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Calderdale and Huddersfield
NHS Foundation Trust

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Design Brief
Colleague Involvement Report
February 2020

The Cupboard
One Culture of
care

Contents

Tables

Figures

1 Introduction

In December 2018 the Department for Health and Social Care announced that Calderdale and Huddersfield NHS Foundation Trust (CHFT or "the Trust") had been allocated £196.5M for the transformation of services at both Huddersfield Royal Infirmary and Calderdale Royal Hospital.

Following this allocation of funds, the Trust appointed Mott MacDonald and IBI Group to prepare a Trust Design Brief. The Design Brief will capture the physical requirements, adjacencies and aspirations for the relevant clinical and non-clinical services that will be incorporated into the design of the accommodation.

The Trust has sought to involve a wide range of stakeholders in the development of these documents by establishing a Working Group formed from separate sub-groups involving colleagues, patients, local professional and community groups, the public and technical specialists.

A programme of twenty-one colleague involvement workshops have been held to discuss seven key areas of development in relation to the transformation of services across CHFT. More than one hundred CHFT colleagues have given their time to attend these workshops. This report has been prepared as a milestone marking the conclusion of the initial programme of engagement. It provides a record of the methodology adopted for the workshops and of the work completed to date and the key design themes arising from this[1].

The feedback received will be collated and used to develop the Trust Design Brief. The Design Brief will in turn be used by the consultants for the Transformation of Hospital Services Project to develop the outline designs that will be required to inform the Outline Business Case.

Alongside the colleague involvement programme detailed in this report 4 public involvement workshops, one Older People's Fair and one Young People's event have also been held to develop a user's perspective that will be included in the Design Brief. The methodology and outcome of these public events is captured in a separate report.

[1] Detailed notes of all the involvement meetings were also taken.

2 Background

2.1 Project Objectives

The objectives of the proposed transformation of hospital services are to:

- Improve clinical outcomes and safety;
- Improve service delivery efficiency, thereby supporting local & regional system affordability;
- Improve compliance with statutory, regulatory and accepted best practice;
- Improve the recruitment and retention of colleagues;
- Optimise use of the available hospital estate; and
- Deliver economic and affordability benefits compared to continuation with the existing model of hospital care, thereby helping eliminate the Trust's underlying financial deficit.

2.2 Project Milestones

In December 2018, the Department for Health and Social Care announced £196.5M funding for the transformation of services at CHFT. At each stage of the project the business case for transformation will require approval by National Health Service England and National Health Service Improvement (NHSE&I), the Department for Health and Social Care (DHSC), and Her Majesty's Treasury. The timetable for the stages involved is given in Table 2.1 below.

Table 2.1: Project Milestones

Activity	Anticipated Date
Strategic Outline Case	November 2019
Outline Business Case	December 2020
Full Business Case	December 2022
Completion of the New Build Expansion	December 2025

2.3 Design Brief

The Design Brief will capture the physical requirements and aspirations for the relevant clinical and non-clinical services as well as any overarching principles that CHFT are looking to incorporate into the design of the accommodation. It will explain how the services will be transformed, identify key clinical and non-clinical adjacencies, establish key patient flows and connectivity, and will consider the operational processes affecting each of the clinical specialties.

2.4 Colleague Workshops

A programme of 21 colleague involvement meetings were organised to provide a forum for the design team to engage colleagues in discussion on a range of topics related to the design of the future development proposals for Calderdale Royal Hospital and Huddersfield Royal Infirmary. The design team was able to draw on the specialist clinical and operational knowledge of a cross-section of colleagues to inform the Clinical Design Brief.

The Trust's Project Management Office (PMO) had clear ideas on the structure of the colleague involvement workshops, which were discussed and refined with Mott MacDonald and IBI Group. Two rounds of workshops were arranged with colleagues from each of the following departments with a third workshop planned to complete the information gathering exercise, if required.

- 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.

An initial invitation was circulated to each of the departments listed above with a request for a true cross-section of colleagues to be identified to attend, and to allow for working rotas to be organised in advance. A briefing paper, together with extracts from the Strategic Outline Case, was later circulated to colleagues with an updated invitation giving the proposed schedule of workshops. The PMO organised initial 1-2-1, or departmental briefings in advance of the workshops to provide greater context, a forum to ask any initial questions and, where necessary, to expand the invitation to ensure strong representation from each of the departments.

