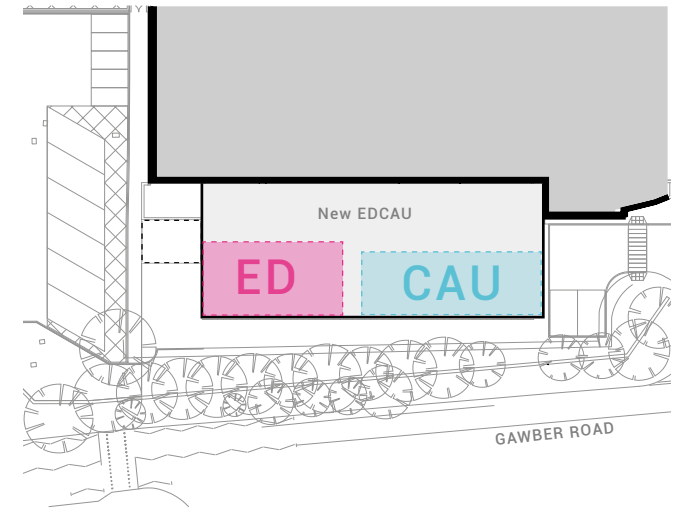
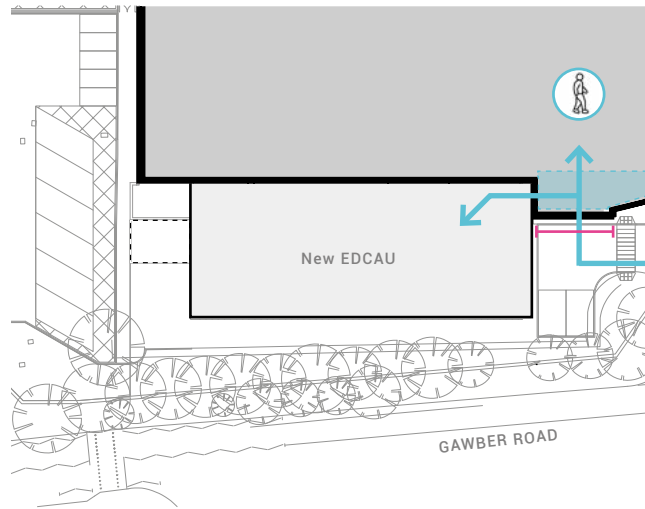
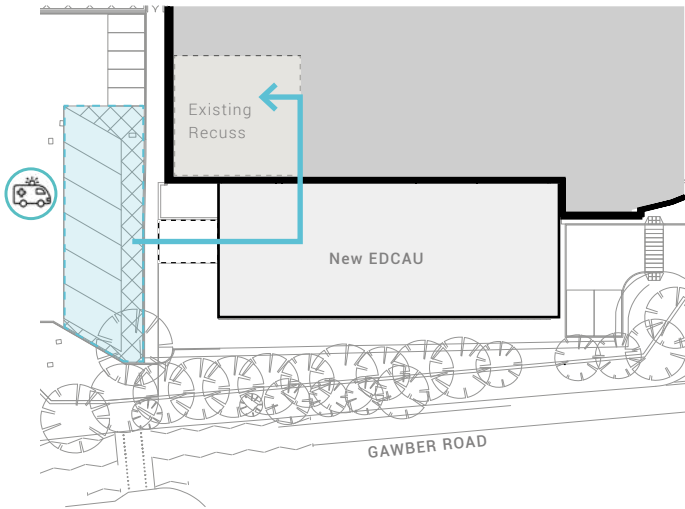


02

Design Development Key Design Principles

2.5 Key Design Principles



Revised Blue Light Entrance Route

- Due to the Phase 1 works relocating the ambulance drop off bay we needed to ensure that the proposed new blue light entrance was considered in response to this.
- We wanted to ensure that there was more of a proficient touch down area for the ambulance drop off as currently it is relatively restricted.
- This relocation of the blue light entrance also allows a reduced time to reach the existing Recuss department

Retain Existing Entrance

- Ensuring that the design fulfils the 'Front Door' principal in HBN 15-01 – with a single point of entry for easier navigation.
- Ensuring that the access and entry into the new EDCAU is closely monitored and controlled by one key entrance through the existing building.
- Highlighting the new entrance space with light touch works so that it ties in with the new proposal and still ensures it is easily identifiable for the public for ease of navigation

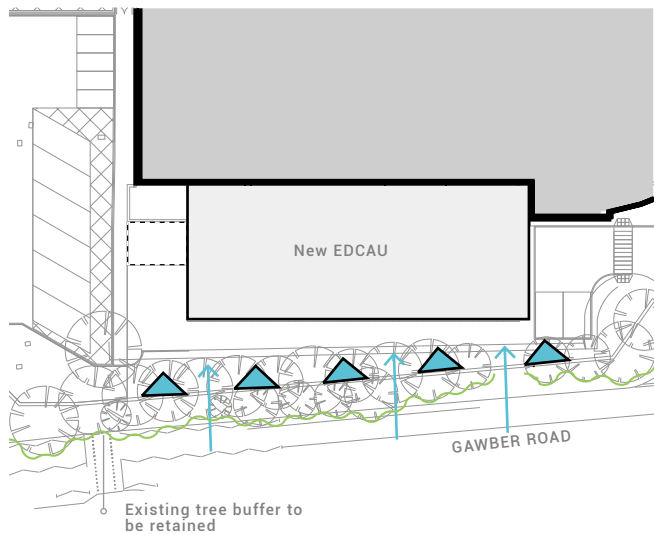
Combine ED & CAU Facilities

- Bringing together of the Children's Emergency Department (ED) and Children's Assessment Unit (CAU) into a co-located integrated model of care to support the rapid turnaround of children using an assessment model in place of a traditional, predominantly inpatient based model.
- Consideration of how both departments can work independantly whilst being able to share key facilities.

02

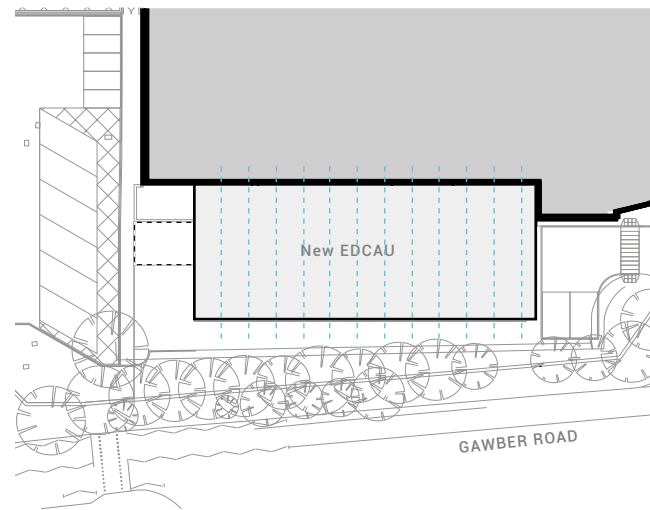
Design Development

Key Design Principles



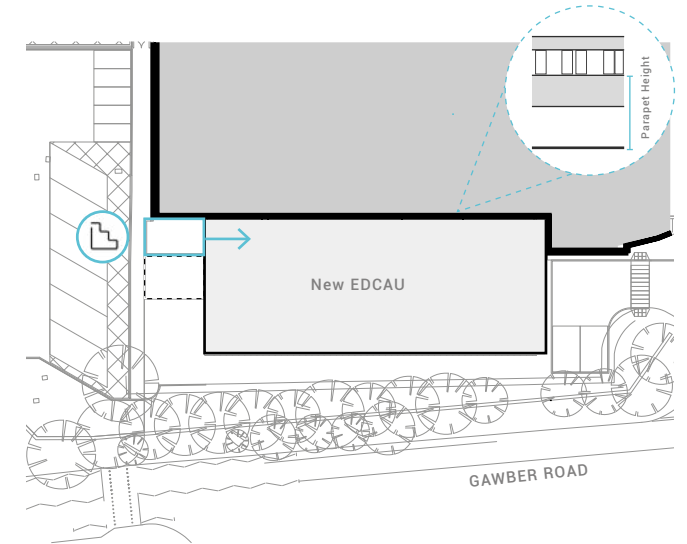
New Hospital Frontage

- Creation of a playful new facade frontage to the hospital which is relatively prominent, although screened by the existing cherry blossom trees that will be retained.
- The facade will sit closer to Gawber Road than the existing Emergency Department and provides a great opportunity to create more of a landmark facade along the road frontage upon approach to the hospital main entrance.



