Jersey Future Hospital Project

Outline Business Case

Appendix 18 – DQI process and outcomes

CLIENT:
THE STATES OF JERSEY

PROJECT NUMBER:
FUTURE HOSPITAL PROJECT

ISSUING COMPANY:
GLEEDS ADVISORY

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Design Quality Indicator

06 July 2017

Report: Jersey Future Hospital

DQI Stage 1 – Briefing Record

Contents

1. Introduction

The following is a summary of key information about the DQI Assessment held.

Date of workshop:

Date 6th July 2017

Duration:

From 9.30am to 2.30pm

DQI Facilitator:

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Email: sheldon.walsh@afl-architects.com

Client Representative:

Sven Howkins- Gleeds

Previous DQI workshops:

N/A

DQI Assessment Used:

DQI for Health

2. Executive Summary and Recommendations from DQI

A wide range of stakeholders attended the briefing session, representing both the supply and demand side for this project, namely the '*Jersey Future Hospital'.*

The preferred site location has followed a lengthily option appraisal process where a long-list and subsequent shortlist resulted in the preferred site- on and adjacent to the existing hospital site in the town Centre of St. Helier. This was demonstrated during the briefing session to provide a wide range of specific constraints and challenges due to the complex phasing an urban location of this nature will ultimately require. At the same time there are many opportunities of re-providing the hospital within this well served and central location, which has also proven to be less contentious than other options which were less accessible and remote from local infrastructure.

There was very little conflict in the stakeholder session on any of the criteria discussed with a few minor exceptions, and consensus was therefore agreed on both the tag changes and main priorities for the next stages of design.

These can be summarised as follows when related to the 3 facets of DQI:

Functionality

There were consistent and strong views that almost all criteria within the functionality sections were perceived to be essential, resulting in several criteria being changed from desired to required. As a new acute hospital facility, with many departments and functions, spread over several levels, and with access points from both the existing multi-storey car park, and the street levels at several points, it was agreed that a very simple and logical way of navigating around the building was critical the success of the design.

A discussion point in relation to functionality and flexibility led to clear steer from the panel that this buildings function as an acute hospital would never change and flexibility for other uses was not relevant, but that some flexibility within the use class would be of benefit.

An action for the team was to develop the design at the next stages with a target of 15% reduction in HBN Evidence based guidance, yet still meet with the clinical functionality of the respective rooms and departments.

Build Quality

At this early stage of design, there was consistent steer from the panel that ease of use and maintenance was important in relation to build quality.

Of most relevance in this section was the very specific requirement for the overall resilience of the building due to the isolated location with no other acute hospital facilities being available on the island.

Another key matter within this section was the ability for the project to be phased and constructed without the adversely affecting the existing hospital functions until such time they have been safely decanted into the new facility, other than the Granite Block which is to remain unaffected throughout.

The design team are to continue to work closely together to ensure a well-designed, detailed and co-ordinated project that is ultimately executed well on site.

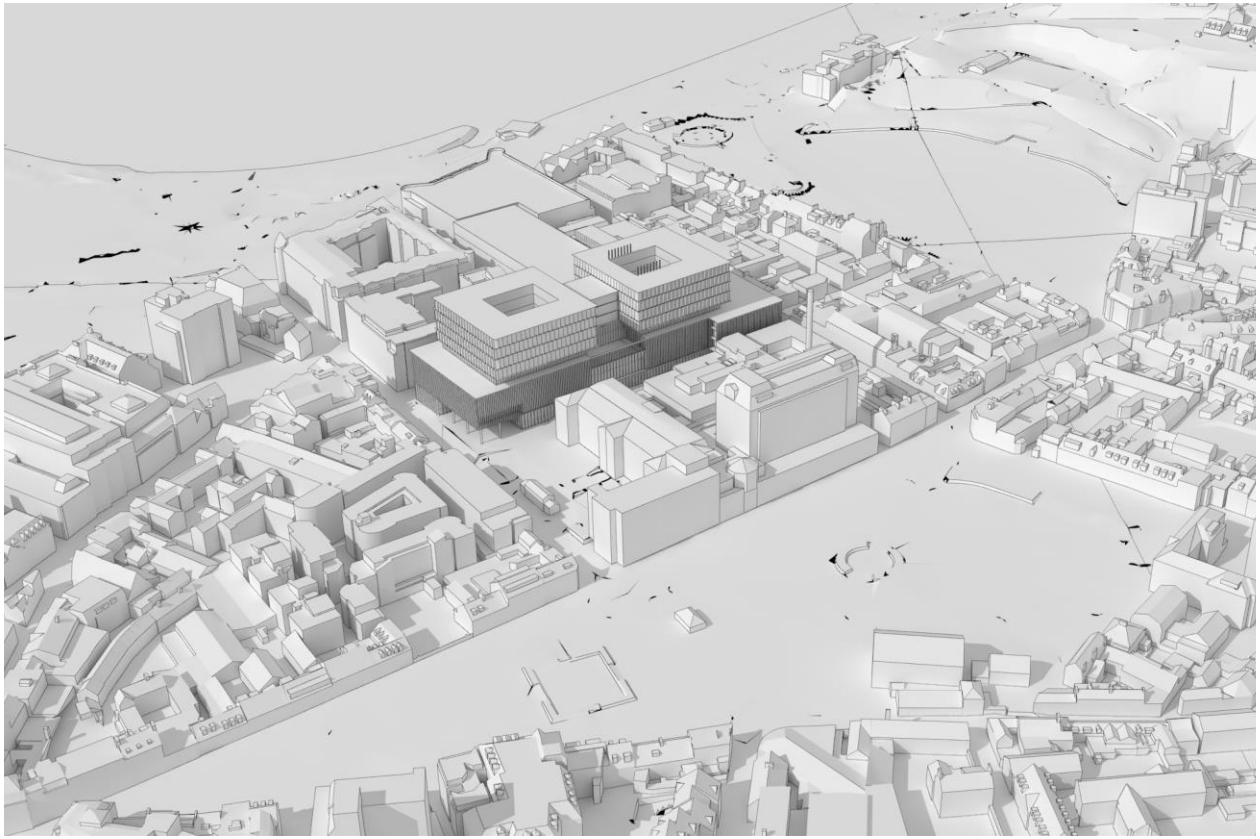
Impact

It was the view of the panel within this section that all aspects of design be developed cohesively and lead to a building that is more than just a hospital but a building that contributes positively to the town of St. Helier, and not just for the patients and staff, but also for the wider community. It was agreed that externally this will be measured against how successfully materials are chosen and how well the designers respond to the scale, mass and surrounding street-scene. In addition, the relationship with retained estate such as the Granite Block, Car Park, and surrounding buildings which are to be tied together with a well-considered public realm that makes a positive civic statement in recognition of the importance this building has within the town centre.

