



PRELIMINARY PROGRAMME

Beyond the hospital: Form, function and the future health ecosystem



Organised by



www.europeanhealthcaredesign.eu

Register for the Congress: www.europeanhealthcaredesign.eu

Event partners Alder Hey Children's NHS Guy's and St Thomas' NHS NHS Foundation Trust

> RESEARCH> POLICY> PRACTICE



AHDC



Royal College of Art THE HELEN HAMLYN CFINTRF FOR DESIGN

NHS

Moorfields Eye Hospital

• SYKEHUSBYGG

Oriel Creating the centre for



Imperial College Healthcare

NHS



Velindre Univers

GIG

Provisional timetable

March 2025 Launch of the Preliminary Programme

24 April 2025 Deadline for speaker registration

I3 May 2025 Extended early-bird deadline

May 2025 Deadline for full paper manuscripts (30 May) EHD2025 Awards LIVE judging Shortlist webinars

Monday 9 June 2025 08.00–18.00 EHD2025 Congress & Exhibition 18.00–20.30 Welcome drinks reception

Tuesday 10 June 2025 08.00–18.00 EHD2025 Congress, Exhibition & Awards 18.30–22.00 Garden Party

Wednesday 11 June 2025 08.30–12.30: Workshop on Global perspectives: Standards and standardisation at the crossroads 09.00–19.00: Study visits to UK health facilities

Thursday 12 June 2025 09.30–18.00: Study visit to Ireland health facilities



Image credits: Front cover, left to right: Doctor Muñoz Cariñanos Hospital, Spain, designed by Planho Consultores; Oak Cancer Centre, UK, designed by BDP; Montage Health Ohana Center for Child and Adolescent Behavioral Health, USA, designed by NBBJ. Page 20: Louisa Martindale Building, UK, designed by BDP. Back cover: University Children's Hospital Freiburg, Germany, designed by Health Team Vienna: Albert Wimmer and Architects Collective.

Beyond the hospital:

Form, function and the future health ecosystem

As ever greater demands are placed on health systems around the world, healthcare consumes ever larger resources as a share of national incomes. Adopting an ecosystem paradigm is an opportunity to frame the transformation of health.

Despite extraordinary advances in medicine, today's challenges paint a picture of health systems in crisis: ageing populations, the rise of non-communicable disease, longterm conditions and increasing prevalence of mental illness – all set against global workforce shortages, inadequate physical infrastructure and a planetary health emergency.

Adopting a health ecosystem approach to unlocking value from the complex interconnections between patients, providers, payers and community resources offers hope. If health systems can shift focus from sickness to wellness and from standardised to personalised, a more resilient, equitable and sustainable healthcare future awaits.

Beyond building

The potential of an ecosystem approach to reduce demand through preventive measures and reduce costs by shifting services from acute to primary and community care has long been highlighted¹. But now, the possibilities created by the digital revolution and AI, and advances in personalised medicine and life sciences, combined with social and cultural shifts as people take more responsibility for their own health, are enabling the emergence of a new ecosystem of health and wellbeing.

More than almost any other, hospital infrastructure has embraced the doctrine 'form follows function'. As clinical practices evolved, as technology advanced to create new medical procedures, as stretched budgets drove efficiency in human resources, and as socio-cultural practices changed, so did the functional briefs, rendering obsolete otherwise sound buildings and spaces.



Health providers and designers took pride in devising new spatial and tectonic solutions that fitted the brief precisely, like a well-tailored suit. Even when the inevitability of change was acknowledged², it still took time for adaptability to become a core design principle.

However, we seem to have only one way to create the hugely complex organism that is the modern acute medical centre, with its spatially diverse but inextricably interlinked parts. We build hospitals either on greenfield sites or by destroying the disparate set of buildings typical of a longoccupied hospital site. If we can no longer do that, how do we ensure we have the physical and spatial infrastructure to accommodate the healthcare needs of modern society? If we are to rely far less on new hospital building, we need to begin with conceiving of space and form, old and new, as part of this ecosystem.

New thinking

We will always need well-designed, functionally highperforming hospitals. But in what form and in which settings? How do we make more use of the vast underutilised estate? New-build or retrofit, how do we minimise embodied carbon emissions and resource use?

EHD2025 will explore these issues and more. Days one and two will open with keynote plenary sessions, before splitting into five streams. The final session of day two will be devoted to a ceremony to present the EHD2025 Awards, supported by lead sponsor IHP. New this year is a morning workshop on standards and standardisation on day 3.All sessions will be streamed virtually for delegates unable to attend in person.

The Congress will also host a Video+Poster Gallery of innovative research and design projects (pp26–30), an exhibition of design and technology solutions, a Welcome Reception, a Garden Party, and study tours (pp31–34). For sponsorship opportunities, please go to page 35. We look forward to your participation and contribution to another exciting European Healthcare Design Congress in London in June.

I. Nuffield Trust 'Building a 2020 Vision: The future of healthcare environments' (2001) 2. John Weeks, Indeterminate Architecture, 1965



Sunand Prasad

Programme director, European Healthcare Design; Principal, Perkins&Will, UK



Marc Sansom MBA Managing director, SALUS Global Knowledge Exchange, UK

Keynote and featured speakers



Prof Sir Michael Marmot Director, UCL Institute of Health Equity, UK



Kieron Boyle OBE Chair, Impact Investing Institute; CEO and director, 100x Impact Accelerator, UK



Jason Bruges Artist and founder, Jason Bruges Studio, UK



Natalie Forrest Senior responsible officer, New Hospital Programme, Department of Health and Social Care (DHSC), UK



The Programme Committee

The European Healthcare Design 2025 Congress is delivered by SALUS Global Knowledge Exchange in collaboration with Architects for Health and our esteemed international programme committee, the members of which are outlined below. From shaping the Congress themes, to evaluating submission abstracts, to chairing sessions, their knowledge, time and effort are a huge part of the success of the Congress, and we thank them for their contributions.



John Cole CBE Honorary professor, Queen's University Belfast, UK



Nirit Pilosof PhD

Head of research in healthcare transformation, Sheba Medical Center; Faculty member; Tel Aviv University, Israel; Associate, Cambridge Judd Business School, UK



Noemi Bitterman PhD Academic director; Masters of Industrial Design (MID), Technion, Israel



Göran Lindahl PhD Professor, Chalmers University of Technology; Director, Centre of Healthcare Architecture, Sweden



Ganesh Suntharalingam OBE Intensivist, London North West University Healthcare NHS Trust, UK



Christine Chadwick Managing director, Archus, Canada



Sasha Karakusevic BDS, MBA Associate, NHS Horizons, UK



David Allison FAIA, FACHA Alumni distinguished professor and Director of architecture + health, Clemson University, USA



Marte Lauvsnes Manager, Advisory and planning department, Sykehusbygg, Norway



Karin Imoberdorf Dipl Arch, MPH Partner and architect, LEAD Consultants, Switzerland





Duane Passman Director, Percipio Consulting, UK



Harry van Goor MD, PhD Professor of surgical education, Radboudumc, Netherlands



Rhonda Kerr PhD Executive Director Economics, Health Services and Planning, Guidelines and Economists Network International (GENI), Australia



Tom Best MBE, MD Clinical director for critical care and consultant intensivist, King's College Hospital NHS Foundation Trust, UK



Cristiana Caira MArch Artistic professor of healthcare architecture, Chalmers University of Technology; Partner and board member, White Arkitekter, Sweden



Organising committee

Richard Darch Founder, Archus; Director, Healthcare Planning Academy, UK

Kate Copeland Chair, Australian Health Design

Council, Australia Jaime Bishop Chair, Architects for Health; Director, Fleet Architects, UK Jonathan Erskine

Director, European Health Property Network, UK

Jim Chapman

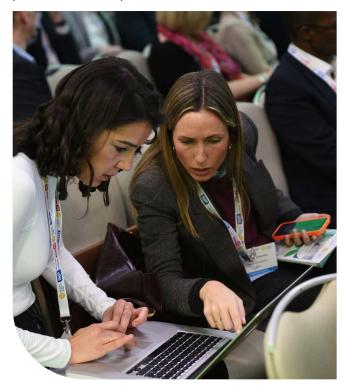
Independent design consultant and client advisor; Visiting professor of architecture, Manchester School of Architecture, UK

EHD2025 LIVE: Enhancing the delegate experience

By blending in-person participation with a fully immersive digital experience on SALUS TV, this year's Congress will build on last year's new and enhanced opportunities for knowledge exchange, professional development and networking.

The 11th European Healthcare Design 2025 Congress, Awards and Exhibition is returning to the prestigious Royal College of Physicians in London, UK.

The venue is expected to sell out quickly, as world-leading practitioners, researchers and policy thinkers from around the world will join the event in person as delegates and as speakers to give talks, present posters, and participate in panels and workshops.





But with a live conference stream on SALUS TV feeding into our fully integrated virtual event platform, delegates will have the choice, like last year, of whether to participate in person or virtually, providing new opportunities to access talks and expert content from anywhere in the world. Virtual participation can be particularly beneficial for next generation professionals from research and practice to support professional development, but who may not receive funding to participate in-person.

In-person and virtual delegates will enjoy networking and professional development opportunities, building knowledge of the socio-economic global context, and emerging practice, skills and core competencies in designing and planning health services, technology and infrastructure, project management, and the evidence base for healthcare design, sustainable development and quality improvement.



Intuitive user interface

Easy to engage in sessions, no matter where you are Our intuitive hybrid event platform is designed to highlight key events and enable attendees to drill down to sessions of specific interest. Virtual and in-person attendees can engage in sessions using engagement tools such as chat and Q&A.

Connect with more people

Foster connections both online and offline

Connect and foster engagement with fellow attendees virtually and in person throughout the event. Attendees have multiple options to connect and message other attendees in person or connect with each other virtually via one-to-one chats, video calls and lounges.

On-demand content

Choose when to view talks and sessions

All registered participants will also receive virtual access to both 'live' streaming and video recordings of all sessions for 'on-demand' viewing for two months after the event. So as an in-person delegate, choosing one parallel session or stream no longer means you miss viewing the talks in the other streams.

Native mobile app

A fully immersive experience

In-person and virtual attendees will be able to download a native, branded mobile application to browse session listings, connect and message other participants, both on-site and virtually, and view sponsors, partners, exhibitors and the programme agenda. The mobile app complements the in-person experience while enabling virtual attendees to engage remotely using engagement tools such as chat and Q&A.



