Architectural Achieving Excellence Design Evaluation Toolkit (AEDET) Evolution Questionnaire for Healthcare Buildings

Dear Participant,

The aim of this questionnaire is to evaluate the architectural service and health quality of hospital by inpatients. The results obtained from the questionnaire will be used in PhD thesis study under the Architecture Department titled as' The Role of Healing Environment on Patient's Health and Well-being.'

The answers that will be given will show the perception of the hospital design quality while experiencing to put a better service quality and health outcomes as a feedback.
The answers that will be given by you, will be used only for the academic purpose and will be kept confidentially.

Thank you for your interest, time and patience.

Using the 6 point scoring scale:

The best score is 6 and the poorest score is 1.

The 6 point scale is used to express a level of agreement with statement. In this case the scores should be used as follows;

Virtually complete agreement (6)
Strong agreement (5)
Fair agreement (4)
Little agreement (3)
Hardly any agreement (2)
Virtually no agreement (1)

PhD Candidate,

Bedia Tekbiyik Tekin

Eastern Mediterranean University,
Faculty of Architecture,
Department of Architecture
Bedia.tekin@emu.edu.tr
Tel: 05488373373

1. Nationality:

_____

2. Survey Participant:

Mark only one oval.

- ◯ Patient
- ◯ Relative
- ◯ Staff
- ◯ Professional

3. Occupation

_____

4. Education:

Mark only one oval.

- ◯ Primary
- ◯ College
- ◯ University
- ◯ Master Degree
- ◯ PhD

5. Gender

Mark only one oval.

- ◯ Female
- ◯ Male
- ◯ Prefer not to say
- ◯ Other: _____

6. Age:

Mark only one oval.

- ◯ 18-34
- ◯ 35-51
- ◯ 52-65
- ◯ Other: _____

7. Type of the Hospital:

Mark only one oval.

- ◯ Public- Dr. Burhan Nalbantoğlu Public Hospital
- ◯ Private- Near East University Hospital

8. Treatment/Working Unit:

_____

9. Type of Ilness/ Cancer :

_____

10. Duration of the stay in the hospital:

Mark only one oval.

- ◯ not stayed
- ◯ 1 night
- ◯ More than 1 night
- ◯ More than 1 week
- ◯ More than 1 month

11. Number of Patient Stay in Hospital Room

Mark only one oval.

- Single
- Double
- 3-5 person

IMPACT

The four IMPACT sections (A, B, C, & D) deal with the extent to which the design creates a sense of place and contributes positively to both the setting and lives of those who use the facility and the local community who are its neighbours.

A: CHARACTER AND INNOVATION
Section G deals with the overall feeling of the design. It asks whether the building and grounds have clarity of design intention and whether this is appropriate to its purpose and setting. A design that scores well under this section is likely to work holistically, to lift the spirits and to be seen as an exemplar of good architecture and place-making.

12. A.01 There are clear ideas behind the design of the building and grounds

The building and grounds design should embody a clear and coherent vision, confidently communicating its function and aspirations through its various physical elements.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement							Virtually complete agreement

13. A.02 The building and grounds are interesting to look at and move around in

The design should have sufficient variety to create interest both in terms of the overall form and massing externally and the internal and external places created for people to feel comfortable in. But without losing the clear vision (see G.01) or becoming confusing

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement							Virtually complete agreement

14. A.03 The building, grounds and arts design contribute to the local setting

The design should be sensitive to the community and location it sits in, urban, suburban or rural. Appropriate in scale, form, materials and colour palate, the grounds and art in particular should benefit facility users and local community, with places of therapeutic value.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

15. A.04 The design appropriately expresses the appropriate values

Primarily a healthcare facility should be about the people who it is there to care for. A civic presence may be appropriate, but an institutional or corporate image is unlikely to be. The overall design should lift the spirits of those who work and are being treated in it as well as those who visit or reside nearby

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

16. A.05 The project is likely to influence future healthcare designs

The design should use and express current best practice in terms of form and technology. The design should clearly reflect new and appropriate models of healthcare provision. It should be a design that clients, designers etc. wish to visit when working on future projects.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

B: FORM AND MATERIALS

Section B deals with the nature of the design in terms of its overall form and materials. It is primarily concerned with how the design presents itself to the outside world in terms of its appearance and organisation. Although it deals with the materials from which the building and grounds are constructed it is not concerned with these in a technical sense but rather the way they will appear and feel throughout the life of the facility.

