

ROYAL COLLEGE OF PHYSICIANS LONDON | 13-15 JUNE 2022

# EUROPEAN HEALTHCARE DESIGN

RESEARCH • POLICY • PRACTICE

## PRELIMINARY PROGRAMME

### RECOVERY, RENEWAL & REDISCOVERY

#### PLANNING A CLIMATE-SMART HEALTHCARE SYSTEM

Register at [europeanhealthcaredesign.eu](http://europeanhealthcaredesign.eu) | [info@europeanhealthcaredesign.eu](mailto:info@europeanhealthcaredesign.eu)

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# TIMETABLE OF EVENTS

Please note that all times in the programme are British Summer Time (BST).

## March 2022

Launch of the preliminary programme

## 16 March 2022

Extended deadline for EHD 2022 Awards submissions

## 21 April 2022

Deadline for speaker and Early Bird registration

## May 2022

EHD 2022 Live Virtual Awards Judging

Deadline for full paper manuscripts

## Monday 13 June 2022

09.00–18.00: EHD 2022 Congress & Exhibition

18.00–20.30: Welcome Drinks Reception

## Tuesday 14 June 2022

09.00–18.00: EHD 2022 Congress, Exhibition and Awards

18.30–22.00: Garden Party

## Wednesday 15 June 2022

09.00–19.00: Study visits to UK health facilities (to be advised)

Cover credits (clockwise from top left): Puntukurnu AMS Healthcare Hub, Australia, designed by Kaunitz Yeung Architecture; Centre for Addiction and Mental Health (CAMH) Phase 1C Redevelopment, Canada, designed by Stantec Architecture; Hospital Sancta Maggiore Morumbi, Brazil; Designed by Perkins&Will

Second page credits: (bottom left) University College London Hospital, Grafton Way Building, UK; Designed by Scott Tallon Walker Architects in association with Edward Williams Architects and UCLH Arts and Heritage

Page 2-3 Credits (left to right)

The Alder Centre, UK, designed by Allford Hall Monaghan Morris; University College London Hospital, Grafton Way Building, UK, designed by Scott Tallon Walker Architects in association with Edward Williams Architects and UCLH Arts and Heritage; The North Wing, Rigshospitalet, Denmark, designed by LINK Arkitektur and 3XN, in collaboration with Nickl & Partner and Kristine Jensens Tegnestue

# RECOVERY, RENEWAL AND REDISCOVERY

## PLANNING A CLIMATE-SMART HEALTHCARE SYSTEM

The climate crisis is a health emergency. And global healthcare systems are suitably placed to provide leadership across society, leveraging scientific, economic, social and political influence to accelerate a transformation towards a net-zero health sector and wider world.

As the world emerges from the pandemic – a global public health crisis that has deepened health and social inequalities in communities across the world – there are many harsh but valuable lessons to learn.

It's not only in reducing global climate emissions where healthcare has a vital role. There are opportunities, too, in how we plan for and invest in climate-smart healthcare systems that place health creation, disease prevention, disaster preparedness, and health and social equity to the fore.

As Covid-19 becomes endemic in our daily lives, the centrality of good health and universal healthcare to a more progressive and productive society has never been more evident. The result is a changing role for health systems as they become anchors of prosperity in communities that value health and equality, as well as places that treat disease and do the repairs when we become ill. The hospital building type will also change as its relationship with the city and the community it serves is redefined.

Health Care Without Harm's 'Global Roadmap for Healthcare Decarbonization' recognises the linkages between decarbonisation, resilience and health equity in a climate-smart healthcare system. It establishes three pathways to net-zero emissions: decarbonisation of healthcare delivery, facilities and operations; decarbonisation of healthcare's supply chain; and acceleration of decarbonisation in the wider economy and society.

### Vanguards of change

National governments that adopt a 'health in all policies' approach will be vanguards of change, supporting healthcare systems to work with municipal authorities, local businesses, civil society groups, and its own supply chains to establish health ecosystems that: support integrated models of care; provide investment in renewable energy, zero-emissions buildings and digital infrastructure; promote active travel and sustainable

transport systems; apply circular principles for waste management and water use; and procure locally and sustainably produced food.

The race to develop the vaccine demonstrated the power of science and the efficacy of combining commercial resource, academic research and public funding. Science and technology will be at the heart of a climate-smart transformation, as the convergence of pharma and digital health leads to a new era of personalised medicine. The capacity to understand genomic variation will allow the definition of personal risk profiles, enabling early detection of common diseases and, at the same time, reducing healthcare's climate footprint by targeting treatments to only patients who will benefit.

### Healthy buildings are sustainable buildings

Renewed vigour is needed to create genuinely healthy buildings that aid healing and actively assist staff, based on design strategies that transmute their complex needs into simple, elegant structures that minimise carbon, maximise adaptability, and digitally migrate activity wherever practicable. Materials and finishes in healthcare buildings have often contained high levels of harmful volatile organic compounds (VOCs). We need to change the default settings for interior design, eliminating VOCs and replacing them with healthy low-carbon materials and finishes.

Lockdowns helped us rediscover the importance of sunlight, birdsong, physical exercise, air quality and connection to nature. The evidence base for the role that culture, art and music play in healing and to support our wellbeing is undeniable. These humanising aspects should shape our design principles for healthcare buildings.

In low- and middle-income countries where climate change is already impacting significantly on human health, there is an opportunity to leapfrog developed countries by adopting climate-smart solutions in both system design and infrastructure. In these climate-sensitive countries, there are





lessons for rich countries to learn in areas such as passive solar heating and cooling strategies, natural and mixed-mode ventilation, building materials, and reduced water consumption.

A climate-smart healthcare sector requires silo thinking to be displaced by system-level strategies to health planning and design, which understand the relationships and interdependence of different components of the healthcare ecosystem, from clinical service design to workforce planning to infrastructure investment.

This year's Congress is an opportunity to craft a blueprint for reconstruction along three directions of travel – responding to Covid-19, the growth of digital technology, and climate change mitigation – recognising their potential to catalyse change and innovation, and proposing ways in which they can transform our health systems and architecture.

Returning to our spiritual home at the Royal College of Physicians, London, European Healthcare Design 2022 features two days of insightful, provocative and entertaining talks, workshops and panel discussions. Days one and two will open with keynote plenary sessions, before splitting into four streams. And the final session of day two will be devoted to a ceremony to present the EHD2022 Awards, supported by lead sponsor IHP. Sessions will be streamed virtually for delegates unable to attend in person.

The Congress will also host a poster and video gallery of innovative research and design projects (pp17-19), an exhibition of design and technology solutions, a Welcome Reception, a Garden Party, and study tours (pp22-23).

For details about online registration and sponsorship opportunities, please go to page 25. Please note that all times in the programme are British Summer Time (BST).



**JOHN COOPER**  
EHD2022 Programme  
Chair  
Architects for Health



**MARC SANSOM**  
Director  
SALUS Global Knowledge  
Exchange

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## KEYNOTE SPEAKERS



**NICK WATTS**  
Chief sustainability  
officer, NHS England;  
NHS Innovation, UK



**ANDREW GODDARD**  
President, Royal College  
of Physicians, UK



**NATALIE FORREST**  
Senior responsible  
officer, New Hospital  
Programme, UK



**AB ROGERS**  
Designer and founder,  
Ab Rogers Design (ARD)



**ALEX DE RIJKE**  
Founding director,  
dRMM; architect,  
Maggie's Oldham, UK



**CHARLES CURWAIN**  
Carer, Maggie's, UK



**DAME LAURA LEE**  
CEO, Maggie's, UK



**BEE FARRELL**  
Founder, Foodturistic, UK



**MAX FARRELL**  
Founder and CEO,  
LDN Collective, UK



**SHERRY DOBBIN**  
Managing & cultural  
director, Futurecity, UK

Design Director  
HKS  
tor of r



# THE PROGRAMME COMMITTEE



**John Cooper BA Dip Arch, RIBA**  
Director, John Cooper Architecture (JCA), UK



**Christine Chadwick**  
Principal, CannonDesign, Canada



**Davide Ruzzon**  
Director of TUNED, Lombardini22, Italy



**Chetna Bhatia**  
Healthcare director Asia, B+H Architects, Singapore



**Sasha Karakusevic BDS, MBA**  
Project director, NHS Horizons; senior fellow, Nuffield Trust, UK



**Karin Imoberdorf Dipl Arch, MPH**  
Architect, LEAD Consultants, Switzerland



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



**Sylvia Wyatt MA, AHSM**  
Health and care strategic advisor and consultant



**Ganesh Suntharalingam MB, BChir**  
Intensivist, London North West University Healthcare; past president, Intensive Care Society, UK



**Tina Nolan**  
Managing director, director of healthcare strategy + planning, ETL; Health Planning Academy, UK



**David Allison FAIA, FACHA**  
Alumni distinguished professor; director of architecture + health, Clemson University, USA