Internally the layout, interior design, wayfinding and use of artwork are to help visitors navigate around the hospital and have a positive impact on the patient experience.

There is no doubt that there is a shared ambition to create a very special hospital for the States of Jersey and the action for the designers at the next stages of design is to meet with these aspirations and those of the SoJ Health Board, for the benefit of patients, visitors and staff for many years to come.

(Below- early massing in context)



3. Organisation of the Workshop

Appendix A schedules all participants who were involved in the workshop, who they represent and will continue to record their attendance at future assessment stage sessions.

Workshop attendance

Thirteen people participated at the workshop, representing a good cross section of project stakeholders at this stage, as it was felt a little early for involve patient representatives, or clinical/operational stakeholders, yet it was made clear this would be very important for future assessment stage sessions.

Workshop Agenda and DQI Presentation

There was an initial introductory session outlining the purpose of the day and explaining what is DQI.

It was made clear at briefing stage there would be a focus on:

- Using the briefing tool to facilitate a discussion and explore predetermined issues
- Record priorities and build consensus
- Provide Feedback

Presentations

Kieren Morgan of Hassell Studio (Architect), and Peter Thomas of Arup (MEP and multi-disciplinary engineers) together delivered a presentation on the project to date, covering a brief overview of site option appraisals followed by preferred site context, site analysis, covering Functionality Build Quality and Impact with specific reference to the recent Outline Planning Application.

Early design ideas focused on town planning and addressing the travel plan, as well as developing the next stages of design to respond to the Operational Policy and clinical adjacencies in relation to the functional content and stacking diagrams.

Location

'The Hive' Meeting Room, Lister House, 35 The Parade, St. Helier, Jersey JE2 3QQ

Spaces(s)

Multi-functional space

Seating layout around table with projector facilities and easel for single group discussions.

Due to numbers and rooms layout is was felt appropriate to remain in a single group of 13 stakeholders throughout.

Facilities

n/a

On-line questionnaire

n/a

Paper based questionnaire

A paper version of the questionnaire was adopted rather than the on-line version, and therefore the computer-generated data was not available during the assessment.

The Facilitator up-loaded the data onto the DQI Online database following the workshop.

4. Project Description

Context

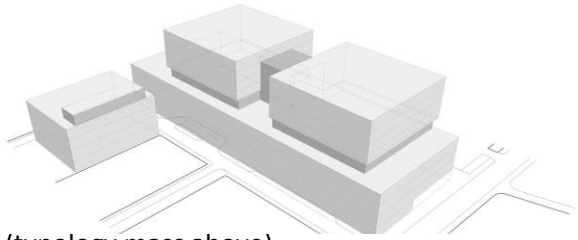
The Masterplan for the Jersey New Hospital on and adjacent to the existing hospital site will represent a significant contribution to the urban redevelopment of the town of St. Helier.

The single main-phased development is intended to be taken to RIBA Stage 2 in the autumn of 2017 following the submission of an Outline Planning Application that was recently submitted which identified the intentions of the overall masterplan, including consideration of the retained listed building (The Granite Block), public realm and connectivity and permeability throughout the site bounded by Gloucester Street to the south-eastern boundary, and Kensington Place to the North-Western boundary. The north eastern corner is where the vast-majority of the existing hospital services will remain until the new hospital is ready to decant into at which point is available for redevelopment except for the existing energy centre which will remain live throughout.

Permeability will also be encouraged east-west from Patriotic Street and the multi-storey car park, past the Granite Block and onto the Parade Street and gardens.

The hospital will be designed as deliberately civic in nature responding to the opportunity and responsibility in such an urban context for place making.

The mixture of historic and contemporary buildings that surround the hospital development bring with them the architectural challenge of responding to the differing scale, mass and materials. At the same time all 'hot' hospital functions on the existing site are expected to be integrated when; footprint, excavation depth and overall height are all limited. Total height is governed by the precedence of the existing energy centre flue at 10 storeys in height.



(typology mass above)

The main buildings for the redevelopment are targeting accreditation of BREEAM Excellent.

- Engineering Block to be retained

There are 9 enabling packages that include:

- Westaway Court
- Taking Medical Records off site
- Mixture of retained estate and new-build site preparation
- Multi-storey car park alterations
- New drop off area

The required area for the hospital redevelopment functional content is circa 42-44,000sqm with HSSD owned assets adjacent to the site offering the potential for future development and/or expansion.

The main build is to contain all of the 'hottest' diagnostic and treatment functions and clinical activity within the plinth, with the lower acuity and patient-flow areas such as the in-patient areas (where outside views are more desirable) are within the raised tower blocks- of which there are two.

Functional content is intended to be logically distributed as follows:

- Basement- FM zone, plant areas, and non-patient or visitor areas generally (mortuary etc.)
- Ground Floor-Access from all pavement/road level entrances on Kensington Place (ED), Newgate Street and adjacent to Granite Block (Main Entrance Foyer), Gloucester Street (3rd Party and access to main foyer)
- 1st Floor- Busiest floor with Outpatients, renal/day case
- 2nd Floor- Theatres, Critical Care,

- 3rd and 4th Floors- Women and Children's. Level 4 is the top of the plinth.
- 5th, 6th and 7th Floors- Access to amenity space on roof of plinth, In patients Wards with 2 x 32 single beds per level.
- 8th Floor- Private patient's unit and additional plant space.