Modernisation of modular facade

- The existing facade is a modular style 1960's building that is divided into an irregular grid like system. We wanted to explore this grid system and look at how we can create a more updated version of this style but introducing more playfulness into the facade with the use of geometry and colour.



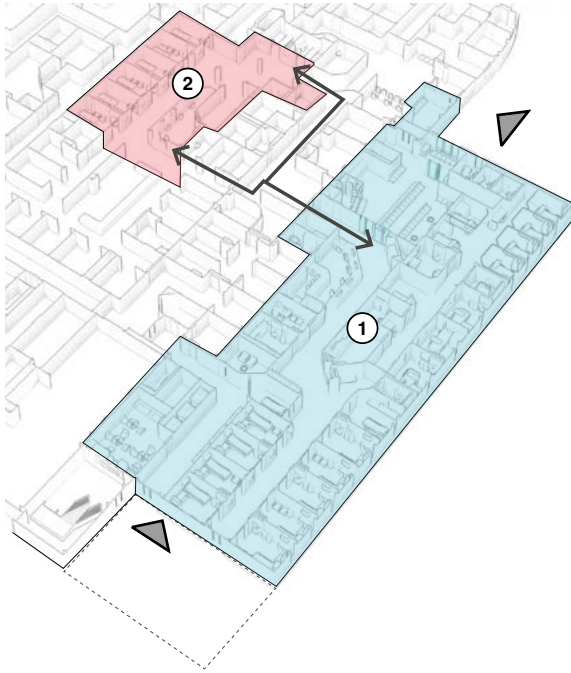
Connection to existing facade

- To ensure the proposed parapet does not exceed existing first floor window cill to ensure a sensitive approach to the connection to the existing facade.
- Use and reconfiguration of existing escape stair case to access proposed roof for minimal disruption to existing accommodation.

02 Design Development

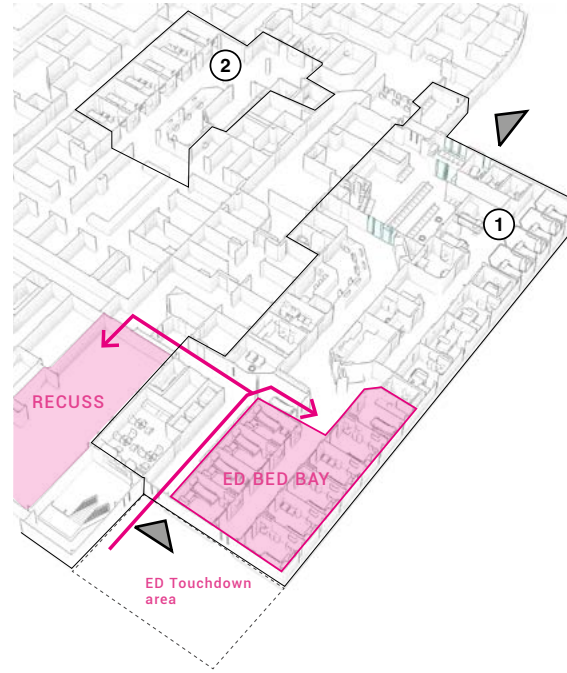
Schematic Diagrams

2.6 Schematic Diagrams



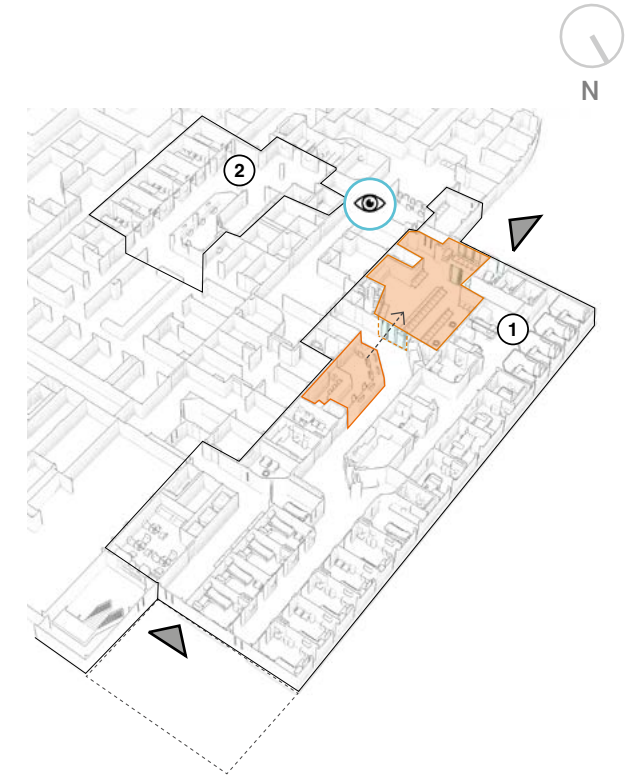
Connection between new EDCAU and Majors refurbishment

