Developing Evelina

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MALCOLM READING CONSULTANTS

Contents

Team

Who is in the team?

The 'project team' refers to those consultants from Malcolm Reading Consultants and from Alexi Marmot Associates who have written up this report and who undertook the research on which this report has been based.

Who's on the project board?

The 'Developing Evelina Board' refers to approximately 20 Evelina staff, representative of staff groups across the building, who helped guide and review this work from start to finish. This group took part in an options workshop towards the end of this process. Comments from this workshop have been included where appropriate to ensure transparency around the proposed options.

TERMS USED

Visitors	Patients and their families
Ocean	Ground Floor
Arctic	First Floor
Forest	Second Floor
Beach	Third Floor
Savannah	Fourth Floor
Mountain	Fifth Floor
Sky	Sixth Floor
Orange text	Staff quotes
Blue text	Visitor quotes

1. Executive summary

KEY AREAS

Summary

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Summary

INFORMAL INTERVIEWS

100

FOCUS GROUPS

5

INTERVIEWS

13

STAFF SURVEYS

352

VISITOR SURVEYS

247

WORKSHOPS

2

OBSERVATION

over 11 days

PROJECT BOARD

5 meetings

"I love my job, and the people I work with and greatly respect the Trust within which I am working, and I work hard in order to improve the surroundings that we work in day in day out. I feel that if changes are going to be made then it is important that we are open and honest."

"The building is fantastic - my son loves it, and the staff are wonderful. It's really them that make it. The staff are so committed to the care of patients."

Evelina de Rothschild, the hospital's namesake and inspiration, died after giving birth to a stillborn son in December 1866. In their memory, Evelina's husband, Baron Ferdinand de Rothschild, founded Evelina Hospital for Sick Children which admitted its first patients in 1869.

The original purpose-built hospital was on Southwark Bridge Road, becoming part of Guy's hospital in 1948. It remained there until 1976 when the children's wards were moved to the newly built Guy's Tower.

Evelina moved out of Guy's tower and into its new home at St. Thomas' five years ago and reinstated its name. Whilst the new building is a positive step, few people know of the hospital despite its long history.

The current building is the result of an architectural competition, won by Hopkins Architects, which opened in 2005. Five years on, the hospital has flourished. Its services have expanded and new ones have been added. This report examines how the building might be improved to support the increasing complex services the hospital provides. It also looks at how the identity of the hospital could strengthen the organisation's ambitions which is explained in the sections on Branding, Sharing Information and Wayfinding.

THE PURPOSE OF THE COMMISSION

Evelina is now celebrating its 5th birthday. Recognising that its operation and use will constantly evolve, this project was established to explore how Evelina can be developed to best address current and future uses. In order for the core benefits and outcomes developed as part of the original design, to be reinforced, revitalised and developed further.

The project is therefore centred on an outcome; 'Developing Evelina' rather than simply exploring what has or has not stood the test of time.

It is hoped that support will be available from the Guy's and St Thomas' Charity, who provided the capital funding for the building, and that the Developing Evelina project can be established with the aim of maximising the benefits that this purpose built facility provides and to address the future service needs.

"This is my first time visiting – I'm blown away."

"No one wants to have a child in hospital. But the staff here are wonderful. They really do make a difference."

Evelina staff expressed great pride in the services they provide. Parents of hospital patients stopped us to say how highly they rated the care given to their children. Evelina is an inspiring place. Many of those same staff desire a more recognisable brand for Evelina outside Guy's and St. Thomas'. Many felt that well-publicised branding is an important aspect of reinforcing high standards of service and celebrating Evelina's achievements.

Developing a recognisable brand, incorporating a communications and wayfinding strategy, will allow the Evelina Appeal to fund-raise directly raising its profile and, hopefully, donations.

"This is the best place I've worked. I am part of a great team and I love the environment."

Evelina has committed and passionate staff and an environment which is well-loved. Visitors' comments about the hospital are very positive. The brand identity is a firm foundation on which to build. Chapter 3 deals with the issues around identity explaining how to maximise the strengths Evelina already has.

The 'look and feel' of the building received the most positive responses in our survey for staff (92% positive) and visitors (96% positive). The building is a great asset for the Trust.

The report highlights often quite small changes which will strengthen your services and allow you to get the most out of the building.

Issues that were raised by staff but are difficult to resolve in the current building have been highlighted in the 'ideas for future projects' section. These are largely about providing support spaces to clinical services and allowing more small, private spaces throughout the building.

Recommendations

Recommendations

3.1 EXPERIENCE & IDENTITY

Create a brand identity for Evelina

The experience of the hospital is fantastic. It is made up of a well-designed building and a great team. The hospital lost its Guy's identity when it moved into the new building. Staff and visitors would like Evelina Children's Hospital to be nationally recognised, comparable with Great Ormond Street. A brand identity for Evelina, distinct from but within GSTFT, would allow the hospital to fund-raise directly and reinforce the high standards of service it provides celebrating Evelina's achievements. The Trust has recognised the benefits of creating an identity for Evelina and has set up a internal Children's Services and Communications group to discuss how to take the brand further.

The Trust should commission a branding project including a website to promote Evelina, an outline process might be;

- Conduct market research including reviewing Evelina's values
- Create a brand brief
- Design the identity / logo working with GSTFT communications team
- Create products - e.g. website, letterhead
- Set standards for future work

3.2 SHARING INFORMATION

Lines of communication

Currently directorates have established lines of communication, such as emails and staff meetings, but these are not directly related to the buildings staff work in. To further enhance the existing team culture, management needs to create a line of communication for the staff who work in Evelina regardless of directorate.

Internal website

Use an internal website as the primary way of sharing information. This should cover;

- Building issues such as replacing the atrium glass
- Updating staff on the progress of projects such as this one
- Explaining the Evelina values. (These were created by the hospital staff when the building opened but new staff aren't informed about where they came from.)
- Celebrating staff who have done exceptional work
- Collecting bright ideas and informing staff of their progress

Emails from senior staff

Despite the fact that staff get many emails from the trust, personal emails from senior staff can be effective occasionally to highlight issues. During this project, the Clinical Director, Grenville Fox, sent emails reminding staff to fill out the questionnaire. This was very effective. There was always a noticeable spike in the number of questionnaires received after his emails.

Developing Evelina website

We suggest retaining the Developing Evelina website until a formal communications strategy is agreed to post updates such as the refitting of the atrium glass.

3.3 ENHANCING WAYFINDING

Revise Evelina's wayfinding strategy but retain the core approach as part of brand identity

Wayfinding is a key element of the experience of the hospital and should be integrated with the identity project. Commission work to build on the current approach giving descriptions of the services alongside the animal symbols.

Examine incorporating the Trust's approved wayfinding strategy when enhancing Evelina's core approach to navigating the building.

Use the example set by airports or shopping centres in terms of clear plans of the building with areas marked on at reception so that visitors find it easier to navigate.

Provide signage at all decision points on a visitor's journey.

Provide recorded announcements in the lifts for each floor and make it clear that the Rocket lifts do not stop at Forest (second floor).

4.1 WELCOMING & SECURE RECEPTION

Create a better welcome for patients and families

The reception desk needs to welcome visitors on arrival and to make children feel that the hospital has been designed for them.

Artwork

The current reception desk is too “office-like”, (staff comment), and would fit much better with the building and the GSTFT welcome centre concept, if it incorporated art-work - which is done so well in the rest of the hospital.

Low key secure line

Provide a low key secure line to allow the reception staff to monitor who comes and goes. This would not only provide a level of security that the hospital is currently missing but would also give more purpose to the receptionist role.

Reduce number of desk staff

Trial reducing the staff stationed on the desk to one receptionist during the day and security in the evening.

Training

Train the reception staff to be able to help visitors locate treatment areas or people within the hospital and on how to greet children and other visitors.

Volunteers

Look again at whether volunteers can be used at reception to help visitors find their way around the hospital.

4.2 IMPROVING CHECK-IN

There are often long queues for busy clinics. This results in frustrated parents and staff who are under pressure and therefore reception staff do not always provide visitors with the warm welcome they expect.

Improve the welcome & reduce queues

Improve the welcome by reducing the queues. This would prevent the staff feeling overwhelmed, because of their workload, and physically - due to the fact that they are seated whilst visitors stand over them. It would also help to give parents more privacy when talking to check-in staff, which was commented on in the questionnaire responses.

Training

Enhance the training that staff receive on how to greet visitors.

Adolescents	Some suggestions from adolescents included: books and magazines aimed at older children, a different selection of computer games and a television area.
Revisit self check-in	Trial self check-in but keep staff at reception, or a floating member of staff, to deal with queries. We realise this has been examined before but it should be revisited as an option because of the effect of long queues on the visitor experience and it is becoming standard practice in GP surgeries.
Appointment call displays	Visitors generally sit close to the reception desk as they are frightened of missing the consultant when he/she comes to find them in the waiting area. Examine ways of communicating to visitors information about their clinic, such as the rooms / floor on which it will be held and likely wait times. An additional step would be to use similar methods to those used in airports or train stations. This would give visitors more flexibility in where they sit and make the experience of an outpatient appointment more relaxing.

4.3 REUSING OCEAN'S QUIET AREA

	The area opposite the check-in desk previously functioned as a quiet area for patients with conditions such as autism but is now rarely used.
Relocate the pre-assessment room on Arctic to Ocean	Enclosing this area and relocating the pre-assessment room here would enable the daycase area on Arctic (first floor) to be enlarged.

4.4 LAMBETH PALACE ROAD ENTRANCE

Unresolved situation

The current unresolved situation of permanently closed doors onto Lambeth Palace Road causes confusion and creates a "dead" area, (85 sqm), between the doors and the rocket lift.

Approach

The approach to reusing this area and closing the entrance needs to maintain the qualities, light and views, of the current space. The entrance should be replaced with a glazed rather than a solid wall to let light into Ocean (ground floor) and provide a 'shop front' onto Lambeth Palace Road.

Close the entrance

By closing the entrance it is possible to gain this area back for additional seating and play space for outpatients.

Move the helterskelter?

There is an option of moving the helter skelter to the other side of the rocket lift to draw visitors to the area. It is well-loved but blocks the sight line to the new area. Moving it would make the waiting area in front of the desks seem much bigger and make a great 'shop window' on to Lambeth Palace Road.

Adolescents

The area could be dedictated to adolescents with books, magazines and computer games which are targetted for their age range.

Longer term

Long term, if Evelina II does go ahead on the St. Thomas' house site, it may make sense to reinstate Lambeth Palace Road as the main entrance to both buildings. But in the meantime the Trust must gain more use of this area as it would make a big difference to the outpatient experience and to the quality of the space.

4.5 EXTENDING OCEAN

Additional space

It is possible to gain additional clinical space, equivalent to one treatment room, and an extra 44 sqm of waiting space, if Ocean (ground floor) is extended at the Lambeth Palace Road end.

New visitor link to the atrium

Extending the ground floor gives the opportunity of allowing visitors access to the existing fire escape stair. This would create a link into the atrium without going through the wards on Beach (third floor).

Potential uses

Possible uses for the additional space;

- New children's cafe to replace Blue lagoon
- Admissions lounge
- Waiting area and pre-assessment room

4.6 MOVEMENT AROUND EVELINA

Take a phased approach to easing movement around the building

Staff and visitors perceive the lifts as a major problem. There are frequent maintenance problems with the Rocket lifts and wheelchairs and pushchairs have become bigger over time, so fewer people can be accommodated.

We suggest a phased approach to changing the circulation.

- Allow the public improved access to an existing stair
- Ask staff not to use the Rocket lifts unless accompanied by a visitor
- Make it clear that any deliveries or maintenance staff should use the service lifts.
- Improve servicing and maintenance of the lifts
- Try different programming settings for the lift controls

Monitor whether this reduces the pressure on the Rocket lifts before thinking about another lift linking Ocean (ground floor) to the first floor and atrium.

4.7 ARCTIC

Combine Arctic's waiting rooms

Using the Lambeth Palace Road end of Arctic (first floor) as a combined waiting room for Imaging frees up the vacated waiting room for use as another plain X-ray room.

Maximise all spaces on Arctic

Staff feel that all the clinical space on Arctic (first floor) needs to be used fully. As a number of areas are managed by different Directorates, we suggest greater communication between the occupants of Evelina to ensure that, where possible, spaces are used flexibly.

Open up the route to Stair 3 from Arctic

Open up the route to Stair 3 by relocating doors and creating a new secure line.

Relocate pre-assessment room

Move the pre-assessment room to allow for more daycase beds.

4.8 ATRIUM CO-ORDINATION

Create zones

Create zones in the atrium with furniture to allow;

- Formal meetings (e.g. behind radio lollipop),
- Parents Wi-fi area
- Children's activities
- Cafe area

Together with more comfortable seating for longer stays, improved lighting would encourage greater use.

Outpatients

Outpatients could all make more use of this space in daytime if it was better advertised and access improved.

Adolescent inpatients

Adolescents who would like to stay up later than other children could make particular use of this space in evenings.
Encourage staff to use the atrium for small meetings and breaks

Improvements to Evelina school

Keep the school in the atrium but examine the storage provision and the potential for a sensory room, provide shading and consider improving the acoustics in the atrium.

Use the terrace to create a sensory garden

Responsibility for the atrium

Responsibility for the co-ordination of the atrium should belong to the Building Facilities Manager as he can co-ordinate the cafe provision, school, events and maintenance. This would be too much for the school to take on and needs to belong to the building as a whole.

4.9 CATERING

Outsource catering provider

Outsource catering provider for all Evelina cafes. Staff and visitors both ranked this aspect of the hospital very low in our questionnaires. The quality, choice and service at both cafes should be improved. There was strong staff support for outsourcing the catering.

Maximise the use of Blue Lagoon

If Blue Lagoon is to remain in its current location on Ocean (ground floor), ground floor, improve the range of food offered to allow for more hot options. Improve the seating in this area to attract visitors, especially children. Also allow the use of bank cards for payment as there isn't a cash point in Evelina.

If Ocean is extended, move Blue Lagoon

If Ocean (ground floor) is extended, move Blue Lagoon into the new space created. It could become a children's cafe providing a great shop window for Evelina onto Lambeth Palace Road.

Modify the health eating policy

The healthy eating policy isn't consistent across St. Thomas' and is viewed poorly by most staff. In addition, some of the current 'healthy' options provided are high in sugar or fat and in some cases worse health-wise than a chocolate bar. Children's Services should work with GSTFT to develop a consistent approach to the hospital's food provision.

Provide vending machines

Provide vending machines for staff and visitors, stocked by the catering provider.

Retain the Surf Shack

Whilst not successful financially the Surf Shack should be a focal point for the atrium. If the cafe were to close permanently the atrium would lose its focus. Examine letting both cafes to the same provider .

Single point of contact for building issues

It is essential that staff problems associated with drains, toilets, broken fixtures and fittings are resolved quickly and not allowed to drag on for an indefinite period. Staff also need to be able to approach a single point of contact about issues such as: lack of furniture; insufficient space; poor air-conditioning. They need to feel confident that their problem will at least be considered even if the answer is no.

Communicate reasons for faults and how they are resolved

During 2009/10 Evelina called out lift engineers 92 times but staff have no idea how those faults were resolved and what was the underlying problem associated with lift failure. The result of the lack of communication has been a widespread demand for a new lift which may not be necessary.

Improve communication for fault reporting

Evelina does have a Hotel Services Manager but his role is ambiguous despite a detailed job description. To help resolve the numerous building related problems there needs to be a much improved system of communication with staff on fault reporting and resolution. The Building Facilities Manager should be the key point of contact. He needs to be empowered to chase problems and resolve them quickly, and to be able to report back to complainants.

Help Desk data

The Building Facilities Manager should be provided with data from the help desk so he can assess that sufficient weight is being given to a particular problem and if not to have the authority to escalate resolution.

Priority of complaints

A review of the priority attached to regular complaints should be undertaken to ensure they match the importance of the problem and where they don't, adjustments should be made.

Additional Facilities Management

Building Facilities Manager remit should be expanded to incorporate additional Evelina Soft Facilities Management services. He should be given authority and support to be able to resolve problems rather than just being an advisor.

Responsibility for unloved areas, and budget for improvements and repairs

Looking around the ground floor there is a lack of responsibility for a number of areas. For example the wall mounted television near the rear access is never switched on. No one appears to have responsibility for it, this is an example of something the Building Facilities Manager could take on along with responsibility for other parts of the building where there is no actual owner.

On the first floor, the parents' rooms need a simple face-lift of new lamps, bedspreads etc. Nothing too expensive but the investment would make a significant difference to families. The Building Facilities Manager should be able to resolve this easily and have the required delegated budgetary authority.

It has been suggested that there should be a floor manager on the 6th floor. This would be an unnecessary expense but could be swept up within the Facilities Management team role. The manager could take on responsibility for the environment on all the floors; ordering phones, chasing IT re: computers, arranging clearance of rubbish, ordering and maintaining stocks of stationery - currently these functions are too fragmented with lack of clarity about lines of responsibility.

Ideas for future projects

The demand for Paediatric services at Guy and St. Thomas' will continue to grow, and Evelina will need to expand in the future to accommodate this. Despite the overall success of the building, space shortage was apparent from the start, certain space types are under-provided and other aspects have proven less successful over time than hoped. The following describes aspects which cannot be easily or cost-effectively changed in the current building, but which are essential considerations should the Trust plan major building changes or a new building.

4.11 STAFF FACILITIES

Put more time into understanding staff needs

The staff rate their facilities, such as locker rooms and showers, most negatively in our questionnaire. In discussions, the majority of staff put more clinical space and patients' needs above their own. But this shouldn't mean that staff needs are overlooked. When designing future buildings, evaluate how staff currently use their facilities and consult them about operational changes that may be needed.

Provide Evelina staff office space together

Evelina has a strong team culture. Having the staff office space within Evelina reinforces this team atmosphere and supports knowledge sharing. Converting this space into wards is likely to be the most cost-effective solution for the Trust, however, there are real benefits to having the office space on site and for the site to be in an open plan space. If staff offices are moved to another location very simple and convenient links should be created as well as providing 'roosting' space for staff for short periods when not able to return to their offices between activities.

4.12 WARDS

Allow more small, private spaces for staff & visitors

Ward space is under a lot of pressure in the current building and staff have few places to talk privately with parents. There is a strong demand for small spaces for one to two people to meet this need. It is difficult to provide this within the current ward area as there are many existing demands on space.

The innovative 'wavy' corridor layout in wards, although liked by children, is difficult to supervise, it results in a lot of walking for staff, and is at times, an inefficient use of space. A high proportion of staff feel this layout is not justifiable and the project team feel this should not therefore be repeated.

Poor control of heating and cooling is a key problem for staff and patients. These systems have a major impact on the comfort and performance of the hospital. Although some spaces have been retrofitted, this is a costly and disruptive exercise. To safeguard against the under-performance of future designs, systems should be carefully modelled and rigorously tested from the earliest stage possible, and consultants and sub-contractors should be thoroughly integrated into the briefing and design process from the start.

