to product)	3 - 10 days
Medical and surgical supplies	24 days
Cleaning materials	7 days
Hardware and crockery	24 days
Stationery	21 days
Catering provisions (milk)	1 day
Catering provisions (other)	4 days

Pharmacy supplies, scheduled drugs, etc., will be stored in the clean utility room and DDA's at the staff base.

Linen supply will be by exchange trolley.

Dressings, sundries and sterile supplies will be stored in the clean utility room, sterile supplies room or in the major treatment rooms. Sterile packs for minor operative procedures will be stored in sterile supplies or major treatment rooms.

Major disaster and radiation incident equipment will be stored in the resuscitation area adjecent to patient cleansing facilities (separate store). Equipment for the obstetric 'flying squad' will be stored in the maternity department.

4.11 Disposal/used items

The system of disposal will be:

- Soiled linen in bags colour coded *
- Foul/infected linen in bags colour coded *
- Soiled dressings in bags colour coded *
- Returnable items to CSSD in bags colour coded *
- Waste for destruction in bags colour coded *
- Items contaminated by radiation or injurious chemicals, or special handling required, in bags colour coded *

N.B. * Indicates that this would be a project decision.

Linen will be collected twice daily; soiled dressings will be collected twice daily and soiled returnable instruments will be collected daily. Returnable empties (e.g. cylinders, bottles, plaster casts etc.,) will be collected daily.

Hand drying in WC facilities will be by disposable towels.

4.12 Communications

The system of communication will be by telephone - appropriate PABX system with suitable barring (as whole hospital), direct line between switchboard and ambulance service, ex-directory lines for police. Intercom throughout the department and Emergency alarm at strategic points throughout the department (as protection against staff assault). Provision may be required at the staff base for radio communication with the ambulance authority.

Nurse call facilities will be provided at examination/treatment rooms/ cubicles, W.C's and major treatment rooms.

Staff location will be via pocket receivers issued to all essential staff.

4.13 Fire

Fire alarms, smoke doors and fire fighting equipment will be provided in accordance with whole hospital fire policy.

5. ELEMENTS OF SERVICE

The facilities to be provided in the Accident and emergency department are:

Entrance/reception/waiting,
Examination/treatment of stretcher patients,
Examination/treatment of ambulant patients,
Minor operative procedures, and
Shared accommodation/administration.

6. DETAILED FACILITIES

6.1 The facilities to be provided in the entrance/reception/waiting area are:

1 - Interview room
1 - Reception/discharge/records
1 - Porter's station
1 - Main waiting (with public telephone)
1 - Children's waiting/play room
1 - Distressed relatives' waiting
1 - WC (male patients/visitors)
1 - WC (female patients/visitors)
1 - Major disaster/radiation incident equipment store
1 - Stretcher entrance/lobby
1 - Ambulant entrance/lobby
1 - Trolley/wheelchair park

6.2 The facilities to be provided for the examination and initial treatment of stretcher patients are:

2 - Examination/treatment cubicles (lying or sitting) standard
2 - Examination/treatment cubicles (lying or sitting) large
2 - Drugs/alcohol recovery rooms
1 - Equipment store (general)
1 - Resuscitation (3 or 4 patients) with x-ray facilities
1 - Patient cleansing (radiation incident and injurious chemicals)

6.3 The facilities to be provided for the examination and minor treatment of ambulant patients are:

1 - Examination/treatment sound proofed room
7 - Examination/treatment cubicles (lying or sitting) standard
1 - Sub-waiting for patients awaiting treatment and returning from x-ray
1 - Staff base
1 - Supplies/service base
1 - Clean utility
1 - Dirty utility/disposal
1 - WC specimen collection

6.4 The facilities to be provided for minor operative procedures are:

1 - Plaster room/major treatment room
2 - Major treatment rooms
1 - Clean utility/sterile supply
1 - Dirty utility

6.5 The shared accommodation/administration facilities (which have not been recorded before) to be provided are:

1 - Consultants office
1 - Nursing officer office
1 - Sister's office
1 - Secretarial/typing office
1 - Staff rest/seminar
1 - Beverage point
1 - WC/cloakroom - male staff
1 - WC/cloakroom - female staff
1 - Cleaners' room
1 - Disposal holding
1 - Switchgear
1 - Linen exchange trolley parking

7. GENERAL LOCATIONAL AND BUILDING REQUIREMENTS

The extent to which locational guidance, departmental relationships and building requirements should be included in the brief is at this stage indeterminate. Some general guidance is shown on a separate guidance page and in the guidance material in section 6 (detailed facilities).

8. COMPLETE SCHEDULE OF ACTIVITY SPACES (PROVISIONAL)

Activity space	Number	A-sheet Ref.
Recovery/examination/treatment, sound proofed	1	GC 005
Recovery - drugs, alcohol	1	GC 008
Staff rest and beverage point	1	GC 037/GC 043
Stretcher entrance/lobby	1	-
Ambulant entrance/lobby	1	-
Trolley/wheelchair parking	1	GC 018
Linen exchange trolley parking	1	-
Reception/discharge/records	1	GC 026
Main waiting area	1	GC 021
Childrens waiting/play room	1	GC 020
Sub-waiting (await treatment/return from x-ray)	1	GC 075
Distressed relatives waiting	1	GC 075
Sister/charge nurse office	1	CA 042
Consultant's office	1	GC 031
Porter's station	1	GC 017
Interview room	1	CA 047
Nursing officer office	1	CA 042
Secretarial/typing office	1	CA 051
Plaster room/major treatment room	1	GC 061
Major treatment room	2	GC 069
Clean utility/sterile supply	1	GC 066
Clean utility	1	GC 056
Staff base	1	GC 055
Supplies/service base	1	-
Patient cleansing	1	GC 044
WC - male patients/visitors	1	GC 023, 022
WC - female patients/visitors	1	GC 025, 024
WC/cloakroom - male staff	1	CA 034
WC/cloakroom - female staff	1	CA 033
WC specimen collection	1	GC 059
Storage (major disaster/radiation incident equipment)	1	-
Equipment store (general)	1	GC 016
Examination/treatment sound-proofed room	1	GC 005
Examination/treatment cubicle (lying/sitting) large	2	GG 039A
Examination/treatment cubicle (lying/sitting) standard	9	GC 039B
Resuscitation - 3 or 4 patients with x-ray facilities	1	GG 015
Dirty utility	1	GC 065
Disposal holding	1	GC 060
Dirty utility/disposal	1	GC 058
Cleaners	1	GC 038

Ambulant patient workflow

There are two fundamental flow patterns for ambulant patients in A & E departments. In the first situation the doctor comes to the patient who has been directed into an examination/treatment cubicle. After examination and diagnosis, which may include movement to and from x-ray, the treatment is usually carried out in the same cubicle. Alternatively, the patient may be taken to the plaster room or major treatment room for treatment.

In the second situation the patient is directed to the doctor's consulting room where he is examined by the doctor. After examination and diagnosis, which may include movement to and from x-ray, the patient proceeds to a treatment cubicle or room where the treatment is carried out. Alternatively, the patient may be taken to the plaster room or major treatment room for treatment.

A modification of the second system consists of some initial segregatio (or 'screening') of the patients immediately after registration. Patients who obviously will be required to undress for examination are directed to an examination/treatment cubicle or room, rather than the consulting room. In these instances, the doctor goes to the patient and, after examination and diagnosis, which may include movement to and from x-ray, the treatment is usually carried out in the same cubicle. Alternatively, the patient may be taken to the plaster room or major treatment room for treatment. The majority of patients are processed as described in paragraph one.

At first glance, 'doctor-to-patient' appears to be the most satisfactor flow pattern. There is less movement of the patient and activities are confined to one area. The main disadvantage of this system relates to the examination of the trivial injury. If a large number of patients are involved, this can be very wasteful of a doctor's time; it may be necessary to employ extra doctors to cope with the workload in this situation.

With good design either of the two flow systems can be satisfactory. However, the modified system with preliminary screening is worth seriou consideration.

Segregation of patients

Segregation of male and female patients can be achieved by individual privacy in general examination treatment rooms/cubicles.

General design specific to A & E

The accommodation should be designed to provide as much privacy for individual patients as is compatible with the maximum observation by staff.

The interview rooms, examination and treatment room, cleansing room and resuscitation area all fulfil the common function of accommodating patients who are being observed and/or treated by staff. The rooms should all be readily accessible to the staff working area, which should itself be an open area with bays or alcoves for specific functions rather thar separate rooms.

Although completely separate circulation cannot be provided for children, account must be taken in planning for ensuring that children can be examined and treated without being exposed to the sight or sound of the seriously injured.

The resuscitation area is not functionally separate from the examination and treatment area but is that part which is more heavily serviced and equipped.

Other points of general guidance

There will be a requirement for observation beds set aside specifically for use by the A & E department e.g.; (a) to retain within the hospital patients admitted to the A & E department whose condition precluded immediate discharge home but did not warrant admission (b) to be used for patients requiring a period of recovery following treatment in A & E.

These beds should be staffed throughout the day and night but a patient's stay should not be for longer than 24 hours. The observation beds should be sited as nearby to the A & E department as is conveniently possible.

Provision of A & E copes with initial care only; special needs, e.g. clinic, large volumes of return patients, would need to be provided as an addition.

Emergency patients for admission may be routed through the A & E department but there should be a strict understanding that beds must be available within a short time, e.g. a time limit should be set waiting for medical or surgical consultation; 20 minutes would seem reasonable.

Ideally, x-ray facilities might be provided exclusively in the A & E department but it is most important that any central x-ray facilities must be placed immediately adjacent to the department.

Most minor operative procedures will be carried out under local anaesthesia. Other than simple fractures and opening of abcess, patients requiring general anaesthetic will be admitted and cared for in the main theatre suite.

Relationship to other departments and access

The fracture clinic is dealt with as a separate section but must be positioned adjacent to OPD and A & E. It should be located on the ground floor. There is generally no necessity for direct external access so patients should enter via OPD.

The A & E department should be located on ground floor level. The x-ray department should be in close proximity and on the same floor level.

Easy access is required to operating department and I.T.U.

The communications link between the main road (outside the hospital) and the entrance to th A & E should ideally be short. There should be direct access from the department to the hospital road and space will be required for ambulances etc., which should be able to discharge patients under cover. Adequate turning space or a separate exist route should be taken into consideration.

EVALUATION OF ACCOMMODATION DESIGN DATA USED FOR PREPARING THE CLIENT INPUT TO A DESIGN BRIEF

The Accommodation Design Data draft document for Health Centres has been made available to Health Authorities for feasibility trial purposes. We would appreciate your comments on the use of this method as a briefing aid for project teams in preparing the client input to a design brief.

Would you please answer the questions listed, and at the end of the questionnaire add any comments which you consider should be taken into account when evaluating the future of the method. It would help, if your comments highlighted how the use of the document compared with other methods you may have used, and also included any suggestions for improvement.

Please indicate degree of effectiveness by ticking in the appropriate box.

		EFFECTIVE ←			→ INEFFECTIVE	
		VERY	FAIRLY	NEITHER	VERY	FAIRLY
1.	How effective was the introductory explanation on the use of ADD	☐	☐	☐	☐	☐
2.	How effective was the colour video tape in illustrating the use of ADD.	☐	☐	☐	☐	☐
3.	How effective was the document in helping you to prepare for planning meetings (especially early ones) in advance.	☐	☐	☐	☐	☐
4.	How effectively did the document cover all the critical planning questions which have design implications.	☐	☐	☐	☐	☐
5.	How effectively did the guidance and planning decisions highlight (at the right time) those decisions which had important cost implications.	☐	☐	☐	☐	☐
6.	How effective was the document in helping you to check back and consider the implications of decisions made earlier, especially those made at previous meetings.	☐	☐	☐	☐	☐

		USEFUL ←			→ USELESS	
		VERY	FAIRLY	NEITHER	FAIRLY	VERY
7.	How effective was the document in lending itself to revising decisions as you proceeded during planning.	☐	☐	☐	☐	☐
8.	How effective was the document in terms of feasability in use.	☐	☐	☐	☐	☐
9.	How effectively did the decisions (options) contained in the document help also in highlighting some other decisions which you needed to record.	☐	☐	☐	☐	☐
10.	How effective was the document in achieving a clear unambiguous record of decisions made at the planning meetings.	☐	☐	☐	☐	☐
11.	How effective was the method in keeping meetings more to the point due to the structured nature of the document.	☐	☐	☐	☐	☐
12.	How useful was it to know the group of decisions which you needed to work on by yourself or in consultation with your colleagues before the next meeting.	☐	☐	☐	☐	☐
13.	How useful were the extracts of guidance included in the document helpful in reaching planning decisions.	☐	☐	☐	☐	☐
14.	How useful was it after each meeting to have one continuous record of all planning decisions taken, noted in one document rather than a series of minutes.	☐	☐	☐	☐	☐
15.	How useful was it to have an immediate and agreed record of the decisions to take away with you rather than wait for meeting minutes to arrive.	☐	☐	☐	☐	☐
16.	How useful will the document be for commissioning and evaluation stages of the project.	☐	☐	☐	☐	☐

		SHORTER	SAME LENGTH	LONGER
17.	How did the length of project meetings compare with similar meetings not using ADD	☐	☐	☐

		YES	NO
18.	If the answer to question 17 was - SHORTER, was this attributable to the ADD methodology.	☐	☐

19. If the answer to question 15 was LONGER, was this due to:
a) unfamiliarity with the ADD method
b) because the method takes longer.

YES ☐ NO ☐

20. Did having the document in your possession lead you to obtain relevant information before project meetings.

YES ☐ NO ☐

21. Were there discussions or implications which you feel would have been overlooked without this document.

YES ☐ NO ☐

22. Did you consider the document difficult to use.

YES ☐ NO ☐

23. In your opinion how much of the information on the guidance pages should be included in the narrative of the design brief.

ALL ☐ SELECTIVE ☐ NONE ☐

24. Are you satisfied with the end result of using ADD to prepare the client input to the design brief.

YES ☐ RESERVATIONS ☐ NO ☐

25. What benefits were gained by the project and design brief from using ADD (even with its shortcomings as a draft).

SUBSTANTIAL BENEFIT ☐ SOME BENEFIT ☐ NO BENEFI ☐

26. How does the total planning time (your time and the length of time from the first to the last planning meeting) using ADD, compare with the time which you would estimate would have been spent to achieve comparable results without the document.

LESS TIME ☐ SAME TIME ☐ MORE TIME ☐

Please comment:

27. Were there any irritating points about the use of ADD or the way that options and guidance were presented to you.

28. Is it considered that the client input to the design brief will meet the needs of the design team, or does it have any shortcomings in your view.

29. At what stage do you think it necessary for the decisions recorded to date in the document, should be typed as a preliminary draft narrative of the client input to the design brief.

30. What improvements and ammendments would you consider are necessary to the document for effective use on other projects.

31. Have you any further comments or suggestions.

32. Name of Project _____

Professional Title (Please tick appropriate box):

Administrator from District ☐ Area ☐ Region ☐
Architect ☐ Engineer ☐ District community Physician ☐ Medical Officer - area ☐ Region ☐
Nurse ☐ General Practitioner ☐ District Practitioner ☐

Evaluation questionnaire - second draft (DHSS, 1977): responses from Portsmouth Health Centre Trial

		YES/VERY/ SUBSTANTIAL	PARTIALLY/ LIMITED	NO/NONE/ NOT
1.	Effective in helping to prepare for planning meetings (especially early ones) in advance?	5		
2.	Having the document lead members to obtain relevant information before meetings?	4		1
3.	How valuable to known group of decisions to work on individually or in consultation with collegues before the next meeting?	3	2	
4.	Covered all the critical planning questions which have design implications?	2	2	1
5.	Decisions in it help also in highlighting some other decisions needed to record?	5		
6.	Decisions or implications which would have been overlooked without the document?	5		
7.	Guidance included helpful in reaching planning decisions?	5		
8.	Guidance and planning decisions highlight (at the right time), the decisions having important cost implications?	3		2
9.	How effective in helping to look back and consider implications of decisions made earlier, especially those made at previous meetings?	3	1	1
10.	How effective in lending itself to revising decisions as proceed during planning?	3	2	
11.	Document easy to use?	3	1	1
12.	Document flexible enough in use?	4	1	
13.	Document achieve a clear unambiguous record of decisions made at the meetings?	4		1
14.	How useful to have an immediate and agreed record of decisions to take away, rather than have to wait for minutes?	4	1	
15.	How valuable after each meeting to have one continuous record of all decisions taken, noted in one document rather than relying on series of minutes?	5		
16.	Satisfied with end results of using the document, especially the design brief?	4	1	
17.	Consider that design brief will meet the architects requirements?	1	1	(3 did not respond at this stage)
18.	Consider planning of the project and design brief substantially benefited from using the document (even with its shortcomings as a draft)?	2	3	
19.	Consider future stages of the project will benefit from the planning team having used the document?	5		
20.	Other written comments/suggestions?			

NARRATIVE BRIEF

1. GENERAL CONSIDERATIONS

i) The proposed health centre will serve a developing urban housing area with further development proposed, at Braminghan Farm Estate, [redacted]. The provision of public transport within the locality is good, with local bus services to [redacted] and railway services provided from [redacted] Station (on the Bedford - St. Pancras line) approximately one mile away. Road access to the site of the proposed centre is readily available.

ii) Access to the centre will be required for emergency service vehicles, maintenance, refuse, fuel and other supply vehicles. Consequently, the health centre should be easily identifiable from main access routes. Parking for patients, escorts and staff will be available in an adjacent public car park.

2. SCOPE OF SERVICE AND WORKLOAD

i) General Medical Practitioner Services

There will be two General Medical Practitioners Practices using the centre as their main surgery and three practices using the centre as branch surgery accommodation. The combined list of the General Medical Practitioners, providing services at this health centre, is estimated at 10,000 - 12,000. A doctors dispensary will not be required.

ii) Community Medical, Health Visiting, District Nursing and Midwifery Services

The estimated population to be served by community health sevices will be, by the year 1984/85, as follows:-

* Total - 18,000/21,000
* Over 65 years of age - 1,000/1,100
* Children on school roll (5 - 15) - 4,500/5,300
* Number of children under 5 - 2,500/2,900

* These figures include Braminghan Farm Development

2. SCOPE OF SERVICE WORKLOAD (Continued)

3. Primary Care Services

i) Preventive Health Service

Services will be provided for Health Education, pre-school child health, family planning, cervical cytology, welfare foods, community and psychiatric nursing clinics, adult immunisation, occupational health, dietetics, and psychology sessions.

ii) Maternity

Ante natal relaxation and parentcraft classes will be carried out in the health centre.

2. SCOPE OF SERVICE WORKLOAD (Continued)

iii) Health Visiting Service

The centre will be a base for domiciliary visiting, teaching, counselling and advising patients.

iv) Nursing Service

The centre will provide facilities for treatment and investigation, and will be a base for clinic nurses and for domiciliary visiting.

v) Domiciliary Midwifery

The centre will be a base for domiciliary midwifery visiting.

vi) Chiropody

There will be two whole time equivalent chiropodists operating from the centre who will provide a service for pre-school, school children and adult patients.

vii) Speech Therapy

There will be 0.2 whole time equivalent speech therapists operating from the centre dealing with pre-school, school children and adult patients.

viii) Child Health Assessment

Pre school child assessment, including dental, will be carried out from the health centre.

ix) Social Services

There will be no full time social workers based at the centre. However, interview facilities for social workers attending the centre, intermittently, will be provided.

4. Dental, Hospital Consulting Services, Etc.

i) Dental Services

School and priority dental services, including preventive services and dental health education will be provided from the centre with five school and priority dental sessions being held per week.

ii) Hospital Consultant Services

It is envisaged that one orthodontic consultant session, per week, may be held in the health centre. However, this is subject to further negotiation. This session would be undertaken in the Dental Unit.

APPENDIX 10

iii) Pathology Service

A hospital based specimen collection service will be provided for the health centre.

3. ORGANISATION OF SERVICE

1) General Practitioner Services

There will be five general medical practitioner group practices practising from the health centre and these are identified as follows:-

Practice 1: Dr. M. Y. Khan and Partner (Main Surgery)
Practice 2: Dr. M. Nasim and Partner (Main Surgery)
Practice 3: Drs. Seed, Barker and Purves (Branch Surgery)
Practice 4: Drs. M. A. & I. U. Ali-Khan (Branch Surgery)
Practice 5: Drs. Khanchandani & Sukhani (Branch Surgery)

ii) Tables showing the general practitioners existing sessions and those predicted in the new health centre and Tables showing the existing and anticipated patients attendances are shown on pages 17 and 18 of the ADD Part 1 Document.

iii) Each practice will require type one consulting room together with a separate examination room as follows:-

Practice 1 - Two Suites
Practice 2 - Two Suites
Practice 3 - One Suite
Practice 4 - One Suite
Practice 5 - One Suite To be shared with practice 4

It is intended that for design purposes Practice 4 will be grouped with Practice 5.

iv) It is envisaged that the reception of patients will take place for each practice at a sub section of the main reception desk providing integrated reception record units. The reception points required by each practice will be as follows:-

Practice 1 - Two
Practice 2 - Two
Practice 3 - One
Practice 4 - One) shared
Practice 5 - One)

v) All patients attending a general practitioner will be booked on an appointment system, except in cases of medical emergency. It is anticipated that patients will use a waiting room provided for each group practice, but if this is not feasible then one shared by each practice with the practice area defined in some way, such as dividers, would be acceptable.

General Medical Practitioner Services (continued)

vi) General Medical Practitioner records in medical record envelopes will be stored in an area associated with each reception counter. The individual records will be stored using the following methods:-

Practices 1, 4 & 5 - Rotary units
Practice 2 - Lateral shelving
Practice 3 - Cabinet with drawers

Security of medical records is required preferably in lockable units or in a lockable room.

vii) With the exception of Practice 3 and 5 each practice will provide its own secretarial staff who will be based in an area adjacent to the reception/records area.

viii) Treatment of general practitioners patients will be carried out in the treatment room which will be shared with community services.

ix) Supplies for general practitioners will be obtained through the health centre supply system with the exception of medical and surgical sundries and personalised stationery.

2. Primary Care - Community Services

i) The present and anticipated number of community sessions to be held in the centre per week are shown on page 22 of the ADD Part 1 Document.

ii) Two type 2 consulting/examination suites are required for community services, each will consist of a consulting/examination room served by a separate examination room. One of the two consulting rooms will be designed to facilitate speech therapy use.

iii) Sessions requiring a large area will use the health education area. This room will require blackout, lecture, kitchen and storage facilities for mats required for relaxation classes, projectors etc.

iv) Interviewing by health visitors will normally take place in two joint use interview rooms but occasionally in offices.

v) A district nurses service room will be required adjacent to the treatment room and will provide space for the storage, cleaning and replenishing of clinical bags. Sterilising facilities are not required as these will be supplied from C.S.S.D.

vi) A loan equipment service will be restricted to the provision of small items only. Consequently no separate accommodation will be required for this facility.

vii) Tables showing the existing pattern of patients attendances over a period of one week, together with the anticipated pattern of patients attendances in the new health centre are shown on pages 24 of the ADD Part 1 Document.

viii) Patients attending the community services will be booked on an appointment system, except for pre school child health clinic sessions. Patients will use a waiting area related to the community services reception counter within the main reception area. It is therefore desirable to have this adjacent to the general medical practitioners reception area and near to community services consulting/examination suites. It is desirable for parents to have oversight of the pram shelter.

ix) Community medical records will be kept in the reception/records area for the community services except for those kept individually by health visitors, district nurses, speech therapists, psychology and chiropody. Security of records will be achieved by using lockable filing cabinets and lockable doors to areas containing records.

x) Typing facilities will be provided specifically for the use of the community services in an area adjacent to the community reception/records area.

xi) Office accommodation will be required for district nurses and midwives, health visitors, a fieldwork teacher and for clinic nurses.

3. Primary Care - Other Services

1) Chiropody

It is intended that there will be 20 chiropody sessions held per week within the 2 chiropody surgeries. Waiting facilities for these patients will be required, with easy access to the main entrance. Chiropody records will be kept within the surgery area.

ii) Speech Therapy

There will be two speech therapy sessions held at the centre per week utilising the adapted type 2 community health consulting suite. The records will be stored within filing cabinets in the rooms.

iii) Welfare Foods

Welfare food will be sold from a counter in the reception area for community services.

iv) Social Workers

The number of interviewing sessions required by social workers using the centre intermittently is estimated to be five.

4. Dental Services

1) It is anticipated that five dental sessions with 10 patients per session will be held at the health centre. It is intended that a separate reception and

Dental Services (continued)

waiting area will be provided for these patients. Patients will be booked on an appointment system except in cases of emergency. Dental records will be stored on one rotorscan filing unit which will be kept within the dental office area.

ii) One main dental surgery will be provided for the Area Health Authority dentists. Anaesthetic gases may occasionally be administered in the surgery. Recovery room facilities will also be required for patients and a separate exit lobby will be required from the recovery room.

iii) A laboratory/dark room will be required to include facilities for processing x-ray films (daylight and darkroom), storage of chemicals and films, and a workbench and sink unit.

iv) Dental x-ray facilities will preferably be provided in the dental surgery and be wall fixed. A small bench mounted steam steriliser (little sister autoclave) will be required in the main surgery.

v) Dental supplies will be obtained through the health centre supplies system. Storage facilities will be required outside the surgery for medical gases and for requisites of the dentists.

vi) Sanitary facilities for dental patients will be provided adjacent to the dental waiting area.