- ① New Build EDCAU Phase 2
- ② New Majors Refurbishment Phase 3



ED located close to blue light entrance and existing recuss

- ① New Build EDCAU Phase 2
- ② New Majors Refurbishment Phase 3

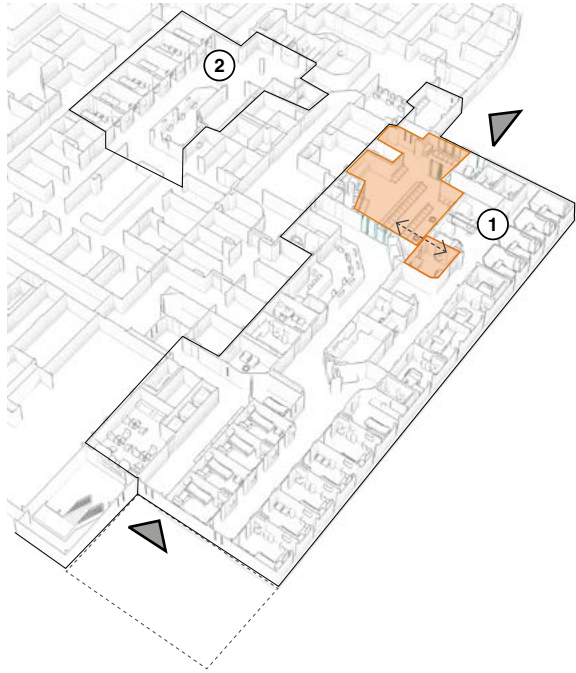


Close observation from Reception and Waiting Area

- ① New Build EDCAU Phase 2
- ② New Majors Refurbishment Phase 3

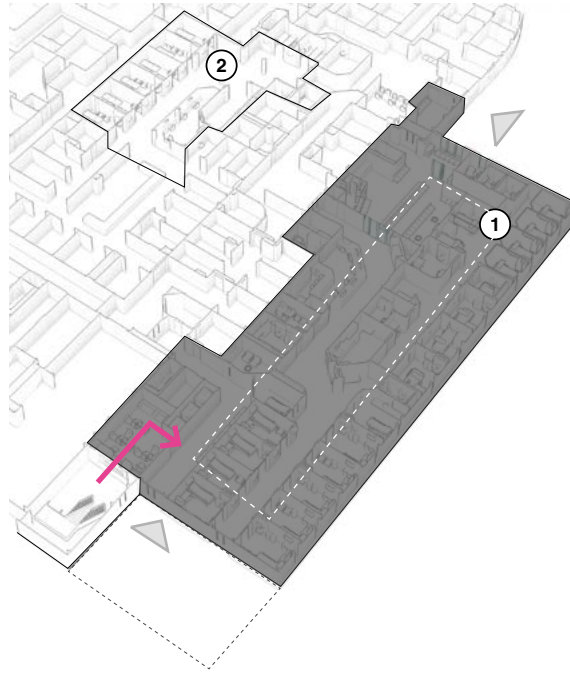
02 Design Development

Schematic Diagrams



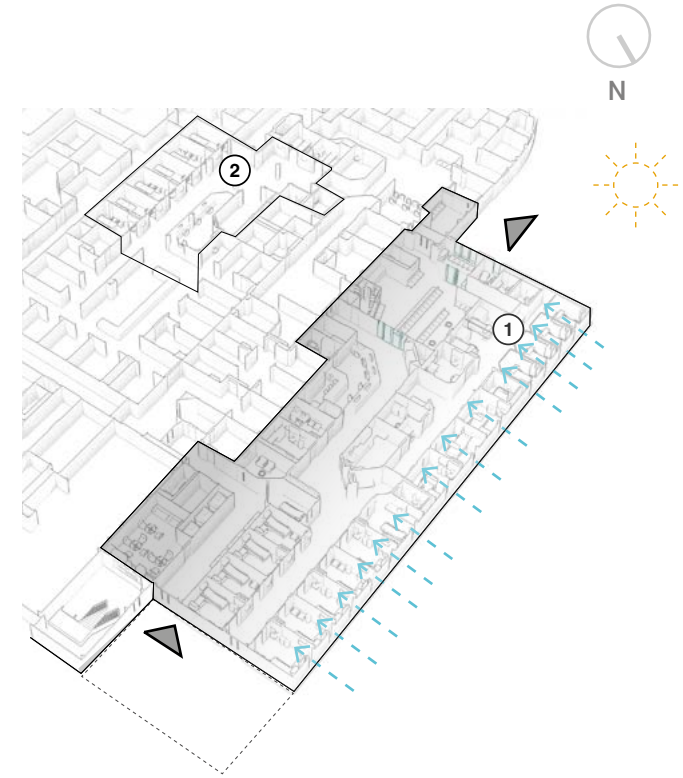
CAU assessment double access from waiting room

- ① New Build EDCAU Phase 2
- ② New Majors Refurbishment Phase 3



Existing staircore to be amended to access proposed roof / plant

- ① New Build EDCAU Phase 2
- ② New Majors Refurbishment Phase 3



Potential linear windows to allow light to penetrate into the floorplate

- ① New Build EDCAU Phase 2
- ② New Majors Refurbishment Phase 3

02

Design Development Concept

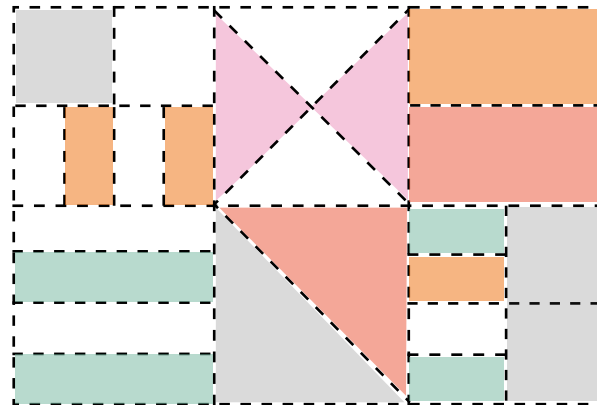
2.7 Concept

As the existing facade of the ED building is a very modular 1960's design, we are proposing to incorporate this modularity into the facade of the EDCAU. However instead of the form being very regular, as it is proposed to be a children's department we wanted to play with this modular form by creating more dynamic geometric patterns within this more fixed grid system.

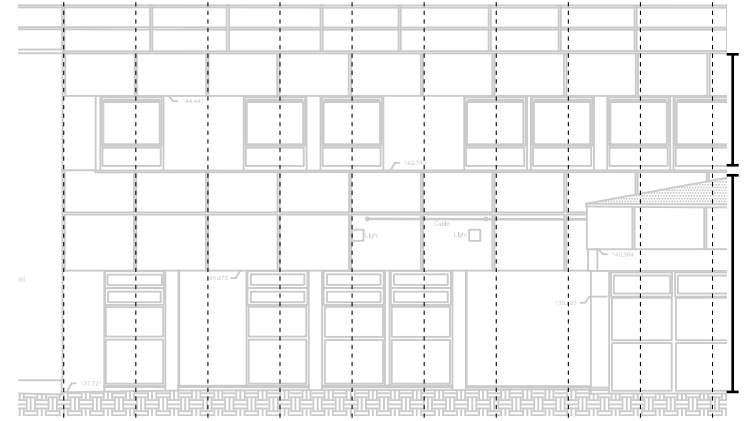
In contrast to the existing white concrete and grey linear facade we wanted to propose a variety of pastel colours along the facade to help create a more iconic and playful facade that can be identified upon approach of the Hospital.



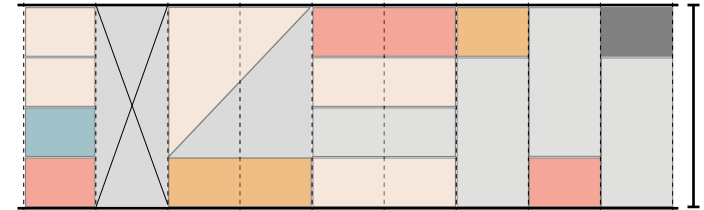
Geometric Children's Toy



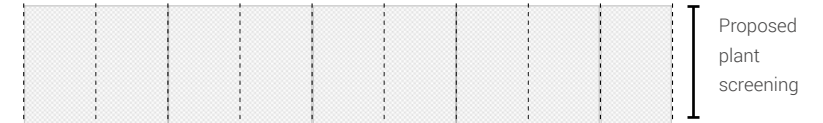
Distilled geometric pattern for facade interpretation