17. B.01 The design has a human scale and feels welcoming

However large or small the design it should appear welcoming to staff, patients and visitors. The scale should be appropriate to a caring image. Scale is the result not just of the size of the project, but of the way certain features are expressed. Windows, floor to floor heights, doors and entrances all contribute to the potential for views in and out of the facility.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

18. B.02 The design contributes to the local microclimate, maximising sunlight and shelter from prevailing winds

The design is well orientated on the site to maximise its potential. In particular the building and grounds should be designed to capture sunlight appropriately. It should shelter people approaching it from the prevailing winds and poor weather. The design should also maximise the health promotional potential, embracing views of greenery and access to the landscape from both users and local community, and from within or outwith the site.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

19. B.03 Entrances are obvious and logical, in relation to likely points of arrival on site

This item may be particularly important where there are likely to be large numbers of visitors on a daily basis, where there are many new or stressed users, where there may be more than one entrance or where there may be several routes onto the site. The form of the design should invite approach and entry and make the places where the public enter apparent, even without signs. The design should respond to the major expected points of arrival. The entrances should be obvious from these angles.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

20. B.04 The external materials and detailing appear to be of high quality

Materials should be chosen to enhance the design as a whole. The form and materials should be well detailed. The design of the building and grounds should be as one, and these should combine to age gracefully rather than show unsightly staining or weathering

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

21. B.05 The external colours and textures seem appropriate and attractive

Colours and textures should articulate and enrich the design's form and enhance its setting. As with interior colour schemes what feels appropriate will, to some extent, depend on the type of facility and style. However exterior colours and textures should also be chosen to relate positively to adjacent architecture, landscape, climate and other aspects of the setting.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

22. B.06 The design maximises the site opportunities and enhances a sense of place

The building and landscape design should sit well on the site and enhance the overall setting. This may include using the topography to reduce the impact of the building scale, or terrace landscaping enabling disability access. It should also include enhancing site ecology and biodiversity, using existing key features, e.g. mature woodland or waterways; or new features e.g. SUDS pond, sedum roof. The facility should promote health both to its users and the wider community, all should be encouraged to use the grounds to their potential, e.g. for walking, cycling, social or growing spaces.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

C: STAFF AND PATIENT ENVIRONMENT

Section C deals with how well an environment complies with best practice as indicated by the research evidence. The statements correspond to the sections in ASPECT (A Staff Patient Environment Calibration Tool).

23. C.01 The design respects the dignity of patients and allows for appropriate levels of privacy and company

This item may be particularly important for space where patients spend significant amounts of time, or where sensitive consultations, treatments or discussions may take place. Both company and privacy are highly valued by patients and staff and the design should facilitate both. The spaces where patients are likely to be for lengthy periods should provide places where they can have both visual and acoustic privacy. Patients should be able to have private conversations and to be alone if they wish. However, it should also be easy for patients to find company and be with others. Patients' dignity should be respected by the design. When being treated or examined they must be shielded from the gaze of others and should not be overheard. Toilets and bathrooms should be nearby but located discretely without being in full view of others.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

24. C.02 The design maximises opportunities for daylight/ views of greenery or natural landscape

This item may be particularly important for space where patients and/or staff spend significant amounts of time. Rooms where patients or staff spend long periods should have windows which afford high quality daylight and views, particularly to greenery and across natural landscape. Patients should be able to see green plants, ground and the sky. Trees reflecting seasonal changes, reinforce our connection with the world. This is particularly important where patients may be in bed for long periods or having to wait. Where patients may be concerned or under stress the view should be calming. The restorative effects of daylight and natural views are well proven.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

