## COMMERCIAL CASE: THE BUILDING APPENDIX 07 - QUALITY & SAFETY INVENTORY

Design Choice		Quality & Safety Impact	Evidence
Sco	ppe		
•	Replacing out of date facilities – Barry/Jubilee/HWP Improve the quality of accommodation, materials, surfaces and design, focused on making things easier to clean	Prevention and reduction in Healthcare     Acquired Infections	Best Practice
•	Enable a fully functioning Major Trauma Centre with Neurosurgery at RSCH and Helideck	<ul> <li>Reduced mortality for major trauma patients</li> <li>Improved outcomes for patients admitted to A&amp;E wards/reduced admissions (radiated benefit of MT workforce in A&amp;E improving front door assessment/diagnosis out of hours</li> </ul>	Evidence/ Best Practice
•	Increased capacity for specialist and tertiary Services: - Critical Care - Cancer - Neurosurgery & Neurology - HIV/Infectious Diseases	<ul> <li>Reduction in outliers to improve clinical effectiveness</li> <li>Access to IP facilities for patients having 7 day radiotherapy treatment currently travelling</li> </ul>	Best Practice
•	Enhance capacity and capability to become an Experimental Medicine Centre by co-locating BSMS & CIRU and bringing together services to enable focussed participation in research	<ul><li>Improve patient safety</li><li>Enable innovation</li></ul>	
•	Enable implementation of Ed & learning Strategy by providing Simulation Suite, surgical skills lab, meeting and teaching suite, new facilities, improved IT	<ul> <li>Improve patient safety</li> <li>Achieve academic excellence</li> <li>Improve efficiency and enable innovation</li> </ul>	
•	Neurosurgery – Increase in theatre capacity to achieve separation of elective /emergency flows	<ul> <li>Reduction in cancelled operations</li> <li>Efficiency benefits reduced waiting times and therefore improved clinical outcomes</li> </ul>	Best Practice
•	Reduction in patient moves across site (eg head injury pts between RSCH/HWP)	<ul><li>Reduces clinical risk</li><li>Reduction in length of stay</li></ul>	Evidence
•	Increase in size of discharge lounge	Improved patient flow/efficiency	Best Practice
•	Reduced lift and external journeys around the site for patients accessing in-patient facilities	Improved patient experience	Best Practice
•	Reduce patient moves/transfers between and within sites	<ul><li>Reduce clinical risk</li><li>Improved patient experience</li></ul>	Best Practice
•	3Ts Development likely to attract high	Improved clinical effectiveness	

De	sign Choice	Quality & Safety Impact	Evidence
	calibre staff		
1:5	00		
•	Co-located Neurology with Stroke (Acute Brain injury centre) with rehab facilities	Improved outcomes for stroke patients	Evidence/BP
•	Co-location of HIV and infectious diseases out-patient and in-patient services (staff expertise, emergency preparedness, bigger single facility)	<ul> <li>Develop staff expertise</li> <li>Facilitate emergency preparedness</li> <li>Enable research and innovation</li> </ul>	Best Practice
•	Co-located Neurology with Stroke (Acute Brain Injury Centre) with rehab facilities	<ul><li>Improved outcomes for patients</li><li>Enabled research and innovation</li></ul>	Best Practice
•	Other Clinical Adjacencies: - Critical Care link bridge to trauma ward - Haematology & Oncology ward	<ul><li>Increase efficiency</li><li>Fostering innovation</li></ul>	Best Practice
•	Separation of in-patient and out-patient imaging facilities	<ul> <li>Increase privacy &amp; dignity</li> <li>Increase efficiency for both types of patients particularly in-patients</li> </ul>	Best Practice
1:2	00		
•	Increase in proportion of single rooms to 65%	<ul> <li>Prevention and reduction in HAIs</li> <li>Reduction in falls, leading to a reduction in length of stay</li> <li>Improved sleep which aids recovery</li> <li>Increased patient choice, privacy &amp; dignity</li> <li>Increase in efficiency through flexibility and higher bed utilisation</li> </ul>	Evidence Evidence Evidence Best Practice
•	Larger ward templates	Potential for workforce redesign leading to impact on clinical effectiveness	Best Practice
•	Improved ward layout – addressing CQC requirements re space between beds	<ul> <li>Prevention and reduction in Health Acquired Infections</li> <li>Increase in near to bed treatments</li> </ul>	Best Practice
•	More en-suite bathroom facilities	<ul> <li>Prevention and reduction in Health Acquired Infections</li> <li>Improve privacy &amp; dignity</li> </ul>	Best Practice
•	Bariatric ward facilities	<ul><li>Improved care for heavier patients</li><li>Staff safety</li></ul>	Best Practice
•	Ward layout reflects productive ward principles	<ul> <li>Research evidence suggests reduces risk of human factors errors</li> <li>Reduced length of stay and readmissions</li> </ul>	Evidence
•	Touchdown points	Increase in productive nursing time with patients	Evidence
•	Separate commode wash within dirty utility area	Prevention and reduction in Health     Acquired Infections	Evidence
•	Basement wash/store	Prevention and reduction in Health     Acquired Infections	Best Practice