Those colleagues attending workshops were asked to liaise with their colleagues from within their clinical or service area to gather opinion, which helped to ensure that the key principles could be incorporated into the design to address the real constraints and challenges that colleagues experience on a day-to-day basis.

Wherever possible, the number of colleagues invited was kept deliberately low to allow meetings to function effectively as workshops and to allow the Architects to fully engage with those attending. IBI Group (Architects) led the workshops, which were designed to be an informal round table discussion with technical input as necessary to prompt the conversation. Each workshop was allocated a three-hour window but was planned to last two and a half hours, with a further thirty-minute period included where discussions were particularly detailed.

The sessions explored a number of key issues tailored to specific clinical or service areas, including the areas listed below:

- 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.

More than 100 colleagues, not including Mott MacDonald and IBI Group, attended the workshops, which took place during October and November 2019; a full schedule of these workshops is presented in Table 2.2 below.

Table 2.2: Workshop Schedule

Workshop Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Dates / Workstream	17/10/2019	18/10/2019	21/10/2019	21/10/2019	23/10/2019	25/10/2019	25/10/2019	31/10/2019	01/11/2019	01/11/2019	04/11/2019	04/11/2019	08/11/2019	08/11/2019	12/11/2019	13/11/2019	14/11/2019	15/11/2019	20/11/2019	22/11/2019	22/11/2019
Accident & Emergency					Y						Y							P			
In-Patients Wards						Y						Y							Y		
Surgery & Theatres							Y							P						Y	
Imaging & Diagnostics				Y									Y								Y
Digital Delivery			Y							Y							P				
Education & Training		Y							Y							Y					
Facilities & Support Services	Y							Y							P						

Y Denotes meeting held

P denotes meeting postponed pending 'Homework' / Not Required.

2.5 Methodology & Agenda

The workshops followed a structured process, engaging with all stakeholders present to ensure appropriate and fair representation of views. Clear definitions of responsibility were established at the outset of each workshop to encourage the 'right people' to talk at the 'right time' about the 'right subject'. The design team reinforced that their goal was to listen carefully to all interested parties and to take all viewpoints with equal importance. Figure 2.1: Workshop Methodology captures the approach, Table 2.3 the agenda.

As part of the process, where it became clear that the information required was available but not immediately to hand, colleagues were asked to take an action as 'homework' with the proviso that this should be completed within their normal working arrangements.

Each workshop was concluded with a request for details of any exemplar healthcare premises that colleagues may be aware of so that 'go-see' visits could be organised. The schedule of visits was refined to account for recently completed visits or clarification that the facilities were not specifically aligned to the requirements of the proposed expansion. Visits have commenced and will continue through the first quarter of 2020.

The workshops have sought to capture:

- Physical, technical and aspirational requirements for each Department or service;
- Departmental types;
- Departmental content;
- Departmental adjacencies & relationships with existing facilities;
- Patient and Facilities Maintenance flows;
- Anticipated future change and impact on physical provision;
- Advances in treatments, medical and infrastructure technologies, management practice;
- Revised spatial requirements; and
- Examples of exemplar facilities.

Figure 2.1: Workshop Methodology

Table 2.3: Typical Agenda

Topic	Notes and Prompts
Welcome, Housekeeping & Introductions	
Clinical Design Brief and purpose of the SIG	
Broad content of the proposed development	Breakdown of departments
	Service delivery split across HRI and CRH facilities
Fixed Points	CRH PFI constraints
	Operational constraints – entrances, infection control, noise & vibration
	Existing CRH access routes
	Local Planning Authority restrictions
	Significant engineering constraints
Anticipated future needs	Service trends
	Flexible / Expandable / Extendable space
	Extension capacity
	Engineering capacity
Matrix of adjacencies	Essential, Important, Desirable, Undesirable
Whole hospital policies	Facilities Management - waste, materials handling, catering, domestic services, portering, linen, sterile services
	Security, IT, Pharmacy, Medical Records, Admin
	Future influence of digital services
	Fire Strategy, Decontamination & Sterilisation, Pneumatic Tube
	Functionality, Flexibility, Efficiency, Sustainability, Innovation
	Biophillia (Natural Light, Ventilation & Materials)

2.6 Colleague Enthusiasm

At the start of each colleague workshop, attendees were asked to complete an electronic registration of attendance and to describe, in one word, how they were feeling towards these meetings. Their feedback has been collated and developed into a word cloud, which largely illustrates their enthusiasm to the process.