Existing facade fronting Gawber Road



Proposed geometrical pattern on proposed



Proposed plant screening



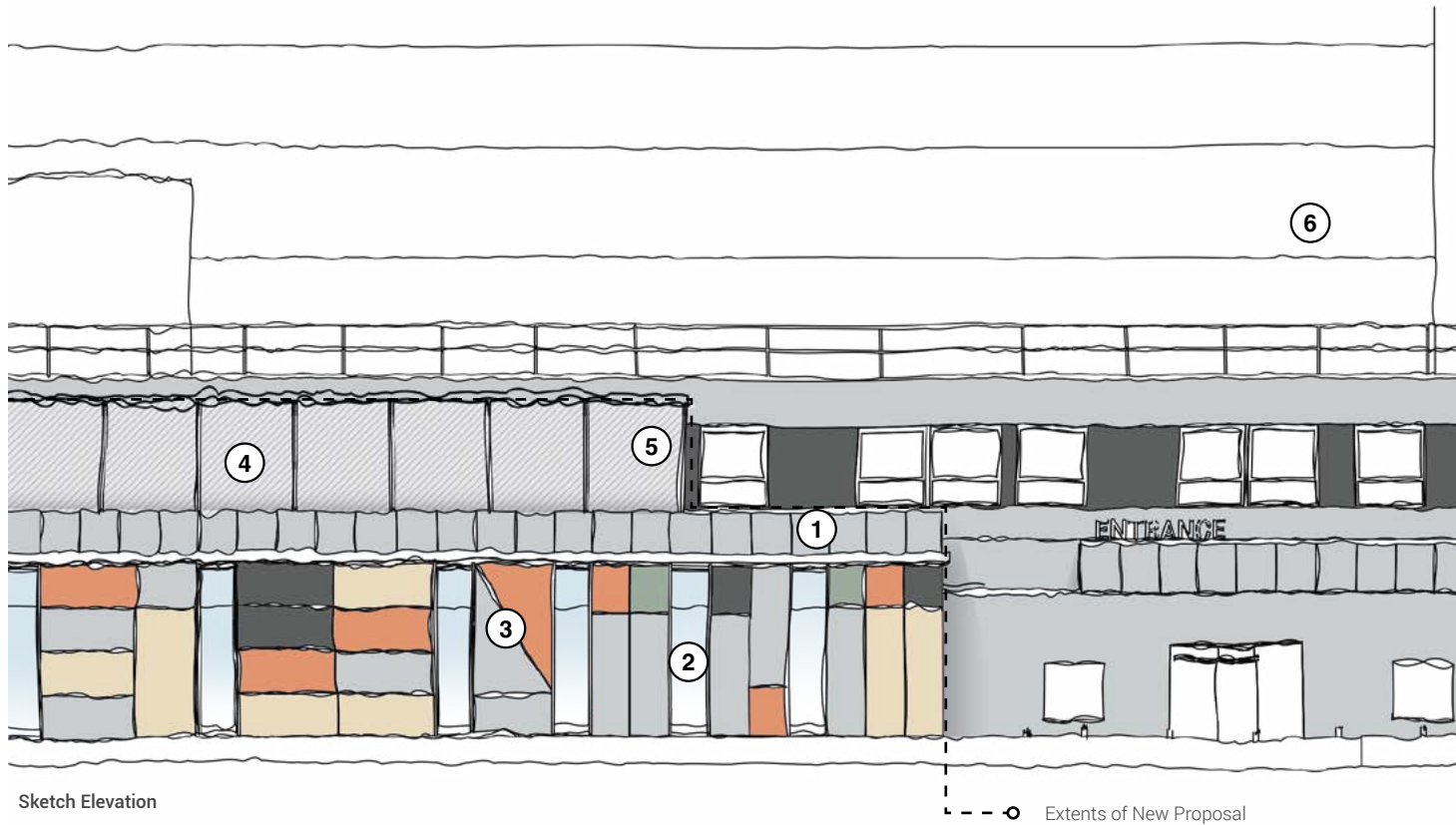
Proposed occupied facade

Proposed elevation proportions

02

Design Development

Concept



Sketch Elevation

--- ○ Extents of New Proposal

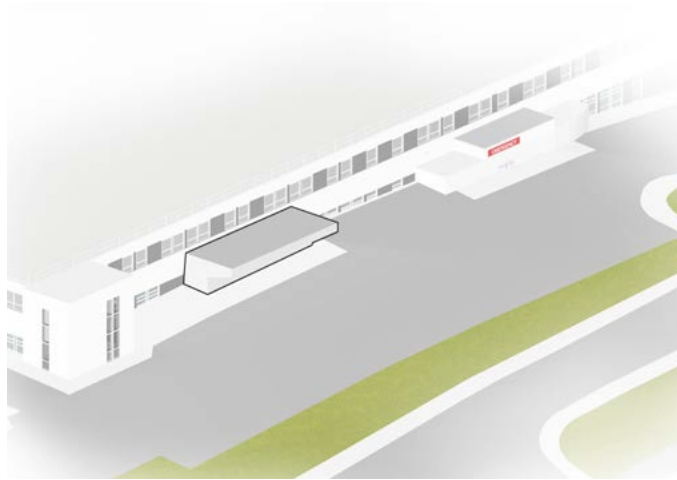
- ① Banding mirroring existing banding
- ② Long vertical windows to continue with modular scale / proportions
- ③ Development of concept playful geometries
- ④ Mesh surround to conceal proposed AHU / Plant
- ⑤ Proposed height of mesh to tie in with existing building line
- ⑥ Existing tower block

02

Design Development

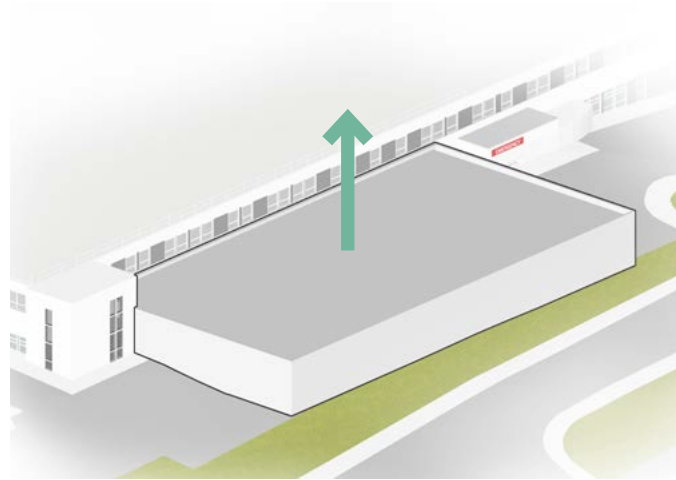
Design Development Sequence

2.8 Design Development Sequence



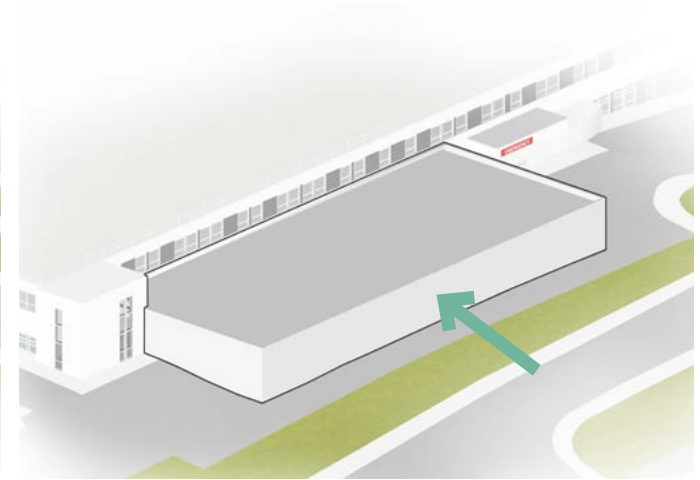
Strip back of Existing Entrance Canopy

The strip back of the existing entrance maximises the potential for an entrance facing the main road. It also allows to relocate the blue light ambulance route as per Phase 1 proposal to allow more distinct patient and visitor flows.



Extrusion of Mass

The proposed footprint stretches towards the site boundary to maximise the extension area. The mass is extruded to align with the existing building facade.