5) Shared Facilities - Entrance, Reception and Waiting

1) Entrance and Exit

Entrance to and exit from the centre will be required for patients attending the general medical practitioners, dentist and community health services. A separate entrance for staff and goods will be required, if possible.

ii) Facilities adjacent to the main entrance are required for a draft lobby, pram shelter, entrance hall, reception area, and waiting area.

Reception

i) The reception area will include counter facilities, sub divided for patients attending the general medical practitioner practices and community services.

ii) A table showing the total anticipated patient attendances on which the design team may base the requirements for circulation, waiting space, toilet facilities etc. is shown on page 34 of the ADD Part 1 Document.

iii) Reception areas appropriately sited will be provided for patients attending to see the general practitioners, community services and dental services.

iv) Separate main waiting areas will be provided for patients attending i) general medical practitioner suites, ii) community services, iii) dental services. Sub waiting areas will be provided for patients attending the treatment room and for chiropody sessions.

Reception (continued)

v) Patients waiting for transport will preferably wait in the main waiting area.

6) Shared Facilities - Patients Treatment and Facilities

i) The treatment of patients will be carried out in a shared treatment room. This room will be cubiclised to provide 3 cubicles for patients to be treated on couches or sitting on chairs, and for the carrying out of minor operative procedures not requiring general anaethesia. Vision testing facilities will be required in the treatment room with a length of 6 metres between chart and patient.

ii) The preparation/storage areas of the treatment room will provide facilities for the storage of scheduled drugs, a working supply of sterile supplies and unsterile supplies (strappings, lotions etc.) mobile oxygen and suction apparatus and instrument sterilising. Sterilising will be undertaken by a bench mounted steriliser.

iv) Facilities for weighing and measuring of patients will be required in:-

a) treatment room preparation/storage area
b) consulting/examination rooms
c) health education area (babies and adults).

v) Specimens of urine will be collected via an assisted W.C. with pass through hatch to the treament room.

vi) Sanitary facilities for patients use will be required within easy reach of the waiting area and adjacent to the treatment rooms. The W.C. adjacent to the treatment room will provide the facilities for disabled persons.

vii) Refreshment facilities for patients will not specifically be provided in the health centre.

viii) A public coin operated telephone will be required near to the main entrance.

7. Shared Facilities - Management and Offices

i) The general management of the centre will be the responsibility of the Sector Administrator (community) who will delegate certain functions to the receptionist/secretary who will require accomodation close to reception areas. The typing/clerical staff will be based in an area adjacent to reception/records.

ii) There will be two joint use interview rooms within the centre which will be sited so that one will be in association with the community health consulting suites and one in association with the general practitioner accommodation.

iii) The telephone switchboard facilities will be sited within the reception areas and will be operated by receptionist/telephonists.

8. Shared Facilities - Staff Education

i) Training and post graduate education will be carried out in the centre for university students (vocational trainees in general practice post graduates) chiropody trainees, learner nurses, student health visitors, midwifery pupils, student district nurses and staff employed in the centre although no extra facilities will be required. This will take place in the health education area and clinical areas of the centre. Library facilities will not be required.

ii) A table showing the estimated number of staff (in whole time equivalent and in actual total number) using the centre is shown on page 39 of the ADD part 1 document.

iii) A common room shared by all disciplines, will be required within the centre.

iv) Cloakroom and sanitary facilities for staff will be sited near to the staff entrance and security lockers for personal property will be required for staff within the building. Drying facilities for outdoor clothes will be required in the male and female cloakroom. Facilities for preparing beverages and snacks will be required in the kitchen adjacent to the common room. However, if the common room is on the first floor separate facilities will be required for general practitioners.

9. Shared Facilities - Supply and Storage

i) The following goods will be supplied by the nearest district stores:-

Linen, sterile supplies - dressings, sterile supplies - instruments and utensils, medical and surgical sundries, pharmacy supplies for the Area Health Authority Services, stationery, hardware and crockery, cleaning materials, catering provisions and welfare foods.

ii) The goods to be supplied from the Central Sterile Supply Department will include sterile supplies of dressings, instruments and utensils. Goods to be supplied direct from commercial sources will be, only in respect of, dental supplies.

iii) Storage facilities will be required for the following commodities:-

Linen -	7 days
Sterile supplies -	7 days
Medical and surgical sundries -	one month
Pharmacy supplies for Area Health Authority Services -	one month
Stationery -	3 months
Hardware and crockery -	12 months
Cleaning materials -	one month
Welfare foods -	three months
Dental -	one month

iv) Storage space appropriately sited will be required for nursing equipment - dressings, C.S.S.D. supplies etc., family planning requisites.

equipment for speech therapy, chiropody equipment, domestic supplies, and playroom equipment. Refrigerated storage will be required in the treatment room, nurses service room, and in the staff kitchen for beverage and snack preparation. Storage of gas cylinders (oxygen etc.) will be stored in the dental suite.

9. Shared Facilities - Disposal and Cleaning

i) The system of disposal will be:-

a) Soiled linen in bags, colour coded (collected weekly by commercial laundry).

b) Returnable C.S.S.D. items in bags, colour coded (collected weekly).

c) Waste for destruction in bags, colour coded.

d) C.S.S.D. items and pathology specimens in labelled containers.

e) Returnable empties in labelled containers (collected weekly).

f) Sharp items (e.g. needles) in rigid containers

ii) Disposal facilities will be required within the centre such as bins for Local Authority collection and storage of incineration items waiting collection to Luton and Dunstable Hospital.

iii) Laboratory specimens will be held in the main reception area awaiting collection daily.

iv) Items awaiting disposal will be stored in the appropriate accommodation adjacent to the staff/goods entrance.

v) Hand drying facilities will be by use of disposable towels.

vi) The person responsible for domestic cleaning will be the caretaker who will supervise domestic staff employed for the health centre. Limited clerical (desk) facilities for the caretaker will be required within the ground floor cleaners room.

vii) Ground maintenance will be carried out by District Works staff.

10. Shared Facilities - Communications and Other Engineering Services

i) Subject to detailed discussion it is envisaged that an appropriate PABX system with suitable barring will be provided. Telephone answering equipment will not be required. Telephone call redirection will be required when the centre is closed for Dr. M. Y. Khan's practice only. Telephone night line facilities will not be required, but night service bells will be required in the Health Centre.

ii) Patients will be called from the waiting area by a visible and/or audible signal from practitioners to patients waiting area, with repeater signal to receptionist.

All practice areas should be provided with this equipment with the exception of Practice 3 which requires conduit for later provision. A similar system is also required from the dental surgery to the dental waiting area.

iii) Permanent manned area to which warning indicator lights will be signalled will be in the main reception area and clinics and dental.

iv) Community health patients will be called to consulting rooms, health education room and nurses/midwives service room from waiting area - type of system to be agreed with user.

v) Domestic gas will be required for the dental surgery (bottle supply if mains not available) dental laboratory and dark room.

vi) Emergency lighting will be required for main circulation routes, for areas where clinical and dental procedures are carried out and reception and filing areas.

vii) Drinking water must be available for staff beverage and snack facilities, treatment rooms, dental surgeries, recovery rooms and surgeries.

viii) The following facilities will be required for the engineering services:-

Telephone equipment room
Tank room
Meter room
Switchgear room
Boiler calorifier room
Fuel storage (oil)?

4. GENERAL DESIGN REQUIREMENTS

i) A canopy will be required at the main entrance for ambulances to deliver and collect patients. This is also desirable in order to allow disabled persons to alight and park their vehicles under cover. However, it is appreciated that site restraints may not facilitate this provision.

ii) External lighting will be required for all entrances and special precautions against vandalism will be required particularly for external notice boards, large windows and plain external wall surfaces.

iii) If, as the result of site limitations the health centre has to be planned on more than one floor, the services to be accommodated on the ground floor should include all that indicated on the attached schedule of accommodation. In any event, a lift will not be required.

iv) Facilities for elderly and disabled should include ramps where changes in levels are unavoidable, corridors suitable for easy passage of wheelchairs, suitable doors and vision panels in doors in circulation areas.

v) Particular attention should be paid to privacy of conversations etc. in the consulting rooms, examination rooms, interview rooms, reception areas and speech therapy rooms.

vi) It is anticipated that excess noise will be generated from the dental surgeries and these should be designed so as to exclude noise penetration into other areas.

vii) It is not anticipated that any of the accommodation will require expansion in the foreseeable future.

viii) It is intended that internal rooms should be avoided within the building if at all possible and that landscaped internal courtyards, if provided, are accessible and easy to maintain, but should not affect privacy of office accommodation.

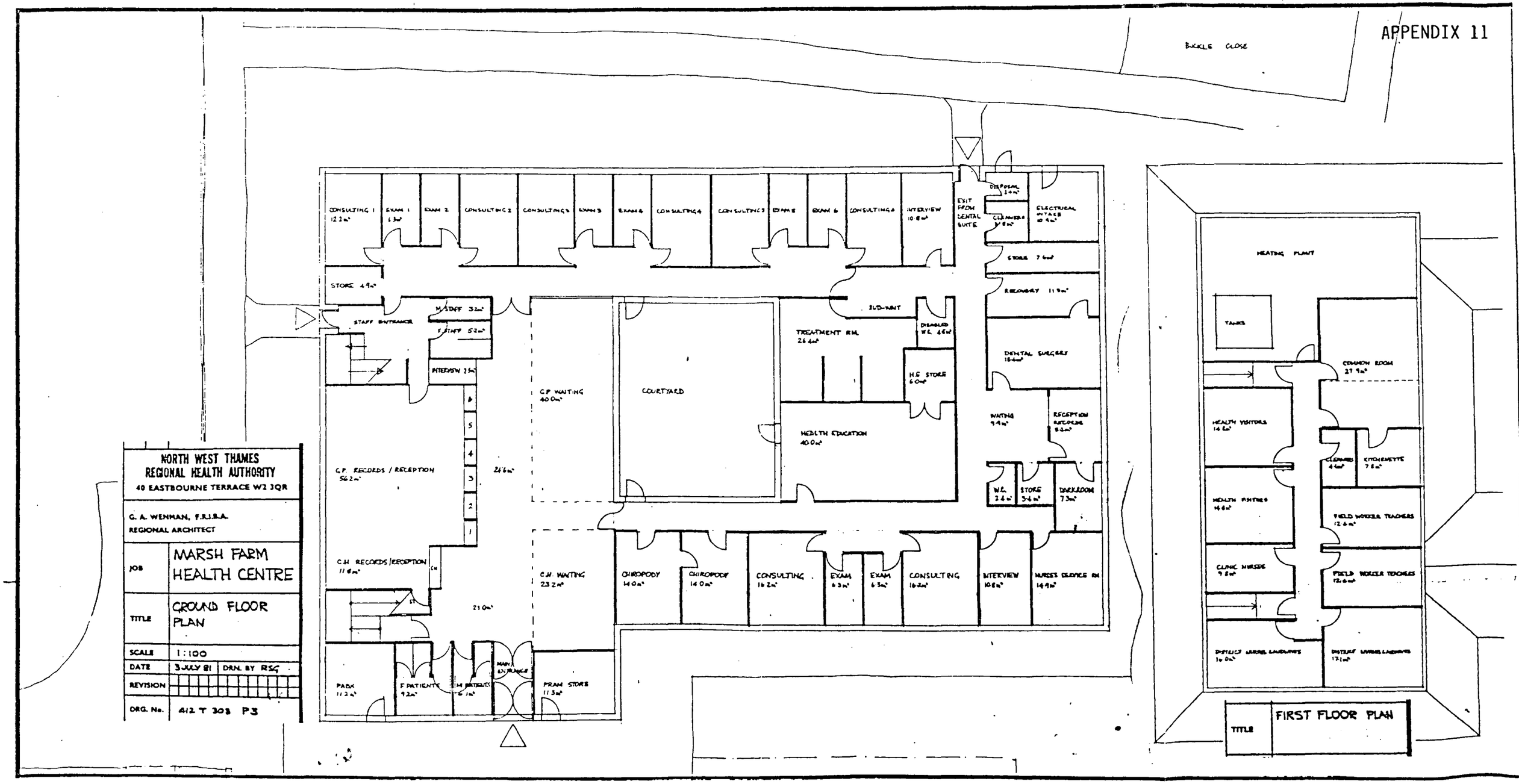
Amendments to ADB 'A' sheets
issued 20th January, 1980

No.	Room	ADB No.	Amendment
100B	Dr. M. Y. Khan & Partners- Suite 1 Consulting/Examination Type 1	C0212	Under Activity Unit Selection insert 1 Small Notice Board
100B	Dr. M. Y. Khan & Partners - Suite 2 Consulting/Examination Type 1	C0212	Under Activity Unit Selection insert 1 Small notice board
100B	Dr. Nasim & Partner - Suite 1 Consulting/Examination Type 1	C0212	Under Activity Unit Selection insert 1 Small notice board
100B	Dr. Seed & Partners Consulting/Examination Type 1	C0212	Under Activity Unit Selection after Bathroom scales and wall mounted heigh measure add (Kilogrammes/stones lbs) insert 1 Baby scales insert 1 Notice board 800 x 600 C18CA Under Functional Design Requirements after vi) Weighing and measuring of patients add and babies insert xvi) Dictation within room
100B	Dr. M. A. & I. U. Ali-Khan/ Dr. Khanchandani & Partners Consulting/Examination Type 1	C0212	Under Activity Unit Selection insert 1 Small notice board
101F	Consulting/Examination, Type 2 Teaching Community Health	C0213	Under Activity Unit Selection delete 1 Wall mirror
101F	Consulting/Examination, Type 2 Teaching, Speech Therapy	C0213	Under Activity Unit Selection after 1 Mirror insert - wall
101I	Office Nursing - Health Visitors No. 1	H0208	Under Activity Unit Selection insert 3 Handbag lockers
101I	Office Nursing - Health Visitors No. 2	H0208	Under Activity Unit Selection insert 3 Handbag lockers
101L	Office Nursing - Fieldwork Teacher No.1	H0209	Under Activity Unit Selection insert 3 Handbag lockers
101L	Office Nursing - Fieldwork Teacher No. 2	H0209	Under Activity Unit Selection insert 3 Handbag lockers
101N	Office Nursing - District Nurses/ Midwives No. 1	H0210	Under Activity Unit Selection insert 5 Handbag lockers
101N	Office Nursing - District Nurses/ Midwives No. 2	H0210	Under Activity Unit Selection insert 5 Handbag lockers
101T	Education Store	W0904	Under Activity Unit Selection after Shelving adjustable for mattresses and consumables (maximum) to user specification insert 12 mattresses an foam wedges insert 12 Mattresses 12 Wedges 1 Storage for Projector, stan and screen
101T	Education Store	W0904	Under Design Character, doors, after Person/equipment access, lockable, insert security
103G	Reception, Patient/Visitors Reception Area	J0207	Under Functional Design Requirements after vi) Staff coat hanging and handbag security add for all GP staff
103J	Patients Services Store, Records - Dr. Nasim's Practice	W0804	Under Activity Unit Selection insert 1 Worksurface for crockery storage (for tea making) with S.O. (Common roo Under Functional Design Requirements insert viii) Tea making for all GP staff (if common rooms on 1st floor)
104C	Community Health Patients - Wait 20 Persons	J1209	Under Project Code change C04CB to C04CE insert C04CA as the code for 10 Chair upright, upholstered
104P	Examination/Treatment Room	C0612	Under Additional Equipment or Engineering Terminals insert - if relevant occupancy indicator
104T	Patients' Washroom W.C. Patient 2 W.C.	V1105	Delete 2 Male Urinals
104W	Staff Toilet, Male, 1 W.C.	V1016	Delete 1 Urinal
104X	Staff Washroom/WC/Cloakroom (F) Staff, 1 WC	V1017	Under Activity Unit Selection alter 1 Toilet WC staff female to 2 Toilet WC staff female alter 1 Toilet handrinse basin, single to 2 Toilet handrinse basin, single Under Functional Design equirements after iv) Hanging coats and hats, occasionally wet add with security
105I	Store - General	W1503	Under Functional Design Requirement ii) after Storing stocks delete of domestic materials eg toilet rolls, cleaning agents, paper towels, etc and insert of C.S.S.D. materials

No.	Room	ADB No.	Amendment
106M	Cleaning Room, Departmental Room 1 Ground Floor	Y1206	Under Activity Unit Selection after Cleansing domestic services, sink unit insert with bucket rack Under 1 Clerical Facility delete facility and insert bench. Insert 1 Cup type hooks, six 1 lockable cupboard full length for storage of vacuum cleaner shelves to be covered with Formica 1 Wall mounted clothes dryer 1 Parking, buckets 1 Twin handbag locker
105M	Cleaning Room, Departmental Room 1 Ground Floor	Y1206	Under Design Character Floor insert Quarry tiles
105M	Cleaning Room, Departmental Room 2	Y1206	Under Activity Unit Selection after Cleansing domestic services, sink unit insert with bucket rack Insert 1 Cup type hooks, six 1 Lockable cupboard full length for storage of vacuum cleaners shelves to be covered with Formica 1 Wall mounted clothes dryer 1 Parking, buckets 1 Twin handbag locker Under Design Character Floor insert Quarry Tiles

	PART II DOC	ROOM	SHEET NO.	REMARKS
1	100B	Consulting/Examination Room and	C0212	Issued
2	100C	Examination Room For Dr. M. Y. Khan & Partners Dr. Nasim & Partner Dr. Seed & Partners Dr. M. A. & I. U. Ali-Khan/ Dr. Khanchandani & Partners	C0609	Issued
3	101F	Consulting/Examination Room No. 1 (Speech therapy) No. 2	C0213	Amended - attached " "
4	101G	Examination Room No. 1 (Speech therapy) No. 2	C0610	Amended - attached " "
5	1011	Health Visitors' Office No. 1 No. 2	M0208	Amended - attached " "
6	101L	Fieldwork Teachers' Office No. 1 No. 2	M0209	Amended - attached " "
7	101N	District Nurses' and Midwives' Office No. 1 No. 2	M0210	Amended - attached " "
8	101S	Health Education Area	H0703	Amended - attached
9	101T	Health Education Store	W0904	Issued
10	101V	Nurses' and Midwives' Service Room	W1501	Amended - attached
11	102A	Chiropody Surgery No. 1 No. 2	X0210	(To follow)
12	102E	Welfare Foods Storage/Sales Area	W1502	Amended - attached
13	103A	Draught Lobby	J0109	Issued
14	103C	Pram Shelter	J0901	Amended - attached
15	103E	Entrance Hall	J0108	Issued
16	103G	ReceptionArea/Enquiry Point	J0207	Issued
17	103J	Records Storage Area Dr. Nasim's Practice	W0804	Issued
18	103L	Records Storage Area Dr. Khanchandani Dr. Ali-Khan Dr. M. Y. Khan	W0806	Issued
19	103U	Waiting Area	J1113	Issued

	DOC	ROOM	SHEET NO	REMARKS
20	104C	Community Services - wait	J1209	Issued
21	104L	Interview Room No. 1 No. 2	M0706	Issued "
22	104N	Treatment Room - Preparation/ Storage Area	T0507	Amended - attached
23	104P	Treatment Room- Examination/ Treatment Cubicle	C0612	Issued
24	104R	Patients' WC Wheelchair - Specimen Collection	V1406	Issued
25	104T	Patients' WC - male	V1105	Attached
26	104U	Patients' WC - female	V1105	Attached
27	104W	Staff Toilet - male	V1016	Attached
28	104X	Staff Toilet/Cloakroom - female	V1017	Attached
29	105A	Common Room	D0108	Issued
30	105E	Teabar	P0703	Attached
31	105I	Store - General	W1503	Issued
32	105M	Cleaners' Room No. 1 Ground Floor No. 2	Y1206	 Attached Attached
33	107B	Dental Surgery - School and Priority main	C0803	Issued
34	107E	Recovery Room	B2505	Issued
35	107L	Laboratory/Darkroom	L1203	Issued
36	107O	Reception/Records (Dental) - All Services	J0409	Issued
37	107T	Waiting Area 10 persons	J1209	Issued
38	107W	Patients' W.C	V1105	Issued
39	107X	Dental Store	W1504	Issued



NORTH WEST THAMES REGIONAL HEALTH AUTHORITY
40 EASTBOURNE TERRACE W2 3QR

G. A. WENMAN, F.R.I.B.A.
REGIONAL ARCHITECT

JOB	MARSH FARM HEALTH CENTRE
TITLE	GROUND FLOOR PLAN
SCALE	1:100
DATE	3 JULY 81 DRN. BY RSC
REVISION	
DRG. No.	412 T 303 P3

Design Briefing System: Bedfordshire Health Centre Trial - agreed sketch plan (North West Thames RHA, 1982)

[redacted] HOSPITAL (PHASE II) - ADD TRIAL - DESIGN BRIEF
ACCOMMODATION FOR ELDERLY PEOPLE - IN-PATIENTS

1. Scope of service and workload p.2

The categories of elderly patients for whom in-patient accommodation will be provided include the acutely ill patient and patients needing continuing active rehabilitation and treatment. However, facilities will not be provided for patients requiring intensive therapy or patients with mental illness or infirmity unaccompanied by physical disorder.

The acute geriatric services for diagnosis, treatment and p.3
intensive/medium rehabilitation will be provided by the multi-site district general hospital at D.C.H. and D.R.I. Slower-stream remedial therapy and continuing care will be provided by community hospitals.

The population of the catchment area served by the district general hospital is estimated to be 480,000 (1988) and the percentage of elderly people (aged 65 and over) is estimated as 15% (72,000). The estimated percentage in each group (in 1988) will be:

Male: 65-74, 26.0% 75+ 14.7%
Female: 65-74, 32.0% 75+ 27.3%
TOTAL: 65-74 (42,000) = 58.0%
75+ (30,000) = 42.0%

2. Summary of provision

The total number of in-patient beds provided in the health district p.4
for geriatric medicine are/will be:

Existing beds and location:

- acutely ill/active rehabilitation and treatment	60 beds at DCH 200 beds at Manor	TOTAL 260
- continuing care	68 beds at St.Oswalds 72 beds at The Grove 102 beds Babington 115 beds at Manor	TOTAL 357

Replacement/additional beds to be provided:

- acutely ill/active rehabilitation and treatment	180 beds at DRI 180 beds at DCH	TOTAL 360
- continuing care	360 beds in the Community hospitals	--TOTAL 360

These beds will be provided in type A nursing sections for those requiring active treatment and type B nursing sections for those requiring continuing active treatment or rehabilitation and slower-stream remedial therapy and continuing care.

At Derby City Hospital 3 type A nursing sections will be required, 4 type B nursing sections and a further type A nursing section is being considered for surgical use. The type A section will have 28 beds and the type B section will have 24 beds.

POLICY DECISIONS

The project team confirmed a split of approximately 50-50 (i.e. 2.5 per each 1,000) between acute assessment and rehabilitation, as this would give a higher proportion of 24-bed nursing sections. They also confirmed that 28-bed nursing sections can be used for acute assessment patients.

3. Locational relationships with other areas of the hospital

p.5

The geriatric in-patient section(s) will be located adjacent to the Geriatric Day Hospital and the Rehabilitation Department. The accommodation will be on the ground floor, as far as possible, for rehabilitation patients but, if necessary, the acute assessment patients may be sited on the 1st and 2nd floors.

Access will be required to the main hospital street and an outside area or garden
(POLICY DECISION: Whenever the site permits, access to gardens for patients in the rehabilitation nursing sections should be arranged.)

Vehicular access and parking facilities will be required for the emergency services.

The order of priority for planning the geriatric in-patient section(s) near the other areas of the hospital is as follows:

1. Rehabilitation department
2. Geriatric Day Hospital
3. X-ray department
4. Clinical measurement
5. Chapel
6. Out-patient department

4.1 Patient reception and documentation

p.6

Patients will be admitted by general medical practitioner referral, as a result of domiciliary visits, via the out-patient department, by transfer from another department or the day hospital or from other hospitals.

Documentation of patients will be carried out by existing admissions unit at Derby City Hospital.

Patients may arrive at the nursing section on foot, in a wheelchair, on a trolley or in a bed and may be accompanied by friends or relatives (who may also be elderly) or by hospital staff.

Patients' medical records will be kept in the section for current in-patients only and these records will be written up in the doctor's office or at a staff base.

p.7

4.2 Patients' facilities - Bedrooms

p.8

Each type A nursing section will require 3 single bedrooms, 1 single bedroom with WC *en suite* and 4 multi-bed spaces of 6 beds each.

Each type B nursing section will require 3 single bedrooms, 1 single bedroom with WC *en suite*, 2 multi-bed spaces of 6 beds and 2 multi-bed spaces of 4 beds each.

Sound containment will be required for two single rooms in each section.

Patients who are close relatives or friends may be accommodated in two adjacent single rooms.

Male and female patients will be accommodated in separate sections or in separate rooms in the same section.

Acutely ill patients should be accommodated in beds near the staff base.

p.9

Patients' clothing will be kept in a mobile locker/wardrobe and/or in a separate secure baggage and clothing store.
(POLICY DECISION: Mobile wardrobes/lockers will be provided. There will be additional separate secure baggage and clothing storage.)

Valuables for safe custody will be kept in the central administrative office.