Figure 2.2: Colleague Enthusiasm

3 Workshop Feedback

The following sections of this report present schedules of attendance highlighting those colleagues providing support to the development of the Clinical Design Brief.

3.1 Facilities & Support Services

Table 3.1: Attendance at Workshop 1

Attendees	Project Role or Job Title
[redacted]	Associate Director of Finance
	Cleaning, Catering, Porter, Laundry, Security, Transport
	General Manager
	Fire Officer
	Cleaning, Catering, Porter, Laundry, Security, Transport
	Infection Control
	Pharmacy
	Transformation Programme Manager
	Director of Transformation and Partnerships

Table 3.2: Attendance at Workshop 8

Attendees	Project Role or Job Title
[redacted]	Supply Chain Lead – Procurement and Materials Management
	Cleaning, Catering, Porter, Laundry, Security, Transport
	Environmental Manager
	Estates Officer
	Medical Engineer
	Pharmacy
	Associate Director of Finance
	Head of Facilities
	Fire Officer
	Community Rep
	Transformation Programme Manager
	Cleaning, Catering, Porter, Laundry, Security, Transport
	Infection Control
	Transformation Programme Manager
	Director of Transformation and Partnerships

Workshop 15 was postponed pending 'homework' responses.

Key Themes from Workshops

1. A wide range of Facilities Management and Support Services are provided by a number of organisations across the Trust's two sites and it is an essential requirement that these services are coordinated and integrated to ensure that efficient and consistent standards are maintained during and after the proposed service transformation; and
2. The impact of these changes will vary considerably between the various services with some spare capacity in the existing CRH providing space for expanding services with other services, including Hard FM requiring additional space to be created.

3.2 Education & Training

Table 3.3: Attendance at Workshop 2

Attendees	Project Role or Job Title
[redacted]	Medical Education Manager
	Library Services Lead
	Workforce BI - Manager
	Therapy Lead
	Transformation Programme Manager
	Director of Transformation and Partnerships

Table 3.4: Attendance at Workshop 9

Attendees	Project Role or Job Title
[redacted]	Medical Education Manager
	Community Rep
	Service User Rep
	Library Services Lead
	Digital Health Team Manager
	Workforce BI - Manager
	Transformation Programme Manager

Table 3.5: Attendance at Workshop 16

Attendees	Project Role or Job Title
[redacted]	Library Services Lead
	Workforce BI - Manager
	Service User Rep
	Community Rep
	Digital Health Team Manager
	Assistant Director of Finance
	Transformation Programme Manager
	Director of Transformation and Partnerships

Key Themes from Workshops

1. There is an increasing demand for training of colleagues with an associated increasing reliance on technology. In addition, there is a requirement for improved access to small spaces within which small video conferences and private study can take place;
2. Spaces are required to be flexible and easily reconfigurable to accommodate varying numbers of participants and a range of engagement formats;
3. There is an increasing reliance upon technology for education and training requiring a significantly enhanced capability for connecting a range of communication and display equipment through both WIFI and hard-wired networks and full coverage of all areas by both systems is essential;
4. Out of hours access is required for colleagues both from within the Hospital and externally with appropriate secure access control:
5. Storage for a wide range of furniture, specialist clinical simulation equipment and presentation equipment is required to enable flexible use of the adaptable spaces; and
6. A Simulation Suite providing flexible clinical simulation areas with an adjacent Control Room is required. This will require a range of supporting accommodation including changing facilities, an office, storage for specialist equipment, a clinical skills laboratory and a debriefing room.

3.3 Digital Delivery

Table 3.6: Attendance at Workshop 3

Attendees	Project Role or Job Title
[redacted]	Observer
	Therapy Lead
	Clinical Lead
	Nursing Lead
	Management Lead
	Admin
	Management Lead
	Community Rep
	Chief Technical Officer
	Transformation Programme Manager

Table 3.7: Attendance at Workshop 10

Attendees	Project Role or Job Title
[redacted]	Nursing Lead
	Management Lead
	PACS Lead
	Associate Director of Finance
	Management Lead
	Director Lead
	Chief Technical Officer
	Transformation Programme Manager

Workshop 17 was postponed pending 'homework' responses.