There are also detailed lessons to be taken forward, such as installing better ward sinks, revised sink heights in disabled bathrooms, more storage and more comfortable ward reception desks.

PARENTS' FACILITIES

Evelina's facilities are thought of positively by the majority of parents; providing the following would improve their experience further:

- small, private rooms to deliver bad news
- a faith room in Evelina
- more parent accommodation
- more breastfeeding rooms throughout the hospital

NAVIGATING THE BUILDING

Although an iconic building, any future build should take a practical approach to ensure circulation patterns are as simple as possible. This extends to branding and way-finding, to floor layout and to vertical access. In the instance of lifts, capacity and convenience for staff as well as visitors should be prioritised.

Recommendation summary

NEXT STEPS

The table opposite shows the project-based recommendations against key criteria. The recommendations which may have ongoing costs such as staff training or those which require changes in job descriptions or policy, modifying the healthy eating policy for example, are not compared. However, we would suggest that they are considered by the Trust alongside the listed recommendations, as if implemented, they would provide benefits for staff and visitors and help Evelina promote its initial values.

Some recommendations are dependent on others and would benefit from being implemented as a group or series. For example, if Ocean (ground floor) is extended and a children's cafe created in the space then the Blue Lagoon cafe could close and the vacated space could be reused as a clinical area. Other recommendations can be implemented discretely, such as moving a waiting room in Arctic to the Lambeth Palace Road end of the floor so that the vacated space could be used for a plain X-ray room.

The report highlights opportunities for Evelina to improve its use of space. The recommendations now need to be considered by the Trust and Children's Services to decide which of the options to pursue.

QUICK WINS

The options below can be tried immediately for little cost, would help to test whether to make the changes premanent and keep up momentum on the project;

- Use temporary floor stickers to direct visitors to Stair 3
- Trial using the Lambeth Palace Road end of Arctic (first floor) as a reception for Imaging
- Try having only one member of staff on the main reception desk,potentially using the security staff member as a floating resource to help and direct visitors
- Train reception and check-in staff to for greeting visitors.

	Cost	Time	Additional or renewed space (m^2)	Additional clinical space (m^2)	Strategic importance	Potential impact on staff	Potential impact on visitors	Meeting Evelina values	Level of disruption
3.1 EXPERIENCE AND IDENTITY Branding project & website	ff	^^	N/A	N/A	***	**	*	*	**
3.2 SHARING INFORMATION Internal website	f	^	N/A	N/A	**	***	-	***	*
3.3 ENHANCING WAYFINDING Design & implement strategy	ff	^^	N/A	N/A	**	**	***	***	*
4.1 WELCOMING RECEPTION New reception desk	f	^^	0	0	***	**	***	***	**
4.2 IMPROVING CHECK-IN Self check-in & appointment calls	ff	^^	0	0	*	*	***	***	**
4.3 REUSE QUIET AREA Enclose space	f	^	20	10	***	*	*	**	*
4.4 LAMBETH PALACE RD Replacing doors with glazing	ff	^	85	0	**	*	**	*	*
4.5 EXTEND OCEAN Enclose space and modify stair 4	fff	^^^	90	(16)	**	**	**	*	*
4.6 MOVEMENT Opt 1: New link to Stair 3	ff	^^	0	0	**	***	***	*	**
4.6 MOVEMENT Opt 2: New link to Stair 4	fff	^^	20	0	**	***	***	*	*
4.6 MOVEMENT Opt 3: Install new lift	fff+	^^^	0	0	**	***	***	*	***
4.7 ARCTIC Move waiting room & create X-ray	ff	^^	115	30	**	*	*	**	**
4.8 ATRIUM CO-ORDINATION Furniture zones	fff	^^	0	0	*	**	**	-	***
4.8 ATRIUM CO-ORDINATION School improvements, shading & acoustics	fff	^^	0	0	-	**	**	-	*

f <£50k, ff £50k - £100k, fff £100k - £250K, fff+ >£250k
^ < 3 months, ^^ 3 - 6 months, ^^^ > 6 months

2. Introduction

2.1 Introduction

WHAT WAS THE BRIEF?

The project was established to explore how Evelina can be developed to meet current and future use so that the core benefits and outcomes developed as part of the original design can be reinforced, revitalised and developed further.

This report will look at the areas which concerned both the staff and visitors throughout our user engagement. Their comments identified the 'issues' section of the report.

The report will show that the hospital is currently extremely well regarded by both staff and visitors and highlight those areas that can be improved.

METHODOLOGY

How did we gather information?

The report represents the views of the staff, patients and their families. The information on which this report is based was collected over six weeks through June and the beginning of July 2010. During this time period, data was gathered through interviews, questionnaires and focus groups. In addition to this, observations were carried out throughout the building to understand how the hospital is currently being used, and any issues which are particular to specific user groups. Further details on method can be found in Appendix A.

HOW TO USE THE REPORT

The executive summary provides key recommendations and describes in what order they could be completed. It also suggests lessons learned for the process of developing future projects.

The main body of the report backs up each of the recommendations with data from our user engagement. Where we have considered a number of options these are set out and a recommended cause of action explained. Some topics have a section titled 'Workshop comments'. This contains comments made by the project board during a workshop session to test the options and recommendations we have proposed for Evelina.

In the appendices you will find a description of the methodology, staff and visitor questionnaires, the Developing Evelina website and a wayfinding audit.

Children's services is a dynamic part of healthcare. Almost all areas of Children's Services, with the exception of renal, are growing as measured by activity and income. There are a range of clincial and non-clinical reasons for this:

- Complex work shifting to Evelina e.g. Paediatric surgery moving to Evelina from University Hospital Lewisham
- Growth in Paediatric Intensive Care Unit retrival activity
- Local population growth and birth rate increase
- Development of expertise and specialisation, such as in cardiac surgery

Alongside general growth there are potential planned step increases in activity such as in cardiac surgery and rheumatology.

Immediate pressures

There are immediate, mid-term and long-term demands on space. The immediate issues include the need for an extra plain X-ray room located on the ground and first floor, admissions lounge and daycase beds. Inpatient beds and side rooms are also under pressure, but hard to create via the scope of this project. Hence the majority of the report is focused on issues there is the potential to improve, such as maximising the use of the available space in outpatient areas.

Mid- and long-term strategies

The mid and long-term issues are more difficult to define as there are numerous options and elements with complex dependencies. The two main strategies open to the hospital are:

1. Convert Sky (sixth floor) currently used as office space to wards and relocate office staff,
2. Longer term, develop St. Thomas' House, adjacent to Evelina for clinical and office space

We have assessed the implications of the office move and given indications of what to consider carefully if developing St. Thomas' House.

Governance

Many issues raised during user engagement are tied to decisions on governance. These include decisions around procurement (e.g., catering), staffing and staff training (e.g. reception staff), maintenance (e.g lifts), policy decisions (e.g healthy eating), funding allocation, and importantly, how the Evelina brand should develop. Plans to move towards Evelina-centred governance are welcomed by staff at all levels as a more effective way of managing these aspects.

3. Culture and identity

KEY AREAS

Experience & Identity

Sharing infomation

Wayfinding

3.1 Experience & Identity

WHAT DO WE MEAN BY IDENTITY?

A brand identity is usually thought of as being a logo. In reality a brand is made up of a logo, colour scheme, font, tone of voice but mostly from the experience of the service. Evelina is experience rich. The building, artwork and most importantly the high-quality of service received by patients mean that Evelina has a lot to work with.

When in the Guy's tower, Guy's and St. Thomas' Paediatric services was not known as Evelina. When they moved to Evelina they gained a new, purpose-built building but lost their sense of identity. Staff take pride in the high level of services the hospital provides and it is important to them that this is recognised. The Trust has now set up a internal Children's Services and Communications group to discuss how to take the brand further.

USER VIEWS

Great Ormond Street Comparison

A desire for better Evelina branding was frequently raised and comparisons often made with Great Ormond Street. Ideas on an Evelina gift shop with branded items for sale, on better PR and on Evelina signage were all raised. Questionnaires, interviews and focus groups all showed the pride staff feel about the Evelina service. Many felt that well-publicised branding was an important aspect of reinforcing high standards of service and of celebrating Evelina's achievements.

Evelina's values

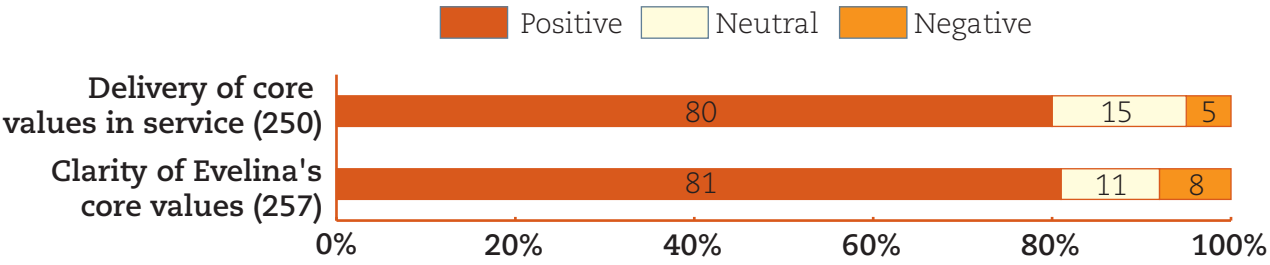
There was mixed opinion on the Evelina values displayed around the hospital. Whilst some see this as a message to patients and feel they are a positive addition, many feel that they are there to remind staff (e.g. based on their location) how they should behave. Some find the values patronising and even feel that they undermine the work they do.

Although the values were decided by the staff when the building was planned, some of the staff who have joined Evelina since do not know this history. They feel that the values were decided in a top-down way and that staff views were not been taken into consideration when these values were agreed. The idea of staff empowerment also surfaced more generally around consultation during the initial build. Many of those who were involved initially, feel that key building concerns were raised then, and that these opinions were not taken on board. Many of the focus groups agreed that there are adequate forums for staff ideas but that these are not then taken forward. Despite loving Evelina, many staff are disappointed by this.

Internal website

The recommendation of an internal website in the next section, Exchanging Information, would allow the communication of historic decisions which still affect current staff.

STAFF QUESTIONNAIRE: EVELINA'S CORE VALUES



"Improve the identity of the hospital - either incorporate it into the main hospital or increase the PR of the Evelina. Great Ormond Street Hospital has more publicity, charity funding, celebrity visits than we do. If you asked a random selection of people had they heard of the Evelina children's hospital the majority would say no..."

BENEFITS OF AN IDENTITY

Greater recognition of the hospital through a brand identity would give the following benefits:

- Ability to fund-raise directly through the Evelina appeal
- Sense of pride for the staff
- Opportunity to create a forum not only to generate ideas but to update the staff on their progress
- Easier for first time visitors to locate

Recommendation

Create a brand identity for Evelina

The Trust should commission a branding project including a website to promote Evelina, an outline process might be;

- Conduct market research including reviewing Evelina's values
- Create a brand brief
- Design the identity / logo working with GSTFT communications team
- Create products - e.g. website, letterhead
- Set standards for future work

3.2 Exchanging information

CONTEXT

The hospital works well as a whole but there is always room for improvement. Evelina isn't entirely managed by the Children's Services Directorate. This is changing but does cause some problems, such as misunderstandings, especially around building issues, or inflexibility, around staff's working arrangements for example.

Information about the building from the Estate's team also needs to be communicated clearly to all staff. This is in part due to the way the information is communicated. For example, all staff receive the Daily Bulletin but few read it. Information on the building needs a clear 'home' so that all staff know where to find it and for it to be presented in a way that encourages staff to read it.

EXAMPLE ISSUES

Atrium glass replacement

Although many staff commented on heat and light issues in the atrium, not all were aware of plans to replace the glass and many of those who were did not understand the reason for its replacement. Some attributed this to the expense of replacement and the need to keep this 'hushed' - assumptions which are inaccurate and which serve to alienate staff because they are not 'in the know'. Transparency ensures there is no unnecessary division between staff and management, so that the Evelina's team ethic remains strong.

Housekeeping and nursing staff

During a lunchtime drop-in session a member of the housekeeping team highlighted why communication between the housekeeping services and the nursing staff should be improved.

She felt that all the hospital staff are one team. And that everyone had a role to play in making the children well. She said that as food goes hand in hand with medication the catering staff need to fully understand the patients' dietary needs. Or whether they are due for surgery. Or if they have been discharged. In the latter case, she said that if her team were not informed that the patient had left the hospital, they would bring food that would then be both wasted and charged to the ward.

BRIGHT IDEAS FROM THE STAFF ABOUT THE BUILDING

Evelina staff have an intimate knowledge of the building and how it works. During the project a number of ideas were mentioned, such as:

Replacing sinks	Replacing the ward sinks. Staff need to wash their hands and arms up to their elbows, which causes water to splash onto the floor with the existing sink design.
Bladder and bowel clinic	Providing a lock for the specimen collection room and an additional drinking fountain to allow the clinic to only occupy one area of Ocean (ground floor). And prevent nurses having to carry urine from one side of Ocean (ground floor) to the other through a busy waiting area.
Art	More children's art display – e.g. On the atrium café or in other areas of the hospital.
Wayfinding	Way-finding – shopping centre interactive floor plan, directions on the floor, ward layout plans. Floor names abd symbols should be displayed next to the lift buttons.
Ward welcome leaflet	Ward welcome leaflet so that nurses don't have to explain e.g. which bins are used for what etc.
Themed stickers	Themed stickers sent with admission letter for children to wear on their visit day so people can remember where they need to go.
Insect screens	Boxed screens on Forest (second floor) windows so natural ventilation can be used without fear of insects entering.
Stop sign	Stop sign outside of the hospital for pedestrian crossing.
Internal locks	Inside lock on rooms for sensitive procedures.
Better use of storage	Better use of storage on wards – e.g. Low cabinets along the wave corridor, low cupboards at ward reception desks not liked.
Getting into Sky	Sky (sixth floor) reception needs to be resolved as the buzzer is in Moon meeting space.

Recommendation

Lines of communication

Currently directorates have established lines of communication but it is difficult to communicate with all the staff in Evelina. To foster the existing team culture, create a line of communication for the staff who work in Evelina regardless of directorate.

Internal website

Use an internal website as the primary way of sharing information. This should cover;

- Building issues such as replacing the atrium glass
- Updating staff on the progress of projects such as this one
- Celebrating staff who have done exceptional work.
- Collecting bright ideas and informing staff of their progress

Emails from senior staff

Despite the fact that staff get many emails from the trust, emails from senior staff can be effective occasionally to highlight issues. During this project, the Clinical Director, Grenville Fox, sent emails reminding staff to fill out the questionnaire. This was very effective. There was a noticeable spike in the number of questionnaires received after he sent out emails.

3.3 Wayfinding

ISSUES

The wayfinding has been based on a graphical system that appeals to children, using artwork throughout the building. It also works well for visitors who speak little English. There are a number of layers to the way-finding strategy, each floor is given an image related to a habitat and each department or ward is identified by an animal which lives in that habitat.

The drawback to this system is that it can be difficult for parents to find where in the building they need to take their child as they are likely to know what is wrong with their child but not which animal or theme this corresponds to.

Inadequate number of signs

Only a small proportion of staff rated visitors' ability to find their way around the building positively (38%) as compared with visitors, who rated it positively more often (88%). This is in keeping with a general trend in which visitors scored the building more positively than staff. Visitors also felt signs were clear (87% responded positively). Interviews suggested that although clear, there is still inadequate numbers of signs, particularly at intersections such as when exiting lifts or entering the wards. Interviews also suggested that some signage is too small and could be better placed. Children were positive about the habitat and animal themes; however, some parents do find this confusing.

How do I get to PICU?

Several people were seen to use Rocket lifts and subsequently seek help to find PICU (Paediatric Intensive Care Unit), during our building observations.

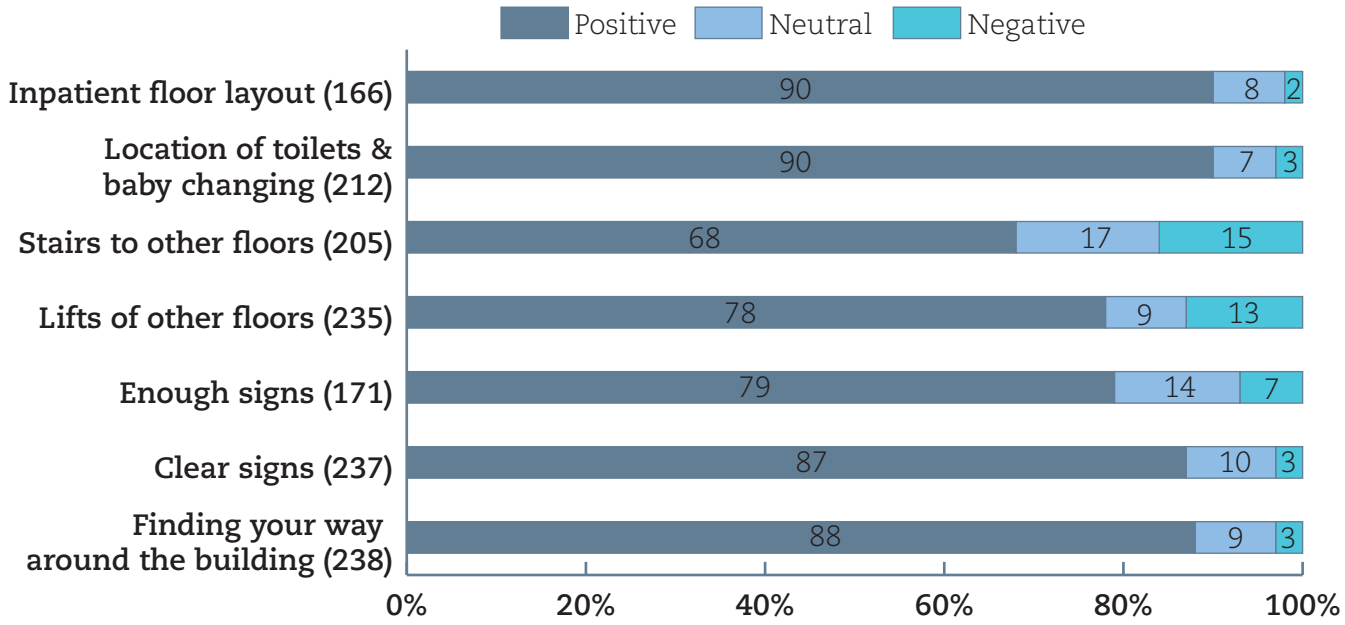
Where are the stairs?

Vertical access is a problem for all hospital users. Stair signage should be improved throughout the hospital and lift signage needs to be addressed for Forest (second floor) visitors in particular. All floors have problems accessing the stairs, but this is particularly acute for those going to Arctic (first floor) and the Atrium on Beach (third floor) as most have to cut through other functions to get to their destination. This is disruptive for the wards.

