

Overdale Decant Functional Requirements Brief



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1. Introduction

In November 2020, the States of Jersey approved the use of the Overdale Hospital site for the new Our Hospital Development. The decision to use the site for the Our Hospital development means that it is necessary to relocate the clinical and non-clinical services that currently occupy the site.

In December 2020 and January 2021, a series of meetings have been held with these services to understand the current service model and accommodation occupied. This draft functional brief for a decant facility confirms optimum departmental zoning and patient flows, to maximise efficiencies and patient throughput, whilst preserving or improving the quality of care.

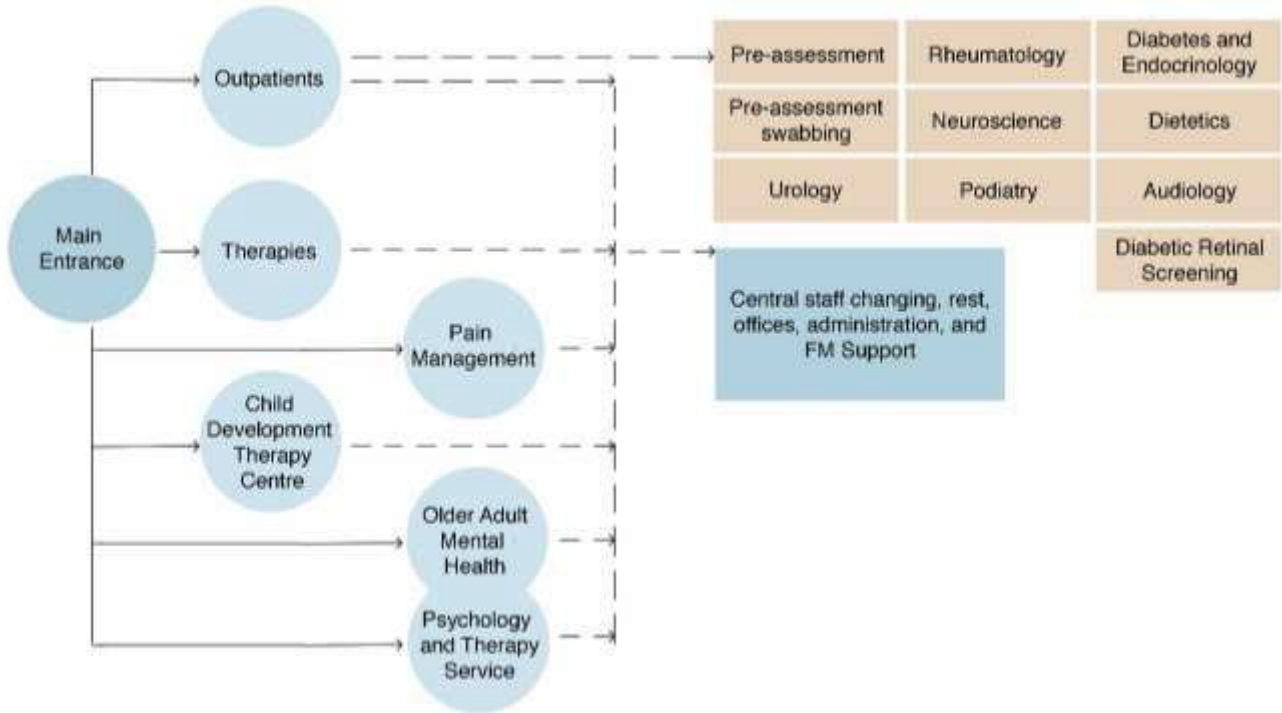
This brief outlines the assessment on the accommodation required and the way in which that accommodation will be arranged. The brief aims to ensure a level of standardisation and flexibility of space to enable people (patients, staff, and visitors) to hold a familiarity of spaces wherever they are in the building and to capitalise on some measure of standardisation in design and construction.

Following the clinical service meetings, a Schedule of Accommodation (SoA) has been developed. The SoA provides a detailed outline of the size of accommodation required. The purpose of the SoA is to provide the architect with an outline of the required accommodation which needs to be incorporated into any decant facility proposals.