Key Themes from Workshops

1. Digital will underpin the delivery of the healthcare model;
2. Digital will expand beyond clinical services with local health partners becoming fully integrated;
3. EPR will continue to develop and improve from the current assessment of EMRAM Stage 5;
4. All colleagues will be provided with smarter tools, such as hand held devices with appropriate software, to enable them to work more efficiently;
5. Digital systems will develop to include all processes used by the workforce; and
6. The technology should not hinder colleagues in carrying out either their clinical or corporate roles.

3.4 Imaging & Diagnostics

Table 3.8: Attendance at Workshop 4

Attendees	Project Role or Job Title
[redacted]	Assistant Director of Finance
	Nurse Lead
	Modality Lead
	General Manager
	General Manager
	Clinical Director
	Associate Medical Director
	Transformation Programme Manager

Table 3.9: Attendance at Workshop 13

Attendees	Project Role or Job Title
[redacted]	Senior Project Accountant
	General Manager
	Point of Care Testing Manager
	Advanced Practitioner – Radiology
	Advanced Practitioner – Radiology
	Service Lead – Interventional Radiology
	Infection Control
	Transformation Programme Manager
	Director of Transformation and Partnerships

Table 3.10: Attendance at Workshop 21

Attendees	Project Role or Job Title
[redacted]	General Manager
	Clinical Director
	Senior Project Accountant
	Modality Lead
	Point of Care Testing Manager
	General Manager
	Transformation Programme Manager
	Director of Transformation and Partnerships

Key Themes from Workshops

1. CRH Specific - Recent and proposed expansion of Imaging facilities within the footprint of the existing department has resulted in the loss of accommodation for use by colleagues that should be replaced at a size appropriate to the new enlarged facilities. The required accommodation includes Changing and Rest facilities for colleagues and flexible Multi-Disciplinary Team space;
2. The imaging facilities associated with the CRH ED and the main Imaging Department should be closely related to enable colleagues to work flexibly to meet fluctuating demands and to respond to emergency incidents;
3. Waiting areas should provide a range of comfortable seating and spaces for those in wheelchairs with natural lighting and views of soft landscaping where feasible. Discrete spaces should also be provided for patients in beds and on trolleys, close to the Imaging rooms but screened from public view to ensure privacy and dignity for patients who may be distressed or seriously ill. Facilities for relatives and carers to wait in close proximity to Imaging rooms should be provided.
4. Waiting areas suitable for children awaiting imaging should be provided;
5. Changing Rooms for patients who are required to change prior to imaging should be designed to ensure that patients do not have to wait in an open public waiting area with clothed members of public. Changing Rooms should be sized and equipped to suit a range of users including those with protected characteristics; and
6. Accessible WCs should be provided in close proximity to Waiting areas.

3.5 Accident & Emergency

Table 3.11: Attendance at Workshop 5

Attendees	Project Role or Title
[redacted]	Senior Project Accountant
	Consultant
	Nurse Lead
	Healthcare Assistant Rep
	Sister / Charge Nurse – A&E
	Communications Lead
	Transformation Programme Manager
	Clinical Lead
	Community Rep
	Consultant
	Senior Information Analyst
	Healthcare Informatics
	Consultant
	Assistant Director of Nursing
	Management Lead
	Consultant
	Frailty Lead
	General Manager
	Infection Control
	Discharge Co-ordinator (Surgery)

Table 3.12: Attendance at Workshop 11

Attendees	Project Role or Job Title
[redacted]	General Manager
	Advanced Practitioner – Medicine
	Ward Manager – Acute Medicine
	Nurse Lead
	Nurse Lead
	Consultant
	Healthcare Assistant Rep
	Consultant
	Transformation Programme Manager
	Clinical Director
	Healthcare Informatics
	Director of Transformation and Partnerships

Workshop 18 was postponed pending 'homework' responses.