Where is my patient?

Animal sub-themes are presented at ward entry points but don't seem to follow through the ward clearly. Once on ward, bed numbering is the primary orientation tool such that animals only distract.

VISITOR QUESTIONNAIRE: WAYFINDING



Note: inpatient floor layout – inpatients & inpatient visitors only; other items – all respondents.

WORKSHOP COMMENTS

A clear directory at the reception was noted as crucial. Potential wall spaces were discussed. It was agreed that this could also be free-standing but there were concerns this could block the area.

It was agreed that better signage is needed on the exterior, to show clear access routes and reduce the number of people trying to get to the Lambeth Palace Road entrance.

Recommendations

Revise Evelina's wayfinding strategy but retain the core approach as part of brand identity

Wayfinding is a key element of the experience of the hospital and should be integrated with the identity project. Commission work to build on the current approach giving descriptions of the services alongside the animal symbols.

Examine incorporating the Trust's approved wayfinding strategy when enhancing Evelina's core approach to navigating the building.

Use the example set by airports or shopping centres in terms of clear plans of the building with areas marked on at reception so that visitors find it easier to navigate. Provide signage at all decision points on a visitor's journey. Provide recorded announcements in the lifts for each floor and make it clear that the Rocket lifts do not stop at Forest (second floor).

4. The building

OCEAN & ARCTIC

- Reception
- Check-in
- Quiet space
- Lambeth Palace Road
- Extending Ocean
- Movement
- Arctic

ATRIUM

- Co-ordination
- Catering

WARDS & STAFF FACILITIES

- Wards
- Staff facilities
- Building Facilities Manager

4.1 Reception

ISSUES

Visitors bypass the desk

Although 85% of visitors scored the initial welcome positively, several aspects were consistently raised by users as needing improvement. Although front desk staff are friendly and willing to help, observations revealed that people consistently by-pass the front reception desk, and that this facility is therefore under-used. Staff would like to see better information signage at the front reception to encourage people to seek help. Seeking volunteers to help here was also suggested.

Security

Focus groups suggest that security could have a less visible presence during daytime hours, and that they could then be called upon when needed. Staff also feel that more task sharing between the reception and security could enhance the service provision.

Desk Staff

The reception staff can feel uncomfortable as they feel ignored by visitors. The staff also feel exposed and want a more secure environment.

WORKSHOP COMMENTS

Low level barrier

The Developing Evelina Project Board considered that there is a need for a low level barrier on Ocean (ground floor) that will create a secure line. This would allow visitors to be welcomed while maintaining knowledge of/control over who is coming and going from the hospital. It would also fit with the Trust's 'Welcome Centre' concept, where people are checked in and then directed. This would help visitors to the 6th floor who often don't get formally greeted.

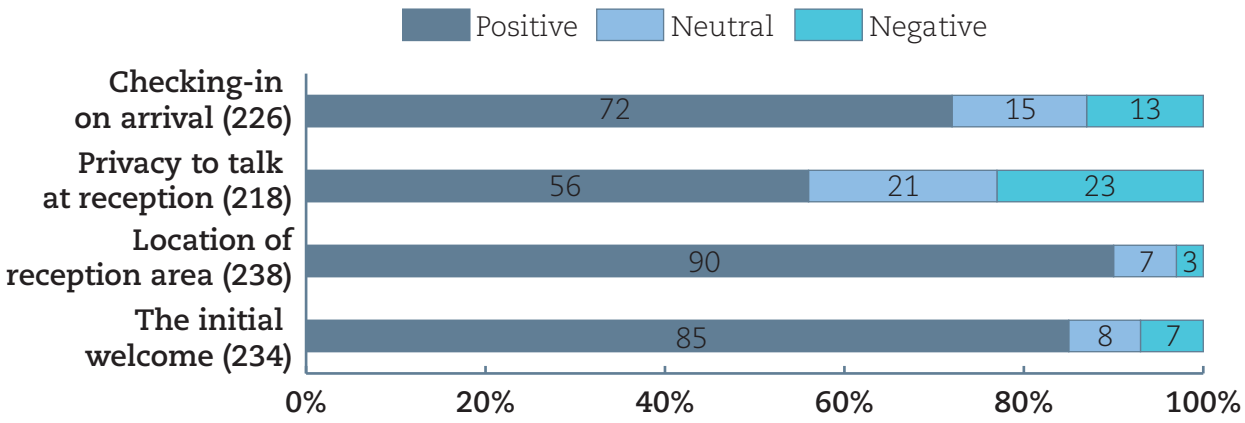
The way that traffic might be directed past this reception point was discussed. There was some disagreement around what flow was most intuitive, although most felt that going in on the right past Blue Lagoon would be best.

360° visibility

They feel the current desk is office-like and inappropriate. A desk that had 360° visibility would help staff feel more involved and would create a stronger sense of supervision.

One problem with the secure line concept is that when busy, outpatients often wait in the space before this proposed barrier.

WAITING AREAS: OUTPATIENT VISITOR RESPONDENTS ONLY



"I don't really see why there is a reception by the front doors. It seems totally unused."

Recommendations

Create a better welcome for patients and families

Artwork

The reception desk needs to welcome visitors on arrival and to make children feel that the hospital has been designed for them.

The current reception desk is too "office-like", (staff comment), and would fit much better with the building and the GSTFT Welcome centre concept, if it incorporated art work - which is done so well in the rest of the hospital.

Low key secure line

Provide a low key secure line to allow the reception staff to monitor who comes and goes. This would not only provide a level of security that the hospital is currently missing but would also give more purpose to the receptionist role.

Reduce number of desk staff

Trial reducing the staff stationed on the desk to one receptionist during the day and security in the evening.

Training

Train the reception staff to be able to help visitors locate treatment areas or people within the hospital and on how to greet children and other visitors.

Volunteers

Look again at whether volunteers can be used at reception to help visitors find their way around the hospital.

4.2 Improving check-in

ISSUES

What happens?

Many outpatients will check-in at reception, wait to see their consultant, be sent for tests in Arctic (first floor) and return for a consultation based on their results and then return to reception to book their next appointment. Staff and patients are concerned with the length of time that patients wait between these appointments and how they move between ground and first floors.

The check-in experience on both Ocean (ground floor) and Arctic (first floor) could be improved. 73% of outpatient visitors rated checking-in on arrival as positive – although seemingly high, this score falls in the lowest quadrant of visitor ratings. Based on patient interviews, the main contributors to this lower score seem to be the long wait times and the lack of friendliness amongst outpatient reception staff.

Results of long queues

Outpatient reception queues get very long at times. Observed wait times were on average 12 minutes standing at peak times, although this varied considerably and interviews suggested that this is often longer. Questionnaires and observations confirmed that staff at this reception are often under pressure and therefore don't always provide visitors with the warm welcome they expect. This was regularly raised by outpatient visitors as it was often their first point of contact with hospital staff.

Privacy / security

Other visitor comments were around the lack of privacy at reception: with long queues, families often have to discuss personal issues in front of those waiting. Several reception staff also noted that they would like glass protection as they currently feel exposed. This is also likely to be due to the long queues, which means visitors stand over their desks throughout the day.

"I think you could make the check-in area a bit more private or out of the way. There were queues of people; people waiting to be seen, reception staff and nurses and doctors all contained in one small area, trying to navigate past each other. This is also where the weighing/height rooms were (which offered no privacy) and the blood taking area (again no privacy)."

Missing my appointment / finding my patient

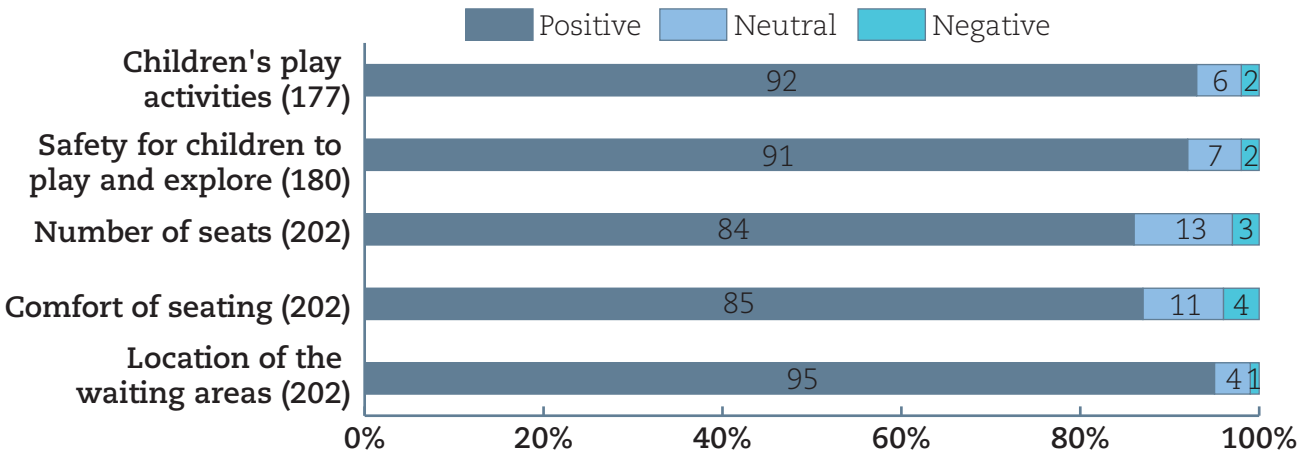
Observations showed that individual parties often have three or more people in the queue creating unnecessary congestion, and that this queue often merges with phlebotomy, which creates additional confusion. This also reduces the visibility for those seated and adds to the stress many parents noted when waiting for their call. Interviews implied that the numbers of people on Ocean (ground floor) and the accompanying noise makes missing one's appointment a primary concern for parents. Consultants also noted difficulties in locating their patients. Whilst the original design was for patients to be assigned areas, this message appears to have been largely lost with staff turnover and many consultants now call their patients' name from the reception desk.

Electronic check-in & appointment call displays

Many staff from outpatients would like to see electronic check-in as an option for outpatients to minimise clinic delays. This could be combined with appointment call displays on the ground floor and atrium.

> "I thought they were slow and not very happy in their work."

WAITING AREAS: OUTPATIENT VISITOR RESPONDENTS ONLY



Waiting	In general, the location of the waiting areas, children's play activities, and safety for children to play and explore in the waiting area were all rated highly in the hospital, with 95%, 93% and 92% of visitors responding positively to these questions. In interviews, adolescents reported slightly less satisfaction with activity options than parents and younger children.
Adolescents	
Play	Observations revealed that children's activities are well used on Ocean (ground floor). The helter skelter creates excitement and a good buzz in the area. Most other activities are well used, although the tele-transporter often goes unnoticed until it is stumbled upon when used as regular seating.
Phlebotomy	Although some staff feel that phlebotomy facilities are too cramped, several parents commended its move to ground floor.

"Moving the blood test room to ground floor brilliant - so instead of my child being taken to a small waiting room she associates with pain and little to do she is now running around and distracted."

Recommendations

Improve the welcome / reduce queues

Improve the welcome by reducing the queues. This would prevent the staff feeling overwhelmed, because of their workload, and physically - due to the fact that they are sitting down whilst visitors stand over them. It would also help to give parents more privacy when talking to check-in staff, which was commented on in the questionnaire responses.

Training

Enhance the training that staff receive on how to greet visitors.

Adolescents

Some suggestions from adolescents included: books and magazines aimed at older children, a different selection of computer games and a television area.

Revisit self check-in

Trial self check-in but keep staff at reception, or a floating member of staff, to deal with queries. We realise this has been examined before but it should be revisited as an option because of the effect of long queues on the visitor experience.

Appointment call displays

Visitors generally sit close to the reception desk as they are frightened of missing the consultant when she comes to find them in the waiting area. Examine ways of communicating to visitors information about their clinic, such as the rooms / floor on which it will be held and likely wait times. An additional step would be to use similar methods to those used in airports or train stations. This would give visitors more flexibility in where they sit and make the experience of an outpatient appointment more relaxing.

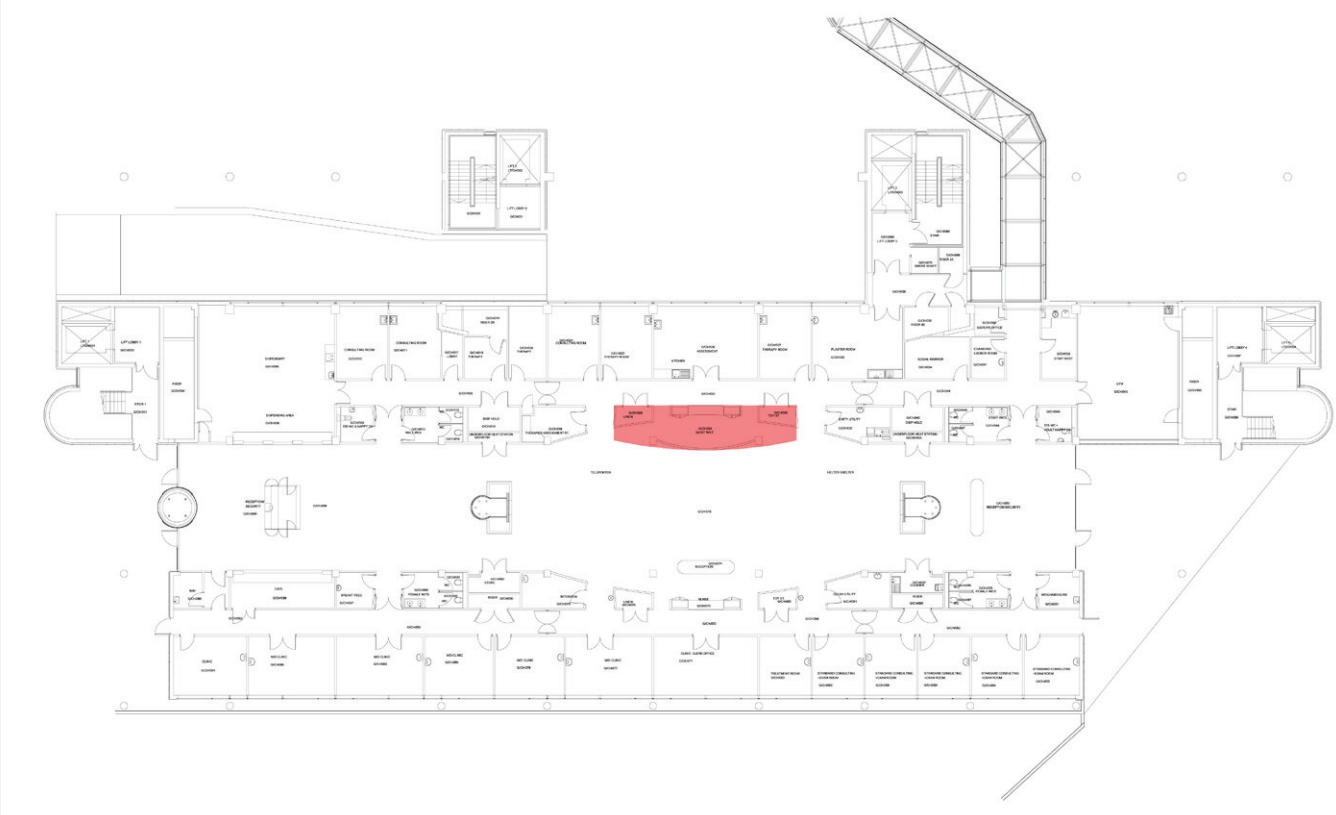
4.3 Ocean quiet space

ISSUES

The area opposite the check-in desk was originally designated a quiet space for children with behavioural difficulties to wait for their appointments.

The area has fallen out of use for this purpose. At the workshop there were mixed views on the success of this space as a quiet area. It has been used for some height and weight measurements but not all as there isn't a sink. Its current reincarnation is for notes prep, which has moved into Evelina from elsewhere in St. Thomas". This is not ideal as while the notes are stored in a locked cupboard, they should be in a locked room.

If this area is enclosed, and provided with a water supply, it would become a much more flexible and useful space for Evelina. Additional storage could also be provided if the area is enclosed.



Recommendations

The area opposite the check-in desk previously functioned as a quiet area for patients with conditions such as autism but is now rarely used.

Relocate the pre-assessment room on Arctic to Ocean

Enclosing this area and relocating the pre-assessment room here would enable the daycase area on Arctic (first floor) to be enlarged.

Options

Other possible uses could be:

- Self check-in area
- Pre-assessment room
- Note prep area
- Storage
- Space for the play specialists to use
- Additional clean utility area
- Additional height and weight rooms

4.4 Lambeth Palace Road

BACKGROUND

"It is so embarrassing asking people to go around as the doors are locked. They get really, and understandably, cross."

The ground floor has two entry points; one from St. Thomas and other from Lambeth Palace Road. Soon after the building opened the Lambeth Palace Road entrance closed. It seems a number of factors contributed to this decision;

The entrance has automatic doors and there were safety concerns around children being able to run out onto Lambeth Palace Road. Two entrances meant two lots of staff. No directorate agreed to meet this ongoing cost. These issues are contested by some members of staff but they came up frequently in our conversations during the project.

The result is that there are locked doors at one end of the ground floor. This means patients and visitors both attempt to use these doors to enter and exit the building without success.

ISSUES

"Having a non-functional main entrance is a real PR problem"

"...it could now be utilised for a swipe system for staff access - this would also limit the 'traffic' volume of staff going along the A & E corridor just for access and exit."

The majority of staff rated arrival into the hospital positively (79%). This score is likely to be linked to the good first impressions and high score of the buildings' appearance rather than on access specifically, as some interview and focus group comments revealed frustration at the Lambeth Palace Road entrance closure. Amongst staff's concerns are: that the entrance still looks usable – people often walk up to it before realising they should walk around the building; that it creates a poor image of the hospital as there is no explanation as to why it isn't used, and that it leaves a poor first impression for visitors and passers by. The other aspect of the closure relates to poor space usage – comments suggest that if the entrance is to be permanently closed, it should be reconfigured for better use, for example, as additional clinical space or for more quiet space.

Many staff in focus groups feel that security staff are not needed at the front desk during normal opening hours and that these employees could be deployed to the Lambeth Palace Road entrance if this entrance were to be re-opened. Staff also feel that the dangers of opening onto a road could be reduced by a good barrier system to make the entrance safer for visitors. As a minimum, staff would like to be able to use a swipe system at this end for their own entry, even if public access is not possible.

“if the road entrance is never to be used then change that area permanently into more useful space”

Visitors appeared less concerned with Lambeth Palace Road access than staff, although some did comment in interviews on the poor space use at this end of Ocean (ground floor) and the frustrations of having to walk around to the St. Thomas’ entrance.

Patients do not like to use the waiting space adjacent to the Lambeth Palace Road entrance. This is likely to be due to feeling cut off from reception announcements and the lack of children’s activities there. Visitors choose to cluster directly in front of outpatients reception where possible.