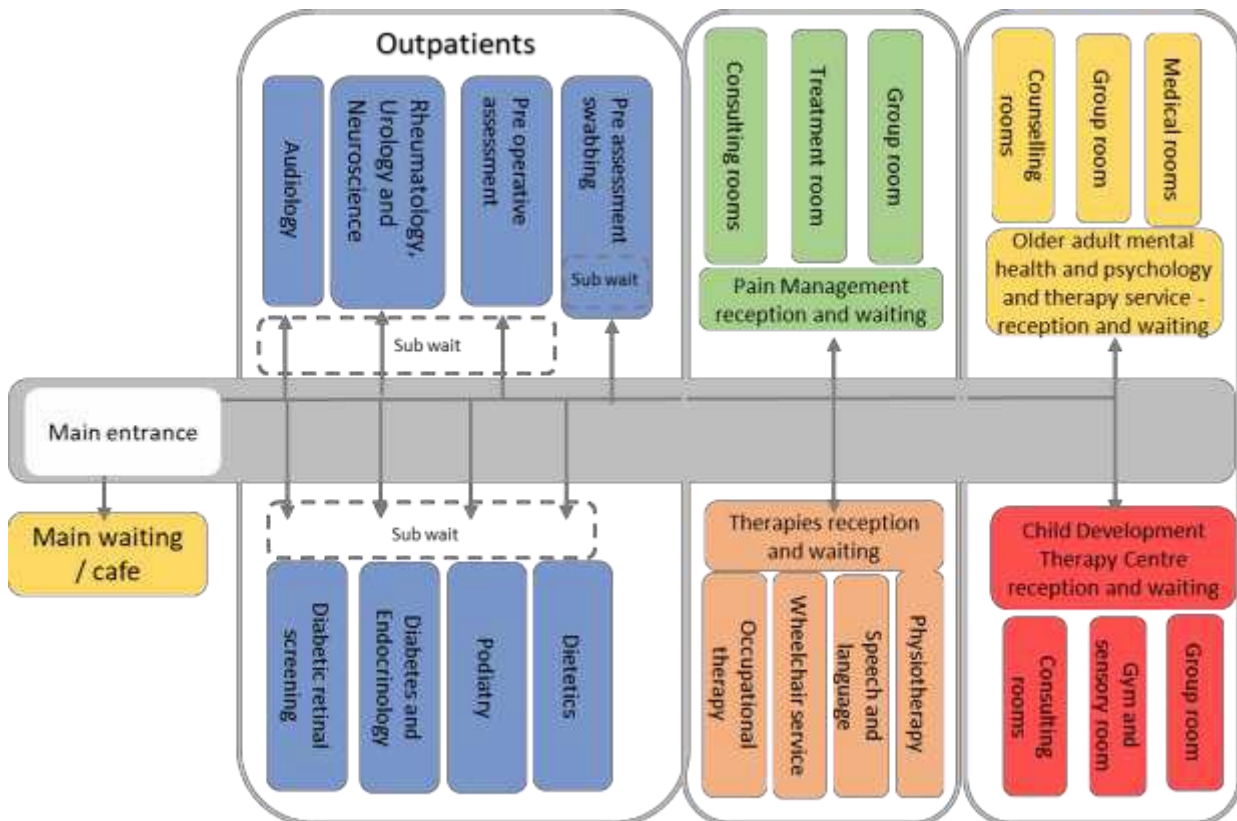
This brief contains the following principle elements: -

- Main Reception and Waiting
- Outpatients
- Therapies
- Pain Management Centre
- Child Development Therapy Centre
- Older Adult Mental Health and Psychology and Therapy Service
- Central Support and Staff Areas

The following functional relationship diagram provides an overview of these services and the relationships between them.



The following diagram shows the clinical relationships for the decant facility.