Key Themes from Workshops

The following are some of the key themes identified during clinical workflow engagement around the ED:

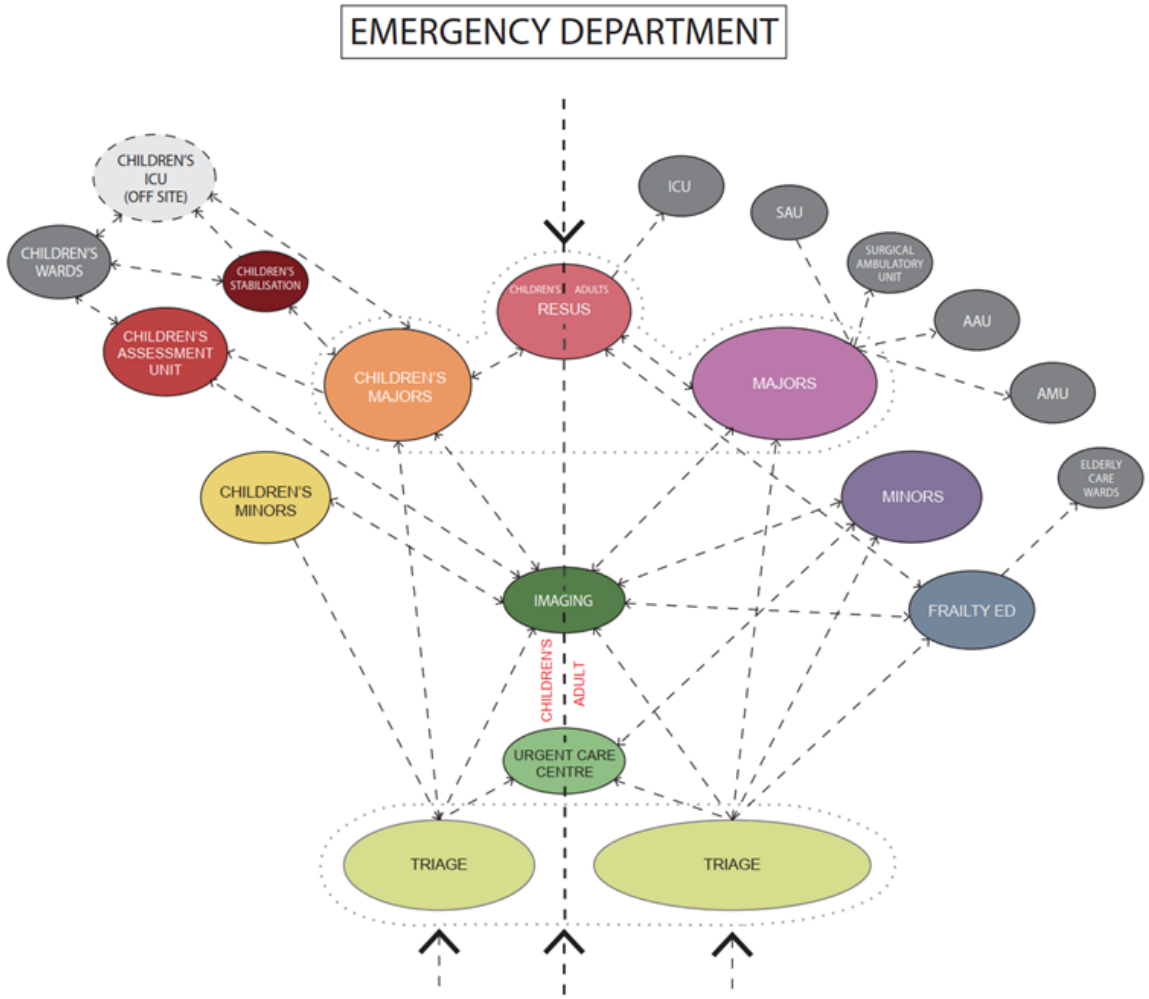
1. Clear and accessible entrances are required, readily visible from vehicular and pedestrian approach routes with prominent and legible signage to indicate the intended use of each;
2. Access routes for patients arriving by ambulance must be fully covered from vehicle to entry into the building;
3. The Main Reception point should be readily visible and clearly identifiable from each entrance point;
4. An initial 'front of house' assessment facility is required to enable all patients entering the ED to be streamed;
5. Waiting spaces for patients and their families / carers should be attractively designed with access to natural light and views of soft landscaping and with a range of chair types, sizes and heights to suit varying needs;
6. Good observation of all areas is essential to ensure the safety and wellbeing of all patients, their families / carers, and colleagues;
7. Clear and intuitive wayfinding is required for patients and their families / carers with clear views of main access / egress points and routes supported by prominent and legible signage (including relevant graphics and symbols to aid those who have visual impairment, difficulty reading text or for whom English is not their first language);
8. The boundaries between ED sub-departments should be capable of "flexing" to allow for fluctuations in patient numbers;
9. Whilst Paediatric and Adult ED Waiting and Treatment areas must be segregated, ready access between the two areas will be required for colleagues;
10. Any associated Assessment and Urgent Care facilities should be located immediately adjacent to the ED to enable patients to be moved quickly and efficiently into the appropriate care pathway;
11. Dedicated Imaging facilities should be located immediately adjacent to Assessment and Treatment areas to enable intuitive patient and carer access without colleague assistance;
12. Chair-centric and couch-centric Treatment cubicles must be capable of flexibility in use. The inclusion of fully glazed, easily operated sliding cubicle doors incorporating interstitial blinds to provide visual and acoustic privacy (essential for patients and their families / carers to have confidential and potentially distressing conversations with colleagues) is preferred;
13. "Point of Care" testing facilities are required within the ED to provide a rapid diagnosis service;
14. If designated as a receiving centre for major trauma and chemical incidents (as CRH already is), a permanent Decontamination Unit (rather than a tent type facility) comprising an Isolation Room with Gowning Lobby is required to deal with contaminated or infected patients without the need to temporarily close down other parts of the associated ED;
15. A number of rooms with good observation and compliant with Royal College of Psychiatry recommendations will be required for patients with mental health issues. To ensure the availability of appropriate accommodation at all times, the possibility of making all cubicles suitable for mental health use through the introduction of manual pull-down shutters to conceal equipment (Nottingham University Hospital model) should be considered. All cubicles should be designed to be "ligature-light";
16. Good access is required to Operating Theatres and Critical Care to enable the rapid transfer of patients. Consideration should be given to the provision of dedicated lifts if these facilities are on a different floor to the ED;