25. C.03 The design maximises opportunities for access to usable outdoor space

Patients should be able to go outside easily and have access to well landscaped gardens and green infrastructure. Both staff and patients should be able to see nature especially greenery/ green vegetation. This might be in the form of interior planting or external gardens. Restorative green spaces and infrastructure are shown to be helpful to those recovering from short term treatments, to comfort visitors and provide respite for harried staff. Being able to walk or sit in such places can reduce blood pressure, relieve stress, encourage healing and restore hope/ wellbeing, providing proven benefits for local community as well as facility users. Health promotion opportunities should be maximised where practicable.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

26. C.04 There are high levels both of comfort and control of comfort

This item may be particularly important for space where patients and/or staff spend significant amounts of time. Patients and staff should be comfortable. The temperature should be comfortable all year round and be capable of easy local control. Patients and staff should be able to exclude sunlight and darken spaces when patients wish to sleep. Artificial light should be easily controllable offering patterns suitable for day and night and for winter and summer. Patients and staff should be able to open windows and doors easily for fresh air. The places where staff work or patients spend time should be quiet and free from unwanted levels of operational or background noise. Stress and heart rates have been proved to rise in noisy healthcare facilities, yet research shows rising noise levels in hospitals, wards and in critical care units in particular.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

27. C.05 The design is clearly understandable and wayfinding is intuitive

This item may be particularly important for large or complex designs or collections of buildings. The whole facility should be easily understandable allowing for easy way-finding. The entrance should be obvious from arrival on site, and the way out should also be clear. There should be a logical hierarchy of spaces in the design with varying scales appropriately indicating the public and private domain, both internally and externally. It should be clear which are staff only areas and patients and visitors should easily be able to tell where to find a member of staff. Different parts of the design should have different characters in order to avoid an overall feeling of being nowhere. Distinctive landmarks, familiar artefacts from the past, self-contained looping paths are techniques for maximizing legibility and orientation both inside and outside the building.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

28. C.06 The interior of the facility is attractive in appearance

The interior should feel light and airy. Spaces where patients spend significant amounts of time should be made as homely as possible. There should be daylight and views of greenery, and a stimulating variety of appropriate colours and textures. The interior should look tidy and well cared for as well as clean. Ceilings should look interesting, especially where patients are likely to be on beds or trolley for any length of time. Patients should be able to store and display personal items

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

29. C.07 There are good bath/ toilet and other facilities for patients

Bath and toilet facilities are known to be important to patients. Ideally there should be a choice of bath or shower. Well designed signage, tonal contrast, non-slip flooring, seats, handrails and shelves within easy reach, enable patients not to feel 'disabled' by the design. Places for socialization, religious observance and live performances are also important. Having the option of a relative/friend being able to stay overnight very close by, can make a big difference to patients. In their own spaces, patients should have access to a range of suitable furniture including comfortable seating and a table. Patients who are able should have places to go and facilities to use, from tea making, to vending machines and gardens.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

30. C.08 There are good facilities for staff, including convenient places to work and relax without being on demand

Support facilities particularly impact on staff. It may be very important to be able to change into working clothes, to shower and to store clothes and belongings safely. Staff need to be able to get away from demand sometimes when working in order to concentrate, and also when taking a break. Respite space should be provided nearby, with access to facilities, from IT, to tea-making, vending, views and gardens. Shared work and social spaces encourage team building and integration. Retail facilities nearby are also important to staff.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

D: URBAN AND SOCIAL INTEGRATION

Section D deals with the way the design relates to its surroundings. It asks whether the design plays a positive role in the neighbourhood whether that is urban, suburban or rural. A facility that scores well under this section enhances its setting rather than detracts from it.

