

Barnsley Hospital – Critical Care Unit - Design & Access Statement

Description & Layout:

The client, Barnsley Hospital NHS Foundation Trust, have identified the need for additional Critical Care facilities at the Barnsley hospital. A situation that has been emphasized most prominently by the ongoing Covid 19 pandemic, where patients have had great need for Critical Care services during 2020 and ongoing through 2021. The health building Note – HBN 04-02, contains design guidance and recommendations for the provisions required within a Critical care unit and of particular note is the guidance on space standards for isolation bed bays and open adjoining bed bay provision. The space standard requirements and ancillary supporting spaces have been developed through the course of several meetings with the user groups, where best practice and experience has been shared between the design team and the client.

A new Critical Care Unit is being formed at Barnsley Hospital on the ground floor. The area is presently two open courtyards with a central single storey building in between which is being demolished. This area is 600m² and is the area which is applicable to the planning application.

On the first floor there is the refurbishment of an existing department area which will become new staff offices, staff changing rooms and on call sleep rooms, in direct conjunction with the CCU below. This internal area, on the first floor, does not form part of the application as this is an internal refurbishment.

As previously mentioned, on the ground floor a portion of the new CCU will be formed by the refurbishment of the existing Offices and theatre assessment ward. These areas are also internal refurbishments and do not therefore technically form part of the planning application.

As previously stated, the works require the demolition of the single storey area which is located between the two existing external courtyards. This is highlighted on the demolition drawing CC(S-)05. A new single storey structure will infill the upper courtyard, the newly demolished middle area and a portion of the lower courtyard. A smaller lower courtyard will be retained. This is the 600m² area.

The new structure is a steel frame, with a new concrete single storey flat roof. The new insulation and weather proofing will be formed to give rise to a low-pitched roof with roof lights which bring daylight down into the two central nurse bases. On this roof there will be significant dedicated external plant areas with dedicated CCU ventilation systems. The roof top plant will be screened from view from the hospital's main entrance with a Levolux screen as shown on drawing (2-)02. The screen will match the Levolux screen recently formed in the last 3 years, which is positioned over to the left-hand corner to the main hospital elevation when viewed from the front of the hospital. Please note that, some of the external plant is circa. 4.5m high and may therefore appear in the long-distance views of the hospital, from the main road. However, as you approach the building, they will disappear and be screened by the 2.5m high Levolux screen, mounted on the main entrance building.

Internally the newly enlarged ground floor area will include 4 isolation rooms and 12 other bed bays. All of the CCU accommodation will be HBN 04-02 compliant, with the CCU ancillary accommodation extending beneath the existing hospital tower forming part of the refurbished area of the ground floor plan.

In addition, the design has been developed so that 12 additional escalation beds can be provided in between the open plan CCU bed spaces. This achieved by the use of additional free standing dividing screens and sharing the medical gas services, provided by the over head pendants.

The area of the plan is ideally suited, with close proximity to theatres at ground level. The CCU will have a public entrance for visitors and separate entrance for patient access on trolley beds.

Demolition and the use of cranes on site:

The client and design team are fully aware of the site logistics problems that will be apparent within this project and most notably:

1. The safe demolition of the existing courtyard building and removal of debris.
2. The utilisation of cranes on site to bring in new steel and concrete into the open courtyard area for the new building and also to lift heavy new services air handling unit components onto the new and existing roofs.

Consideration of these items has been clearly highlighted and described within the pre-construction information, which the successful contractor must observe. Risk assessments and method statements will be provided well in advance of any required crane activity and these details will be shared with the local authority where highways circulation may be impacted. Please note that crane activity is only permitted on site on Sundays.

Landscaping:

A small courtyard is provided and retained within the scheme. This enables natural light to enter into the large new ground floor plan. The client has requested that recovering patients could be brought into this courtyard on nice weather days and accordingly the surfaces are bright and soft (IE Soft surfaces as a children's playground) and the walls enhanced with coloured panels and artificial external artefacts to create interest.

There is an existing cycle parking station immediately adjacent to the main entrance, this will be relocated during the works, to facilitate easy access to the contractor's site and for the removal of debris material. At the end of the project, it is anticipated that the cycle parking will be relocated back to its original location.

Appearance:

The new development had no direct appearance from the exterior of the hospital, other than where a new Levolux screen is placed above the existing main entrance to visually obscure new air handling unit systems, placed on the roof over the main entrance.

The only new elevation in the small courtyard, will be pale grey rendered and enhanced with bright colour Trespa panels.

Access:

The proposed new unit is very close to the main entrance to the hospital with regard to visitor access and as previously stated, it is well situated for its connectivity with ground floor theatres and inpatients who may be brought to the unit from upper floors of patient wards.

Previous consultation:

we confirm that no previous planning consultation has taken place, prior to this application being lodged.

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