17. EDs and Pharmacies should be in close proximity;
18. Sensitively designed accommodation is required for bereaved relatives in discrete but accessible locations, each such suite comprising a shared Waiting area with beverage preparation facilities and two separate private rooms offering high levels of visual and acoustic privacy;
19. A Paediatric ED will be required to accommodate children of a wide age range from birth up to 18 years old and as such will require careful consideration of the varying environments, room layouts and equipment required to deliver emergency services in an age-appropriate, supportive and effective setting;
20. Attractive working environments that support wellbeing are essential for colleagues who will be working under busy and often stressful conditions. As a result, access to natural light and ventilation, and external views are important together with adequate environmental control. Facilities must be provided for colleagues' "downtime" in close proximity to but separate from clinical areas together with spaces for colleagues who may require emotional support in a confidential environment as a result of traumatic experiences; and
21. There are significant storage requirements associated with an ED and appropriately sized, equipped and located Stores are therefore required to ensure the efficient delivery of clinical services.

Operational Flow Diagram

The flow diagram in Figure 3.1 was developed during the involvement workshops by Emergency Department colleagues to illustrate the model of care (at CRH only). This will be subject to review and possible modification as operational models develop in further stages of design.

Figure 3.1: Operational Flow Diagram for CRH ED



3.6 Inpatient Wards

Table 3.13: Attendance at Workshop 6

Attendees	Project Role or Job Title
[redacted]	Junior Doctor
	Estates Officer
	Assistant Director of Finance
	Head Nurse in Medicine
	Clinical Director
	Assistant Director of Nursing
	Programme Manager
	Therapy Lead
	Healthcare Informatics
	Nurse Lead
	Admin Rep
	General Manager
	Clinical Director
	Management Lead
	Healthcare Assistant / Ward Clerk Rep
	Consultant
	Consultant
	Infection Control
	Transformation Programme Manager
	Director of Transformation and Partnerships

Table 3.14: Attendance at Workshop 12

Attendees	Project Role or Job Title
[redacted]	Assistant Director of Finance
	Nurse Lead
	Nurse Lead
	Clinical Director
	Healthcare Informatics
	Clinical Director
	Transformation Programme Manager
	Director of Transformation and Partnerships