08.00 **Registration opens** All programme times are British Summer Time (BST)

| Openir | ng keynote plenary | | Ses |
|-----------------|--|-------|-----------------------|
| 25) | Session I Chair: Sunand Prasad OBE, | | Re Cł |
| 08.45 | Programme director, European Healthcare Design; Perkins&Will, UK Opening remarks | 10.45 | St. co Di |
| 09.00 | Health equity in the health ecosystem: Marmot places Prof Sir Michael Marmot, Director, UCL Institute of Health Equity, UK | 11.05 | Cli Im Mu |
| 09.30 | Impact Investing to promote health equity and improvement Kieron Boyle, Chair, Impact Investing Institute; CEO and director, 100x Impact Accelerator, UK | 11.25 | Cc At Fra As |
| 10.15– 10.45 | Video+Poster Gallery, exhibition, coffee and networking | 11.45 | Th Ibr |
| | | 12.05 | Pa |



Session 2 Reimagining healthcare in the community Chair: John Cooper, JCA, UK

| 10.45 | St. Mary's and Grand River Hospitals: A unified vision for community wellbeing, collaboration and innovation Diego Morettin, Dorsa Jalalian, DIALOG, Canada Cliff Harvey, Grand River Hospital / St. Mary's General Hospital, Canada |
|----------------|---|
| 11.05 | Imagining Aerotropolis Mungo Smith, MAAP Architects, Australia |
| 11.25 | Community Health House: A proposition Ab Rogers, Ab Rogers Design, UK Francesca Bertolotti-Bailey, DRU+, Italy Ash Ranpura, DRU+, UK |
| 11.45 | The future healthcare experience: Lessons from retail Ibrahim Ibrahim, Portland Design, UK |
| 12.05 | Panel discussion |
| 2.30- 4.00 | Video+Poster Gallery, workshop, exhibition, lunch and networking |
| 2.45– 4.00 | Lunchtime workshop: Designing efficient healthcare facilities For more information, see page 24 |



Session 3 Designing healthy ecosystems Chair: Stephanie Costelloe, BVN, Australia

| 14.00 | Planting seeds for a healthy ecosystem: A case study Stuart Elgie, DIALOG, Canada Chuck Wertheimer, Resource Planning Group, Canada Gavin Wardle, Preyra Solutions Group, Canada |
|-------|---|
| 14.20 | Pioneering care beyond Queensland: A new wave of decentralised, rapid and resilient health infrastructure Rebecca Moore, Architectus Conrad Gargett, Australia |

| The healthy neighbourhood at North Manchester General Hospital: An innovative approach to improve |
|--|
| health outcomes Emma Tanti. Pozzoni Architecture. UK |
| |

Alyssa Muche, TSA Riley, Australia

15.00 Panel discussion

15.30– Video+Poster Gallery, exhibition,16.00 coffee and networking

- Session 4 Integrating the city health campus Chair: Chris Liddle, HLM Architects, UK
- 16.00 Developing an integrated, vibrant and SMART health campus – a Singapore case study Yan Yan, Kirk Chuan Wong, Woodlands Health, Singapore Jason Cheah, National Healthcare Group / Woodlands Health, Singapore
- 16.20 Creating a sticky campus within a health precinct: Non-clinical partner strategies for better health outcomes Tara Veldman, BLP, Australia Sam Shepherd, Bellringer, Australia
- 16.40 A case study for a new collaborative approach to the design and procurement of major healthcare projects Jason-Emery Groen, HDR Architecture Associates, Canada Karen Stockton, The Ottawa Hospital, Canada Robin Snell, Parkin Architects, Canada

17.00– Panel discussion 17.15



blenary Supported by



Chair: Sunand Prasad OBE, Programme director, European Healthcare Design; Perkins&Will, UK

17.15



Jason Bruges, Artist and founder, Jason Bruges Studio, UK

17.45– Closing remarks

- 18.00 Sunand Prasad OBE, Programme director, European Healthcare Design; Principal, Perkins&Will, UK
- 18.00– Welcome drinks reception, Exhibition,20.30 Video+Poster Gallery



Stream 2: System and infrastructure transformation 9 June, Seligman Theatre



| | Session 6 Remodelling and unblocking health systems Chair: Matthew Tulley, Imperial College Healthcare NHS Trust, UK | | Session 7 Transformative infrastructure programmes Chair: Peter Ward, King's College London; Guy's and St Thomas' NHS Foundation Trust, UK | G | Session 8 Designing for integrated and community care Chair: Jaime Bishop, Architects for Health, UK |
|-----------------|--|----------------|--|-----------------|--|
| 10.45 | The 'vital few': Understanding and improving the healthcare ecosystem – the case of intermediate care Hamish Dibley, Dibley Consulting, UK | 14.00 | Leading transformative capital programmes: Primary research exploring approaches taken to embed clinical and digital transformation in programmes Samuel Rose, Nicole Samuel, IMPOWER, UK | 16.00 | Flexibility and participation to implement the design of Italian Integrated Community Healthcare Centres Eletta Naldi, University of Florence, Italy |
| 11.05 | Bed-blocking and flow: Navigating the hospital traffic jam Pollie Boyle, Kirstie Edwards, Krysta George, Mott MacDonald, UK | 14.20 | Advancing healthcare infrastructure through partnership working, relationship maturity, and capital prioritisation: Insights from Bristol, North Somerset | 16.20 | Transforming primary and community care: Healthcare buildings as citizen public spaces Albert Vitaller, Laia Isern, VITALLER arquitectura, Spain |
| 11.25 | Beyond bed counts: Examining Ninewells Hospital's | | and South Gloucestershire ICB infrastructure strategy Beverley Letherby, Martin Rooney, Archus, UK | 16.40 | A journey through integrated health and social care hubs in Scotland |
| | approach to flow management Muhammad Ahmed Saeed, Abertay University, UK | 14.40 | "The hospital will only do what only the hospital can do": Lessons on co-production from a New Hospital | | Calum MacCalman, NORR, UK Andrew Baillie, NHS Greater Glasgow and Clyde, UK |
| 11.45 | Clustering building zones to maximise efficiency in primary, acute and tertiary settings: A study | | Programme site Helena Jopling, West Suffolk NHS Foundation Trust, UK | 17.00– 17.15 | Panel discussion |
| | of different geographies and typologies Conor Ellis, Health Planning and Delivery, Ireland | 15.00 | Panel discussion | 17.15 | |
| 12.05 | Panel discussion | 5.30- 6.00 | Video+Poster Gallery, exhibition, coffee and networking | | |
| 2.30– 4.00 | Video+Poster Gallery, workshop, exhibition, lunch and networking | | | | |

Stream 2 will be brought to a close at 17.15, whereupon delegates are invited to return to the Wolfson Theatre for the day's closing plenary session (17.15–17.50).

Stream 3: Health planning and investment 9 June, Council Chamber

^{Supported by} mjmedical

| 5 | Session 9 Standards, guidelines and design innovation Chair: Sunand Prasad OBE, Programme director, European Healthcare Design; Perkins&Will, UK | | Session 10 Post-occupancy evaluation Chair: Dan Gibson, MJ Medical, UK | B | Session II Strategic planning toolkits Chair: Bonnie Chu, Ramboll UK, UK |
|--------|---|----------------|---|----------------|--|
| 10.45 | Standards and guidance: A vision for the future Pradipti Verma Regina Kennedy, Lexica, UK | 14.00 | Showcasing student contributions to evidence-based design: Conducting post-occupancy evaluation studies on the public spaces in a Dutch university | 16.00 | Master planning for the future: a strategic planning toolkit for NHS estates in a time of change Rachelle McDade, Currie & Brown, UK |
| 11.05 | Standardisation in Australian hospital design: Balancing innovation and humanistic environments Oana Gavriliu, Hassell, UK | | medical centre Liesbeth van Heel, Erasmus MC, Netherlands Deirdre Casella, Auke Brugmans, Dennis Glasbergen, Mimi Lie Wei Lie, Rotterdam University of Applied | | Miliana Dotcheva, Royal Free London NHS Foundation Trust, UK Rafael Marks, Perkins&Will, UK |
| | Jack Kerlin, Stantec, Australia Stephen Watson, Hassell, Australia | 4. 5 | Sciences, Netherlands Designing for recovery: The impact of human-centred | 16.20 | Using digital solutions to generate high-quality compliant design and robust business cases |
| 11.25 | 11.25 Designing for hospital programmes – the art and architecture of localising standardisation | 11.13 | design on mental health outcomes using Highgate East as a case study Mark Carter, John Naylor, Ryder Architecture, UK | | in weeks not months Brian Niven, Jon Gray, Mott MacDonald, UK |
| | Sannah McColl, Architectus, Australia Codey Lyon, AECOM, Australia | 14.30 | | 16.40 | Generative Al-supported horizon scanning for UK healthcare futures |
| 11.45 | 11.45 Putting the heart into H2.0 Valentina Chisci, Perkins&Will, UK Jim Hackett, James Paget University Hospitals NHS Foundation Trust, UK | | post-occupancy study Anders Medin, White arkitekter, Sweden | | Steven Libralon, Anni Feng, Hoare Lea, UK |
| | | 14.45 | Design intentions and outcomes: A critical case study | 7.00– 7. 5 | Panel discussion |
| | Justin Starck, Portland Design, UK | | of the West Park Healthcare Centre redevelopment | | |
| 12.05 | Panel discussion | | Elika Herischi, Marsha Spencer, Cannon Design, Canada Martha Harvey, University Health Network – West Park Healthcare Centre, Canada | | |
| 12.30- | Video+Poster Gallery, workshop, | | Jason Dobbin, Montgomery Sisam Architects, Canada | | |
| 14.00 | | 15.00 | Panel discussion | | |
| | | 5.30- 6.00 | Video+Poster Gallery, exhibition, coffee and networking | | |

Stream 3 will be brought to a close at 17.15, whereupon delegates are invited to return to the Wolfson Theatre for the day's closing plenary session (17.15–17.50).