31. D.01 The height, volume and skyline of the design relate well to its setting

This item may be particularly important where the design is in either a tight urban environment or a very rural environment. The profile and skyline of the design as it is approached should fit in well with the local neighbourhood.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

32. D.02 The facility contributes positively to its locality

The locality should be enhanced by the addition of the facility. This might be through the way it opens up vistas, closes and contains urban space, or perhaps provides a landmark or useable greenspace. The design should be sensitive to its setting, whether urban or rural, sit comfortably within it, and the interior and exterior should be cohesive/ mutually beneficial.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

33. D.03 The hard and soft landscape contribute positively to the locality

The hard and soft landscape around the facility should be therapeutic in their qualities. They must be designed to last, to minimize maintenance, and add to sustainability, from improved air quality, micro-climate, SUDS, green travel, biodiversity and health promotion. The spaces around the facility should be green, pleasant and promote community and pedestrian links. The design should feel as if it 'belongs' to this place, optimising local features & topography

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

34. D.04 The design is sensitive to neighbours and passers-by

This item may be particularly important where the facility is largely in the public domain for example in a town and many people may be passing by or through the site on a daily basis. The design should be a 'good neighbour'. Those approaching the design or passing by should feel safe and connected to it. Neighbours may see the design every day and should benefit as well as occasional users.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

BUILD QUALITY

The three BUILD QUALITY sections (E, F & G) deal with the physical components of the design. This is where the more technical and engineering aspects of the design are evaluated. It asks whether the facility is, or is likely to be, robustly built, reliable, easy to maintain and operate, long lasting and sustainable. It also relates to the process of construction, and to what extent disruption and risks to healthcare services are minimised.
E: PERFORMANCE
Section D relates to the technical performance of the facility across its whole lifetime. It asks whether the physical components of the design are high quality, fit for purpose and sustainable. However how well the design functions for human use is in sections A-C.

35. E.01 The facility is easy to operate

The general organization of the design both inside and outside enables the management of the facility including grounds, over its life cycle, from construction, operation and replacement/ demolition to be as straightforward and sustainable as possible. This should include a strategy for appropriate adaption, refurbishment and /or expansion in the future.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

36. E.02 The facility is easy to clean and maintain

The design's physical details and the materials make it easy to clean and maintain. Surfaces should have finishes that enable simple and quick methods of cleaning especially those that require to be clean for clinical reasons. Access to windows for cleaning both externally and internally should be as easy and sustainable as possible. Maintenance access and replacement of key elements, from plant, to planting is easy and sustainable. This may require the provision of safe access routes, cradles, platforms etc.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

37. E.03 The facility has appropriately durable finishes and components

The materials both externally and internally should be able to last for their predicted lifespans. Key element lifespans should be as long as practicable, and where shorter than the predicted lifespan of the overall facility, then D.02 & F.04 become particularly important.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

38. E.04 The facility will weather and age well

The design should be able to age gracefully. The nature of the facility, choice of materials, and detailing of junctions all affect this. As do the ease of maintenance/ replacement access. Some materials such as masonry can look better as they get older, whereas some may quickly look dirty and uncared for. Carefully considered, robustly detailed junctions between materials are needed, as these can rapidly deteriorate, especially in exposed elevations.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

39. E.05 Access to daylight, views of nature and outdoor space are robustly detailed

Good details should ensure the investment in greenery, windows etc, achieve their potential, e.g. solar film will not diminish light quality, courtyard are usable, their floors receive daylight.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

40. E.06 The design maximises the opportunities for sustainability

The design requires to implement a range of mandatory duties, from biodiversity to waste reduction, green transport to SUDS. This ultimately requires facilities through their whole life cycle to be sustainable and practicable, particularly to reduce long-term energy and carbon use.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

F: ENGINEERING

Section F is concerned with the design of engineering systems as opposed to the main architectural features. It asks whether the engineering systems are, or are likely to be, of high quality and fit for purpose, reliable, easy to maintain and operate, and sustainable.