**Marte Lauvsnes**  
Manager, Advisory and Planning Department, Sykehusbygg, Norway



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



**Harry van Goor**  
Professor of surgical education, Radboudumc, Netherlands



**Göran Lindahl PhD**  
Associate professor, head of division building design, Chalmers University, Sweden

## Organising Committee

**Christopher Shaw**, past chair, Architects for Health

**Richard Darch**, Health Planning Academy

**Jonathan Erskine**, director, European Health Property Network

**Kate Copeland**, chair, Australian Health Design Council

**Jim Chapman**, visiting professor, Manchester School of Architecture

**Alessandro Caruso**, director, Design in Mental Health Network





## SESSION 1

### Opening plenary

Chair: **John Cooper**, Architects for Health, UK

- 
- 08.45 Welcome and introduction**  
John Cooper, Programme chair, European Healthcare Design, and past chair, Architects for Health, UK
- 
- 09.00 Keynote: Delivering a net-zero health system**  
Dr Nick Watts, Chief sustainability officer, NHS England, UK
- 
- 09.20 Keynote: Climate and the pandemic: A perfect storm for healthcare systems**  
Andrew Goddard MD, PRCP, President, Royal College of Physicians, UK
- 
- 09.40 Keynote: Delivering the New Hospital Programme**  
Natalie Forrest, Senior responsible officer, New Hospital Programme, Department of Health and Social Care, UK
- 
- 10.00–10.15 Panel discussion**
- 
- 10.15–10.45 COFFEE, EXHIBITION & POSTER GALLERY**



## SESSION 2

### Human-centred design

Chair: **John Cole**, Queen's University Belfast, UK

- 
- 10.45 Living systems – the hospital of the future**  
Ab Rogers, Ab Rogers Design, UK
- 
- 11.05 Reframing healthcare design through a biomimetic lens: Unlocking the power of nature for environmental resilience**  
William P Nankivell, B+H Architects, Canada  
Jamie Miller, B+H Architects, Canada
- 
- 11.25 Why wood? The positive influences on our climate and our wellbeing**  
Birgitte Gade Ernst, Arkitema, Denmark
- 
- 11.45 The Spine: A holistic approach to health and wellbeing in the built environment**  
Robert Hopkins, AHR, UK
- 
- 12.05–12.30 Panel discussion**
- 
- 12.30–14.00 LUNCH, EXHIBITION & POSTER GALLERY**





### SESSION 3

Designing for cancer care

Chair: Richard Mann,  
AECOM, UK

14.00 **Cancer care at a mega scale: How MD Anderson is redefining the future of care delivery**

Mike Puksza, CannonDesign, USA  
Kent Postma, MD Anderson Cancer Center, USA

14.20 **Cancer centres from New York City to the Great Plains**

Louis A Meilink Jr, Ballinger, USA

14.40 **The Grafton Way Building – delivering to the limits**

Sheila Carney, Scott Tallon Walker Architects, UK  
Colin Boyd, Bouygues UK, UK  
David Murray, Bouygues UK, UK  
Andrew Tullet, Campbell Reith & Partners, UK  
David Duthu, WSP, USA

15.00–  
15.30 **Panel discussion**

15.30–  
16.00 **COFFEE, EXHIBITION & POSTER GALLERY**



### SESSION 4

Sensory design

Chair: Jamie Bishop,  
Architects for Health, UK

16.00 **Considering sensory design makes sense: Exploring the positive sensory impact of Southmead Hospital main atria**

Vicky Casey, BDP, UK  
Dr Victoria Bates, University of Bristol, UK

16.20 **Design for the senses**

Caroline Varnauskas, White arkitekter, Sweden  
Rafel Crespo Solana, White arkitekter, Sweden

16.40–  
17.00 **Panel discussion**



### SESSION 5

Keynote plenary

Chair: John Cooper,  
Architects for Health, UK

17.00–  
18.00 **Keynote: The Caring Collective presents Fast forward: The future of health and wellbeing**

Max Farrell, LDN Collective, UK  
Bee Farrell, Foodtouristic, UK  
Sherry Dobbin, Futurecity, UK  
Robert Gordon Clark, London Communications Agency, UK

The Caring Collective, a collaboration between 34 built environment experts and creatives, is excited to present the first-ever stage reading of its short play 'Fast forward: The Future of Health and Wellbeing'. The play was highly commended in last year's Wolfson Economics Prize competition, which sought new ideas for planning and designing the hospital of the future.

Presenting a positive vision of the future, the play weaves together experiences, expertise and creativity based on interviews, workshops and research. It depicts healthy ecosystems, from the home to the high street, and humanistic hospitals liberated by technology – all working seamlessly together.

18.00–  
20.30 **EXHIBITION, POSTER GALLERY & WELCOME DRINKS RECEPTION**

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### SESSION 6

#### Health system transformation

Chair: **Sasha Karakusevic**, NHS Horizons, UK

**10.45 Transformation in healthcare – magical thinking or the shape of things to come?**

John Kelly, ETL, UK  
Emily Blunt, ETL, UK

**11.05 The development of the Cavell Centres concept**

Hrafnhildur Ólafsdóttir, JCA, UK  
John Cooper, JCA, UK

**11.25 Dorset Health Village – shopping with healthcare**

Ehren Trzebiatowski, BDP, UK  
Paul Johnson, BDP, UK

**11.45 Developing an evidence-based approach to improving health services, infrastructure and environment within a pan-regional population basis: A South East Ireland case study**

Conor Ellis, Archus UK, UK  
Mark Kane, HSE Republic of Ireland, Ireland

**12.05–12.30 Panel discussion**

**12.30–14.00 LUNCH, EXHIBITION & POSTER GALLERY**



### SESSION 7

#### Health ecosystems

Chair: **Jonathan Erskine**, EuHPN, UK

**14.00 Power of 8 for change**

Sharon E Woodworth, University of California at San Francisco, USA  
Eva Henrich, Heinle, Wischer und Partner, Germany  
Tatiana Epimakhova, C.F. Møller Architects, Germany  
David Allison, Clemson University, USA  
Zigmund Rubel, A Design+Consulting, USA

**14.20 Planning for resilience in healthcare infrastructure**

Richard Darch, Archus, UK  
Darshana Chauhan, Coplug, UK

**14.40 A Well-Placed Hospital in Barnstaple**

Mungo Smith, MAAP Architects, Australia  
Andy Black, Health management consultant, New Zealand / UK  
Anthony Farnsworth, Social care planning and management specialist, UK

**15.00–15.30 Panel discussion**

**15.30–16.00 COFFEE, EXHIBITION & POSTER GALLERY**



### SESSION 8

#### A new profession

Co-chairs: **Tina Nolan**, Health Planning Academy, UK  
**Richard Darch**, Health Planning Academy, UK



**16.00–17.00 Workshop: ‘Archidocs’ and ‘Dochitects’ – will clinicians or architects predominate as the healthcare planners in the future?**

Globally, the pace of change in healthcare is constantly accelerating, requiring healthcare planners to always stay ahead of the curve to bring knowledge of the latest trends and advances into the planning and design process for health infrastructure. And, as the world emerges from the turmoil of the last two years, it is an indisputable fact that infrastructure will increasingly mean digital rather than built environments. At the same time, sustainability – operational, environmental, social and economic – will wrap around all aspects of healthcare planning from strategic planning down to the commissioning and operational-readiness of new facilities. Add to the mix the emergence of new concepts of design automation and standardised off-site manufacturing processes and it is clear that the knowledge base for the profession is evolving and expanding at pace.

**Panel:**



Marc Levinson,  
Murphy Philipps  
Architects, UK



Stephanie Williamson,  
Architects for Health,  
UK

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### SESSION 9

#### Decarbonising the healthcare estate

**Chair: Sunand Prasad**, UK Green Building Council; Perkins&Will; Penoyre & Prasad, UK

- 10.45**    **The world's most climate-smart hospital**  
Per Olsson, LINK Arkitektur, Sweden  
Eirik Rudi Wærner, Multiconsult, Norway  
Mette Dan-Weibel, Director Healthcare, LINK Arkitektur, Denmark
- 11.05**    **A net-zero strategy for Royal United Hospitals Bath**  
Alessandro Ciampechini, WSP, UK
- 11.25**    **University Hospital Ghent – CO2 neutral in 2050**  
Simon Ossieur, VK Architects & Engineers, Belgium  
Petra Demoor, UZ Ghent, Belgium  
Milena Bruyninckx, VK Architects & Engineers, Belgium
- 11.45**    **Decarbonisation – a tale of two sites**  
Ben Barker, Hoare Lea, UK  
Ned Maynard, University Hospitals Bristol NHS Foundation Trust, UK  
Graham Cossons, Hoare Lea, UK

**12.05–12.30**    **Panel discussion**

**12.30–14.00**    **LUNCH, EXHIBITION & POSTER GALLERY**

**12.40–13.50**    **Workshop: Blurring the boundaries of healthcare**

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For the full abstract and details of the panel, please go to page 20



### SESSION 10

#### Climate-smart hospital infrastructure

**Chair: Andy Vernon**, Hoare Lea, UK

- 14.00**    **Environmental benefits of the adoption of modern methods of construction in healthcare buildings**  
Pablo Gugel, Bryden Wood, UK  
Martina Cardi, Bryden Wood, UK
- 14.20**    **Designing and implementing a carbon-negative healthcare campus**  
Brad Hinthorne, Perkins&Will, USA  
Mike Denney, Swedish Health Services, USA  
Ruben Canas, MacDonald Miller, USA
- 14.40**    **Destination net zero: Transforming NHS estates into the hospitals of tomorrow**  
Bonnie Chu, Wates Construction, UK  
Paul Sawyers, HKS, UK  
Mike Booth, Arup, UK

**15.00–15.30**    **Panel discussion**

**15.30–16.00**    **COFFEE, EXHIBITION & POSTER GALLERY**



### SESSION 11

#### Workshop: How can healthcare institutions get to zero emissions in 2050?

**Co-chairs: Antonella Risso**, Health Care Without Harm, Argentina



**Sonia Roschnik**, Health Care Without Harm, France

**16.00–17.00**    In 2020, only one national healthcare system was building a plan to get to zero emissions before 2050: the NHS. In December 2021, 14 have committed to do the same.

