

The King's Fund >

# Principles of Hospice Design



PRINCE'S FOUNDATION

FOR BUILDING COMMUNITY

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*Concept for an Entrance Lobby*



## CLARENCE HOUSE

For a long time now, I have believed that both our natural and man-made environments have a profound impact on our psychological wellbeing and how we interact with each other. In so many ways, we are what we are surrounded by, as we are what we eat. In this regard, I believe that there are certain principles underlying architecture and the built environment which, if followed, can help to create added human, social and environmental value in our world and, for this reason, it is even more important that the best possible environment is engendered by the design of buildings, such as hospices, which provide a vital haven to people at very challenging times in their own lives and that of their families. Therefore there are five core ideas which I suggest may form the starting point of a reflection on how we can design with greater sympathy and sensitivity, whilst always bearing in mind that end of life care brings its own very special challenges and opportunities to create the best environment for patients and families.

First of all comes the recognition that sustainability means building for the long term – one hundred years, rather than twenty years.

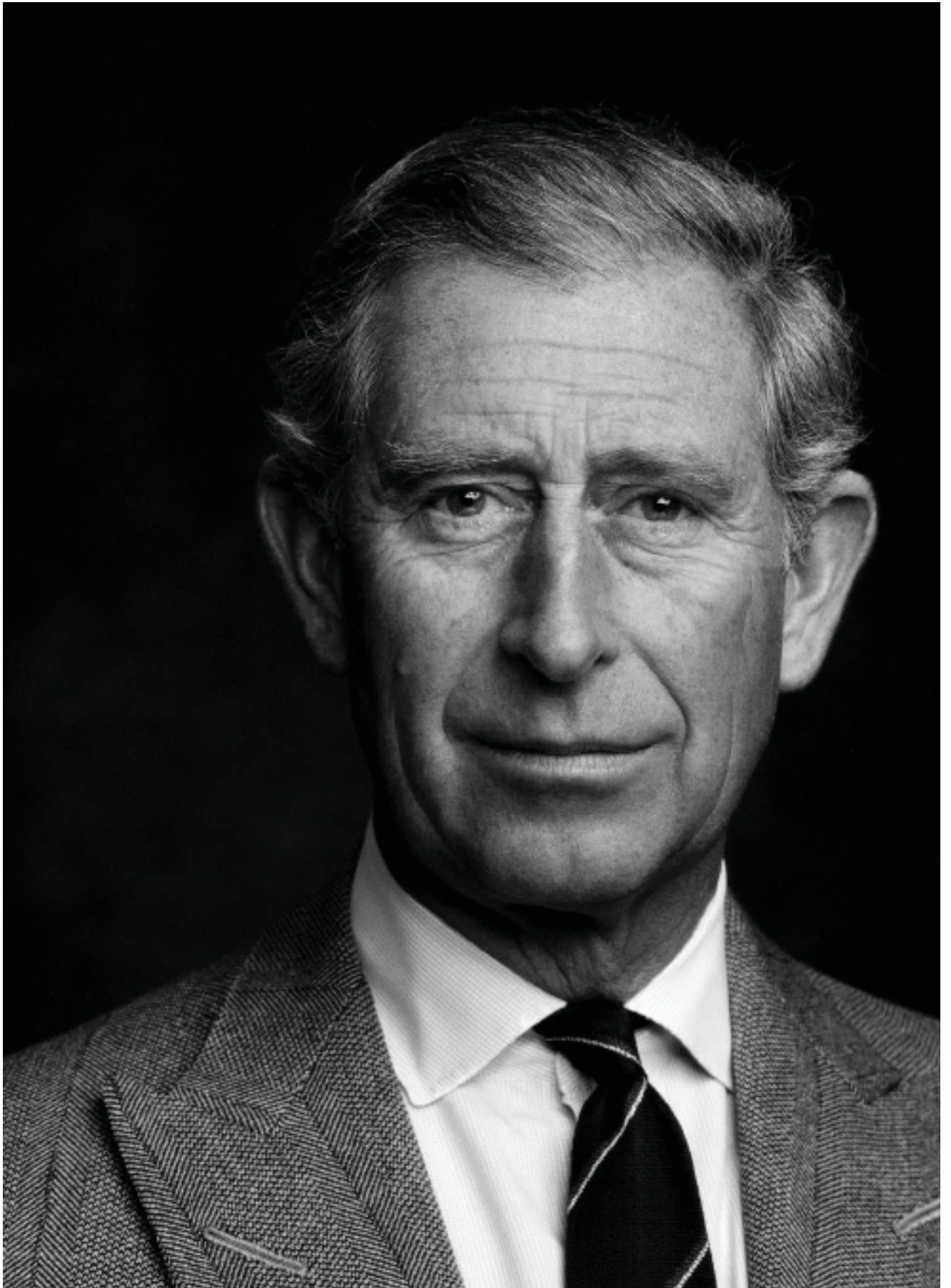
Secondly, because of this, building should not be technologically-led, but adaptable and flexible, reassessing and re-using existing buildings wherever possible.