| | Session 12 Designing for emergency care Chair: Dr Tom Best, King's College Hospital, UK | | Session 13 Designing for patient safety Chair: Dr Ganesh Suntharalingam, London North West University Healthcare NHS Trust, UK | | Session 14 Healthcare workforce wellbeing Chair: Unni Dahl, Sykehusbygg, Norway |
|----------------|--|----------------|--|-----------------|---|
| 10.45 | Optimising emergency care: Smart strategies for affordable, compact and high-performance design solutions in the emergency department Deborah Wingler, Colby Dearman, HKS, USA | 14.00 | Disrupting the status quo: Applying evidence-based design to reduce HAIs, prevent patient falls and improve safety at the new Cowichan District Hospital Kyle Basilius, Melinda Lobo, Parkin Architects, Canada Corrine Pettigrew, Island Health, Canada | 16.00 | Refining a mixed-method toolkit for examining the wellbeing of nurses in psychiatric facilities Milica Vujovic, Maja Kevdzija, University of Technology Vienna (TU Wien), Austria Matthäus Fellinger, Klinik Hietzing Wien, Austria |
| 11.05 | From velocity to value: The evolution of emergency care Cherizza Choi, Bernadette Bhakti, Lexica, UK | 14.20 | Updated guidance for infection prevention and control in hospital planning, and challenges with water systems Lilian Leistad, Anita Wang Børseth, Norwegian Hospital Construction Agency (Sykehusbygg), Norway | 16.20 | Architectural design parameters and its effect on the wellbeing of nurses Manasi Deshpande, Sujata Karve, Dr. Bhanuben Nanavati College of Architecture, India |
| 11.25 | A new 'integrated front door' to reimagine the emergency department Tom Gilbert-Rule, Gilling Dod, UK Julian Auckland-Lewis, Elizabeth Barneby, Great Western Hospitals NHS Foundation Trust, UK | 14.40 | Beyond the dirty corridor: Designing facilities for surgical procedures that improve patient safety Iván Paul Martín Jefremovas, Valencian Regional Government (Generalitat Valenciana), Spain | 16.40 | Supporting a healthy workforce for the NHS Sharon Cook, P+HS Architects, UK Hannah Gallacher, Northumbria Health and Care Academy, UK |
| 11.45 | Precedent setting emergency care for seniors Lisa Tobin, Cumulus Architects, Canada Tessa Ringer, University Health Network, Canada | 15.00 | Panel discussion | 17.00– 17.15 | Panel discussion |
| | Roxana Kobuta, Resource Planning Group, Canada | 5.30- 6.00 | Video+Poster Gallery, exhibition, coffee and networking | | |
| 12.05 | Panel discussion | | | | |
| 2.30– 4.00 | Video+Poster Gallery, workshop, exhibition, lunch and networking | | | | |

Stream 4 will be brought to a close at 17.15, whereupon delegates are invited to return to the Wolfson Theatre for the day's closing plenary session (17.15–17.50).

Stream 5: Art, design and inclusivity 9 June, Platt Room

| | Session 15 Art and inclusive design Chair: Ruth Charity, Oxford University Hospitals NHS Foundation Trust, UK | S | Session 16 The healing power of art: Integrating art into hospital spaces Chair: Laura Waters, University Hospitals of Derby | | Session 17 Art, wayfinding and the patient journey Chair: Neil Orpwood, HLM Architects, UK |
|---|---|-----------------|---|-----------------|--|
| 10.45 | Art as a curative tool | | and Burton NHS Foundation Trust; National Arts in Hospitals Network, UK | 16.00 | Beyond signage: The impact of architectural elements as wayfinding anchors in healthcare settings |
| | Lynn Lindley, Arcadis, UK Hetty Dupays, Royal United Hospitals Bath NHS Foundation Trust, UK | 14.00 | Panel: Ruth Charity, Oxford University Hospitals NHS Foundation Trust, UK | | Smeya Shirley Deborah Prince Jawahar, Todd Accardi, Kalpana Kuttaiah, Perkins&Will, USA |
| 11.05 | 1.05 Community and co-existence in healthcare: How design learning at the sharp end of emergency departments and mental health inpatient facilities can enhance design in all healthcare environments | | This talk outlines the benefits of involving artists at the early stages of hospital design. Focusing on a number of exemplary case studies, it will explore best practice – from engagement with stakeholders to collaborative working between artists and architects – and reflect on the power | 16.20 | Case study: Indigenous art and wayfinding within a hospital has measurable health outcomes for the local communities in regional New South Wales, Australia Brent Railton, Studio STH,Australia |
| Craig McDonald, Bucki Trust, UK | Gerd Sortland, Camden and Islington NHS Foundation | | of the arts to create inclusive, positive and humane spaces that support the health and wellbeing of patients, visitors and staff. The session is organised by NAHN, the National Arts in Hospitals Network, and will launch NAHN's new toolkit on | 16.40 | Human-centred design of healthcare environments: Investigating wayfinding experiences of older people with visual impairments Parastoo Zali, Lori B McElroy, University of Strathclyde, UK Mario Ettore Giardini, University of Dundee, UK |
| 11.25 | Championing mental health recovery through creativity and co-design Niamh White, Tim A Shaw, Hospital Rooms, UK | 15.30- 16.00 | the arts and environment. Video+Poster Gallery, exhibition, coffee and networking | 17.00– 17.15 | Panel discussion |
| 11.45 | The role of art and lighting in the redevelopment of a lower-ground floor hospital department Andrew Hall, Laura Bradshaw, CW+, UK | | U U | | |
| 12.05 | Panel discussion | | | | |
| 2.30– 4.00 | Video+Poster Gallery, workshop, exhibition, lunch and networking | | | | |
| | | | | | |







LOWRY MEDIACITY | SALFORD

GREATER MANCHESTER



> RESEARCH

> PRACTICE

> POLICY

CALL FOR PAPERS

Transitions to health Planning, policy and impact investment

Abstract submission deadline: 28 May 2025



info@salus.global www.healthycitydesign.global









Salford City Council

Journal Partner



Silver Knowledge Leader





Congress themes

- > Impact investment and good governance Mobilising capital for place-based investment that builds diverse, inclusive and prosperous communities
- > Community impact

Empowering communities to design and lead changes to systems and environments driving health inequalities

- > Homes and neighbourhoods Creating healthier and inclusive living spaces that enhance residents' quality of life and contribute to thriving communities
- > Urban design, placemaking and the public realm Urban strategies that promote compact and vibrant cities, prioritise wellbeing, and foster community resilience

> Transport, mobility and movement

Innovative, inclusive and accessible transportation strategies that promote healthy active travel and sustainable mobility

> Planetary health

Embedding planetary health and circular economy principles into urban governance, policy, design and implementation

- > Workplace design, innovation and the knowledge economy Digital transformation, new workplace models and the role of innovation districts in promoting economic and social development
- > Population health and health system transformation Hospital to community: Delivering place-based care through crosssector partnering and health planning across local health economies



Who should submit a paper and attend?

- City governance and policy makers
- Community leaders and voices
- Urban designers and planners
- Public health and general practitioners
- Clinicians and healthcare professionals
- Health system leaders
- Commercial property developers
- Health and social care planners
- Sustainability and ESG practitioners
- Academics and researchers

- Economists and social scientists
- Occupational therapists
- Institutional investors
- Business leaders
- Technology leaders
- Real estate investors
- Senior public servants
- Environmental groups
- Architects and engineers
- Housing developers

Submit your abstracts by 28 May 2025 at www.healthycity.design.global



Event partners





ISGIODAI Barcelona Institute for Global Heal











360 dearee

society



08.00 Registration opens All programme times are British Summer Time (BST)



Opening keynote panel

Session 18 Chair: Jaime Bishop, Architects for Health, UK

08.45 Opening remarks

09.00 Hospital 2.0: Design and delivery that will support world-class patient care

Following the New Hospital Programme review, the UK Government confirmed funding and a realistic timetable to put the Programme on track to deliver all of its hospital projects. Now, the New Hospital Programme can pivot to delivery at pace.

Hosted by senior members of the New Hospital Programme team, this panel will discuss how Hospital 2.0, a new, innovative approach to hospital design and delivery, has been developed to meet the needs of patients, staff and the wider public now and in the changing years ahead.

Speakers will cover the technical design of Hospital 2.0, presenting case studies that demonstrate how the standardised way of designing, costing and delivering new hospitals will support NHS staff to deliver for their patients. With extensive engagement from clinical, workforce, patients and the public, the session will also discuss how this has influenced design and integration into local communities.



Natalie Forrest, Senior responsible officer, New Hospital Programme, DHSC, UK



Alpa Patel, Interim integration director, New Hospital Programme, NHS England, UK



Andrew Parks, Managing consultant, Mott MacDonald, UK

Technical services director,

New Hospital Programme,

Doug Baldock,

NHS England, UK

Supported by

FJS



Session 19

Healthy communities and the urban hospital Chair: Paul Bell, Ryder Architecture, UK

- 10.45 Managing risk to deliver world-class acute service replacement hospitals Hank Adams, Michael Street, HDR, USA Rachael Patel, HDR, UK
- 11.05 New Footscray Hospital: Delivering a new type of health facility within a public-private partnership framework Paul Curry, Patrick Ness, COX Architecture, Australia Mark Mitchell, BLP, Australia Richard Osborne, Plenary, UK
- 11.25 Urban healing a big campus vision anchored in pragmatism Michael Banman, Michael Moxam, Stantec, Canada
- 11.45 New acute hospital in Midlands completes: Setting a new standard in clinical healthcare design Jane Ho, HKS, UK

12.05 Panel discussion

- 12.30– Video+Poster Gallery, workshop, exhibition,
- 14.00 lunch and networking
- 2.45– Lunchtime workshop:
- 14.00 Bridging the gap: Delivering system and organisational change as part of transformative capital investment



For more information, view page 24



Fiona Lennon, Deputy clinical director, New Hospital Programme, NHS England, UK

10.15- Video+Poster Gallery, exhibition, coffee and networking 10.45



Session 20 Cancer care by design Chair: Richard Mann, AECOM, UK

14.00

Embreathment, embodiment, environmental enrichment and improved oncology outcomes in Israel's newest cancer centre Tye Farrow, Farrow Partners, Canada

14.20 Weaving the threads: Embracing cancer care through humanistic interior design Nancy Logan, Nick Kennedy, DIALOG, Canada Nancy Maerz, Stantec, Canada

14.40 The Cambridge Cancer Research Hospital: Transforming the story of cancer Julia Davies, NBBJ, UK

| 15.00 | Panel discussion |
|----------------|---|
| 5.30- 6.00 | Video+Poster Gallery, exhibition, coffee and networking |



Session 21 Beyond borders: Global healthcare insights and challenges Chair: Matthew Blair, BVN, UK

 16.00– Panel: Christine Chadwick, Archus, Canada;
 17.15 Neil Logan, BVN, Australia; Clare White, O'Connell Mahon Architects, Ireland; Claire Colgan, Turner & Townsend, UK

> This panel discussion brings together design, planning and policy, experts from countries such as Canada, the UK, Ireland and Australia to share their unique insights, challenges and strategies. This discussion aims to highlight both the commonalities and differences between systems and explore how lessons from one region can be applied to another.

> They will share examples of how different countries have reimagined healthcare facility design to improve resilience, infection control and patient flow during health crises, while also considering long-term sustainability.

This session aims to foster a collaborative dialogue around the future of healthcare architecture. Audience engagement will encourage open discussion on the commonalities between healthcare systems, focusing on how global collaboration in hospital and healthcare environment design can improve patient outcomes.





