

Design  
Quality  
Indicator

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# What is the Challenge ?

At the moment many hospital environments say to the patient *and staff* :

**“How you feel is unimportant. You are not of value. Fit in with us, not us with you.”**

With very little effort and money this could be changes to something like:

**“ Welcome, do not worry! We are here to reassure you and your treatment will be good and helpful to you”**

**Maggie Jenks**



# DH Briefing/Procurement

- Best Buy/Harness/Nucleus/Pfl/Procure 21/Smart Pfl/Procure21+
- Constant investment centrally, excellent knowledge base.

**Why;** to reduce risk, improve quality, reduce cost, promote the use of “standard” solutions.



# Introducing DQI

- **Design Quality Indicator is...**

...a process that enables all aspects of design quality to be assessed from briefing to post occupancy.

DQI empowers stakeholders to be involved actively in workshops with design professionals and construction teams at appropriate stages to set targets for design quality.





# Workstages

RIBA 	0 Strategic Definition	1 Preparation and Brief	2 Concept Design	3 Developed Design	4 Technical Design	5 Construction	6 Handover and Close Out	7 In Use	
 Design Quality Indicator	1. Briefing		2. Concept		3. Mid Design		4. Ready for Occupation		5. In-Use
<b>Summary</b>	<p>The Project Team define and identify their priorities for the project.</p> <p>A language will be developed which they will use throughout the project to communicate with stakeholders, the suppliers and review their designs.</p> <p>The team will form a common understanding of what constitutes success by which they can assess all areas and stages of the project.</p> <p>The team gain a more in-depth understanding of their client's brief and users' needs.</p>		<p>An effective dialogue continues between the members of the team.</p> <p>The range of uses and needs of the building are made aware to all members.</p> <p>Assessment group are able to review designs with the design team.</p> <p>Design teams can explain design decisions and uses of materials to the Assessment group.</p> <p>Design teams gain valuable feedback on their designs and plans .</p> <p>Project design teams remain critically informed of their clients' needs.</p>		<p>Assessment group can re-assess designs to ensure that any outstanding issues have been resolved.</p> <p>Assessment group can be satisfied that the designs will deliver an exceptional project that satisfies the needs of its users and the community.</p> <p>Project suppliers can affirm that the building they will deliver will succeed in reaching the expectations of the users.</p> <p>Construction is ready to begin using designs that have been approved by the assessment group.</p>		<p>Assessment group recognise successes of the project.</p> <p>Building suppliers understand the degree to which the delivered project fulfils the expectations of the Assessment group.</p> <p>Building suppliers and the client gain an understanding of what people think of the building when it is new, which can be usefully compared to opinions once the building has been in use for a period of not less than 12 months.</p>		<p>The impact of the building on the local community and its users is captured and can be communicated to the client.</p> <p>The successes, limitations and lessons of the building project are reviewed understood and recorded.</p> <p>The importance of design quality is understood by all those involved in, and effected by, the project.</p>



# Initial Use of DQI

- Developed between 2000 and 2003
- Over 1400 projects mainly schools
- 55% new build; 10% refurbishment; 34% mixed
- 2014 used in Health supporting NHS England
- It is being used on a range of projects of varying scales
- Feedback.....



# Benefits of the DQI Process

- Early stakeholder engagement
- Stakeholder ownership of and understanding of the needs before the design and construction process
- Set quality standards
- Fit for purpose
- Measure quality/value
- Importance of place and individual needs
- Establish quality of environment for patients and **staff**



# Who attends the “workshops”?

- Medical Staff, consultants and nurses
- External groups patients/carers
- Trust management representatives
- Design Champion.....
- Design team and contractors
- Local Authority [Planners and Highways]







# Format of Discussions/Panels

- Will vary over time from briefing to completion
- Initially develop realistic aspirations, what are the major concerns/needs?
- Encourage forward thinking [*Encourage visits!*]
- DQI enables the team to evaluate design from briefing through the design stages to completion and PoE
- Link to other processes, gateway reviews and design reviews, [*see NHS England advice*]



# Linkages

Synergy with BIM processes on-going.  
Dovetails with Government Soft Landings



Signposted by BREEAM –  
DQI used as consultation process



Recommended by OGC in procurement guides



Department of Health – Health Building Note,  
Common Minimum Standards (CMS).  
Features in the five case model business case  
checklist





