

Featured Images:  
(top) 2007 Winner Jonathon Pugh (Glasgow School of Art)  
(Bottom) 2007 Short-listed entry Live Project Group, University of Sheffield

# ARCHITECTS *for* HEALTH:

## 2008 Student Health Design Award

Supported by

# Brookfield



Outline Order of Ceremony, 15<sup>th</sup> of August, 2008

Venue      **The RIBA, Wren and Hawksmoor rooms**

- 1800hrs**      Event opens for drinks and perusal of submissions
- 1830hrs**      Introduction by Jaime Bishop to the judges including the judging chair Ann Noble.
- 1845hrs**      Introduction by students (and proxy-students representing those not present) to the short-listed projects. Approximately 4 minutes each with opportunities for quick questions if required.
- 2000hrs**      Judges retire to the Hawksmoor room to complete judging process. Members and invited guests enjoy refreshments
- 2100hrs**      The judging panel lead by Ann Noble will announce the winner(s) to the congregation. If present the winners will be presented with a certificate.

### Event Organisers

**Jaime Bishop**, MAAP & AfH Executive  
**Liane Friedrich**, AfH Administrator

**Judges**      (PTO)



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**(CHAIR PERSON) Ann Noble PhD. B Arch, Dip Arch, MA Sociology, Dip. Town Planning, RIBA**  
**Chair of Architects for Health & Principal of Ann Noble Architects**



Ann Noble has over thirty years experience in health facility planning and design. This was gained from involvement in the Department of Health Hospitals Research and Development Programmes from 1971-75, as a member of the Medical Architecture Research Unit at the Polytechnic of North London from 1976-1989, and from within her own practice, Ann Noble Architects - Health Facility Planning & Architecture, established in 1989, which undertakes UK and overseas work. Ann has been a member of the UK Construction Industry Council Public Sector Procurement Panel, a member of the NHS Estates Building Design Knowledge Group, Patient Environment Steering Group, and Health Care Associated Infection Working Group. Ann is also Chair of Architects for Health, a linked society of the Royal Institute of British Architects (RIBA).

**Alexander Phillips RIBA**  
**Development Manager and Architect, Brookfield Europe (Event Sponsors)**



Alex is Development Manager and Architect for Brookfield Europe, where his role includes design direction and development management for large-scale commercial projects worldwide. Specifically, he was part of a small team at Multiplex Developments (later acquired by Brookfield Europe) responsible for the transformation of the former Millennium Dome into The O2. Prior to his move client-side in 2005, Alex spent more than seven years working in the London and Washington, DC offices of RTKL, in addition to a brief period with Allies and Morrison Architects. During this time, he worked on a wide variety of projects spanning the retail, entertainment, education, and commercial sectors.

**Claudia Bloom RIBA**  
**Director of Avanti Architects & Architects for Health Committee member**



Claudia Bloom, director of Avanti Architects, is responsible for the practice's healthcare projects that cover a range from primary care and mental health through major hospital PFI projects, working for both the Trust and the consortium side. Claudia was involved in 'Building a 2020 Vision: Future Healthcare Environments' and sits on the NHS Design Review Panel and Architects for Health committee. She is a regular lecturer at conferences and other healthcare related events.

**Jay Gort MA(cantab) DipArch(cantab) ARB**  
**Cambridge School of Architecture & Director of Gort Scott**



Jay Gort is a founding partner of Gort Scott LLP; a firm of architects whose work and research attempts to span scales from the strategic to the immediate. After studying sculpture at Stockport College of Higher Education, Jay trained as an architect at Cambridge University before working up to director level for 5th Studio Architects. Jay is a design Fellow at Cambridge University where he has run a final year undergraduate design studio since 2002 and has acted as a visiting tutor to a number of London schools including the RCA, LMU and the AA. He is the Director of Studies at Fitzwilliam College Cambridge.