41. F.01 The engineering systems are well designed, flexible and effective

Engineering systems should be effective and flexible. Local controls should be provided for use by staff and patients. Engineering systems should operate quietly and respond rapidly. These systems should operate satisfactorily through all seasons of the year and be capable of adapting to reconfiguring of the design in future.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

42. F.02 The engineering systems exploit any benefits from standardization and prefabrication where relevant

Standardisation is not sought in its own right, but may be beneficial during construction, maintenance and replacement across a facility life cycle. Unnecessary variation can be expensive. Again prefabrication is not sought in itself, but may offer value for money and may help to ensure easier and speedier construction which may cause less disruption and risks to essential services on site, provide consistency, and sustainable, easier maintenance.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

43. F.03 The engineering systems are energy efficient

The engineering systems should be designed to be efficient and economic in use and to meet or exceed all statutory and mandatory standards.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

44. F.04 There are emergency backup systems that are designed to minimize disruption

The design should meet the emergency backup requirements of the project and the clinical requirements of the brief. In particular coverage should be considered for medical gases, emergency generators, batteries, nurse call systems, heating, theatre and other lighting, hot water, cold water storage, IT and telephones. This backup extent should be sustainable.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

45. F.05 During construction disruption to essential healthcare services is minimised

The continuity of essential services in healthcare is vital. Modifications to both the design and the construction should be considered. Temporary relocation of healthcare or other services may also be necessary to ensure public safety.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

G: CONSTRUCTION

Section G is concerned with the technical issues of actually constructing the design and with the performance of the main components. A design that scores well under this Section is likely to be constructed as quickly, easily with the lowest risks practicable, given the circumstances of the site; and to offer a robust, sustainable and easily maintained solution.

46. G.01 If phased construction is necessary the various stages are well organised

This item may be particularly important if it is necessary to phase the project either for financial reasons or to keep existing services operating while the construction is in progress. If the project needs to be built in phases this is made as easy as possible by the design. In gaining access to future phases, disruption and risks to healthcare services and neighbours should be minimised. Ideally each phase should be self-contained. Any future demolition should be clearly thought through. However as the construction phase is a very short part of the total life cycle of the facility, it is often undesirable to allow the phasing itself to dominate the final design.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

47. G.02 Temporary construction work is minimised

In order to satisfy the needs of phasing it may be necessary to construct some facilities which will then later be demolished or removed. This is obviously additional expenditure for which there is no long term benefit and yet further short term potential disruption and risks. This should be minimised, especially for essential healthcare services.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

48. G.03 The impact of the construction process on healthcare services is minimised

Ideally the site works should be laid out so that contractor's areas are entirely separate from continuing healthcare operations. This may not always be possible but overlaps should be avoided if possible or identified and minimised where not. Crossing points where contractors' site traffic routes may affect other traffic and pedestrians should be minimised.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

49. G.04 The building and grounds can be readily maintained

Components in the construction should be designed to require minimal maintenance. The lifecycles of components should be known and thought through. Access to components that will need maintenance or replacement is both easy and sustainable. In particular access to items which need attention is available without disrupting the operations of patients and staff.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

50. G.05 The construction is robust

Workmanship and junctions between materials and components should be well detailed, with sufficient strength and integrity for their functions and locations.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

51. G.06 The construction allows easy access to engineering systems for maintenance, replacement and expansion

The design of the construction should be integrated with the design of the engineering systems. Access to engineering components that will need maintenance or replacement is easy and sustainable. In particular access to items which will need attention is available without disrupting the operations of patients and staff. Some items require more attention than others and disruption should be minimised by designing access routes, hatches and removal panels etc to enable this, e.g. en-suite WC cisterns maintained from corridor.

Mark only one oval.