Supported by

Closing plenary and Awards

| 17.15 | European Healthcare Design 2025 Awards ceremony |
|-------|---|
| | Presented by: Jaime Bishop, Architects for Health, UK |

17.45– Closing remarks

18.00 Sunand Prasad OBE, Programme director, European Healthcare Design; Principal, Perkins&Will, UK

| 18.30- | Garden Party |
|--------|----------------|
| 22.00 | and live music |

Supported by Jacobs





Session 23 Digital design and decarbonisation Chair: Göran Lindahl, Chalmers University, Sweden

| 08.45 | Use of digital twins in the decarbonisation of healthcare infrastructure |
|-------|--|
| | Abhi Shekar, Mott MacDonald, UK |

| 09.05 | Transforming hospital management with digital twins and connected platforms |
|-------|---|
| | Spencer ten Brink, Autodesk, Germany |
| | Matthias Wasem, BIM Facility, Switzerland |

09.25 Decarbonising healthcare estates through technology Emily Scoones, Stuart A McArthur, Ramboll, UK

09.45 Panel discussion

10.15– Video+Poster Gallery, exhibition, coffee and networking10.45



Session 24

Masterplanning technology transformation Chair: Brenda Bush-Moline, Stantec, USA

| 10.45 | Advancing healthcare design: Technology transformations shaping the future Bruce Crook, Architectus Conrad Gargett, Australia |
|----------------|--|
| 11.05 | Progressive adoption of automation in large-scale acute hospitals: A planning strategy for nimble phygital health campuses Sumandeep Singh, HKS, Singapore Lawrence Kam, HKS, Singapore |
| 11.25 | Empowering our SMART healthcare future: The data centre opportunity Kevin Cassidy, WSP, Canada |
| 11.45 | Integrative digital transformation in healthcare: Technology master planning for a resilient health ecosystem Con McGarry, Arcadis, UK |
| 12.05 | Panel discussion |
| 2.30– 4.00 | Video+Poster Gallery, workshop, exhibition, lunch and networking |

info@europeanhealthcaredesign.eu



Session 25 Digital transformation of care and workflows

Chair: Prof Harry Van Goor, Radboudumc, Netherlands

- 14.00 The inpatient room as a microcosm of care transformation: Designing for the digital-physical future David Nicholson, Tektology, UK Christine Chadwick, Archus, Canada
- 14.20 Digital transformation of clinical workflows in hospitals Kevin Higgins, Austco Healthcare (Global), USA Peter Ball, Austco Healthcare (Europe), UK
- 14.40 SMART operating theatres Richard McAuley, Brandon Medical, UK

| 15.00 | Panel discussion |
|----------------|---|
| 5.30– 6.00 | Video+Poster Gallery, exhibition, coffee and networking |



Session 26 Designing for virtual care

Chair: Jonathan Erskine, European Health Property Network, UK

- Building trust: Designing for remote care insights from an international multidisciplinary symposium Nirit Pilosof, The University of Cambridge, Israel Deane Harder, Bern University of Applied Sciences, Switzerland Rahel Inauen, Emma Nadol, David Wollschlegel, Minou Afzali, Swiss Center for Design and Health, Switzerland
- 16.20 VRCONNECT: A VRx-centred remote care system ticking all the boxes of healthcare challenges Harry van Goor, Radboudumc, Netherlands
- 16.40 Integration of immersive virtual environments in healthcare research and design Michelle Pearson, Nishan Khatiwada, Texas Tech University, USA

17.00- Panel discussion 17.15



| S | Session 27 Design research and the patient experience Chair: David Allison, Clemson University, USA | | Session 28 Inclusive mental health design Chair: Lianne Knotts, Medical Architecture, UK |
|-----------------|---|-------|---|
| 08.45 | The therapeutic power of the Maggie's Centre: Experience, design and wellbeing – where architecture meets neuroscience Caterina Frisone, Università IUAV di Venezia, Italy | 10.45 | Transforming mental healthcare: Innovative design, planning and community collaboration at Montfort Hospital's Mental Health Emergency Zone Cédric du Montier, Kimberley Kennedy, Parkin Architects, Canada |
| 09.05 | Chemotherapy day units: A pilot study to understand the operational impacts of patient-centred design Tara Veldman, Mark Mitchell, Billard Leece Partnership,Australia | 11.05 | Post-implementation lessons learned for continued optimisation of physical environment Stence Guldager, Arkitema, Denmark |
| 09.25 | Reactivating Hospital: Active patients through spatial design Femke Feenstra, Gortemaker Algra Feenstra, Netherlands | 11.25 | A best design practice conversation about post-traumatic stress disorder: Two Canadian case studies for first responders Guela Solow, Son van Huynh, ARK, Canada Simon Ostapenko, ARK, Ukraine Anisette Ruda, Tel Aviv University, Israel |
| 09.45 | Panel discussion | | Anisette Ruda, Ter Aviv Oniversity, israel |
| 10.15– 10.45 | Video+Poster Gallery, exhibition, coffee and networking | 11.45 | Global lessons from Te Ao Mãori: Integrating cultural principles in mental health facility design Jorge Anaya, Jacobs, New Zealand Jacque Jones, Jacobs, Australia Adam Flowers, CCM Architects, New Zealand |
| | | | |

12.05 Panel discussion

12.30- Video+Poster Gallery, workshop, exhibition, lunch and networking 14.00



14.40

Session 29 Innovations in design methods Chair: Cristiana Caira, White, Sweden

14.00 Optimising the design of adolescent crisis stabilisation units: An approach integrating artificial intelligence, physical mock-up simulations and behavioural mapping Roxana Jafarifiroozabadi, Cheng Zang, Texas A&M University, USA Stephen Parker, Stantec, USA
 14.20 Leveraging user involvement and full-scale testing

Janina Zerbe, KHR Architecture, Denmark

Using participatory processes to go beyond normative

Felicity Coughlan, Carl Meddings, Zoë Quick, Centre



Session 30 Design for young and old Chair: Iona McAllister, MJ Medical, UK

- Whole life care: Delivery of specialist and tertiary services through the journey of the patient Jenni Bronock, Perkins&Will, UK Anne Stanton, Stacey Walton, Leeds Teaching Hospitals NHS Trust, UK
 Using co-design to create an empathic paediatric operating theatre experience Alyson Walker, Royal Hospital for Children, Glasgow, UK Christopher Collins, NHS Greater Glasgow and Clyde, UK
 - 16.40 Research, ideation and exploration: A collaborative approach to transforming paediatric hospitals Roxane Bejjany, KPMB Architects, Canada Michaela Cada, The Hospital for Sick Children (SickKids), Canada Tim Eastwood, Stantec, Canada



15.00 Panel discussion

15.30– Video+Poster Gallery, exhibition,16.00 coffee and networking

to improve healthcare design

design of mental health spaces

for Alternative Technology, UK

17.00- Panel discussion 17.15

Stream 8 will be brought to a close at 17.15, whereupon delegates are invited to return to the Wolfson Theatre for the day's closing plenary session (17.15–17.50).

| E | Session 31 Decarbonising healthcare Chair: Jim Chapman, visiting professor, Manchester School of Architecture, UK | | Sessio Adaj Chair |
|-----------------|--|-------|-------------------------|
| 08.45 | Decarbonising healthcare: A collaborative path to net zero in Sussex Integrated Care Board Lucy Symons-Jones, Lexica, UK | 10.45 | Cura and h Gorde |
| 09.05 | NHS Orkney decarbonisation Charlie McQuilkin, NORR, UK | 11.05 | The r Maria Marc |
| 09.25 | Decarbonisation of healthcare in Wales Andrew Street, Arcadis, UK | 11.25 | Adapt Ann-F |
| 09.45 | Panel discussion | 11.45 | The in |
| 10.15– 10.45 | Video+Poster Gallery, exhibition, coffee and networking | | mode Cecili |
| | | 12.05 | Panel |
| | | 12.20 | Vida |



sion 32 laptive reuse, retrofit and refurb

air: Victoria Head, Archus, UK

| 10.45 | Cura Day Surgery: Redefining patient-centred care through adaptive reuse and humanistic design Gordon Gn, Joey Tan, HKS Architects, Singapore |
|----------------|---|
| 11.05 | The real costs of refurbishment in healthcare facilities – challenges and innovations Maria Luigia Assirelli, Floyd Slaski Architects, UK Marc Atienza, Ashford and St Peter's Hospitals NHS Foundation Trust, UK |
| 11.25 | Adaptive reuse: The power of interior interventions Ann-Kathrin Salich, An(n) Architecture Solution, Germany |
| 1.45 | The intensive care unit at Södersjukhuset – 20th century modernism meets modern medtech Cecilia Spannel, LINK arkitektur, Sweden |
| 12.05 | Panel discussion |
| 2.30– 4.00 | Video+Poster Gallery, workshop, exhibition, lunch and networking |

| 1 | |
|---|-----|
| 1 | 1 D |
| | 121 |
| | |

Session 33 Designing for net zero Chair: Lucy Symons-Jones, Lexica, UK

| 14.00 | Enough is more – sufficiency as a design strategy |
|-------|--|
| | Giulia Scialpi, archipelago; Univerity of Liège, Belgium |

14.20 Healing cities: A landscape approach to healthcare ecosystems Christopher Wright, Andrew Tempany, Lynne Houlbrooke, Stephenson Halliday (RSK Group), UK

14.40 Transforming hospital design for a net-zero future: Lessons from the UK and Spain Nathan Shelley, AECOM, UK Eric Trillo, AECOM, Spain

15.00 Panel discussion15.30- Video+Poster Gallery, exhibition,

16.00 coffee and networking



16.20

Session 34 Climate-smart structures and materials Chair: Katie Wood, Archus, UK

16.00 Modular and circular: Redefining the future of healthcare architecture Hieronimus Nickl, Nickl & Partner, Germany

> Health in timber Karl-Johan Gydell, Sweco Architects; Chalmers University of Technology, Sweden Magnus Falk, RISE, Sweden

16.40 The interconnectedness of human and environmental health: Biogenic materials in healthcare architecture Hala El Khorazaty, Asif Din, Perkins&Will, USA

17.00- Panel discussion 17.15



Stream 9 will be brought to a close at 17.15, whereupon delegates are invited to return to the Wolfson Theatre for the day's closing plenary session (17.15–17.50).