Colder functions are to be decanted offsite including medical records.

2 additional decks are to be provided to the Patriotic Street Car Park.

Vehicular and pedestrian traffic is to be addressed and improved all the way from The Parade, Peirson Street, the existing multi storey car park and Gloucester Street.

The project is due for completion by 2024 which can only be achieved by building in a single main phase, the added benefit of which means this project will be able to be built by an off-island Main Contractor with the necessary specialist experience of building a new acute hospital.

(Below- early concept CGI- Hassell Studio)

5. The DQI Process

The Design Quality Indicator (DQI) is a process for evaluating and improving the design and construction (including fit-out) of new buildings and the refurbishment of existing buildings.

DQI focuses on actively involving a wider group of stakeholders in the design of buildings than is usually the case. It involves not only the design team and constructors, but all those who will use the building, finance it, or be affected by it.

DQI is devised to help stakeholders set targets and track design quality at all key stages of a building's development from Briefing through Design and Handover to Occupation. It plays a fundamental role in contributing to the improved design, long term functionality and sustainability of building projects. To date DQI has been used on over 1,400 projects in 12 years. It has captured the views of thousands of individuals during that time and helped deliver better facilities for clients and users.

DQI process

The DQI process consists of a series of workshops linked to the industry phases of a building project – Briefing, Concept Design, Detail Design, Handover, and In-use. Representatives of all demand side and supply side stakeholders participate in the workshops. The events are prepared and facilitated by an independent DQI Facilitator who is accredited by the CIC.

Briefing (DQI Stage 1)

At a Briefing workshop the stakeholders debate and agree their aspirations for the project. The DQI Facilitator documents their consensus as to what the project should achieve in the form of a Briefing Record. This document contributes to the project design brief and becomes a benchmark against which to evaluate the design at later DQI Stage workshops

Mid Design DQI and beyond

At Concept Design (DQI Stage 2) and Detailed Design (DQI Stage 3) workshops' stakeholder participants will receive a presentation of the current design proposals at a level of detail appropriate to the stage reached. Presentations should cover all design and construction disciplines and be accessible to a lay audience.

The aim of these workshops is to enable participants to compare their respective opinions of the design proposals and to help them identify strengths and weakness of the scheme relative to the targets set in the Briefing Record.

Design stage assessments should be followed in due course by Handover and Post Occupancy assessments.

DQI Questionnaire

At the heart of the process is the DQI questionnaire that is used to structure workshop presentations, discussion and reporting. The questionnaire is a comprehensive, non-technical set of statements structured under three main headings to measure all the factors applicable to the design quality of most buildings.

Functionality is concerned with the way in which a building is designed to be useful. The Functionality section of the questionnaire is sub-divided into 'Access', 'Uses' and 'Space'.

Build Quality relates to the performance of a building fabric and is sub-divided into 'Performance', 'Engineering' and 'Construction'.

Impact refers to a building's ability to create a sense of place and to have a positive effect on the local community and environment. It is sub-divided into 'Urban and social integration', 'Internal environment', 'Form and materials', and 'Character and innovation'.

DQI Outputs

It should be noted that participants often comment that simply by bringing the stakeholder community together to discuss their respective views of a project, in a way that otherwise seldom happens, is a reward in itself, for the few hours invested in attending the workshop.

The DQI Facilitator is responsible for applying the DQI analysis tool to the data collected during the workshop to prepare the workshop report. This includes simple graphical representations and a narrative that compares the views of different participants and measures stakeholder assessments against their aspirations at briefing. The Workshop Report will contribute to the development of the design and the success of the final scheme.

Further information

On DQI can be found on the DQI web site: www.dqi.org.uk. There is a generic version of the tool that can be applied to any building type. There are also sector specific versions for Schools and Health buildings.

6. Briefing Stage Priorities

Tag Change Requests

Following the briefing presentations, discussions took place regarding the tags for each of the criteria.

There were several important changes to default tags agreed by the stakeholders which were as follows:

Functionality:

Desired to Required for:

- 8 – Access: Inside the building, the layout should be easy to understand and the signage should be clear.
- 11- Space: All spaces will have a clear purpose.
- 14- Space: There should be good facilities for staff, including convenient places to work and relax without being on demand.
- 21-Uses: Where possible, spaces should be standardised and flexible for different user requirements.

Desired to Not Applicable for:

- 23- Uses: The building should allow for change to a different type of use.

Build Quality:

Desired to Required for:

- 30 - Engineering: The engineering systems should be well designed and unobtrusive, flexible and efficient in use.
- 33- Engineering: The engineering systems should be well designed and unobtrusive, flexible and efficient in use.
- 36- Engineering: The building design should include IT infrastructure that is 'future proof' and sufficient for foreseeable future needs.

Inspired to Required for:

- 38- Engineering: Engineering systems should adopt the principles of sustainable environmentally conscious design.
- 40- Construction: The layout, structure and engineering systems including IT should be well coordinated and integrated.

Impact:

Required to Desired for:

- 59-Internal Environment: There should be high-levels of comfort and control of comfort.

Inspired to Desired:

- 60- Internal Environment: The building design should include provision for visual and performing arts.

Desired to Inspired for:

- 67- Character and Innovation: The building should be interesting to look at and move around in.

Priorities

Initial Key Priorities identified by the team that are already agreed include:

- Hospital to open within 8 years i.e. by 2024
- The cost is to be comparable to other new-build options.
- Safe operation of the existing hospital throughout.

- Meet with all statutory requirements and evidence based guidance standards (with specific yet to be clarified identification of a reduction in area by 15%)
- Meet with the requirements of the Operational Policy
- Achieve a rating of BREEAM (international) Excellent.
- A resilience rating of 2N (N+N) due to remote location and lack of comparable alternative acute healthcare facilities close by.