2. Specific Exclusions and Assumptions

The following services currently at Overdale are excluded from this project and are being reviewed separately;

- Horticultural therapies group.
- Hard and Soft Facilities Management services will be located elsewhere, except for where these services are required in support of the services in the decant facility.
- Assisted Reproduction Unit
- Health and Safety Training Room

The following assumptions have been made in developing the requirements for the decant facility;

- Offices will be designed as open plan hot-desking and centralised away from patient facing activities, supported by interview rooms, quiet workspaces and breakout space.
- Group rooms will be shared for use across all services in the decant facility.



3. Design and Operational Principles

The decant facility will facilitate mutually supportive multidisciplinary relationships, this will facilitate integrated care provision, sustainable and skilled workforce developed for providing the right care, in the right location for better patient outcomes.

The design of the facility needs to support patients and relatives in times of distress, providing an environment which respects the needs of all patients, in terms of privacy and dignity as well as facilitating the delivery of confidential communication and good clinical practice and care.

The overarching decant facility design strategy is to ensure the facilities are family-friendly, dementia friendly and non-institutional with particular emphasis on the use of colour, contrast and texture to provide an uplifting, non-threatening environment. Opportunities should be taken to maximise natural ventilation and natural light. Special consideration should be given to the means of temperature control and fresh air in the clinical areas.

The decant facility wayfinding strategy should consider using flooring, artwork, signage or integrated information, communication and technology (ICT). The principles for wayfinding should be simple, clean and involve a multi-faceted approach utilising colour, imagery and texture.

All areas of the decant facility should provide for easy access for any patients, staff or visitors with disability.

Special attention needs to be given to the exterior environment, to provide wayfinding into the decant facility, a pleasant environment, and a deterrent for smokers. Exterior landscaping should provide a pleasing environment and be easily maintained and not add to cleaning within the main entrance.

Interruption free areas for clinical staff are an important requirement of the design which must be tempered against rapid access to patients and good observation of the department.

Wherever possible, the decant facilities design will aim to segregate all FM activity and stock/equipment movement from the patient and visitor traffic. This will be achieved through intelligent design approaches and the careful positioning of FM support accommodation.

The services within the department will draw on the decant facility for various supporting services including diagnostic services, domestic, catering and portering services, plus supplies and waste disposal.

The decant facility must comply with NHS guidance, particularly Health Building Notes (HBN) and Health Technical Memorandum (HTM), as well as any recommendations from Royal Collages.



4. Philosophy of care

A full schedule of accommodation detailing the quantity of each room type has been developed and can be referenced in Appendix A of this brief.

4.1 Main waiting and reception

There will be one patient entrance into the integrated care facility. This will provide access to all patients. A main reception desk will provide information and wayfinding support for the whole building, but also act as the outpatient reception. Current medical records will be distributed from a room within the main entrance.

Many patients attending services within the building will suffer from restricted mobility, therefore space is required to ensure that there is safe access, and storage of mobility aids, including non-standard wheelchairs and mobility scooters.

A café will be provided for patients, staff and visitors within the building. This will be located close to the main waiting area.

4.2 Outpatients

The outpatient clinics are configured as a single cluster and will utilise the main reception and waiting areas. Clinic rooms will be standardised in shape and size as far as possible for future flexibility and adaptation to meet prevailing clinical needs. The generic outpatient area includes sub waiting, physical measurement and phlebotomy prior to or after their consultation, examination or treatment. Offices and clinic support functions will be included in the central support and staff areas.

All specialties will see their patients within standardised outpatient accommodation on a scheduled basis. The aim will be that the number of attendances will be minimised, in accordance with individual clinical need, therefore an objective in service delivery will be to ensure that services are available and accessible to facilitate maximum outcomes from each visit. The use of equipment and facilities will be maximised to provide efficient and effective services.

Specialist facilities will be provided alongside the generic outpatient accommodation for services which are reliant on specific equipment for example; Urology, Audiology and Rheumatology. Depending on the building, site and design solution, the groupings of the rooms should be flexible, providing that all required adjacencies are met. The decant facility should ensure that the overall number of consultation/examination, virtual consultation, phlebotomy/physical measurement and treatment rooms are maintained.