**Professor Bas Molenaar**  
**Professor Health Care Architecture, TU Eindhoven & Partner at EGM architects, Netherlands**



Bas Molenaar (1952) is professor in Health Care Design at the Technical University Eindhoven. He received his Ph.D degree in Architecture from Eindhoven University of Technology in 1978 with professor W Eijkelenboom as his supervisor. The same year he joined EGM architects, his professors Office and is now member of the Board and one of the leading Healthcare architects in the Netherlands. He is the representative member of the UIA\_PHG for the Netherlands. He designed and built a number of innovating hospitals in the Netherlands including the University Wilhelmina Childrens Hospital in Utrecht and the OLVG in the centre of Amsterdam. At present he is working on the new Erasmus MC, one of the most challenging health care projects ever in the Netherlands.

**Jonathon Pugh**  
**2007 Architects for Health Student Prize Winner and Student of the Royal College Art**



Born in London; qualified (Bachelor of Architecture), Mackintosh School of Architecture, Glasgow School of Art, 2005. 3rd year 'Healing Pool' project won Lighthouse 'sust' award (2005), NHS student award (2005), Architects for Health student award (2007) and 5th GUPHA forum student award (Global University Programme in Healthcare Architecture), Tokyo (2007). Worked as architectural assistant at Flores Prats Architects, Barcelona 2005-2007 assisted by a Leonardo Scholarship; work includes animated website [www.floresprats.com](http://www.floresprats.com). Currently studying Master of architecture at the Royal College of Art, London 2006-2008.

**Dr Ganesh Suntharalingam MB BChir FRCA**  
**Director of Intensive Care, North West London Hospitals NHS Trust**



Ganesh Suntharalingam was born in Sri Lanka and educated in Brighton and Cambridge. He is an intensive care consultant by profession, and is currently clinical director of critical care at North West London Hospitals NHS Trust. In 2006 he led the NHS emergency response to the TGN1412 drug trial incident at Northwick Park, and achieved the dubious honour of displacing Saddam Hussein and Tony Blair from the evening news bulletins. He chaired the design selection panel for a major acute hospital rebuild in London, and continues to have an interest in the benefits of high quality design and architecture in healthcare.

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## Judging Criteria

### **IMPORTANT: DUE TO THE WIDE RANGE OF PROJECT TYPES PLEASE READ THE JUDGING CRITERIA AND SEND ANY QUERIES TO AfH for CLARIFICATION**

In order to achieve the initial goals set out by AfH the judging criteria must have to be seen to support the combination of practical healthcare design and the less pragmatic and more poetic requirements of a modern day student of architecture. It would be counter-productive to ignore all purely pragmatic specifically health design issues in favour of the esoteric ponderings of students, and vice versa. Neither approach should exclude a project from winning.

AfH is particularly keen to celebrate when a proposal has engaged with the experience of staff and building users; *what it will be like to be inside this building?* and *how will that effect healing on a one to one scale?* A crudely 'elevated' massing model will not demonstrate this.

The individual projects should be judged against the brief provided with the submission. However when considering the submission we would like a number of points to be considered or disregarded.

**ABOVE ALL WE WOULD LIKE THE INDEIVIDUAL JUDGES TO APPLY THE INTERESTS OF THEIR OWN PROFESSION TO THE JUDGING PROCESS.** In doing this we will start to investigate how the role of Healthcare briefs can develop to meet the needs of academics, practitioners and clinicians.

Example points to be considered:

- **Creativity** – Has the student imaginatively explored the brief to deliver an interesting proposal, this should be demonstrated through thorough research and the response to it.
- **Patient/Staff Centred** – How has the applicant considered the experience of its clients, how are they justified?
- **Aesthetic** – Does the visual resolution of the project suggest a suitable response to the brief, be it an elegant synergy of function and expression or a logical response to context.
- **Graphic Quality / Skills-** Does the quality of the graphical submissions support a comprehensive, sensitive and detailed investigation of the subject? Architecture students are developing the skills to express their ideas, how successfully is this demonstrated?
- **At what stage in the student's career was the project undertaken?**

Example points to be disregarded:

- **Practicalities** - Number of sluice rooms, unless the success of the idea at the core of the design hinges on these details.
- **Guidance** - Any technical advice or regulation unless specifically invited on board by the student's choice of brief.

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