	1	2	3	4	5	6	
Virtually so agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

52. G.07 The construction exploits any benefits from standardization and prefabrication where relevant

Standardisation is not sought in its own right, but may be beneficial during construction, maintenance and replacement across a facility life cycle. Unnecessary variation can be expensive. Again prefabrication is not sought in itself, but may offer value for money and may help to ensure easier and speedier construction which may cause less disruption and risks to essential services on site, provide consistency, and sustainable, easier maintenance.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

Functionality

The three FUNCTIONALITY sections (H, I & J) deal with all those issues to do with the primary purpose or function of the design. It deals with how well the design serves these primary purposes and the extent to which it facilitates or inhibits the activities of the people who carry out the functions inside and around the design.

H: USE
Section H is concerned with the way the design enables the users to perform their duties and operate the healthcare systems and facilities housed in the design. To get a good score under this Section the design will be highly functional and efficient, enabling people to have enough space for their activities and to move around economically and easily in a way that relates well to the policies and objective of the Board. A high scoring design is also likely to have flexibility in use.

53. H.01 The prime functional requirements of the brief are satisfied

The whole design must meet the needs of the core purposes it serves. Clearly this is one of the most central and important considerations.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

54. H.02 The design facilitates the care model

The design should express and facilitate the healthcare philosophy of the Board. Design inevitably involves trade-offs, so the relative values in terms of efficiency of healthcare delivery in the care model should be reflected here.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

55. H.03 Overall the design is capable of handling the projected throughput

The sizes of spaces, circulation and access must be adequate to meet the demands made at peak times and feel comfortable throughout the operating period.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

56. H.04 Workflows and logistics are arranged optimally

All the appropriate adjacencies for human circulation and the flow of facilities and services are arranged in order to minimize distances travelled and lines crossed.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

57. H.05 The design is sufficiently flexible to respond to clinical change and to enable expansion

This item may be particularly important where forecasts already suggest future expansion that is not funded as part of the current project. The design should be flexible for clinical changes where possible. The design is likely to last longer than the current models of care and patterns of treatment. Where changes or expansion can be predicted the design should show how it can be adapted to meet these. Therapeutic, technological, organizational innovations will take place and the design should be able to accommodate these without losing its coherence.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

58. H.06 Where possible spaces are standardized and flexible in use patterns

Some spaces are so technically demanding that they must be very tightly designed on a functional basis. However it is highly likely that throughout the life of the design the pattern of use will change. Where possible similar kinds of spaces should be the same size and shape and be capable of changing their use as needs change. Over precise design can lead to an inflexibility that in the life of the design can cost considerably more than some small addition of initial floor area to enable future changes. It can often be the case that relatively small additions of floor space can be the most economical way of creating valuable flexibility.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

59. H.07 The design facilitates both security and supervision

This item may be particularly important if the site is in an area with historically high crime rates. The layout should include suitable supervision and control points. Entrances and departments should be designed to enable ready supervision and security. The layout should maximize passive supervision and overlooking so that all parts of the design internally and the site externally feel supervised and safe.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

I: ACCESS

Section I focuses on the way the users of the facility can come and go. It asks whether people can easily and efficiently get onto and off the site using a variety of means of transport and whether they can logically, easily and safely get into and out of the design.

60. I.01 There is good access from available public transport including any on-site roads

Access requirements for staff, patients and visitors arriving at the design using public transport should be thought through. Any on-site roads should be adequate and sensitively designed. Road widths and turning circles should be safe and convenient. Consideration should be given to bringing public transport onto the site where possible and appropriate. Pedestrian routes from public transport points should be clear, safe and sensitively designed. Cars and other vehicles should not dominate the external public areas.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

61. I.02 There is adequate parking for visitors and staff cars with appropriate provision for disabled people

In particular the design should accommodate the forecast demand in terms of staff, patients and visitors' cars. Consideration should be given to the extra demand at major staff shift handover periods. Any points of access to the existing road system should be able to cope with peak demand. Drop off points for less able people should be provided appropriately near entrances.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

62. I.03 The approach and access for ambulances is appropriately provided

Adequate segregation and demarcation of ambulance access and drop off points should be clear. Alternative routes should be considered for emergencies.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