Stream 10: Project showcase 10 June, Platt Room







Session 35 Hospital design showcase Chair: Justin Harris, Arcadis, UK

| 10.45 | A hospital in a garden and a garden in a hospital: A new design approach on pairing biophilia principles with sustainable design strategies for one of the largest new medical centres in the world Tye Farrow, Farrow Partners, Canada |
|-------|--|
| 11.00 | Transforming paediatric care: The project reveal of new Nicklaus Children's Hospital Surgical Tower Hala El Khorazaty, Amy Sickeler, Perkins&Will, USA |
| 11.15 | Health promoting healthcare in a sustainable urban environment Paula Block Philipsen, White architects, Sweden |
| 11.30 | Innovation and technology as essential tools for dense cities – optimising the operations of verticalised hospitals Lara Kaiser, Perkins&Will, Brazil |
| 11.45 | Architecture is care Luisa Fontana, LFA – Architecture & Engineering, Italy |
| 12.00 | Panel discussion |

12.30- Video+Poster Gallery, workshop, exhibition, lunch and networking 14.00



Session 36 Mental health design showcase Chair: Karin Imoberdorf, LEAD Consultants, Switzerland

- 14.00 Woodland View eight years on Karen Flatt, Arcadis, UK
- 14.15 Hafod Farm a pilot Homestead project Heather Macey, Makower Architects, UK Andrew Howe, South London and Maudsley NHS Foundation Trust, UK
- 14.30 Ipswich Hospital Mental Health Unit: The value of restoring dignity to the healing journey Stephen Watson, Hassell, Australia
- 14.45 Three words: Early intervention = wellbeing Graham Harris, Arcadis, UK
- 15.00 Panel discussion
- 15.30– Video+Poster Gallery, exhibition,16.00 coffee and networking



Session 37 **Tertiary hospital design showcase Chair: Gonzalo Vargas,** Perkins&Will, UK

- 16.00 Sunderland Eye Hospital: Health at the heart of urban regeneration Philip Miller, Ryder Architecture, UK
- From vision to reality: Transforming spaces for ALS patients and their families
 Marta Parra Casado, Juan Manuel Herranz Molina, Virai Arquitectura, Spain
- 16.30 A new Canadian ambulatory health centre built entirely with philanthropy Feby Kuriakose, Frank Panici, NORR, Canada Adam Zaricki, Schroeder Ambulatory Centre, Canada
 16.45 The birth of a new generation – South Texas' first dedicated Women and Children's Hospital Janet Pangman, ZGF Architects, USA Tiffany Robinson Long, Marmon Mok Architecture, USA Mike Fialkowski, Affiliated Engineers, USA
 17.00– Panel discussion
- 17.15



9 June, 12.45–14.00 Designing efficient healthcare facilities



This workshop will highlight how, using Arjo's externally-validated risk assessment tool Mobility Gallery, the mobility levels of both patients and residents need to be clearly understood in order to be able to provide the right amount of space for carers to use relative pieces of equipment safely. It will include practical examples of real-world cases Arjo has successfully supported in the past and how it can enable architects to use its online portal – covering space requirements, floor plans and how to download 2D and 3D product CAD/BIM files. This session is built around Arjo's 30-year history of helping architects and construction companies design and build efficient healthcare facilities.



Sara Thomas Director, Arjo MOVE Programme, UK



Hans Lingegård Director facility design, ARJO, Sweden 10 June, 12.45–14.00 Bridging the gap: Delivering system and organisational change as part of transformative capital investment

Organised by IMPOWER

In the rapidly evolving landscape of healthcare, the role of Programme directors and Senior responsible owners (SROs) is crucial in ensuring that complex capital investment programmes not only deliver projects on time and to budget, but also support significant clinical and digital transformation in complex organisations and systems. This ambitious change is needed to address the joint challenges of an ageing population, increasing demand and constrained workforce and costs – unlocked through capital investment.

This workshop will delve into the importance of transformation in the current healthcare environment and the unique opportunities it presents for healthcare capital programmes. Participants will gain insights from case studies where transformation efforts fell short, leading to financial, safety and operational challenges – learning valuable lessons to avoid similar pitfalls.

The session will outline key principles for embedding transformation within programmes, focusing on managing risk, transformation approach, clinical engagement and benefits realisation. By addressing these critical aspects, the workshop aims to equip attendees with practical strategies to bridge the gap between strategic planning and the delivery of service change within capital programmes.

Attendees will have the opportunity to engage in discussions and share experiences, fostering a collaborative environment to explore innovative solutions.

Join us to explore how effective programme management can drive forward the future of healthcare delivery, transforming ambitious plans into real-world improvements that enhance patient care and support frontline staff. This session is designed for healthcare leaders who are committed to making a lasting impact through capital investment.



Samuel Rose Director, IMPOWER, UK



Nicole Samuel Delivery director, IMPOWER, UK

Global perspectives: Standards and standardisation at the crossroads

08.30–12.30 | 11 June | Dorchester library

Standards and standardisation have recently become particularly prominent in the discussion of healthcare design. While the two terms mean very different things in practice, there are commonalities in the way they are imposed on the industry by governments in their roles both as regulator and major client. What is often played out in the debates are the opposing pulls of centralisation and localisation, rather than the merits and methods of the two 'S' words.

In the immediate future, another recurrent trend will exert a strong pull. Deregulation, which has polarised opinion along partypolitical lines in the UK until recently, is now finding wide support, driven by frustration at the very slow pace of current project delivery of buildings and infrastructure. On the face of it, it may seem paradoxical that while committing to cut red tape and speed up infrastructure delivery, the UK Government is becoming more prescriptive in dictating hospital design from the centre in the shape of Hospital 2.0. But there is also an obvious logic here. A single design that has already met the required quality criteria applied across dozens of projects should speed up several parts of the delivery process, from regulatory approvals to supply chain procurement. The Australian healthcare system has deployed template design for well over ten years with clear cost and time advantages. However, there are reservations about the quality of human experience in the facilities with implications for long-term value.

The impact of deregulation on the planning system are better understood than the risk deregulation may present for the performance of facilities. The Grenfell Tower tragedy and its aftermath have exposed the massive danger of zealous deregulation. The reaction to this horrific and shaming event has led to increased bureaucratisation of professional education, design and construction processes; the very factors that are seen to cause cost and time delays.

On the third day of the 11th European Healthcare Design Congress, we are convening a special session to discuss standards and standardisation. We intend to enable a deeper dive by focusing on these prominent topics, which a number of conference presentations will have tackled in the previous two days. We will discuss questions such as:

- >Could standardisation compromise standards?
- >How can we balance the economic advantages of centralised prescription with the advantages for quality and a sense of ownership engendered by local decision making?
- >Is the bureaucratisation of life a necessary cost for the safety of life? If so, how do we manage regulation in a smarter way?
- >What are the best examples internationally of proportionate regulation?
- >What role will digital technology and AI play in helping achieve standards, and aid standardisation?

An international panel will be convened, followed by a participatory session tapping into the collective knowledge and wisdom of the global European Healthcare Design community.

• Participation in this workshop is not included in the main 2-day conference ticket and tickets need to be booked separately, as places are limited. See ticket prices on page 37.

Panel:



Sunand Prasad OBE

Programme director, European Healthcare Design; Principal, Perkins&Will, UK



Cliff Harvey, MSc (HQ), OAA, FRAIC

Joint VP Redevelopment, Building the Future of Care Together, Redevelopment Team, Grand River Hospital and St. Mary's General Hospital, Canada



Shalyce Corney

AusHFG Standard Components Lead, Australasian Health Infrastructure Alliance, Australia



Chetna Bhatia

Sr. Assistant Director, Corporate Infrastructure Office, National University Health System, Singapore



Katie Wood

Director, new and emerging markets, Archus, UK



The Video+Poster Gallery gives delegates an opportunity to explore exciting research projects and design schemes.

Supported by AECOM, each poster is paired with a five-minute pre-recorded video by the authors, providing a detailed narrative and bringing the poster to life. The videos will be accessible through the mobile app and event platform, allowing delegates to watch them on their personal devices while viewing each poster. Additionally, delegates can connect with the authors via the chat function on the app to learn more.

- P01 Beyond user-centered: A relationship-centred approach to designing digital care pathways Allison Matthews, Mayo Clinic, USA
- P02 Nature-inspired neuroarchitecture for trauma and mental health recovery Koncha Pinos, The Wellbeing Planet, United Arab Emirates
- P03 Blue Hospital integrated design Lorena Montenegro, Savina Taouki, Eduard Boonstra, Deerns Nederland, Netherlands
- P04 Towards a sustainable healthcare architecture: Providing a healthy, healing environment for better health outcomes for cancer patients Bedia Tekbiyik Tekin, Cyprus International University, Cyprus; Özgür Dinçyürek, Eastern Mediterranean University, Cyprus
- P05 What matters, not what is the matter: A novel approach to empathising and understanding the third space of the healthcare waiting room Sarah Green, University of the Arts London, UK
- P06 The role of novel preoccupancy evaluation techniques in the design of senior-friendly emergency departments Anna Nowacki, University Health Network, Canada
- P07 The ED physician lounge revamp project: Designing for burnout Anna Nowacki, University Health Network, Canada
- P08 Designing (mental) health and wellbeing: Studentdriven exploration and interventions for healthier campus spaces

Gesine Marquardt, Rana Abdelkader, Dresden University of Technology (TUD), Germany

- P09 Hospital of the future now Joseph Tigani, Schiavello International, Australia
- P10 Prioritising care in the community and changing the face of healthcare training Gareth Banks, AHR, UK



- P11 Breaking new ground in the clinical services through world-leading campuses Gareth Banks, AHR, UK
- P12 Digital innovation in wayfinding systems: A step toward patient-centred healthcare design Sahar Ahmadpour, HGA, USA; Hossein Mirzajani, HKS, USA
- P13 Care for those who care: The Medical University of South Carolina's initiative to design a space addressing substance use disorder through tailored recovery services

Hala El Khorazaty, Amy Sickeler, Perkins&Will, USA

- P14 What we did at the United Nations Science Summit, and the call to action for better brain health Hala El Khorazaty, Debbie Beck, Perkins&Will, USA
 - Harris Eyre, Baker Institute, USA Identifying opportunities and barriers to innovation
- P15 Identifying opportunities and barriers to innovation in residential care building design: An Australian e-Delphi study

Anahita Sal Moslehian, Deakin University, Australia

P16 Learning from healthcare workers about how their clinical workflows translate to spatial layouts: Findings from an ethnographic study of Mohalla Clinics in Delhi

Amarjeet Mohanty, Gourab Kar, Indian Institute of Technology Delhi, India

P17 Beyond the hospital: Precinct-based approaches to health and community in Greater Randwick and beyond

Julian Ashton, Stephanie Costelloe, BVN, Australia

- P18 What holistic healthcare could look like for our next generation Neil Orpwood, HLM Architects, UK
- P19 Shaping experiences: The role of architectural design in community hospitals Yim Eng Ng, Architectus, Australia
- P20 Co-design for enhanced access and engagement in play: Exploring solutions for children and families in paediatric palliative care Manuel Schmid, University Hospital Augsburg, Germany;