If the healthcare sector does not implement a clear action plan to get to zero emissions in 2050, the emissions will triple by 2050. The climate crisis is a health crisis, and the sector has a double role to play then. It deals with the consequences of climate change while having to reduce its own contribution to the problem, which is estimated at 4.4 per cent of global greenhouse gas emissions. A big proportion of these emissions come from developed countries, and 12 per cent are from the European Union.

During the workshop, Health Care Without Harm will use the Climate Impact Checkup tool and the roadmap for healthcare decarbonisation to work with delegates in understanding the greenhouse emissions produced by the sector and the different opportunities already available to reduce them. Learning will also revolve around the challenges that require collaboration among systems and countries to create a sustainable and low-carbon supply chain for the sector around the world.

Case studies from different regions and contexts will be displayed to encourage the sector to act and create applicable action plans to reduce its emissions while also promoting sustainability and more effective models of care. Examples will be used to work with delegates in the development of pathways to zero, applicable to different contexts and, at the same time, sufficient to achieve the Paris Agreement goals.



## SESSION 12

**The smart health campus**

Chair: Richard Darch, Archus, UK

- 10.45 Hospital 2030: Integrating digital planning for a smart healthcare campus**  
Doreen Koh Yan Fun, CPG Consultants, Singapore  
Jin-Ting Lee, CPG Consultants, Singapore  
Shao Yen Tan, CPG Consultants, Singapore
- 11.05 People, place and prosperity: Using big data as a diagnostic tool in health precinct design**  
Michaela Sheahan, Hassell, Australia  
Bonnie Shaw, Place Intelligence, Australia  
Norion Ubechel, Place Intelligence, Australia
- 11.25 The distributed campus of care: Go small, reach far**  
Danny Ruta, Guy's and St Thomas' NHS Foundation Trust, UK
- 11.45 Hybrid model of care: Integrating physical and virtual care in an internal medicine home hospitalisation programme**  
Nirit Pilosof, University of Cambridge, UK  
Michael Barrett, University of Cambridge, UK  
Eivor Oborn, University of Warwick, UK  
Gad Segal, Sheba Medical Center, Israel
- 12.05–12.30 Panel discussion**
- 12.30–14.00 LUNCH, EXHIBITION & POSTER GALLERY**



## SESSION 13

**Digital transformation in healthcare**

Chair: Anisha Mayor, WSP, UK

- 14.00 Digital services for climate-smart healthcare system: Challenges, gaps and opportunities**  
Noemi Bitterman, Technion, Israel
- 14.20 IoT solutions for smart hospitals**  
Steven Jamieson, Siemens Smart Infrastructure, UK  
Job Kamphuis, Siemens Smart Infrastructure, Switzerland  
Roberto Fumagalli, Siemens Smart Infrastructure, Switzerland
- 14.40 Ambient intelligence illuminating care at the hospital ward**  
Harry van Goor, Radboud university medical center, Netherlands
- 15.00–15.30 Panel discussion**
- 15.30–16.00 COFFEE, EXHIBITION & POSTER GALLERY**



## SESSION 14

**Digital design for intensive care**

Chair: Dr Ganesh Suntharalingam, London North West University Healthcare, UK

- 16.00 The Smart ED**  
Dr Sue Robinson, Cambridge University Hospitals Foundation NHS Trust and NHSE/I, UK  
Dr Roderick Mackenzie, Cambridge University Hospitals Foundation NHS Trust, UK  
Jim Lennon, Consulting architectural specialist, USA
- 16.20 Creating, testing and evaluating immersive virtual ICU-CCU built environments**  
Stephen Verderber Arch.D., University of Toronto Centre for Design + Health Innovation, Canada  
Christopher Parshuram MD, The Hospital for Sick Children, Toronto, Ontario, Canada; University of Toronto, Canada  
Seth Gray MD, The Hospital for Sick Children, Toronto, Ontario, Canada; University of Toronto, Canada
- 16.40–17.00 Panel discussion**



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# HEALTHY CITY DESIGN INTERNATIONAL

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10-11 OCTOBER 2022

ROYAL COLLEGE OF PHYSICIANS, LONDON

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### SESSION 15

#### Opening plenary

Chair: **John Cooper**, Architects for Health, UK

#### 08.45 Welcome and introduction

John Cooper, Programme chair, European Healthcare Design, and past chair, Architects for Health, UK

#### 08.50 Around the kitchen table with Maggie's: Valuing our workforce and carers through design

Maggie's centres are designed to a considered and demanding architectural brief. Every architect and designer embraces this brief – a blueprint first created 25 years ago by its founder, Maggie Keswick Jencks. Through the design process, the charity ensures its environments cater to the needs of all its users, including people living with cancer, carers, NHS colleagues, visitors, and professional staff.

The architecture, unlike traditional hospital settings, is non-prescriptive and designed to feel welcoming for all visitors. There are opportunities for gathering around a shared space at the kitchen table, secluded rooms for private conversations, large spaces for group activities, and settings for contemplation that often give a view of the garden or outside world. All of these elements ensure Maggie's staff can provide the professional support and care visitors need.

For friends and family, the centres often start as a place to simply wait with a hot drink while the person with cancer visits the hospital. However, once inside, the setting opens them up to conversations with staff or other visitors which, in turn, can help them find the support they often didn't know they needed themselves.

Maggie's centres also assist staff to create conversations, often accelerating the discussion of psychological issues. The informal setting means that staff can wait for a person to become at ease in the environment before approaching them and assessing their needs.

Hospitals are larger and much more complex settings. But what lessons can hospitals learn from Maggie's? What is the role of the environment and architecture in supporting and valuing healthcare staff? And what are the universal design principles applied in Maggie's centres that can help humanise our hospitals through design.

Panel:



Dame Laura Lee,  
Maggie's, UK



Ab Rogers,  
Ab Rogers  
Design, UK



Alex de Rijke,  
dRMM, UK



Charles Curwain,  
Maggie's, UK

10.15–  
10.45 **COFFEE, EXHIBITION & POSTER GALLERY**



### SESSION 16

#### Hospital in the city

Chair: **Paul Bell**, Ryder Architecture, UK

#### 10.45 Encouraging interaction: Healthcare and education – two case studies

Ernest Fasanya, Hopkins Architects, UK  
Andrew Barnett, Hopkins Architects, UK

#### 11.05 Pandemic lessons: How architecture and design supported an infectious disease hospital in China

Beau Herr, CallisonRTKL, USA

#### 11.25 The new Mississauga Hospital – a new vertical hospital in the city

David Martin, Stantec, UK  
David Longley, Trillium Health Partners, Canada  
Matthew Kenney, Trillium Health Partners, Canada  
Suzanne Crysdale, Stantec, Canada

#### 11.45 Designing an XL medical campus for a translational health science future in China

Sangmin Lee, HDR, USA  
Michael Street, HDR, USA  
Brian Kowalchuk, HDR, USA

#### 12.05– 12.30 Panel discussion

12.30–  
14.00 **LUNCH, EXHIBITION & POSTER GALLERY**



## SESSION 17

Evidence-based practice

Chair: Goran Lindahl, Chalmers University, Sweden

### 14.00 Healthcare architecture's ethical imperative – reliance on evidentiary rigour

Bill Hercules, WJH Health, USA

Diana Anderson MD, M.Arch, ACHA, VA Boston Healthcare System, USA

Ray Pentecost DrPH, FAIA, FACHA, Center for Health Systems & Design, Texas A&M University, USA  
Stowe Locke Teti MA, Center for Clinical and Organizational Ethics, Inova Fairfax Medical Campus; Editor-in-chief, Pediatric Ethicscope: The Journal of Pediatric Bioethics, USA

### 14.20 A post-occupancy evaluation framework to inform future investment in healthcare design

Shari Blanch, Jacobs, Australia

Annabel Frazer, Jacobs, Australia

### 14.40 Driving innovation in healthcare design: The case of an interdisciplinary co-design process for a new rapid eye diagnostics hub for Moorfields Hospital

Dr Anne Symons, University College London, UK

Dr Grant Mills, University College London, UK

### 15.00–15.30 Panel discussion

### 15.30–16.00 COFFEE, EXHIBITION & POSTER GALLERY

## SESSION 18

Clinical innovation through design collaboration

16.00–17.00

### Workshop: Opportunities for clinical innovation through interdisciplinary design collaboration

Meaningful clinical engagement during project development is critical to ensuring cohesive, high-quality, design solutions. Building on previous presentations and research, this session will apply these principles within the context of the UK's New Hospital Programme to identify opportunities for clinical innovation within the programme.

