

Calderdale and Huddersfield Service Reconfiguration

Public and Colleague Involvement to Develop the Design Brief for CRH and HRI: Calderdale and Kirklees Joint Scrutiny Committee Meeting to be held on 23rd March 2020

1. Background

During the past six months architects have been working with Calderdale and Huddersfield NHS Foundation Trust (CHFT) to develop a “Design Brief” to inform the future building design and construction schemes at HRI and CRH.

The approach to this has been to ensure a continuous process of public and colleague involvement and a focus on what’s important from a patient, carer, family and colleague perspective in terms of healthcare building design.

The “Design Brief” describes the principles that will inform the detailed architectural design and construction schemes at both HRI and CRH and will be used to complete the next stage (OBC and FBC) business cases required by NHSE/I and DHSC.

The Design Brief provides the principles for developing detailed design plans. It is not a Design Solution - and some aspects could be changed during the next stage of detailed development work.

The structure and content of the “Design Brief” document reflects the Department of Health best practice guidance on the design and planning of new healthcare buildings and the adaptation / extension of existing facilities (DH Health Building Note 00-01).

2. Purpose

The purpose of this report is to:

- Inform the Joint Scrutiny Committee of public and colleague feedback regarding their involvement to develop the “Design Brief”;
- Share with the Joint Scrutiny Committee the key themes identified in the “Design Brief” and confirm that copy of the document is publicly available on CHFT website;
- Inform the Committee of the next steps to continue to involve members of the public and colleagues in the development of the plans for service reconfiguration in Calderdale and Huddersfield.

3. Process of Public and Colleague Involvement

Public Involvement

- 4 public involvement workshop meetings were held in November and December 2019.
- The workshops adopted a round-table conversational approach, discussing the look and feel of public areas within the existing and future buildings and, where appropriate, used precedent designs to prompt dialogue.

- Invitations were sent to 320 organisations and groups across Calderdale and Kirklees. The invitation list was informed by Healthwatch, CCGs and Trust lists of community involvement groups. The Joint Scrutiny Committee was also invited to review and advise on organisations / individuals to be invited and this was included.
- 121 people attended the workshops.
- Dialogue also took place at an Older People's Fair in Brighouse and Young Persons Workshop in Calderdale.
- Feedback evaluation and equality monitoring was undertaken, and this will be used to plan targeted involvement in next stage of public involvement.

Colleague Involvement

- 21 colleague involvement workshops were undertaken to discuss 7 key areas of development in relation to the transformation of services across CHFT.
 - Accident and Emergency – Adult and Paediatric;
 - Inpatient Wards – Medical and Surgical Inpatients;
 - Surgery and Theatres;
 - Imaging and Diagnostics;
 - Digital Delivery;
 - Education & Training; and
 - Facilities and Support Services
- More than 100 CHFT colleagues have attended.
- The sessions explored a number of key issues tailored to specific clinical or service areas:
 - Known best practice and experience;
 - Current constraints which are to be improved;
 - Potential efficiencies generated by single site delivery;
 - Adjacencies, linkages and connectivity to key support services; and
 - How digital technology might improve delivery.
- "Go See" visits to other Hospitals that have implemented significant investment or reconfiguration has also been undertaken and further visits planned in the future.

4. Public and Colleague Views about the Events

The workshops that were held received a very positive response from members of the public and colleagues that attended as shown below.

Public Feed-Back



Colleague Feedback



5. What People Thought was Important for the Future Design

During the workshop members of the public and colleagues identified the issues that mattered to them in relation to the future design of health care buildings and facilities. A summary of the key themes that were raised is shown below.

Public Involvement – Key Themes

- Designs should address accessibility, diversity and inclusion throughout the premises.
- Reception areas and waiting areas should be welcoming with a range of seating options available and, where possible, a view to an external area.
- The provision of natural lighting within the building was deemed to be extremely important to users, who recognised the relationship with improved recovery times.
- The colour scheme was important to the users with the majority of comments directed against the use of 'cool' clinical colour schemes, preferring instead warmer, calming shades.
- The wayfinding solution should seek to provide greater clarity to facilitate ease of movement around the building, including those with hearing or visual impairment.
- Privacy and dignity was essential to users from the moment they step through the front door to the moment they leave or are discharged.
- The availability of accommodation for carers within some single bed rooms was very popular.
- With the increase in digital information and delivery of services, data security and privacy was a high priority.
- From an inpatient perspective, the hospital environment must promote social interaction with fellow patients, family, visitors and staff.

Colleague Involvement – Examples of Themes

- Clear and accessible entrances are required;
- Access routes for patients arriving by ambulance must be fully covered;
- Waiting spaces should be designed with access to natural light and views of soft landscaping;
- Good observation of all areas is essential;
- Clear and intuitive wayfinding is required;
- Paediatric and Adult ED Waiting and Treatment areas must be segregated;
- Single bed rooms for bariatric patients, should have integrated hoists;
- Space should be provided for relatives / carers overnight stay facilities;
- Access to natural light is required in the Operating Department;
- Digital will underpin the delivery of the healthcare model;
- A Simulation Suite is required;
- Chair-centric and couch-centric treatment cubicles are needed.