During the DQI Session:

- Numbers 1 and 8 scored high, so good access the ability to easily navigate the building (which will be entered from any one of the 4 main sides) is important.
- Numbers 7 and 23 scored lowest and therefore the future use of the hospital and designing for cyclists were perceived to be relatively unimportant.
- Number 25 was the most popular criterion, so having a building that is easy to operate and maintain is very important.
- 35 Scored high, due to the high-importance of having additional resilience on this, the only acute hospital on the island.
- Number 50 scored high also, meaning adequate privacy and dignity for patients is an important success factor.
- 58 Scored high also, meaning control of infection and air quality is essential.
- Security of patients, visitors and staff raised as a priority within an urban environment. This is being addressed with SDB liaison.
- Consideration of patients with particular needs e.g. DDA, dementia, bariatric, and children/babies, as well as clarification of use by patients with mental health.
- To reduce operational and running costs where possible.
- To design an adaptable environment within reason and within the constraints of the site and healthcare associated use only.

Appendix A: List of Participants

Those who took part in the workshop, their role and the Stakeholder group they represent are as follows.

Columns towards the right-hand side of the table record continuity of attendance at DQI workshops.

Name	Position	Organisation	Stakeholder Group	Demand or Supply	DQI Stages Attended					Email
					1	2	3	4	5	
Sven Howkins	Project Manager	Gleeds	Design Team	S	X					Sven.Howkins@gleeds.co.uk
Stewart Rowney	Director	Rowney Sharman	Design Team	S						Stewart@rowneysharman.je
Philippa MacAndrew	Project Support Officer	States of Jersey	Client	D	X					P.MacAndrew@health.gov.je
Roy Short	Health and Safety Planning Coordinator	Gleeds	Client	S	X					roy.short@gleeds.co.uk
Ray Foster	Director	Jersey Property Holdings	Client	D	X					R.Foster@gov.je
Bernard Place	Project Director Health Brief	States of Jersey	Client	S	X					B.Place@gov.je
Graeme Le Sueur	Client Lead	States of Jersey	Client	SD	X					G.LeSueur@gov.je

	Engineering Services									
Jessica Hardwick	Contract Lead for Enabling Works and BIM	States of Jersey	Client		X					J.Hardwick@gov.je
Nick Cunningham	Director of Facilities Management	States of Jersey	Client	D	X					n.cunningham@health.gov.je
Kieren Morgan	Architect	Hassell Studio	Design Team	S	X					kmorgan@hassellstudio.com
Peter Thomas	Director (MEP Engineering)	Arup	Design Team	S	X					peter.thomas@arup.com
Chris Frost	Rehabilitation Officer	Eyecan	Client	D	X					chris@eyecan.je

Appendix B: Design responses to the Briefing Record

	Functionality			
	Access	***Default Tag****	***Changed Tag****	***Notes***
1**	The location of the building should provide good access for everyone including people using public transport			Choosing to have the building in this location compared to other sites has already in part responded to this criterion. It was accepted that there are limits within this busy central location to control access at peak times, although highway's engineers Arup have already been working on Highway and pedestrian crossing point improvements some way from the site to address these issues where possible. A green travel plan has been developed to look to improve public transport and sustainable travel options.
2	The layout and landscape around the building should provide safe and convenient pedestrian access and should be suitable for use by wheelchair users and people with other disabilities	R		A great deal of conceptual work has already taken place by the architect's (Hassell Studio) in recognition of the civic nature of this building and its duty to contribute positively to the regeneration and overall masterplanning of the town, and in particular the way the public realm and public areas of the hospital are accessible to all, including those with disabilities. It was agreed the operational policy highlighted the need to consider bariatric and patients and visitors with dementia, although specific requirements were not identified.
3	Designated entrances should be obvious and logically positioned in relation to access	R		This was agreed as an important requirement, with the early ideas of the access strategy beginning to ensure the logical and intuitive navigation to and from the hospital and the designated entrances and exits.

4	Car parking numbers and their allocation should be appropriate and include convenient drop off and pick up areas	R		IT was agreed that the multi storey car park was to be expanded to provide suitable parking and access for activity projected until the opening date of 2024. Parking for disabled visitors are to be as close to the entrance link bridge as possible. Drop-off and pick-up is provided immediately in front of the building along Gloucester Street, Kensington Place and Newgate Street.
5	There should be safe access and secure storage for goods, recycling and waste, including vehicle circulation segregated from public/staff access	R		There is a service road to the northern side along Kensington Place with all waste being taken from the basement. Security, fire, access and waste strategies to be developed in tandem. Segregation of clinical, domestic and recycled waste to be considered as part of the waste strategy
6	The approach and access for emergency vehicles should be appropriately provided	R		Emergency vehicles able to access both front access road in the event of an emergency and rear service road also available if required for more discreet/non-emergency needs. It was made clear in the event of an emergency an ambulance would most likely pull up at the most convenient location at the main entrance anyway if necessary
7	The design should cater adequately for cyclists	R		There are dedicated covered cycle spaces to meet with BREAAM requirements. Nearly half of the panel suggested this was not a main priority however.
8**	Inside the building, the layout should be easy to understand and the signage should be clear	D	R	It was agreed to change the default tag from desired to required, as this was felt to be an important criterion to meet. Most of the panel identified this as an important feature. Functional content agreed to be zoned as: public areas/ clinical areas/ staff and support areas to offer adequate privacy and dignity to patients and staff. Signage and wayfinding to consider patient groups with specialist needs for example those with visual impairments or dementia. Action for designers to respond to this in due course- the architects suggested there was an opportunity to integrate artwork with wayfinding strategy

