

Design & Dignity Grant Application Guidelines

The Design & Dignity Project is an initiative of Irish Hospice Foundation's Hospice Friendly Hospitals Programme and the HSE, which is working to enhance end-of-life care in hospitals, where almost half of all deaths occur.

Purpose of Design & Dignity Grants Scheme

1. To develop a range of 'exemplar' projects within adult, paediatric and maternity hospitals and units to guide the future development of facilities related to end-of-life care.
2. To enhance practice and culture regarding end-of-life care for patients and families in adult, paediatric and maternity hospitals.

Who can apply:

HSE and Voluntary adult, maternity and paediatric hospitals and units are eligible to apply.

All new Capital developments on Acute sites are not eligible for funding under this mechanism as the Design & Dignity Guidelines should be used to inform new builds.

Types of exemplar projects include but are not limited to:

- Bereavement suites (e.g. viewing room with adjoining family room)
- Family rooms with overnight & refreshment facilities
- Comfort care suites within wards (e.g. inpatient room with adjoining family room)
- Maternity Bereavement Suits
- Ward areas to create areas of greater privacy

Design & Dignity invites application from across the hospital. We would like to encourage applications from Maternity, Paediatric and Emergency Departments as well as hospital that do not yet have a Design & Dignity room.

If you wish to submit a mortuary application, this will go through the Mortuary Capital Programme - for more information contact D&D@hospicefoundation.ie

Funding

Grants will be used to part-fund projects. Hospitals will be expected to fund a minimum 20%* of the total project cost including a contingency budget, artwork and finishing as follows

- **Contingency fund:** please allow a minimum 20% of the overall budget, due to the recent construction cost increases
- **Artwork:** please allow a minimum €4000 or 7.5% of the overall project cost, whichever is the greater
- **Furnishings:** (loose furniture, blinds, curtains etc) allow a minimum 10% of the overall project costs

*However, if a hospital cannot provide any funding, please contact the Design & Dignity team to discuss this further

To apply for a Design & Dignity Grant, please submit the following in PDF format, via email:

1. A completed Design & Dignity Grant Application Form
2. A letter from the hospital manager confirming the hospital's funding commitment (a minimum 20% of the total project cost)
3. Concept design drawings by an architect (including 3D design drawings if available)
4. A detailed breakdown of costings validated by a quantity surveyor, the regional HSE Estates manager or the local hospital HSE Estates and facilities office.

Criteria for awarding Design & Dignity Grants

The criteria for awarding grants including the following:

- Quality of the design and the extent of 'exemplar' qualities in the proposed project including quality of finishes and other creative/unique features within project (something beautiful).
- Value for money and availability of hospital funding for the project and this can include funding from
- Hospital voluntary bodies/charities (hospitals will be expected to contribute a minimum 20% towards each project).
- Extent to which the proposal complies with the *Design & Dignity Guidelines*. Potential impact for improving the hospital's end-of-life care culture.

Available resources to inform your application

Contact the D&D office @ D&D@hospicefoundation.ie



Hospitals are advised to visit D&D project sites to view the new spaces and meet the project team.

- [Design & Dignity Guidelines](#)
- [Design & Dignity video](#)
- [Design & Dignity Animation](#)
- [Design & Dignity Presentation by Ronan Rose-Roberts](#)

Application deadlines

From January 2024, applications will be reviewed bi-annually.



Please refer to the [Design & Dignity webpage](#) for information on application deadlines

Design & Dignity Project Process

The below timeline provides an overview of the process for a typical Design & Dignity project.

Note: all projects vary and therefore the below is an overview of each project stage.



IDENTIFY

- D&D Team can be invited to conduct a visit and review potential spaces/rooms
- Potential space/room is identified
- Discuss & Agree
- Executive Lead Approval
- Engagement with Team/Department
- Hospital finance engaged



DESIGN

- Discuss the project with the D&D Team
- Architect advisor draws designs for proposed project
- Proposed design is shared with stakeholders
- QS Costings are sourced for agreed design



APPLY

- Application along with all required documents are submitted
- D&D Project Advisory Group review application and applicant is informed of the outcome



IMPLEMENT

- Project goes to tender
- Project commences
- D&D Architect advisor remains engaged with project and provides oversight & support
- Project completes



COMPLETE

- D&D organise plaque
- Opening of D&D funded room
- Room continues to be used & maintained to standard

Considerations

Below outlines other considerations that may be useful. These may not all be relevant at this stage of the application process but are worth bearing in mind for when a grant has been awarded.

Project Team

For a Design & Dignity project to be successful, a project team with a named project manager should be established. The project team should consist of representatives from the estates department and technical department staff (to ensure technical and maintenance requirements are considered), clinical and non-clinical staff (for example ward nurses, doctors, end-of-life care coordinator, cleaning staff, porters, hospital chaplain, infection control staff and mortuary staff) as appropriate to the project.

The Senior Executive or member of the Executive Management team who is appointed as Executive Lead in End-of-Life Care in the Hospital is a core member of the project team. The project team will report and come under the auspices of the End-of-Life Care Committee who are also viewed key to the success of Design and Dignity Projects. Patient and family representatives should be consulted and involved as the project progresses.

The design Architect should be involved from early on and ideally be involved in the project group meetings.

Choosing a Project Site

Some questions to consider when designing a new facility include:

- Who is the facility primarily for? What might they be feeling? What are their support needs?
- What feeling do you want the space to invoke e.g., peace, dignity, hope, warmth? This is an important question and will determine the overall approach for the project in terms of location, furnishings, paints, colour and lighting.
- Are there other needs which need to be considered e.g., specific needs for people with dementia, supporting children?
- How can the space be maximised?
- Where is the best location for such a facility?

Use the checklist in the [D&D Guidelines](#) to help identify spaces and need.

Achieving exemplar status

- In order to achieve exemplar status, each project should include “**something beautiful**” as a focal point to the space, such as a piece of artwork, sculpture or if space permits a small garden. The rooms should be inspiring, places of beauty.
- Good light levels
- Refreshments readily available
- Entrances should be welcoming and inviting
- Views of nature/trees/sky/grass wherever possible
- Access to the outside



Practicalities

- Spaces should be logically designed to avoid the need for unnecessary signage.
- The rooms must be run and maintained, details of this should be included in the application.
- Selected finishes may need to be passed by the hospital's infection control department.
- Where possible, products should be chosen for their ecological merit and sustainability.
- Signage, language and symbolism surrounding the project needs to be carefully considered.
- Each hospital will have their own approach to this and the solution may have to be project specific.
- To ensure value for money all furniture, artwork etc should be procured in line with current procurement guidelines.
- The lifecycle costs, furniture and fittings should be taken into account during design and selection stages.
- Durability, cleaning and maintenance should be carefully considered.
- It needs to be borne in mind at design stage that the budgets for these projects are small and building maintenance and cleaning should be as cost efficient as possible. Once projects are completed they will be maintained by the hospital itself.
- Life-cycle of rooms: Hospitals need to commit to rooms and spaces being maintained both aesthetically and for stated purpose for 5 years – derogations need to be sought in writing to the IHF.
- Allocated Design & Dignity funding must be drawn down within 6 months of approval.

We look forward to receiving your application.