Imperial College London, Germany



- P21 How the emerging intersection of neuroscience and architectural research can enhance a sense of coherence in our healthcare settings Tye Farrow, Farrow Partners, Canada
- P22 WOmeN and cancer a spatial DEsign approach for wellbeing in the Recovery journey Alice Daminet, Catherine Elsen, University of Liège, Belgium; Ann Petermans, Hasselt University, Belgium
- P23 PrEP Access Navigator (PAN): Creating a comprehensive 'application cheat sheet' for the Trillium Drug Program

Setareh Aghamohammadi, Shayan Mohammadzadeh Novin, Laura Abbatangelo, Zoe Lambert, University of Toronto, Canada

- P24 Rehabilitation, resilience and the transformative power of art within healthcare Catsou Roberts, Barts Health NHS Trust, UK
- P25 Design for better orientation and information at hospitals during mass casualty incidents Michal Eitan, Bezalel Academy of Arts and Design Jerusalem, Israel
- P26 The network hospital: A care ecology Femke Feenstra, Gortemaker Algra Feenstra, Netherlands
- P27 Al and the future of architecture Femke Feenstra, Gortemaker Algra Feenstra, Netherlands

P28 The art of science in care Femke Feenstra, Gortemaker Algra Feenstra, Netherlands

P29 An appraisal of the physical environment in organised inpatient stroke care units in Sri Lanka with comparison to European guidelines on stroke units

> Viduni Dedduwa Pathirana, Liverpool John Moores University, UK; Jeeva Wijesundara, Sri Lanka Institute of Information Technology, Sri Lanka; Warsha De Zoysa, Kithsiri Dedduwa Pathirana, University of Ruhuna, Sri Lanka; Anomali Vidanagamage, District General Hospital Hambantota, Sri Lanka

P30 Adapting healthcare spaces for the future: Flexibility and resilience in hospital design

Dagan Dror Mochly, Mochly-Eldar Architects, Israel; Hezi Rosenberg, Samson Assuta Ashdod Public Hospital, Israel; Liran Mizrahi, Margolin Bros, Israel

P31 The Erasmus MC patient room (EMPARO): A living lab to explore and design the microbial-safe patient environment

> Margreet Vos, Liesbeth van Heel, Juliëtte Severin, Anne Voor in 't holt, Merel Brabers, Monique van Dijk, Erasmus MC, Netherlands; Milee Herweijer, Wiegerinck, Netherlands

P32 Beyond the partition: Flexible, sustainable and smart healthcare interiors lan Strangward, Architectural Wallsz, UK

P33 Simulating daylight in urban ICUs: Critical evaluation of lighting performance metrics and standards

Fion Ouyang, J Alstan Jakubiec, University of Toronto, Canada; Christopher Parshuram, The Hospital for Sick Children (SickKids), Canada

P34 Physical environment factors influencing falls among women during pregnancy

Ellie Nahirafee, South Dakota State University, USA Debajyoti Pati, Texas Tech University, USA

P35 Designing with compassion: Principles for trauma-informed healthcare environments Chloe Piper, Deakin University, Australia

- P36 Human-scale interventions: A case study of dignity, wellbeing and belonging in a dementia-enabling environment in metropolitan Melbourne Natalie Pitt, Anna Fox, Studio STH, Australia Ripeka Walker, The University of Melbourne, Australia
- P37 Predicting the impact of electric lighting operations and levels in ICU rooms on quality of care and patient wellbeing

Nazanin Ganjehzadeh, J Alstan Jakubiec, University of Toronto, Canada; Christopher Parshuram, The Hospital for Sick Children (SickKids), Canada

P38 Building the healthcare ecosystem: Leading digital transformation through an online community of medical professionals

Nirit Pilosof, The University of Cambridge, Israel; Yaara Welcman, Michael Barrett, The University of Cambridge, UK; Eivor Oborn, The University of Warwick, UK

P39 Co-designed personalised reusable theatre caps: Enhancing sustainability, communication, identification and comfort Paul Rodgers, University of Strathclyde, UK

Euan Winton, Lucy Welsh, Heriot-Watt University, UK

- P40 The 'Nature + Nurture' concept in healthcare Milos Petkovic, NettletonTribe, Australia
- P41 Unpicking a decade of transformation in healthcare Matthew Blair, BVN, UK; Neil Logan, BVN, Australia







P42 Student participation in hospital post-occupancy research projects: The why and how

Liesbeth van Heel, Margreet Vos, Erasmus MC, Netherlands; Jelle Koolwijk, Clarine van Oel, Delft University of Technology, Netherlands; Harry van Goor, Radboudumc, Netherlands; Maja Kevdzija, University of Technology Vienna (TU Wien), Austria; Auke Brugmans, Rotterdam University of Applied Sciences, Netherlands

P43 Entwining healthcare and nature: Utilising NHS Scotland greenspace for community and infrastructural care

Lewis Urguhart, Laura MacLean, Paul Rodgers, Andrew Wodehouse, University of Strathclyde, UK; Sarah Bowyer, NHS Scotland, UK; Niki Taylor, Edinburgh College of Art, UK

P44 The wider community benefits of a major capital investment in a new hospital Graeme Reid, Fiona Cowan, NHS Lanarkshire, UK

Diarmaid Lawlor, Scottish Futures Trust, UK

P45 **Optimising healthcare delivery: The Mid Cheshire** Hospitals NHS Trust target operating model Bhanuka Senasinghe, Eleanor Green, Archus, UK; Nicola Clemo, Mid Cheshire Hospitals NHS Foundation Trust, UK

P46 How do ambient stressors influence behaviours of parents/caregivers in a healthcare environment? Findings from a semantic ethnography of the waiting space in a paediatric hospital in New Delhi. India

Renuka Singh, Aakash Johry, Gourab Kar, Indian Institute of Technology Delhi, India; Sachit Anand, All India Institute of Medical Sciences, India

P47 How emerging market countries can apply international best practice in healthcare facility planning and design Katie Wood, Chris Turner, Archus, UK

P48 Movement-Light-Nature-Human Connection: Strengthening Dubai's healthcare ecosystem with preventative care

Maria Ionescu, Stantec, USA; Muhammad Hamed Farooqi, Mariano Gonzalez, Dubai Health Authority, UAE

Architectural and design guide for the largest P49 housing developer in Norway - development of housing projects where the elderly can live safely, comfortable and independent Espen Alexander Lindkjølen, Arkitema, Norway

P50 Endoscopy design study Martin Anderson, P+HS Architects, UK

P51 Hybrid model of care for high-risk pregnant women: Immersive design between the hospital and home

Nirit Pilosof, The University of Cambridge, Israel Rakefet Yoeli-Ulman, Esther Galler, Galia Barkai, Eyal Zimlichman, Abraham Tsur, Sheba Medical Center, Israel

P52 Implementing a robust social value strategy: Designing for underserved and vulnerable populations Deborah Wingler, Whitney Fuessel, HKS, USA

P53 Beyond walls: Transforming healthcare with ecosystem thinking Cathy Junda Lester, Stantec, USA

P54 The benefits of joining up mental and physical health services

Cressida Toon, Sonnemann Toon Architects, UK Mark Maffey, Hampshire and Isle of Wight Healthcare NHS Foundation Trust, UK Deepa Rajkumar, South Of England Rehabilitation Centre, UK

- P55 Equity, dignity and culture of care: An evidence-based design approach Diana Nicholas, Drexel University, USA
- P56 Evaluating existing pain assessment tools in paediatric emergency care and barriers to adherence

Miranda Chan, Roofaidah Durdana Haque, Manshi Maheswaran, Keshanah Raviendran, University of Toronto, Canada

P57 User behaviours in living spaces for Individuals living with dementia: An analysis using behaviour mapping technique

Melike Yüksel, Hacettepe University, Turkey

P58 Towards user-centred healthcare architecture: Teaching post-occupancy evaluation in design education in Delft and Vienna

> Jelle Koolwijk, Clarine van Oel, Delft University of Technology, Netherlands; Maja Kevdzija, Milica Vujovic, University of Technology Vienna (TU Wien), Austria; Harry van Goor, Radboudumc, Netherlands; Liesbeth van Heel, Erasmus MC, Netherlands



- P59 Point of entry - filling the gaps for improved outcomes Jane Rohde, Live Together, USA William Hercules, WIH Health, USA
- Introducing the Silent Hospital: Reducing noise on P60 wards to improve patient and staff experience Alexis Carlyon, Women and Children's Hospital: Royal Cornwall Hospitals NHS Trust, UK; Carolyn Garman, Royal Cornwall Hospitals NHS Trust, UK
- P61 Developing design and legislation in tandem Christine Chadwick, Archus, Canada Mark Reilly-Usher, Archus, UK
- P62 **Bayers Lake Community Outpatient Centre:** Redefining outpatient care Laura Hann, Robin Snell, Rebecca MacDonald, Parkin Architects, Canada
- P63 Designing spaces for medically-assisted deaths Cindy Walker, Laurel Plewes, Vancouver Coastal Health, Canada
- P64 The expansion in the transition towards community healthcare - a global perspective Iustin Harris, Arcadis, UK; Danielle Simpson, Arcadis, USA



- P65 A village apart Amelia Swaby, P+HS Architects, UK
- P66 Consent to organ donation. The places of communication sensations and perceptions between architecture and neuroscience Caterina Frisone, Università IUAV di Venezia, UK/Italy Chiara Lago, Università IUAV di Venezia, UK
- P67 Sound and music as integral elements of the healing process in hospital design: Analysis of the case of neurorehabilitation inpatient care Caterina Frisone, Università IUAV di Venezia, UK/Italy Léa Seide, Università IUAV di Venezia, Italy
- P68 Never waste a good crisis? New opportunities for consequential investment in health Andy Black, Durrow, UK
- P69 Redesigning care for premature babies: The role of a remote hospital-at-home approach Marta Czachorowska, m+design, Poland
- P70 From obsolescence to opportunity: Rethinking facility design in mental healthcare Josiane Carine Tantchou, CNRS / IRD, France
- P71 Designing for inclusion: Addressing sensory needs in educational environments to enhance student wellbeing

Theodora Mavridou, University of Portsmouth, UK

P72 Beyond healing: The multifaceted roles of visual arts in hospitals Chenyixue Ma, University of Groningen, Netherlands

- P73 Neuroarchitectural methodology in day hospital oncology environments Flavia Simonetti, Università IUAV di Venezia (Italy), Chile
- P74 Impact of peer health navigators supported by clinician 'health coaches' on hospital resource utilisation for high-risk adults

Donald Campbell, Rebecca Jessup, Daniel Nguyen, Sarah Thomas, Keith Stockman, Northern Health, Australia Mark Tacey, Austin Health; Olivia Newton-John Cancer Wellness and Research Centre, Australia