	Space			
9**	The spaces in the building should be the right size for their functions	R		Room sizes required to meet evidence based guidance as closely as possible with derogations by agreement only yes with the overall requirement to target 15% space saving with HBN requirements. This has not been thoroughly considered at this stage in relation to specific room functionality which would be reviewed at the next stages of design where mock-up's and room size tests are to be carried out to create own evidence base. Commonly repeated rooms such as consult/exam to potentially consider mixture and range of size/functions.
10**	Circulation distances travelled by patients, visitors and staff should be optimised by the layout	R		Circulation (including widths) to be considered for all patient group's needs, including; prams, wheelchairs and bariatric patients. Racetrack concept currently adopted to offer flexibility and optimise circulation from central entrance zone with double stair and lift core serving both towers. Co-location of key rooms to be considered during design development including patient flow diagram. The typology and density of vertical planning not only responds to external constraints but is deliberately intended to ensure travel distances are minimised, as is the logical segregation for staff and services.
11	All spaces will have a clear purpose	D	R	It was agreed to change the default tag from desired to required, as this was felt to be an important criterion to meet. Whilst all spaces are to have a clear purpose they are also to consider flexibility in use where possible.
12	There should be good facilities for patients including bath/toilet, refreshment and other facilities and patient waiting areas	R		The criteria for this building function relate only to adequate shower/WC facilities for patients, and also for staff to be able to cycle to work. Assisted bathroom to b one per ward. Sex segregation not a requirement in SoJ. Confirmation on this provision will also most likely form part of BREEAM accreditation. Again, consideration for patient groups including babies, young children and bariatric patients discussed.

				Changing places facility not considered at this stage. For clinic's only water dispensing to be provided at this stage. Preference of bottled/mains to be confirmed and agreed. If hot-drinks are to be considered for group clinics, steer from the client on strategy needed i.e. paper-only. Staff room- designers to consider regulatory requirements for beverage area.
13	The building's layout should provide required levels of isolation and segregation – for example for gender, children and young people and for control of infection	R		Concept of zoning the hospital to overcome most issues relating to privacy and dignity discussed. Observation yet suitable privacy in WC areas to be considered (substance misuse and other related issues). Specification of components and sanitary ware as well as location of sanitary ware to meet with principles of control of infection in the built environment. As noted, sex segregation not a requirement in SoJ.
14	There should be good facilities for staff, including convenient places to work and relax without being on demand	D	R	This criterion was requested to be changed from desired to required. Dedicated staffroom to be provided as well as access to the public realm of the masterplan important for staff wellbeing and the impact on recruitment, retention and absenteeism.
15	There should be good facilities for visitors, including waiting areas, quiet rooms, pause space, refreshments, and toilets	R		WC and water dispensing only as criteria 12 for patients. It was agreed vending was to be considered where necessary. Waiting space to provide furniture for a range of patient/visitor groups including suitable space for buggies/prams, wheelchairs and bariatric patients as well as those with poor dexterity. Mixture of seating types to overcome this. Quiet/interview room to be made available. Consideration already taking place by architects to provide waiting and rest points in transient areas such as corridors and stairways.

16	There should be sufficient storage space for goods, equipment and waste & re-cycling	R		Detail of requirements to be discussed at next stages of design here, and to consider the following: • Internal space for storage of drugs, controlled or otherwise to be agreed with pharmacy lead when on-board. • Sharps and clinical waste within rooms and segregated waste hold to be provided to meet with user needs and in-line with evidence based guidance. • Gas bottle storage to be discussed at later stages of design (requirement TBA). • Crash trolley storage to be dedicated. • Medical records storage to be offsite general. • Consumables storage requirements to be explored in main bulk store and clean/dirty utilities, as well as the need for charging equipment. • Segregation of waste in hold areas inside and outside.
	Uses			
17**	The brief and design should facilitate the patient care model of the NHS/client organisation	R		This was identified by most of the panel as an important criterion of course related to SoJ Health Board not NHS. Model of care already developed to allow designers to demonstrate compliance here. Action by designers to demonstrate compliance here.
18	The building should accommodate the users' needs and satisfy the agreed brief	R		Most of the requirements of the hospital are clearly defined and it was agreed this is a key requirement.
19	The building should enhance the efficiency and performance of the organisation	R		Client to provide outputs of the considerable work that it was agreed has been done in the area. This is to allow designers specific targets/goals if possible to then allow demonstration of this criterion being achieved.
20	The building's layout and the relationships between rooms should optimise patient pathways, work flows and logistics	R		Flow diagram to be provided to demonstrate meeting optimum flow. The designers to develop flow diagrams to demonstrate patient and workflow/pathways both into and out of the building.
21**	Where possible, spaces should be standardised and flexible for different user requirements	D	R	It was agreed to change tag as it was felt this was an important criterion to meet.

22	The building should be sufficiently adaptable to respond to change over time and to enable expansion/contraction	D		It was not made clear on how possible it would be to expand this facility given some of the constraints and so it was agreed to keep as desired.
23	The building should allow for change to a different type of use	D	N/A	It was agreed to change this criterion from desired to not applicable as this is the only hospital on the island and would never be changed for an alternative use. This was the least important criterion identified by the team.
24	The layout should facilitate both security and supervision	R		Designers in discussion with the architectural liaison officer at the local police but a formal SBD application is not intended to be made at present and is not a Statutory requirement. Area of special consideration in relation to security and supervision include: • Natural surveillance of entrance, waiting areas, corridor and patients/visitor WC's (including substance misuse) • Access control to staff only or clinical areas when in use. • Use of CCTV and where this is to be monitored. • Ability for the hospital to be used out of hours for clinics, and the effect this could have on the rest of the building. • Type of locking arrangements to main doors- first in/last out.
	Build Quality			
	Performance	***Default Tag****	***Default Tag****	***Notes***
25**	The building should be easily to operate and maintain	R		This was identified by the panel as the joint first most important criterion to meet. Strategy of current space planning, with co-location of heavily serviced spaces spread into 3 key areas intended to improve ease of maintenance. Designers to demonstrate how this has been considered within the rooms at the next stages of design. Consideration of FM and servicing considered, and which will be developed in the next stages of design.