# DQI Framework



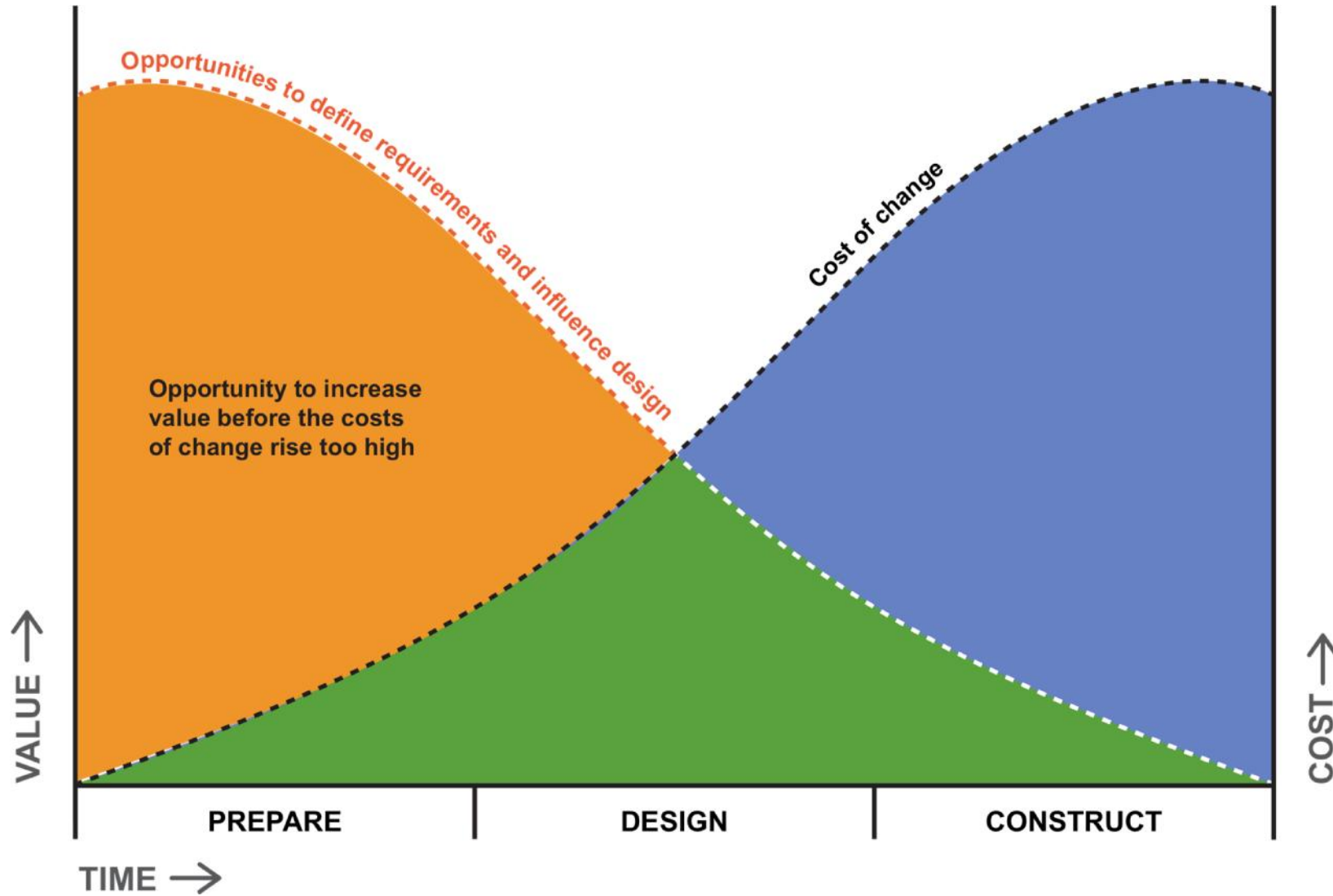


# Briefing

	Functionality	Default	Notes	Value
17	The brief and design will facilitate the [patient care model of the NHE/Client organisation	Required	Critical early question	?
	Build Quality			
30	The engineering systems will be well designed and will be unobtrusive, flexible and efficient to use	Required	Difficult to answer for some panel members at an early stage	?
	Impact			
50	The building will respect the needs of patients and allow appropriate levels of privacy, dignity and confidentiality	Inspired	“A given”	?