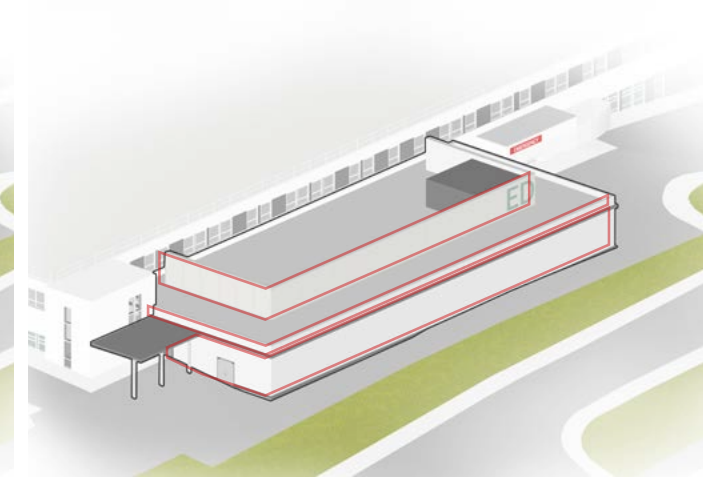
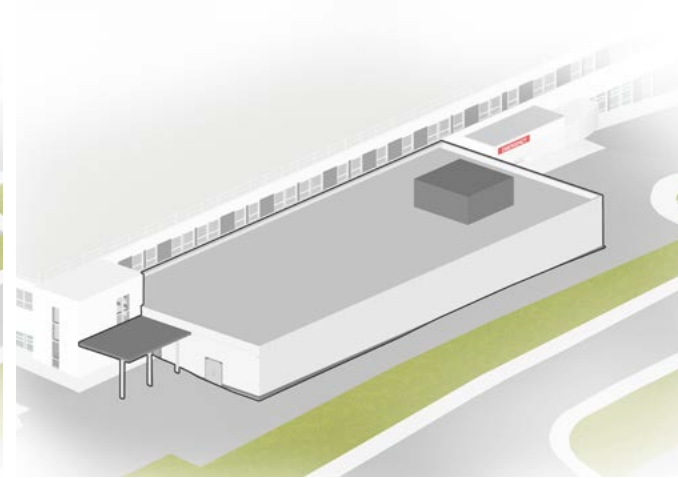
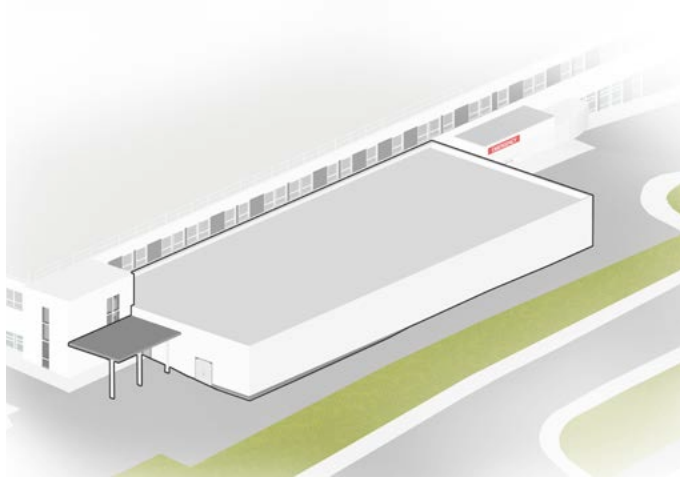
Cut Back Mass To Protect the Tree Boundary

From the extruded site mass, the building mass is then cut back to protect the existing tree boundary located on Gawber Road.

02

Design Development

Design Development Sequence



New Ambulance Entrance

Proposed new ambulance entrance to tie in with phase 1 works as this now sits adjacent to the new ambulance drop off bays, there is a much larger touch down area than before to ensure more efficient flows.

Plant on Top

Due to the nature of the unit and associated M&E requirements the new proposed plant will have to sit on top of the proposed EDCAU (Box representative of plant - refer to roof plan for actual plant requirements). There was discussion of the proposed plant being located on top of the existing building however there are already a lot of services / roof lights on this roof which would have made co-ordination very difficult and would have made a more harsh ducting connection to serve our building.

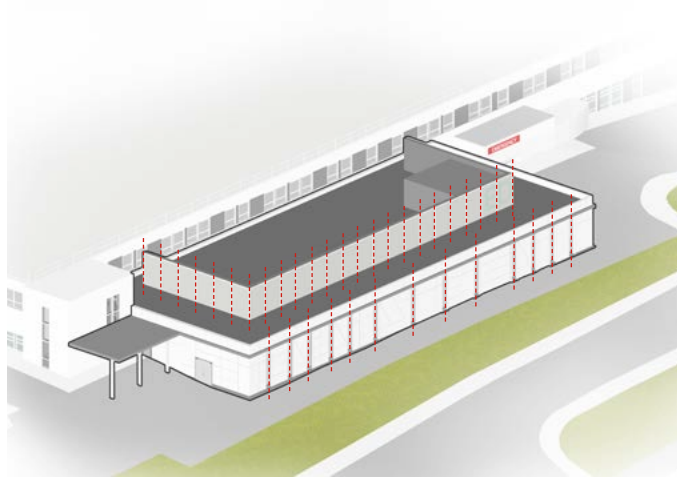
Banding to Match Existing

The facade treatments and proportions are influenced by the existing hospital horizontal banding.

02

Design Development

Design Development Sequence



Verticality Element and Full Height Windows

The prominence of the existing adjacent to the site needs to be largely considered. The rhythmic vertical element of both ___ and the hospital allows the opportunity to demonstrate this on the proposed facade. Full height windows and cladding design can continue this vertical element.

Modular Facade Grid and Playful

The use of modular facade grid with varying angles can break up from the surrounding vertical and horizontal elements. Introducing vibrant colours adds a component of play.

Landscaping

The colourful facade helps to tie in with the surroundings via the existing cherry blossom trees and also helps to inject some colour and playfulness into the existing hospital facade, particularly due to the nature of it being a childrens ward.

02

Design Development

Design Development Sequence



03

Stakeholder &
Pre Application
Comments

03

Stakeholder Engagement

Workshops and User Groups

3.0 Overview

During the Stage 2 Design development process, there has been an extensive level of Stakeholder Engagement which has taken place. This has been undertaken with key representation across all of the prospective Clinical Service Users, whom will operate within the new EDCAU when delivered. Extracts of such dialogue / background are contained in this section.: These are purely extracts to illustrate some context to these discussions. Detailed Minutes and Notes were taken by the PM to capture all of the detailed dialogue. The result of this process was the approval and sign-off of 1:50 Room Loaded Plans and a vast selection of 1:20 Room C-Sheets.

In addition to the Clinical Stakeholder Engagement, the Team have also engaged extensively with many non-clinical staff members who will be involved in the day to day running or working within the proposed EDCAU.

To assist with this process, DAY have utilised 3d live design workshops to assist with visual representation of all the key areas within the new EDCAU building, to aid design development further with all the stakeholders being fully engaged and collaborated with.