Since 2017, we have delivered stakeholder workshops, presentations and research that have collectively enabled the assessment of current approaches to user engagement. The New Hospital Programme will be proceeding on the basis of central strategies and it is of paramount importance that these strategies incorporate integrated and meaningful clinical involvement to successfully deliver the programme's key objectives.

Panel:



Marc Levinson,  
Murphy Philipps  
Architects, UK



Emma Stockton, Great Ormond  
Street Hospital for Children;  
Building Blocks for Clinicians, UK



Liz Whelan, Greenwich  
University; Building  
Blocks for Clinicians, UK



Kate Bradley,  
MJ Medical; Building  
Blocks for Clinicians, UK



## SESSION 19

Awards ceremony

Chair: Chris Shaw, past chair, Architects for Health, UK

### 17.00 European Healthcare Design Awards 2022

Supported by lead sponsor:



### 17.45–18.00 Closing address

John Cooper, Architects for Health, UK

### 18.30–22.00 GARDEN PARTY AND LIVE MUSIC

Supported by sponsor:

# ETL





## SESSION 20

Designing for children

Chair: Stephanie Williamson, AfH, UK

**10.45 Cambridge Children's Hospital – 'A Whole New Way': A new model of integrated healthcare and research to provide holistic mental and physical care for children and young people**  
Cristiana Caira, White Arkitekter, Sweden  
Negar Mihanyar, Hawkins\Brown, UK

**11.05 Design for dignity – measuring the impact of design: Refurbishment of the maternity ward at Punta Europa Hospital in AI, Spain**  
Marta Parra Casado, VIRAI Arquitectos, Spain  
Juan Manuel Herranz Molina, VIRAI Arquitectos, Spain  
Angela E Müller, Parra-Müller Arquitectura de Maternidades, Madrid, Spain  
Nicolás Neleo Sánchez Cañamero, Campo de Gibraltar Oeste Health Management Area, Spain

**11.25 Designing a home for palliative children**  
Clara Rius, Ahead PSP, Spain  
Raimond Pinto, Rai Pinto Studio, USA  
Dani Rubio, Arauna Studio, Spain

**11.45 GOSH Sight & Sound Centre – retrofit for unique needs**  
Gary Toon, Sonnemann Toon Architects, UK  
Crispin Walkling-Lea, Great Ormond Street Hospital for Children NHS Foundation Trust, UK  
Vivienne Reiss, Great Ormond Street Hospital for Children NHS Foundation Trust, UK

**12.05–12.30 Panel discussion**

**12.30–14.00 LUNCH, EXHIBITION & POSTER GALLERY**



## SESSION 21

Transforming mental health design

Chair: Brenda Bush-Moline, Stantec, USA

**14.00 A breath of fresh air – the positive impact of integrated landscape and activity-based design in the architecture of secured mental healthcare facilities**  
Coen van den Wijngaart, archipelago architects, Belgium  
Laurent Grisay, archipelago architects, Belgium

**14.20 Red Fish Healing Centre for Mental Health and Addiction: BC's newest mental health and addictions hospital shifts away from institutional healthcare**  
John MacSween, Parkin Architects, Canada  
Mary Chernoff, Parkin Architects, Canada

**14.40 How to transform behavioural healthcare facilities**  
Laura Sen Tarrafeta, Vitaller Arquitectura, Spain

**15.00–15.30 Panel discussion**

**15.30–16.00 COFFEE, EXHIBITION & POSTER GALLERY**



## SESSION 22

Neuroscience and healthcare architecture

Chair: Paul Yeoman, Medical Architecture, UK

**16.00 The NOVELL method**  
Aaron Davis, The Florey Institute of Neuroscience and Mental Health, Australia  
Marcus White, Swinburne University of Technology, Australia  
Maryam Banaei, The Florey Institute of Neuroscience and Mental Health, Australia  
Julie Bernhardt, The Florey Institute of Neuroscience and Mental Health, Australia

**16.20 Neuroscience and architecture: A 12-factor matrix for healthcare design**  
Davide Ruzzon, Lombardini22, Italy

**16.40–17.00 Panel discussion**



07.30–08.45 **Breakfast Workshop: Reinventing planning in healthcare**  
 For the full abstract and details of the panel, please go to page 21

Organised by:  
**Archus**  
 The healthcare infrastructure specialist



**SESSION 23**  
**Innovation in emergency care**  
 Chair: Matthew Holmes, Jacobs, Australia

10.45 **Design in the face of the climate crisis: Planning A&E for high-performance flow and lean design to deliver maximum capacity in less space**  
 Jon Huddy, Huddy HealthCare Solutions, USA  
 David White MBA, Huddy HealthCare Solutions, USA

11.05 **The impact of merging high-fidelity mockups with patient-care simulated scenarios to optimise design of a new academic ED**  
 Dr Cemal Sozener MD and Benjamin S Bassin MD, University of Michigan Medical Center, USA  
 Arthur Pancioli MD, University of Cincinnati Medical Center, USA  
 Juliet Rogers PhD, MPH, Blue Cottage of Cannon Design, USA

11.25 **Leveraging modularity to solve a mental health crisis**  
 Maria Ionescu, Scott Reed and Chu Foxlin, Stantec, USA

11.45 **Application of computational fluid dynamics simulation to hospital room design to simultaneously predict air quality, airborne pathogen infection risk, and energy efficiency**  
 Pedro Obando Vega, BuildWind, Belgium

12.05–12.30 **Panel discussion**

12.30–14.00 **LUNCH, EXHIBITION & POSTER GALLERY**

12.40–13.50 **Workshop: How can integrated care be more than the sum of its parts?**

Organised by:



For the full abstract and details of the panel, please go to page 21



**SESSION 24**  
**Reimagining surgical care**  
 Chair: Dr Harry van Goor, Radboudumc, Netherlands

14.00 **MASH flights, mobile advanced surgical hospitals: A hybrid NGO**  
 Christine Chadwick, CannonDesign, Canada  
 Kendall Joudrie, MASH Flights & Thinking Robot Studios, Canada

14.20 **Evidence-based design guidelines to support safe medication practices and workflows in the anaesthesia workspace**  
 Anjali Joseph, Center for Health Facilities Design and Testing, Clemson University, USA  
 Kenneth Catchpole, Medical University of South Carolina, USA  
 Soheyla Mohammadigorji, Clemson University, USA  
 Seyedmohammad Ahmadshahi, Clemson University, USA

14.40 **Design considerations for the modern operating theatre: Supporting the implementation of medical video, audio and communication systems**  
 Richard McAuley, Brandon Medical, UK

15.00–15.30 **Panel discussion**

15.30–16.00 **COFFEE, EXHIBITION & POSTER GALLERY**



**SESSION 25**  
**Unlocking the potential of healthcare workspace design**  
 Chair: Jeremy Myerson, WorkTech Academy, UK

16.00–17.00 **Workshop: Unlock the potential of healthcare workspace design**

Workspace design is focusing on understanding new ways of working and collaboration between knowledge workers who are becoming increasingly agile, mobile and remote. It is recognised as key to talent attraction, retention, satisfaction, productivity, reduced sick leave and worker sense of belonging, connection, and overall health and wellbeing. The Covid-19 pandemic has impacted on both frontstage (clinical spaces) and backstage workspaces (office spaces), leading to hybrid working models, through to the increased use of digital platforms. Most attention has been on healthcare frontstage workspaces. However, backstage workspaces should be increasingly recognised as key to communication and teamwork among all healthcare professionals and administrators. Limited evidence exists about how design can best support holistic (front and backstage) workspaces in healthcare.