6. Development of the Design Brief

The views from members of the public and colleagues from the workshops have been used to develop the “Design Brief”. The “Design Brief” structure follows DH best practice as shown below.

The Design Brief Content

Design Vision and Critical Success Factors	• Ambition - overarching design vision and success factors.
Functional Design	• Specific design requirements to deliver clinical function and efficiency.
Character and Innovation	• Design to improve the lives of patients, colleagues and communities e.g. corporate and social responsibility, regeneration, climate change.
Construction Standards	• Construction standards to comply with national and legal requirements and to ensure the developments are of enduring high quality.

7. Critical Success Factors in the “Design Brief”

The following critical success factors identified through public and colleague involvement have been incorporated in the “Design Brief”.

Design Brief Critical Success Factors

- A Good Neighbour
- High Quality
- Digital by Design
- Efficiency
- Accessibility
- Flexibility
- Inclusive
- Healing Environment
- Sustainability
- Innovation
- Safety and Security
- Natural Light and Ventilation

8. Detailed Documents

The following documents are appended that provide further detail regarding the public and colleague involvement work that has been undertaken to develop the “Design Brief”.

- Public Involvement Report
- Colleague Involvement Report

A copy of the “Design Brief” is publicly available on CHFT Website.

9. Next Steps to Involve Members of the Public and Colleagues

In October 2019 the Trust and CCGs presented to the Joint Scrutiny Committee a plan for public and colleague involvement. A summary of the actions identified at that time and progress against these is provided below.

Summary Action Plan Agreed in October 2019	Summary Update on Progress – March 2020
<p><u>Involve a wide range of people:</u> Update the list of stakeholders to be invited to events and include additional groups in particular groups that have protected characteristics. Undertake equality monitoring to understand representation and inform future action for involvement of any groups under-represented.</p>	<p>The Trust and CCGs have worked with Healthwatch and the Joint Scrutiny Committee to include a wider range of community organisation to participate in events held over the past six months. Feedback evaluation and equality monitoring was undertaken, and this will be used to plan the next stage of public involvement.</p>
<p><u>Children and Young People</u> Ensure we use different approaches to involve young people to reach out and involve them.</p>	<p>The Trust and CCGs attended the Calderdale Young People’s Forum to discuss future plans – and used a conversational approach and photographs to help people get involved and share their views.</p>
<p><u>Clinical Services</u> Keep people informed and explain the plans for service reconfiguration.</p>	<p>Four public events have been held in the past six months to explain the service changes. The Trust and CCGs also attended an Older People’s Fair in Brighouse to provide information and answer questions. The Trust has updated its website to include information about the proposed plans.</p>
<p><u>Hospital Design</u> Involve people in the design of new buildings – providing a focus on what is important from a patient and carer and family perspective.</p>	<p>Public events have been held to enable people to inform and discuss with building architects and healthcare planners the Design Brief for the physical environment, facilities and amenities of the estate developments.</p>
<p><u>Travel and Transport</u> Present to the JHSC the recommendations of the Travel and</p>	<p>The Travel and Transport Working Group Plans and an update on the A629</p>

Summary Action Plan Agreed in October 2019	Summary Update on Progress – March 2020
<p>Transport Working Group report that was published in 2018. Identify additional capacity to lead progress on the travel and transport recommendations and to publicly communicate the plans.</p>	<p>developments was presented to Scrutiny in October 2019. The Trust and CCGs are progressing discussions with West Yorkshire Combined Authority regarding provision of bus services. External Travel and Transport planning expertise is being procured to develop the Hospital Travel Plan during Summer 2020.</p>
<p><u>Digital Technology</u> CHFT to work with Healthwatch to understand service user views on the use of digital technology to offer new ways of accessing services – including surveys with people that have protected characteristics to ensure that future service models are designed and adjusted to meet their needs.</p>	<p>Healthwatch has engaged with over 300 people who: do not speak English; have a sensory impairment; are Older and/or frail; have a long-term condition; have a physical or mobility impairment; have a learning disability; have a mental health condition; have autism. The aim was to source views regarding the use of digital technology in out-patient services highlighting barriers that may exist and suggesting ways of overcoming them. Healthwatch have provided the feedback and findings of this work to the Trust and an action plan to respond is being developed.</p>

The Trust will continue to work with members of the public and colleagues through the next stages of developing the detailed design plans. This will include arranging further design workshops; attending existing community meetings; use of newsletters, and; social media. Specific action will be taken to target those groups that may not yet have been involved and we will use equality monitoring data to inform this.

10. Recommendation

Members of the Joint Scrutiny Committee are requested to note:

- public and colleague feedback to develop the “Design Brief”;
- the next steps to continue to involve members of the public and colleagues in the development of the plans for service reconfiguration in Calderdale and Huddersfield.

Appendices:

- Public Involvement Report
- Colleague Involvement Report

Copy of the Design Brief document is available on CHFT Website (www.cht.nhs.uk)