Thirdly, building in a manner that fits the place, in terms of materials used, proportions, plan layouts, ecological priorities and building practices.

Fourthly, building beautifully, in a manner that builds upon tradition, evolving it in response to present challenges, while utilizing present-day resources and techniques.

And, finally, understanding the purpose of a building or group of buildings within the hierarchy of the buildings around it and responding with an appropriate building type and design. Doing this often implies composition of an harmonious whole rather than the erection of singular objects of architectural or corporate will.

When dealing with end of life care, the design of buildings and places has to cover many complicated and difficult issues and I am very pleased that The King's Fund and my Foundation for the Built Environment are working together to share their learning in this field. I hope that those of you who specialize in end of life care can draw on their experience to enhance those places where you carry out your wonderful work.



# Hospice Design Competition

## Introduction and aims

In 2007 His Royal Highness The Prince of Wales challenged The King's Fund and The Prince's Foundation to use their combined expertise to develop a set of principles that could be used to inform future hospice design and also be used more widely for all environments in which care is delivered to people at the end of their lives.

Recent research and development work as part of the King's Fund's *Enhancing the Healing Environment* programme had focused on improving environments for care at end of life. Building upon this work, it was agreed that a proposal be drawn up to run a Hospice Design Competition.

The contest would be run along the same lines as the successful competition run by the Prince's Foundation for the design of the Armed Forces Memorial. The competition would be designed to:

- raise the profile of the importance of hospice design
- bring together the expertise of The King's Fund, The Prince's Foundation and a hospice partner to enable best available research and evidence to inform future design
- engage a number of architectural practices to work up outline designs for hospices through a limited competition
- provide the hospice partner with an opportunity to contribute to the formative stages of hospice design and to select architects through the competition.

A successful grant application was made to The Dunhill Medical Trust who co-funded the competition with



*Proposed site elevations for Prince of Wales Hospice, Pontefract*

The King's Fund, Marie Curie Cancer Care agreed to partner the competition and work was undertaken with hospice patients and staff to develop initial principles for a redesign. Regrettably, Marie Curie had to then withdraw its interest in 2008 due to the economic climate.

In late 2008 The Prince's Foundation was asked to advise The Prince of Wales Hospice, Pontefract, on a possible large extension to its current building. It was subsequently agreed that the redevelopment of the Pontefract hospice would form the basis of the design competition.

A competition was launched in January 2009 and the outline designs for the rebuilding of the hospice were presented by the winning practice, ESHA Architects, to HRH The Prince of Wales in February. An additional outcome of the competition was the Environmental Design Audit Tool which accompanies this publication. This has been devel-

oped for use in hospices, care homes and residential settings where older people are cared for.

*Principles of Hospice Design* aims to share the work undertaken by patients, staff and the competition partners as well as the findings from the King's Fund's programme to inform the future design of hospices, hospitals and other care settings. This work should help to ensure that the environment in which patients, their relatives and friends are cared for makes a very positive contribution to their overall experience.

## Initial findings

The word hospice denotes both a type of care and a philosophy of care which focuses on the palliation of a terminally ill patient's symptoms. These symptoms can be physical, emotional, spiritual or social in nature. The concept of a hospice has been evolving since the 11th century. Then, and for centuries thereafter, hospices were places of hospital-

ity for the sick, wounded, or dying, as well as those for travellers and pilgrims. It began to emerge in the 17th century, but many of the founding principles by which modern hospice services operate were pioneered in the 1950s by Dame Cicely Saunders.