Table 3.15: Attendance at Workshop 19

Attendees	Project Role or Job Title
[redacted]	Assistant Director of Finance
	Nurse Lead
	Clinical Director
	Healthcare Informatics
	Clinical Director
	Infection Control
	Therapy Lead
	General Manager

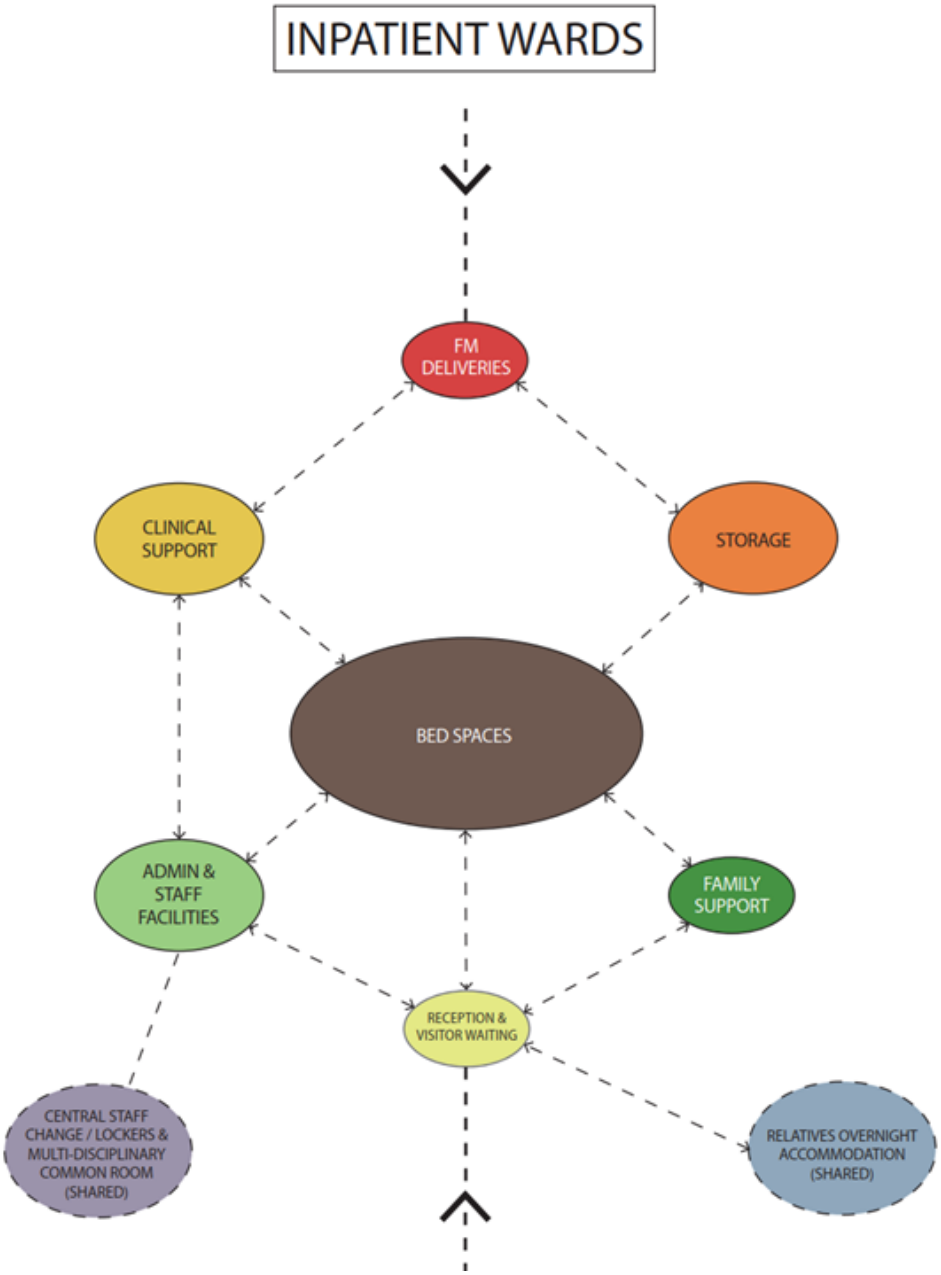
Key Themes from Workshops

1. The design of single bed rooms and multi-bed bays should be influenced by biophilic principles being comfortable, attractive, light, airy, offering appropriate patient privacy (visual and audible) and dignity, with external views from beds, preferably of distant vistas, soft landscaping or landscaped courtyards;
2. All rooms should be adequately sized and optimally laid out to accommodate clinical activity, therapy and associated equipment and mobility aids without the need to reposition furniture. Layouts should discourage bed-bound inactivity. Enhanced patient bedside clothing storage would encourage patient mobility;
3. Single bed rooms designated for bariatric patients, should have integrated hoists, and adequate space for associated equipment and manoeuvrability;
4. All bed spaces should be designed to accommodate advances in digital technology;
5. Adequate access to daylight is necessary to help patients maintain circadian rhythms and a sense of time;
6. Individual bedside patient control of blinds should be provided to give patients a degree of control over their immediate environment;
7. Individual bedside patient control of artificial lighting should be provided. A variety of lighting options will suit various clinical and patient activities, as well as provide opportunities for minimising energy consumption;
8. Opportunities should be considered for patients to display pictures and other personal possessions, whilst complying with infection control requirements;
9. A response should be provided to the increasingly important role played by relatives / carers in patient care. Incorporating overnight stay facilities in designated single bed rooms and offering relatives / carers opportunities for respite from the patient bedside whilst encouraging them to remain. In addition, overnight stay suites are required for relatives / carers; this would be on a shared basis between Wards;
10. Patient safety and reassurance should be provided through optimum line of sight to / from nursing colleagues;
11. Accommodation within each ward should be provided and ring-fenced to allow colleagues to communicate privately with families / carers;
12. Adequately sized and appropriately located ward storage is required to eliminate storage of equipment in corridors and prevent storage elsewhere, e.g. dirty sluice;
13. Adequate office accommodation for Junior Doctors should be provided on each ward;
