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Hertfordshire Partnership NHS
University NHS Foundation Trust

blu

Medical Architecture

ASSEMBLING A STANDARD DESIGN FOR A SECLUSION UNIT

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A FAMILIAR STORY

LESSONS LEARNT

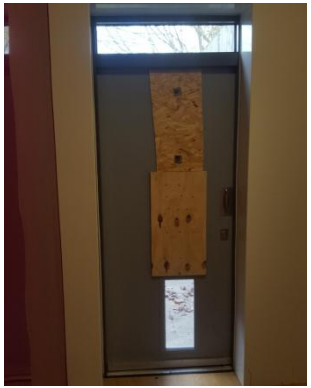
PROS

- Clean environment
- Caring staff
- Robust operational protocols

CONS

- Low ceilings
- Poor observation
    - lack of observation rooms
    - blind spots
- Small rooms
- Ligature risks relating to finishes
- Issues of privacy and dignity
    - Institutional layout
    - CCTV direct sight to wet area

Wash hand basin used as a weapon, Kingfisher Court, built 2015



Door Failure, Oak Ward Seclusion, built 2009

Ligature risks, Broadland Clinic Built 1990s

Privacy / dignity / observation, Beech Ward Built 2009

Inappropriate access maintenance, 4 Bowlers Green, built 2001

OPERATIONAL REQUIREMENTS – THE PREMISE

Ever increasing acuity

- National drive to reduce number of high and medium secure beds
- Increased effectiveness of community healthcare
- Impact on low and medium secure units: increasing admission of service users with severe conditions

Absence of shared knowledge and shared problem understanding

- The limits of incremental improvements made to seclusion spaces
- Sharing lessons learnt: both benefits and limitations of existing seclusion spaces across the estate

The need for a common definition of a seclusion unit

- The need for a common definition of the problems
- Setting out new HPUFT requirements for seclusion units, standardised across services

OPERATIONAL REQUIREMENTS – NEW HPUFT STANDARDS

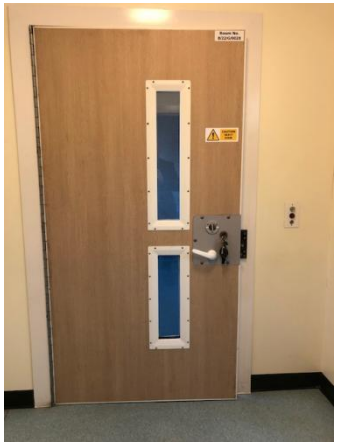
For example: Doors

"The suite must have robust door(s) which open outwards. The door(s) must be able to withhold and stand up to a sustained and extremely forceful assault from a physically strong and immensely determined individual. The door should have a minimum opening leaf of 1000mm. "

Timber door?

OR

Steel door?



OPERATIONAL REQUIREMENTS – NEW HPUFT STANDARDS

Padding?

OR

Resin?

Wall hung?

OR

Recessed?

Face-fixed?

OR

Flush?

TRUST-WIDE APPROACH FOR BEST-IN-CLASS FACILITIES

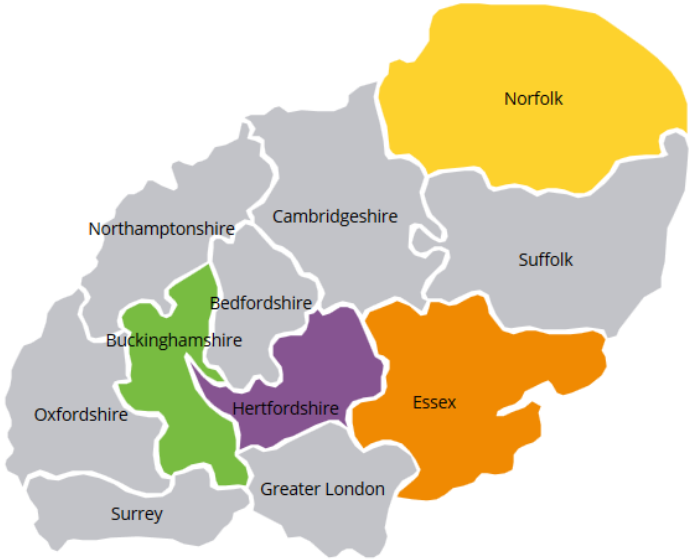
The perspective of the estates department on seclusion facilities

- Cost of maintaining & repairing existing rooms with no real Value to a 'knee jerk repair' **£**
- When non standard products are used by ill informed contractors leading to repeat failure and **RISK**
- Anti ligature products or bespoke products such as windows and doors are on long lead in times. This is forcing the use of sub standard replacement products in order to get the room back **ASAP**

TRUST-WIDE APPROACH FOR BEST-IN-CLASS FACILITIES

Design standard

- Design a standard "unbreakable" facility that can be used across a range of settings and services and that allows flexibility in the operational model
- Importance of getting people to agree on a standard design
  - Great leadership from our Executive Directors
  - Collaboration between senior clinicians and estates-facilities teams.
  - Demonstrations, DTMs, workshops.