The modern concept of a hospice includes palliative care for the incurably ill taking place in such institutions as hospitals or nursing homes, as well as care provided to those who would rather die in their own homes.

As part of its *Enhancing the Healing Environment* programme The King's Fund, with support from the Department of Health, has been working with NHS Trusts and hospices to improve the environment of care at end of life.

A review revealed that the majority of end of life care literature focused on palliative care and very little research had been undertaken on the effects of the surrounding environment on people who are dying, as well as their rela-

tives and the bereaved. One exception to this is a report published in 2005 by NHS Estates. This was designed to draw attention to the need for supportive palliative care environments and improved facilities for the bereaved.

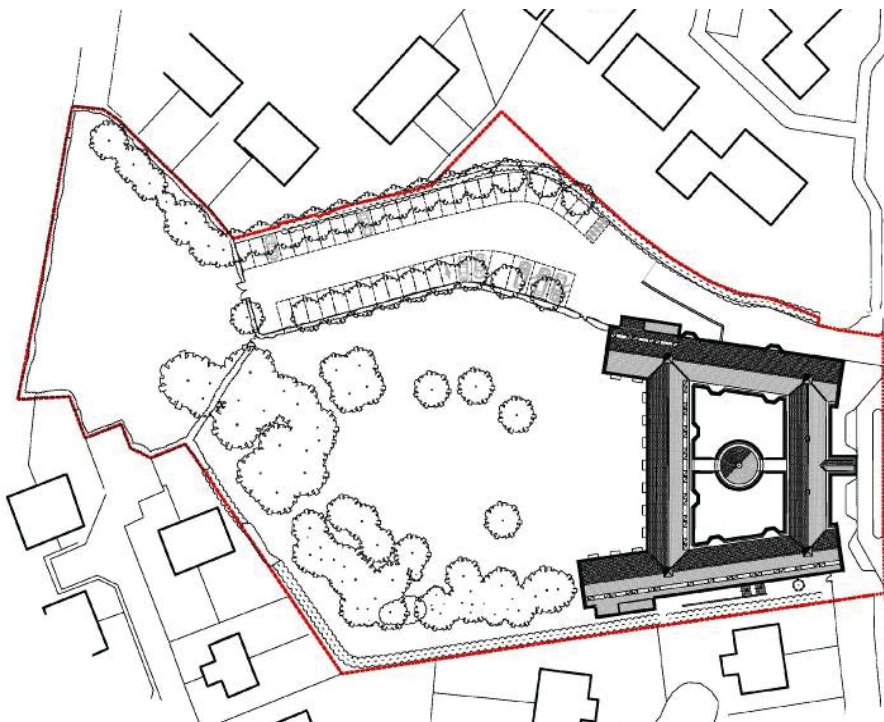
Following a pilot programme, The King's Fund published *Improving Environments for Care at End of Life* in 2008 and, in July 2010 the Department of Health published the *National End of Life Care Strategy* which highlighted the importance of the environment to the overall quality of patient and relative experience.

Some consistent themes in the literature are seen as being important to wellbeing. These include home-like environments of domestic/human scale, individual rooms or the option of facilities for family members, natural light, incorporating elements of nature, using soothing colours and artwork, having windows with pleasing views, and having access to outside spaces and gardens. All of these are likely to

be particularly relevant to end of life care environmental design.

References to the environment emphasised the importance of non-clinical and homely surroundings with a relaxed and informal atmosphere. There was also a mention of the need for the environment to be therapeutic and to promote wellbeing amongst patients and staff. Emphasis was placed on:

- the need to have contact with nature e.g. gardens and raised flower beds
- the importance of natural light
- the need for a 'domestic' rather than institutional scale and feel
- the configuration of furniture e.g. chairs in small clusters
- the need for quiet spaces for consultations with medical and nursing staff
- a range of therapy rooms.



*Proposed site plan for Prince of Wales Hospice, Pontefract*

**The Hospice Design Competition**

A second literature review was undertaken to inform workshops held for patients, carers and staff at a Marie Curie hospice. This focused on best practice in environmental design for day care provision as the hospice provided day care and outreach services. The review showed that there had been little written about day care generally and even less about day care at the end of life.