Trust Project Team	Children's Services	H&S Advisor	ED Dept.	CAU Dept.	Trust AP
Alison Fearn (PM)	Ben Dockwill	Gill Lammes (IC)	Hannah Ryan	K Nunn	Ian Austin
Rebecca Lord (HOP)		Alex Fisher (WASP)	Anita White	JP Dales	C Makey
Mick Bailey		Paul Vam Plew (Protec)	Charlotte Marsh	P Sharma	JD Bedford (TFO)
Steve Butler			Laura Hill		Antonia Crossland
Chris Kelly					Dave Dabell
Christine Fishe					Richard Wright
Matt Hall					Mohammed Sajard (SM)

Stakeholders consulted during multiple focus groups/workshops for their designated department

- ** PM - Project Manager (Trust)
- HOP - Head of Projects
- TFO - Trust Fire Officer
- IC - Infection Control
- SM - Sustainability Manager

This information was also agreed with;

- Pharmacy Dept.
- Materials Management
- IT Department
- Domestic Services
- Lead Paediatrician
- Facilities Management Team
- Catering (ISS)
- Supplies - Yorkshire ambulance service

03

Stakeholder Engagement

Meeting Summary

Meeting Date	Purpose	Meeting Notes
18.06.19	Initial follow up meeting with Trust upon first DTM	Discussions around the general layout of the GA Plans / review of previously proposed plans from Stage 2 submission in more detail to ensure all requirements have been considered prior to first Stakeholder Engagement Meeting.
25.06.19	Initial Stakeholder meeting following project handover to DAY	<ul style="list-style-type: none"> Increase waiting room capacity circa 60 people Improve sight lines between the staff base and waiting area Review of Main Entrance area Discussion took place about the adjacency of the 6 bedded area and ED cubicles and staff base and ancillary room (Drug's IV, Clean and Dirty Utility)
02.07.19	Follow up Stakeholder meeting to address key amendments	<ul style="list-style-type: none"> Stakeholders have requested staff touch down / write up areas near to 6 bed bay / CAU. New Paediatrics ED to still utilise the 'Big front door' approach as ED will need to assess every patient prior to them coming into the unit. Stakeholders agreed that the Changing Places facility could be omitted and relocated outside of the unit if required to allow for additional special requirements to be located within the proposed unit. The compromise was to add in additional shower facilities where possible to proposed accessible wc's.
15.07.19	Stakeholder Meeting discuss revised plan for sign off	<ul style="list-style-type: none"> Identified the write up spaces at the ED end as well as the CAU end. Provided a centralised Consumables store. Provided a place to store the linen trolley. Extended the staff base to demonstrate that up the 10 staff can use it. Created dual access to the Dirty utility. Added doors to attenuate sound and promote a calmer environment in the CAU end.

19.07.19 Initial discussion for room data requirements with Trust and Stakeholders prior to C Sheet presentation 22.07.19

Initial discussions to determine;

- clinical equipment (spec and locations within room)
- handing of rooms
- M&E specific requirements

22.07.19 C Sheet presentation with Stakeholders

- Representative for each department available to ensure the C sheets were in accordance with the Trust's procedures / department function.

Key items:

- CAU / ED – each department needs to be given a separate identity (can be defined by colour / ceiling / flooring etc)
- Dani centres located outside of rooms - Infection Control request
- Patients handed from right hand side
- Mindray monitoring required
- O2 and suction required
- Revised Staff Room layout

05.08.19 Final C sheet discussion for sign off and initial elevation discussions following on from project handover to DAY

- Additional write up spaces for CAU Cubicles
- Relocation of double doors from 6 bed assessment into main corridor to create more of a sub compartment and reduce noise
- Relocation of linen bay
- Allowance for riser in consumables store following M&E Co-ordination
- Changed access into Quiet room following Structural Co-ordination
- Initial elevations presented to Stakeholder were well received - further consideration required for existing entrance area

08.08.19 Revised elevations issued to Stakeholders / Trust

It was agreed that it would be best to have non openable windows with manifestation to provide additional privacy for the building elevations due to the sensitive nature of the patients. As agreed, we will proceed we non openable windows in order to fully remove any unnecessary risk.

3.1 Overview

Prior to this Application, an Outline Planning Application has been submitted and granted which this document should be read in conjunction with.

As DAY have been involved from Stage 2 onwards, we have documented the Stakeholder meetings etc that followed from this Stage 2 Handover, for the earlier design decisions / initial reasonings please refer to the outline planning application. A pre-application meeting with Barnsley Planning Department was held on 18th June 2018 with the Planning Officer Andrew Burton and the Principal Highways Development Control Officer, Barbara Wilson.

For Phase 1 of the scheme it was agreed by the Planners that this work would fall under Permitted Development therefore no planning application was required to be submitted.

An introduction to the scheme and an explanation for the need for development was given by Alison Fearn (Project Manager - Estates Department at Barnsley Hospital) and the Design Team (Race Cottam Associates and Mott MacDonald gave a summary of the approach to the building's design and transport strategy.

It was agreed that the boundary trees should be kept as far as possible. The outcome of the meeting was that the Planning Department suggested a full application would be better, but Alison Fearn confirmed the very tight program as the reason to seek outline approval, to demonstrate progress in terms of the Planning within dates set by the funding agency.

Please see below the relevant statements that have been required for this application as per the outline planning application.

DAY Architectural

Drainage Statement:

- See appended proposed drainage drawings from **Mott Macdonald.**

Tree Retention:

There are currently no TPO's in place on the site, however it was discussed where possible to retain as many of the blossom trees that are currently along the boundary frontage of the Hospital, which we have ensured that our design considers.

Construction method statement:

To be conditioned as can not be provided until Contractor is appointed.

Noise survey:

To be conditioned. It was agreed that site movements creating other noise generally are not affected by this proposal. Ambulances will arrive in the same location so there is no change here. The main entrance is proposed to be rationalized and improved generally which will give an improvement.

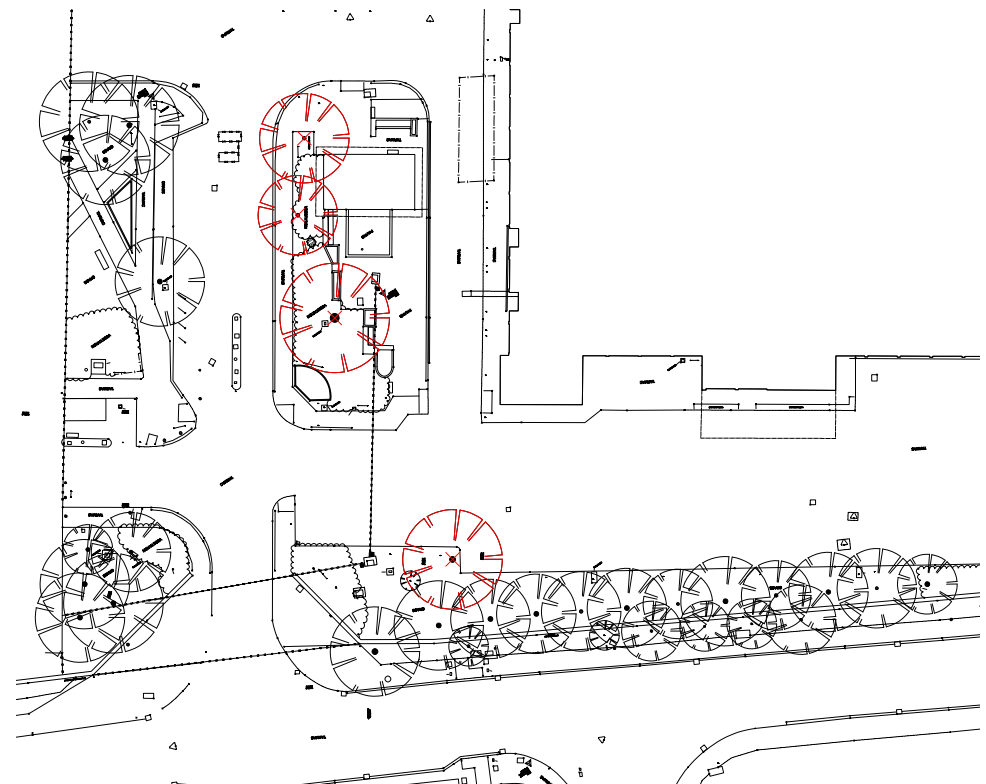
Further information required from Planning Officer are:

- Desk top ground investigation report
- See appended (Barnsley Hospital - CAU & ED Geotechnical and geoenvironmental desk study 06 July 2018)
- Indicative layout/ landscape masterplan
- Please refer to drawings & information provided within this document
- Indicative section plans
- Please refer to Proposed Sections & information

provided within this document

- Site Location Plan site edged red with land in applicant control in blue.