4.2.1 Pre-operative assessment

A pre-operative assessment prepares patients for surgery and reduces the risks associated with having anaesthesia and an operation. Many appointments will be undertaken virtually with patients from a virtual consulting room space. Where a patient is required to attend the clinic for a physical examination, the nursing team require access to the physical measurement/phlebotomy rooms and within the specific consulting examination rooms will review;

- past medical history
- any current medication
- any tests, clinical observations or examinations including an ECG
- fitness for surgery
- provide advice about fasting and medications to take before the operation

The service is provided to a mixture of paediatric and adult patients which require separate pathways.

4.2.2 Pre-assessment swabbing

Patients receiving surgery at the General Hospital are required to undertake a test for COVID-19 five days before their operation in order to follow COVID-19 safety guidance. The testing process is completed by the pre-assessment swabbing team and whilst linked, it is separate from the pre-operative assessment process.

Due to the nature of the patients involved, and a requirement to minimise the risk of transmission the pre-assessment swabbing team require segregated accommodation and patient numbers are strictly managed to reduce waiting and congregation of patients.

4.2.3 Audiology

Audiology provides services for people with problems with their hearing or balance. This service is accessed by patients for testing and follow up care, including hearing aid maintenance and repairs. The Hearing Resource Centre provides key support to the Jersey Deaf Community and provides information, resources and demonstrations for patients with hearing loss.

Consideration needs to be given to the reduction of background noise which may interfere with hearing tests and consultation with people with hearing loss. The clinic rooms will be provided with an internal hearing booth for patients to self-test their hearing, or for supervised hearing tests.

The service provides a drop-in support function for people with technical difficulties with hearing aids. A workshop area is required with a separate fitting room to support this.

Access is required to a group room for meetings, support groups and use by voluntary groups. This room requires a large screen for text and signing to be shown. The service is provided to a mixture of paediatric and adult patients which require separate pathways.



4.2.4 Rheumatology

Rheumatology provides a service for patients with inflammatory arthritis and those with a variety of conditions including ankylosing spondylitis, connective tissue disorders, and other forms of arthritis. The rheumatology team work out of consulting/examination rooms with further support provided by therapy services including physiotherapy, occupational therapy and podiatry.

The Rheumatology team will require access to a DEXA scanner (bone densitometry). This will be located in a dedicated room close to the generic clinic areas.

4.2.5 Neurology and Neurosciences

The operation of the brain, spinal cord, peripheral nerves and muscles is affected by a very large number of different diseases that can have a devastating effect on patients and their families, particularly when they seriously affect brain function. The neurology service provides assessment, diagnosis and treatment for patients with complex neurological disorders through the use of generic consult / exam rooms within the outpatient area.

4.2.6 Urology

Urology covers a wide range of common conditions including urinary tract infections, urinary tract stones, problems with bladder emptying, urinary incontinence and erectile dysfunction. Urologists also treat patients with kidney, bladder, prostate, penile and testicular cancer.

Consultations will take place within the generic consulting/examination rooms and a range of investigations will be undertaken in the cystoscopy/urodynamic room. This room will require access to an ensuite WC and direct access to an ensuite dirty utility. Double swing doors are required from each room into a dirty utility so that doors can be opened without the need to touch handles. An accessible WC is also required close to the Urology clinic rooms to enable the provision of clinical flow evaluations.

Consideration needs to be given to the proximity of toilet facilities for these patients.

4.2.7 Dietetics

The dietetics service provides nutritional advice to patients, carers and staff for the dietary management of disease and the promotion of health. Clinics will be provided from consulting examination rooms and the service requires access to dedicated dry storage (without daylight) for dietary supplements.

4.2.8 Diabetes and Endocrinology

The Diabetes and Endocrinology department consists of a multidisciplinary team of consultants, clinical nurse specialists, dieticians and podiatrists. The team works together closely to support and improve the health of people with type 1 and type 2 diabetes via education, training and research.

In order to prevent hospital admission virtual advice and support is provided to patients through a nurse-led telephone service and there is an open door policy for patients undergoing crisis.