Whilst the terminology appeared to be changing from ‘day care’, denoting attendance for a whole day, to ‘day therapy’ (where patients would attend for shorter sessions) there was no consensus regarding the types of services offered. These ranged from social support through complementary therapies to clinical interventions. It was also acknowledged that the social aspects of day care, including company, good food and respite for carers are significant outcomes of current day care provision.

**Methodology**

The Prince’s Foundation has developed a workshop process methodology called Enquiry by Design. This brings key stakeholders of a proposed project together to collaborate in articulating a consensus vision through an intensive workshop, facilitated by a multidisciplinary team.

This methodology was used for two workshops which were undertaken to develop the service model and subsequent design principles for the redevelopment of the Marie Curie facility. The second of these workshops was undertaken on site, allowing for a site visit and spatial planning and the development of initial site drawings. Following the workshops a paper and drawings were produced detailing ideal design features including functional adjacencies; public, semi-public and private spaces; landscape and gardens.

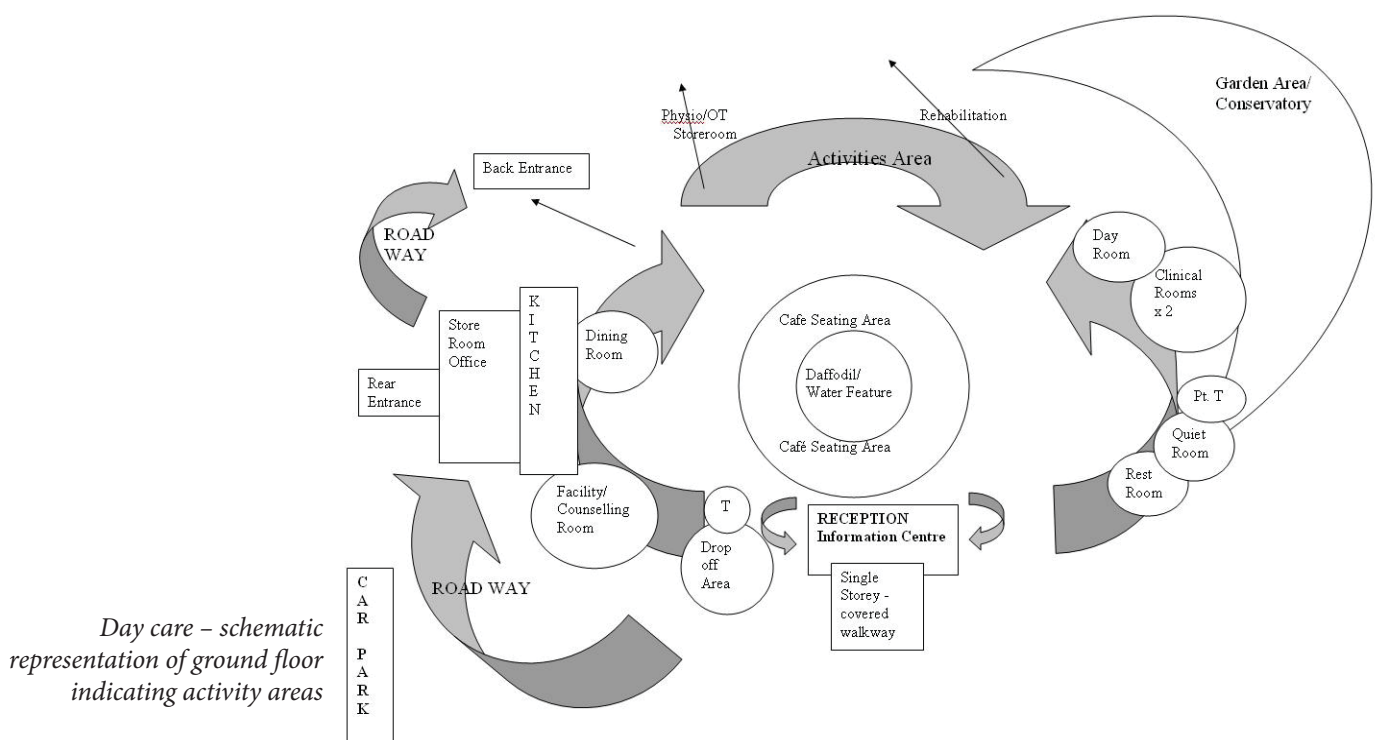
Following the change of location of the competition to Pontefract the general

hospice design principles for day care services developed at the two workshops were validated with patients and staff at The Prince of Wales Hospice. These design principles were then used to inform the design brief for the competition.