OUR APPROACH

Gathering data

Site visits to high and medium secure units across UK

Identify products, components

Discussions with clinicians

Q&A

Discussions with HPUFT clinical and estates teams based on initial findings

Innovation & design

Strive to identify innovative components and technologies

Define the goals and aspirations of HPUFT for a standard seclusion suite

Agree standard design

Fuel discussion with feedback from site visits, photos, samples and factory visits

Debate and agree on a standard design across HPUFT estates

Deploy design

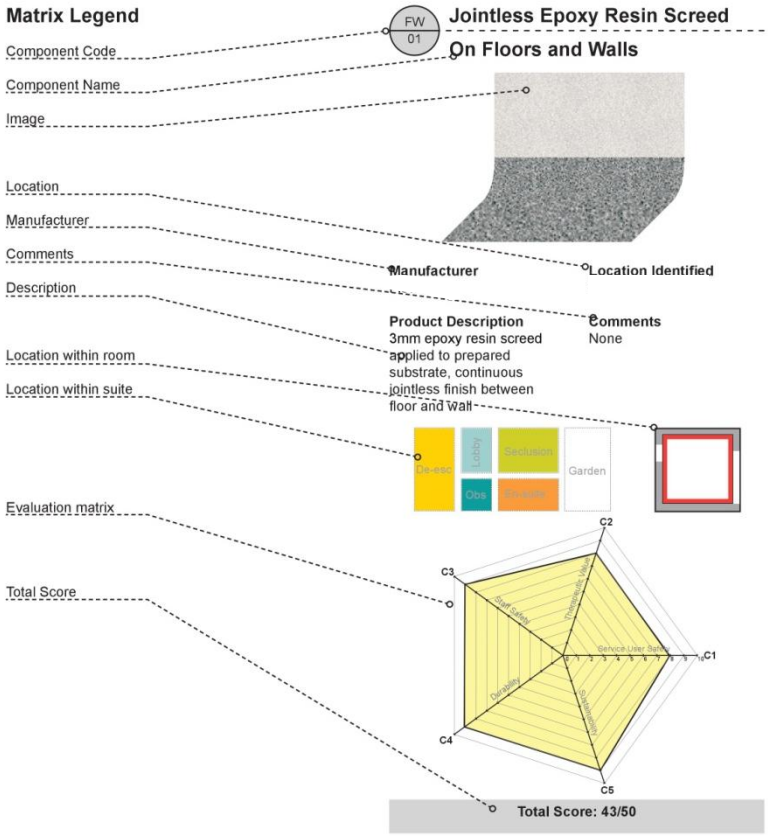
(future steps)