OPTIONS

Entrance is closed

If the entrance is closed, Ocean (ground floor), gains 85sqm of waiting or play space for outpatients. The staffing costs are less with one entrance and it provides a safe area for parents. A ‘shop window’ can still be maintained onto Lambeth Palace Road if the doors are replaced with a glazed rather than solid wall.

Entrance is reopened

Reopening the entrance would give Evelina a prominent front door which supports the idea of developing Evelina’s identity separate to that of Guy’s and St. Thomas’.

Longer term

If the St. Thomas’ House site is redeveloped in the future to house Evelina II it may be preferable to use the Lambeth Palace Road entrance as the entry point for both buildings. But the Trust could decide to close the entrance and make best use of the available space in the short to mid term and re-examine the decision if the redevelopment goes ahead.

WORKSHOP COMMENTS

The desire to open Lambeth Palace Road entrance was discussed. The need to consider this with regard to long-term Evelina II plans was noted. Although there was some initial debate, the majority agreed that opening the entrance was unnecessary for a building of this size and that money, and space, would be better reallocated to fulfil clinical requirements. It was therefore unanimously agreed that it should remain permanently closed.

Recommendations

Unresolved situation

The current unresolved situation of permanently closed doors onto Lambeth Palace Road causes confusion and creates a "dead" area (85sqm) between the doors and the rocket lift.

Approach

Approach to reusing this area and closing the entrance needs to be one of maintaining the qualities of the current space. The entrance should be replaced with a glazed rather than a solid wall to let light into Ocean (ground floor) and provide a 'shop front' onto Lambeth Palace Road.

Close the entrance

By closing the entrance it is possible to gain this area back for additional seating and play space for outpatients.

Move the helterskelter?

There is an option of moving the helter skelter to the other side of the rocket lift to draw visitors to the area. It is well-loved but blocks the sight line to the new area. Moving it would make the waiting area in front of the desks seem much bigger and make a great 'shop window' on to Lambeth Palace Road.

Adolescents

The area could be dedictated to adolescents with books, magazines and computer games which are targetted for their age range.

Longer term

Long term, if Evelina II does go ahead on the St. Thomas' house site, it may make sense to reinstate Lambeth Palace Road as the main entrance to both buildings. But in the meantime the Trust must gain more use of this area as it would make a big difference to the outpatient experience and to the quality of the space.

AREA REGAINED BY CLOSING LAMBETH PALACE ROAD ENTRANCE

4.5 Extend Ocean

OPTIONS

If the Lambeth Palace Road entrance is closed, Ocean (ground floor) can be extended. And it can be done without compromising the quality of the architecture. Extending would give Evelina an extra 44sqm. This could either provide one treatment room and waiting space; a new site for a ground floor cafe which would bring life to the pavement in the same way as the atrium provides a focal point to look onto for the wards.

The staff mentioned this option rarely, possibly because it was not an option given on the questionnaire. But some had considered how to make better use of the space.

Extending Ocean (ground floor) to encompass the existing fire escape would mean that the stair could be opened for public use, with the door to the lift being swipe card access only. This would allow a new public link from Ocean (ground floor) to Arctic (first floor) and the atrium, without going through the wards on Beach (third floor), the stair would exit onto the rooftop garden.

USE OF FIRE ESCAPE STAIR AS PART OF EXTENDING OCEAN

WORKSHOP COMMENTS

Expanding into the undercroft space on Ocean (ground floor) was explored in the workshop. It was agreed that recaptured space could be used for open plan seating rather than enclosing the space with a solid wall and functions that require privacy. This could facilitate the creation of additional clinical space on Ocean (ground floor) if other spaces could be altered as a result, e.g. by relocating Blue Lagoon to the Lambeth Palace Road end and then reconfiguring the vacated café space.

All of the Board are in agreement that additional clinical space is essential.

RECOMMENDATIONS

Additional space

It is possible to gain additional clinical space, equivalent to one treatment room, and an extra 44 sqm of waiting space, if Ocean (ground floor) is extended at the Lambeth Palace Road end.

New visitor link to the atrium

Extending the ground floor gives the opportunity of allowing visitors access to the existing fire escape stair. This would create a link into the atrium without going through the wards on Beach (third floor).

Potential uses

Possible uses for the additional space;

- New children's cafe to replace Blue lagoon
- Admissions lounge
- Waiting area and pre-assessment room

"Cover the fore-court of the Evelina to expand clinical space."

4.6 Movement around Evelina

ISSUES

	The circulation around the building has been highlighted as a problem from staff and patients. The entrances to the lifts are small, although they open slightly once inside. This means it is difficult for pushchairs and wheelchairs to enter and leave the lifts. Also whilst the lifts are designed for 16, the type of traffic the lifts need to carry, double buggies and large wheelchairs means that the capacity of the lifts is effectively reduced.
Deliveries	The lifts are also used for small scale deliveries, such as DHL couriers, members of capital estates changing light bulbs or replacement water cylinders for coolers.
Staff using the Rocket lifts	Many people use the rocket lifts just to go between ground and first floors which extends waiting times for those travelling to the wards.
Poor signage to Stair 3	Stair 3 between Ocean (ground floor) and Arctic (first floor) is poorly signposted but with the new addition of a buzzer to access the secure part of Arctic (first floor) the floor now allows patients access. Again this is poorly signposted.
Rocket lifts	Patient and staff interviews revealed frustrations with the lift systems. Observations confirmed that lifts break down regularly and that they also skip floors. The average wait during observations was 1 minute 35 seconds, though some staff reported waits of up to 35 minutes. Some visitors, particularly parents, don't like the sensation of looking out of the rocket lifts, though it was popular with all the children we spoke to.
Route to PICU	A clear access route to PICU, Paediatric Intensive Care Unit, is needed. During lift observations, several people had to get out on the 1st floor due to confusion over getting to intensive care units – the sign is often obscured at peak usage and the presence of the 2nd floor button causes confusion.
Lift announcements	Lifts do not announce the floors and often say 'going down' instead of 'up' etc. There is no signage upon leaving the lifts and on some floors there is no confirmation that you are at the correct floor. Lift wait times varied considerably and the doors don't always open on the first floor.

"Re-design the unused 'dangerous' front entrance on Lambeth Palace road to accommodate escalators or stairs up to Arctic."

Rocket lift maintenance

The lifts are unreliable. A large number of staff have got stuck at some point. The chain of contact between the engineer and the trapped person needs to be improved – security do not respond to the individual; there is also a long response chain involving central GSTFT staff.

Visitors in the lifts were often squashed during observations. Most visitors travelled between Ocean (ground floor) and Arctic (first floor) and staff highlighted alternative first floor access as a primary way of taking pressure off the rocket lifts.

OPTIONS

1. Open Lambeth Palace Road fire escape, stair 4, to visitors

Opening an access route at the Lambeth Palace Road end to link to the existing fire escape stairs, thus enabling everyone to use these stairs (but not the lift). This would then connect to the atrium on the third floor via the outdoor terrace. This option is to include two variations: a) a secure enclosed corridor linking to the stairs and b) an expanded space that makes full use of the undercroft area.

2. Making a direct route to Stair 3

Making a direct route to the existing stairs, through the existing plaster room, in order to simplify the route was also discussed as an option. The group felt that as stairs already exist, it would be a waste of funds to build new stairs in Ocean (ground floor).

WORKSHOP COMMENTS

The need to create a staged approach was discussed in relation to many of the design proposals. Although some felt additional lifts were essential, others felt that funding for clinical space has to be prioritised, and felt that testing measures that are less expensive than new lifts would therefore be sensible - for example, creating a temporary route through the Lambeth Palace Road entrance to trial the impact of the end stairs (option 1 above) would have on rocket lifts. Similarly, signage or a 'yellow brick road' way of finding existing stairs without knocking walls could be trialled.

Although the group agreed with this, there was some concerns that a) signage is not enough to address the issue – stairs need to be visible to visitors also, and b) that decisions made now might preclude other larger-scale changes in future.
A better understanding of associated costs and benefits was requested for these options.

Options

NEW LINK TO STAIR 3

WALKWAY TO EXISTING FIRE ESCAPE, STAIR 4

USE OF FIRE ESCAPE STAIR AS PART OF EXTENDING OCEAN

RECOMMENDATIONS

Take a phased approach to easing movement around the building

We suggest a phased approach to changing the circulation.

- Improve public access to the existing Stair 3 or modify stair 4, the existing fire escape stair, so that it can be used by visitors.
- Ask staff not to use the Rocket lifts unless accompanied by a visitor.
- Make it clear that any deliveries or maintenance staff should use the service lifts.
- Improve servicing and maintenance of the lifts.
- Try different programming settings for the lift controls.
- Improve access to existing internal stair.

Monitor whether this reduces the pressure on the Rocket lifts before thinking about another lift linking Ocean (ground floor) to the first floor and atrium.

4.7 Arctic

ISSUES

Observations suggested that the spaces at either end of Arctic (first floor) are rarely used to their full capacity. Communal space in the parent rooms is also under used – this is likely to be in part due to the visibility of room occupants as a result of glazing.

Staff regularly find people in Arctic (first floor) who are lost or who are sitting in the incorrect waiting area. Observations and interviews with staff suggested this is due to a lack of signage, a lack of staff at certain times, and the number of small, relatively hidden waiting areas on this floor. In addition to improved signage, one idea staff raised was a "dedicated reception on level 1 to mirror reception on Ocean (ground floor)." This would require space from one end of Arctic (first floor), but could be manned by rotating staff from each clinic and could free up space in clinic areas.

Staff commented on the relationship between the services managed by the Children's Services Directorate and those managed by other Directorates. They felt that there is an opportunity to take a more flexible approach to maximising the use of space on Arctic (first floor). For example, sharing beds between directorates when there is increased demand.

PRESSURES

Imaging

Staff suggest that imaging services are at capacity and there is a need for an additional X-ray room. There are current plans to use the Lambeth Palace Road end of Arctic (first floor) for this purpose.

Daycase unit

Day cases have also increased dramatically since the hospital opened in 2005. There are currently 8 beds and 6 support rooms covering approximately 190sqm. A pre-assessment room is also in this area which is not part of the daycase service.

Admissions lounge

There is also a need for a lounge to admit inpatients and direct them to their bed. Inpatients are currently directed to a ward but find it difficult to locate the ward receptions. Occasionally their bed might not be free when they arrive and they may need to change beds. There isn't a need for a discharge lounge as this function is provided by the play spaces in the wards. The admissions lounge would need one or two treatment rooms and associated waiting space.

OPTIONS

Relocate imaging reception

The imaging waiting area could be relocated to the Lambeth Palace Road end of Arctic (First Floor) and the vacated waiting room used as a plain X-ray room. If the existing fire escape stair was brought into use, a door could be made into the new reception area which would mean outpatients would arrive on the first floor and be greeted by a receptionist.

Open up route to Stair 3

The route to Stair 3 could have the doors relocated to make an open route from the stair to the circulation space. This would mean parents could make their way easily from Arctic (first floor) to Ocean (ground floor) without needing a swipe card or to use the buzzer system,

Move pre-assessment room to allow more daycase beds

The pre-assessment room, that is currently in the daycase area, could be relocated and a wall removed to allow for more daycase beds.

WORKSHOP COMMENTS

Whilst there were mixed views on how under-used end spaces are on Arctic (first floor), the group agreed that there is scope for moving receptions into a combined space. Foetal cardiology would be an exception, needing separate space away from children; the group agreed that the corridor waiting area is currently insufficient for this group.

Moving X-ray reception out into open area could leave space for another X-ray room.

Different scenarios were discussed regarding combining services with King's, though future plans are still unclear.

The Arctic (first floor) buzzer system is working well but better signage is needed and the desk needs to be manned consistently. The other services that could use this space were discussed, for example: as a critical decision room, pre-assessment space, more day case space (e.g. another treatment room).

The parents room needs frosted glass to make it less exposed as current blinds don't perform well, especially if the area outside the room is to be used as an additional reception.

ARCTIC SPACE USES

RECOMMENDATIONS

Combine Arctic's waiting rooms

Using the Lambeth Palace Road end of Arctic (first floor) as a combined waiting room for Imaging frees up the vacated waited room for a use another plain X-ray room.

Maximise all spaces on Arctic

Staff feel that all the clinical spaces on Arctic (first floor) needs to be used fully. As a number of areas are managed by different Directorates, we suggest greater communication between the occupants of Evelina to ensure that, where possible, spaces are used flexibly.

Open up the route to Stair 3 from Arctic

Open up the route to Stair 3 by relocating doors and creating a new secure line.

Relocate pre-assessment room

Move the pre-assessment room and modify the daycase unit to allow for more beds.

4.8 Atrium Co-ordination

BACKGROUND

The heart of Evelina

The atrium is a fantastic space which is currently under-used. The food provision is poor, previous noise complaints from the school mean very few events happen, even outside school hours or school holidays and no one is responsible for co-ordinating the space. In the original brief, the atrium was intended to be the heart of the hospital but currently lacks vibrancy. No one presently manages the space - the school has complained in the past if events generate too much noise, with the result that very few events happen at all even outside school hours or in the school holidays.

The school was always planned to be part of the atrium. The aim was to create a school that could be viewed from the wards to encourage children and teenagers to join when they were well enough to do so and to be an integral part of the life of Evelina. The school operates conceptually as three mini-schools, atrium school, ward school and dialysis school. It struggles with the environmental conditions within the atrium with temperature control, glare, space, storage and acoustics being primary concerns. The school provides a focus for patients and often takes their siblings as well as patients themselves.

ATRIUM ISSUES

Outpatients don't visit the atrium

Why?

According to survey responses, only 14% of respondents to the survey had visited the atrium. Interviews suggest that the main reasons for this low usage are:

- people are unaware the facilities exist;
- they do not wish to leave their appointment area due to fear that they might miss their appointment,
- and finally, that is difficult to move elsewhere with young children.

Needs more play activities

Those who had visited the atrium felt it was a good place for children to run around, but that there were less play activities. For this space to be used to its potential, enhanced access is key.

*Note: at least some respondents have separated the idea of going to the school from the idea of 'visiting the atrium', as indicated by the higher number of people who have noted attending the school.

Glare

Observations in the atrium confirm that glare makes long term stay less pleasant in the daytime and that the space is unwelcoming in the evening due to poor lighting.

View from the wards

43% of inpatients and accompanying carers had visited the atrium*. Although wards were originally designed to overlook the atrium and entice inpatients down to the space, observations suggest those beds immediately adjacent to the glass commandeer this view; other patients rarely approached the glass.

Improved use of the atrium, could potentially interfere with school activities. Better zoning of the space to separate noisy activities could reduce this problem.

EVELINA SCHOOL ISSUES

Environment

The main issue raised by visitors to the school was the poor temperature regulation. Only 73% of visitors rated the temperature positively. Other issues for both staff and visitors are;

- glare,
- poor acoustics within the atrium,
- lack of space within the school.

Wheelchairs & storage

Interviews with staff revealed that the school layout is not suited to wheelchair-users and that the school would like to make greater use of the immediately adjacent atrium space, which is perceived as being currently under-used. Storage is also limited in the school. The school like their location and the sense of space, but find the storage inadequate. During interviews, the school noted they would also like to use their storage cupboard as a sensory room if alternative storage could be found.

"We love being in a central position, and would love our central location in the atrium if a redesign of the premises could address just some of our challenging environment"

The atrium should be a great asset to the Trust and will be if more use can be made of the space.

To keep the quality of the space, we have looked at ways to increase its use by creating zones within the atrium. By establishing areas which are in demand from staff and visitors, there are more reasons to use the atrium.

Zones could include:
- Children's activities adjacent to the school
- Wi-Fi areas
- Cafe seating
- Using the space around radio lollipop for small meetings

The group agreed with the principle of zoning the space in the atrium.

School staff agree they don't want to be enclosed and didn't favour the suggestions of the 2007 feasibility report. The favoured option would be to provide permanent shading and acoustic controls to the space.

The school would be happy to manage the space directly adjacent to them. They would wish to have moveable furniture in this space so that it can be easily reconfigured for PE. A short-stay learning centre for this area was also discussed briefly, along with concerns over funding for continued and expanded service provision for the school.

The school is currently looking into providing parents with internet access and is in discussion with GSTFT's IT department.

Other parts of the atrium would also need co-ordination. The group agreed that making use of the area behind radio lollipop for more staff meetings would be useful.

There is potential for using the outdoor garden as a sensory garden - as the garden area gets very hot in summer, the group favoured a canopy for this area; a sail solution was discussed.

Recommendations

Create zones

Create zones in the atrium with furniture to allow;

- Formal meetings (e.g. behind radio lollipop),
- Parents Wi-fi area
- Children's activities
- Cafe area

Together with more comfortable seating for longer stays, improved lighting would encourage greater use.

Outpatients

Outpatients could all make more use of this space in daytime if it was better advertised and access improved.

Adolescent inpatients

Adolescents who would like to stay up later than other children could make particular use of this space in evenings.
Encourage staff to use the atrium for small meetings and breaks

Improvements to Evelina school

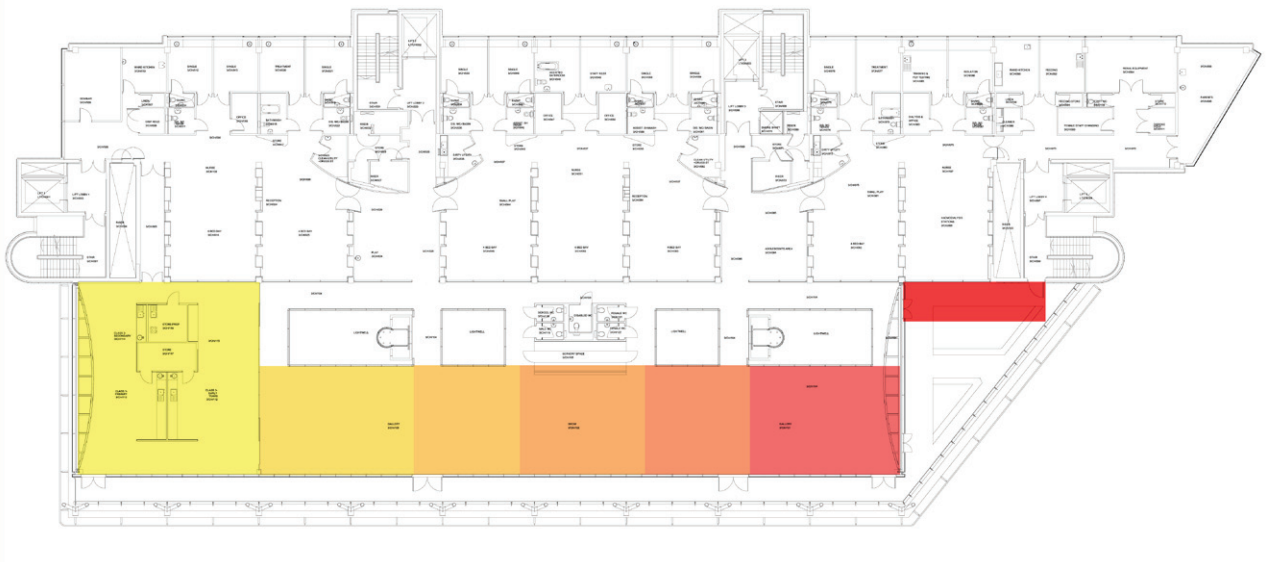
Keep the school in the atrium but examine the storage provision and the potential for a sensory room, provide shading and consider improving the acoustics in the atrium.