**Workshops**

Key to the development of the design specification for any building is the service and operational model that will be adopted for the site. During the Marie Curie workshops it was established that, in respect of palliative day care services, consideration needs to be given to:

- how patients will gain access to services
- the type and range of services to patients and relatives that will be delivered in and from the building
- support activities, including catering and non site-specific services, for





example educational facilities and fundraising, which may need to be provided on site, and

- site specific requirements including outside spaces, access and car parking.

During the workshop, groups considered their ideal model of day care, not just for those living with cancer but also for those with long term conditions. The services that participants felt should be provided fell into two main groups:

#### Provision of advice and support to patients and relatives

- information on options for care/respite (including access to online resources) and rehabilitation, advice on living well, a meeting and social space, a quiet 'time out' facility and access or signposts to spiritual care.

#### Care provision for all those requiring palliative care

- essential clinical interventions, symptom control and access to therapies,

tailoring care to the whole person

- personalised services including referral management and record keeping.

Participants felt that the facility should be open to visitors and, if practicable, access to services should be open, i.e. available without requiring referral. A mix of structured and ad hoc services should be provided. Opening times should include evenings and some weekends, particularly to encourage use of the information services.

The following service definition for day care services was formulated:

*'The role of day care in hospices is to provide advice, support and care when and where needed for the referred patient and their family or carer.'*

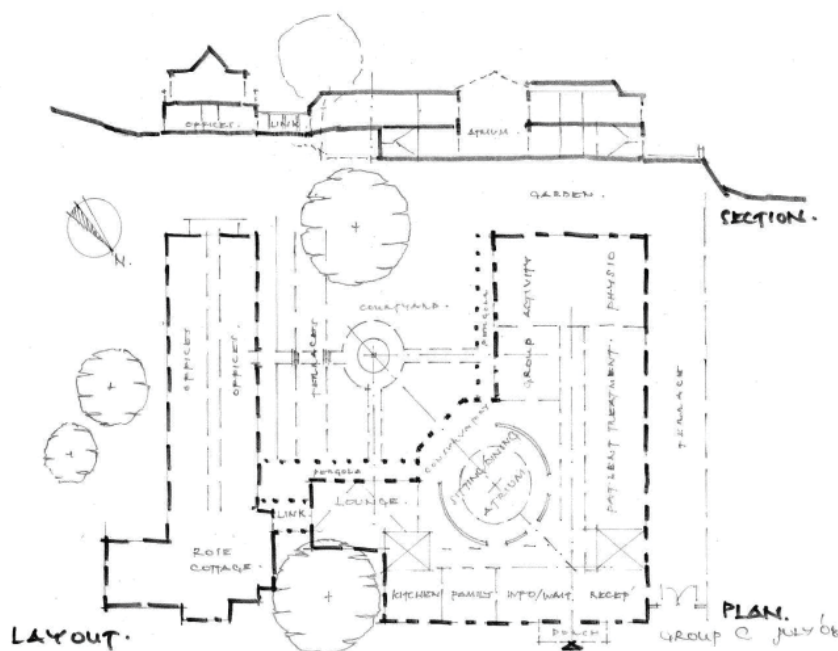
Groups were then asked to consider the agreed service model and to draw up essential and desirable features of any new building to inform a design specification. Diagrams were then drawn up to illustrate required functionality and adjacencies. A possible model for

the design of the ground floor is reproduced here and was used to inform the generic day care arrangement on page 8. In view of the sloping site it was intended that upper floors would contain offices and possibly some further therapy spaces.

It was evident from the workshop that the hospice entrance needed to be obvious; located at the front of the building and ideally with an overhanging porch. The reception should have a spacious but homely feel. Adjacent to the relatively open reception should be spaces with privacy, for patients who might feel unwell upon arrival.