4.3 Patients' facilities - Sanitary

p.10

Patients WC/handwashing facilities will be required adjacent to each dayspace, in bathrooms, *en suite* for one single room and within 12m of each bed or day space.

Bathroom facilities required will be treatment, assisted and domestic bathrooms.

Shower facilities required will be one shower *en suite* for one single room(*same as above).

Bathrooms and showers should be closely related to the bed areas.

(POLICY DECISION: Overall ratio of 1 WC to 4 patients.)

4.4 Patients' facilities - Treatment

p.11

Clinical procedures and nursing treatment may take place at the bedside, in a treatment/bathroom or in a clean utility/treatment room. Rehabilitation by physiotherapists, occupational therapists and nursing staff may take place at the bedside, in bathroom/WC areas, in day/dining areas, in the geriatric day hospital, in the Department of Rehabilitation or in a specific area shared between sections (O.T. only).

4.5 Patients' facilities - Day space/Recreation

p.12

Day facilities provided for patients will include sitting space in multi-bed rooms, a day/dining area in each section and a quiet room in each section. The sitting and dining spaces should be designed as one space, with facilities to enable it to be divided.

T.V. points will be required in day/dining areas and in multi-bed bays.

Patients' hairdressing facilities will be provided in the geriatric day hospital and there will be a mobile service.

4.6 Patients' facilities - Relatives/interview

p.13

Interviews (e.g. medical social worker or chaplain) may take place at the bedside or in the doctors office/interview room.

Patients' relatives who need to stay overnight will be accommodated in a patients' relatives/doctors' overnight stay room, provided on a shared basis between sections, and these will be sited on separate floors (two rooms for the geriatric department).

4.7 Catering

p.14

Patients' meals will be distributed by a plated meals service and will be served by nursing staff. Ambulant patients will take their meals in the day/dining area.

Beverages and light snacks for patients will be prepared in a section pantry, but facilities for keeping individual meals hot will be provided by the central catering services.

Facilities will be required in the pantry for the storage of dry foods, milk (Milkpak: 4.4 cu.ft. fridge) and limited crockery and cutlery. Handwashing facilities are also required, as is space for parking a catering trolley.

Washing up facilities will be provided centrally by the catering department and in the pantry for beverage and snack utensils only.

p.15

Staff will take their main meals and beverages/light snacks in the staff restaurant/dining room.

4.8 Supply and Storage

p.16

Supply deliveries to be controlled by a topping-up system will be sterile supplies, linen, medical and surgical sundries, cleaning materials, catering provisions (both milk and dry goods) and bulk disposables.

Supply deliveries to be controlled by a requisition system will be pharmacy supplies, hardware and crockery and stationery.

Linen supply will be by a topping-up system and parking will be required for linen distribution trolleys (for use within the section).

An equipment/supply store will be required in each section for general goods and bulk packs of disposables.

Physiotherapy equipment will be kept in the Rehabilitation Department and in the day area; occupational therapy equipment will be kept in the occupational therapy area and in the day area.

4.8 Supply and storage (contd.) p.17

Sterile supplies, linen, pharmacy supplies and catering provisions (both milk and dry goods) will be delivered daily; medical and surgical sundries and bulk disposables will be delivered twice a week and cleaning materials and stationery will be delivered weekly.

The number of days' supply held will be as follows:
- pharmacy supplies - 1 day
- catering provisions (milk) - 2 days
- sterile supplies, linen, medical and surgical sundries and bulk disposables - 3-4 days
- catering provisions (dry goods) - up to 10 days
- cleaning materials and stationery - 14 days

Controlled drugs, pharmacy supplies, medicines, etc. will be stored in a clean utility area at the staff base.

Personal clothing for allocation to patients will be stored in a section linen/clothing store.

Wheelchairs will be stored in an open bay; telephone trolleys in the day area and chair weighing machines in treatment bathrooms.

Sanitary chairs and commodes will be parked in the dirty utility.

4.9 Disposal and cleaning p.18

The system of disposal will be in colour coded bags for soiled linen; foul linen; patients' personal clothing for laundry; soiled dressings; HSDU items; waste for destruction. Returnable items will be in labelled containers.

Linen/clothing will be collected twice daily and waste for destruction will be collected daily.

Materials for disposal or reprocessing will be stored temporarily in a dirty utility area before transfer to a disposal point.

Pathology specimens will be collected as required by messenger service and will await collection in a refrigerator in dirty utility.

Disposable items used will include sputum containers, vomit bowls and incontinence pads.

Non-disposable bedpans will be used and these will be kept in the dirty utility. Bedpans/bottles will be cleansed and disinfected in a bedpan washer/disinfector in dirty utility as will other items of equipment. p.19

Facilities for the arranging and disposal of flowers, changing water, etc. will be required in a bay per section (if cost permits).

Hand-drying in WC facilities will be by disposable towels in patient areas and hot-air dryers for staff.

Cleaning will be carried out partially by domestic staff working exclusively in the section(s) and partially by teams working outside busy periods. A cleaners' room will be required in each section with a larger room shared between sections for larger equipment (one per floor).

(POLICY DECISION: If direct access cannot be given to the Dirty Utility room without passing through bed areas, a separate disposal area (possibly shared between two sections) will be required.)

4.10 Staff facilities - Administration/education p.20

The staff base will provide facilities for general visual and auditory observation of patients; reception of visitors; oral and written reporting; 24-hour use of a telephone; storage of drugs and medical records in current use and parking of resuscitation trolley.

The day-to-day general nursing management of the in-patient nursing section(s) will be undertaken by sister(s)/charge nurse(s) and a nursing officer responsible exclusively for geriatric nursing facilities.

The nursing officer will require an office in the geriatric nursing unit and offices will also be required in each section for nursing administrative work, interviews and discussions and for the use of doctors (one per section).

Medical secretary/typing facilities will be available centrally in the hospital and hand-held dictation machines will be used.

Multi-disciplinary meetings will be held in the Seminar Room, shared between three or four nursing sections. p.21

Clinical instruction and teaching will take place at the bedside, at the staff base, in the nursing section office, in a seminar room or in the education centre. Instructions or advice to patients and relatives may be given in the nursing section office, in the doctors' office/interview room or at the bedside.

Seminar rooms may be used for meeting and tutorials for all disciplines, case conferences, X-ray viewing, visual aids, note taking and refreshments.

(POLICY DECISION: One seminar room per floor (two in total).)

NURSING STAFF: estimated numbers are as follows:

	Part-time	full-time	WTE
nursing officers	-	1	1
sister/charge nurses	-	13	13
staff nurses/SENs	48	3	60
learners	-	15	15
auxiliaries	46	35	58
clinical teachers	-	1	1
TOTAL:	94	68	148

MEDICAL STAFF: estimated numbers are as follows:

	Part-time	full-time	WTE
consultants			
senior registrars			
registrars			
senior house officers	(DECISION OUTSTANDING)		
junior doctors			
medical assistants			
clinical assistants			
TOTAL:			

PARAMEDICAL/PROFESSIONAL STAFF: estimated numbers are as follows:

	Part-time	full-time	WTE
chiropodists	1	-	0.4
social workers	-	3	3.0
psychologists	-	1	1.0
physiotherapists	-	7	7.0
physiotherapy helpers	-	5	5.0
occupational therapists	-	3	3.0
O.T. helpers	-	2	2.0
speech therapists	-	1	1.0
TOTAL:	1	22	22.4

4.11 Staffing (contd.) p.23

ADMINISTRATIVE STAFF: estimated numbers are as follows:

	Part-time	full-time	WTE
clerk/receptionist	-	7	7
secretary/typist	-	-	-
TOTAL:	-	7	7

PORTERS:

Porters will be provided from central portering services.

DOMESTIC SERVICES:

The person responsible for organising domestic services will be a domestic supervisor, who will require an office.

ANCILLARY STAFF: estimated numbers are as follows:

	Part-time	full-time	WTE
orderlies	-	-	-
domestic assistants (ASC 1)	30	-	20
asst housekeepers (ASC 3)	25	-	15
cleaners	-	-	-
supervisor of domestics (ASC 6)	2	-	1.25
ward housekeeper	8	-	5.00
TOTAL:	65	-	41.25

(N.B. This is based on a housekeeping service but this may change. It is also based on 7 wards.)

4.12 Staff facilities - Sanitary/changing p.24

The approximate number of staff working in the section(s) during a peak period is estimated as:

	Nursing	Medical	Other	TOTALS
Male	4			
Female	36	(DECISION DEFERRED)		
TOTALS:	40			

Staff needing to change into and out of uniform will use sub-central changing accommodation for the Geriatric Department. Separate changing facilities will be required for male staff and these will be situated in the sub-central changing accommodation for the Geriatric Department. (POLICY DECISION: Sub-central changing for the Geriatric Department.)

Staff sanitary facilities will be provided on each nursing section.

4.13 Communications and other engineering services p.25

Telephone communication will be provided by an appropriate PABX system with suitable barring. Intercomm will not be required.

Staff location will be via pocket receivers issued to all essential staff.

Patient/nurse call facilities will be required at each bedhead, in treatment areas and in bathrooms, showers and WC areas. Emergency staff/staff call facilities should be provided in each bed area, in day/dining areas, in treatment areas and in bathrooms, showers and WC areas.

Green master indicating lights of call system should be sited in view of the staff base. Warning indicator lights should be provided for the controlled drugs cupboard, the patient/nurse call system, the staff/staff call system and all should be in view of the staff base.

Telephone jackpoints will be required in each bedroom, the vicinity of p.26 each bedspace, in day/dining areas and in the relatives' room. Patients will be able to make personal telephone calls using a telephone trolley.

T.V. aerial points will be required in each bedroom and in day/dining areas.

Facilities for patients to listen to public and hospital broadcasts will be 5-channel relay points in day areas and to all bedheads (for headphones).

Emergency lighting will be provided by a central hospital system and handlamps.

A switchroom will be required, located centrally.

4.13 Communications and other engineering services (contd.) p.26

Domestic gas will be required in the A.D.L. kitchen and will be supplied by bottled gas cylinders.

Piped medical gases and vacuum will be required in single and multi-bed spaces of the Type A nursing section and in single rooms of the Type B nursing section. p.27

Drinking water must be available at all cold water taps and mechanical ventilation will be required in bathrooms and WCs and treatment areas.

Fire alarms, smoke doors and fire fighting equipment will be provided in accordance with decisions made by the architect, engineer and local fire authority officer.

5. General design requirements p.28

Activity spaces that may be used for more than one function or purpose are: quiet day room, treatment/bathroom, relatives' room, day/dining room, seminar room and doctors' office/interview room.

Activity spaces that may be shared between two sections, if conveniently placed, are: cleaning, disposal, physiotherapy/occupational therapy, flower bay, equipment/supply and patients' relatives room.

Shared activity spaces must be properly equipped to serve two sections and must comply with fire precaution requirements. Also, they must not involve staff in long traffic routes.

Internal areas should be limited to service rooms, spaces infrequently occupied and spaces demanding a controlled environment.

Patients with failing eyesight may be assisted by providing good, even illumination (without glare); uniform diffused night illumination, simple colour-coding for furnishings, toilet doors, etc. and plain or bold patterned floor covering.

Deaf patients may be assisted by providing buzzers in preference to bells for audible signals and suitable facilities for interviewing in privacy.

Patients with limited mobility or physical ability may be assisted by allowing adequate circulation space for patients, who may be assisted by staff, with walking aids or in wheelchairs and by providing suitable taps, handrails and other fittings. Journeys from the bedside and day areas to toilets should be kept as short and direct as possible.

Incontinent patients may be assisted by providing beds and chairs which are easy to get out of and quick and easy access to WCs (i.e. maximum 12 metres distance).

The following areas may generate excessive noise: pantry, dirty utility, staff base and WCs. The effects of noise may be lessened by locating noise-generating areas away from bedrooms, isolating sound sources with sound containing partitions or doors, absorbing sound with acoustic materials and using soft floor finishes, curtains and other materials that do not reflect sound.

The following internal design features should be provided: p.30

- doorways and corridors designed for the use of wheelchairs and their circulation
- view panels in doors for wheelchair patients
- transoms across the sight-line of seated patients should be avoided in glazed doors and windows
- doors with level handles at 900mm height
- wardrobes and lockers, with easy-grip handles, accessible to standing and seated patients
- suitable steps and ramps (see B.N.)
- simple patient/nurse call systems
- radiators restricted to 50°C or protected
- suitable sanitary facilities (see B.N.)
- windows with suitable sill height and safety features
- handrails on long runs of wall
- fixed temperature hot water in patient areas (43°C)

5. General design requirements (contd.) p.30

Planning relationships that require particular attention within the nursing section are as follows:

- patients should be able to see and speak to staff and feel confident that staff can see them
- privacy is required at the bedside and is essential in all sanitary facilities
- day spaces should overlook a scene of activity or interest outside
- patient areas and the main support services should be associated with the staff base
- 50% of the beds should be close to the staff base, with the rest as closely related as possible
- sanitary facilities should not be grouped together at one end of the nursing section or remote from bedrooms and day spaces
- the distance between bedrooms and day spaces and WCs should not exceed 12 metres.

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[redacted] HOSPITAL (PHASE II) - ADD TRIAL - DESIGN BRIEF
ACCOMMODATION FOR ELDERLY PEOPLE - GERIATRIC DAY HOSPITAL

1. Scope of service and workload p.2

The day hospital will provide a service for patients who can remain in the community if supported by varying degrees of medical and nursing care and therapy in the day hospital; patients who are awaiting admission but for whom some investigation and treatment can be started in the day hospital; patients who still need some medical and nursing care and treatment or rehabilitation following a period of in-patient care and in-patients nearing discharge.

Facilities will be required in the day hospital for: patient consultation/examination; assessment in daily living; speech therapy; physiotherapy; occupational therapy; clinical and chiropody treatment; assisted bathing; dining and refreshments; hairdressing, seminars and case conferences and social work.

The population of the catchment area to be served by the day hospitals in the district is estimated to be 480,000, with 15% of elderly people (over 65 years), estimated at 72,000 in 1988. p.3

Facilities that may be used by in-patients include: activities for daily living unit, occupational therapy and hairdressing.
(Speech therapy - decision deferred - Action - Mr Froggatt)

2. Summary of Provision p.4

The total number of day hospital places provided on this site will be 40. Additional places to meet the district's need will be available at Derbyshire Royal Infirmary (40), Ilkeston Community Hospital (25) and other local hospitals (39).
These will provide a total of 144 day hospital places.

The day hospital will be open five days a week, from 09.00am to 17.00pm, and may also be open in the evenings and at weekends for in-patients.

3. Locational relationships with other areas of the hospital p.5

The day hospital will be sited on the ground floor with its own external entrance. It should be close to the nursing sections for elderly people and the rehabilitation facilities.

Access will be required from the day hospital to the main hospital complex, the hospital grounds and an outside area or garden. Access and parking facilities will be required for ambulances, emergency services, patients' and escorts' cars and disabled persons' vehicles. A canopy will be required for patients to alight under cover.

The order of priority for planning the geriatric day hospital near the other areas of the hospital are:

1. rehabilitation facilities
2. main access road/parking
3. nursing sections for elderly people
4. out-patients department.
5. X-ray department

4.1 Patient reception and documentation p.6

Patients will travel to the day hospital by ambulance (in groups), by car or by public transport.

Patients may arrive on foot, with walking aids or in a wheelchair. On arrival they may require the use of a walking aid, a wheelchair or WC facilities. They may be accompanied on arrival by friends, relatives or escorts.

Facilities required at the entrance will include: a draught lobby; reception area; clothes hanging; WCs; waiting area and parking for wheelchair/walking aids.

Reception will be carried out from an office with an open counter, suitable for wheelchair patients, and this office will also be used for general administration, supervision of the whole entrance area, viewing the vehicular approach to the entrance and storage of current day-patients records.

Clothes hanging facilities should be provided in a bay or recess visible from reception and patients' valuables and personal possessions may be left in a lockable cupboard in the reception office.

Patients' medical records will be compiled in the day hospital and will be kept in the day hospital for all current day patients.

4.2 Patients' facilities - Examination and treatment p.8

Patients will be examined in a consulting/examination suite.

Enemas and other similar treatments, and clinical procedures associated with stoma care, will be carried out in a treatment room with WC *en suite*. Other clinical procedures will be carried out in a treatment room.

Patients may be treated lying down, seated on a chair or in a wheelchair.

Chiropody treatment will be carried out in the treatment room.

(POLICY DECISION: Some patients will be treated in the Chiropody Room to be provided in Phase I of the Derby City Hospital Development.)

4.3 Patients' facilities - Sitting space p.9

Patients who need to rest will use a general sitting space, a quiet space or a couch or bed in a consulting room.

The general sitting space will be used for patients to rest after meals or treatment, patients waiting for transport and group therapy and social activities and should be planned adjacent to the dining area.

The quiet space should not be remote from staff supervision

A trolley shop should be allocated space in the sitting area.

4.4 Patients' facilities - Sanitary

p.10

WC facilities will be provided in the ratio of one WC per 6.5 places (excluding bathrooms and showers) taking into account a minimal walking distance of 12m from day spaces, consulting/treatment or remedial therapy areas.

A WC suitable for collecting specimens should be sited near the dirty utility and other sanitary facilities required will be an assisted bathroom and WC and hairdressing facilities.

(POLICY DECISION: A separate shower will not be provided.)

4.5 Patients' facilities - Remedial therapy

p.11

Activities for daily living:

Facilities for the assessment and training of the elderly in the activities for daily living unit required will include a bathroom, a bedroom, a kitchen and a utility/laundry room and access will be required from the main occupational therapy space.

Clothes washing will be carried out in the utility/laundry room.

Occupational therapy:

Occupational therapy activities will take place in a specific occupational therapy area, the activities for daily living suite or external courtyards of the hospital grounds. These activities may include light woodwork, handicrafts, printing, gardening and outdoor activities.

Facilities will be required for cleaning equipment, hand washing and storage of work in progress, tools and materials.

Physiotherapy:

p.12

Physiotherapy will be carried out in a specific area equipped for group therapy and individual therapy. Individual treatment will take place in curtained cubicles.

Facilities will be required for staff hand washing and storage of small items of equipment and access will be required from the sitting space.

Counselling of patients by therapists will take place in an office shared between a senior occupational therapist and a senior physiotherapist.

4.6 Catering

p.13

Patients' meals will be distributed by bulk food trolley service and will be served by nursing and other staff. Patients will eat their meals in a separate dining area.

Beverages for patients will be prepared in the day hospital pantry, but facilities for keeping individual meals hot will be provided by the central catering service.

Facilities will be required in the pantry for the storage of dry foods, milk (Milkpak: fridge), limited storage of crockery and cutlery and parking for a catering trolley.

Washing up will be carried out centrally by the catering service and in the pantry for beverage and small utensils.

Staff will take their main meals in the staff restaurant/dining room and beverages/light snacks in the snack bar or in the seminar/staff room of the day hospital.

4.7 Supply and Storage

p.14

Supply deliveries controlled by a topping-up system will be: sterile supplies; linen; medical and surgical sundries; cleaning materials, catering provisions (both milk and dry goods) and bulk disposables.

Supply deliveries controlled by a requisition system will be: pharmacy supplies; hardware and crockery; stationery.

Linen supply will be by topping-up.

The frequency at which supplies will be delivered will be:

- sterile supplies (including syringes), linen, pharmacy supplies and catering provisions (both milk and dry goods) - daily
- medical and surgical sundries and bulk disposables - twice weekly
- cleaning materials and stationery - weekly
- hardware and crockery - as required

4.7 Supply and storage (contd.) p.15

The number of days' supply held will be:
- pharmacy supplies (variable according to product) - 1 day
- catering provisions (milk) - 2 days
- sterile supplies (including syringes); linen; medical and surgical sundries; cleaning materials and bulk disposables - 4 days
- catering provisions (dry goods) - 10 days
- hardware and crockery; stationery - 14 days

Controlled drugs, medicines and pharmacy supplies will be stored in the treatment room(s) and on the drugs trolley.

Patients' personal clothing for emergency use will be stored in the day hospital linen/clothing store.

Wheelchairs and walking aids will be parked near the entrance to the day hospital.

Remedial therapy equipment (including occupational therapy materials and equipment and physiotherapy equipment and walking aids) will be stored as appropriate.

4.8 Disposal and cleaning p.16

The system of disposal will be colour-coded bags for soiled linen, soiled dressings, C.S.S.D. items and waste for destruction. C.S.S.D. items and returnable items will be in labelled containers.

Soiled linen will be collected daily. Materials for disposal or reprocessing will be stored either at the disposal point or temporarily in the dirty utility area before transfer to the disposal point. - (This depends on the design of the department.)

Pathology specimens will be collected by messenger as required and will await collection in a refrigerator in the dirty utility area.

Urine testing facilities will be required in a dirty utility.

Hand-drying in WC facilities will be by disposable towels for patients and hot-air hand dryers for staff.

Disposable sanitary items used will include sputum containers and vomit bowls.

The cleansing and disinfecting of some items of equipment may be carried out in the dirty utility area.

Facilities for washing patients' personal clothing will be available in the dirty utility area and (subject to confirmation) the O.T. kitchen.

Cleaning will be carried out partially by domestic staff working exclusively in the day hospital and partially by teams working outside busy periods. A cleaners' room/bay will be required but its location is not critical.

4.9 Staff facilities - Day hospital administration p.18

The day-to-day general management of the day hospital will be the responsibility of a sister/charge nurse, who will require an office. Offices will also be required in the day hospital for general use of staff from the hospital, community and social services who need confidential/interview facilities and for remedial therapists (a shared facility).

Medical secretary/typing facilities will be available centrally, with additional secretarial facilities in the geriatric administrative centre and also in the day hospital. Hand-held machines will be used for dictation.

Multi-disciplinary and other meetings will take place in a staff/seminar room.

4.10 Staff facilities - Education p.19

Clinical instruction and teaching will be carried out in the day hospital for statutory nurse training, physiotherapy and occupational therapy staff training. This instruction will take place in the seminar/staff room of the day hospital or the education centre.

Instruction and advice to relatives may be given in the activities for daily living suite, a treatment room or the interview room.

4.11 Staffing

p.20

NURSING STAFF: estimated numbers are as follows:

	Part-time	full-time	WTE
sister/charge nurse	-	1	1.00
staff nurses	1	1	1.50
state enrolled nurses	2	2	3.00
learners		4	4.00
auxiliaries	3	2	4.09
clinical teachers	1	-	0.93
TOTAL:	7	10	14.52

MEDICAL STAFF: estimated numbers are as follows:

	Part-time	full-time	WTE
consultants			
junior doctors	(DECISION DEFERRED		
medical assistants	ACTION - Dr Clow)		
clinical assistants			
TOTAL:			

PARAMEDICAL/PROFESSIONAL STAFF: estimated numbers are as follows:

	Part-time	full-time	WTE
chiropodist	1	1	0.5
social workers	-	1	1.0
occupational therapist	-	1	1.0
occupational therapy aides	2	1	2.0
physiotherapist	-	2	2.0
physiotherapy aides	-	1	1.0
speech therapist	-	-	-
hairdresser	1	1	1.5
foot care assistant	1	-	0.5
TOTAL:	5	7	9.5

ADMINISTRATIVE STAFF: estimated numbers are as follows:

	Part-time	full-time	WTE
clerk/receptionist for reception area		2	2

Porters will be provided, seconded to the day hospital from central portering services.

A domestic supervisor will be responsible for organising domestic services.

ADMINISTRATIVE/ANCILLARY STAFF: estimated numbers are as follows:

	Part-time	full-time	WTE
housekeeper	-	-	-
clerk/receptionist	-	2	2.00
secretary/typist	-	-	-
domestic assistants	2	-	0.75
porters	-	1	1.00
TOTAL:	2	3	3.75

The number of voluntary workers in the department will normally be 3 (exceptionally, 6) and they may be used for various activities, as required.

4.12 Staff facilities

p.22

The approximate number of staff working in the day hospital during a peak is estimated, for planning purposes, to be:

Male	(DECISION DEFERRED - Action Mr Froggatt
Female	Mr Tibble/Mrs Dewar
TOTAL:	Dr Clow)

Staff will use sub-central changing for the geriatric department and rest room facilities will be provided in the seminar/staff room of the day hospital. Separate changing facilities will be required for male staff, and these will also be situated in the sub-central changing area.

4.12 Staff facilities (contd.) p.22

Administrative staff will use WC/hand-rinse facilities provided in the day hospital.

Case conferences and staff meetings will be held in the seminar/staff room.

4.13 Communications and other engineering services p.23

Telephone communication will be provided by an appropriate PABX system with suitable barring.

Staff location will be via pocket receivers issued to all essential staff on a VHF/UHF system.

Patient/nurse call facilities will be required in the bathroom, showers and WCs and the treatment rooms, including the treatment room with WC. Staff/staff call facilities will be required in day/dining areas, in the quiet room, in the bathroom, showers and WCs and the treatment room(s).

Green master indicating lights of the call systems should be sited in the reception area and at the staff base. Warning indicator lights should be provided for the controlled drugs cupboard, with a repeater to staff base if controlled drugs cupboard is not situated there.

T.V. aerial points will be required in sitting areas and the quiet room. Facilities for patients to listen to public radio will by portable radio. p.24

Emergency lighting will be provided in the department by a central hospital system. A switchroom will be required, located centrally in the department.

Domestic gas will be required in the A.D.L. unit and will be supplied by gas cylinders.