Deploy standard design onto specific sites

DESIGN COMPONENT EVALUATION MATRIX

Formalizing the component evaluation process

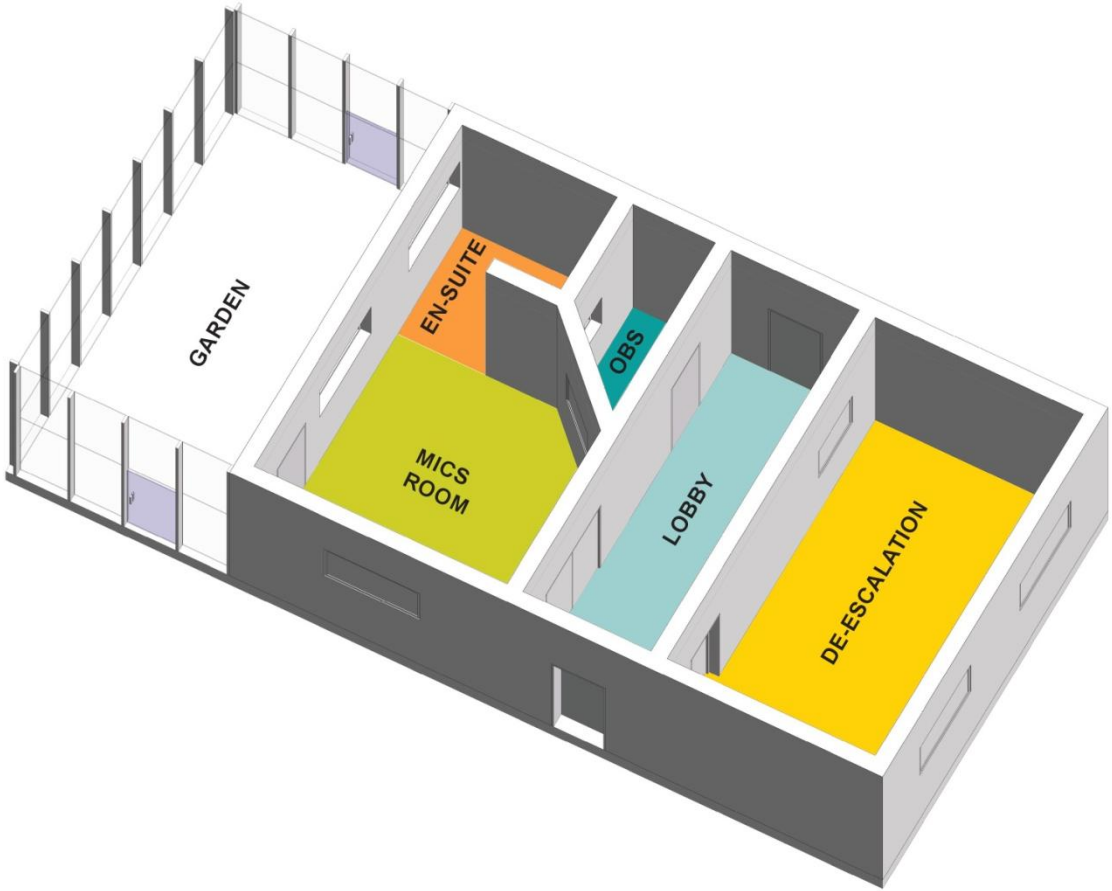
1. Site visits to existing best-in-class facilities
2. Identifying and listing ALL components used in each facility as well as other new components
3. Scoring individual components on a 1-10 scale on five criteria with equal weights:
    1. Service user safety
    2. Therapeutic value
    3. Staff safety
    4. Durability
    5. Sustainability
4. Scoring undertaken by the visiting team
5. No weighting has been applied to the criteria as this only served as basis for discussion with stakeholders
6. Results presented and discussed with each service team within HPUFT, both clinicians and estates
7. Standard component specification developed on the basis of workshop discussions
8. Standard specification signed-off by all senior staff and senior clinical leads, forming basis for standard design