26	The components in the building should be easy to replace when necessary	R		Client to confirm requirements (if necessary) of standardisation of components for designers to ensure they can demonstrate compliance. Engineers Arup to develop access/maintenance strategy at later stages of design.
27	The building should be easy and safe to clean to required health standards	R		Surface finishes, equipment and fitting all to be specified and to be suitable for a healthcare environment with demonstration of compliance to HTM standards where applicable. It was made clear this is of the utmost importance in relation to the control of infection in the built environment. Inclusion of COI representative at future assessments to be considered.
28	The building should be designed to weather and age well	R		This was identified as specifically important by several of the panel due to the exposed coastal location of this project, and is expected to be explored in greater detail at the later stages of design when material choices are discussed. Additionally, an important factor with the building being able to weather and age well is the potential issues with vermin and other nuisance wildlife particularly seagulls. Ensuring the building is adequately designed to ensure these problems are designed will be an important success factor.
29**	The building should have durable and low maintenance internal and external finishes	R		For this building, this criterion is closely related to 27 and 28, again picking up the specific challenges of this location. Robust materials for finishes identified as important, with consideration for healthcare use.
	Engineering			
30	The engineering systems should be well designed, and unobtrusive, flexible and efficient in use	D	R	A tag change to required was agreed as this was felt to be an important feature to include. The engineer's presentation identified the thought that has already gone into the system design to ensure unobtrusive and well-coordinated design. Later stages of design to monitor how successful the services have been integrated.

				Flexibility is already implied with the level of resilience that has been included within this projects brief, but importantly it has been made clear this building will never have another function other than as an acute hospital.
31	The engineering systems should deliver benefits from standardisation and prefabrication where relevant	D		Discussion to carry out work on standardisation of commonly repeated rooms within the parameters of the brief, but since this is the only hospital on the island the idea of component standardisation to match other assets is not of great importance here.
32	The design should allow easy access to engineering systems for maintenance, replacement and expansion	R		Accessibility and ease of maintenance to be addressed at next stages of design with FM provider and other key stakeholders for engineering systems. IT representatives to liaise with MEP engineers to ensure consideration of ability to replace or expand.
33	The requirement for building engineering systems should be minimised by the design of the building	D	R	It was agreed to change the default tag from desired to required, as this was felt to be an important criterion to meet. It was accepted and agreed that whilst the typology and masterplanning had meant that the context has driven much of the design to date, the designers will have ample opportunity to take advantage of the layout and orientation and make best of passive engineering features including natural light and ventilation, not least because of the benefits this can offer patients and staff. Reducing the buildings demand is a key success factor.
34**	The engineering systems should be easy to operate and maintain	R		Ensure consideration given to control of switches, sanitary brassware.
35	There should be emergency back-up systems designed to protect patients and minimise disruption	R		As this is the only hospital on the island, system failure is not acceptable at all. For this reason an N + N (or 2N) resilience on systems forms part of the brief. Again, this is a critical success factor.
36	The building design should include IT infrastructure that is 'future proof' and sufficient for foreseeable future needs	D	R	It was agreed to change the default tag from desired to required, as this was felt to be an important criterion to meet. It was agreed the future flexibility (within reason i.e. emphasis on 'foreseeable future needs')

37**	The building should be efficient in its use of resources including energy and water	R		Systems to control/minimise use of resources including energy and water to be demonstrated by designers. This will include: • Building fabric/performance with U-values. • Heat gain/control measures for glazing/curtain walling. • Passive features able to be made use of. • Heating strategy. • Lighting strategy. • Ventilation strategy. • Specification/performance of grouped equipment including sanitaryware (procurement team to input where necessary)
38	Engineering systems should adopt the principles of sustainable environmentally conscious design	I	R	It was agreed to change the default tag from inspired to required, as this was felt to be an important criterion to meet. Sustainable and environmentally sustainable products to be specified as a priority.
	Construction			
39**	The methods and materials to be used in construction should be well thought through to provide a clean safe and suitable environment	R		Materials to be robust and fit for purpose and allow for adequate cleaning/maintenance strategy, again with reference to the specific location and the challenges this brings. This identified as integral to project success.
40	The layout, structure and engineering systems including IT should be well co-ordinated and integrated	I	R	It was agreed to change the default tag from inspired to required, as this was felt to be an important criterion to meet. Integration of systems including IT to be considered at later stages of design including surface versus trunking, use of bulk heads, discreet heating systems and easily cleaned lighting all coordinated with surface finishes and with well detailed junctions.
41	Construction planning should minimise disruption to continuing healthcare provision and any phased work should be well organised	R		This was identified as one of the most important criterion by several of the panel. This is an essential requirement.

42	The building's fittings, furniture and finishes should be well integrated	D		Designers to work closely together at the next stages of design with to ensure design intent coordinated with any grouped equipment- particularly when not part of the Contract. There was a mixture of views about this being important or not.
43	The construction should deliver benefits from standardisation and prefabrication where relevant	D		The principles of repeatable rooms and use of evidence based guidance to be reviewed and used to influence design for commonly repeated rooms to allow benefits of standardisation. Otherwise this was not raised as specifically important, but just 'good practice', some identified a this as one of the least important criterion to meet.
44**	The building design should follow the principles of sustainable environmentally conscious design	R		Environmentally sustainable products to be selected by designers, and to achieve targets set out in BREEAM accreditation for sustainable sourcing. Action to demonstrate at relevant stage of design.
	Impact			
	Urban & Social Integration	***Default Tag****	***Default Tag****	***Notes***
45	The height, volume and skyline of the building design should take account of the surrounding environment	D		It was agreed this is a sensitive matter that will ultimately be tied to the Full Planning Application. It was however agreed not to change this from desired to required as the panel agreed there it is unlikely that all future stakeholders will have a consensus on this matter due to the size and mass of the building in this location.
46	The hard and soft landscape around the building should contribute positively to the neighbourhood	D		The masterplanning of the hospital with its relationship to the urban site within which it sits has been recognised as a significant opportunity. Discussions took place to ensure that whilst the primary functions of the hospital must not be compromised, the opportunities to make a civic statement and positively contribute to the towns public realm are of great importance. Furthermore, this is one of the attractions of choosing this site for the redevelopment. There was a mixture of views about this being important or not.