Oxygen and vacuum will be supplied by mobile equipment.

Drinking water must be available at all cold water taps.

Natural ventilation should be used where appropriate, but mechanical ventilation will be required in bathrooms and WCs, treatment room(s) and dirty utility areas.

Fire alarms, smoke doors, and fire fighting equipment will be provided in accordance with decisions made by the architect, engineer and local fire authority officer.

5. General design requirements p.25

Economy of space may be achieved by planning spaces to be used more intensively and for more than one function or purpose. Spaces that may be used for more than one function or purpose are the office/interview room, sitting and dining spaces, speech therapy and consulting/examination, treatment room and seminar/staff room. These shared activity spaces must, however, be properly equipped to serve the required functions and comply with fire precaution requirements. Also, they must not involve staff in long traffic routes.

Internal areas should be limited to service rooms, spaces infrequently used or spaces demanding a controlled environment.

The following internal design features should be provided:

- doorways and corridors designed for the use of wheelchairs and their circulation
- view panels in doors for wheelchair patients
- transoms across the sight-line of seated patients should be avoided in glazed doors and windows
- doors with lever handles at 900mm height
- wardrobes and lockers, with easy-grip handles, accessible to standing and seated patients
- suitable steps and ramps (see B.N.)
- simple patient/nurse call systems
- radiators restricted to 50°C or protected
- suitable sanitary fittings (see B.N.)
- windows with suitable sill height and safety features
- handrails on long runs of wall
- mechanical aids storage reasonably close to bed areas and space for their use
- fixed temperature hot water in patient areas - 43°C

The accommodation provided in the day hospital should be provided in the following main space groupings: entrance/reception/records; dining/sitting/pantry; occupational therapy and physiotherapy; consulting/treatment and service area and outdoor areas. p.26

The central core of the day hospital should be the dining, sitting and pantry spaces.

Patients with failing eyosight may be assisted by providing good, even illumination (without glare), simple colour-coding for furnishings, toilet doors, etc. and plain or bold patterned floor covering.

Deaf patients may be assisted by providing buzzers in preference to bells for audible signals and suitable facilities for interviewing in privacy.

Patients with limited mobility or physical ability may be assisted by allowing adequate circulation space for patients, who may be assisted by staff, with walking aids or in wheelchairs and by providing suitable taps, handrails and other fittings. Journeys from the sitting/dining areas to toilets should be kept as short and direct as possible.

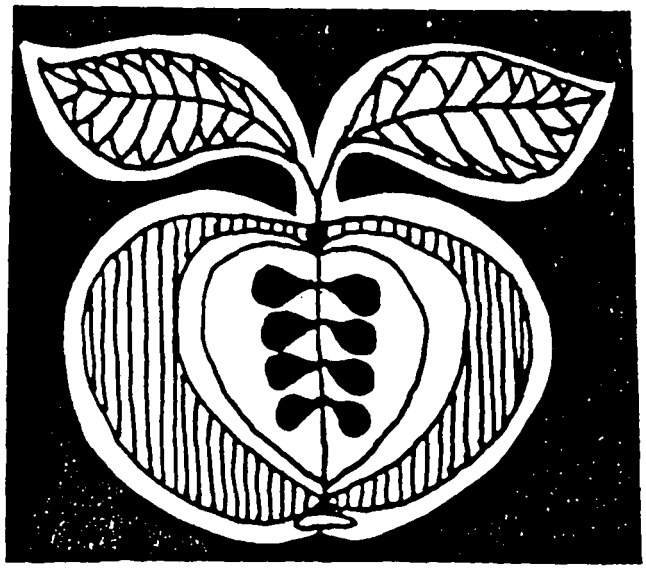
Incontinent patients may be assisted by providing quick and easy access to WCs, and chairs which are easy to get out of.

6. Administration Centre - Dept.of Geriatric Medicine p.28

The clinical administration of the district geriatric services will be carried out in an administrative centre at Derby City Hospital and at Derbyshire Royal Infirmary. The administrative centre will be sited centrally for the geriatric department and will be concerned with: the use of all beds for elderly patients in the district; general liaison in respect of day- and in-patients; the organisation of visits to elderly patients under other consultants; requests for domiciliary visits; day-to-day liaison and co-ordination with members of primary health care teams, social workers, etc. and the organisation of more formal case conferences.

Offices will be provided in the administrative centre for each whole time/maximum part-time consultant and senior registrars (with main base here); supporting secretarial/clerical/typing staff; full-time social workers and part-time social workers on a shared basis; nursing officers.

WC and hand-rinse facilities will be required for staff working in the administration centre, where other convenient accommodation cannot be shared.



designBriefingsystem

AN AID TO BRIEFING

departmentofhealth
andsocialsecurity

Introduction to the Design Briefing System document - An Aid to Briefing (DHSS, 1984)

INTRODUCTION

The Preparation of design briefs for health buildings can be simplified by using a briefing aid produced by the Department of Health. Called Design Briefing System, or DBS for short. It helps project teams to identify user requirements in a logical well-considered manner.

1. WHAT DBS PROVIDES

The System adopts a disciplined check list approach, identifying the planning decisions which need to be made. It is adaptable to the needs of individual project teams. A range of appropriate planning options is provided on the right hand pages of each DBS document, together with extracts of associated guidance from Health Building Guidance Notes (HBNs) on the left (Figures 1 & 2). There is a simple referencing system which allows cross checking for compatability of decisions made, and tracing throughout each document the consequences of changing decisions. They are arranged so that project team members can make their own record of decisions in the document itself mostly by ticking options, or entering additional text in the appropriate place. The brief is then typed directly from the completed Master document, supplemented where necessary with information from project team minutes.

2. Using DBS encourages project teams to consider the compatability of decisions in a systematic and logical manner, thereby preparing a brief containing adequate detail of the user requirements. This should help to improve those areas in which some past designs have been deficient. For example, the provision of inadequate access or space; inadequate storage facilities.

3. DBS is primarily concerned with the detailed briefing stage of a project - preparation of the client/users contributions to a comprehensive design brief. In addition to providing information to the designer, the brief is useful at the commissioning stage, and for evaluation when the building has been in use for a period.

4. The use of DBS enables client/user requirements to be stated clearly and concisely by the project team, not only in respect of accommodation, but also how that accommodation is to be used. Furthermore, during refinement of the brief, use of DBS enables a check to be made on the implications of modifications resulting from previous client/user decisions, i.e. it establishes a systematic data chain which can be referred to if at some subsequent stage it is necessary to trace back the reason for decisions. It must be borne in mind, however, that DBS options are not costed, and while providing the cost planner with earlier and more detailed information regarding the client/user requirements, DBS in itself does not assist in matching these with the money available.

5. The project team shown in the introductory videotape were using the DBS document 'Hospital Accommodation for Elderly People' to prepare a brief for an addition to existing buildings. Further DBS documents covering the

needs of various hospital departments will be issued with new or revised Health Building Notes as they are produced. These include Accommodation for Staff Changing, Accommodation for Children, X-ray and, Accident and Emergency. Later it is planned to link these with a document which assembles information of whole hospital policies.

6. *DBS DOCUMENTS ARE INTENDED TO BE USED AS AN AIDE MEMOIRE IN CONJUNCTION WITH THE ASSOCIATED HEALTH BUILDING NOTE AND OTHER GUIDANCE ISSUED BY THE DEPARTMENT, AND SHOULD NOT BE REGARDED AS TAKING THE PLACE OF SUCH GUIDANCE.*

THE DBS METHOD

7. USING THE DOCUMENT EFFECTIVELY

There are two parts to the document. The first part requires decisions to be taken, lists the options available, and includes extracts of relevant guidance from the Health Building Note (Figures 1, 2, 5, & 6). The second part lists activity spaces (or rooms) from which a selection can be made based on the decisions recorded in the first part. (Figures 3 and 4)

8. FLEXIBLE USE

Above all, it is intended that the system should be used flexibly. Although the documents anticipate the planning decisions which need to be considered, and carefully phrase the choices so that the design brief can be prepared directly from the document, the project team can add other decisions, options, and notes, or change the phrasing of existing ones to suit the project's requirements.

9. DISTRIBUTION

A copy of the appropriate DBS document should be given to each member of the project team well before the first meeting where it is to be used. A master copy should be held by the project team secretary to record agreed decisions from which the brief is prepared.

10. PLANNING THE MEETINGS

It is important that each member of the project team should read their copy of the DBS document, and the associated Health Building Note, before the first planning decisions which have to be made and helps to place the sequence of the decisions discussed at meeting in the right context.

The document can be used also, especially by the secretary or chairman of the team, to prepare the agenda of meetings and to arrange in advance for the attendance (or at least the views to be obtained) of representatives of specialist users (e.g. dentists, pharmacists, domestic services manager) when a particular service is being discussed.

11. BETWEEN MEETINGS

Individual project team members can be assigned to specific parts of the document to consider between meetings. This feature can be used to obtain relevant information, to stimulate and focus attention on necessary fact-finding studies. It also highlights groups of decisions for members to work on, individually or in consultation with colleagues or other specialists.

12. MEMBER'S RECORD OF MEETINGS

Each member of the project team should record in their own copy of the DBS document the

decisions agreed at meetings so that;

a) a clear, immediate record of AGREED decisions is taken away from each project meeting, rather than having to wait for meeting minutes (which have not been confirmed and may not always reflect accurately the decisions made);

b) one continuous record of up-to-date decisions is held by each team member rather than having records of decisions taken (and often revised) at various times embedded in a series of minutes (which may, in turn, be inaccurate).

13. This feature is especially important (at outside the project meetings) when considering decisions which may have been amended by decisions made previously, and when checking that any interim or draft design briefs accurately reflect the latest agreed decisions. If members are absent from a particular meeting then arrangements must be made for them to update their own DBS document.

14. MEETING MINUTES

Minutes need only concentrate on the background leading up to the decisions made (and recorded in the DBS document) at project team meetings. If it is decided that parts of the minutes should be included in the client brief as supporting information, a note should be made alongside the relevant parts of the minutes which are to be added to the brief.

15. CROSS-REFERENCING

This is explained in detail in paragraph 27. It enables decisions to be cross-checked and is an important feature especially in helping to review the implications made at previous meetings.

16. DESIGN BRIEF CONTENT

The primary aim of the brief prepared from a DBS document is to record the client/user requirements for a health building. The brief should be as unequivocal as possible to enable the design team to interpret their requirements into a design.

17. In addition, the brief will contain background information for designers and provide the basis for the commissioning and evaluation of the building. The organisational decisions included in DBS documents form an important aspect of this. The project team may decide also to include some extra background information from meeting minutes and this should be carefully noted in the Master DBS document.

18. Any brief (whether interim or complete) should be typed directly from the Master DBS document (with supporting parts of minutes included as notes). This helps to ensure that the draft is as up-to-date and as complete as possible. It is also easier for all members of the team to check its accuracy. The draft can then be agreed and edited before issue outside the project team.

AN EXAMPLE OF PART OF A BRIEF TYPED FROM ONE PAGE OF A DBS DOCUMENT IS REPRODUCED IN THE APPENDIX.

19. PREPARATION OF PART 2

Part 1 should be COMPLETE before selecting the detailed accommodation required (activity spaces) in Part 2. The secretary or chairman of the team can use part 2 to ensure that a thorough check is

carried out of the detailed implications of planning decisions recorded in Part 1. The choice of activity spaces and data sheets in draft form can then be made by a small sub group of the planning team or subsequent ratification by the full team.

20. USE AFTER THE BRIEF IS PREPARED

The Master copy of the completed DBS document should be retained (and kept up-to-date with any changes) as part of the project documentation after the design brief has been agreed, so that:

a) any subsequent changes in the brief or design which may be necessary during the project design stage can be fully checked out for their implications using the cross-referencing features of the DBS document;

b) it forms the basis for preparing operational manuals, initialising training programmes, etc. during commissioning, is available in the DBS document and the design brief;

c) a true evaluation can be made between the completed building and the intentions recorded in the design brief;

d) when considering any future building changes, upgrading or project phases, this DBS document (together with any other DBS documents for the project) are readily available to help ensure that new planning decisions are compatible with existing accommodation that has already been planned (but not yet built).

COMPLETION OF THE DOCUMENT

22. CONTENT

The planning decisions in DBS documents are structured as follows:

- General Philosophy and considerations which is a summary of general philisophy of the service provided and general points that require consideration;

- Scope of Service and Workload, which sets out the scope of service provided and its workload;

- Locational Relationships with other areas of the hospital;

- Organisation of Service, which sets out detailed operational policy decisions under several subheadings. Planning decisions in this sector have a direct implication on one or more of the following;

  - Design, i.e. affect the the type and quantity of the detailed facilities to be provided;

  - Operational policy, i.e. state operational procedures or staffing decisions which can be used as a reference point for commissioning or evaluation.

- General Design Requirements, which state any over riding requirements which are not specified elsewhere in the design brief.

23. PRESENTATION OF INFORMATION

Except for the introductory section - General Philosophy - all sections of the DBS document contain a set of

options/planning decisions (shown on the right-hand pages (Figure 1) together with extracts of any relevant planning guidance material (shown on the left-hand pages Figure 2), opposite the appropriate options/decisions.

24. GUIDANCE

The primary objective of the extracts of guidance material on the left-hand page is to remind the project team of the appropriate section of the Health Building Note which must be taken into account before specific options on the opposite page are selected.

25. Paragraphs of guidance dealing with cost effectiveness are highlighted in bold italic type (Figures 1 & 3), to alert the project team to the capital and running cost implication of certain decisions.

26. PLANNING DECISIONS

For most planning decisions a set of possible options is shown. The project team select the options by ticking in the boxes alongside. Where appropriate they will quantify their choice and at any point they can enter other decisions, options or further information to be included in the brief.

27. A simple referencing system is incorporated which allows cross-checking for compatability of decisions made. This reference relates to the page number (top right-hand corner) and the 'REF' column letter. For example, on page 13 of the DBS document 'Accommodation for Elderly People' (Figure 6), under reference 'B' - Patients relatives who need to stay overnight will be accommodated (a) in a relatives room. The unique reference for this option if selected is 13B(a), to which can be added the generic code for that DBS document 'GER', making in all GER13B(a). At the side of this option, in the 'earlier decision' column, reference 6D identifies other previous decisions in the document which are related to, or have a bearing on the decisions being made - e.g. on page 6 option D. Similarly, on page 4 (Figure 2) option A - summary of provision of inpatient beds - the earlier decision references 3A and 3B identifies the relevant earlier decisions.

28. The references in the 'EARLIER DECISION' columns (which are already printed in the document) may be used in the following ways.

- to check when making a decision that previous decisions are compatible;
- to check all the relevant consequences of doing so when proposing to change a decision.

DHSS DBS	DESIGN BRIEFING SYSTEM DECISIONS ACCOMMODATION FOR ELDERLY PEOPLE - IN-PATIENTS	PLANNING UNIT/DEPT GER	PAGE 5

EARLIER DECISION	REF	4. LOCATIONAL RELATIONSHIPS WITH OTHER AREAS OF THE HOSPITAL
	A	The geriatric in-patient section(s) will be located: (a) adjacent to the Geriatric Day Hospital ☑ (b) (c)
	B	The accommodation will be sited: (a) on the ground floor ☑ (b)
	C	Access will be required to: (a) the main hospital street ☑ (b) the hospital grounds ☐ (c) an outside area or garden ☑ (d)
	D	Access and parking facilities will be required for: (a) ambulances ☑ (b) patients' and escorts' cars ☑ (c) disabled persons' vehicles ☑ (d) staff ☑ (e) supply vehicles ☑ (f) emergency services ☑ (g)
	E	The order of priority for planning the Geriatric In-Patients section(s) near the other areas of the hospital is (INDICATE PRIORITIES IN NUMERICAL ORDER): (a) Geriatric Day Hospital [1] (b) Rehabilitation Department [2] (c) Out-patient Department [4] (d) X-ray Department [3] (e) Clinical Measurement [5] (f) (g) (h)

EXAMPLE OF ONE WAY IN WHICH A SELECTION OF A BRIEF COULD BE TYPED FROM THE OPTIONS PAGE OPPOSITE.

4. LOCATIONAL RELATIONSHIPS WITH OTHER AREAS OF THE HOSPITAL

The geriatric in-patient section(s) will be located:
- adjacent to the Geriatric Day Hospital.

The accommodation will be sited:
- on the ground floor.

Access will be required to:

- the main hospital street
- an outside area or garden

Access and parking facilities will be required for:

- ambulances
- patients' and escorts' cars
- disabled persons' vehicles
- staff
- supply vehicles
- emergency services.

The order of priority for planning the Geriatric In-Patients section(s) SE near the other areas of the hospital is:

- Geriatric Day Hospital
- Rehabilitation Department
- X-ray Department
- Out-Patient Department
- Clinical Measurement

Fig. 1

DHSS DBS	ACCOMMODATION FOR ELDERLY PEOPLE - IN-PATIENTS GUIDANCE	PAGE 4

3. SUMMARY OF PROVISION

IN-PATIENT PROVISION

The proportions of elderly people in the population vary greatly in different parts of the country. It is therefore essential to relate the provision of hospital services to actual numbers of elderly people in the district rather than to total population and to take account of the extent to which these fall within the upper age groups.

Guidance on provision of geriatric beds was issued in 1971 (DS 329/71). Health authorities will need to bear in mind the Department's view that an effective geriatric service requires the provision of at least 3 beds per 1,000 people aged 65 and over in the main DGH for acute treatment and a further 2:1,000 for active rehabilitation, preferably in the DGH but otherwise in a general hospital with appropriate facilities.

The main functional elements comprise:

a. in-patient services - the recommended size of each nursing section is 24 beds;
b. day hospital - units, normally on the sites of DGHs or community hospitals, where investigation, treatment and rehabilitation can take place (the information provided covers day hospitals for 40 and 25 places) (see DBS Geriatric Day Hospital).
c. administration - an administrative centre for the district service to elderly people, including an appropriate amount of office accommodation for local authority social workers (see DBS Geriatric Day Hospital).

THE FACILITIES NEEDED FOR EACH GROUP OF PATIENTS AND BY STAFF CARING FOR THEM HAVE A FEW DIFFERENCES WHICH JUSTIFY MAKING PROVISION FOR TWO TYPES OF NURSING SECTION. NEITHER OF THE NURSING SECTIONS SHOULD CONTAIN MORE THAN 24 BEDS. (HBN, para. 3.31)

Fig. 2

DHSS DBS	DESIGN BRIEFING SYSTEM DECISIONS ACCOMMODATION FOR ELDERLY PEOPLE - IN-PATIENTS	PLANNING UNIT/DEPT GER	PAGE 1

EARLIER DECISION	REF	5. SUMMARY OF PROVISION
	A	The total number of in-patient beds provided in the health district for geriatric medicine are/will be

		Existing		Additional to be provided	
		No. of beds	/ location	No. of beds	/ location
3A,3B	(a) acutely ill/active rehabilitation and treatment				
	TOTAL				
3A,3B	(b) continuing care				
	TOTAL				

	B	These will be provided in the following types of nursing sections: (a) type A, for those requiring active treatment ☐ (b) type B, for those requiring continuing active treatment or rehabilitation and slower stream remedial therapy and continuing care ☐ (c)
	C	The number of nursing sections required will be: (a) type A _____, situated (SPECIFY WHERE) _____ (b) type B _____, situated (SPECIFY WHERE) _____ (c)
	D	The number of beds in each will be: (a) type A _____ (b) type B _____

SINGLE BEDROOMS

Each nursing section should contain 2-4 single rooms to accommodate:
a. high dependency patients
b. those likely to disturb others
c. those needing segregation for clinical or other purposes;
and to increase the flexibility in the use of the section in allocating accommodation between the sexes. Two rooms should be sound-contained where patients who may be noisy can be nursed without disturbing others and at least two of these single rooms should be sited near to the staff base. If there is no provision for isolation elsewhere in the hospital, one room should have a W.C. *en suite*. (HBN, paras 3.44-3.49)

MULTI-BED BEDROOMS

The number of multi-bed bedrooms and the number of beds within them may be influenced by local preferences and, in the upgrading situation, by structural constraints. Preferably they should contain 4-6 beds. "Type A" could have two 5-bed rooms which would incorporate a small amount of sitting space for high dependency patients. The provision of a 2-bed room or two adjacent single rooms with a communicating door which can be used by close relatives or friends is a matter which will need to be decided locally. (HBN, paras 3.50-3.57)

PATIENTS' CLOTHING

Storage will be required for patients' personal clothing and any hospital clothing which may be allocated for their use. It is desirable that patients should not be separated from their personal possessions whilst in hospital and therefore storage within each patient's bed space or single room is preferred. This can be achieved by providing a fixed bedside wardrobe for hanging day-to-day clothing and storing a small suitcase, with a small bedside locker for holding small articles such as towel, water jug and glass. A mobile locker/wardrobe has limited capacity and additionally requires secure suitcase and clothing storage elsewhere within the nursing section. (HBN, para. 3.58)

RELATIVES' ROOM

Accommodation is required where the relatives of patients who are seriously ill can rest during the day and sleep overnight. It should be remembered that the relatives themselves may be elderly and disabled.

Rooms should be sited with other relatives' rooms, near to sanitary facilities, but not too isolated from staff. (HBN, para. 3.129)

Fig. 3

DHSS DBS	DESIGN BRIEFING SYSTEM DECISIONS ACCOMMODATION FOR ELDERLY PEOPLE - IN-PATIENTS	PLANNING UNIT/DEPT GER	PAGE 101

THE BEDSPACES TO BE PROVIDED IN EACH TYPE A NURSING SECTION WILL BE:

EARLIER DECISION	REF	ACTIVITY SPACE	NO	A SHEET	LOCATIONAL RELATIONSHIP	✓
4, 8, 9A/B	A					
10A, 11, 13A, 14C	B	SINGLE BEDROOM		B0107		
21B/C,	C					
25D/E,	D	SINGLE BEDROOM (W.C. *en suite*)		B0105		
26A-D, 27A/B/C	E				Essential that 50% of beds are close to	
	F				staff base, with remaining beds as closely	
	G				related to staff base as possible	
4, 8, 9A/B	H	MULTI-BED SPACES - 3 BEDS		B0207		
10A, 11	I	- 5 BEDS		B0211		
12A, 13A	J	- 6 BEDS		B0213		
14C, 21B/C	K					
25D/E	L					
26B/C/D	M					
27A	N					
	O					
6D	P	RELATIVES' ROOM		B1302		
13B/C/D	Q					
	R					
	S					

Fig. 4

Fig. 5

DHSS DBS	ACCOMMODATION FOR ELDERLY PEOPLE - IN-PATIENTS GUIDANCE	PAGE 13

5.6 PATIENTS FACILITIES - RELATIVES/INTERVIEW

RELATIVES' ROOM

Accommodation is required where the relatives of patients who are seriously ill can rest during the day and sleep overnight. It should be remembered that the relatives themselves may be elderly and disabled

THE ACTUAL NUMBER OF ROOMS NEEDED SHOULD BE ASSESSED IN RELATION TO SIMILAR ACCOMMODATION REQUIREMENTS FOR THE WHOLE HOSPITAL COMPLEX AND SHOULD BE PROVIDED ON A SHARED BASIS BETWEEN SECTIONS, AND, IF APPROPRIATE, OTHER HOSPITAL DEPARTMENTS.

Rooms should be sited with other relatives' rooms, near to sanitary facilities, but not too isolated from staff.
(HBN, para. 3.129)

Fig. 6

DHSS DBS	DESIGN BRIEFING SYSTEM DECISIONS ACCOMMODATION FOR ELDERLY PEOPLE - IN-PATIENTS	PLANNING UNIT/DEPT. GER	PAGE 13

EARLIER DECISION	REF	5.6 PATIENTS' FACILITIES - RELATIVES/INTERVIEW
	A	Interviews (e.g. medical social worker or chaplain) may take place: (a) at the bedside (b) in the nursing section office (c) in any office/room available in the section (d)
6D	B	Patients' relatives who need to stay overnight will be accommodated: (a) in a relatives' room (b)
6D	C	Relatives' room(s) will be provided: (a) on a shared basis between sections (b) on a shared basis with other departments (c)
6J	D	And will be sited: (a) with other relatives' rooms (b)

ISSUE RELATED TO NEW HBN'S **A**

ADB	ACTIVITY SPACE DATA SHEET	B0211
ORIGIN DHSS	DATE FEB 1980	
ACTIVITY SPACE NAME	ADULT ACUTE/GERIATRIC MULTI BED, 5 BED ROOM, O_2 and SUCTION, WARDROBE	PROJECT CODE

ACTIVITY UNIT SELECTION			
	1	CLEANSING clinical handwashing	A02AH
	4	BED/COT CARE bedside wardrobe 2 socket outlets	A26BF
	1	BED/COT CARE bedside wardrobe, oxygen and suction 2 socket outlets	A26BH
	2*	CHAIR semi easy high back	C04CH
	1	MIRROR wall mounted 1500x400mm	C17CA

FUNCTIONAL DESIGN REQUIREMENTS

FACILITIES needed for the following activities

i) Medical and nursing care for patients who may arrive at their bedside in a wheelchair, a stretcher trolley or in a bed.
ii) Patients to undress and dress in vicinity of bed.
iii) Patients in bed, or sitting in bed area, to receive therapeutic and clinical attention from health team staff.
iv) Patients to sit in bed area for therapeutic, social and recreational purposes
v) Patients to read, write, listen to radio, view TV and use external telephone.
vi) Patients to receive visitors.
vii) Patients to have privacy as required or requested.
viii) Storing patients clothing small suitcase and personal effects in bedside wardrobes and locker.
ix) Clinical handwashing.