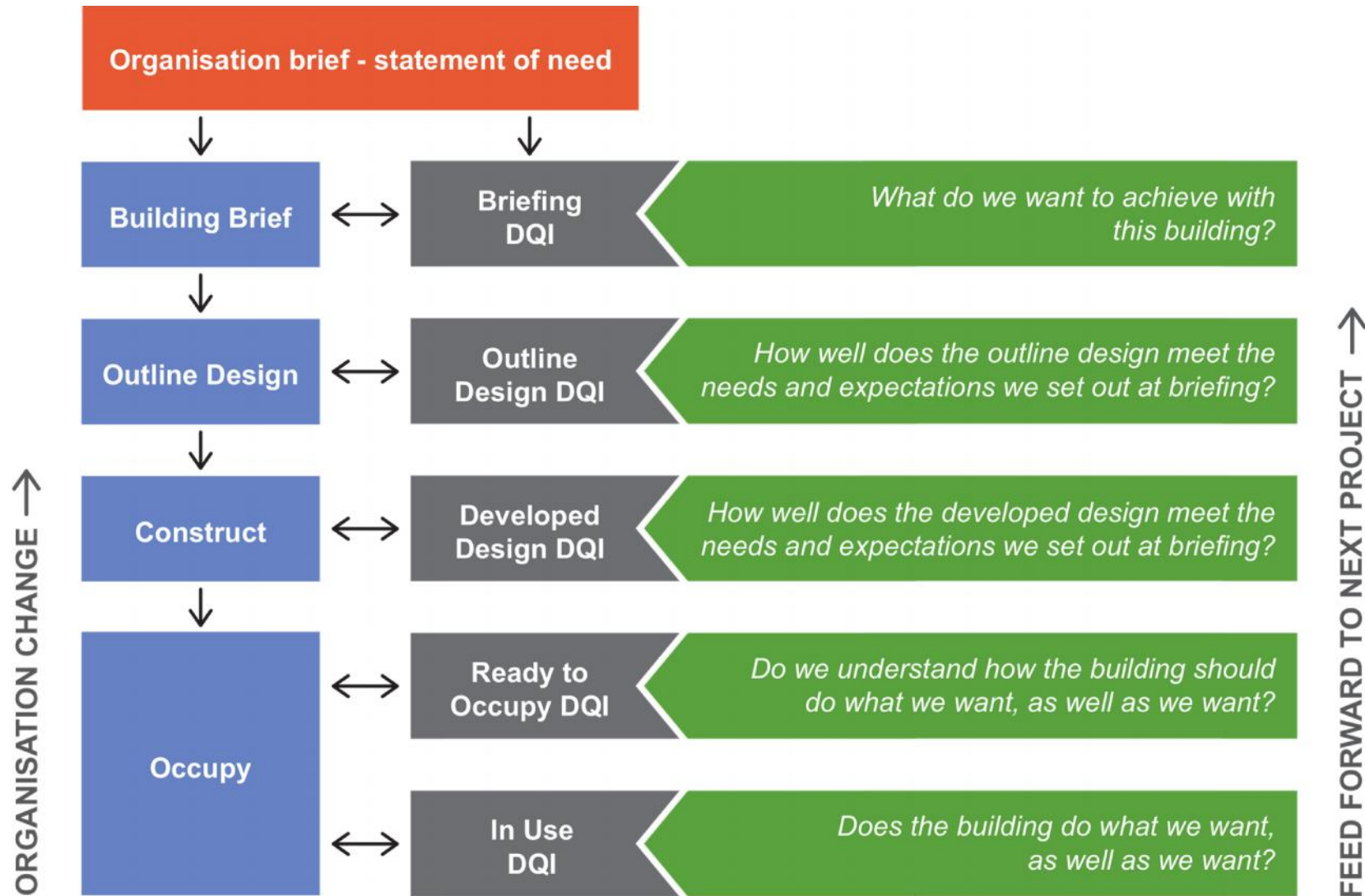


# Timing





# DQI in the project cycle – 5 stages





# The Future

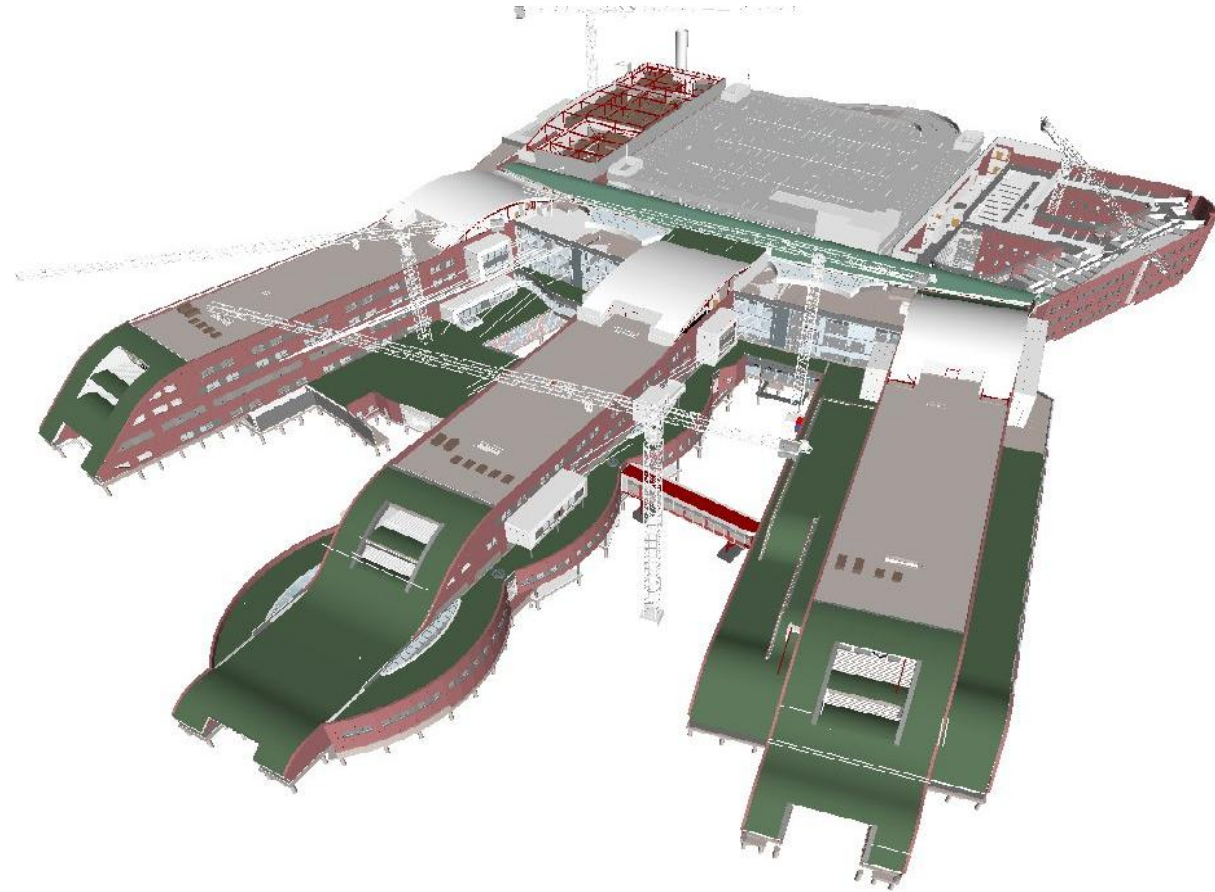
- Is standardisation speeding up the process, improving quality?
- Does standardisation meet local needs?
- Capex/opex ,do we evaluate this well?
- Sustainability
- How will the healthcare estate be procured in the future?





# BIM

- Is BIM the panacea for all our ills?
- Feedback from London and UCH







# Quality

- “...quality, above all, is about care ,people ,passion, consistency, eyeball contact and gut reaction.
- Quality is not a technique, no matter how good”
- Tom Peters “A passion for Excellence”