Use the terrace to create a sensory garden

Responsibility for the atrium

Responsibility for the co-ordination of the atrium should belong to the Building Facilities Manager as he can co-ordinate the cafe provision, school, events and maintenance. This would be too much for the school to take on and needs to belong to the building as a whole.

POSSIBLE ATRIUM ZONES WITH ROUTE TO STAIR 4 (EXISTING FIRE ESCAPE)



4.9 Catering

ISSUES

“café provision used to be excellent”

Staff rated café food options in Evelina very low, with only 34% describing them as positive. Visitors rated this higher at 68% positive, but both groups ranked this as one of the lowest aspects comparative to other scoring. Staff were happier with the previous catering that provided fresh sandwiches and feel that the atrium was better used when this was available. Staff and visitors agreed that a Marks and Spencer or another commercial outfit could provide a better service. Most staff in focus groups felt that unhealthy but delicious food should be made available to children in Evelina, and that much of the current food sold under the guise of being ‘healthy’ does not fulfil this criteria in reality. Staff would also like to see easily accessible vending machines for staff and parents to use at night.

Many visitors interviewed on the ground floor were unaware of the atrium facilities and felt that a notice board advertising hospital facilities would therefore be useful. The lack of card payment facilities for catering in both cafés was also noted by catering staff, given that there is no ATM in Evelina.

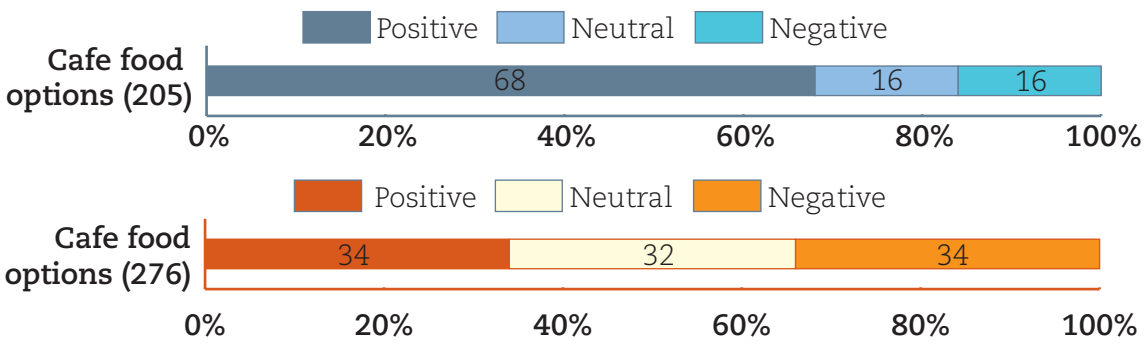
The Blue Lagoon situated on the ground floor is able to provide hot food but currently only offers soup and snack items, it is not used very much with a daily take of only £100.

The atrium will be closed for approximately 30 weeks to enable the glass to be replaced as part of the final settlement with the contractor. The café will close throughout this period.

CONTEXT

The latest conversations about catering at Evelina suggest that a caterer with whom the hospital has an existing relationship from the main entrance of St. Thomas’ may be interested in taking on the catering in Evelina. The hospital is considering waiving rent for the space with the franchise.

VISITOR AND STAFF QUESTIONNAIRES



Blue Lagoon cafe, Ocean

If Ocean (ground floor) does not expand into the undercroft space at the Lambeth Palace Road end of the building, develop the catering offer in Blue Lagoon.

The servery area of the Blue Lagoon is self-contained which provides options for installing new equipment such as sandwich makers, microwave and coffee machines so the range of hot food can be considerably improved. The seating area also requires a major revamp to make it more comfortable and attractive to families.

If Ocean (ground floor) is to be extended, the space adjacent to Lambeth Palace Road should be used as a new children's cafe replacing Blue Lagoon. The vacated area could then be used for clinical use, potentially as an admissions lounge with the cafe space becoming a treatment room and the seating area a waiting space.

Healthy eating & vending machines

The hospital's policy on healthy eating also needs to be addressed. Staff feel that the current options do not qualify as healthy and that this policy is therefore ineffective. In addition, many do not support the policy; they feel that less healthy food plays a therapeutic role provided patients have well-balanced diet, that staff should have greater freedom to choose what they eat, and that it is unfair to apply diet restrictions inconsistently across GSTFT. This policy has also affected the provision of vending machines, which many staff and visitors have requested, and which are an important resource for night staff.

Vending machines should be provided for staff and visitors. If the catering is given to a franchised operation, they should also take responsibility for the vending machines thereby placing the responsibility onto the contractor to determine how late to run the café and take responsibility for restocking the vending machines and the quality of the contents. Location of vending machines will need to be determined.

Surf Shack cafe, Beach

The atrium cafe is not currently successful either financially or in the type of food it provides. While the cafe is unlikely to generate money for the Trust, it is a way of giving life to the atrium. Providing the food options are improved and opening hours extended. The cafe could either be closed permanently or taken over by the same franchise as Blue Lagoon on Ocean (ground floor).

Recommendations

Outsource catering provider

Outsource catering provider for all Evelina cafes. Staff and visitors both ranked this aspect of the hospital very low in our questionnaires. The quality, choice and service at both cafes should be improved. There was strong staff support for outsourcing the catering.

Maximise the use of Blue Lagoon

If Blue Lagoon is to remain in its current location on Ocean (ground floor), ground floor, improve the range of food offered to allow for more hot options. Improve the seating in this area to attract visitors, especially children. Also allow the use of bank cards for payment as there isn't a cash point in Evelina.

If Ocean is extended, move Blue Lagoon

If Ocean (ground floor) is extended, move Blue Lagoon into the new space created. It could become a children's cafe providing a great shop window for Evelina onto Lambeth Palace Road.

Modify the health eating policy

The healthy eating policy isn't consistent across St. Thomas' and is viewed poorly by most staff. In addition, some of the current 'healthy' options provided are high in sugar or fat and in some cases worse health-wise than a chocolate bar. Children's Services should work with GSTFT to develop a consistent approach to the hospital's food provision.

Provide vending machines

Provide vending machines for staff and visitors, stocked by the catering provider.

Retain the Surf Shack

Whilst not successful financially the Surf Shack should be a focal point for the atrium. If the cafe were to close permanently the atrium would lose its focus. Examine letting both cafes to the same provider .

4.10 Building Facilities

Improving the daily running of the Building

ISSUES

Reporting faults

Interviews suggested that the chain for reporting faults like lift breakdowns were too long, causing unnecessary delays. Similarly, small maintenance issues like toilet doors or blockages are occasionally slow to be resolved. Management of the 6th floor is particularly problematic given this floor doesn't have a manager.

Help Desk

When staff have a building related problem they must report it to the Help Desk; once a problem has been reported the complainant is issued with a unique reference number. The Help Desk allocate the resolution of the problem either to a contractor or in-house specialist depending on the nature of the complaint. Equally it will be given a response time for resolution depending on the nature of the problem. But there is no direct feedback to the complainant or the Evelina Building Facilities Manager on the resolution of help desk queries. For staff it's like a big black hole, meanwhile the problem remains unfixed.

RECOMMENDATIONS

Single point of contact for building issues

It is essential that building facilities problems raised by staff such as those associated with drains, toilets, broken fixtures and fittings are resolved quickly and not allowed or be perceived to drag on for an indefinite period. Staff also need to be able to approach a single point of contact about issues such as; lack of furniture; insufficient space; poor air-conditioning. They need to feel confident that their problem will at least be considered even if the answer is no.

Communicate reasons for faults and how they are resolved

During 2009/10 Evelina called out lift engineers 92 times* but staff have no idea how those faults were resolved and what was the underlying problem associated with lift failure. The result of the lack of communication has been a widespread demand for a new lift which may not be necessary.

Improve communication for fault reporting

Evelina does have a Hotel Services Manager but his role is ambiguous despite a detailed job description. To help resolve the numerous building related problems there needs to be a much improved system of communication to staff on fault reporting and resolution. The Building Facilities Manager should be the key point of contact. He needs to be empowered to chase problems and resolve them quickly, and to be able to report back to complainants.

Help Desk data	The Building Facilities Manager should be provided with data from the Help Desk so he can assess that sufficient weight is being given to a particular problem and, if not, to have the authority to escalate resolution.
Priority of complaints	A review of the priority attached to regular complaints should be undertaken to ensure they match the importance of the problem and, where they don't, adjustments should be made. Building Facilities Manager remit should be expanded to incorporate additional Evelina Soft Facilities Management services. He should be given authority and support to be able resolve problems rather than just being an adviser.
Responsibility for unloved areas, and budget for improvements and repairs	Looking around the ground floor there is a lack of responsibility for a number of areas. For example the wall-mounted television near the rear access is never switched on. No one appears to have responsibility for it, this is an example of something the Building Facilities Manager could take on along with responsibility for other parts of the building where there is no actual owner. On the first floor the parents rooms need a simple face lift of new lamps, bedspreads etc. Nothing too expensive but the investment would make a significant difference to families. The Building Facilities Manager should be able to resolve this easily and have the required delegated budgetary authority. It has been suggested that there should be a floor manager on the 6th floor. This would be an unnecessary expense but could be swept up within the Facilities Management team role. The manager could take on responsibility for the environment on all the floors; ordering phones, chasing IT re: computers, arranging clearance of rubbish, ordering and maintaining stocks of stationery - currently these functions are too fragmented with lack of clarity about lines of responsibility.
Management training	Additional management training could be provided to go alongside the increased responsibilities of the role.

* Source: GSTFT Works Department, lift engineer callouts 2009/2010

4.11 Staff Facilities

ISSUES

Staff facilities received amongst the lowest scores in staff questionnaires. Only 19% of staff responded positively about locker space, 27% about staff showers, 35% about staff toilets and 43% about staff break rooms. Food options also scored low. Staff noted that there are insufficient toilets, particularly on the 6th floor, which are often blocked. Observations confirmed that changing rooms are very cramped at shift changeover periods.

Sky

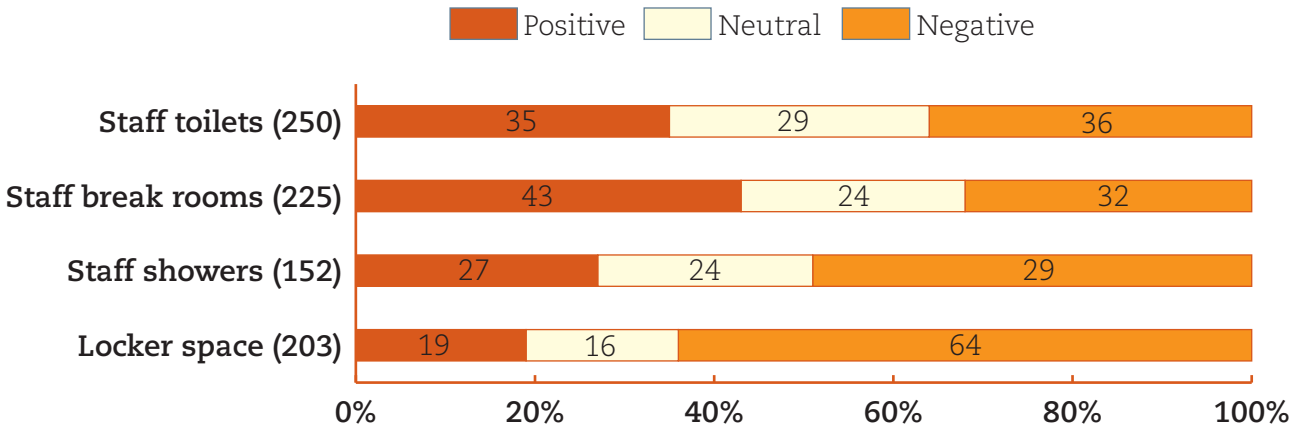
Currently the majority of Evelina staff have office space in Evelina on Sky (sixth floor). The building was designed to allow the conversion of Sky (sixth floor) into an additional ward floor. If Evelina continues to grow, it is likely that the office space will be moved to elsewhere in St.Thomas'.

Adding new clinical services or clinics to Evelina

Every time another service comes into Evelina, it isn't just a case of finding a home for the clinical elements of the service. It may also require support spaces, an office for the consultant and put additional demands on the staff facilities. The team culture of the hospital is striking when speaking to the majority of staff but this becomes more difficult to maintain if their basic needs in the work environment are not met.

"The female changing room is really small and cramped for the amount of staff we have. We have one small room for nurses, students, catering assistants and when we all are trying to get changed at the same time it is impossible to have enough room."

STAFF QUESTIONNAIRE



Future suggestions

Put more time into understanding staff needs

The staff rate their facilities, such as locker rooms and showers, most negatively in our questionnaire. In discussions, the majority of staff always put more clinical space and patients' needs over their own. But this shouldn't mean that staff needs are overlooked. When designing future buildings evaluate how staff currently use their facilities and consult them about operational changes that may be needed.

SKY

Allow Evelina staff to have office space on the same floor

Evelina has a strong team culture. Having the staff office space within Evelina reinforces this team atmosphere and supports knowledge sharing. Converting this space into wards is likely to be the most cost effective solution for the Trust, however, there are real benefits to having the office space on site and for the site to be in an open plan space. If staff offices are moved to another location, very simple and convenient links should be created as well as providing 'roosting' space for staff for short periods when not able to return to their offices between activities.

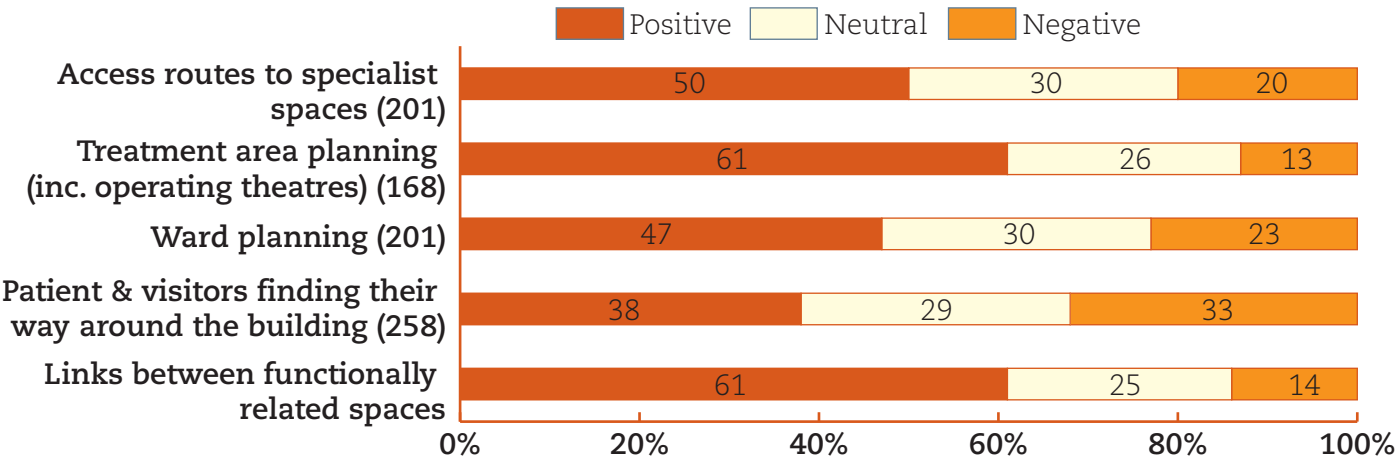
4.12 Wards

ISSUES

Temperature and ventilation	Heating and ventilation is a primary concern for most staff on wards. The side rooms are too hot. This has clinical relevance in sleep studies. Staff break rooms would benefit from vents. Forest (second floor) would be happy to make better use of natural ventilation if they had window meshes.
Blinds	Certain areas, outside of the atrium, also suffer from glare, e.g on Forest (second floor). Using blinds makes these areas very gloomy. Blinds are too thin in neonatal/ paediatrics ICU MRI suite, too much light for ultrasounds.
Disabled facilities	Disabled facilities are lacking, especially showers and toilets. There is little space in lifts or beside beds for wheelchairs.
Storage	There is no secure storage for patient data and generally staff felt there was insufficient storage throughout Evelina. Observations show that low-level cupboards on wards are awkward and rarely used. Reception desks on wards are uncomfortable to sit at with little leg room. The storage underneath is not used much.
Sinks	Ward sinks are poorly designed; floor underneath is slippy and staff say they are unhygienic.

WORKSHOP DISCUSSION

Mountain wants to convert toilets into a quiet room	There is an insufficient number of quiet spaces in Evelina. Mountain (fifth floor) has the space to convert some unneeded toilets into a quiet room. There is also insufficient disabled shower facilities on this floor and a toilet has been noted as suitable for modification. Other floors also need quiet rooms, however there is less obvious available space. Chaplaincy would like to have a prayer room for services in Evelina, as parents currently have to use the main hospital.
Storage room in Forest	There is also a storage room in the North East corner of Forest, (second floor) that could be functionally reallocated if the door was moved.
Wavy wards	Clinical staff generally find the undulating corridor layout difficult to monitor. The hospital layout means staff must do a lot of walking.



Future suggestions

Allow more small, private spaces

Ward space is under a lot of pressure in the current building and staff have few places to talk privately with parents. There is a strong demand for small spaces for one to two people to meet this need.

Wavy ward corridors

The innovative 'wavy' corridor layout in wards, although liked by children, is difficult to supervise, it results in a lot of walking for staff, and is at times, an inefficient use of space. A high proportion of staff feel this layout is not justifiable and the project team feel this should not therefore be repeated.

Temperature control

Poor control of heating and cooling is a key problem for staff and patients. These systems have a major impact on the comfort and performance of the hospital. Although some spaces have been retrofitted, this is a costly and disruptive exercise. To safeguard against the under-performance of future designs, systems should be carefully modelled and rigorously tested from the earliest stage possible, and consultants and sub-contractors should be thoroughly integrated into the briefing and design process from the start.

Careful specification of fittings

There are also detailed lessons to be taken forward, such as installing better ward sinks, revised sink heights in disabled bathrooms, more storage and more comfortable ward reception desks.