NB* FINAL SELECTION OF CHAIR TYPES TO BE MADE AT PROJECT LEVEL.

PERSONNEL

5

ADDITIONAL EQUIPMENT OR ENGINEERING TERMINALS not associated with a specific activity unit

1 No Telephone jack point
1 No TV aerial outlet
1 No TV sound socket
2 No socket outlets, 13A switched, single
Curtain track - window, glazed partitions and bed cubicles
Green master indicator for nurse call system
Clock, synchronous

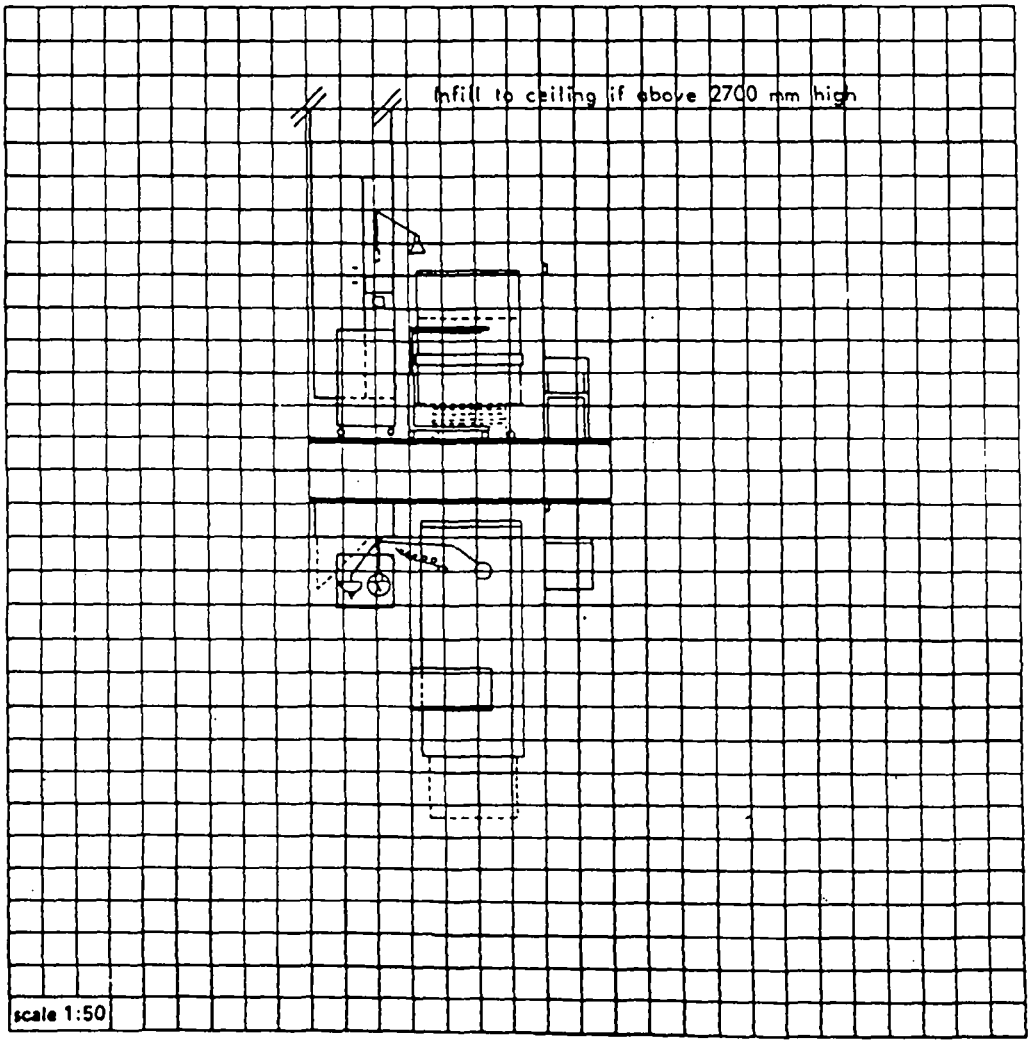
PLANNING RELATIONSHIP

Close to Staff Base and supporting ancillary rooms
Adjacent to WC and personal washing facilities

ISSUE RELATED TO NEW HBN's **B**

ADB	ACTIVITY UNIT DATA SHEET	A26BF
ORIGIN DHSS		DATE MARCH 1980
ACTIVITY UNIT TITLE	BED/COT CARE Bedside wardrobe 2 socket outlets	PROJECT CODE

Activities: Bed area to accommodate a patient who requires intermittent bedside care and observation but who will sit out in an easy chair brought into the bed area. Some medical and nursing procedures will be performed by 1-2 staff at the bedside using items of mobile equipment. Storage of personal clothing in bedside wardrobe.



B

A26BF

Group	Item	Qty	Size	Ref. No.
1	Hook, single, small, wall mounted	1		
	Bedside wardrobe, wall fixed, incorporating:-	1	2350 x 700	CDB 5/1
	Bedhead unit, Type A	1	x 300	
	Patients handset comprising:-	1		
	Nurse call push button			
	Reassurance light			
	Bed light switch			
	Stetophone headset outlet			
	Radio T.V. volume control			
	Radio T.V. selector switch			
	Light, bedhead, wardrobe mounted, tungsten, adjustable	1		
	Socket outlet, 13A, switched single	1		
2	Holder, thermometer, clinical, wall mounted	1		F0704
3	Bed, Kings Fund	1		TLK400
	Chair, stacking	1		THL110
	Locker, bedside, Type A, 960x455x490mm 3 compartments	1		TSL320
	Table, overbed, cantilever, BS 2483	1		TSW470
	Mattress, Kings Fund bed	1		VQM620

Design Briefing System: Hospital Accommodation for Children; complete document (reduced size) (DHSS, 1983)

DESIGN BRIEFING SYSTEM

HOSPITAL ACCOMMODATION FOR CHILDREN

Parts 1 and 2

Directorate of Development (Branch 1)
Euston Tower
286 Euston Road
London NW1 3DN

Date: July 1983

HOSPITAL ACCOMMODATION FOR CHILDREN

Part 1

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APPENDIX 14

GENERAL PHILOSOPHY

In the past two decades the greater knowledge of child development and the recognition of the fundamental emotional, as well as the physical, needs of children has created a more enlightened attitude to the care of children in hospital, bringing about radical changes in the attitude of staff and in the organisation of nursing sections (wards). All children, irrespective of their illness or requirements for specialist care, have these needs. They are best met by having children together in children's units, which allow them to be nursed by those who have the requisite qualifications and experience and who know the techniques required in the care of the sick child, which differ from those that apply to adult patients. It enables a children's physician to be responsible for the general management and oversight of the unit and the welfare of the children without any diminution of clinical responsibility of the consultant. Additionally, it makes it easier to arrange for education and play, unrestricted visiting and provision of accommodation for parents. It is disturbing to sick adults in general nursing sections to have ill children around them and the provision of separate accommodation obviates this.

In order that the special needs relating to children of different ages are given due consideration, it is important that doctors and nurses and remedial therapists with experience in the care of children, and with current responsibility for such care, should be involved from the initial stages in the planning of new accommodation.

EARLIER DECISION	REF	2. SCOPE OF SERVICE AND WORKLOAD
	A	The specialties served by the children's accommodation will include: (a) general medicine ☐ (b) general surgery ☐ (c) neo-natal surgery ☐ (d) orthopaedics ☐ (e) E.N.T. ☐ (f) ophthalmology ☐ (g) physically handicapped - long stay ☐ (h) handicapped children requiring detailed assessment ☐ (i) dermatology ☐ (j) psychiatry ☐ (k) treatment of major burns ☐ (l) plastic/reconstructive surgery ☐ (m)
	B	Children requiring neo-natal surgery will be nursed in: (a) the children's accommodation ☐ (b) the S.C.B.U. unit in the maternity department ☐ (c)
	C	Intensive therapy facilities will be available: (a) within the children's accommodation for infants and toddlers ☐ (b) in the intensive therapy unit for older children ☐ (c)
	D	Children with recognisable communicable diseases will be admitted to: (a) the children's accommodation ☐ (b) the hospital's isolation unit ☐ (c)

DHSS DBS	HOSPITAL ACCOMMODATION FOR CHILDREN GUIDANCE	PAGE 3

2. SCOPE OF SERVICE AND WORKLOAD (contd.)

The accommodation will need to provide for infants, toddlers, school-age children and adolescents and, as far as practicable, the design should take account of their varying needs. The daily fluctuations of bed occupancy, local needs of nursing management and unrestricted visiting are other factors to be taken into account. (HBN, para. 1.24)

The environmental aspects are developed in Chapter 2.

Ages of patients

Generally, children of both sexes from 1-16 years (up to the statutory minimum school leaving age) should be treated in children's accommodation. It is often convenient for children of similar ages to be grouped together but the arrangements need to be reasonably flexible and to take into consideration an individual child's illness and special needs, e.g. terminal illness. Older children, adolescents and very sick children need to be protected from undue disturbance by noisy toddlers and crying infants.

Accommodation within a nursing section is required for those who have reached puberty, which depends not so much on age in years but on mental and physical development, although there are circumstances (e.g. girls in hospital for confinement) where adolescents need to be accommodated in the appropriate adult nursing section. It is generally desirable that space should be available within the overall accommodation in which older children come together so that the common needs and interests of the group may be taken into account.
(HBN, paras 1.25, 1.26)

DHSS DBS	DESIGN BRIEFING SYSTEM DECISIONS HOSPITAL ACCOMMODATION FOR CHILDREN	PLANNING UNIT/DEPT CHI	PAGE 3

EARLIER DECISION	REF	2. SCOPE OF SERVICE AND WORKLOAD (contd.)
	A	The accommodation will include facilities for: (a) out-patients ☐ (b) comprehensive assessment and care ☐ (c) in-patients ☐ (d) day patients ☐ (e)
	B	Facilities will be required for: (a) infants ☐ (b) toddlers ☐ (c) school-age children ☐ (d) children of both sexes ☐ (e)
	C	The ages of children treated will be: (a) 1-16 years (up to the statutory minimum school-leaving age) ☐ (b)
	D	Special provision will be needed for: (a) children with special needs (e.g. terminal illness) ☐ (b) very sick children ☐ (c) crying infants ☐ (d) noisy toddlers ☐ (e) older children ☐ (f) adolescents ☐ (g)

DHSS DBS	HOSPITAL ACCOMMODATION FOR CHILDREN GUIDANCE	PAGE 4
2. SCOPE OF SERVICE AND WORKLOAD (contd.)		

Service Planning

The provision and use of beds for children vary widely among health authorities. The latest regional figures available suggest a range from 0.6 to 1.4 occupied beds per 1,000 population under age 16, with only three regions having more than 1.0 per 1,000. With current clinical practice, it is considered that an occupancy rate of 75% is the optimum to allow for flexibility in acute cases. This would indicate an average provision of about 11 beds per 1,000 population under age 16. (HBN, para. 1.13)

BEFORE ARRIVING AT A FINAL ASSESSMENT, AUTHORITIES SHOULD EXPLORE EACH OF THE VARIABLES INVOLVED AND CHALLENGE THEIR INITIAL ASSUMPTIONS ABOUT THESE WITH VIEW TO DETERMINING CON ALTERNATIVE ASSUMPTIONS MIGHT AFFECT THE OUTCOME. WHERE THIS LEADS TO A REDUCTION IN THE ESTIMATED ASSESMENT, AUTHORITIES SHOULD LOOK CAREFULLY AT THEIR LOCAL CIRCUMSTANCES TO DETERMINE WHETHER OR NOT THE ALTERNATIVE ASSUMPTION MIGHT NOT IF FACT BE A REASONABLE AND PRACTICAL ONE TO MAKE. (HBN, para. 1.16)

DHSS DBS	DESIGN BRIEFING SYSTEM DECISIONS — HOSPITAL ACCOMMODATION FOR CHILDREN	PLANNING UNIT/DEPT. CHI	PAGE 4

EARLIER DECISION	REF	2. SCOPE OF SERVICE AND WORKLOAD (contd.)
	A	The catchment area for the children's accommodation will be: (a) the district served by the DGH ☐ (b)
	B	The estimated population of the district served will be:

	19__	19__	19__
Total population			
Population 0-4 years (% of total)	___ __%	___ __%	___ __%
Population 5-10 years (% of total)	___ __%	___ __%	___ __%
Population 11-15 years (% of total)	___ __%	___ __%	___ __%

C The ratio for bed provision will be:

_____ per 1,000 total population (excluding regional and sub-regional specialties, s.c.b.u., and mentally handicapped)

Exclusions

The Health Building Note does not cover:

a. in-patient accommodation for children requiring highly specialised care which is normally provided in selected hospitals, e.g. cardiac surgery, oncology, oncological surgery, and treatment for major burns.

b. accommodation for:
   (i) special care babies (guidance was given on special care baby units in the Interim Design Guide for a Maternity Department in a District General Hospital (DS 177/73, July 1973 and letter from Welsh Office dated 8th August 1973 (HSD 3/31/2));
   (ii) children in need of intensive therapy;
   (iii) children requiring isolation for infectious diseases;
   (iv) mentally handicapped children in long stay accommodation

c. in-patient and out-patient accommodation for acutely disturbed children and adolescents. (There are no plans to prepare a building note for child psychiatric provision, particularly bearing in mind that the type and scale of hospital-based provision needed is heavily dependent on local circumstances. Any authority planning hospital-based child psychiatric provision, whether separately or in conjunction with children's accommodation, will need to draw up its requirements and consider costs in relation to individual circumstances.)
(HBN, para. 1.6)

Vision, hearing and language

A child requiring more detailed and specialised assessment of vision, hearing or language abilities than is possible in the children's out-patient examination/consulting rooms and assessment accommodation should use the facilities provided for the district.
(HBN, para. 1.22)

EARLIER DECISION	REF	2. SCOPE OF SERVICE AND WORKLOAD (contd.)
		SPECIFIC EXCLUSIONS
	A	The children's accommodation will not provide facilities for: (a) in-patient children requiring highly specialised care (SPECIFY), e.g. - neo-natal surgery ☐ - cardiac surgery ☐ - oncology ☐ - oncological surgery ☐ - treatment of major burns ☐ (b) special care babies ☐ (c) children in need of intensive therapy ☐ (d) children requiring isolation for infectious diseases ☐ (e) mentally handicapped children requiring long stay accommodation ☐ (f) acutely disturbed children and adolescents ☐ (g) (h)

3. SUMMARY OF PROVISION

Assessment of requirements: In-patient/day beds

In-patient and day beds should be provided for all children who require treatment for acute medical and surgical conditions (these include otolaryngology, ophthalmology, orthopaedics and general surgery) and for the occasions when handicapped children requiring detailed assessment may need to be admitted for such procedures. It is important that each health authority should assess its own bed requirements, as in paragraphs 1.12-1.16 of the Health Building Note.

Where there is a need to provide for in-patient child psychiatric services, this should be planned separately. (HBN, paras 2.82, 2.83)

Out-patients

Doctor sessions should be used for estimating the basic accommodation for the children's out-patient consulting facilities. The term doctor session covers any session (half day) conducted by a clinician who holds a consultation with a patient: for example, a clinic conducted by a consultant assisted by a registrar would count as two "doctor sessions". The calculation of sessions does not include additional members of a team, e.g. house officers who are working under the direct supervision of the consultant and not seeing patients on their own (reference HBN 12, Out-patient Department).

In a typical district with a 200,000 population and an average proportion of children, it is estimated that 27 to 30 doctor sessions are required, i.e. 3 examination/consulting rooms - used five days per week. This assumes that all the major specialties treating substantial numbers of children will hold children's out-patient sessions in these rooms. The requirements of any particular district will, however, need to take account of local operational policies. (HBN, paras 2.41, 2.42)

Comprehensive assessment

The period of the initial consultation will vary according to needs but on average can be expected to last about one and a half to two hours. During consultation the paediatrician may wish to have a discussion with the parent(s) and for this period the child may need to be occupied in the waiting room. (HBN, para. 2.66)

EARLIER DECISION	REF	3. SUMMARY OF PROVISION

IN-PATIENTS/DAY CARE

4 — A — The estimated number of in-patients and day care cots/beds required will be:

	in-patients	day care
(a) general medicine	____	____
(b) general surgery	____	____
(c) neo-natal surgery	____	____
(d) orthopaedics	____	____
(e) intensive therapy	____	____
(f) E.N.T.	____	____
(g) ophthalmology	____	____
(h) physically handicapped - long stay	____	____
(i) handicapped children requiring detailed assessment	____	____
(j) dermatology	____	____
(k) psychiatric in-patients	____	____
(l) major burns	____	____
(m) plastic/reconstructive surgery	____	____
(n)		
TOTAL:		

OUT-PATIENTS/COMPREHENSIVE ASSESSMENT

B — The estimated number, for planning purposes, of doctor sessions required (per week) will be:

	No. of sessions
(a) out-patient	_____
(b) comprehensive assessment	_____
(c)	

C — Operating suite facilities will be provided (SPECIFY):

(a)

(b)

(c)

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4. LOCATIONAL RELATIONSHIPS

Location

The accommodation for children should be part of an acute DGH. Where the DGH is likely to be planned on more than one site, facilities for maternity, special care baby unit, orthopaedics, fracture clinic, accident and emergency department, E.N.T., audiology and ophthalmology should as far as possible be on the same site so that a comprehensive service can be provided. (HBN, para. 1.18)

ASSOCIATED SERVICES:

Accident and Emergency, Orthopaedic and Fracture Clinic services
The children's accommodation should be sited in the same hospital as the Accident and Emergency department and Orthopaedic and Fracture facilities because of the number of children requiring these services. The children's out-patient facilities, so far as possible, should be closely associated with the plaster room in the fracture clinic. (Reference should be made to the Accident and Emergency Department Building Note, no. 22) (HBN, para. 1.21)

Vision, hearing and language
A child requiring more detailed and specialised assessment of vision, hearing and language abilities than is possible in the children's out-patient examination/consulting rooms and assessment accommodation should use the facilities provided for the district. (HBN, para. 1.22)

Out-patient facilities
The children's out-patient facilities should form part of the hospital's main out-patient department but should be planned so that the services for the children can be provided separately. It is important that the facilities are located so that there is easy access to specialist accommodation for E.N.T., ophthalmology, orthopaedic, fracture clinic and plaster room as well as the support services of the main out-patient complex to be used at times by children. Children should also share facilities provided for adults such as those in diagnostic X-ray, pathology and (for older children) rehabilitation (para.18 of the Design Guide, Department of Rehabilitation). If planning permits, the children's element of the out-patient department should be sited in close proximity to the children's in-patient accommodation to enable more effective use to be made of staff and the development of a more co-ordinated service.

General
It is desirable for the children's out-patient and assessment accommodation to be planned on one floor at ground level, as some children will have difficulty in climbing stairs and others will need to be carried by a parent or pushed in a pram, pushchair, wheelchair or on a stretcher trolley. If the accommodation is not at ground level, there should be easy access to a lift. Consulting suites and treatment areas should be sited away from road traffic and other sources of external noise.

The accommodation should be located so that parents and patients arriving by public transport do not have far to walk on the hospital site. Those arriving by car or ambulance should be able to alight as near as possible to the entrance to the out-patient and assessment facilities. (HBN, paras 1.19, 1.20)

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EARLIER DECISION	REF	4. LOCATIONAL RELATIONSHIPS
	A	The accommodation for children will be sited: (a) as part of an acute District General Hospital ☐ (b) (c)
	B	Other facilities it is desirable to have situated on the same site, include: (a) E.N.T. ☐ (b) audiology ☐ (c) ophthalmology ☐ (d) orthopaedic ☐ (e) fracture clinic ☐ (f) accident and emergency ☐ (g) special care baby unit ☐ (h) maternity ☐ (i) (j)
6B	C	The children's out-patient facilities should be planned: (a) as part of the main out-patient department ☐ (b) at ground level ☐ (c)
	D	Easy access will be required by children's out-patients to specialist accommodation for: (a) E.N.T. ☐ (b) ophthalmology ☐ (c) orthopaedic ☐ (d) fracture clinic ☐ (e) plaster room ☐ (f)
	E	Children will also share facilities provided for adults for: (a) diagnostic X-ray ☐ (b) pathology ☐ (c) rehabilitation ☐ (d)

Planning Relationships

It is recommended that the comprehensive assessment facilities, whilst self-contained as far as possible, should be closely associated with the children's out-patient facilities within the main out-patients' department: this will avoid duplication and also achieve the most efficient use of special facilities and staff by the maximum sharing of accommodation and services, compatible with the needs of each. The need for access to the specialist facilities for ophthalmology and E.N.T. in the main out-patients' department should also be kept in mind. (HBN, para. 2.63)

The children's nursing sections should be within easy reach of the operating department and, in particular, the adult E.N.T. nursing section to enable easy movement of specialist medical staff between the sections. The isolation nursing section should also be near because of the number of child patients who will be nursed there. (HBN, para. 2.85)

Outdoor activity space

It is desirable that there should be a safe outdoor activity area and a garden. The play area for young children in hospital need not differ basically from a play area for any other children. There is a need, however, to provide opportunities for play and exercise by children in wheelchairs, on crutches or in beds and cots. Emphasis should be placed on providing space and equipment which also allows quiet and creative play. (HBN, para. 1.28)

EARLIER DECISION	REF	4. LOCATIONAL RELATIONSHIPS
	A	The facilities provided for comprehensive assessment should be planned: (a) adjacent to children's out-patients ☐ (b) at ground level ☐ (c) (d)
2D	B	The children's nursing sections will require easy access to the: (a) operating department ☐ (b) adult E.N.T. nursing section ☐ (c) isolation nursing section ☐ (d) (e)
	C	The children's day-patient section should be: (a) adjacent to the children's in-patient accommodation ☐ (b)
	D	Easy access will be required from the children's day patient section to the: (a) operating department ☐ (b) diagnostic X-ray ☐ (c) (d)
	E	Access to an outside play area is desirable and this should be: (a) suitable for children in wheelchairs, on crutches or in beds or cots ☐ (b)
	F	The accommodation should be located so that patients and parents do not have far to walk from: (a) public transport ☐ (b) car park and ambulance entrance ☐ (c) (d)

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4. LOCATIONAL RELATIONSHIPS (contd.)

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EARLIER DECISION	REF	4. LOCATIONAL RELATIONSHIPS (contd.)
8	A	The order of priority for planning the children's accommodation near other areas of the hospital are: (INDICATE PRIORITIES IN NUMERICAL ORDER)

	Priority
(a) operating department	___
(b) diagnostic X-ray	___
(c) E.N.T.	___
(d) audiology	___
(e) ophthalmology	___
(f) orthopaedic	___
(g) fracture clinic	___
(h) accident and emergency	___
(i) rehabilitation	___
(j) maternity	___
(k) special care baby unit	___
(l) pathology	___
(m)	

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5. ORGANISATION OF SERVICE 5.1 OUTPATIENTS - ENTRANCE, RECEPTION & WAITING

Out-patient visits

The child, usually accompanied by a parent and often by other members of the family, will normally enter the hospital by the main out-patients department entrance, from which well-placed and clear signposting should direct them to the children's out-patient reception desk. From there, signs should direct them to easily-identifiable areas and rooms within the out-patient department. (HBN, para. 2.37)

On arrival at the children's out-patient reception desk, families are likely to be directed to the waiting area, where suitable play material should be available for the children. The child to be seen will be weighed and measured, if required, and the family will proceed to the consulting/examination room. After consultation, appropriate investigation, treatment or therapy will be arranged. The family will then return to reception and book the next appointment if necessary. (HBN, para. 2.40)

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EARLIER DECISION	REF	5.1 OUT-PATIENTS - ENTRANCE, RECEPTION AND WAITING
7C	A	The entrance to the children's out-patient accommodation will be: (a) via the main out-patients' department entrance ☐ (b)
	B	Patients may arrive: (a) on foot ☐ (b) in wheelchairs ☐ (c) in prams/pushchairs ☐ (d)
	C	They may be accompanied by: (a) parents ☐ (b) other members of their family ☐ (c) escorts/hospital staff ☐ (d)
	D	The reception point will be: (a) a clearly signposted reception desk ☐ (b)
	E	And this will provide facilities for: (a) reception of patients and escorts ☐ (b) booking advance appointments ☐ (c) general enquiries ☐ (d)
4	F	Medical records for out-patients will be: (a) held in the central medical records store ☐ (b) delivered to the reception point on a trolley, before the commencement of each session ☐ (c) returned to the central medical records store after each session ☐ (d)
	G	An office will be required for the use of: (a) the nursing sister/charge nurse ☐ (b) visiting professional staff ☐ (c)

Reception and Waiting

There should be a separate sub-reception area and waiting space for children. Since the child's first point of contact with the hospital is usually the reception area, it should provide a welcoming atmosphere and should be suited to the requirements of children and their families. The reception point should be in a prominent position and overlook the waiting space. Space will be required for the receptionist to complete patients' registration procedures, to arrange for appointments and transport and other action. Part of the reception area should be partitioned off for use by a secretary. The reception space should have good access to the main medical records section.