The service is provided to a mixture of paediatric and adult patients which require separate pathways.

Access to a shared group room is required to support education and training for patients and HCS staff.



A pantry is required to enable the staff to feed patients once insulin has been given, this is typically porridge or toast so a full catering service is not required.

Storage is required for dressings, insulin pens, meters, insulin stocks, pumps and literature including information packs for schools.

4.2.9 Podiatry

Podiatrists are healthcare professionals who have been trained to diagnose and treat abnormal conditions of the feet and lower limbs. Whilst podiatry is part of the therapies service, a large proportion of attendances relate to the diabetes service and therefore this service has been included within the general outpatient area to support appropriate adjacencies.

Dedicated podiatry treatment rooms are required for this service, one of which will be used for patients with infections. The service requires dedicated consumables storage.

4.2.10 Diabetic Retinal Screening

The Jersey Diabetic Retinal Screening programme (JDRS) is a new service that patients attend for initial screening and yearly surveillance. All patients require eye drops to dilate pupils, this means that patients are unable to drive following their appointment and should therefore be good access to public transport.

A dedicated sub-wait is required to support patients who have received their drops, separately to those who have just arrived. Patients will undergo vision screening within a dedicated room which provides sufficient space for vision charts. Patients will then have retinal images taken in a dedicated camera room.

All patient data is collected and recorded electronically so that there will be no requirement for storing of paper notes.

4.3 Therapies

Therapy services cover a wide range of specialities which should be co-located within the decant facility. This service combines physiotherapy, speech and language therapy, occupational therapy, podiatry and dietetics. Due to the close links between podiatry, dietetics and the diabetes service these therapies will be located within the outpatient area, however there should be good adjacency between outpatients and therapies.

Speech and language rooms are required and should be designed to maximise natural day light. It would need sound attenuation, making it suitable for recording and using sound sensitive equipment. A desk and two chairs and storage for equipment, clinical materials, and small assessment items is required. A full size mirror either wall mounted or free standing is also required.

Generally, physiotherapy is a healthcare profession concerned with human function and movement and maximising potential. It offers a broad range of treatments to inpatients and outpatients, some with complex conditions. Treatment regimens available broadly include; manipulation, mobilisation, acupuncture, rehabilitation respiratory care, general rehabilitation, exercise therapy, manual therapy, prosthetics / orthotics, electrotherapy and general advice and education.



Occupational therapy will be provided through the assessment of daily living facilities flat to assess and provide rehabilitation to patients. Clinics will be provided from the shared therapy clinic rooms.

The wheelchair service supports people who require a standard or specialist wheelchair. An assessment room is required, which includes a ceiling mounted hoist for complex patient assessments. Consideration needs to be given for the size of wheelchairs which will be accommodated within the decant facility. Wheelchairs are becoming larger and more complex and the decant facility corridors, lifts and doorways should accommodate this.

Access to an external loading bay is required to support the delivery of goods to the wheelchair services and for the easy collection of wheelchairs. This will also support the delivery and decontamination of returned mobility aids, prior to re-issue to new patients.

4.4 Pain Management Centre

The pain management centre provides multi-disciplinary support for patients with chronic pain. The service uses interventional and medical therapies as well as physical and psychological therapies to restore function and quality of life to patients. Patients will travel through the main entrance directly to the Pain Management Centre reception and waiting area.

Patients attend for a consultation, series of consultations or group education sessions, education is also provided for healthcare professionals. The service is provided through a combination of clinic rooms, treatment room, gym and group room. Access to an outdoor area is desirable to support the provision of mindfulness groups.

4.5 Older Adult Mental Health and Psychological Assessment and Therapy service

Patients will travel through the main entrance directly to the Older Adult Mental Health and Psychological Assessment and Therapy Service (PATS) reception and waiting area. Clear wayfinding is required to this service to reduce stigma and segregation of the client group. All facilities should be anti-ligature to reflect the vulnerable nature of patients being seen in this accommodation.