Panel:



Lucio Naccarella,  
 The University of Melbourne, Australia



Lizette Engelen  
 Workplace strategist/practitioner/researcher, Netherlands



Monika Codourey  
 Architect; Workplace & healthcare consultant; researcher, Switzerland



Karrie Long,  
 Royal Melbourne Hospital, Australia



## SESSION 26

**Regenerative infrastructure for social impact**

**Chair: Beau Herr, CallisonRTKL, USA**

**10.45 Aligning agile healthcare environments with progressive policy initiatives**

Andy Witchell, Mott MacDonald, UK  
 Brian Niven, Mott MacDonald, UK  
 Rebecca Stubbs, Mott MacDonald, UK

**11.05 Regenerative design and health impacts**

Colin Rohlfing, HDR, USA  
 Anosha Zanjani, HDR, USA

**11.25 Developing a sustainable and contextual hospital model for the future: Two case studies from two different contexts in Belgium**

Coen van den Wijngaert, archipelago architects, Belgium  
 Laurent Grisay, archipelago architects, Belgium

**11.45 Project Maunga, Taranaki Base Hospital Renewal: Lessons from implementing New Zealand's first 5-Star Green Star hospital**

Jonathan Rae, Warren and Mahoney, New Zealand

**12.05–12.30 Panel discussion**

**12.30–14.00 LUNCH, EXHIBITION & POSTER GALLERY**



## SESSION 27

**The sustainable hospital: Digital and modular**

**Chair: Tina Nolan, ETL, UK**

**14.00 Digital and the sustainable hospital**

Andrew Rolf, Arup, UK

**14.20 Fast response – long-term value**

Eric Trillo, AECOM, Spain

**14.40 From organisational estate strategies to system-wide infrastructure strategies: Changing how we think about capital investment**

Martin Clark, Currie & Brown, UK  
 Helen Pickering, Currie & Brown, UK  
 Rachelle McDade, Currie & Brown, UK  
 Lizi Greenhill, Currie & Brown, UK

**15.00–15.30 Panel discussion**

**15.30–16.00 COFFEE, EXHIBITION & POSTER GALLERY**



## SESSION 28

**Transforming the healthcare estate for key worker housing**

**Chair: Jim Chapman, Manchester School of Architecture, UK**

**16.00 Solving the key worker housing crisis**

Mark Rowe, Perkins & Will, UK  
 Sarah Hordern, Perspicio, UK

**16.20 Housing and healthcare: Signals of change for key workers' quality of life**

Arthur Kay, Skyroom; Board of Commissioners for the Key Worker Homes Fund, UK

**16.40–17.00 Panel discussion**

# POSTER+VIDEO GALLERY

## Dorchester Library

Supported by:

# AECOM

The cultured surroundings of the Dorchester Library will play host to the poster and video gallery, supported by AECOM.

Featuring an array of visual and dynamic presentations on scientific research, cutting-edge policy, technological innovations and landmark healthcare design projects, the poster and video gallery will be on display throughout the Congress, providing ample opportunity for delegates to peruse at their leisure in between sessions.



- |            |  |            |   |            |  |
|------------|--|------------|---|------------|--|
| <b>P01</b> | <b>Practical barriers to implementing net-zero carbon scheme in existing hospitals in Saudi Arabia</b><br>Badr S Alotaibi, Mohammed Abuhussain, Najran University; Khaled Alfagih, KFO Engineering Consultancy; Sultan Alsulais, Saudi Energy Efficiency Center (Saudi Arabia) | <b>P10</b> | <b>Healthcare revolution: The role of robotics</b><br>Anika Rahman, Dr Evangelia Chryssikou, UCL; Dr Hina Lad, Imperial College Healthcare NHS Trust (UK) | <b>P19</b> | <b>Designing the hospital of the future</b><br>Shaz Hawkins, Tarkett (UK)  |
| <b>P02</b> | <b>Medtech integration – a different approach</b><br>Gavin Hildick, Rutherford Estates (UK)  | <b>P11</b> | <b>Mental care – architectural aspect</b><br>Martha Jónsdóttir, University of Herfordshire (Iceland)  | <b>P20</b> | <b>Reconstructing healthcare planning</b><br>Regina Kennedy, Andrew Castle, ETL (UK)   |
| <b>P03</b> | <b>Getting the clinical brief right</b><br>Toby Simon Banfield, Mark Reilly, Archus (UK)   | <b>P12</b> | <b>Healthcare – PFI return to public ownership</b><br>Mark Thomas, Andrew Rolf, Arup (UK)   | <b>P21</b> | <b>Standardisation, flexibility and adaptability of healthcare facility planning</b><br>Paul Sheldon, Toby Banfield, Archus (UK)       |
| <b>P04</b> | <b>Design for understanding – description of training exercises for the elderly</b><br>Christian Lunger, motasdesign (Germany)   | <b>P13</b> | <b>The Maggie’s Centre: A model of human-centred design thinking</b><br>Caterina Frisone, Oxford Brookes University (UK)                                  | <b>P22</b> | <b>D.R.on.E – a decision support system to respond to ongoing epidemics</b><br>Luca Carminati, Politecnico di Milano (Italy)           |
| <b>P05</b> | <b>An interactive dialogue: The dynamics of designing academic medical centres</b><br>Mike Apple, Michael Street, HDR (USA)  | <b>P14</b> | <b>Hospital operational commissioning – ‘the poor relative’</b><br>Maeve Dunne, Rachel Hall, ETL (UK)   | <b>P23</b> | <b>Designing for the health of coastal communities</b><br>Lianne Knotts, Medical Architecture (UK)                                     |
| <b>P06</b> | <b>A technology project – a tale of collaboration and teamwork during a pandemic</b><br>Gavin Hildick, Rutherford Estates (UK)   | <b>P15</b> | <b>Designing safe and sustainable smart hospitals</b><br>Gavin Collier (UK), Colin Rohlfing, HDR (USA)  | <b>P24</b> | <b>Creating exceptional cancer centres that provide quality and convenient care</b><br>Beau Herr, Gabryela Feldman, CallisonRTKL (USA) |
| <b>P07</b> | <b>Hospitals renovating infectious disease wings following Covid-19</b><br>Beau Herr, CallisonRTKL (USA)   | <b>P16</b> | <b>Command centres: Advancing technology to prepare for future health crises</b><br>Beau Herr, CallisonRTKL (USA)   | <b>P25</b> | <b>How will personalised medicine save the world?</b><br>Emma Smyth, HDS Architects (UK)   |
| <b>P08</b> | <b>Prioritising embodied carbon in the built environment</b><br>Liz Resenic, Gensler (USA)   | <b>P17</b> | <b>Ecourbanism – regenerative healthcare design for people and planet</b><br>Luke Engleback, Studio Engleback (UK)  | <b>P26</b> | <b>Lighthouse Hospital</b><br>Mikko Sinervo, Susanna Kalkkinen, Architect Group Reino Koivula (Finland)                                |
| <b>P09</b> | <b>Lightworks: Combining art and light to combat the clinical dark age</b><br>Peter Shenai, Louisa Williams, Art in Site (UK)  | <b>P18</b> | <b>Effectiveness of mental health design to support recovery and service outcomes</b><br>Martha McSweeney, McSweeney Architecture (UK)                    |            |  |