The waiting space should be planned with the reception point, and furnished with a variety of tables and chairs suitable for children and adults. There should be space for children to play in safety and without being a hazard to others. Suitable toys, display panels and books (with appropriate storage) should be provided for children of all ages. Economy in the amount of waiting space required will be achieved by ensuring that the appointment system is sufficiently efficient to reduce waiting time to the minimum and prevent gaps in clinics. It can be expected that each child will be accompanied by two other persons.

Where facilities for obtaining beverages are not readily available nearby, a beverage machine dispensing a variety of suitable drinks should be provided. Public telephone facilities should be available. There should be adequate signposting.
(HBN, paras 2.44-2.46)

Mother and baby room

A room is required mainly for mothers to prepare feeds and to feed their babies but it should also contain appropriate facilities for changing nappies, etc. and hand washing. The room should also be made available for use by mothers attending other areas in the hospital. (HBN, para. 2.47)

EARLIER DECISION	REF	5.1 OUT-PATIENTS - ENTRANCE, RECEPTION AND WAITING (contd.)
108	A	Facilities required near reception will include: (a) pram and wheelchair parking ☐ (b) a waiting area ☐ (c) a mother and baby room ☐ (d) a weighing and measuring room ☐ (e) a public telephone ☐ (f) (g)
	B	The waiting area should be: (a) planned with the reception point ☐ (b) furnished with a variety of tables and chairs ☐ (c) equipped with suitable toys, display panels, books, etc. ☐ (d) provided with a beverage dispensing machine ☐ (e) (f)
	C	The mother and baby room will be used by mothers for: (a) preparing feeds ☐ (b) feeding their babies ☐ (c) changing babies' nappies ☐ (d) handwashing ☐ (e) (f)

Weighing and Measuring room

A weighing and measuring room should be provided with equipment suitable for children of all ages. The room should be easily accessible from both the waiting area and consulting/examination rooms with facilities for ensuring privacy. (HBN, para. 2.48)

Consulting/examination rooms (refer to Common Activity Spaces document)

Three combined consulting/examination rooms are required, one of which should be sound-attenuated for use by specialists requiring this facility. A telephone will be required for internal and external use, but calls should be intercepted at the reception point. Other facilities required include a clinical hand-washing basin, an adjustable ceiling or wall-mounted light and storage for small items of equipment and sterile packs. (HBN, para. 2.49)

WHILST IT IS ANTICIPATED THAT THE SUGGESTED NUMBER OF CONSULTING/EXAMINATION ROOMS WILL BE FULLY USED FOR CHILD PATIENTS, THE POSSIBILITY OF THE ROOMS BEING USED FOR OTHER PATIENTS SHOULD BE EXPLORED.

Treatment room

A treatment room is needed for the application of dressings, and for minor clinical procedures which will be carried out by doctors, nurses or technicians with a parent or parents in attendance. Facilities will include a clinical hand-wash basin, an adjustable ceiling or wall-mounted light and storage space. It is envisaged that sterile packs, syringes and dressings, etc. will be issued on a daily 'top-up' service from the main out-patient department's clean utility room. The decor should be colourful with children's drawings on the walls and the ceiling, compatible with maintaining the necessary clinical requirements. (HBN, para. 2.50)

EARLIER DECISION	REF	5.2 OUT-PATIENTS - EXAMINATION AND TREATMENT
	A	Out-patient sessions will require facilities for: (a) consulting/examination ☐ (b) child assessment ☐ (c) play/observation ☐ (d) specimen collection/urine testing ☐ (e) treatment ☐ (f) (g) (h)
11A	B	A weighing and measuring room will be required: (a) provided with equipment suitable for all ages ☐ (b) easily accessible from both the waiting area and consulting/examination rooms ☐ (c)
	C	Consulting/examination facilities will be provided in: (a) combined consulting/examination rooms ☐ (b)
	D	Sound attenuation should be provided for: (a) one consulting/examination room ☐ (b)
	E	A treatment room will be required with facilities for: (a) application of dressings ☐ (b) minor clinical procedures ☐ (c) clinical handwashing ☐ (d) storage ☐ (e)
	F	The patient may be accompanied in the treatment room by: (a) doctors ☐ (b) nurses ☐ (c) technicians ☐ (d) a parent or parents ☐ (e)

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5.3 OUT-PATIENTS - SANITARY FACILITIES

Sanitary facilities

There should be three toilets, the W.C. pan being 350mm in height. One of the WCs needs to accommodate a wheelchair and should be fitted with rails appropriate for use by handicapped children and another should be suitable for specimen collection. Hand washing facilities should be provided in all W.C. areas. (HBN, para. 2.53)

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EARLIER DECISION	REF	5.3 OUT-PATIENTS - SANITARY FACILITIES
	A	W.C. facilities will be provided for patients: (a) near to waiting area ☐ (b)
	B	One W.C. will be needed to accommodate a wheelchair and should be fitted with appropriate rails ☐
	C	One W.C. should be suitable for specimen collection ☐

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5.4 OUT-PATIENTS - ADMINISTRATION

Office (refer to Common Activity Spaces document)

An office is required for use by the nursing sister/charge nurse. It should be available for use by professional staff attending the unit, e.g. the community liaison health visitor who has responsibility for children. Any requirement for further office accommodation should be considered in accordance with the recommendations in HBN 18, Administrative Department. (HBN, para. 2.51)

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EARLIER DECISION	REF	5.4 OUT-PATIENTS - ADMINISTRATION
10G	A	An office will be required within the children's out-patient accommodation for use by: (a) the nursing sister/charge nurse ☐ (b) professional staff ☐ (c)
	B	Facilities for case conferences and seminars will be available. (a) within the children's accommodation on a shared basis ☐ (b) elsewhere in the hospital (SPECIFY): _____ (c) (d)
	C	A doctor's room will be available: (a) associated with the children's in-patient accommodation ☐ (b) (c)

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5.5 OUT-PATIENTS - STORAGE

Pram store/wheelchair park

If pram storage and wheelchair parking facilities are not already available near to the waiting area, an appropriate storage space should be provided with facilities for folding pushchairs to be hung on the wall or deposited on shelves with appropriate locking devices. Walls should be protected from damage by prams. (HBN, para. 2.54)

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EARLIER DECISION	REF	5.5 OUT-PATIENTS - STORAGE
	A	A dirty utility room will be required for: (a) the temporary retention of soiled dressings and linen awaiting collection ☐ (b) simple urine testing ☐ (c) storage of disposable items ☐ (d) storage of reusable items ☐ (e) cleansing of bedpans and disposal of contents ☐ (f) (g)
11A	B	A storage space will be required for prams and wheelchairs (SPECIFY NUMBER): (a) (b) (c)

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5.6 OUT-PATIENTS - SHARED FACILITIES

Shared accommodation (refer to Common Activity Spaces Building Note)

The Building Note assumes that the children's out-patients will have the use of the following facilities in the main out-patients' department: clean utility, the cafeteria or tea-bar, children's playroom, cleaning accommodation, staff cloakroom and toilet facilities, trolley and wheelchair stores, main stores, porters' and ambulance drivers' accommodation. (IBN, para. 2.55)

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EARLIER DECISION	REF	5.6 OUT-PATIENTS - SHARED FACILITIES
7C	A	Facilities which can be provided on a shared basis with the main out-patient department will include: (a) clean utility ☐ (b) cafeteria ☐ (c) tea bar ☐ (d) children's playroom ☐ (e) cleaning accommodation ☐ (f) staff cloakroom and toilet facilities ☐ (g) trolley and wheelchair stores ☐ (h) main stores ☐ (i) porters' accommodation ☐ (j) ambulance drivers' accommodation ☐ (k) switchroom ☐ (l) (m)

Assessment

The appointment for assessment will have been arranged through the normal out-patient system. After reporting to the children's reception point, the child and his parent(s) may go first to the waiting/play area and then proceed to the consulting/examination or assessment room when called.

The purposes of the first visit for comprehensive assessment are usually to:
a. examine the problem for which the child was referred;
b. examine for the presence or absence of other handicaps;
c. arrange investigations and other diagnostic procedures as required;
d. arrange assessment or examination by other members of the multi-disciplinary team;
e. discuss with the family plans for treatment and/or future assessment.

Subsequent appointments should be arranged by the receptionist before the family leaves. The child and parent(s) may return for half- or full-day sessions for investigation, assessment, training and treatment. (HBN, paras 2.64, 2.65)

Offices (refer to Common Activity Spaces Document)

Three general-purpose offices will be required for use by professional staff of the assessment service. One of them should be large enough to accommodate 12 persons for case conferences and seminars; darkening facilities (e.g. curtains) should be provided. (HBN, para. 2.72)

EARLIER DECISION	REF	5.7 COMPREHENSIVE ASSESSMENT - ENTRANCE, RECEPTION AND WAITING
10	A	The reception of patients for comprehensive assessment will take place: (a) at the children's out-patient reception desk ☐ (b) (c)
	B	Appointments will be made: (a) through the normal children's out-patient system ☐ (b)
10G,14A	C	A general-purpose office will be required for: (a) the use of professional staff of the assessment service ☐ (b) case conferences and seminars ☐ (c) (d)
	D	A waiting space will be required: (a) for patients and parents ☐ (b)
	E	Facilities will be required in the waiting space for: (a) children to play ☐ (b) beverage dispensing ☐ (c) use of public telephone ☐ (d) (e)

Assessment/observation/remedial therapy treatment rooms

Two rooms with a shared viewing space will be required for assessment, observation and remedial therapy treatment purposes by any members of the multi-disciplinary team. The procedures include observation of children's responses to adults, to given situations and to their inter-action with other children: there will also be observation of children's performance in free play by the teacher, nursery nurse and/or psychologist (or psychotherapist in some instances). Simple free field testing of hearing, sight and speech will be carried out; more thorough investigations would be carried out in the appropriate clinics of the main out-patient department. The assessment/observation/ remedial therapy treatment rooms will also be used for group activities organised by the teacher and others, for special training or discussion sessions for parents of handicapped children, and for appropriate treatment by the physiotherapists and/or the occupational therapist.

A clinical atmosphere should be avoided. Furniture should include semi-easy chairs, a variety of tables, desks and nursery furniture, as well as shelves and cupboards for the storage of equipment, toys, etc. Pin and chalk boards (which should be wall-mounted and low level) and a mobile mirror are also needed. There should be facilities for play including sand and water, and remedial therapy. Hand washing facilities are required. (HBN, paras 2.69, 2.70)

Viewing room

A room should be provided between the two assessment rooms, with one-way viewing panels into them and recording and listening equipment so that the activities of the child can be observed and recorded as required. This room should contain shelves and tables for the recording equipment, e.g. tape recorder, loudspeakers, etc. used in connection with the microphones in the assessment rooms. A two-way speech system and video equipment may be needed. The room should be sound-attenuated and special attention to ventilation will be required if it is an internal room. (HBN, para. 2.71)

EARLIER DECISION	REF	5.8 COMPREHENSIVE ASSESSMENT - ASSESSMENT AND OBSERVATION
	A	Accommodation required for assessment and observation will consist of: (a) two rooms with a shared viewing space between ☐ (b)
	B	The assessment/observation rooms may also be used for: (a) group activities ☐ (b) special training ☐ (c) discussion sessions for parents of handicapped children ☐ (d) occupational therapy ☐ (e) physiotherapy ☐ (f) (g)
	C	The rooms will require facilities including: (a) semi-easy chairs ☐ (b) a variety of tables and nursery furniture ☐ (c) a mobile mirror ☐ (d) pin and chalk boards ☐ (e) play facilities ☐ (f) storage ☐ (g) handwashing ☐ (h) (i)
	D	The viewing room should be equipped with: (a) one-way viewing ☐ (b) recording and listening equipment ☐ (c) two-way speech system ☐ (d) video equipment ☐ (e)

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5.9 COMPREHENSIVE ASSESSMENT - DINING

Dining facilities

For clinical reasons, a small dining area should be set aside within the waiting area where parents and their children who are attending for whole-day sessions can have their morning coffee, tea and midday meal. A dining table, a few stacking chairs, storage for a small amount of cutlery, crockery and dry stores and facilities for the preparation or dispensing of beverages is required. The catering services will depend on the hospital policy. (HBN, para. 2.75)

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EARLIER DECISION	REF	5.9 COMPREHENSIVE ASSESSMENT - DINING
	A	Children who are attending for whole-day sessions may require: (a) morning coffee ☐ (b) a midday meal ☐ (c) afternoon tea ☐ (d)
17E		
	B	Facilities required will be: (a) a small dining area set aside within the waiting area ☐ (b) storage for a small amount of cutlery ☐ (c) facilities for the preparation or dispensing of beverages ☐ (d)
17E		
	C	The catering service provided will be (SPECIFY): (a) (b) (c)

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5.10 COMPREHENSIVE ASSESSMENT - SANITARY/CHANGING

Sanitary facilities

Two WCs are required, one of which should be suitable for handicapped patients in wheelchairs and with parents assisting. (HBN, para. 2.76)

Toiletting/changing room

A small area *en suite* with the assisted WC is required for the toiletting, cleansing and changing of the incontinent older child. Clinical hand-washing facilities are required and a small couch and chairs should be provided. The dirty utility room should be accessible from this area. (HBN, para. 2.77)

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EARLIER DECISION	REF	5.10 COMPREHENSIVE ASSESSMENT - SANITARY/CHANGING
	A	Sanitary facilities provided will be: (a) 2 WCs, one of which is suitable for handicapped patients requiring assistance ☐ (b)
	B	A small toileting/changing area will be required with facilities for: (a) toileting, cleansing and changing an incontinent older child ☐ (b) clinical handwashing ☐ (c) (d)
	C	This area should have easy access to a dirty utility room ☐

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5.11 COMPREHENSIVE ASSESSMENT - STORAGE

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EARLIER DECISION	REF	5.11 COMPREHENSIVE ASSESSMENT - STORAGE
18C,19B	A	Space will be required for the secure storage of: (a) valuable equipment ☐ (b) toys ☐ (c) linen ☐ (d) disposables ☐ (e) stationery ☐ (f) wheelchairs ☐ (g) a sand container ☐ (h) chairs ☐ (i) general supplies ☐ (j) (k) (l)

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5.12 COMPREHENSIVE ASSESSMENT - SHARED FACILITIES		

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EARLIER DECISION	REF	5.12 COMPREHENSIVE ASSESSMENT - SHARED FACILITIES
7C,16A	A	Facilities that will be provided on a shared basis with the main out-patient department will include: (a) clean utility ☐ (b) cafeteria ☐ (c) tea bar ☐ (d) children's playroom ☐ (e) cleaning accommodation ☐ (f) staff cloakroom and toilet facilities ☐ (g) trolley and wheelchair stores ☐ (h) main stores ☐ (i) porters' accommodation ☐ (j) ambulance drivers' accommodation ☐ (k) switchroom ☐ (l)
17E,19H		
21A		

Admisssion room

An admission/examination room should be provided for the unit to be shared between sections. It will be required for those children who on occasion will need to be examined, weighed and measured before being fully admitted to the section. Equipment will include an examination couch, a trolley, and adjustable light and clinical hand washing facilities. This room could also be used as an office or interviewing room. Where only one nursing section is to be provided, one room could be provided to serve both as an admissions room and doctors' office. (HBN, para. 2.120)

Nursing sister/charge nurse office

This office should be provided for the purpose of interviewing staff, relatives (who may be in a distressed state) and visitors, and preparing reports. It should be planned within the section and may be sited either near to the entrance or nearer to the centre of the section. (HBN, para. 2.115)

EARLIER DECISION	REF	5.13 IN-PATIENTS - RECEPTION, OFFICE AND STAFF BASE FACILITIES
	A	Children may be admitted by arrangement with: (a) the family practitioner ☐ (b) members of the primary health care team ☐ (c) other children's units ☐ (d)
	B	An admission/examination room will be required: (a) shared by all children's in-patient sections ☐ (b)
	C	The admission/examination room will be used for: (a) examining, weighing and measuring children ☐ (b) writing notes ☐ (c) interviewing ☐ (d) a doctors' office ☐ (e)
9A	D	Within the hospital children may be transferred from: (a) the accident and emergency department ☐ (b) the out-patient department ☐ (c)
	E	Current in-patients' medical records will be kept: (a) at the staff base ☐ (b)
	F	The nursing sister/charge nurse will require an office within the section for: (a) interviewing staff, relatives and visitors ☐ (b) preparing reports ☐ (c)
	G	Medical secretary/typing facilities will be available: (a) centrally ☐ (b) within the department ☐ (c)

Staff base

The staff base is the focal point for all members of staff for the administration of the nursing section and also for the reception of patients. The staff base in each section should be sited to ensure maximum observation, especially of the high dependency beds and single rooms; the base should be visible from as many parts of the section as possible. It should be planned as an open area so that the children can be both seen and heard. A patient/nurse and nurse/nurse call system is required. The base should have a desk large enough for simultaneous use by three people. Space is needed for patients' records, stationery, facilities for viewing X-rays and a noticeboard. (HBN, para. 2.114)

EARLIER DECISION	REF	5.13 IN-PATIENTS - RECEPTION, OFFICE AND STAFF BASE FACILITIES (contd.)
23E	A	A staff base will be required in each nursing section for: (a) administration of the nursing section ☐ (b) reception of patients ☐ (c) oral and written reporting ☐ (d)
	B	It should be planned: (a) as an open area ☐ (b) with as full observation as possible of the section, especially the high dependency beds and single rooms ☐ (c)
	C	Visiting hours will be: (a) unrestricted ☐ (b)

Ages of patients

Generally, children of both sexes from 1-16 years (up to the statutory minimum school-leaving age) should be treated in children's accommodation. It is often convenient for children of similar ages to be grouped together but the arrangements need to be reasonably flexible and to take into consideration an individual child's illness and special needs, e.g. terminal illness. Older children, adolescents and very sick children need to be protected from undue disturbance by noisy toddlers and crying infants.

Accommodation within a nursing section is required for those who have reached puberty, which depends not so much on age in years but on mental and physical development, although there are circumstances (e.g. girls in hospitals for confinement) where adolescents need to be accommodated in the appropriate adult nursing section. It is generally desirable that space should be available within the overall accommodation in which older children come together so that the common needs and interests of the group may be taken into account.
(HBN, paras 1.25 and 1.26)

EARLIER DECISION	REF	5.14 IN-PATIENTS - BEDROOMS
	A	Patients generally will be accommodated: (a) in non-segregated multi-bed rooms/bays or single rooms ☐ (b) in separate multi-bed rooms/bays and single rooms (adolescents) ☐ (c)
	B	Patients will be grouped by: (a) specialty ☐ (b) age groups (SPECIFY)- - - (c) nursing dependency ☐ (d)
	C	Patients' clothes and personal items will be stored: (a) in a bedside locker/wardrobe ☐ (b) in a bedside locker and separate wardrobe ☐ (c) in suitable storage cupboards ☐ (d)
	D	Books and toys will be kept: (a) within easy reach of children on low shelving ☐ (b)
	E	Children's paintings, etc. may be displayed: (a) on a panel by each bed ☐ (b)
	F	Children will wear: (a) personal clothing ☐ (b) clothes provided by the hospital ☐ (c)

In-patient unit

It is considered that probably no more than 20 beds/cots in a nursing section can reasonably be supervised by one nursing sister/charge nurse at any one time. Appropriate supporting accommodation for doctors, nurses, ancillary staff, parents and visitors will be required. Where there is more than one DGH in a locality, facilities for children should be concentrated as far as possible in one of the hospitals, so that optimum use can be made of medical and nursing staff and other resources. (HBN, para. 2.84)

Bed distribution

A nursing section of 20 beds should contain 8 single rooms each with a single bed/cot or incubator and be capable of accommodating a divan bed and storage of clothes for a parent. The remaining 12 beds should be arranged in two 6-bed areas. (HBN, para. 2.88)

Single rooms

Single rooms may be used for high dependency care of individual patients, small infants, severely ill and dying children, adolescents and children accompanied by a parent. In addition to medical and nursing activities, therapeutic (e.g. simple remedial exercises), teaching, social and recreational activities will also take place in the single rooms. Source isolation and protective isolation (barrier nursing) facilities should be provided in two of the single rooms. (HBN, para. 2.95)

Isolation

Isolation in a single room can be a most disturbing experience for a child. It is important that the child has visual contact with external activities. It is equally important for the staff and visitors to be able to see the child easily. Good observation can be achieved by planning single rooms with glazed partitions and doors which extend below mattress level. Windows and glass partitions should have screening to permit privacy when needed, controlled from within the room. (HBN, para. 2.96)

Multi-bed rooms

Multi-bed rooms lessen the risk of cross-infection and allow flexibility for the segregation of different types of patients, e.g. adolescents. (HBN, para. 2.98)

EARLIER DECISION	REF	5.14 IN-PATIENTS - BEDROOMS (contd.)
6A	A	The children's in-patient section(s) will require a total of _____ beds/cots.
25A,B	B	And these will be provided in: _____ nursing sections of _____ beds _____ nursing sections of _____ beds
3D 25A,B	C	Each nursing section will contain: _____ single rooms _____ six-bedded areas _____
3D	D	Single rooms may be used for: (a) high dependency patients ☐ (b) small infants ☐ (c) severely ill and dying children ☐ (d) adolescents ☐ (e) (f)
	E	Parents may stay overnight: (a) with the child in a single room ☐ (b) in separate accommodation (SPECIFY)- (c)
	F	Source isolation and protective isolation facilities will be required: (a) in two single rooms of each section ☐ (b)
	G	The multi-bed rooms will be designed as: (a) an open bay ☐ (b) enclosed rooms ☐ (c)

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5.15 IN-PATIENTS - DAY/DINING/FEEDING FACILITIES

Dining and play

A child needs somewhere to play, to explore or occasionally space to be alone. Each nursing section should, therefore, have a multi-purpose space which can be used for dining, play and also for educational and remedial activities. Where there is a wide range of age groups in a section it may be necessary to have two separate spaces. Ideally there should be easy access to open air play facilities which have adequate safety precautions. (HBN, para. 2.89)

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EARLIER DECISION	REF	5.15 IN-PATIENTS - DAY/DINING/FEEDING FACILITIES
	A	Day space will be required for activities including: (a) playing (including organised activities) ☐ (b) walking exercises ☐ (c) dining ☐ (d) teaching ☐ (e) watching television ☐ (f)
	B	Day space provided for these will include: (a) sitting space in multi-bed bays/rooms ☐ (b) a multi-purpose space for dining and/or play ☐ (c) a play/dining/teaching space in each section ☐ (d) a play/dining/teaching space shared between ___ sections ☐ (e) an open air space (SPECIFY) _____ (f) _____
26E	C	During the day parents will use: (a) a sitting room (with beverage point), shared between _____ nursing sections ☐ (b)

Catering

The Building Note assumes that:

a. patients will be served by a central food service and that a central wash-up service will be provided;
b. most parents and relatives will use central hospital facilities for main meals, snacks and beverages, but those staying in the hospital should be able to use facilities at section level for the preparation of snacks and beverages when the main dining room or snack bar are closed;
c. staff will use central facilities for main meals, snacks and beverages.