Design Choice		Quality & Safety Impact	Evidence
•	Pass through changing areas	<ul><li>Patient-centred care</li><li>Privacy &amp; Dignity</li></ul>	Best Practice
•	CT in ICU	<ul> <li>Minimise Infection risk of moving patients</li> </ul>	Evidence
•	Fracture clinic – X-ray access from waiting room	<ul><li>Patient–centred</li><li>Improved Efficiency</li></ul>	Best Practice
•	Separating patient/FM flows	<ul> <li>Prevention and reduction in Health Acquired Infections</li> <li>Minimise risk of injury</li> </ul>	Best Practice
1:5	0		
•	Same-handed in-patient room design	Reduce human factor errors	Evidence
•	Continuous handrails from bedroom to ensuite bathroom to enable safe transfer	Reduction in patient falls	Evidence
•	Visibility of bedhead in single rooms from ward	<ul><li>Reduction in patient falls</li><li>Allows observation for deterioration</li></ul>	Evidence
•	All wards include design features for elderly patients: - Contrasting colours between floor and walls - Choice of flooring materials - Avoiding glare	<ul> <li>Reduction in patient falls</li> <li>Assist with way-finding and minimise confusion</li> </ul>	Evidence
•	Consideration to be given to lighting (low level / automatic at 1:50 design stage)	Reduction in patient falls	Evidence?
•	CIS wards include pressure controlled rooms	Prevention and Reduction of HIAs	Evidence
•	Antimicrobial surfaces – to be considered at 1:50 design, in context of evidence and cost	• HAIs	Evidence
•	Drainage and air con systems		
•	Smart cabinets in wards & theatres for storage of high costs consumables and drugs to aid stock management and ability to track devices and drugs to individual patients. Secure POD lockers at bedside.	Medication safety	
•	Specific design features for patients with dementia in dedicated area eg clocks and signage, memory boxes, doors	<ul><li>Reduce anxiety</li><li>Improve clinical outcomes</li><li>Reduce length of stay</li></ul>	Evidence
•	<ul> <li>Specific security features, including:</li> <li>secure entry systems to all wards;</li> <li>infrastructure to support RFID if Trust decides to use;</li> <li>alarm systems / design to minimise risk of hanging.</li> </ul>	<ul> <li>Patient-centred care for vulnerable patients</li> </ul>	Best Practice
•	Therapeutic Landscape, eg.	Patient-centred care	Evidence

Design Choice	Quality & Safety Impact	Evidence
<ul> <li>all bed spaces located on exterior walls to maximise natural light – majority have sea views</li> </ul>		
Arts strategy	Patient-centred care	Evidence