- |  |   |   |
|--|---|---|
| <p><b>P27</b>     <b>Creating inclusive healthcare facilities and empowering patients by embedding person-centred design principles</b><br/>Rob White, NHS Golden Jubilee (UK)</p>   | <p><b>P36</b>     <b>Symbiosis: Harnessing biology to enable a synergistic design approach for patient-centricity and sustainability</b><br/>Eric Corey Freed, CannonDesign (USA)</p>   | <p><b>P45</b>     <b>Modern standards for medical video systems: Infrastructure required for 4K UHD and beyond in the OR</b><br/>Richard McAuley, Brandon Medical (UK)</p>  |
| <p><b>P28</b>     <b>Climate-smart healthcare systems: Expanding the capabilities of BMS systems and integration with the OR</b><br/>Richard McAuley, Adrian Hall, Brandon Medical (UK)</p>  | <p><b>P37</b>     <b>Integrated theoretical framework for therapeutic healthcare facility design</b><br/>Lusi Morhayim, Evangelia Chrysikou, University College London (UK)</p>   | <p><b>P46</b>     <b>Collaborative working in action – contracts are important, but it’s about the people and the culture</b><br/>Phil Wade, Peter Ball, Static Systems Group (UK)</p>  |
| <p><b>P29</b>     <b>Towards sustainable health: A green patient journey</b><br/>Harry van Goor, Merlijn Smits, Radboud university medical center (Netherlands)</p>  | <p><b>P38</b>     <b>Simulating social connection with FLUID sociability</b><br/>Bruce Haden, Human Studio   Architecture + Urban Design (Canada)</p>   | <p><b>P47</b>     <b>On-stage/off-stage healthcare design: What is it and how well does it work?</b><br/>Francesqca Jimenez, Abigail Heithoff, Jeri Brittin, HDR (USA)</p>  |
| <p><b>P30</b>     <b>Mind + Body: Inclusive design for complex medical / mental health co-morbidities</b><br/>Shary Adams, CannonDesign; Kayvan Madani Nejad, United States Department of Veterans Affairs (USA)</p>   | <p><b>P39</b>     <b>Dynamic glass supports wellbeing</b><br/>Martin Zitto, Merck (Germany), Natalie Carrick, eyrise (UK), Céline Glipe, eyrise (Netherlands), Filip Roscam, eyrise (Belgium)</p>   | <p><b>P48</b>     <b>Reinvigorating our shared ambition to design for health</b><br/>Mette Lindeberg, Henning Larsen Architects (Denmark)</p>   |
| <p><b>P31</b>     <b>Wayfinding design for sensitive places – the case of a hospice</b><br/>Christian Lunger, motasdesign (Germany), Markus Scheiber, motasdesign (Austria)</p>  | <p><b>P40</b>     <b>Virginia Woodlands</b><br/>Melissa Bradner, Virginia Commonwealth University; Terry Wyllie, BOB Architecture; Yael Tarshish MD, Baystate Medical Center (USA)</p>  | <p><b>P49</b>     <b>Impact of advancing digital innovation</b><br/>Magnus Leask, Graham Cossons, Stephen Wreford, Hoare Lea; Charles Gutteridge, Bart’s Health NHS Trust (UK)</p>  |
| <p><b>P32</b>     <b>Revealing hidden opportunities: Young adults co-designing an innovative mental health hub</b><br/>Deanna Brown, Robyn Whitwham, Lisa Kee, Jane Wigle, Stantec (Canada)</p>  | <p><b>P41</b>     <b>Principles of design for ergonomic pendant solutions for minimally invasive surgery and shorter recovery times in intensive care units</b><br/>Scott Pickering, Brandon Medical (UK)</p>   | <p><b>P50</b>     <b>Future-proofing hospital buildings: Conceptualisation and determining practical implications</b><br/>Sanaz Memari, Richard Tucker, Fiona Andrews, Deakin University (Australia)</p>  |
| <p><b>P33</b>     <b>Refurbishment or demolition? Problems of adapting hospitals built between 1945 and 1989 in Poland to modern requirements</b><br/>Natalia Przesmycka, Rafał Strojny, Anna Zyczynska, Lublin University of Technology (Poland)</p>                | <p><b>P42</b>     <b>Investigating healthcare professionals’ interactions with technological equipment in trauma rooms</b><br/>Sara Bayramzadeh, Parsa Aghaei, Kent State University (USA)</p>  | <p><b>P51</b>     <b>MONIA – integrated, diverse and communal living solutions for memory decline in Finland</b><br/>Laura Arpiainen, Ira Verma, Liisa Ryyänen, Natalia Vladykina, Aalto University Finland (Finland)</p>   |
| <p><b>P34</b>     <b>Playing your way to appointments: Art and wayfinding for the Sight &amp; Sound Centre, Great Ormond Street Hospital</b><br/>Peter Shenai, Louisa Williams, Martin Jones, Art in Site (UK)</p>   | <p><b>P43</b>     <b>The sea at the Forensic Ward / design of the Forensic Ward at the ‘Sha’ar Menashe’ Mental Health Center</b><br/>Dalia Shilony, Dalia Shilony Interior Design; Lea Botzer, Share Menashe Mental Health Center (Israel)</p>  | <p><b>P52</b>     <b>Expand commissioning framework to support a healthy and enduring interior environment</b><br/>Jean Hansen, Susan Suhar, Charlene Mendez, HDR (USA)</p>   |
| <p><b>P35</b>     <b>Incorporating biophilic design and materials into non-clinical spaces of a new diagnostic centre in London, UK: A case study</b><br/>Jonty Craig, David Di Duca, BAT Studio; Karen Janody, Royal Brompton and Harefield Clinical Group (UK)</p> | <p><b>P44</b>     <b>Creating access to nature to improve wellbeing in a hospital is leading to ecosystem health: A case study</b><br/>Karen Janody, Ashi Firouzi, Royal Brompton &amp; Harefield Hospitals; Keir EJ Philip, Imperial College London, Royal Brompton &amp; Harefield Hospitals (UK)</p> | <p><b>P53</b>     <b>Biophilic design and wayfinding in healthcare centres for a better experience of care</b><br/>Enya Lachman-Curl, Karen Janody, Royal Brompton and Harefield Clinical Group (UK); Charlotte Roscoe, Harvard T.H. Chan School of Public Health (USA)</p> |

- P54**     **Experience-based design and the impact of birthplace on female architects and designers**  
 Angela E Müller, Marta Parra Casado, Parra-Müller  
 Arquitectura de Maternidades; Laura Cambra Rufino,  
 Universidad Politécnica de Madrid (Spain)
- P55**     **How health-oriented development can improve population health: Engaging the community to create a health hub in the Mat-Su Valley, Alaska**  
 Francesqca Jimenez, Jeri Brittin, HDR (USA)
- P56**     **Identifying the role of the physical environment in causing disruptions and interruptions in trauma rooms: An observational study**  
 Sara Bayramzadeh, Hossein Mirzajani,  
 Hamid Estejab, Kent State University (USA)
- P57**     **Supporting patient wellbeing and skills development through creative co-design of the paediatric waiting area of Royal Brompton Diagnostic Centre**  
 Sarah Grainger-Jones, Conni Rosewarne,  
 Royal Brompton & Harefield Hospitals;  
 Rumbidzai Savanhu, Illustrator, (UK)
- P58**     **An interactive dialogue: Improving community-based health and social care services through facility design and management**  
 Michael Roughan, HDR (USA); Mike O'Mahoney,  
 HDR (UK); Aileen Hogan, Community Health  
 Partnerships (UK)
- P59**     **Impact of a multidisciplinary design, operations and physician consultant team on the development of a functional future state design at a large academic medical centre**  
 Dr Benjamin Bassin MD, Dr Cemal Sozener MD,  
 University of Michigan Health System;  
 Dr Juliet Rogers PhD, Blue Cottage of  
 CannonDesign; Brian Silva, CannonDesign (USA)
- P60**     **Teaching hospitals: Learner-centred design**  
 Megan Phelps, University of Sydney (Australia)

- P61**     **Cambridge Children's Hospital – integration, innovation and improvements in the design process to deliver carbon reduction in healthcare**  
 Ewan Graham, Hawkins\Brown; Kelly Alvarez Doran,  
 White Arkitekter (UK)
- P62**     **Economic feasibility of medical construction project in Iran**  
 Mohmmad Anvar Adibhesami, Iran University of  
 Science and Technology (Iran), Hirou Karimi, Eastern  
 Mediterranean University (Turkey)
- P63**     **Can exposure to virtual tours of surgical spaces help reduce anxiety for children undergoing outpatient surgical procedures?**  
 Anjali Joseph, Swati Goel, Matthew Browning,  
 Clemson University; Jonathan Markowitz, Prisma  
 Health Children's Hospital (USA)
- P64**     **Improving staff working conditions to stop the shortage – what staff in healthcare really want**  
 Dr Birgit Dietz, OTH Amberg-Weiden; Eva Henrich,  
 Heinle, Wischer und Partner; Students of the  
 Department of Architecture, TUM Munich School of  
 Engineering and Design (Germany)
- P65**     **Cambridge Children's – 'A Whole New Way': Integrating arts into the earliest stages of hospital design to create a welcoming, joyful and enchanting environment**  
 Natalie Ellis, Cambridge University Hospitals  
 NHS Foundation Trust; Negar Mihanyar, Hawkins\  
 Brown (UK)
- P66**     **Augmented reality simulation of healthcare environments: Limitations and potentials**  
 Sara Bayramzadeh, Hamid Estejab,  
 Hossein Mirzajani, Kent State University (USA)



# DESIGN AND PLANNING WORKSHOPS

Room: Platt Room and Garden

13 – 14 JUNE

10.15–17.00 **The Art Room: Using arts engagement to unlock design imaginations**

Organised by:  
**Art in Site**

Time for a mental break from the conference? Come join the Art in Site team during the Congress and get physical and creative in the Art Room.

Art in Site leads a series of workshops, mini-discussions, and an interactive installation – focusing on the role of arts engagement activities in healthcare. Together, Art in Site and EHD delegates will explore how community art workshops and co-design can bring fresh energy, enthusiasm, and new ideas to teams driving healthcare design and art of the future.

Drop in, chat, make, and reimagine with the team. No former experience or “art expertise” required – just bring an open mind. And if the weather allows, the group may spill out into the garden, making the most of the Royal College’s beautiful outdoor surroundings.

The Art Room will showcase new techniques, workshop formats, and innovations in accessibility – helping to share and pool knowledge in best practice in arts engagement and design around the world. There will be a look at creative approaches to engagement that help transform barriers into creative opportunities: from non-verbal workshops with dementia patients, to dealing with the “politics” of colour choices, through to digital methods of interacting with a distributed community. No matter which area of healthcare you work in, there will be something relevant for everyone.

Arts engagement is a vital tool for design: it can solve wider problems, re-energise groups, strengthen new partnerships, enable creative input, and awaken bigger ambitions and imagination. Recommendations will be given on the when, how, who, what and why of arts engagement, drawing on Art in Site’s recent experience and insights from working with trusts including Great Ormond Street Hospital for Children, University College London Hospitals, Guy’s and St Thomas’, and more.

**Panel:**  Louisa Williams,  
Director,  
Art in Site, UK

 Martin Jones,  
Director and artist,  
Art in Site, UK

 Peter Shenai,  
Creative strategist,  
Art in Site, UK

Room: Council Chamber

13 JUNE

12.40–13.50 **Blurring the boundaries of healthcare**

Organised by:  
**Ryder**

There is a greater acknowledgement that we need to blur the boundaries across our social infrastructure if we are to create environments that are socially and economically sustainable, create environments that address health and social inequality, and create environments in which everyone can start well, live well and age well.