(HBN, para. 2.91)

Baby feed store/preparation room

Where there is more than one nursing section a room should be provided for the preparation of baby feeds by the staff and for teaching a parent how to prepare feeds. It requires adequate space for storage of ready-mixed feeds and feed bottles and facilities such as a sink and drainer, an electric kettle and a refrigerator. (HBN, para. 2.138)

Pantry (refer to Common Activity Spaces Document)

The function of the pantry is to provide a base for the distribution of cooked meals supplied from the main kitchen and the preparation of beverages and snacks. Provision for washing up of some items and storage for dry foods, milk and a limited amount of crockery and cutlery is required. The design should ensure that safety, in relation to children, is taken into account. Where there is a single nursing section only, the pantry will also be used for the storage and preparation of baby feeds. Where there is more than one nursing section, separate facilities should be provided. (HBN, para. 2.116)

EARLIER DECISION	REF	5.15 IN-PATIENTS - DAY/DINING/FEEDING FACILITIES (contd.)
	A	In-patients' meals will be provided by: (a) a tray service ☐ (b) bulk food trolley to section(s) ☐ (c) infant feeds, special milk mixtures and weaning foods prepared by central milk kitchen and delivered to the nursing section ☐ (d) infant feeds, special milk mixtures and weaning foods prepared in a nursing section level milk preparation room ☐ (e)
	B	In-patients may take their meals: (a) in bed ☐ (b) seated within the bed bay ☐ (c) in the dining/teaching room ☐ (d) in a specific dining area ☐ (e) in a play/dining room ☐ (f)
	C	Meals will be: (a) heated centrally in the catering department ☐ (b) pre-prepared centrally and heated in the nursing section/unit ☐ (c)
	D	Beverages needed for the children's accommodation will be supplied from: (a) the central catering department ☐ (b) a pantry in each nursing section ☐ (c) a beverage point in each nursing section ☐ (d) a vending machine ☐ (e)
	E	Facilities will be required in the pantry for: (a) storage of dry foods ☐ (b) storage of milk (SPECIFY METHOD)- (c) limited crockery and cutlery ☐ (d) handwashing ☐ (e) disposal of wet and dry waste ☐ (f) parking of catering trolley ☐ (g)

Facilities for parents

In addition to the accommodation for parents in the single rooms, a sitting room with beverage point and a shower with toilet will be needed. The number of bedrooms, shared between nursing sections, should be determined according to local need and costs are provided under ECA. (HBN, para. 2.90)

EARLIER DECISION	REF	5.15 IN-PATIENTS - DAY/DINING/FEEDING FACILITIES (contd.)
	A	Parents will take their: (a) main meals in the central restaurant ☐ (b) beverages and light snacks in the snack bar ☐ (c) beverages and light snacks in the parents' sitting room ☐ (d)
	B	Staff will take their: (a) main meals in the central restaurant ☐ (b) beverages and light snacks in the central restaurant or snack bar ☐ (c) beverages in the nursing section ☐ (d)
	C	Washing up facilities will be: (a) provided centrally outside the children's accommodation ☐ (b) provided at unit/section level ☐ (c) provided for beverage crockery only in the section pantry ☐ (d) unnecessary as disposable beverage materials will be used ☐ (e)
28A	D	Sterilisation of babies bottles will be required: (a) by soaking in hypochloride solution ☐ (b) by autoclaving ☐ (c)
28A	E	Autoclaving of babies' bottles will be carried out: (a) by the hospital sterilising and disinfecting unit ☐ (b)
	F	Terminal sterilisation of milk will: (a) not be required ☐ (b) be required ☐

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5.16 IN-PATIENTS - TREATMENT			

Treatment

Minor forms of treatment are usually carried out at the bedside. Some forms of investigation and treatments will need to be carried out in the treatment room to which the child, probably accompanied by a parent, may be brought in his bed or cot. Facilities will be required for clinical hand-washing, and a ceiling- or wall-mounted adjustable light and storage space will be needed. Oxygen and vacuum outlets with medical compressed air should be provided. Mechanical extract ventilation, sound attenuation and a nurse/nurse call system are required. (HBN, para. 2.121)

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EARLIER DECISION	REF	5.16 IN-PATIENTS - TREATMENT
	A	Preparation for treatment procedures will take place in: (a) a clean utility room ☐ (b) a treatment room ☐ (c)
	B	Treatments may be carried out: (a) at the bedside ☐ (b) in the bathroom ☐ (c) in the treatment room, shared between ____ sections (d) in the treatment room in each section ☐ (e)
	C	Children may be taken to the treatment room: (a) on a bed or cot ☐ (b) in a wheelchair ☐ (c) on foot ☐ (d)
	D	And they may be accompanied by: (a) a nurse and parent ☐ (b)
	E	Hearing assessment will be carried out: (a) in an audiology room ☐ (b) in the children's out-patient assessment area ☐ (c) in the E.N.T. department ☐ (d)
2A	F	Physiotherapy and rehabilitation may be carried out: (a) in the children's out-patient assessment area ☐ (b) in the rehabilitation department ☐ (c) in the in-patient day area ☐ (d)

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5.17 IN-PATIENTS - SANITARY FACILITIES

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EARLIER DECISION	REF	5.17 IN-PATIENTS - SANITARY FACILITIES
	A	WC and personal washing facilities will be required: (a) in each single room ☐ (b) in selected single rooms ☐ (c) in association with each multi-bed space ☐ (d)
2SA,B	B	Access to WCs and personal washing facilities should be: (a) from outside the multi-bed space ☐ (b) not more than 12 metres from bed spaces ☐ (c) visible to nurses ☐ (d)
2SA,B	C	Washing, bathing and lavatory facilities should be provided on the basis of: (a) 1 WC to every 4 children ☐ (b) 1 bath to every 5 children ☐ (c) 1 shower to each nursing section ☐ (d)
	D	Facilities for clinical handwashing should be available: (a) in each single room ☐ (b) in multi-bed spaces ☐ (c)
	E	Baths, showers and WCs should be: (a) normal domestic type and size ☐ (b) fitted with handrails for use by handicapped children ☐ (c)
	F	Wash-hand basins, mirrors, towel rails, etc. should be: (a) placed at a convenient height for children ☐ (b)
	G	Space may be required for: (a) wheelchairs ☐ (b) sanitary chairs ☐ (c) lifting devices ☐ (d) adult assistance ☐ (e)

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5.18 IN-PATIENTS - EDUCATION

Teaching facilities

Education for children in hospital can take place in the bed areas, in a specially provided classroom, or where appropriate in play areas. However, the responsibility for providing education for children in hospital rests with local education authorities. Health authorities proposing to build new hospital accommodation for children or to adapt or add to existing accommodation should consult the local education authority at an early planning stage about the extent of any educational accommodation, its design and how it should be financed (see also DES Design Guide). The financial principles outlined in Circular HSC(IS)37 and DES Circular 5/74, dated 21 May 1974, should be applied to accommodation regarded as being made available to the local education authority under section 26(3) of the National Health Service Act 1977. Any capital contribution and/or rent, etc. by the local education authority should relate to the capital and running costs of any accommodation provided. (HBN, para. 1.30)

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EARLIER DECISION	REF	5.18 IN-PATIENTS - EDUCATION
	A	Formal education will be provided for children that are: (a) over 5 years old ☐ (b) remaining in hospital for more than three weeks ☐ (c)
28B	B	Teaching of children will take place: (a) in a separate teaching area ☐ (b) in the dining area ☐ (c) at the bedside ☐ (d)
	C	Space will be required for: (a) _____ beds (including orthopaedic beds) (b) wheelchairs ☐ (c)

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5.19 IN-PATIENTS - STORAGE

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EARLIER DECISION	REF	5.19 IN-PATIENTS - STORAGE
30A	A	A clean utility will be required for: (a) the preparation of trolleys and assembly of equipment for clinical procedures ☐ (b) secure storage of pharmacy supplies and controlled drugs ☐ (c) storage of a working supply of clean and sterile supplies ☐ (d)
	B	A dirty utility room will be required for: (a) cleansing of used items ☐ (b) temporary storage of used items ☐ (c) urine testing ☐ (d) storage of bedpans, etc. ☐ (e) cleansing or maceration of bedpans, etc. ☐ (f)
	C	An equipment/supply store will be required in each section for: (a) general items ☐ (b) mobile equipment ☐ (c) bulk packs of disposables ☐ (d)
	D	Linen will be stored in: (a) an exchange linen trolley ☐ (b) a linen store room ☐ (c)
	E	Parking space will be required for: (a) exchange linen trolleys ☐ (b) linen/supply distribution trolleys (for use within section) (c) patient trolleys (SPECIFY WHERE)- (d) wheelchairs ☐ (e)
	F	The holding area for soiled linen, dressings and other items will be: (a) a disposal room ☐ (b) shared between ☐ sections (c) in each section ☐ (d)

Facilities for parents

In addition to the accommodation for parents in the single rooms, a sitting room with beverage point and a shower with toilet will be needed. The number of bedrooms, shared between nursing sections should be determined according to local need and costs are provided under ECA.(HBN, paras. 2.90 and 4.11)

EARLIER DECISION	REF	5.20 IN-PATIENTS - SHARED FACILITIES
	A	The following activity spaces may be shared between adjoining nursing sections (SPECIFY RATIO):
23B		(a) admission/examination room, 1:☐
30B		(b) treatment room, 1:☐
32		(c) education, 1:☐
26E		(d) bedrooms for parents, 1:☐
		(e) parents' sitting room and toilet, 1:☐
		(f) seminar room, 1:☐
		(g) doctors' room, 1:☐
		(h) staff cloakroom and WCs, 1:☐
28A		(i) baby feed store/preparation, 1:☐
33C		(j) storage, 1:☐
33F		(k) disposal room, 1:☐
		(l)
		(m)
		(n)
16A,22A	B	The following spaces may be shared with other areas of the children's accommodation:

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5.21 DAY PATIENTS - RECEPTION, WAITING, PLAY AREAS

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EARLIER DECISION	REF	5.21 DAY PATIENTS - RECEPTION, WAITING AND PLAY AREAS
	A	The children's day patient care section will normally be used: (a) Monday-Friday ☐ (b)
	B	Between the hours of: (a) 8 am and 6 pm ☐ (b)
	C	Children may be admitted as day patients for: (a) surgical procedures ☐ (b) medical treatment ☐ (c) investigation /diagnostic procedures ☐ (d)
	D	Documentation of patients will be carried out: (a) prior to admission ☐ (b)
	E	Reception of patients will take place: (a) at the staff base ☐ (b)
	F	There should be visual supervision from the staff base of: (a) the bed areas ☐ (b) the drugs cupboard ☐ (c)
	G	Children will normally be admitted: (a) in the morning ☐ (b) in the morning and at midday ☐ (c)
	H	A waiting/play area will be provided: (a) near the entrance to the unit ☐ (b)

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5.22 DAY PATIENTS - BEDROOMS

Bedrooms

Two single rooms are required to accommodate patients and parents. There should be a multi-bed room or bay to accommodate six beds.
(HBN, paras 2.156 - 2.157)

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EARLIER DECISION	REF	5.22 DAY PATIENTS - BEDROOMS
	A	Patients will be accommodated in: (a) ___ single-bed rooms
6A		(b) a multi-bed room/bay with _____ beds
		(c) a multi-bed room/bay with _____ beds
		(d)
	B	Patients may arrive at the bedspace: (a) in a wheelchair ☐ (b) on a stretcher ☐ (c) on foot ☐ (d)
	C	Patients will dress/undress: (a) at the bedside ☐ (b)

Treatment/examination

The surgical cases may be taken to the theatre in their beds/cots and post-operatively remain in the recovery area of the theatre until fit for return to the day care section. Investigation and/or treatment may be carried out in the section itself or in one of the diagnostic departments of the hospital. (HBN, para. 2.150)

Patients unfit for discharge

When considered sufficiently fit the children will go home from the day care section accompanied by their parents. Occasionally a child may be considered unfit for discharge and will need to be admitted as an in-patient. (HBN, para. 2.153)

EARLIER DECISION	REF	5.23 DAY PATIENTS - TREATMENT/EXAMINATION
23,34A	A	Children admitted for day surgery will be examined: (a) in the doctor/admissions office associated with the in-patient unit ☐ (b) in the day patient unit ☐ (c)
30A	B	Children will be prepared for treatment: (a) in the nursing section ☐ (b)
30A	C	Investigation and/or treatment may be carried out: (a) in the nursing section ☐ (b) in the operating department ☐ (c) in the day patient treatment suite ☐ (d) in one of the diagnostic departments of the hospital (e)
	D	A treatment/examination room will be required: (a) adjacent to the bed area ☐ (b)
	E	This room will also be used for: (a) specimen collection ☐ (b) parental discussions ☐ (c)
9A	F	Patients unfit for discharge may be admitted as in-patients to: (a) the children's in-patient section ☐ (b) isolation nursing section ☐ (c) special units in other hospitals ☐ (d)

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5.24 DAY PATIENTS - PARENTS' FACILITIES

Parents' facilities

Most parents stay with their children and help with their general care. Discussion with relatives on the treatment or follow-up treatment for their children could conveniently take place in a quiet area of the day care section or in an office in the in-patient section.

The parents' sitting room could be used by parents or relatives while the children are undergoing surgery. Patients awaiting the results of investigation and siblings could play in the in-patient play room. (HBN, paras 2.151, 2.152)

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EARLIER DECISION	REF	5.24 DAY PATIENTS - PARENTS' FACILITIES
	A	Parents will generally accompany their children: (a) at reception and in waiting areas ☐ (b) during treatment/examination ☐ (c) when discharged ☐ (d)
	B	Facilities will be required for parents: (a) to wait while children are undergoing surgery ☐ (b) to wait with children for results of investigations ☐ (c) to discuss follow-up treatment, etc. with staff ☐ (d)
27C	C	A parents' sitting room will be available: (a) as a shared facility within the children's accommodation ☐ (b)
	D	Parents and children awaiting results will wait in: (a) the area provided near the entrance ☐ (b)
23F	E	Discussion with parents may take place: (a) in a quiet area of the day care section ☐ (b) in an office in the in-patient section ☐ (c) in the treatment/examination room ☐ (d) in the admission room ☐
23F		(e) in the sister/charge nurse's office ☐ (f)

EARLIER DECISION	REF	5.25 DAY PATIENTS - ANCILLARY ACCOMMODATION
	A	A small clean utility room will be required: (a) closely associated with the staff base ☐ (b)
	B	A dirty utility/disposal room will be required for: (a) disposal and cleaning of items ☐ (b) receiving and testing urine specimens ☐ (c) storage of bedpans/potties ☐ (d) bedpan cleansing or maceration ☐ (e)
	C	A toilet should be provided, with hand-washing facilities ☐
	D	A small pantry will be required for: (a) the provision of simple refreshments for patients ☐ (b)

Supplies system
The system(s) will be the same for the Whole Hospital. Supplies will be delivered according to local policies, probably at the following intervals:

Sterile supplies - daily (6 times a week)

Linen - daily (6 times a week)

Pharmacy - daily (6 times a week)

Bulky disposables - 3 times a week

Catering provisions:- milk - daily
other - twice weekly

Surgical sundries - weekly

Cleaning materials - weekly

Hardware and crockery - fortnightly

Stationery - fortnightly

EARLIER DECISION | REF | 5.26 SUPPLY AND STORAGE

A Supply deliveries to be controlled by a topping-up system will be:

	number of days stock	frequency of delivery
(a) sterile supplies	____	____
(b) linen	____	____
(c) nappies	____	____
(d) pharmacy supplies	____	____
(e) medical & surgical sundries	____	____
(f) cleaning materials	____	____
(g) hardware and crockery	____	____
(h) stationery	____	____
(i) catering provisions - milk	____	____
- dry goods	____	____
(j) bulk disposables	____	____
(k)		
(l)		

B Supply deliveries to be controlled by a requisition system will be:

(a) sterile supplies	____	____
(b) linen	____	____
(c) nappies	____	____
(d) pharmacy supplies	____	____
(e) medical and surgical sundries	____	____
(f) cleaning materials	____	____
(g) hardware and crockery	____	____
(h) stationery	____	____
(i) catering provisions - milk	____	____
- dry goods	____	____
(j) bulk disposables	____	____
(k)		
(l)		

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5.27 DISPOSAL AND CLEANING

DHSS DBS	DESIGN BRIEFING SYSTEM DECISIONS HOSPITAL ACCOMMODATION FOR CHILDREN	PLANNING UNIT/DEPT. CHI	PAGE 41

EARLIER DECISION	REF	5.27 DISPOSAL AND CLEANING
	A	The system of disposal will be: (a) soiled linen in bags, colour coded ☐ (b) foul/infected linen in bags, colour coded ☐ (c) soiled dressings in bags, colour coded ☐ (d) returnable items to CSSD in bags, colour coded ☐ (e) labelled containers for CSSD items and pathology specimens ☐ (f) returnable empties in labelled containers ☐ (g)
	B	Soiled linen/clothing will be collected: (a) daily ☐ (b) twice daily ☐ (c)
	C	Waste for destruction will be collected: (a) daily ☐ (b) twice daily ☐ (c)
	D	Soiled returnable instruments will be collected: (a) daily ☐ (b) twice daily ☐ (c)
	E	Bedpans, potties, urinals and vomit bowls will be: (a) disposable (bedpans/potties/urinals/vomit bowls) ☐ (b) non-disposable (bedpans/potties/urinals/vomit bowls) ☐ (c)
	F	Bedpans, etc. will be stored: (a) in the vicinity of each bed space ☐ (b) in the dirty utility room ☐ (c)

Cleaning

Materials and finishes should be selected to minimise maintenance costs including cleaning cost and be compatible with the functional and environmental requirements. Assemblies that require regular decoration or are difficult to service should be avoided. The design of components which are subject to heavy usage such as entrance doors, corners on partitions and counters should receive special design consideration. In particular, floor finishes should be restricted in variety and, where soft floor coverings are specified, should have a backing impervious to fluids. (see Floor Covering Study Group Report, HN(78)32 (in Wales: WHN(78)92).) (HBN, para. 2.5)

Provision is required for the storage of cleaning materials (in lockable cupboards) and equipment in accordance with the domestic services policies. Facilities are needed for emptying and cleaning equipment. This facility can be shared by two nursing sections. (HBN, para. 2.140)

EARLIER DECISION	REF	5.27 DISPOSAL AND CLEANING (contd.)
	A	Cleaning will be carried out: (a) partially be domestic staff working exclusively in the accommodation and partially by unit teams working outside busy periods ☐ (b) by domestic staff who work mainly in the children's accommodation ☐ (c) by unit domestic staff for main cleaning, with a central cleaning team for wall washing and special cleaning ☐ (d)

5.28 ADMINISTRATION AND STAFF EDUCATION

Administration

Offices will be needed for use by consultants, senior nursing staff, community care staff and clerical/secretarial support staff. (See HBN 18 - Administrative Department) (HBN, para. 1.34)

Office accommodation for junior medical staff and charge nurse/sister grade nursing officers will normally be required within the various sections of the in-patient/day patient care unit. Care should be taken to avoid duplication of offices. General communications with the out-patient and the comprehensive assessment units and the in-patient accommodation will be required to facilitate the close contact necessary with the community services. (HBN, para. 1.35)

Clinical teaching

Seminar facilities for staff to receive clinical instruction and for case discussion will be required for the in-patient unit and the out-patient and/or comprehensive assessment unit. This room should only be provided within the children's accommodation if there is no suitable accommodation elsewhere.

If it has been agreed that the teaching of undergraduate medical students will take place in the accommodation, and their numbers necessitate additional space, reference should be made to the document "Teaching Hospital Space Requirements" (DS 65/74) and Welsh Office's letter dated 29th April 1974, HSD 3/57/1.

The majority of post-graduate medical education requiring special facilities will take place in a post-graduate medical education centre or the hospital education centre. Apart from the use of seminar rooms, no special facilities are normally required elsewhere in the hospital. (HBN, paras 1.31-1.33)

EARLIER DECISION	REF	5.28 ADMINISTRATION AND STAFF EDUCATION
	A	The day-to-day general nursing management of the children's accommodation will be undertaken by: (a) sister/charge nurses in charge of each section ☐ (b) a nursing officer in overall charge ☐ (c)
	B	The nursing officer will require an office: (a) centrally in the hospital (i.e. administration) ☐ (b)
10G, 14A,C 17C,23F	C	Separate offices will also be required within the children's accommodation for use by: (a) medical, nursing and community staff ☐ (b) clerical/secretarial support staff ☐ (c) junior medical staff, shared between two sections ☐ (d) charge nurses/sisters within the various sections of the in-patient/day patient care unit ☐ (e) professional staff of the assessment service ☐ (f)
	D	Clinical instruction and teaching will be carried out for: (a) student nurses ☐ (b) pupil nurses ☐ (c) post-registration nurses ☐ (d) health visitors ☐ (e) dietitians ☐ (f) physiotherapists ☐ (g) physiotherapy trainees ☐ (h) occupational therapy trainees ☐ (i) social workers ☐ (j) speech therapists ☐ (k) radiographers ☐ (l) patients, clinical procedures ☐ (m) parents and other relatives ☐ (n) medical undergraduates ☐ (o) medical post-graduates ☐ (p) (q)

Seminar room

One seminar room shared between two nursing sections and large enough for about 10 persons will be required for medical, nursing and other staff. The seminar room is primarily for the use of the department though it may be available to users on a Whole Hospital basis. Facilities are needed for clinical instruction and demonstrations, teaching, discussions and tutorials. As children will be involved with the demonstrations, the environment should be as pleasant as possible and compatible with the clinical needs. Activities such as X-ray viewing, the use of slides and note-taking will be carried out. A hand-wash basin will be needed. (HBN, para. 2.130)

EARLIER DECISION	REF	5.28 ADMINISTRATION AND STAFF EDUCATION (contd.)
	A	Clinical instruction will take place: (a) at the bedside ☐ (b) at the staff base ☐ (c) in the sister/charge nurse's office ☐ (d) in the doctor's/admissions office ☐ (e) in the treatment room ☐ (f) in a seminar room ☐ (g) in an education centre ☐ (h)
	B	Formal teaching of staff will be carried out in: (a) an education centre ☐ (b) a seminar room at unit/section level ☐ (c) a seminar room shared between ___ sections ☐ (d)
	C	Facilities will be required in the seminar room for: (a) seating 12 people ☐ (b) clinical instruction and demonstrations ☐ (c) teaching, discussions and tutorials ☐ (d) X-ray viewing ☐ (e) slide projection ☐ (f) note-taking ☐ (g) hand-washing ☐ (h)

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5.29 STAFFING

DHSS DBS	DESIGN BRIEFING SYSTEM DECISIONS HOSPITAL ACCOMMODATION FOR CHILDREN	PLANNING UNIT/DEPT. CHI	PAGE 45

EARLIER DECISION	REF	5.29 STAFFING

A The estimated number, for planning purposes, of nursing staff working in the children's accommodation will include:

	whole time	part-time	WTE
(a) nursing officer			
(b) sister/charge nurse			
2,6 (c) state registered nurses			
(d) state enrolled nurses			
(e) learners			
(f) auxiliaries			
(g) clinical teacher			
(h)			

B The estimated number, for planning purposes, of medical staff working in the children's accommodation will include:

	whole time	part-time	WTE
(a) consultants			
(b) medical assistants			
(c) senior registrars			
2,6 (d) registrars			
(e) house officer			
(f) junior doctors			
(g) clinical assistants			
(h)			
(i)			

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5.29 STAFFING (contd.)

DHSS DBS	DESIGN BRIEFING SYSTEM DECISIONS HOSPITAL ACCOMMODATION FOR CHILDREN	PLANNING UNIT/DEPT. CHI	PAGE 46

EARLIER DECISION	REF	5.29 STAFFING (contd.)
	A	The estimated number, for planning purposes, of para-medical staff working in the children's accommodation will include:
		whole time / part-time / WTE
		(a) occupational therapists
		(b) physiotherapists
		(c) physiotherapy helpers
		(d) rehabilitation helpers
2,6		(e) speech therapists
		(f) psychologists
		(g) social workers
		(h) play worker/teacher
		(i) technicians (SPECIFY)-
		(j) -
		(k) -
		(l) dietitian
		(m)
	B	The estimated number, for planning purposes, of other staff working in the children's accommodation will include:
		whole time / part-time / WTE
42A		(a) domestic supervisor
		(b) domestic assistants
		(c) cleaners
		(d) ward orderlies
		(e) outside porters
10D,E/17A		(f) clerk/receptionists
43C		(g) secretary/typists
		(h)
	C	Porters will be provided: (a) exclusively for the accommodation on a permanent basis ☐ (b) seconded from central portering services ☐ (c)

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5.30 STAFF FACILITIES

DHSS DBS	DESIGN BRIEFING SYSTEM DECISIONS HOSPITAL ACCOMMODATION FOR CHILDREN	PLANNING UNIT/DEPT CHI	PAGE 47

EARLIER DECISION	REF	5.30 STAFF FACILITIES
	A	The estimated number of staff working in the children's accommodation during a day shift period will be: - male _____ - female _____ TOTAL: _____
16A	B	Staff will use: (a) the central changing accommodation of the hospital, with small lockers for personal possessions provided locally ☐ (b) section changing accommodation ☐ (c) section changing accommodation (for female staff) and central changing accommodation (for male staff) ☐ (d)
34	C	Tea/coffee breaks and rest room facilities will be provided: (a) in the seminar room ☐ (b) in a rest room shared between _____ sections ☐ (c) in a rest room for each section ☐ (d) outside the children's accommodation ☐ (e)

EARLIER DECISION	REF	5.31 COMMUNICATIONS AND OTHER ENGINEERING SERVICES
	A	Telephone communication will be provided by: (a) an appropriate PABX system with suitable barring (as Whole Hospital) ☐ (b)
	B	Staff location will be via: (a) pocket receivers issued to all essential staff ☐ (b) an induction wire loop system ☐ (c) a VHF/UHF system ☐ (d)
	C	Patients' call facilities will be provided: (a) at each bed-head ☐ (b) in treatment rooms ☐ (c) in play/dining areas ☐ (d) in the schoolroom ☐ (e) in bathrooms, showers and WCs ☐ (f)
	D	Staff/staff emergency call facilities will be provided: (a) in each bed area ☐ (b) in play/dining areas ☐ (c) in treatment rooms ☐ (d) in assisted bathrooms, showers and WCs ☐ (e)
	E	An intruder alarm will be required: (a) at the staff base ☐ (b)
	F	A telephone jack for a trolley phone will be required: (a) in bed areas ☐ (b)
	G	TV outlets will be required in: (a) all bed areas ☐ (b) day/play areas ☐ (c)

EARLIER DECISION	REF	5.31 COMMUNICATIONS AND OTHER ENGINEERING SERVICES (contd.)
	A	Domestic gas will: (a) not be required ☐ (b) be required in the pantry ☐ (c)
	B	Drinking water must be available: (a) in the clean utility ☐ (b) in the pantry/milk preparation room ☐ (c) at all cold water taps ☐ (d)
	C	Piped oxygen, medical compressed air and vacuum will be supplied to: (a) all single bedrooms ☐ (b) multi-bed rooms (SPECIFY RATIO/S): (c) - (d) - (e) the treatment room ☐ (f)
	D	Mechanical ventilation should be provided for: (a) all internal rooms ☐ (b) bedrooms used for incubators ☐ (c) the treatment room ☐ (d)
	E	Fire alarms, smoke doors, smoke/heat detectors and fire fighting equipment will be provided: (a) in accordance with the Whole Hospital Fire Policy ☐ (b)
	F	Electrical switchgear will be housed: (a) in a switchroom for each nursing section ☐ (b)
	G	Hot water should be controlled: (a) to a temperature of 44°C ☐ (b)
	H	All exposed heating surfaces should: (a) not exceed a temperature of 50°C ☐

EARLIER DECISION	REF	5.31 COMMUNICATIONS AND OTHER ENGINEERING SERVICES (contd.)
	A	General lighting requirements are: (a) fluorescent lighting generally ☐ (b) night lights in all bed areas ☐ (c) colour-corrected tubes in clinical areas ☐ (d)
	B	Electrical power supplies requirements are: (a) ____ switched socket outlets to each bed ☐ (b) ____ outlets in the treatment room ☐ (c) ____ outlets for domestic appliances, portable X-ray machines and equipment ☐ (d)

Statutory and other requirements

It is Government policy that health buildings should comply with the technical requirements of all relevant statutes and regulations even though the Crown need not always follow the procedural requirements of such legislation. Health buildings should also comply with all relevant codes of practice and standards. Whilst this guidance is compatible with the relevant statutory and other requirements currently in force at the time of writing, it nevertheless does not relieve health authorities of the responsibility for ensuring compliance with statutes, regulations, codes and standards at all stages in their building projects. (HBN, para. 1.36)

The patients

A child's reactions to hospital may result in ill effects; children are emotionally vulnerable and earlier experiences may affect their later development. A child's reactions may also interfere with the success of medical treatment. There is therefore a need to create an environment which is light, attractive, friendly and as non-clinical as possible and, within the accommodation provided, to reduce to a minimum the likelihood of traumatic experiences. A child's links with home should be maintained by unrestricted visiting and by the provision of accommodation for parents. (HBN, para. 1.23)

Internal spaces

Internal rooms may contribute to economy in planning but the resultant additional artificial lighting and ventilation which may be necessary will add to both capital and running costs. Such rooms are not conducive to good working conditions and should be limited to supporting service rooms or those spaces which are either infrequently occupied or demand a controlled environment. Rooms which are likely to be occupied for any length of time by staff or patients should have windows. Office staff may be difficult to recruit or retain if office areas do not have an external outlook. (HBN, para. 2.10)

EARLIER DECISION	REF	6. GENERAL DESIGN REQUIREMENTS
	A	The general design of the children's accommodation must be: (a) light, attractive, friendly and non-clinical ☐ (b)
	B	Internal spaces/rooms (with artificial lighting and ventilation) should only be used for: (a) supporting service rooms ☐ (b) spaces infrequently occupied ☐ (c) spaces demanding a controlled environment ☐ (d)
	C	Landscaped internal courtyards are desirable if they: (a) are accessible and economic to maintain ☐ (b) allow privacy of surrounding rooms ☐ (c)

Damage in health buildings

When designing and subsequently equipping health buildings, due consideration should be given to the need to minimise the likely occurrence and effects of accidental damage. In particular, damage in health buildings has been aggravated over the years by the increased use of heavier mechanical equipment for the movement of patients and supplies and, to some extent, by the use of lightweight, often less robust, building materials which cannot withstand impact. Reference should be made to the relevant British Standards and to the advice given in the Department's DS (Supply) letter 42/75, dated 5 August 1975, about the buffering of movable equipment.

