

## **Roseberry Park Campus**

Design, Evaluation and Future Practice



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## **Roseberry Park Campus**





## **Roseberry Park - Site**





## **Roseberry Park - Typical Plan**





# **Roseberry Park - Plaza**





## **Roseberry Park - Administration**





## **Roseberry Park - Cafe**





## Roseberry Park - Mother & Baby





## Roseberry Park - Plaza





# **Roseberry Park - Entrance**





## Roseberry Park - Adult Garden





## Roseberry Park - Adult Garden





## **Roseberry Park - Ward Circulation**





## **Roseberry Park - Bedroom**





## Roseberry Park - Forensic Garden





### Roseberry Park - Older Adult Garden





## Roseberry Park - Adult Garden





### **Durham University Phase 1 Evaluation**



#### **Before and Just after The Move**

 The AIM of the research reported here was to understand how users, carers and staff felt about the move to a new hospital building and what were the lessons learned that might inform similar developments elsewhere in the future.

#### **Authors:**

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- Professor Wil Gesler,
- Dr Ian Spencer
- Dr Helen Close,
- Professor James Mason
- Professor Joe Reilly,

### **Durham University Preliminary Findings**



#### Before the move,

• The degree to which staff felt able to contribute to the planning of the building varied.

### Planning the hospital building

 It was not always easy to interpret architectural drawings and understand how different aspects of design fitted together.

### Transfer into the new hospital building

 Careful planning of the move was appreciated. Concerns about practicalities of the new hospital as a place to be living were raised - storage for personal belongs, costs of facilities like the cafe.

#### The overall design of the new building was seen as positive.

 Important aspects for wellbeing, planning, quality of the finish, artwork and decoration, lighting, acoustics, ventilation, accessible outdoor space, the feeling of 'homeliness' and food quality..

### **Durham University Preliminary Findings**



### How people use the building, raising issues beyond clinical functionality.

 They commented about access to the building from the local community, reception areas, shared spaces for organized social and therapeutic activities.

### Social relationships and the social environment are as important as the built environment.

 Spaces for shared informal activity involving patients and staff help foster positive relationships

### Respect, dignity and empowerment for patients was emphasised.

 Some aspects of the new hospital design (e.g. the private, en-suite bedrooms) were thought to be helpful.

### Safety, security and surveillance are important.

 Even though much thought had gone into this, some security issues still arose in the new building. Innovations such as CCTV surveillance raise complex issues.

## **Future Strategies**