5. Appendices

APPENDIX A

Methodology

APPENDIX B

Questionnaire analysis

APPENDIX C

Website

APPENDIX D

Wayfinding audit

APPENDIX E

Project Board Members

Appendix A

METHODOLOGY

This project began with the first board meeting in April 28th. The project board consisted of key staff members chosen to represent all major areas of Evelina. This group met every fortnight to discuss the project. User engagement took place throughout the month of June and the first week of July, beginning with the project launch on June 1st. Information about the research was communicated through several emails from Clinical Director Grenville Fox, posters and leaflets distributed around the building, and a project website with a link to questionnaires. User engagement involved interviews, questionnaires, a staff drop-in session and scheduled focus groups.

Formal interviews were conducted with those involved in the hospital design, Evelina management and key clinical staff. In addition to this, approximately 40 informal interviews with staff and 60 with visitors were conducted throughout June and July. Two questionnaires, one designed for staff and one for patients were available throughout the project both on the project website and in paper form within the building. The majority of staff completed this online (90%), whilst the majority of visitors completed paper versions (96%). A member of the team was at the hospital over several dates to speak to visitors and assist filling in the survey. Where visitors did not have good spoken English, a family member was always able to aid with translation. Paper copies were distributed around the hospital with drop-boxes for people to fill out when the researcher was not on site. Questionnaires were completed by 352 staff and 247 visitors in total.

Observations of key areas and key user groups were conducted over 11 days. The spaces observed included: Ocean (ground floor), Arctic (first floor), Forest (second floor), Beach (third floor), the Evelina school, the atrium, lifts and stairs, blue lagoon, Savannah (fourth floor) and Mountain (fifth floor).

The number of questionnaire responses is not always representative of individual user sub-groups. Questionnaires were not always appropriate on inpatient floors and, as was expected, patient and visitor priorities differed according to their type of visit. Outpatients were generally most interested in filling in questionnaires during their wait and 86% of questionnaire responses came from outpatients or people accompanying an outpatient. Inpatients and inpatient visitors were generally happier to discuss their issues face-to-face with the researcher. Due to the number of these inpatient interviews and the agreement between responses, we are confident inpatient opinions have been captured adequately.

Similar under-representation appears with staff on Ocean (ground floor). Based on interviews, focus groups and on questionnaire comments, we are confident we have captured these staff, many of whom noted their main location as the 6th floor.

Appendix B

QUESTIONNAIRE ANALYSIS

OUTPATIENT VISITOR RESPONSES

Are you currently…		countif	% TOTAL
Parent/guardian/carer of a patient, who has stayed the night		0	0.0%
Parent/guardian/carer of a patient, who has not stayed the night		86	40.8%
An outpatient (you are not staying the night in hospital)		125	59.2%
An inpatient (you are staying the night in hospital)		0	0.0%
Other		0	0.0%
Total		**211**	**100%**
	Count blanks	0	

How many times have you previously visited Evelina?		countif	% TOTAL
1st time		50	29.9%
2-4 times		38	22.8%
4-6 times		79	47.3%
More than 6 times		0	0.0%
Total		**167**	**100%**
	Count blanks	44	

Please indicate which of the following areas you have visited in the Evelina building:	countif
Outpatient areas only (Ocean and Arctic floor)	186
Inpatient floor	73
Special procedures areas (e.g. treatment areas, including operating theatres)	48
School	34
Atrium	29
Recovery rooms	1
Gym	2
Arctic Chill-out zone	18
Therapy areas	1
Imaging	48
Other clinical area	18
Total	

Age (please click one option)		countif	% TOTAL
Under 8		59	45.7%
8-11		23	17.8%
12-14		27	20.9%
15-17		20	15.5%
18 or Above		39	30.2%
Total		**129**	100%
	Count blanks	82	

Ethnic background (please tick one box):			countif	% TOTAL
White			123	72.8%
Asian or Asian British			15	8.9%
Black or Black British			21	12.4%
Chinese or other ethnic group			5	3.0%
Mixed			4	2.4%
Prefer not to say			1	0.6%
Total (n)			**169**	100%
	Count blanks		42	

Religion (please click one option)			countif	% TOTAL
Christian			126	86%
Buddhist			0	0%
Hindu			4	3%
Jewish			1	1%
Muslim			12	8%
Sikh			0	0%
Other			3	2%
Prefer not to say			1	1%
Total			**147**	100%
	Count blanks		64	

INPATIENT VISITOR RESPONSES

Are you currently...	countif	% TOTAL
Parent/guardian/carer of a patient, who has stayed the night	23	76.7%
Parent/guardian/carer of a patient, who has not stayed the night	0	0.0%
An outpatient (you are not staying the night in hospital)	0	0.0%
An inpatient (you are staying the night in hospital)	7	23.3%
Other	0	0.0%
Total	**30**	**100%**
Count blanks	0	

How many times have you previously visited Evelina?	countif	% TOTAL
1st time	3	10.3%
2-4 times	1	3.4%
4-6 times	25	86.2%
More than 6 times	0	0.0%
Total	**29**	**100%**
Count blanks	1	

Please indicate which of the following areas you have visited in the Evelina building:	countif
Outpatient areas only (Ocean and Arctic floor)	20
Inpatient floor	26
Special procedures areas (e.g. treatment areas, including operating theatres)	18
School	13
Atrium	11
Recovery rooms	1
Gym	2
Arctic Chill-out zone	11
Therapy areas	1
Imaging	13
Other clinical area	8
Total	

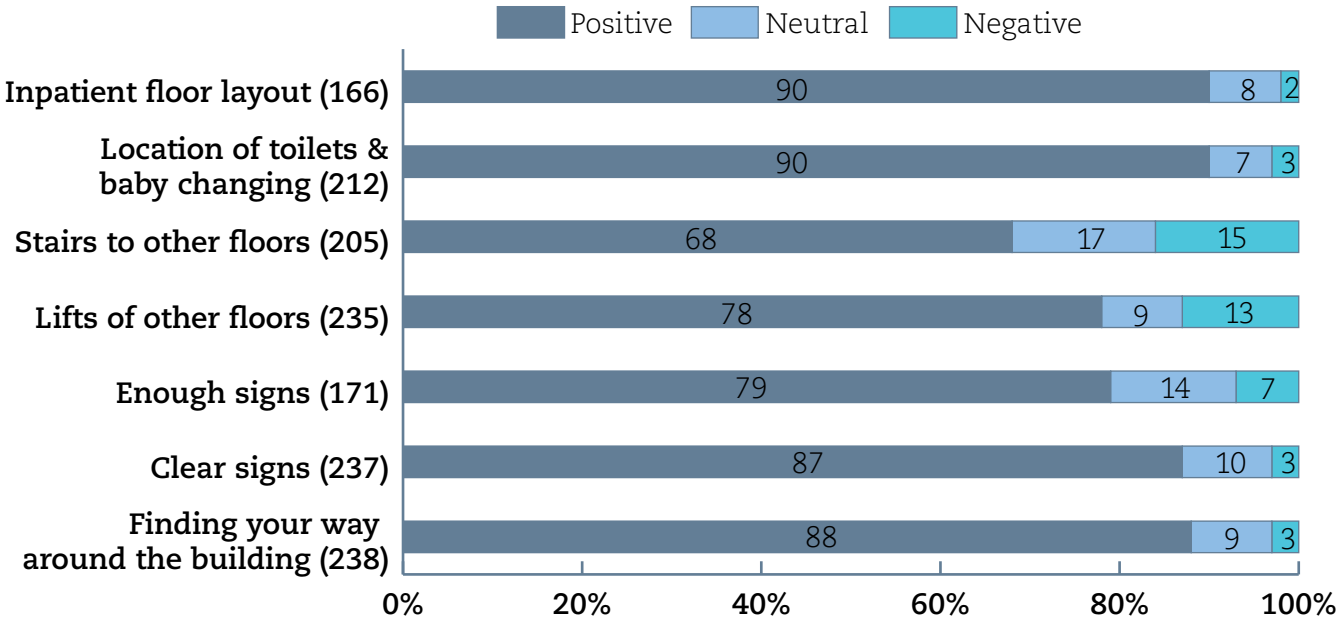
Ethnic background (please tick one box):	countif	% TOTAL
White	18	75.0%
Asian or Asian British	3	12.5%
Black or Black British	1	4.2%
Chinese or other ethnic group	0	0.0%
Mixed	2	8.3%
Prefer not to say	0	0.0%
Total (n)	**24**	100%
Count blanks	6	

Age (please click one option)	countif	% TOTAL
Under 8	11	50.0%
8-11	5	22.7%
12-14	5	22.7%
15-17	1	4.5%
18 or Above	2	9.1%
Total	**22**	100%
Count blanks	8	

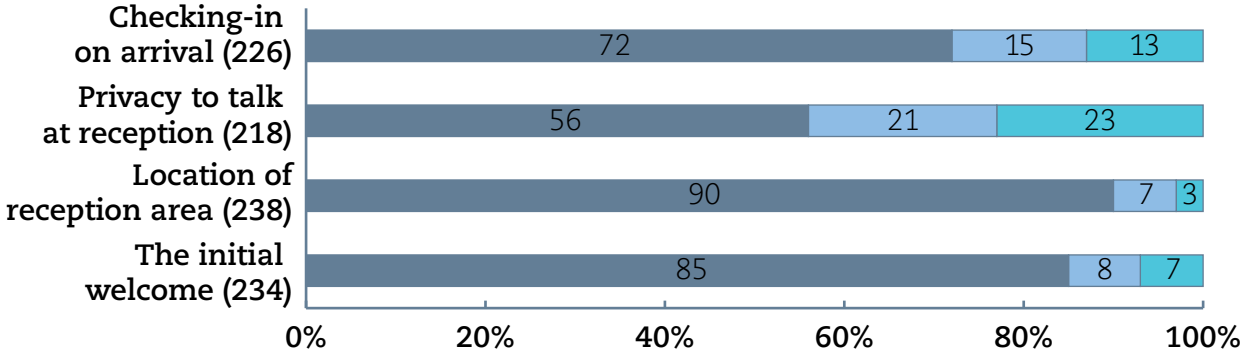
Religion (please click one option)	countif	% TOTAL
Christian	14	74%
Buddhist	0	0%
Hindu	0	0%
Jewish	0	0%
Muslim	5	26%
Sikh	0	0%
Other	0	0%
Prefer not to say	0	0%
Total	**19**	100%
Count blanks	11	

VISITOR RESPONSES

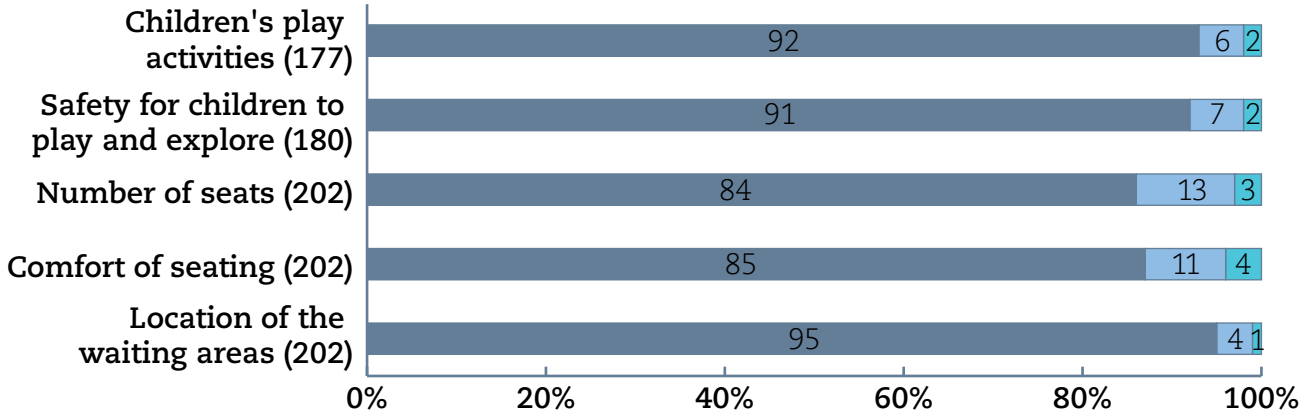
WAYFINDING



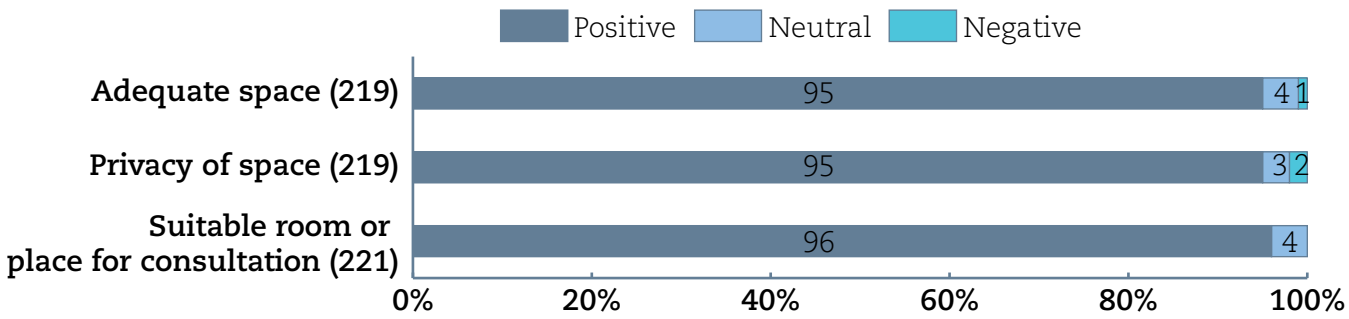
ARRIVING AT EVELINA



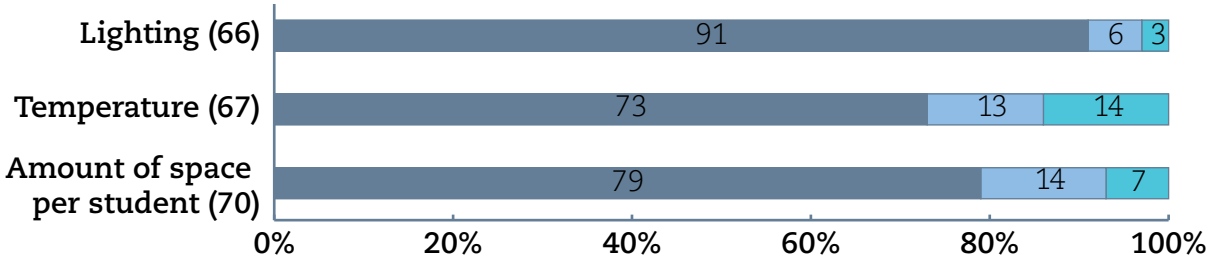
WAITING AREA



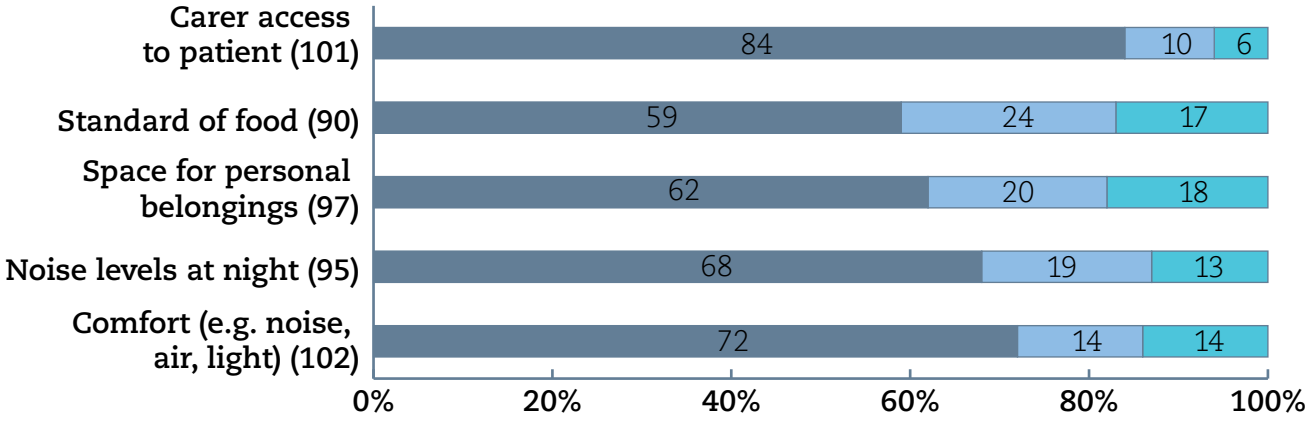
CONSULTING SPACE



SCHOOL



OVERNIGHT STAY



STAFF RESPONSES

Which role best describes you?		countif	% TOTAL
Nurse		115	33.7%
Doctor/Consultant		56	16.4%
Health Care Assistant		5	1.5%
Play Specialist		5	1.5%
Lab Staff		2	0.6%
Porter		0	0.0%
Security		0	0.0%
Administrative Staff		57	16.7%
School staff		15	4.4%
Allied Health Professional		76	22.3%
Phlebotomist		2	0.6%
Cleaning staff		8	2.3%
Other (please specify)		0	0.0%
Total		**341**	**100%**
	Count blanks	0	

Where do you spend most of your time in the building?		countif	% TOTAL
0 Ocean		0	0.0%
1 Arctic		53	18.5%
2 Forest		65	22.7%
3 Beach		45	15.7%
4 Savannah		41	14.3%
5 Mountain		26	9.1%
6 Sky		56	19.6%
Other (please specify)		0	0.0%
Total		**286**	**100%**
	Count blanks	55	

How long have you worked in the Evelina hospital?		countif	% TOTAL
Less than 1 year		45	14.5%
1-2 years		53	17.1%
2-5 years		78	25.2%
5 years +		134	43.2%
Total		**310**	100%
	Count blanks	31	