6. GENERAL DESIGN REQUIREMENTS (contd.)

Economy

THE DESIGN OF THIS ACCOMMODATION MUST TAKE ACCOUNT OF THE NEED FOR ECONOMY IN ALL ASPECTS INCLUDING SPACE PROVISION, THE GOOD FUNCTIONAL RELATIONSHIPS OF THE DIFFERENT UNITS OF CHILD ACCOMMODATION AND THE REST OF THE HOSPITAL, STAFF UTILISATION, ENERGY CONSUMPTION AND MAINTENANCE. WHILST THE OVERALL CAPITAL EXPENDITURE MUST BE KEPT IN MIND, IT IS EQUALLY IMPORTANT TO ENSURE THAT ALL COST CONSEQUENCES OF PROJECT DECISIONS ARE FULLY CONSIDERED. A BOOKLET ENTITLED 'NOTE ON THE RELATIONSHIP BETWEEN PLANNING HEALTH BUILDINGS AND THE COST OF RUNNING THEM', ISSUED IN SEPTEMBER 1980 WITH HN(80)29, (WHN(80)36 IN WALES) SHOULD BE OF INTEREST TO DESIGN TEAMS.

THE AMOUNT OF SPACE FOR A SERVICE OR GROUP OF SERVICES SHOULD BE NO MORE THAN IS CURRENTLY NEEDED. PLANNING SHOULD ENSURE THAT SPACES PROVIDED ARE NOT DUPLICATED AND THAT THEY ARE USED AS INTENSIVELY AS POSSIBLE. CORRECT WORKING RELATIONSHIPS WILL HELP TO FACILITATE ECONOMY. (HBN, paras. 2.3 - 2.4)

Fire Safety

At the time of writing, Departmental guidance on all aspects of Fire Safety is being prepared in a series of documents within the Health Technical Memoranda series, commencing at number 81 (although publication may not be in strict numerical order). It is essential that the project teams familiarise themselves with this guidance and the statutory regulations on the subject. In particular, the need for structural fire precautions and means of escape from the whole accommodation must be taken into account at the earliest possible planning stage. Guidance on fire safety as it applies to new health buildings and new parts of health buildings (e.g. extensions) is contained in HTM 81 "Fire Safety in Health Care Premises - Planning and Design of New Buildings" (a draft of this document has already been circulated within the NHS under the title "Fire Safety in Health Buildings" dated September 1978).

During the design stage it is important to establish those aspects of fire safety strategy which affect the design, configuration and structure of the project. The architect and engineer should discuss and verify their proposals with the local fire authority from the inception of the scheme through to completion, and ensure that the project team and other planning staff are fully acquainted with the fire safety strategy for the design in terms of operation (staff responsibilities, etc.), equipment provision, and building and engineering layouts. (HBN, paras 1.37, 1.38)

Security

Security will normally be a matter of Whole Hospital Policy. However, it should be remembered that, wherever supplies - linen, food, drugs, instruments, cleaning materials, etc. - are stored, precautions against theft may be required. Cupboards may need lockable doors, windows should have appropriate protective devices and, in certain circumstances, there may be a requirement for audio/visual alarms.

The designer could usefully discuss his proposals for security with the officer in charge of the Police Crime Prevention Department in whose area the hospital is proposed and, at the same time, with a hospital or district security officer or adviser if one is employed by the Health District. Contact should be made early, preferably at the outline stage of the building design, at the same time that Fire and Safety officers

EARLIER DECISION	REF	6. GENERAL DESIGN REQUIREMENTS (contd.)
	A	Spaces that may be shared/used for more than one function include the: (a) admission/examination room ☐ (b) seminar room ☐ (c) staff cloakroom and WCs ☐ (d)
	B	Adaptability of the accommodation for use by adult in-patients is desirable. ☐
	C	For management efficiency the children's sections should be: (a) horizontally adjacent ☐ (b) provided with one entry corridor ☐ (c) designed with the sister/charge nurse's office at the entrance ☐ (d)
	D	Fire escape routes will lead from every room: (a) via an adjacent compartment or sub-compartment ☐ (b)
	E	Fire escape routes from bed areas may be into: (a) an adjacent bed area ☐ (b) a non-bed area ☐ (c) the main hospital corridor ☐ (d) the hospital grounds ☐ (e)
	F	Attention should be paid to the secure storage of: (a) linen ☐ (b) food ☐ (c) drugs ☐ (d) instruments ☐ (e) cleaning materials ☐ (f)

Safety

Safety is a factor that must be taken into consideration in the design layout, siting and equipping of all parts of the hospital to which children have access. The possibility of dangerous situations arising through human error, on the part of visitors or staff, needs to be anticipated as far as possible and measures taken to avoid their occurrence. At the same time, safety measures should not cause avoidable inconvenience nor impair efficiency. Within the patient area itself the best deterrent to mishap is an unobstructed view to all areas.

Appropriate safety measures are those which make it as difficult as possible, if not impossible, for young children to enter accommodation which might contain equipment or material likely to be harmful to them. Such accommodation and items of possible danger include:

(a) kitchen and beverage areas where there are cookers, hot plates and heated food trolleys;
(b) utility rooms, cleaners' rooms, stores and any other areas where drugs, lotions or cleaning fluids may be kept (disinfectants and cleaning fluids must be treated as poisons and kept in locked cupboards);
(c) disposal areas where potentially infected rubbish i held;
(d) treatment rooms or other areas where medical or surgical equipment may be kept;
(e) doors and windows;
(f) low-level engineering terminals;
(g) lifts and paternosters.

Other aspects which need to be considered are the possibility of limbs or heads being trapped in fittings, etc., hazards from lift shafts, stairwells and fixed equipment, danger from broken glass and deep water, interference by outsiders and children straying from the department.

Doors to kitchens, utilities, etc. should have high level latches as specified on the appropriate Activity Data sheets.

Safety glass should be used in all partitions and doors. Windows overlooking an outside play area should not open outwards: children playing outside may be injured by running into the projecting part of the window. Windows should be fitted with restrictor devices.
(HBN, paras 2.18 -2.21)

EARLIER DECISION	REF	6. GENERAL DESIGN REQUIREMENTS
	A	Particular attention should be paid to safety in the following areas: (a) kitchen and beverage areas ☐ (b) areas where drugs, lotions or cleaning fluids are kept ☐ (c) disposal areas ☐ (d) doors and windows ☐ (e) low-level engineering terminals ☐ (f)
	B	Precautions necessary for the protection of children include: (a) door handles, fire appliances, bed-head lights and power points suitably placed and of safe design ☐ (b) all wash-basins used by children should have thermostatic control of the water, which should not exceed 44°C ☐ (c) windows may require some form of screening and/or window locks ☐ (d) balconies should be protected by railings designed to prevent children climbing over, under or through them ☐ (e) railings and stair bannisters should be designed so that children cannot get their heads fixed in them ☐ (f) all play spaces should be walled, fenced or wired in ☐ (g) avoidance of sharp corners ☐ (h)
	C	The following design features are desirable in the children's accommodation: (a) the ability for a child in bed to see other children playing in adjacent rooms and staff working within the section ☐ (b) all glazed panels should have privacy control ☐ (c) bright colours, toys and furniture ☐ (d) doors to all rooms, with viewing panels ☐ (e) adequate space in bed areas for medical and nursing procedures to be carried out with nursing aids, medical equipment and parents in attendance ☐ (f) daylight, without glare, in bed and day areas ☐ (g)
	D	Excessive glare will be reduced by the use of: (a) screens ☐ (b) curtains ☐ (c)

DESIGN BRIEFING SYSTEM

(formerly Accommodation Design Data)

Part 2

This part of the document should be used when all the decisions in Part 1 have been completed, to select and record suitable activity spaces for the project. Whilst an activity space can be equated with a room, it may also be an unenclosed space such as a bay or corridor.

It is recommended that a sub-group of the planning team should select the activity spaces and related data sheets outside the meeting so that sufficient time is available to thoroughly check the implication of planning decisions taken in Part 1.

COMPLETING PART 2

The activity spaces likely to be required have been divided into suitable groups of accommodation (e.g. SANITARY FACILITIES). References are provided in the "Earlier decision" column to decisions in Part 1 which may have an effect on the activity space chosen. Activity spaces are selected using the existing bank of D.H.S.S. activity data sheets ("A" sheets), which may require modification to suit particular projects, or new "A" sheets may be generated.

The reference letter and number of "A" sheets, from which a choice may be made, has been included (e.g. Disposal - Y0603). The number of activity spaces required should be entered in the "No." column. The "locational relationship" column should be used to state any important locational relationships within the department, either by ticking those already entered or adding new statements.

When all activity spaces have been chosen for each group, the whole of Part 2 should be reviewed, in its entirety, to enable the planning team to rationalise any over-provision or reconsider areas that may be shared, e.g. sharing of facilities between sections or sub-departments.

The schedule of activity spaces and data sheets may be typed directly from the completed Part 2, including any guidance the team may decide to include to assist designers.

DESIGN BRIEFING SYSTEM

(formerly Accommodation Design Data)

HOSPITAL ACCOMMODATION FOR CHILDREN

Part 2

SCHEDULE OF ACTIVITY SPACES

The hospital accommodation for children is scheduled in the following groups:

OUT-PATIENT ACCOMMODATION	56-57
COMPREHENSIVE ASSESSMENT - ASSOCIATED WITH OPD	58
- NOT ASSOCIATED WITH OPD	59
IN-PATIENT ACCOMMODATION	60-63
SHARED ACCOMMODATION/ADMINISTRATION (IN-PATIENT SECTIONS)	64-66
DAY PATIENT ACCOMMODATION	67

THE OUT-PATIENT ACCOMMODATION FACILITIES REQUIRED WILL INCLUDE:

EARLIER DECISION	REF	ACTIVITY SPACE	NO.	A SHEET	LOCATIONAL RELATIONSHIP	✓
	A	RECEPTION		J0210		
	B					
	C	WAITING AREA		J1406		
10,11	D					
	E	MOTHER AND BABY ROOM		J0702	Easily accessible from waiting area	
	F					
	G	WEIGHING AND MEASURING ROOM		C1405	Accessible from waiting area and consulting/examination rooms	
	H					
	I					
6B,12	J	CONSULTING/EXAMINATION ROOM		C0201		
	K					
	L	TREATMENT ROOM		X0105		
	M					
	N					
	O					
	P					
	Q					
	R					
	S					
	T					
	U					
	V					
	W					
	X					

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THE OUT-PATIENT ACCOMMODATION FACILITIES REQUIRED WILL INCLUDE (contd)

EARLIER DECISION	REF	ACTIVITY SPACE	NO.	A SHEET	LOCATIONAL RELATIONSHIP	✓
14A	A	OFFICE (NURSING SISTER/CHARGE NURSE)		M0201		
	B					
15H,F	C	DIRTY UTILITY (without BPDU)		Y0401	Secure from access by children	
	D					
	E	W.C. and HANDRINSE		V1106		
13	F	ASSISTED W.C. AND HANDRINSE		V1204		
	G	SPECIMEN COLLECTING W.C.		V1403		
	H					
11A, 15B	I	PRAM STORE/WHEELCHAIR BAY		C0108	Near waiting area	
	J					
	K					
	L					
	M					
	N					
	O					
	P					
	Q					
	R					
	S					
	T					
	U					
	V					
	W					
	X					

THE COMPREHENSIVE ASSESSMENT AND CARE ACCOMMODATION (ASSOCIATED WITH OPD) WILL INCLUDE:

EARLIER DECISION	REF	ACTIVITY SPACE	NO.	A SHEET	LOCATIONAL RELATIONSHIP	✓
	A	ASSESSMENT/OBSERVATION/REMEDIAL THERAPY		X0704		
	B	TREATMENT ROOMS				
	C					
	D	VIEWING ROOM		X0705	Between the assessment rooms	
	E					
17C	F	OFFICE				
	G					
	H	OFFICE/SEMINAR		H0503		
40	I					
	J	STORAGE		W1110		
	K					
17D,E 19	L	WAITING/DINING SPACE/BEVERAGES		J1405		
	M			P0702		
	N					
20	O	W.C. AND HANDRINSE		V1106		
	P	ASSISTED W.C. AND TOILETTING		V1216	With access to dirty utility	
	Q					
	R					
	S					
	T					
	U					
	V					
	W					
	X					

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THE COMPREHENSIVE ASSESSMENT AND CARE ACCOMMODATION (NOT ASSOCIATED WITH OPD) WILL INCLUDE:

EARLIER DECISION	REF	ACTIVITY SPACE	NO.	A SHEET	LOCATIONAL RELATIONSHIP	✓
17A,B	A	RECEPTION		J0210		
	B					
17D,E 19	C	WAITING/DINING SPACE/BEVERAGES		J1405		
	D			P0702		
6B	E	CONSULTING/EXAMINATION ROOM		C0201		
	F					
18	G	ASSESSMENT/OBSERV./REMEDIAL THERAPY ROOM		X0704		
	H					
	I	VIEWING ROOM		X0705	Between two assessment rooms	
	J					
17C	K	OFFICE		M0201		
	L	OFFICE/SEMINAR		H0503		
	M					
20	N	AMBULANT W.C.		V1106		
	O	ASSISTED W.C. AND TOILETTING		V1216	With access to dirty utility	
	P					
41F	Q	DIRTY UTILITY (without BPDU)		Y0401		
	R					
45,46, 47	S	STAFF LOCKER ROOM		V0606		
	T	STAFF W.C.		V1005		
	U					
40	V	STORAGE		W1110		
	W	PRAM STORE/WHEELCHAIR BAY		G0108		
49F	X	SWITCHROOM		K0101		

THE IN-PATIENT ACCOMMODATION REQUIRED WILL INCLUDE:

EARLIER DECISION	REF	ACTIVITY SPACE	NO.	A SHEET	LOCATIONAL RELATIONSHIP	✓
	A					
3,4,5	B	SINGLE BEDROOM		B1801		
6A,25	C	SINGLE BEDROOM (SHOWER/W.C. *en suite*)		B1802		
26	D					
	E	MULTI-BED SPACE:				
	F	6 BEDS (4 suction/gas outlets)		B2002		
	G	6 BEDS (6 suction/gas outlets)		B2004		
	H					
	I					
	J					
	K					
	L					
	M					
	N					
	O					
	P					
	Q					
	R					
	S					
	T					
	U					
	V					
	W					
	X					

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THE IN-PATIENT ACCOMMODATION REQUIRED WILL INCLUDE: (contd.)

EARLIER DECISION	REF	ACTIVITY SPACE	NO.	A SHEET	LOCATIONAL RELATIONSHIP	✓
	A					
31	B	W.C. WITH HANDRINSE		V1106	) Access outside bedspace	
	C	ASSISTED W.C. AND HANDRINSE		V1204	) Within 12 metres of bedspaces	
	D	AMBULANT BATHROOM AND W.C.		V1711	) Easily and immediately accessible to children	
	E	ASSISTED BATHROOM AND W.C.		V1716	) Visible to nurses	
	F	ASSISTED SHOWER AND W.C.		V1305	)	
	G					
27	H	PLAY/DINING/EDUCATION, etc.		D0803		
28A-C	I			D1119		
30F,32	J					
	K					
	L					
	M					
	N					
	O					
	P					
	O					
	R					
	S					
	T					
	U					
	V					
	W					
	X					

THE IN-PATIENT ACCOMMODATION REQUIRED WILL INCLUDE (contd.)

EARLIER DECISION	REF	ACTIVITY SPACE	NO	A SHEET	LOCATIONAL RELATIONSHIP	✓
	A					
30A, 33A	B	CLEAN UTILITY		T0601	Inaccessible to children	
	C					
33B 41F	D	DIRTY UTILITY (with BPDU)		Y0301	Inaccessible to children	
	E					
	F					
33D,E,F	G	LINEN STORE		W1421		
40	H	CLOTHING AND GENERAL STORE		W1421		
	I					
	J					
	K					
	L					
	M					
	N					
	O					
	P					
	Q					
	R					
	S					
	T					
	U					
	V					
	W					
	X					

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THE IN-PATIENT ACCOMMODATION REQUIRED WILL INCLUDE: (contd.)

EARLIER DECISION	REF	ACTIVITY SPACE	NO	A SHEET	LOCATIONAL RELATIONSHIP	✓
	A					
24A,B	B	STAFF BASE		T0108	Maximum observation possible	
	C					
23F	D	NURSING SECTION OFFICE		M0201	Near the entrance	
	E				Near the centre of the section	
	F					
28,29C	G	PANTRY		P060*		
	H					
	I	TROLLEY/WHEELCHAIR/PRAM BAY		G0108		
	J					
	K	FLOWER BAY		Y1402		
	L					
	M					
	N					
	O					
	P					
	Q					
	R					
	S					
	T					
	U					
	V					
	W					
	X					

SHARED ACCOMMODATION (IN-PATIENT SECTIONS) WILL INCLUDE:

EARLIER DECISION	REF	ACTIVITY SPACE	NO	A SHEET	LOCATIONAL RELATIONSHIP
	A				
23A-D 52A	B	ADMISSION/EXAMINATION ROOM		CD301	
	C				
30A-D	D	TREATMENT ROOM		XD214	
	E				
	F	EDUCATION SPACE		DD803	
32	G			MD704	
	H	ADOLESCENTS' DAY ROOM		D1119	
	I			MD101	
	J	TEACHERS' BASE		D1122	
	K			MD905	
	L				
	M				
	N				
	O				
	P				
	Q				
	R				
	S				
	T				
	U				
	V				
	W				
	X				

SHARED ACCOMMODATION (IN-PATIENT SECTIONS) WILL INCLUDE: (contd.)

EARLIER DECISION	REF	ACTIVITY SPACE	NO	A SHEET	LOCATIONAL RELATIONSHIP
	A				
26E	B	PARENTS' BEDROOM		D1303	
27C	C	PARENTS' SITTING ROOM		J1307	
29A	D	PARENTS' SHOWER AND W.C.		V1503	
	E				
43D,44	F	SEMINAR ROOM		MD503	
52A	G				
23C	H	DOCTORS' OFFICE		MD305	
43C	I	OFFICE/INTERVIEW		MD201	
43B	J	NURSING OFFICER's OFFICE		MD205	
	K				
45,46,	L	STAFF LOCKER ROOM (CENTRAL CHANGING)		VD606	
47	M	STAFF CHANGING ROOM (DECENTRALISED)		VD504	
	N	STAFF W.C.		V1005	
	O				
	P	BABY FEED STORE/PREPARATION ROOM		P1002	
	Q				
	R				
	S				
	T				
	U				
	V				
	W				
	X				

SHARED ACCOMMODATION (IN-PATIENT SECTIONS) WILL INCLUDE: (contd.)

EARLIER DECISION	REF	ACTIVITY SPACE	NO	A SHEET	LOCATIONAL RELATIONSHIP	✓
	A					
	B	EQUIPMENT STORE		W1420		
	C					
42	D	CLEANERS' ROOM		Y1501		
	E					
41	F	DISPOSAL ROOM		Y0603		
	G					
	H					
	I	RESUSCITATION TROLLEY BAY		C0103		
	J					
49F	K	SWITCHROOM		K0101		
	L					
	M					
	N					
	O					
	P					
	Q					
	R					
	S					
	T					
	U					
	V					
	W					
	X					

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THE DAY PATIENT ACCOMMODATION REQUIRED WILL INCLUDE:

EARLIER DECISION	REF	ACTIVITY SPACE	NO	A SHEET	LOCATIONAL RELATIONSHIP	✓
	A					
35	B	STAFF BASE/RECEPTION/CLEAN UTILITY		T0305	With visual supervision of bedrooms & drugs cupboard	
	C					
38	D	WAITING/PLAY		J1406	At entrance to unit	
	E					
6A, 36	F	SINGLE BEDROOM		B1801		
	G	MULTI-BED ROOM - ___ BEDS		B2002		
	H					
37, 38	I	TREATMENT/EXAMINATION ROOM		C0613		
	J					
	K	W.C. AND HANDWASH		V1106		
	L					
	M	PANTRY		P0601		
	N					
41	O	DIRTY UTILITY/DISPOSAL ROOM (with BPDU)		Y0301		
	P					
49F	Q	SWITCHROOM		K0101		
	R					
	S					
	T					
	U					
	V					
	W					
	X					

DHSS DBS	DESIGN BRIEFING SYSTEM DECISIONS HOSPITAL ACCOMMODATION FOR CHILDREN	PLANNING UNIT/DEPT. CHI	PAGE 25

EARLIER DECISION	REF	5.14 IN-PATIENTS - BEDROOMS
	A	Patients generally will be accommodated: (a) in non-segregated multi-bed rooms/bays or single rooms ☑ (b) in separate multi-bed rooms/bays and single rooms (adolescents) ☐ (c)
	B	Patients will be grouped by: (a) specialty ☐ (b) age groups (SPECIFY)- (c) nursing dependency ☑ (d)
	C	Patients' clothes and personal items will be stored: (a) in a bedside locker/wardrobe ☑ (b) in a bedside locker and separate wardrobe ☐ (c) in suitable storage cupboards ☐ (d)
	D	Books and toys will be kept: (a) within easy reach of children on low shelving ☑ (b)
	E	Children's paintings, etc. may be displayed: (a) on a panel by each bed ☑ (b)
	F	Children will wear: (a) personal clothing ☑ (b) clothes provided by the hospital ☐ (c)

EXAMPLE OF ONE WAY IN WHICH A SECTION OF A BRIEF COULD BE TYPED FROM THE OPTIONS PAGE OPPOSITE

5.14 IN-PATIENTS BEDROOMS

Patients generally will be accommodated in non-segregated multi-bed bays or single rooms, and will be grouped by nursing dependency.	25A 25B
Patients' clothes and personal items will be stored in a bedside locker/wardrobe.	25C
Books and toys will be kept within easy reach of children on low shelving, and children's paintings, etc. may be displayed on a panel by each bed.	25D/E
Children will wear personal clothing.	25F

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Abbreviations:

AHAs Area Health Authorities
DHSS Department of health and Social Security
DOE Department of the Environment
MOH Ministry of Health
MOPBW Ministry of Public Building and Works
Directorate
NEDO National Economic Development Office
RHAs Regional Health Authorities
RHBs Regional Hospital Boards
RIBA Royal Institute of British Architects

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