The Older Adult Mental Health service provides a dedicated service for older adults, including a memory assessment clinic. The service is provided through a combination of clinic rooms, meeting and group rooms. There is strict separation between the patient and staff areas. All patient areas require a hearing induction loop to support patients with hearing loss. It must be possible for the service to be accredited by the Memory Services National Accreditation Programme (MSNAP).

PATS provides individual and group therapy services through the use of counselling and group rooms.

Access is required to archived records to support information requests from other agencies on patients care and conditions. This can be provided away from the clinical or administrative areas, but should be easy to access.

4.6 Child Development and Therapy Centre

The Child Development and Therapy Centre (CDTC) provides a range of services for children including Speech and Language Therapy (SLT), Physiotherapy, Occupational Therapy and Family Care



Coordination. The service is accessed by patients who require ongoing support for disabilities but also those with short term needs, e.g. limited therapy as the result of a broken limb. The centre should be designed to represent this patient group, with dedicated facilities for children and those with disabilities.

Patients will travel through the main entrance and reception directly to the CDTC reception and waiting area. Alongside the waiting room should be a sensory room which is used to provide support to patients waiting as well as forming part of the therapy provision.

The majority of clinical activity will take place in consulting examination rooms for this service and will be used by a combination of therapists. A gym will enable physiotherapy to take place, there are aspirations for the gym to have access to safe external areas for a sensory garden or play area. The gym should be located adjacent to groups rooms which will provide space for multi-disciplinary meetings and group sessions. Access to an outdoor area from the gym is desirable.

Access is required to archived records to support information requests from other agencies on patients care and conditions. This can be provided away from the clinical or administrative areas, but should be easy to access.

4.7 Centralised staff zone

Non-patient facing activities will be undertaken in a centralised location, away from the main entrance to the facility. The centralised staff zone will provide staff rest, changing and office accommodation and will not be accessible to patients or visitors. Accessed from a dedicated staff entrance, the central staff zone will have a welcoming feel embedded into the interior design and furnishings.

The staff rest area is the primary area for staff to rest, dine and meet within the decant facility. Easily accessible via either horizontal or vertical adjacencies, the staff rest area will have a welcoming feel embedded into the interior design and furnishings. It will provide a flexible mixture of seating areas both formal and informal. Areas for informal meetings or discussions will be provided as well as casual areas for the use of a laptop. A designated area will be provided for staff to make drinks, re-heat lunches and snacks.

Where uniform is required to be worn, all staff will change on site at the start and end of their shift. Walking out of the decant facility in uniform is to be discouraged and the decision is driven by control of infection. Changing facilities are located away from patient services and will be provided for male and female staff. These will be supported by WC's (including accessible facilities) and showers.

Office accommodation will be based on the use of hot desks/open plan office areas. These will be supported by breakout space, quiet workspaces and small interview rooms. This will provide staff with opportunities for small meetings and supervision. Centralised photocopying/printing rooms are also provided to reduce the quantity of individual printers required. A seminar room will also support the staff areas.



4.8 Non-clinical services

It is anticipated that all non-clinical services will continue to be provided by HCS. Dedicated housekeeping stores will be provided throughout the decant facility to enable suitable cleaning and stocking of consumables for the premises.

An external bin store is required for services based in the decant facility, this should be an enclosed, locked area for the safe and secure temporary storage of all waste types. The bin store should also have access to water for cleaning of bins.

Hard FM services such as electricians and carpentry will be provided on a reactive basis and supported through the use of a local workshop and store.

Security will be provided from the General Hospital. Access to the facility will be required for extended hours' clinics during the week and for the provision of clinics and group sessions on weekends. Staff offices will be accessible 24 hours, 7 days a week so that they can be accessed by community service teams.

A portering hub will be provided to support delivery of goods around the hospital site.



Schedule of Accommodation (SOA)

The Schedule of accommodation provides departmental summaries which have been produced at a room by room level to underpin the functional brief. The schedules provide a net area for each room and gross area for each department. The overall communication, interdepartmental circulation and engineering allowances (horizontal and vertical circulation, principle services and satellite plant rooms etc.) are shown at the bottom.

The SoA will be included once it has been finalised.