

Case Study

Introduction

The new Phoenix Unit is a low secure two storey mental health rehabilitation unit to accommodate 18 patients. In plan it is formed of a circular curve, with principal accommodation on one floor to facilitate observation and aid staff safety within the unit. The building has been set within landscaped gardens, heavily planted to enhance the existing ecology, with a walled garden to enable patients to tend to plants as part of their daily activities.

The envelope has been designed contemporarily but with regard to existing listed buildings in close proximity – using zinc for the roofing which will weather to simulate lead and red brick walls with red western cedar timber panels. The building is low-lying to provide an unrestricted view of the nearby clock tower.



The building maximises daylight and views of the gardens and landscaping. The main body of the building receives daylight from high level clerestorey windows, which open and close electrically to control ventilation. The patient day spaces include several lounges, both male and female as well as group and occupational therapy rooms. The lounges have views and access to the external courtyard and there are also views through the body of the building and the dining room to the external green.

Each patient has their own individual bedroom/ bed-sit, complete with en-suite shower and toilet. Patients, staff and carers have been consulted on the interiors of the bedrooms in relation to colours, furniture and flooring. The windows are timber framed with encapsulated electric blinds that allow the patients to have control over their own environment without posing a ligature risk. Windows in patient areas have been fitted with purpose made restrictors, limited to an opening of 100mm at the head and the cill to prevent the casement being used as a ligature point.



In addition all light fitting and door furniture has been chosen with patient safety in mind. Each door to the bedrooms is fitted with a Vistamatic vision panel which allows staff to observe patients unobtrusively. An indicator light in the corridor is linked to the PIR sensor in the shower pod to enable staff to monitor the amount of time patients spend in the en-suite.

Staff areas are mainly grouped in the lower ground floor, which also houses plant rooms, stores, a regen kitchen and ancillary accommodation.

Access to the external courtyard is from the various day spaces and the occupational therapy room with observation from the staff base. The courtyard is primarily hard landscaped with setts, paviors or bonded gravel, with a large raised planted bed in the centre. Plants include lavender, honeysuckle, periwinkle, Oregon grape and

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Mexican orange bloom with small trees of white barked Himalayan birch and snowy messipilus. Seating has been incorporated for patients along with space for a barbecue if required and a small wall-mounted fountain. The external landscaping has also been carefully designed to minimise overlooking of the unit from pedestrians and other units in close proximity.

The unit has been designed to cater for able-bodied patients, in response to the operational policy and brief but at the main entrance a disabled toilet is provided to cater for visitors. A gentle ramp is provided to the entrance from the disabled parking bay and there is also a disabled ramp from the fire exit door at the end, where the ground slopes away.

Designing within P21

This project was somewhat unconventional within P21, since it was originally intended to be procured traditionally. Thus the design was largely complete when IHP were appointed (and had been for some 2 years) and full planning consent had already been obtained.

The Trust appointed IHP as their PSCP in January 2004, to complete the design and deliver the project within an overall budget of £7.2m by the end of July 2005.

Early meetings were held with the Trust and IHP's Supply Chain, to scrutinise the design and to test the building against clinical requirements. IHP were able to apply a "Fresh eyes" approach to the design, whilst being mindful that the programme did not allow for re-submitting to planning so the footprint was effectively "Cast in stone".



Strong emphasis was placed by IHP, in partnership with the Trust, on early definition of the project user group. A series of weekly meetings were arranged, which allowed adjacencies within the building to be revisited and schedules of accommodation to be finalised. In this way, formal sign-off of the 1:200 drawings was achieved quickly, so that 1:50 loaded plans and room data sheets could be revised.

Tendering of the sub-contract packages was predominantly able to be carried out on the basis of original information, to get an early feel for what the target cost figure would be. This revealed that the budget was challenged and it became apparent that a value engineering process would have to be instigated to streamline the GMP within the affordable budget.

A GMP was finally agreed with the Trust within 30 weeks, which was timely for the project to be commenced in line with the construction programme, once IHP had completed the extensive enabling works for the project.

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Enabling works

Prior to the Phoenix Unit commencement, substantial enabling works were carried out by IHP, including relocation of roads and services infrastructure within the new building footprint, removing asbestos and enhancing HV and LV electrical services to other areas of the campus. This involved phased shutdowns of other operational units and required careful planning and clear communication with all the parties involved.

The enabling works was undertaken concurrently with the design of the building. By careful management of the overall programme, IHP were successful in ensuring that the enabling works completion coincided with the GMP agreement for the main project.

Partnering

Through the P21 process, IHP established a close working relationship with the Trust from the outset, which undoubtedly contributed to the project's success.

Due to the strength of the relationship fostered, meetings with the Trust were open forums where issues were dealt with head on instead of being "swept under the carpet". An example of this is value engineering workshops, which were carried out regularly in partnership with the Trust and their advisors, where a pool of good ideas were vented and explored. Risk review meetings were also held regularly, where key risks were identified, ownership designated and mitigation actions produced.

The P21 toolkits were also used at various stages of the project, to ensure that the design iterated towards a final solution that all stakeholders embraced. An example of this was the NEAT analysis – where impact on the environment and sustainability were reviewed and measures implemented.

Conclusion

The Phoenix Project was handed over on time and within the target cost, thereby allowing savings to be shared with the Trust. The patients moved into the building on 5th September 2005 and feedback has been extremely positive. Indeed a noticeable lift in patients' state of mind has been observed in numerous cases, as well as that of the staff.

IHP are proud to have been involved with this success story and to be involved with the Trust on an ongoing basis. We are currently working on the FBC for a larger project within Springfield University Hospital.