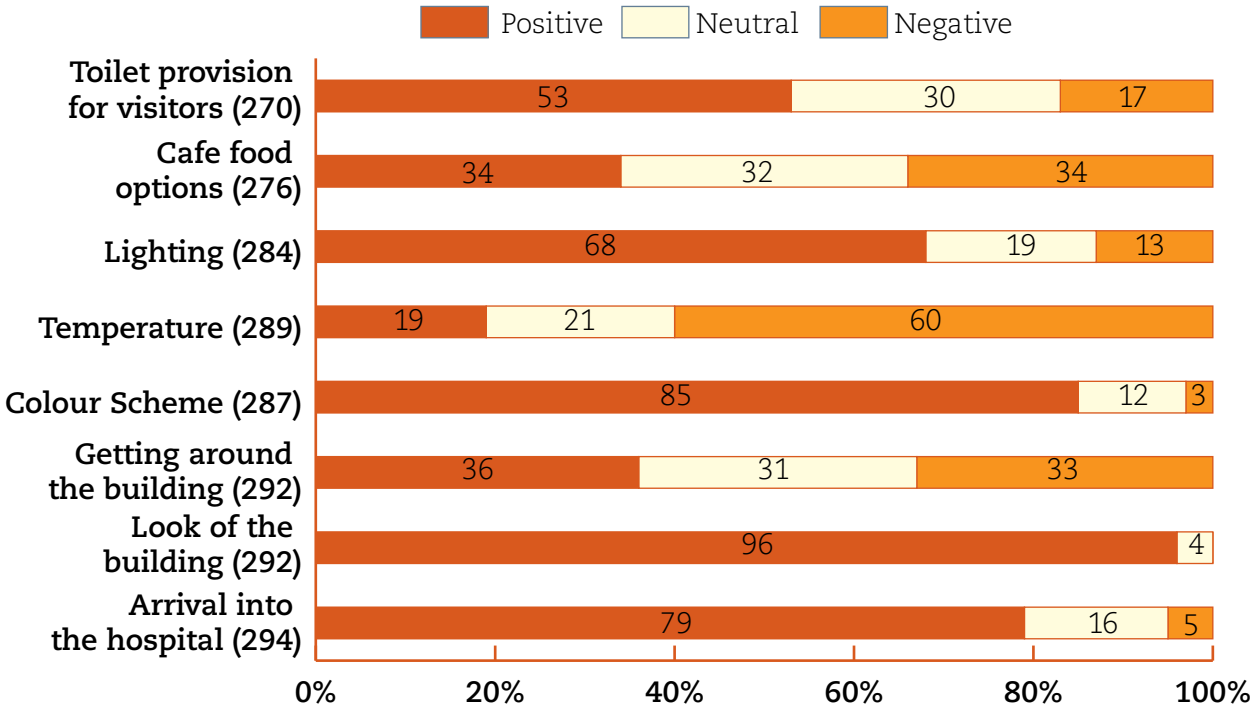
How many times do you use the cafes	1 time	% 1	2-4	%	4-6	%	6-8	%
Ocean café	68	76%	19	21%	2	2%	0	0%
Atrium café	78	74%	21	20%	6	6%	0	0%
Main building's food facilities	67	37%	68	37%	35	19%	13	7%
Total	*213*		*108*		*43*		*13*	

What hours do you work?		countif	% TOTAL
Full-time (30 hours or over)		263	85.9%
Part-time (less than 30 hours)		43	14.1%
Total		**306**	100%
	Count blanks	35	

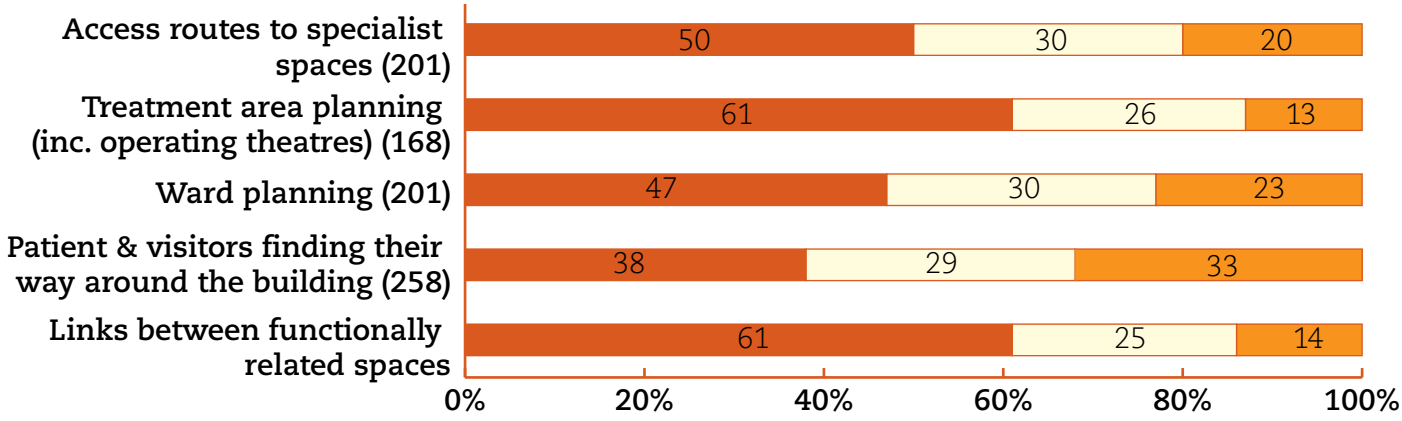
Were you involved in the initial consultation on the new Evelina building?		countif	% TOTAL
Yes		65	21.2%
No		242	78.8%
Total		**307**	100%
	Count blanks	34	

STAFF RESPONSES

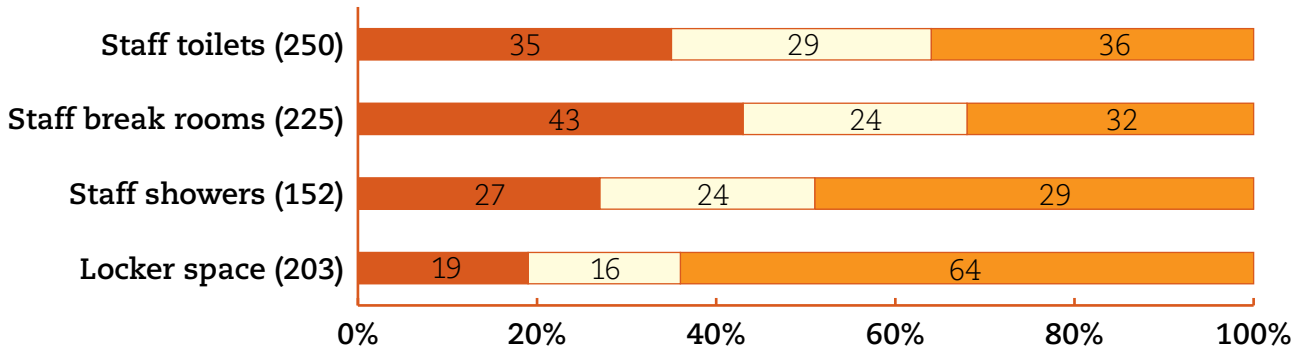
OVERALL BUILDING



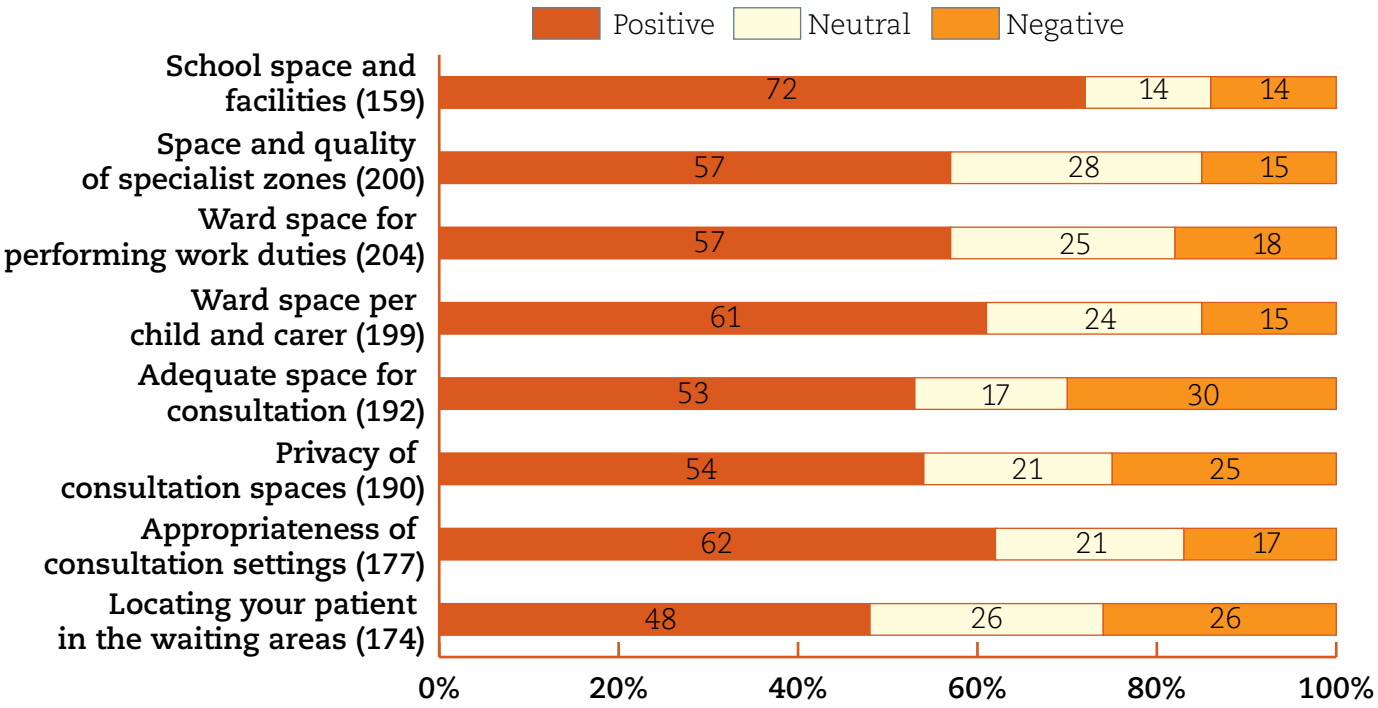
BUILDING FUNCTIONALITY



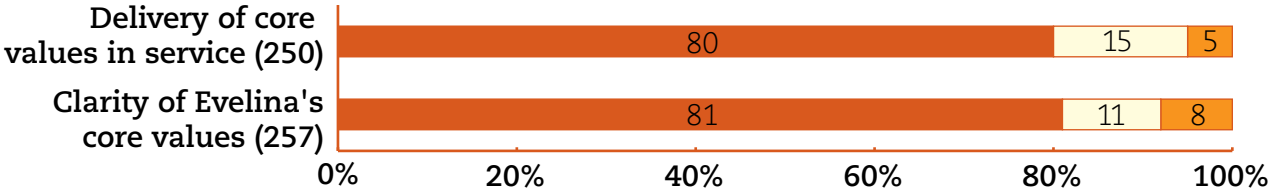
STAFF FACILITES



WORKING WITH PATIENTS



STAFF VALUES

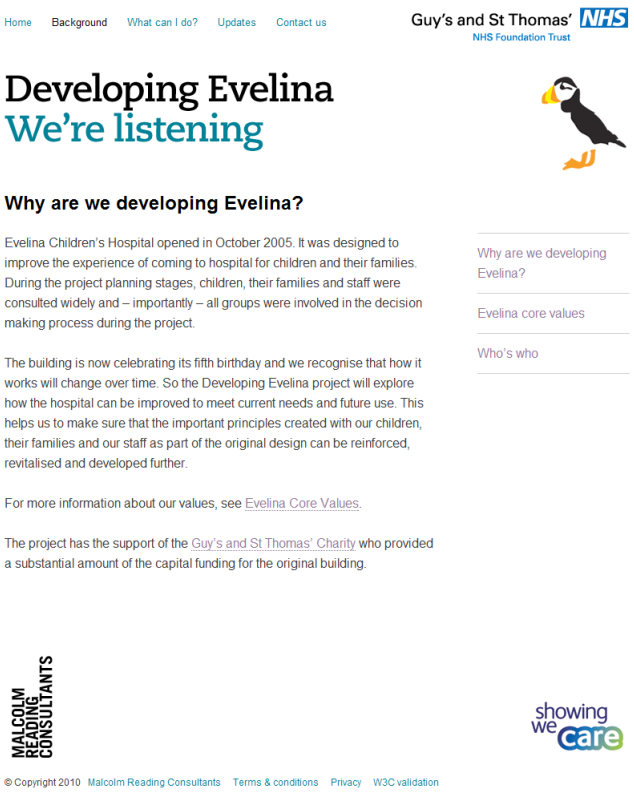


Appendix C

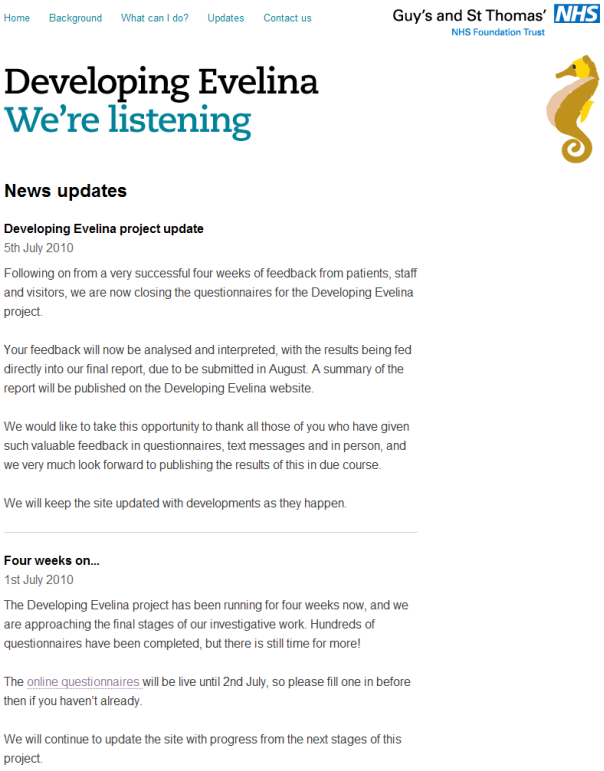
WEBSITE

Homepage

Background



Updates



Home Background What can I do? Updates Contact us

Guy's and St Thomas' NHS
NHS Foundation Trust

Developing Evelina
We're listening

News updates

Developing Evelina project update
5th July 2010

Following on from a very successful four weeks of feedback from patients, staff and visitors, we are now closing the questionnaires for the Developing Evelina project.

Your feedback will now be analysed and interpreted, with the results being fed directly into our final report, due to be submitted in August. A summary of the report will be published on the Developing Evelina website.

We would like to take this opportunity to thank all those of you who have given such valuable feedback in questionnaires, text messages and in person, and we very much look forward to publishing the results of this in due course.

We will keep the site updated with developments as they happen.

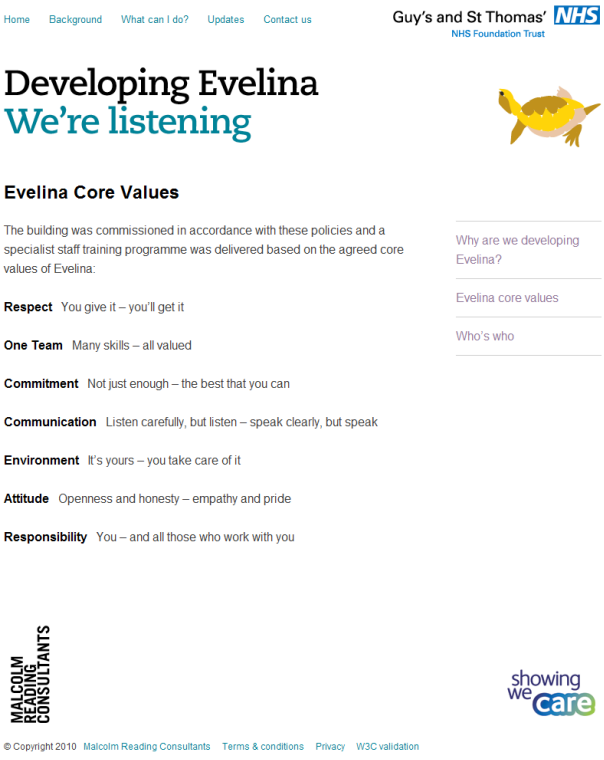
Four weeks on...
1st July 2010

The Developing Evelina project has been running for four weeks now, and we are approaching the final stages of our investigative work. Hundreds of questionnaires have been completed, but there is still time for more!

The online questionnaires will be live until 2nd July, so please fill one in before then if you haven't already.

We will continue to update the site with progress from the next stages of this project.

Core Values



Home Background What can I do? Updates Contact us

Guy's and St Thomas' NHS
NHS Foundation Trust

Developing Evelina
We're listening

Evelina Core Values

The building was commissioned in accordance with these policies and a specialist staff training programme was delivered based on the agreed core values of Evelina:

Respect You give it – you'll get it

One Team Many skills – all valued

Commitment Not just enough – the best that you can

Communication Listen carefully, but listen – speak clearly, but speak

Environment It's yours – you take care of it

Attitude Openness and honesty – empathy and pride

Responsibility You – and all those who work with you

Why are we developing Evelina?
Evelina core values
Who's who

MALCOLM READING CONSULTANTS

showing we care

Appendix D

WAYFINDING AUDIT

Overview of wayfinding

This section provides an audit of existing signage and general comments on the signage to and around Evelina.

Finding Evelina

First-time visitors to Evelina are likely to encounter difficulties in finding the hospital if arriving from Westminster Bridge Rd. Signage to St Thomas' Hospital (St. Thomas' Hospital) is adequate, but there are very few signs outside the hospital complex that mark Evelina. The main St. Thomas' Hospital sign does not mention Evelina, and some tourist signs do not mark it on their plans of the area.

Of course, Evelina is not a tourist attraction and is not attempting to draw people in off the street, but effort should be made to ensure that people are aware of its existence as an integral part of the St. Thomas' Hospital complex.

While Evelina itself benefits from an innovative and child-friendly graphic style, the signage in St. Thomas' Hospital is irregular and inconsistent. There is no discernible colour scheme for the signage to Evelina (green, black, purple and spectral colouring is used in different areas) and the lettering is too small to be instantly noticeable to those unfamiliar with the hospital layout.

Evelina signage

As with finding St. Thomas' Hospital/Evelina, the signage in Evelina itself is not intended for the casual visitor. However, the existing signage and wayfinding scheme poses problems for those unfamiliar with the hospital. While diagnostic 'scenarios' (eg navigating from entrance to Savannah reception; Atrium to Arctic Imaging; Reception to School) were performed with no difficulty, the child-friendly names for wards and departments give no indication of their roles, causing potential confusion to first-time visitors.

Specific observations on existing signage in Evelina are summarised at the end of Appendix D.