63. I.04 Service vehicle circulation is good and does not inappropriately impact on the experience for service users and staff

Attention should be given to ensure unsightly, large or noisy vehicles are kept away or shielded from pedestrian/ active travel and contemplative areas. Carefully considered integration, may add interest and normalcy. Ensure suitable surfaces, widths, bends, turning circles etc, e.g. for fire tender access

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

64. I.05 Pedestrian access routes are obvious, pleasant and suitable for wheelchair users and people with other disabilities / impaired sight

The major and minor routes should be obvious with continuity of line and materials. They should be well signposted. They should be safe from vehicles and with safe crossings where they cross roads or other vehicular access. They should be free from obstacles and changes of levels. In particular isolated steps should be avoided and appropriately shallow ramps provided where changes of level are necessary.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

65. I.06 Outdoor spaces wherever appropriate are useable, with safe lighting indicating paths, ramps, steps and fire egress.

The inclusion of useable outdoor spaces is particularly beneficial to health and wellbeing. Provision of safe, therapeutic outdoor space, should be integral for all public health facilities. The natural environment provides opportunities to make social contact and enhance community cohesion. Greenery in even tiny urban spaces can be utilized effectively to gain positive health promotion results. Safe lighting is a Health & Safety and DDA legislative requirement.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

66. I.07 Active travel is encouraged and connections to local green routes and spaces enhanced

Green Travel Plans and Health Promotion are linked priorities for long term sustainability of any project. The design should identify early on, opportunities to enable and enhance active travel and connect to wider green infrastructure networks. This may identify works beyond the immediate project boundaries. Appropriate time will be required for any grant or joint funding arrangements.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

J: SPACE

Section J concentrates on the amount of space in the design in relation to its purpose. It asks if this space is well located and efficient and whether people can move around in it efficiently and with dignity.

67. J.01 The design achieves appropriate space standards

In addition to the technical spaces, all general spaces must be adequate to meet normal demand comfortably and peak demand at least adequately. In particular entrance areas should be uncluttered and spacious as must all circulation and social spaces. Provision for special areas for children should be considered. Space for external franchises and other add-ons should be thought about.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

68. J.02 The ratio of usable space to the total area is good

The net to gross ratios should be calculated and show high figures. Where possible, spaces should be capable of being shared to maximise utilisation. The design strategy and the brief should see space as a resource not personal territory. Dual use of circulation space should be exploited where this can be effective, for example to create informal social and gathering spaces. The overall proportion of exclusively to circulation space should be minimised.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

69. J.03 The circulation distances travelled by staff, patients and visitors are minimised by the layout

This item may be particularly important where emergency treatments are common. It is also likely to be particularly important for those groups of staff who need to move around as a normal part of their job. Clinical adjacencies as determined by the care model are minimised. Patients and visitors are faced with journeys that are as logical and short as possible.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

70. J.04 Any necessary isolation and segregation of spaces is achieved

Any required clinical isolation should be achieved. In addition inherently noisy areas should be kept away from quiet ones. Similarly inherently messy or unpleasant visual areas should be isolated. Inappropriate adjacencies that might offend sensibilities should be avoided. The design should naturally isolate and screen areas which patients and visitors may not wish to see.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

71. J.05 The design maximises opportunities for space to encourage informal social interaction & wellbeing

The design should reflect and provide this. Areas where the boundaries between genders may need to change in use should be clearly identified and solutions for providing this made apparent

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement

72. J.06 There is adequate storage space

It is very easy to underestimate the amount of storage space required. This frequently leads to other major failures in the use of designs. Common results are to see materials stored in public areas causing restrictions, adding to safety risks and giving a sense of clutter. Sustainable storage needs to be as close as practicable to actual use. The design should avoid creating core storage spaces which can easily be eliminated. Storage may be required at several stages in the various supply / use / disposal systems.

Mark only one oval.

	1	2	3	4	5	6	
Virtually no agreement	◯	◯	◯	◯	◯	◯	Virtually complete agreement