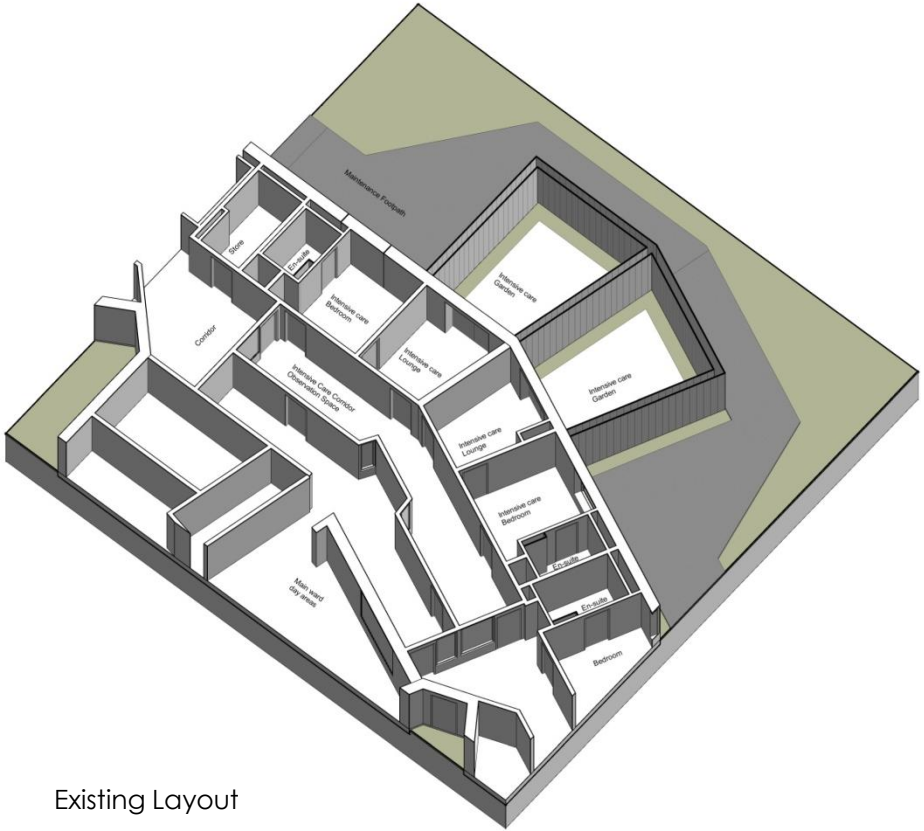
STANDARD DESIGN

Development of a standard layout to be applied to each new site

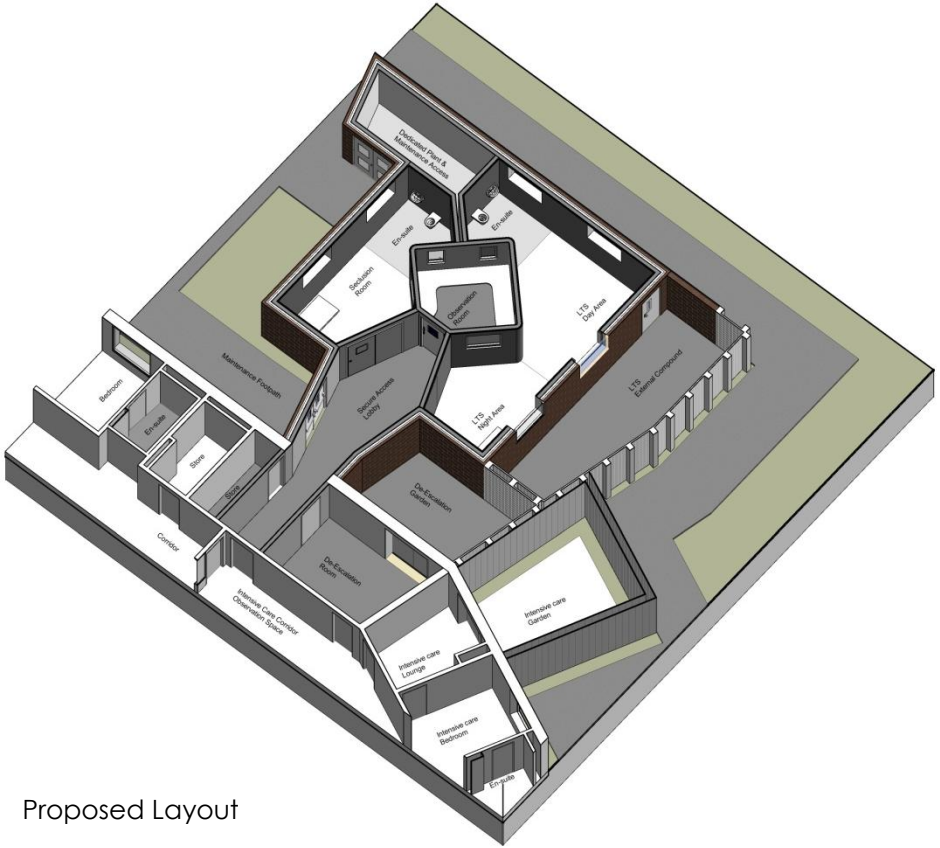
A standard component specification that describes the construction of the facility in terms of both architectural, services and FF&E items



APPLICATION @ DOVE WARD, KINGFISHER COURT



Existing Layout



Proposed Layout

CONCLUDING REMARKS

Matrix as a shared knowledge base, as a tool for interrogating the operational model and as an evaluation framework

Dynamic repeatable process that builds on national guidance (NAPICU, HBN, HTM, CCQI) and develops a new HPFT specific standard

The matrix allows HPFT to deliver best-in-class seclusion rooms with confidence across three counties and observe them in use.

Future developments:

- scale the evaluation process (bedrooms, en-suites, day space) and expand it to a wider audience
- standardize room design for repeatable rooms

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Alex is an architect at Medical Architecture. His international healthcare experience includes hospitals in Paris, Morocco, and Liberia. Recent UK projects include the Centre for Clinical Care & Research for the Royal Marsden Hospital and redevelopment of St Ann's Hospital in Tottenham for Barnet Enfield and Haringey Mental Health Trust. He is currently a PhD student at the Bartlett, University College London, undertaking research to improve collective intelligence in strategic health planning using simulation software tools.

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A Chartered Building Surveyor with a comprehensive understanding of his profession. My key areas of expertise include change management, healthcare project design and development. Offering our client a full range of professional project management services. I regularly act in the role of Client advisor on various Frameworks and client Estates Management. I have a particular interest in the Mental Healthcare Sector a friend of the Kings Fund and a long-time member of Design in Mental Health Network. I regularly attend workshops and Mental Health forums on the latest trends and seek to agree the best practice for Mental Health environments.

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Working within forensic mental health for a number of years I have become an enthusiastic and experienced senior manager. I am a strategically minded organiser and motivator, successfully managing services efficiently through the use of effective communication and interpersonal skills. My dedication to provide management that ensures high quality forensic mental health care and treatment remains absolute and at the centre of my professional activity.