At the core of the building should be a general meeting and café area which has more public areas for meeting people. Adjacent to this should be more discreet areas, affording greater privacy.

For treatments that take a long time, such as blood transfusions, it was felt that patients would benefit from having a good view (in this case over a valley). Other hospice activities were thought



Hospice plan sketched out following a workshop.

to be better located looking towards a courtyard, which would provide a more ‘collegiate’ aspect. It is ideal for a hospice to have both of these aspects to allow, where possible, for variety and selection so that patients can have the opportunity of different views of nature depending on their needs and preferences.

These principles were then applied to the Marie Curie site and sketch drawings made of its possible redesign.

One thing became very clear from the workshop, namely that some aspects and activities in the building were very private, while others were public. Additionally, some were semi-public, others were semi-private. It was clear that confusion and a compromise in patient dignity can occur when there is a lack of spatial clarity between more public and more private spaces.

The generic hospice day care diagram below evolved as a result of the discussions and outputs from the workshop showing a clear hierarchy of spaces within the building.

Although Marie Curie were unable to proceed with the proposed development due to market conditions the learning from the workshops was recorded and shared with colleagues from other hospices and has subsequently informed their designs for redevelopment.

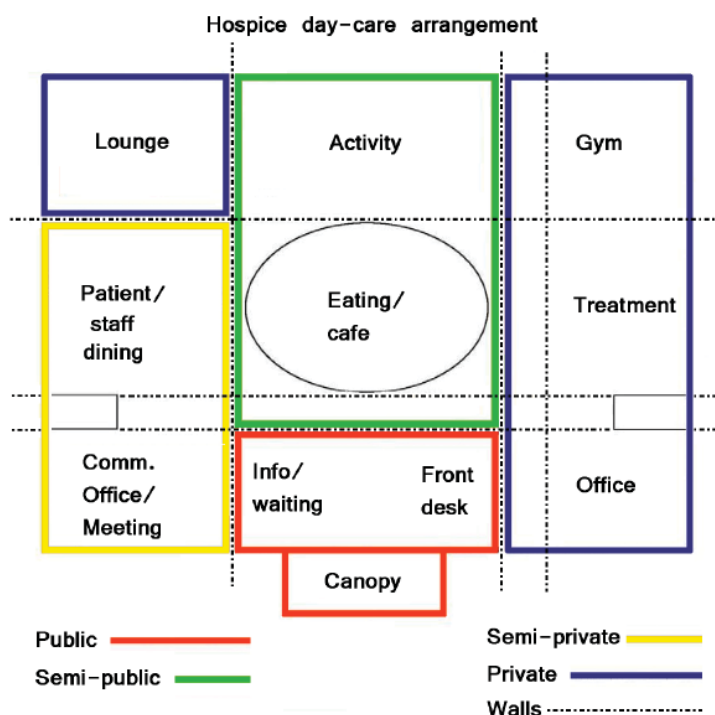
### The Design Competition

Late in 2008, the Prince’s Foundation was approached by The Prince of Wales Hospice in Pontefract to assist with the specification for a significant extension to the building. Subsequently it was agreed by all the partners that outline designs for the redevelopment of the Pontefract site should form the basis of the hospice design competition.

An initial invitation to tender was sent out to a number of architects with relevant experience and, as part of their submission, they were asked to write a page setting out the principles they felt were important for hospice design. When combined with the principles from the Marie Curie work it was possible to collate a set of overarching

principles to guide the competition brief for the design of the hospice. These were felt to encapsulate the key design elements which should inform the creation of an exemplary hospice. When the designs were received from the architects these principles were then tested against their concepts and found to be robust.

A winning scheme was selected and then a more detailed concept for the building was worked up using the principles as a guiding force in the dialogue between client and architect.



*Schematic representation of a hospice day care unit showing public, semi-public, semi-private and private spaces*

# Design Principles

The following design principles were developed and used as the basis for the design completion:

## Natural environment

The natural environment should touch every part of the hospice from the informal garden to the more arranged aspects of landscape though to internal planting. The landscape has a deeply profound effect on people and so should be carefully threaded through the entire scheme in an appropriate way.