- Please refer to Site Location Plan & information provided within this document



Mott Macdonald Phase 1 drawing reference _ MMD-397596-00-XX-DR-D-0002 Tree Removal

03

Stakeholder Engagement

Meeting Summary - Traffic Statement

3.2 Traffic Statement

The development proposal will occupy the current Accident and Emergency Department ambulance drop off area adjacent to Gawber Road and existing accessible parking spaces located adjacent to the northern elevation of the hospital. Consequently, current arrangements for the ambulance services, including the exit at the northern corner of the application site, [outside C5 block] become superfluous and will be addressed as part of the development proposal as outlined below.

A key factor in the movement framework of the proposed development is ensuring that ambulance services can access the emergency unit upon arrival and depart from the site to respond to another emergency call with minimal delay. A new dedicated operational area for ambulance services is proposed to be located adjacent to the new development, replacing existing hard landscaping areas and a redundant smoking shelter.

The existing parking area outside C5 Block is proposed to be used for drop-off and parking for patients arriving at the Accident and Emergency Department by independent means.

Vehicular Access

The current main vehicle access from Gawber Road does not need to be changed by the proposals and the current ambulance access route remains with some road replanning within the site. However, other options have been investigated, and entrance flows may be able to be improved by an overall re-thinking of the main entrance and adjacent car parking access. This includes the possibility of a widened 3 lane entrance from the main road, to give preference to ambulance movements and reduce car park queuing into Gawber Road. This would form part of future detailed considerations, all to be discussed and agreed with the highways department. The existing site egress outside C5 Block, currently

utilised as egress for ambulance services as well as egress from the existing car park, is proposed to be revised to allow both access and egress from Gawber Road to the new drop-off / parking area.

Pedestrian Access

The proposal seeks to retain existing pedestrian routes and crossing facilities along Gawber Road with some modifications at the Gawber Road site access if required. The layouts of the proposed modifications at Gawber Road site access and at the C5 Block car park access will be detailed in the next design stage.

Existing pedestrian routes from Gawber Road to building entrances will be reviewed to give better separation from vehicles and more straightforward navigation. These will all be further considered and detailed in the next design stage with a view to provide a safer walking environment.

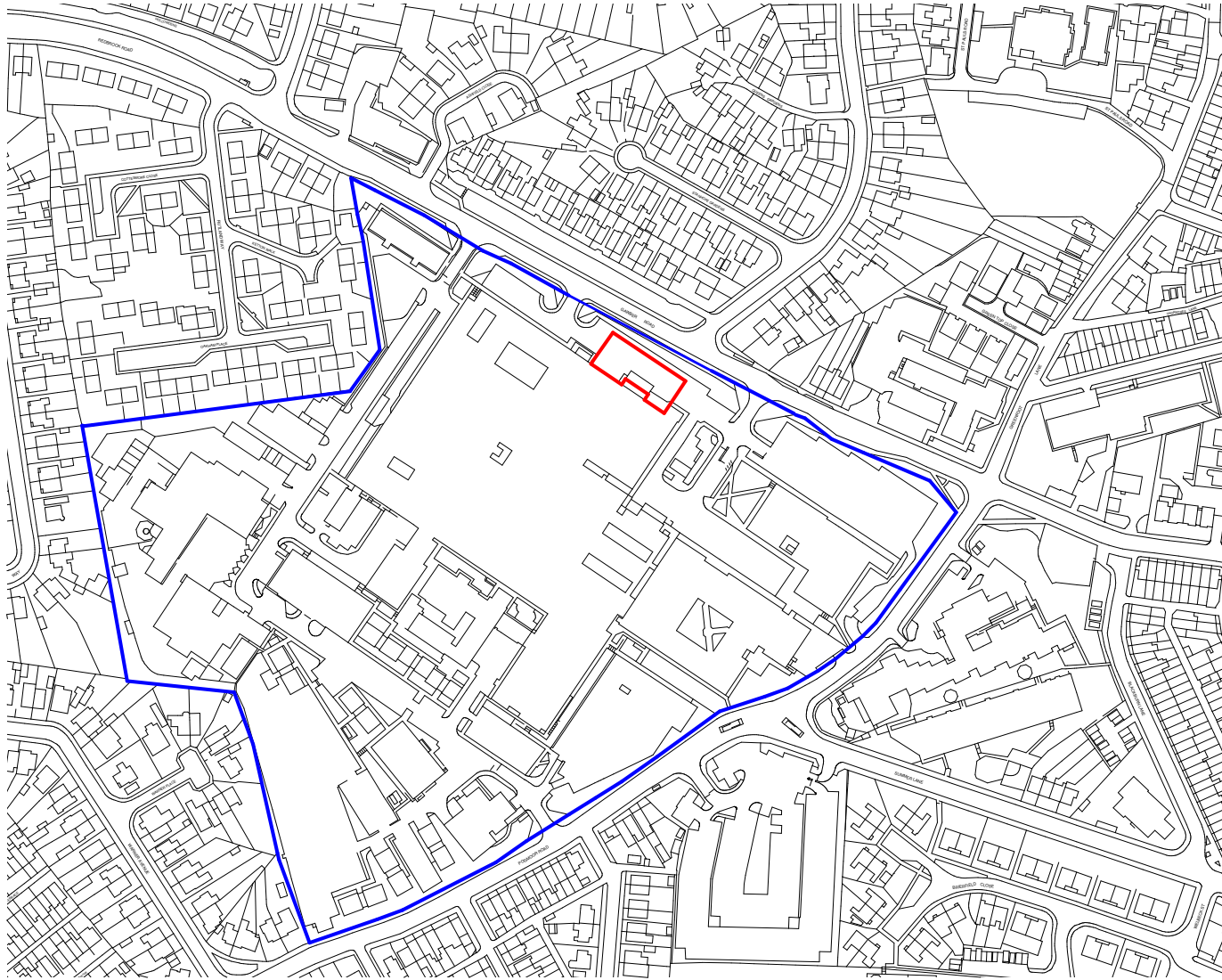
Emergency Access

The proposal will retain existing access arrangement for fire engines from the Gawber Road site access.