Unequal access to basic resources necessary for health – such as good housing, education, connectivity, healthy food, and employment opportunities – can lead to social isolation and exclusion, both of which have been found to influence health. A perception of being treated unfairly can undermine trust in others and in institutions, and the capacity to form the social connections important for good mental health.

This workshop will look at opportunities to blur the boundaries between healthcare, education, housing and economic regeneration. It will consider community, connectivity, local economies, housing choice, and how a more holistic approach to wellness can shape our approach to the design and delivery of healthcare.

**Panel:**  Paul Bell,  
Partner, Ryder Architecture, UK

Natalie Firminger,  
Hospital design and development director, Whipps Cross  
Redevelopment, Barts Health NHS Trust; Special advisor,  
New Hospital Programme, UK

 Miriam Duffy,  
Programme director, National  
Rehabilitation Centre, UK



# DESIGN AND PLANNING WORKSHOPS

Room: Council Chamber

14 JUNE

07.30–  
08.45 Reinventing planning in healthcare

Organised by:

**Archus**  
The healthcare infrastructure specialist

This workshop will address the benefits of strategic planning for major capital investment in health infrastructure. Tackling Covid has led to significant government intervention in the planning, investment and operation of health systems around the world, even where there is a predominantly market approach to healthcare delivery. It is now recognised that major investment decisions in healthcare require high-quality data to inform investment decisions and that such decisions could be better made through a 'planned' approach to healthcare rather than a market or 'quasi-market' approach.

The workshop will debate whether this is the case and that this accelerated trend will mean the end of commissioning and purchasing or insurance-led approaches to funding healthcare with a move to more strategic planning. It will explore what this means for major capital and health infrastructure investment and what data and information are necessary in order to make informed and rational planning decisions.

The debate will also focus on what an effective planning framework should look like and what the implications are for investment cases, business cases and funding models, such as PPP. Finally, the workshop will bring an international dimension and address whether existing health infrastructure plans in the UK, Canada, Australia and Ireland would look very different if such a planning approach was taken.

**Chair:** Richard Darch,  
CEO, Archus, UK



Room: Council Chamber

14 JUNE

12.40–  
13.50 How can integrated care be more than the sum of its parts?

Organised by:

**Medical  
Architecture**

The UK health system is focused on episodic treatment and care – its infrastructure, hospitals and clinics reflect that purpose. However, in the UK and around the world, health systems are creaking and even collapsing under the weight of the demand as populations age. Many of the challenges faced by older people of frailty and complex morbidities are, however, driven by factors in the community that are not regulated and managed through the health system. These include: environmental health; poor and overcrowded housing; social deprivation and isolation; and unhealthy consumption patterns and lifestyles.

Can new models of care, where health services are distributed in and across the community, be better suited to these inherent needs, make much better use of limited financial and workforce resources, and be sustainable and adaptable over the long run? If so, what kind of services and buildings do we need to plan to support these changes?

This workshop looks at the tensions within health service delivery, public health, and city and community planning, exploring where opportunities might lie. Could multi-sector and community-based facilities play a greater role in integrated care systems? Our panel will look at scenarios and debate how these tensions might generate progressive ideas and possible alternatives to the norms.

**Panel:**



Christopher Shaw,  
Consultant, Medical  
Architecture, UK



Stephanie Williamson,  
Co-chair, Architects  
for Health, UK



John Kelly,  
Director, ETL, UK



Martin Rooney,  
Delivery director,  
New Hospital Programme,  
NHS England, UK



Jaime Bishop,  
Director, Fleet Architects;  
Co-chair, Architects  
for Health, UK



Lianne Knotts,  
Director, Medical  
Architecture, UK



# STUDY TOURS

Participants in the Congress will get the opportunity to join four study tours featuring some of the UK's latest benchmark healthcare projects and architectural landmarks. Places on each tour are limited, so please register early to avoid disappointment.



## STUDY TOUR 1: LIVERPOOL (Maximum 25 participants)

### The Royal Liverpool University Hospital (pictured top left)

Designed by NBBJ and HKS, the new Royal Liverpool University Hospital cohesively integrates an inspirational landmark building with complex clinical and technical criteria. Its key drivers are: a healthy hospital; patient- and staff-focused; a civic institution; and sustainable. The complex technical needs have been considered alongside the creation of comfortable, attractive and functional surroundings.

### The Spine (pictured top middle)

An outstanding example of workplace and education design, The Spine is designed to WELL Platinum Standard and is set to be one of the world's healthiest buildings. The new northern home for the Royal College of Physicians encompasses its values throughout. Designed by AHR, The Spine houses a mix of activity-focused areas set across a flexible layout. With some of the best and most advanced medical simulation facilities in the world, there are spaces designed to host the PACES examinations and medical assessments.

### The Clatterbridge Cancer Centre (pictured top right)

The Clatterbridge Cancer Centre will have a significant and positive impact on the health and wellbeing of the people of Liverpool and the wider Merseyside region. BDP designed the building to step back at its upper levels, creating external terraces that give access to landscaping, fresh air and spectacular panoramic views. Two atria aid intuitive wayfinding, allowing daylight to penetrate deep into the radiotherapy waiting area and main entrance. The building has been designed to be flexible for future expansion, has met or exceeded its sustainability targets, and was completed broadly on programme.



## STUDY TOUR 2: LONDON (Maximum 25 participants)

### Royal Brompton Hospital Diagnostic Centre (pictured top left)

This new specialist diagnostic unit provides MRI, CT, ultrasound, echocardiogram, interventional radiology, transoesophageal echocardiogram, and bronchoscopy scanning facilities under one roof, in one of the world's leading heart and lung hospitals. It will allow the hospital to: expand clinical services; increase research and education programmes; improve access to imaging services; and house all the imaging facilities in a bigger, better space. Designed by Murphy Philipps and built by Kier Construction, the new 3417m<sup>2</sup> building expands and modernises the facilities available to patients – a development that was previously restricted by the hospital's Victorian design – improving both diagnostic services and cardiac care.

### Heatherwood Hospital Ascot (pictured top right)

Frimley Health NHS Foundation Trust is redeveloping its three main hospital sites in Slough, Ascot and Frimley. The new Heatherwood Hospital in Ascot is a key part of this strategy and provides a world-class new facility offering planned, non-emergency care to patients in Berkshire and beyond. The new £98m hospital is critical in helping the Trust double the number of patients each year to 168,000 over the next decade.

Designed by BDP and built by Kier Construction, it places a new emphasis on patient and staff mental and physical wellbeing. The 11,500 sqm new building includes six state-of-the-art operating theatres, plus outpatient and diagnostic facilities, in a highly sustainable building in an enhanced woodland setting. The new hospital supports the Trust to achieve: improved patient experience; increased patient choice; improved population health; increased access to diagnostic facilities; integrated services for seamless care; and increased productivity of elective care.

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### STUDY TOUR 3: LONDON (Maximum 25 participants)

#### Cleveland Clinic (pictured top left)

Thirty-three Grosvenor Place has seen the conversion of a former office building into Cleveland Clinic's first European hospital. The 325,000 sq ft healthcare facility offers specialty services focusing on heart and vascular, digestive disease and surgery, neurosciences and orthopaedics. The Cleveland Clinic design team, with PLP Architecture and in collaboration with HKS Architects, have completely reimagined this historic building, which sits on a sensitive site overlooking Buckingham Palace Gardens.

While the existing facade has been retained on three sides, the introduction of the new structure, cores and roofline have transformed this building into a state-of-the-art healthcare facility accommodating 184 inpatient beds, eight operating theatres, a full imaging suite, endoscopy and interventional labs, day case rooms for surgery, and a full neurological suite with rehabilitation.

#### The King's College London Critical Care Centre (pictured top right)

The King's Critical Care Centre is one of the largest units of its kind in Europe. The first phase opened in April 2020 as part of one of the largest single-site responses to the pandemic. This challenging project is creating two new floors for critical care patients above the existing main theatre block.

The design is a ten-year collaboration between clinicians, patients, relatives, BMJ architects, garden designers, engineers and artists, and it focuses on the enhanced patient experience as a primary goal to improve outcomes. It addresses some key controversies in critical care design (such as single rooms versus open) while focusing on the principles of patient safety, wellbeing, and staff satisfaction. Maximum natural daylight, careful colouring, technical innovations, and stimulating artwork schemes enrich the surroundings.



### STUDY TOUR 4: LONDON (Maximum 25 participants)

#### Maggie's at The Royal Marsden (pictured top left)

Central to the vision of Maggie Keswick Jencks and her husband Charles for a new kind of cancer care was their belief in the potential of architecture to reassure people and make them feel valued. Nearly 25 years later, designing a Maggie's has given Ab Rogers Design the opportunity to extend its love of creating spaces that engage people on a very human level, and make them alert to their surroundings through the firm's first complete building.