1 St. Thomas' entrance (Westminster Bridge Rd.)
2 Tourist information map detail (Westminster Bridge Rd.)
3 Local bus stop outside St. Thomas'
4 Tourist information map detail
5 Tourist information stand
6 Hospital plan
7 Welcome sign in entrance lobby
8 Directions to North/South wing/Evelina
9 Entrance to South wing
10 South wing signage to Evelina
11/12 East wing signage
13-15 South wing signage to Evelina
16 Evelina/St.Thomas' entrance (Lambeth Palace Rd.)
17 Entrance to Evelina

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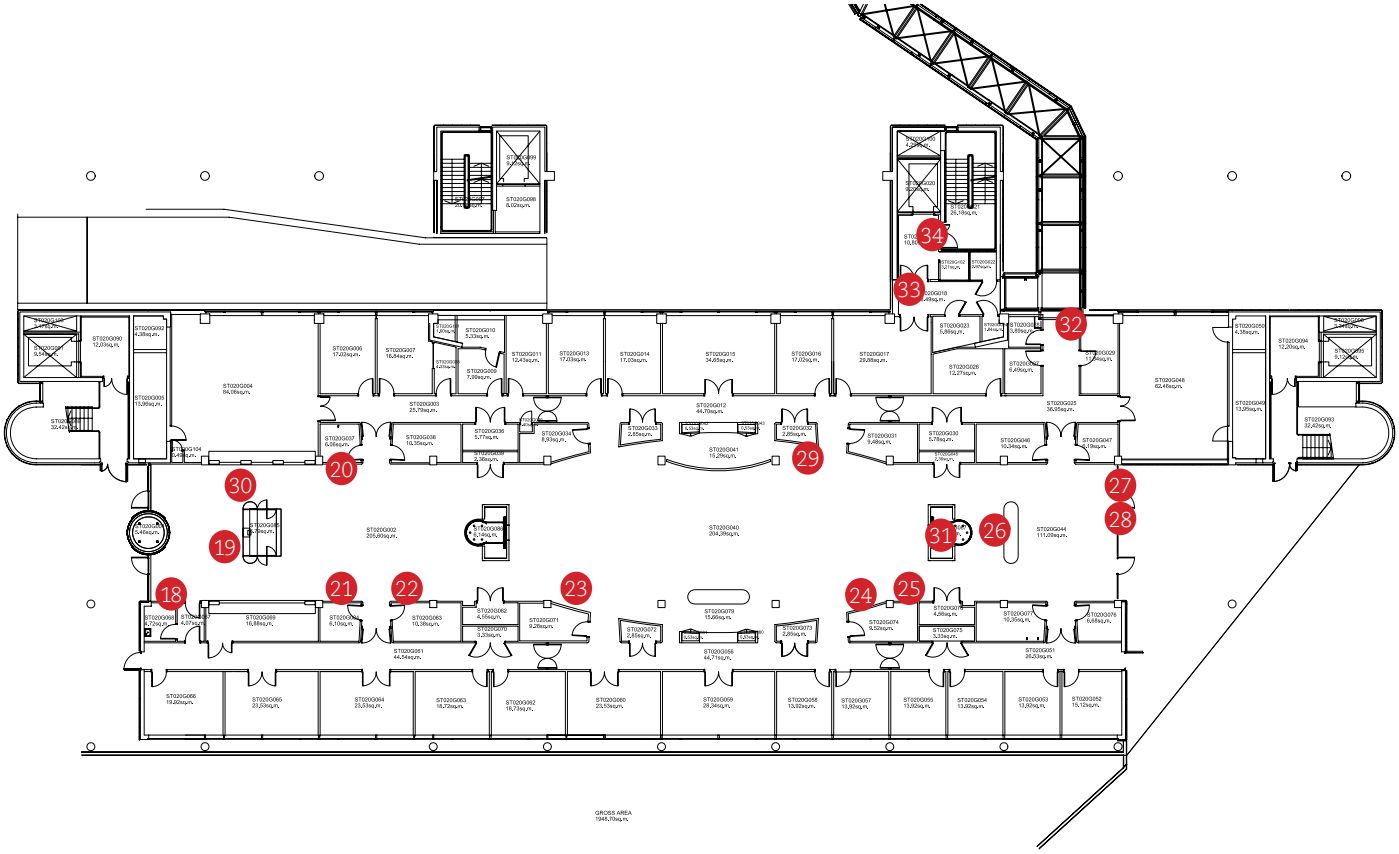
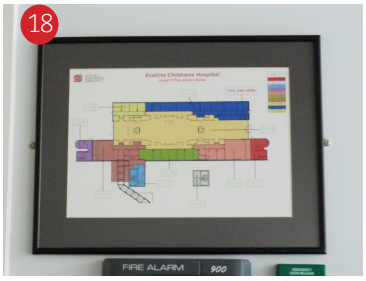
Ground Floor - Ocean



18	Fire zones chart entrance	27	‘No exit’ signage (Lambeth Palace Rd. exit)
19	Floor descriptions - behind front reception	28	‘Emergency exit’ signage (Lambeth Palace Rd. exit)
20	Fish entrance	29	Whale entrance
21	Octopus entrance	30	Pharmacy
22	Core values - waiting area	31	Buttons in Moon lift
23	Ocean reception	32	Signage to stairs
24	Dolphin entrance	33	Signage to stairs
25	Miscellaneous flyers	34	Rear lift signage
26	Behind Moon lift		

18



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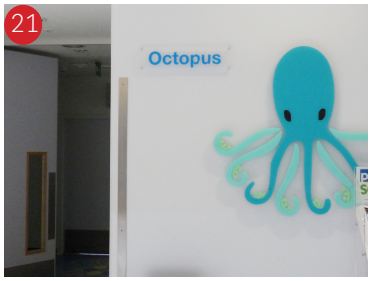

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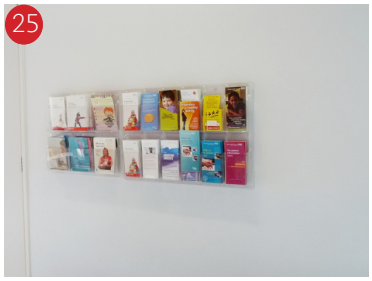

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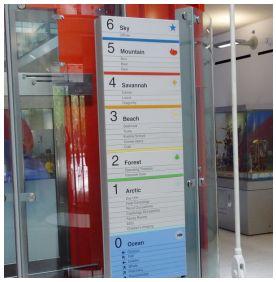

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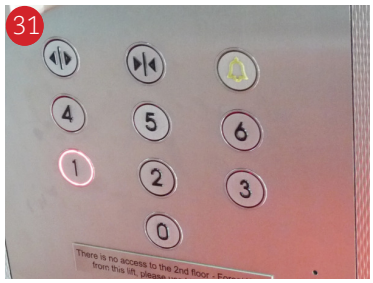

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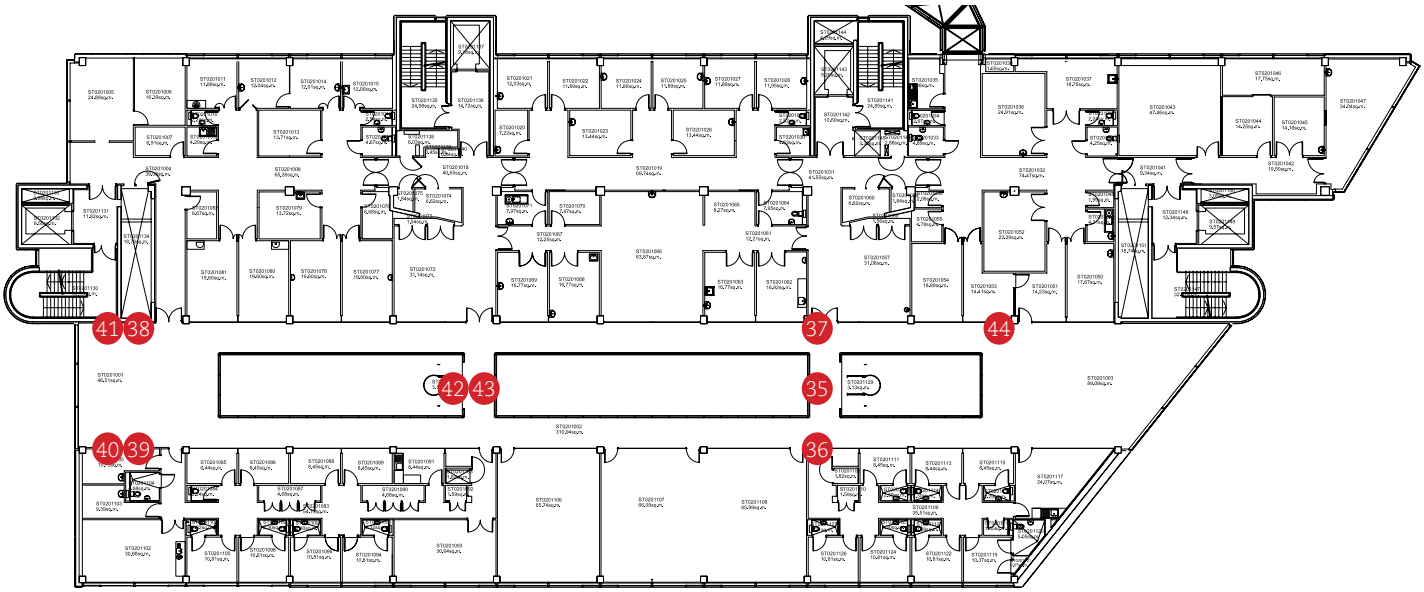
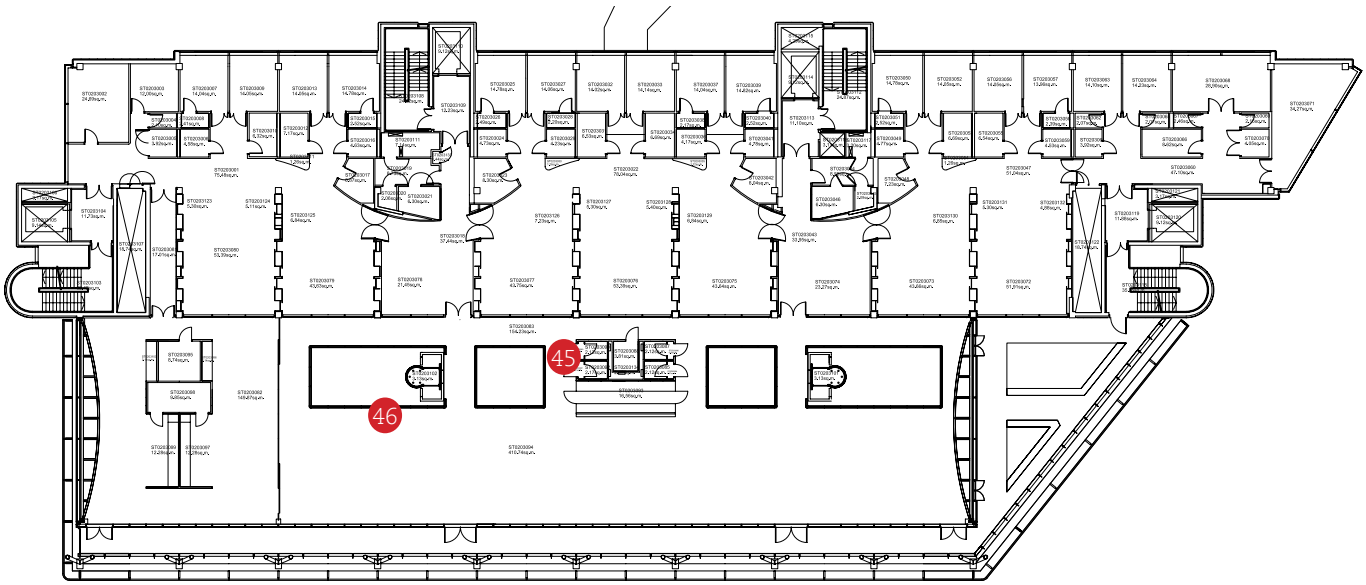
First Floor - Arctic



Third Floor - Beach



35 At exit from lift (Moon)
36 Family room entrance -
37 ambiguity
38 Penguin & Seal entrance
39 Polar bear entrance sign
40 Puffin
41 Puffin departmental sign
42 Polar bear departmental
43 sign
44 Sun lift
45 At exit from lift (Sun)
46 Child's play area sign

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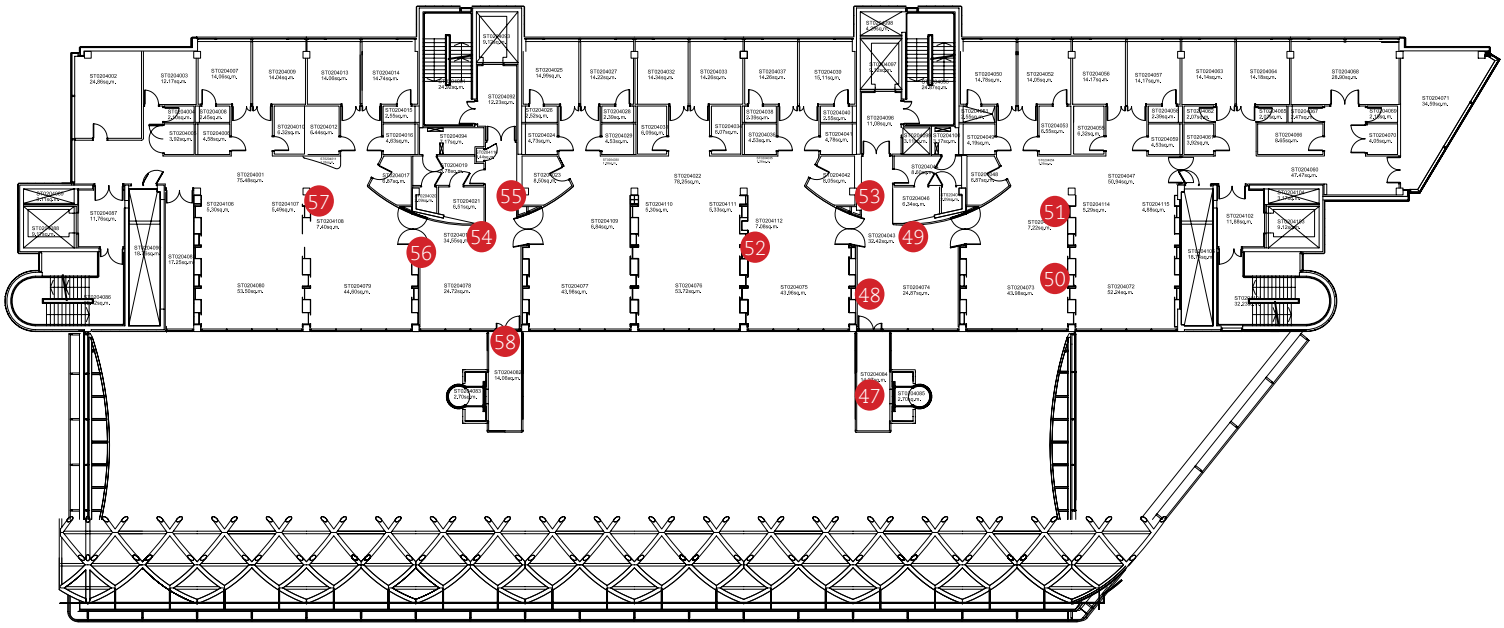
Fourth Floor - Savannah



47 Exit from lift (Moon)
48 H/S installation - Savannah entrance
49 Wayfinding in entrance area (Lizard)
50 Bed labelling (Dragonfly)
51 Bed labelling (Dragonfly)
52 Savannah reception (Lizard)
53 Floor signage stairs area (Lizard)
54 Wayfinding in entrance area (Camel)
55 Floor signage stairs area (Camel)
56 Miscellaneous flyers
57 Savannah reception (Camel)
58 H/S signage entrance (Camel)

47

48

49

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57

58

ST THOMAS' HOSPITAL

1 – Evelina Children's Hospital (Evelina) not marked on main hospital signage at entrance
2 – Evelina not marked on some tourist information maps.
3 – Local bus stop gives no information. Stop called "Westminster Bridge – County Hall" and does not mention hospital.
4 – Evelina is clearly marked on some tourist information
5
6 – Inconsistent colouring on hospital plan for Evelina
7 – Small lettering for Evelina at key arrival point in hospital.
8
9 – Clearer lettering than 7/8, but still dwarfed by "South Wing". As yet, no clear branding or colour scheme for Evelina.
10 - Evelina indication consistent with other signage
11 – No directions to Evelina at 'exit' from East Wing
12 – Evelina marked further in to East Wing
13 – Clear, illuminated signage
14 – as above
15
16 – Clear road signage for Evelina at Lambeth Palace Road entrance
17

GROUND FLOOR - OCEAN

18
19 – Colour scheme not employed for hospital zones
20 – Clear, engaging sign at entrance to zones, but no indication of what these zones are for.
21 – as above
22 – Core values: colourful and attractive.
23 – Clear and visible signage.
24 – see 20
25 – Miscellaneous collection of leaflets, but unlikely to draw people without accompanying signage.
26 – Effective lift signage, however this is behind the lift.
27 – Small 'no exit' sign. No other clear indication.
28 – Makeshift 'emergency exit' signage. Should be clearer and fixed.
29 – see 20.
30 – Clear, colourful signage for Pharmacy, with protruding green cross. Obvious from most areas of ground floor.
31 – Buttons in lift have no further information on floor. No floor plan inside lift.
32 – Signage to stairs is very limited in main area of building.
33 – Stair signage is effective in corridors at North end.
34 – Clear lift signage, but not helpful for those unfamiliar with zone names/symbols.

FIRST FLOOR- ARCTIC

35 – Clear, convenient signage at exit from lift
36 – Family Rooms sign between two doors – not clear which door is for family rooms.
37
38 – Polar Bear entrance. Clearly visible from all areas of floor.
39
40/41 – Differences in sizes of sign, font and image.
42 – There are no other signs to Sun or Moon lifts, but this is clearly indicated by lift doors.
43 – see 35
44 – Child-friendly signage for play area.

THIRD FLOOR – BEACH

45 – Cluttered, confusing toilets signage.
46 – Clear sign at entrance to School.

FOURTH FLOOR – SAVANNAH

47 – Similar clear signage on exit from lift.
48 – Selection of health and safety information at entrance.
49 – Clear, colourful signage for beds at entrance. Introduction of new graphics.
50 – Bed numbers likely to be obscured by curtain.
51 – Bed numbers overview in different format to rest of signage. Small, but adequate if primarily intended for hospital staff.
52 – Reception area clearly marked.
53 – Floor plan with more details of zones.
54 – see 49
55 – see 53
56 – Miscellaneous leaflets but no indication of what they are for (general information, health and safety, support etc.)
57 – see 52
58 – Clear health and safety notice.

Appendix E

'DEVELOPING EVELINA' PROJECT BOARD

Project Team

Claire McKeown
Emer Lynam
Joanna Eley
Michael Carr
William Lamport

Project Board

Aidan Cleasby
Hotel Services Manager

Allie Carter
Clinical Lead Physiotherapist

Amanda Millett
Operational Services Manager

Carey Ellis
PA to Dr. Grenville Fox

Cathy Gill
Senior Play Specialist

David Phillipskirk
Group Director Asset Management

Elspeth Will
Clinical Specialist

Grenville Fox
Clinical Director of Children's Services

Helen Holloway
Head of Nursing Paediatrics

Jo Turville
General Manager Children's & Genetics Services

John Jackman
Consultant Paediatrician

Karen Sarkissian
Director of Art and Heritage

Karen Sorensen
Head of Policy and Strategy

Lorna Wain
Design Advisor

Manuela Beste
Head Teacher

Miranda Jenkins
General Manager Children's Services

Polly Hodgson
Head of Nursing Paediatrics

Tracey Wilson-Barnett
EA to David Phillliskirk