3Ts Programme
Lessons Learnt from Site Visits
Learning from other schemes

• 28 site visits between 2008 and Feb 2014
• Variety of settings:
  – UK and International
  – Primary and Acute Care
  – PFI and P21
• Ten Lessons, the Top 5 “Do’s and Don’ts”
LESSON 1:
DO LEARN FROM INNOVATION IN CLINICAL PLANNING FROM ELSEWHERE
Lesson 1: Do learn from innovation in clinical planning elsewhere

- Co-location of CT & Resus (Karolinska)
- En-suite bathroom design (Pembury)
Interventional Radiology Zone (Birmingham)

Line of sight into single inpatient bedroom (Hillingdon)
LESSON 2:
DON’T FORGET
OPERATIONAL REALITIES WILL CHANGE BETWEEN PLANNING AND BUILDING
Intended use vs. Actual use

- Don’t design to models of care which aren’t implemented
- Don’t neglect to address changes of use, once the building is operational
  - Consultant Exam Rooms
  - Dental Clinic Rooms
  - Day Surgery
  - Ward receptions
LESSON 3:

DO focus on patient experience - consider human interactions, as well as design
Patient self check-in (BUT with staff on hand to help, e.g. Pembury)

Concierge service at UCLH, greeted with a smile and assistance
- Queuing and waiting (e.g. call systems)
- Waiting Room layout and feel
LESSON 4:
DON’T SCRIMP ON STORAGE!
Lesson 4: Don’t scrimp on storage!

- Insufficient space (overspill into corridors)
- Inefficient space (poor materials management)
LESSON 5:

DO MAKE WAYFINDING AS INTUITIVE AS POSSIBLE
Good Wayfinding Principles

- Consistency
- Progressive disclosure
- Based on how patients use & encounter the building, not just architectural layout
- Landmarks
What Makes Wayfinding Unintuitive?

- Lack of consistency in signage
- Challenge of terminology
Challenge of Communicating the System
LESSON 6:

DON’T UNDER-ESTIMATE THE IMPORTANCE OF THE INTERIOR DESIGN STRATEGY
Impact of a carefully considered, well-specified ID Strategy
Natural materials, colour, light, in-between spaces
Carefully considered, Interior Design is more than picking three colours! (QUB)

Avoid seating in rows, even if it’s nice furniture.
LESSON 7:

DO SELECT NON-INSTITUTIONAL FURNITURE THROUGHOUT
Importance of furniture selection in patient areas, not just the main entrance.
LESSON 8:

DON’T TRANSFER IN FURNITURE THAT COMPROMISES DESIGN FUNCTIONALITY
Don’t transfer furniture if you can help it!

- Standardisation maximises space planning but transferred furniture may not fit
- Availability of equipment funding: avoid drip-feed (e.g. ward day rooms with no furniture)

N.B. RACH = all new, equipment selection fitted with 1:50 room design to maximise layout
LESSON 9:
DO INVEST IN A ROBUST AND FULLY INTEGRATED ARTS STRATEGY
- Not just art on walls, integrated into fabric of building
- Consider over-looked and transitional spaces (corridors, sub-waits)
- Site-specific, responds to context
Gallery vs. integration
Artist & Architect collaboration
Multi-Faith?
LESSON 10:
DON’T NEGLECT BACK-OF-HOUSE AREAS
Gradation of space: don’t just prioritise front-of-house

Purpose-designed furniture in open-plan offices
Investment in furniture & equipment back-of-house improves staff morale