Ab Rogers designed the centre's four staggered, red fanning volumes from the inside out. A Maggie's centre must fulfil many functions. To do its job, it must straddle the hospital and the home. It must offer information, workshops, therapy, community, solitude, solace, and a cup of tea. To do its job, it must do this in a way that is comforting and life-affirming. Ab Rogers' hope is that you can feel this just by being in the building.

#### Springfield University Hospital (pictured top right)

Springfield University Hospital is at the centre of a 33-hectare healthcare estate regeneration. In order to reduce stigma and normalise the care and treatment of those who suffer from mental illness, the new mental health facilities are at the centre of an emerging neighbourhood with new housing, conversion of listed asylum buildings, a district energy centre, and a new 32-acre open public park.

Designed by C.F. Møller Architects, the new mental health facilities consist of two distinct buildings, which together will accommodate inpatient wards, adult and children's outpatient services, the Recovery College, teaching/conference facilities, flexible workspace, and support services. The buildings also incorporate retail shops and several floors of carparks that will serve both the hospital and the surrounding district.

# EHD2022 LIVE: ENHANCING THE DELEGATE EXPERIENCE

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

The 8th European Healthcare Design 2022 Congress, Awards & Exhibition is returning to the prestigious Royal College of Physicians in London, UK – and excitement and anticipation are building at the prospect of meeting in person again for the first time since the pandemic.

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 into our fully integrated virtual event platform, delegates will now also have the choice whether to participate in person or virtually, providing new opportunities to access talks and expert content from anywhere in the world.

'In person' and 'virtual' delegates will enjoy exceptional 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 live polls, chats and Q&A.

## NATIVE MOBILE APP

### A fully immersive experience

In-person and virtual attendees will be able to download a native, branded mobile application for them to browse session listings, connect and message other participants both onsite and virtually, and view sponsors, partners, exhibitors and the programme agenda. The mobile application complements the day of in-person experience while enabling virtual attendees to engage on the move.

## ON-DEMAND CONTENT

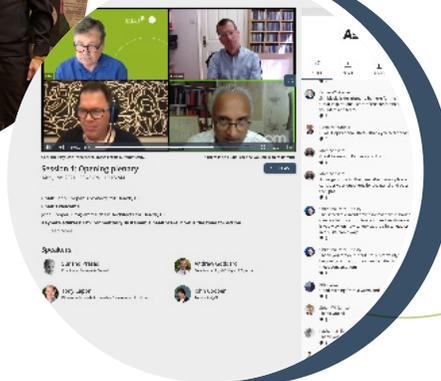
### Choose when to view talks and sessions

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

## 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 1-1 chats, video calls, rooms and lounges. All attendees can also enjoy our leaderboard and gamification features to reward engagement, with competitions held throughout the event.



# DELEGATE REGISTRATION

A range of in-person and virtual-only tickets are available in three categories: Public Sector; Event Partner; and Commercial. Registration is open now with Early Bird savings until 21 April. Visit [www.europeanhealthcaredesign.eu](http://www.europeanhealthcaredesign.eu) to register today.

## Public Sector and Event Partner discounts

Eligible event partner members include: Architects for Health, the Union of International Architects – Public Health Group, Australian Health Design Council, New Zealand Health Design Council, and the European Health Property Network.

Please select the correct ticket type at [www.europeanhealthcaredesign.eu](http://www.europeanhealthcaredesign.eu)

## Group discounts

**Public sector (1-day and 2-day in-person tickets):** Discounts for 3 (10%); 5 (15%) or 10 (25%) on application at [info@europeanhealthcaredesign.eu](mailto:info@europeanhealthcaredesign.eu)

**Virtual (2-day tickets only):** Discounts for 3 (10%); 5 (15%) or 10 (25%) on application at [info@europeanhealthcaredesign.eu](mailto:info@europeanhealthcaredesign.eu)

**Please note:** A discount code may only be used once by the same user. All ticket prices are exclusive of VAT.

## 'In-person' registration

### Commercial Rate:

Early Bird rates (until 21 April):  
2-day ticket: £595  
1-day ticket: £395

Standard rates (from 22 April):  
2-day ticket: £695  
1-day ticket: £495

### Public Sector Rate:

Early Bird rates (until 21 April):  
2-day ticket: £495  
1-day ticket: £325

Standard rates (from 22 April):  
2-day ticket: £595  
1-day ticket: £425

### Event Partner Rate:

Early Bird rates (until 21 April):  
2-day ticket: £545  
1-day ticket: £370

Standard rates (from 22 April):  
2-day ticket: £645  
1-day ticket: £470

## 'Virtual' registration

### Single Rate:

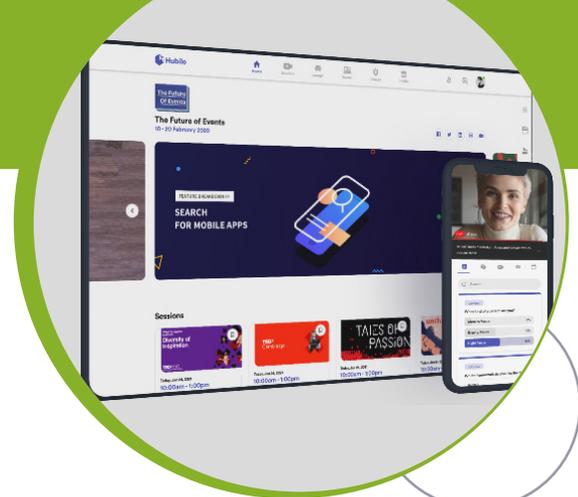
Early Bird rates (until 21 April):  
2-day ticket: £175  
1-day ticket: £95

Standard rates (from 22 April):  
2-day ticket: £225  
1-day ticket: £120

**Garden Party:** £125

**Study Tour Rates:**  
Study Tour 1: £175

Study Tours 2, 3 and 4: £145

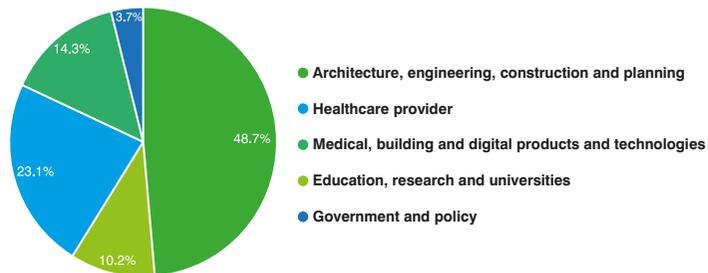


# SPONSORSHIP AND EXHIBITION

By sponsoring or exhibiting at EHD2022, your organisation will be supporting in the creation and exchange of knowledge between 1000 of the world's leading health researchers, practitioners and policymakers.

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.



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.

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](http://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.

A range of sponsorship and exhibition packages is still available from £2500-£15,000 with discounts on purchases of two packages or more.

## Awards sponsorship

By sponsoring the EHD2022 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.

**To view available packages, contact:**  
**Marc Sansom at [marc@salus.global](mailto:marc@salus.global) or visit:**  
**[www.europeanhealthcaredesign.eu](http://www.europeanhealthcaredesign.eu)**



## What our attendees say...

"The conference and content gets better every year. My opinion is that this is the best global healthcare design conference globally"

**Christine Chadwick, Cannon Design, Canada**

"Great community – a broad church covering strategy, policy and operational delivery with a strategic view on public and planetary health"

**Stuart McArthur, Sir Robert McAlpine, UK**

"Varied programme and a great mix of clinicians, architects and designers"

**Paul McEnhill, Guy's and St Thomas' NHS Trust, UK**

# VENUE & HOTEL ACCOMMODATION

## THE VENUE: A MODERNIST MASTERPIECE

Founded in 1518, the Royal College of Physician's 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 Lasdun 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 Lasdun 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.

## DISCOUNTED ROOM RATES FOR DELEGATES

The Melia White House Hotel remains a prime example of late 1930s architecture, offering an eclectic style where contemporary and classic design meet. This four-star hotel has 581 rooms, 112 apartments, a recently refurbished restaurant, a brand-new bar and lounge, an executive lounge for The Level guests, a fitness centre, and nine new meeting rooms.

The hotel benefits from a prime London location in Regent's Park, within close proximity of the city's main attractions and a few minutes' walk from the conference venue. The hotel is served by three underground stations – Warren Street, Great Portland Street and Regent's Park – and main train stations including King's Cross St Pancras and Euston Station.

## Melia White House Hotel

**Deluxe room with breakfast £205 (double rate £223)**

**Premium room with breakfast £235 (double rate: £253)**

**The Level Premium room with breakfast £275 (double rate: £293)**

The Level Premium rooms allows access to The Level lounge.  
All room rates are VAT exclusive.

On receipt of your registration, a website link and code will be provided to enable you to book your accommodation at the above rates. Please book early to avoid disappointment.



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For further enquiries on the event programme, sponsorship or exhibition opportunities, contact:  
**SALUS Global Knowledge Exchange**  
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Special early-bird discounts are available  
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or members of event partners  
For exhibition and sponsorship enquiries, contact  
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