47	The building should be well located in relation to local facilities	D		Again, the choice of providing the Hospital in this location means the project benefits from being in a central and accessible location that is also well served with local amenities.
48**	People in the neighbourhood should enjoy the building	D		Demonstrating compliance here may be difficult at later stages unless patient representation is considered for future panel- this was raised by members of the 'demand side'.
49	The building should be likely to contribute to and stimulate social and economic regeneration	I		The designers already recognise the opportunity of this hospital as a community facility that can be enjoyed although this is an opportunity and not a key success factor. Social benefits associated with such facilities being close to patients (and that are also economically viable) should be able to be demonstrated again by patient group representation in future sessions.
	Internal Environment			
50**	The building should respect the needs of patients and allow for appropriate levels of privacy, dignity and confidentiality	R		Several members of the panel identified this as an important criterion. Privacy and dignity and confidentiality is key consideration and has influenced the overall strategy for distribution of the functional content around the building. Segregation of clinical areas from main waiting space was also agreed as important as was the ability of a distressed patient to have a moment of contemplation or to exit the building as discreetly as possible. The panel made clear privacy and confidentiality important for staff too. It was noted however that the segregation of sexes in in-patient wards, for example, is not a requirement in the SoJ.
51	There should be good views within and outside of the building	D		Views are limited to a degree although the upper levels where in-patients are likely to need to staff for prolonged periods are given the opportunity of having excellent views across the bay and beyond. Similarly, courtyards to the inbound rooms on the tower racetrack corridors again will offer an outside view. View for patients waiting to be picked up to the pick-up/drop-off areas or public transport could prove to be important also.

52	Patients, staff and visitors should have good access to attractively landscaped outdoor areas	D		Whilst the urban location limits the ability to have outside space, there is again some early thought being given to the roof of the plinth for amenity space as well as the pockets of space between the Granite Block and the new hospital with the links to the already well used public gardens and park.
53	The interior design should be attractive in appearance	D		It was agreed this was an important criterion to meet, although due to the subjectivity it was agreed to retain as a desired criterion.
54	The circulation and interiors should be safe and not cramped or overcrowded	R		Internal space planning is beginning to develop with generous widths to corridors to allow passing, wheelchair access and prams. Though to be given to access by bariatric patients also in circulation including door width. Interior design to continue with improving the overall ambience and quality of space to ensure it does not feel cramped or overcrowded, particularly in the main entrance zone where it was agreed the interior design and use of transient space for benching and seating would be useful for certain patients groups who may need rest points.
55	There should be a high quality of daylight in the building with good use of colour	D		Limitations on natural light to the plinth areas affect the ability of the designers in this respect. It was agreed natural light to be introduced only where appropriate. Interior design, wayfinding and the use of colour and texture to improve the ambience of the hospital to be explored in more detail at the later stages of design. Some early ideas and precedents were tabled by the architects.
56	There should be a high quality of artificial lighting in the building	D		With limitations on daylighting it was agreed that the selective use of feature lighting, and possibly imitation daylight features could be considered for some areas, although this was not identified as a key criterion.
57	There should be a high acoustic quality appropriate to use of spaces	D		Acoustic consultants (Arup) are already appointed to ensure HTM 08.01 standards are achieved within the building and Planning related matters are attended to.
58	There should be a high air quality appropriate to use of spaces and the control of cross infection	R		This was identified as an essential requirement. Air quality (supply, extract and humidity control where necessary) to meet with HTM 03-01. Statement on effects of external air quality and need to control/filter (or not) to be

				made by designers in relation to each department. Natural ventilation opportunities and strategy to be explored at later stages of design. There was some debate about the benefits of natural ventilation for patients also potentially introducing issues with the control of the departments and the efficiency of running mechanical ventilation in areas where windows can be operated. More work to do on this at the next stages of design.
59**	There should be high levels of both comfort and control of comfort	R	D	It was agreed to change this from required to desired as it was felt this may provide to be a challenge to achieve within the cost envelope. Consideration of staff representation in future sessions to help with this and to achieve consensus
60	The building design should include provision for visual and performing arts	I	D	It was agreed to change this criterion from inspired to desired. Whilst all agreed this is sometimes a challenge, it was agreed that the benefits of introducing artwork into the building would benefit patients, staff and visitors, and can be an excellent way of improving the overall ambience. The architect noted the opportunity is also so important with such a significant footfall of visitors coming through the hospital. It was confirmed that to achieve the BREEAM target for the building the designers would be working with an arts coordinator who is yet to be appointed to integrate artwork into the building design. Several members of the panel identified this as not important however so there was clearly a small amount of conflict here.
	Form & Materials			
61	The building should have a human scale, feel welcoming and create a good impression	I		The patient journey and experience was agreed as a key criterion to meet which can begin with a welcoming and positive impression being created when entering the unit. Several of the panel identified this as important and during the discussions it was agreed that the size of the building should not affect the ability for it to have a human scale.

62**	The exterior and form of the building should be carefully designed to be considered of high quality	I		It was agreed there should be an emphasis on the quality of the external materials and overall specification, again primarily because of the expose coastal location, but also because this is a building that will need to contribute positively to both the skyline and street scene. This will be the largest single building in St. Helier and therefore the importance of the success of this buildings design and external appearance cannot be overstated.
63	The building should be orientated to maximise the advantages of the site for example to maximise sunlight or provide shelter from prevailing winds	D		Due to the urban planning of the hospital, the orientation of the mass was not driven by the sunpath or prevailing winds, although the designers will demonstrate at the later stages of detail design all of the challenges and opportunities that are created in this respect including shelter for entrance/exit points, glare and sunlight control.
64	The external materials and detailing should be of high quality with appropriate use of colours and textures	R		As already identified, the success of the detail design of the windows, fenestration, spandrel panels and cladding will all have a significant impact on the street scene for the lifetime of this building. One member of the panel identified the importance of specifying materials that are also non-corrosive or toxic for patients/visitors especially.
65	Materials and components should be specified from sustainable sources of supply and manufacture	D		It is for the designers to confirm sustainable sources as part of the BREEAM accreditation for this building.
	Character & Innovation			
66**	There should be clear ideas behind the building design	R		It was agreed that the embryonic ideas for this project are already demonstrating clear, logical ideas. It will be for the designers to demonstrate at the later stages of design that these concepts have been maintained.