14. Access to a multi-discipline Common Room should be available for colleagues at each ward floor level, in compliance with the BMA ‘Fatigue and Facilities Charter’;
15. An area forming a small visitor reception should be provided in each ward, co-located or integrated with a Ward Clerk’s base. This would also incorporate a small waiting area; and
16. Wherever possible, internal corridors should terminate at external glazing to help colleagues in particular to maintain a sense of time and external contact.

Operational Flow Diagram

The flow diagram in Figure 3.2 was developed during the involvement workshops by Inpatient Ward colleagues. This will be subject to review and possible modification as operational models develop in further stages of design.

Figure 3.2: Operational Flow Diagram for Inpatient Ward



3.7 Surgery & Theatres

Table 3.16: Attendance at Workshop 7

Attendees	Project Role or Job Title
[redacted]	Nurse Lead
	Senior Project Accountant
	Community Rep
	General Manager
	PMO Project Manager
	Healthcare Informatics
	Infection Control
	Supply Chain Manager – Procurement and Materials Management
	Transformation Programme Manager

Workshop 14 was postponed pending 'homework' responses.

Table 3.17: Attendance at Workshop 20

Attendees	Project Role or Job Title
[redacted]	Healthcare Assistant Rep
	Healthcare Informatics
	Senior Project Accountant
	Director of Operations
	ODA
	Nurse Lead
	Healthcare Informatics
	Consultant – General Surgery
	Transformation Programme Manager

Key Themes from Workshops

1. Operating Departments are required to enable the delivery of high-quality surgical procedures in a precisely controlled, functional and efficient clinical environment. However, the design should ensure that the internal environment supports wellbeing through the use of colour, finishes and detailing that provides an attractive, calming and non-institutional environment;
2. Access to natural light is required in the Operating Department accommodation and this is of particular importance in the Operating Theatre and rest facilities for colleagues;
3. Access to the Common Room spaces should be available in compliance with the BMA 'Fatigue and Facilities Charter' and these should be located on each floor so that they are accessible to all colleagues;
4. Storage should be located logically, and close to the point of use thereby minimising travel distances for colleagues and ensuring that essential equipment and supplies are easily accessible when required; and
5. 24-hour access to a flexible multi-purpose training and workspace within, or close to, the Operating Department would be very beneficial for colleagues.