## Natural materials

The building should use simple, robust and non-toxic materials that are from the ground, or grown. Natural materials are important and, when properly detailed, get better with age – gaining a natural patina and telling the story of their use over time.

## The elements

Wherever possible rooms should be naturally lit and ventilated. This means windows that are tall to allow natural light deep into rooms and either windows or vents that allow for natural cross-ventilation. The ability to control light and air easily in rooms is important. Moving water should be incorporated into the design as should the ability to light a fire and observe flame even if it is through glass.

## Arts and crafts

It is important in a place of caring that the building elements and details demonstrate love and caring in the making. Selective elements of craft and carefully placed works of art that tell a story can lift the spirits and create moments of delight and interest.

## Legibility

It is very important that the hospice and its associated landscape is carefully organised into compatible uses that are public, semi-public, semi-private

and private. The architecture should provide natural thresholds and devices that allow people to navigate easily around the building and know when they are entering areas that are more or less private.

## Respecting time

The perception of time differs greatly according to circumstance. When in pain one might wish time to pass quickly, when nearing the end of one's life one may wish it to slow down. When reflecting on life, one may lose track of time and, when properly centred, time disappears and only a sense of being remains. All elements and spaces of the building should respect the way people may perceive time when relating to them and try and deal positively and appropriately with a sense of scale and detail to enhance the human experience.

## Comfort

The building, its materials, fixtures and fittings should be comfortable for people to interact with or use. Comfort should also be enhanced through creating a homely feel within the hospice with domestic rather than institutional elements.

## Dignity

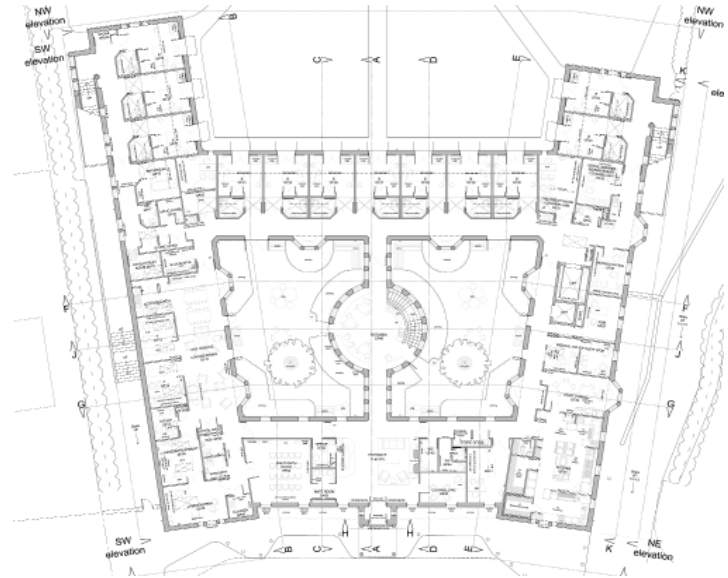
The building should itself be dignified and be designed to allow for patient dignity. This relates closely to the way in which public and private spaces are organised in the building but also requires the architect to trace a series of patient journeys that may be undertaken through the building with patient dignity clearly in mind.

## Robustness and economy

The building should be flexible and capable of being gradually adapted over time. Simple and clear layouts are preferred with the use of complex forms or shapes (if appropriate) limited to internal elements. The building should also be simple and economic to construct but made of materials that will last well and are simple to look after and repair.

## Beauty

The building and its relationship with nature must be beautiful. While many aspects of beauty are subjective, others are objective. Fine proportions and the relationships between detailed parts of the building and the whole should be created through simple harmonic relationships and proportioning systems.



*Ground floor plan showing application of principles in schematic representation to create a complete building*

# Conclusion

Through this research, The Prince's Foundation and The King's Fund have found that there is a real need to improve the environment in end of life care. It is clear that the natural and manmade environments can have a profound effect on a person's sense of wellbeing. The conclusion of this work is to provide an Environmental Design Audit Tool to help all the stakeholders involved in end of life care improve their surroundings. It is hoped that this practical tool will be tested in a number of existing and new localities and facilities and that these study materials will be collected to demonstrate best practice in an end of life care environment.



*Concept for courtyard*



The  
Prince of Wales Hospice



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