- P75 The pedagogical structural barriers to effective outcomes: The gap between services for children and young people when they become adults in England James Swaffield, IMPOWER, UK
- P76 Digitising health: A global perspective Michèle Wheeler, Lexica, UK
- P77 Innovative cancer care: Co-locating radiotherapy at **Guy's Cancer Centre** Regina Kennedy, Lexica, UK
- P78 Oriel: Pioneering integrated eye care and research for a future with reduced sight loss Donna Fitzpatrick, Lexica, UK
- Best-laid plans: Balancing strategic investment and P79 overplanning in healthcare estate planning Anya Shah, Reece Philliskirk, Lexica, UK
- P80 Designing for health: A regenerative approach to urban spaces Annalise Johns, Brendon Noble, Institute for Healthy Urban

Living, University of Westminster, UK

P81 Reimagining healthcare environments in Italy: Artistic and architectural interventions as tools for care and human flourishing Maria Carolina Zarrilli Affaitat, Università di Foggia, Italy

P82 Improving the home environment of people living with mental illness in the community

> Evangelia Chrysikou, Daryia Palityka, Eva Hernandez-Garcia, University College London, UK; Dorina Cadar, Brighton and Sussex Medical School, UK; Eleftheria Savvopoulou, SynThesis Architects, Greece; Eddy Davelaar, Birkbeck University, UK

P83 A contemporary post-occupancy evaluation of ward design in the UK Lauren Morgan, Morgan Human Systems, UK Ged Couser, BDP, UK

Video+Poster Gallery 9–10 June, Dorchester Library



- P84 Thinking on a new hospital our keys for Pisa, hospital of the future Francesca Dinelli, Silvia Briani, Azienda Ospedaliero Universitaria Pisana, Italy
- P85 Horizon: Building healthy ecosystems James Crispino, Gensler, USA
- P86 Bringing care buildings, green space and the urban city together Helena Beckman, LINK Arkitektur, Sweden
- P87 Spaces for emotions: Designing hospitals for mental and social wellbeing Elisa Cecilli, Perkins&Will and Portland Design, UK Gonzalo Vargas, Perkins&Will, UK Ziyan Hossain, Method Collective, Canada
- P88 Stakeholder collaboration in the NHS Golden Jubilee National Treatment Centre programme Susan McLaughlin, NHS Golden Jubilee, UK
- P89 An integrated framework for improving healthcare services in chronic disease management: A case study on diabetes management in Saudi Arabia Rahaf Alharbey, Omar Huerta, Alison McKay, University of Leeds, UK



P90 Robot-human cohabitation: A framework for people living with frailty

Evangelia Chrysikou, Jane Biddulph, University College London, UK; Fernando Loizides, Nathan Jones, Cardiff University, UK; Helen Hobbs, Hobbs Rehabilitation, UK; Eleftheria Savvopoulou, SynThesis Architects, Greece Taha Hatcha, Albertinen Krankenhaus, Germany

P91 Application of resilience concepts in healthcare facility networks

Mingming Zheng, University of Groningen, Netherlands

P92 Should form follow function or function follow form? Should one size fit all? A critical appraisal of hospital typologies Dominic Hook, BDP, UK

- P93 Building evaluations and the comprehensive electronic health record for occupant health Timothy Rossi, Architectural Medicine, USA
- P94 Carbon footprint cure: Addressing embodied carbon on healthcare projects Vanessa Nelson, Marelle Davey, Porus Antia, Stantec, USA
- P95 Crafting excellence: The art and science of patient experience at UHN Toronto Western Hospital's new surgical and patient tower Chen Cohen, DIALOG, Canada Rebecca Repa, University Health Network, Canada
- P96 Integrating country-led design and sustainability in healthcare: The new Shellharbour Hospital development

Jonny Perks, Steensen Varming, UK Michael Grave, COX Architecture, Australia

P97 Advancing collaboration and outcomes in healthcare: The role of an association for health planning Margo Kyle, Health New Zealand, New Zealand Annabel Frazer, Frazer Advisory, Australia

Study Tours 11–12 June

Participants in the European Healthcare Design 2025 Congress will get the opportunity to join four unique study tours featuring some of the UK and Ireland's latest benchmark healthcare projects and architectural landmarks. Three tours will take place on 11 June, with the fourth on 12 June. Places on each tour are limited, so please register early to avoid disappointment. Additional tours are also being considered subject to demand.

Study Tour 1: Brighton – 11 June

Louisa Martindale Building (Brighton 3Ts Phase I)

BDP, in collaboration with Laing O'Rourke, has designed and delivered a major addition to the Royal Sussex County Hospital site in Brighton's Kemptown conservation area. The £480 million Teaching, Trauma and Tertiary Care Centre (3Ts), now known as the Louisa Martindale Building, constitutes the first of three phases in the redevelopment of the southern half of the campus. The development will double the healthcare accommodation to 361 beds, (75 per cent single, en-suite rooms), while also providing a new HQ, university teaching/research facilities, 390 basement parking spaces, and a central facilities management hub and energy centre.

The building's therapeutic environment is demonstrated most vividly by its ward concept. The three ward 'fingers' were sized and angled to meet the brief, which called for sea views from every bedroom. Bedrooms on the inward-facing façades have angled bay windows which direct the view from the patient bed towards the sea, while minimising overlooking. Gardens and terraces are set between the fingers, providing patients and staff with attractive views and sheltered places to enjoy the outdoors.

Use of modular and off-site construction anticipated the New Hospital Programme drive for standardisation, reducing build costs without compromising on design quality or the ability to respond to the sensitive site context. Floors, columns, facades, bathrooms, service risers and horizontal distribution were all pre-fabricated, improving site safety, construction quality and installation times. (*pictured right top*)

Royal Pavilion and Gardens, Brighton

Alongside the award-winning Louisa Martindale Building, the tour to Brighton incorporates a visit to The Royal Pavilion and Gardens in the centre of the city, an exotic palace with a colourful history. Built as a seaside pleasure palace for King George IV, this historic house mixes Regency grandeur with the lavish visual architectural styles of India and China.

The Royal Pavilion (also known as the Brighton Pavilion) and surrounding gardens is a Grade I listed former royal residence located in Brighton, England. Beginning in 1787, it was built in three stages as a seaside retreat for George, Prince of Wales, who became the Prince Regent in 1811, and King George IV in 1820. It is built in the Indo-Saracenic style prevalent in India for most of the 19th century. The current appearance, with its domes and minarets, is the work of the architect John Nash, who extended the building starting in 1815. George IV's successors William IV and Victoria also used the Pavilion, but Queen Victoria decided that Osborne House should be the royal seaside retreat, and the Pavilion was sold to the city of Brighton in 1850.

During the visit, delegates will also get the opportunity to experience COLOUR, A Chromatic Promenade through the Royal Pavilion. Delegates will be able to step back into George IV's era, when colour wasn't just seen—it was felt. Wander through rooms where rich, diverse shades create a full sensory immersion, blending light, sound, and texture. From bold and glossy to mindful and demure, delegates will enjoy a fascinating chromatic journey through the Pavilion. (pictured right bottom)





Study Tour 2: London – 11 June

Highgate East

Highgate East is a new 78-bed mental health inpatient facility for the North London NHS Foundation Trust. Designed by Ryder Architecture, the facility includes adult acute and older adult wards with therapy, support and administration space. The restricted available area, adjacent to the Grade II listed Jenner building, posed town planning and construction logistics challenges. These were overcome though consultation with the local authority and design review panel and development of quality design detail that took references from the site.

The aspiration for the building design was to destigmatise mental health by creating an overlap between the Trust's services and publicly accessible zones. Active frontages are incorporated with glazed, welcoming facades to a café in the reception area, with office accommodation facing Dartmouth Park Hill and the main thoroughfare through the Whittington Hospital.All service user areas are flooded with light and have views out to help orientation. Secure 'sky gardens' have give access to fresh air and a connection with nature.

The inpatient wards have been designed with clusters of bedrooms to form houses that enable service user support through alignment with a more domestic scale environment. They are supported with services to enable local control in terms of temperature and isolation through services zoning.

Light and airy spaces that support the needs of the individual and connection to nature and the community were key drivers, achieved in the award winning design. (*pictured right top*)

Lowther Road Integrated Community Mental Health Centre

The Lowther Road Integrated Community Mental Health Centre (ICMHC), designed by Ryder Architecture, is a state-of-the-art outpatient facility developed by the former Camden and Islington NHS Foundation Trust, now North London NHS Foundation Trust. This new-build project replaces an outdated 1980s structure with a flexible and sustainable healthcare facility designed to enhance the delivery of mental health services.

The strategic vision of the project was to create an integrated, patient-centred environment that consolidates borough-wide mental health services while providing an accessible, welcoming space for service users, staff and the community. The design focuses on breaking down stigmas associated with mental health facilities by incorporating open, communal areas, ample natural light and green spaces. Key elements include dedicated outpatient consultation and treatment rooms, flexible workspace for healthcare professionals and community-focused facilities such as a café, meeting spaces and collaboration zones.

The rationale behind the design solution was to develop a facility that supports holistic, multidisciplinary care, allowing patients to access a variety of services in a single location, close to home. The new centre prioritises sustainability, incorporating energy-efficient systems, green roofs and a pocket park to enhance urban integration. Its architectural form respects the surrounding residential and historic context while providing a distinctive identity that promotes wellness, accessibility, and operational efficiency. (pictured right bottom)





Study Tour 3: Dublin, Ireland – 12 June

National Children's Hospital

Designed by BDP, the new 165,000m² children's hospital and associated Children's Research and Innovation Centre will be heralded as a world-class facility for children and young people from all over Ireland, who have complicated and serious illnesses and are in need of specialist and complex care. It is the largest, most complex and significant capital investment project ever undertaken in healthcare in Ireland. It will bring together three existing children's hospitals, tri-located on one campus with St James's Hospital and a planned maternity hospital.

The new children's hospital will provide 384 inpatient beds, including 62 critical care beds, with an allocated number of larger rooms for therapists – also world-class care and treatment for a projected 28,258 inpatients and 223,355 outpatients per annum, including satellite centres. The

Medical Residential Treatment and Recovery Centre for Dublin Simon Community Project

Dublin Simon Community supports people to exit homelessness, access and retain homes, and rebuild lives by delivering housing, health and wellbeing services. Dublin Simon approached O'Connell Mahon Architects (OCMA) to consider the feasibility of accommodating a significant expansion of its facilities and services offered at its site at Usher's Island, which sits along Dublin's historic quays.

OCMA worked closely with Dublin Simon's property and service provider teams to determine the key strategic goals for the development – to provide flexible multifunctional spaces that support an interdisciplinary team approach to treatment and residential care. The ensuing brief led to the design of a 100-bedroom facility spread over six floors with accompanying living and treatment facilities, dining room and hospital will benefit from 14 theatres in total, including three hybrid theatres to facilitate access to imaging during surgery, an emergency department and urgent care facilities in both the new children's hospital and satellite centres.