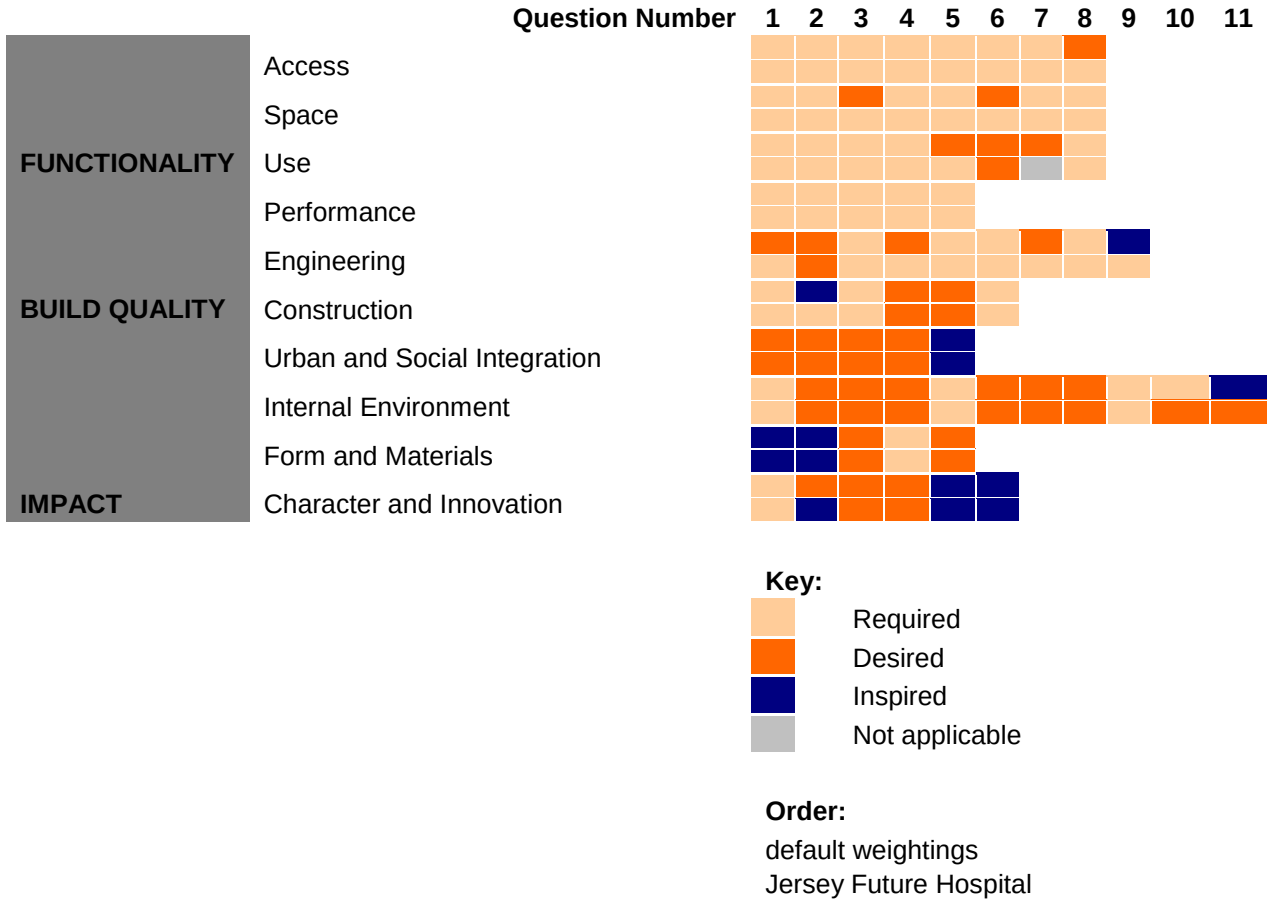
67	The building should be interesting to look at and move around in	D	I	Some debate took place on this criterion, and it was ultimately agreed to change the default tag from desired to inspired, due to its potentially subjective nature. There was not absolute consensus on this, but general agreement.
68	The building should project a caring and reassuring atmosphere	D		It was agreed that this was an important criterion to try to achieve, although the subjectivity of this was also raised. For this reason, it was agreed to retain this as desired.
69	The building should appropriately express the values of the [NHS]/organisation	D		There was some debate on how the designers could demonstrate the values of the organisation, with the SoJ Health Board. Action for the client to help clarify the values and mission statement and to agree consensus to help the designers demonstrate compliance with this criterion.
70	The building design should influence future projects	I		There was not strong view on this with this building being so specific and unique.
71	The building and its landscape should be widely acclaimed for their quality	I		There was not strong view on this as well. Again, some identified as not important.

***R = Required** Compliance with standards, regulations and quantified minimum targets, **D = Desired** Setting targets for building performance beyond the minimum required, **I = Inspired** Inspiring goals and statements, reference to special buildings, **N/a = Not applicable** Because of the scope of the project cannot be achieved*

*** To aid facilitation, the statements have been highlighted as **'key statements'** (blue background colour) and 'detailed statements'. Please note that this does not suggest that some statements are more or less important than others but participants should aim to address every key statement in the discussions if possible.*

Appendix C: Graphic Result Sheets

In the Briefing record set heat map, each DQI statement is allocated a cell, the cell is then coloured depending on whether the statement was set as Required, Desired, Inspired or Not Applicable.



In the Briefing record target line chart the tags from each briefing record are plotted as the maximum line. When you use the DQI assessment tools you will be able to view the briefing record chart which shows how the design, or completed building, is achieving this maximum.