04 Design Approach

04

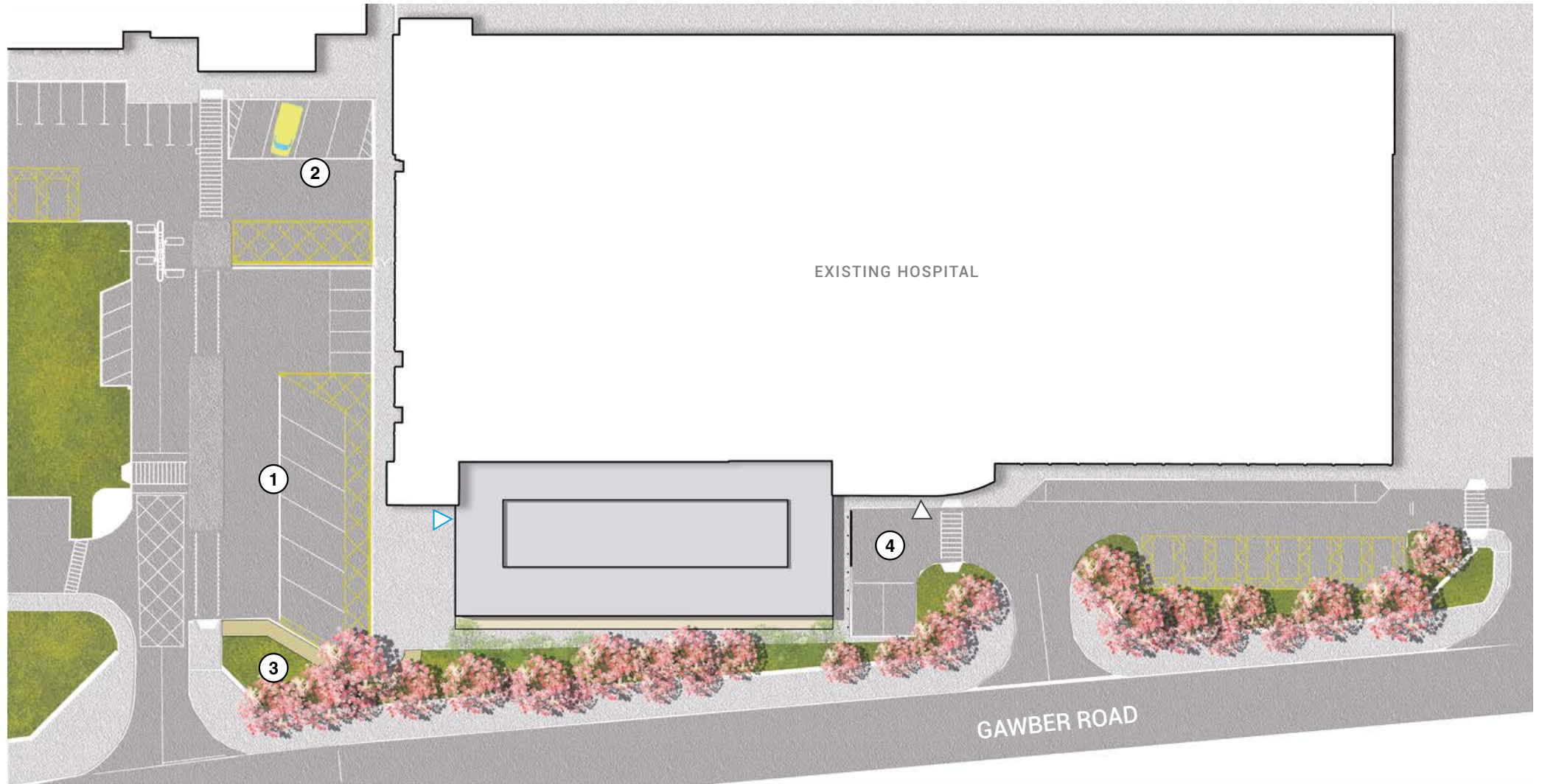
Design Approach Proposed Location Plan



- Site Ownership Boundary
- Proposed Site Boundary Phase 2

04 Design Approach

Proposed Site Plan

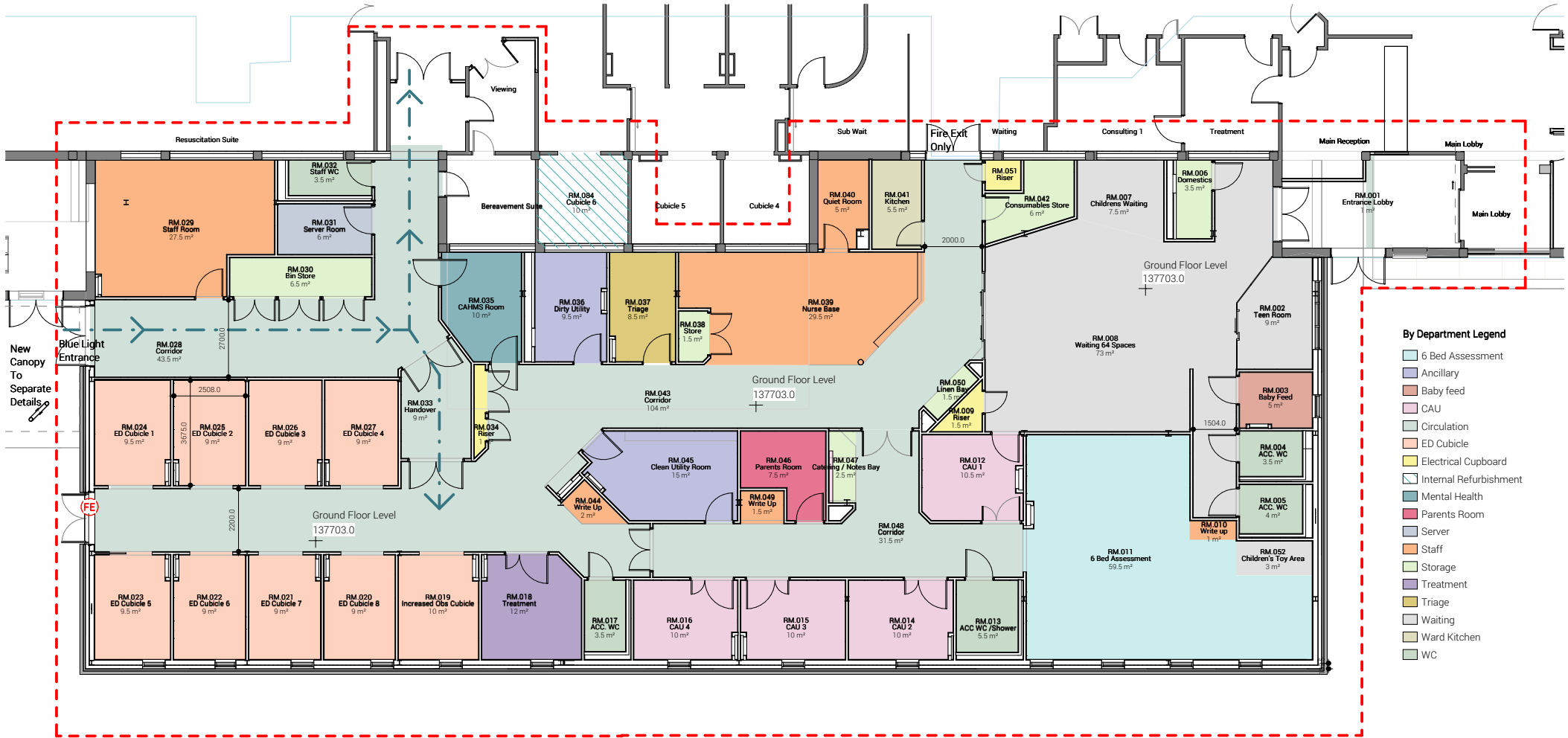


- ① Proposed Ambulance drop off bay
- ② Patient Transfer Services Only
- ③ Existing cherry blossom trees to remain
- ④ Patient Drop off
- ▶ Proposed Blue Light Route
- ▷ Existing Main Entrance

04

Design Approach

Proposed Plans



- By Department Legend**
- 6 Bed Assessment
 - Ancillary
 - Baby feed
 - CAU
 - Circulation
 - ED Cubicle
 - Electrical Cupboard
 - Internal Refurbishment
 - Mental Health
 - Parents Room
 - Server
 - Staff
 - Storage
 - Treatment
 - Triage
 - Waiting
 - Ward Kitchen
 - WC

Proposed GA Plan
TOTAL GIA - 700 SQM

04 Design Approach

Proposed Plans



Proposed Roof Plan