At the heart of the design is an oval ward pavilion, set within one of Europe's largest roof gardens, that gives the hospital an instantly recognisable and friendly identity. The introduction of the 'floating garden' halfway up the building elevates the importance of nature and the therapeutic environment, making it a central part of the architecture's character. Once the new hospital is complete, there will be open views from the floating garden and the wards towards Kilmainham and Phoenix Park beyond, creating a strong landscape and architectural axis that will 'ground' the new building in its context. (*pictured right top*)

kitchen, gymnasium and a range of training and administration offices, integrated into a coherent layout.

The five-storey over partial-basement brick-clad building establishes a new landmark gateway on the western approach to the city of Dublin along the River Liffey. It provides a high-quality urban book end to the last city block before Guinness's St. James Gate, presenting a strong west-facing elevation to Heuston Station and the Phoenix Park beyond.

The building reimagines the materiality and proportions of Dublin's Georgian vernacular in a contemporary form and reflects the values of the Dublin Simon Community, proudly providing enduring quality care for the city's most vulnerable citizens. (pictured right bottom)





Important notice: For this tour, delegates will be required to book their own flights from London to Dublin and accommodation, with outgoing travel recommended on Wednesday 11 June, ready for the first tour to the National Children's Hospital, which will start at 09.30 on Thursday 12 June. Please contact info@europeanhealthcaredesign for hotel recommendations.

Study Tours 11–12 June

Study Tour 4: London – 11 June

The London Institute for Healthcare Engineering, King's College London (KCL)

The London Institute for Healthcare Engineering (LIHE) is a state-of-the-art innovation hub for medical technology and healthcare engineering, where healthcare innovation and education come together on a hospital site to directly benefit patients.

Embedded within St. Thomas' hospital's campus, LIHE, which is designed by HLM Architects, brings together King's College London's platform for supporting spinout businesses (including experts from the school of Biomedical Engineering and Imaging Sciences, and practising clinicians at GSTT) with industry partners in one physical location to launch and support newly-formed enterprises at scale and at pace.

Set amongst several grade I & II listed buildings, LIHE's design approach and material selection were informed by the surrounding architecture, delivering a contemporary building that is strongly connected to its context. (*pictured bottom left*)

Harold Moody Heath Centre, South East London Integrated Care System

The new Harold Moody Health Centre on Southwark's Aylesbury Estate rehomes two GP practices, providing a new neighbourhood base for delivery of community health services. Aylesbury Medical Centre (Nexus Health Group) and East Street Surgery began welcoming patients to their purpose-built and fully accessible premises in February. Additional consulting rooms provide better facilities for staff, an improved experience for patients, and scope for diversifying and expanding services in the future. As well as the two GP practices, community health services will be provided by Guy's and St Thomas' NHS Foundation Trust.

Designed by Morris+Company, the centre is a horizontallylayered programme with the health centre at the ground, first and second floors, and a nursery at the top. The stepped form breaks down mass to create recesses acting as forecourts and transitional spaces. A large external terrace has been designed for early years use. (pictured bottom middle, image credit ©Andy Stagg for Morris+Company)

Children's Day Treatment Centre, Evelina London Children's Hospital (Subject to confirmation)

Due to complete in May, the Children's Day Treatment Centre is a five-storey building providing a day surgery facility for the Evelina London Children's Hospital.

Designed by ADP, it includes an admissions area; two general admission theatres; first- and second-stage recovery areas; a discharge facility; and staff and clinical support accommodation. Owing to a constrained site, modern methods of construction were used for panellised baguette cladding with a steel-framed solution. To avoid crossover between pre-op and post-op, a 'one-way' flow loop was designed, so patients travel into theatre at one end and out the other end to recovery.

Integral to a child's care journey, the artwork continues the hospital's natural world design concept of theming different floors to a different setting. 'Space' is the theme used, chosen in collaboration with children and young people. (*pictured bottom right*)



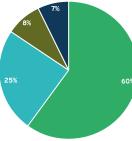


Sponsorship opportunities

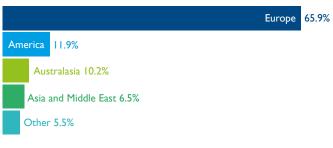
By sponsoring or exhibiting at EHD2025, your organisation will be supporting in the creation and exchange of knowledge between 1,000 of the world's leading health researchers, practitioners and policy makers.

A knowledge-led approach to sponsorship creates opportunities to build your thought leadership programme and align your brand with a range of content-focused offerings through both the in-person and live/on-demand event broadcast, including: themed sessions and posters; workshops; study tours; and networking events, such as the Welcome Reception, the Garden Party and lunchtime networking sessions.

These can be combined with other exciting branding opportunities to raise the visibility of your organisation, such as an exhibition stand (limited availability), conference bag and lanyard sponsorship, or advertising online or in the printed Final Programme.







Each sponsorship and exhibition opportunity also includes in-person and virtual delegate passes to support your own team's professional and business development, while you can also offer them to your healthcare clients and partners. The publication and dissemination of videos of all the talks, full written research papers and posters on SALUS Global Knowledge Exchange (www.salus.global) and SALUS TV also ensure that your sponsorship support gains from association with the Congress partners, content and outputs across multiple social media channels all year round.

Integrating your physical exhibition stand with your virtual stand in our virtual event platform enables you to reach delegates in person and online, to promote and provide education on your latest technologies, products and projects before, during and up to three months after the event closes. In a truly immersive experience, on your virtual stand, you'll have the opportunity to feature:

- > videos, literature and product content;
- > live chat and the ability to connect and message both in-person and virtual delegates;
- > live video calls and product demos with virtual delegates;
- > digital branding; and
- > contact information and social media links.



A range of sponsorship and exhibition packages are still available, from $\pounds 2,500 - \pounds 15,000$ with discounts on purchases of two packages or more.

To view available packages, contact: Marc Sansom at marc@salus.global or visit: www.europeanhealthcaredesign.eu

🤣 Awards sponsorship

By sponsoring the EHD2025 Awards, you can show your support and recognition of the outstanding performances of the award winners, aligning your brand in UK, European and international markets around the values of design excellence and innovation.

Your brand will also gain international exposure through the digital marketing around the Congress and the Awards. This includes promotion of the shortlist announcement before the event; e-news announcements of the award winners; broadcasting during the event of the videos of the shortlisted projects' presentations, and the closing Awards Ceremony; as well as making these available to watch post-event via SALUS TV. Live judging of the shortlisted presentations is planned for mid-May.

We look forward to confirming your support and partnering with you in the raising of design quality standards around the globe.

What our attendees say

"The networking and learning about what was happening in health in different countries was excellent."

Clinton Greene, Director, Turner and Townsend, UK

"Being able to attend virtually meant I was able to attend all sessions either live or at a later time, therefore had a full experience of the presentations."

Samantha Robinson, Clinical Lead, Nurse, Oxford Health NHS Foundation Trust, UK

Venue and hotel accommodation

The venue: A modernist masterpiece

Founded in 1518, the Royal College of Physicians' current headquarters is a Grade 1 listed building in Regent's Park, designed by architect Sir Denys Lasdun and opened in 1964. Considered a modernist masterpiece, it's one of London's most important post-war buildings. In 1992, Sir Denys was awarded the Royal Institute of British Architects' Trustee Medal in recognition of his work at the RCP, considered to be "the best architecture of its time anywhere in the world".

Sir Denys won the competition to design the new headquarters in 1959. He was surprised at being asked to design for such a traditional body, given his modernist philosophy, and he made it clear that he would not create a classical-style building. Ultimately, he responded to the challenge with a skilful integration of centuries-old traditions and his own modernist vision.

As an award-winning and highly versatile venue for conferences, meetings, banquets, training and outdoor events, the building has an atmosphere of space and light, with contemporary architecture and a selection of both old and new styles.





Hotel recommendations

Due to fluctuating rates, we do not have an official conference hotel this year. However, we have a list of recommended hotels nearby which will be shared with you in the Attendee Information after registering. If you would like to receive the list in advance or need more information, please feel free to contact us at info@europeanhealthcaredesign.eu.

Delegate registration

Registation for the Congress is currently open

Ticket types

In-person tickets are available in three categories: Commercial sector; Public Sector; and Event Partner, with options to also book tickets for the Garden Party and/or Study Tours.Virtual-only tickets to access the live stream and on-demand recordings are also available.

Included in your ticket: Virtual event and mobile app Whether you join in person or virtually, all delegates gain access to the virtual event platform and mobile app, from March through to two months after the Congress, including:

- > Live and on-demand session recordings
- > Video+Poster Gallery access
- > Awards Gallery access
- > View sponsor's, exhibitor's and partner's virtual booths
- > Networking opportunities with all delegates

Public Sector and Event Partner

Eligible Event Partner members include: Architects for Health, Australian Health Design Council, New Zealand Health Design Council, Health Planning Academy, European Health Property Network and Australasian Association of Health Planners. Please select the correct ticket type, for Public Sector or Event Partner, when registering.



| www.europeanhealthcaredesign.eu | |
|---------------------------------|--|

| Pricing | Early-bird – until 13 May | Standard – from 14 May | |
|---|----------------------------------|----------------------------------|--|
| In-person: Commercial | | | |
| 2-day | £645 (£774 including VAT) | £745 (£894 including VAT) | |
| I-day | £445 (£534 including VAT) | £545 (£654 including VAT) | |
| In-person: Event Partner | | | |
| 2-day | £595 (£714 including VAT) | £695 (£834 including VAT) | |
| I-day | £395 (£474 including VAT) | £495 (£594 including VAT) | |
| In-person: Public Sector | | | |
| 2-day | £495 (£594 including VAT) | £595 (£714 including VAT) | |
| I-day | £325 (£390 including VAT) | £425 (£510 including VAT) | |
| Virtual | | | |
| 2-day | £175 (£210 including VAT) | £225 (£270 including VAT) | |
| I-day | £95 (£114 including VAT) | £135 (£162 including VAT) | |
| Day 3, Morning workshop: Global perspectives: Standards and standardisation at the crossroads | | | |
| Single ticket | £145 (£174 including VAT) | (Same price as early-bird) | |
| Garden Party | | | |
| Single ticket | £135 (£162 including VAT) | (Same price as early-bird) | |
| Study Tours | | | |
| Study tour 1: Brighton | £195 (£234 including VAT) | (Same price as early-bird) | |
| Study tour 2: London | £150 (£180 including VAT) | (Same price as early-bird) | |
| Study tour 3: Dublin | £125 (£150 including VAT) | (Same price as early-bird) | |
| Study tour 4: London | £150 (£180 including VAT) | (Same price as early-bird) | |

