# 8

# Accessibility statement

# 8.1 Introduction

### 8.1.1 Access statement objectives and scope

The design for the new facility will cater for disabled patients, visitors, carers, students, and staff, presenting an inclusive treatment and education environment to all. Inclusive design enhances the quality of life for everyone who uses a building and it also says something about the cultural values of the supervising organisation. Our aim is not just to comply with minimum standards but to strive beyond that to consider the building users' experience and the latest good practice and technology in inclusive design. This is a benefit for disabled people plus it makes the building a more attractive, efficient, and enjoyable place for all.

This design and access statement, plus future updates following design developement with stakeholder groups, will demonstrate:

— That the principles of inclusive design are being applied throughout the planning process.

— How everyone will be able to use the places and spaces that are proposed.

— What inclusive design solutions have been adopted.

— It will illustrate, in drawings and text, how the proposed design meets legal requirements and technical access standards. It will justify the decisions taken, especially any deviation from accepted good practice.

This access statement describes:

— What approach has been taken towards access, specifically for disabled people.

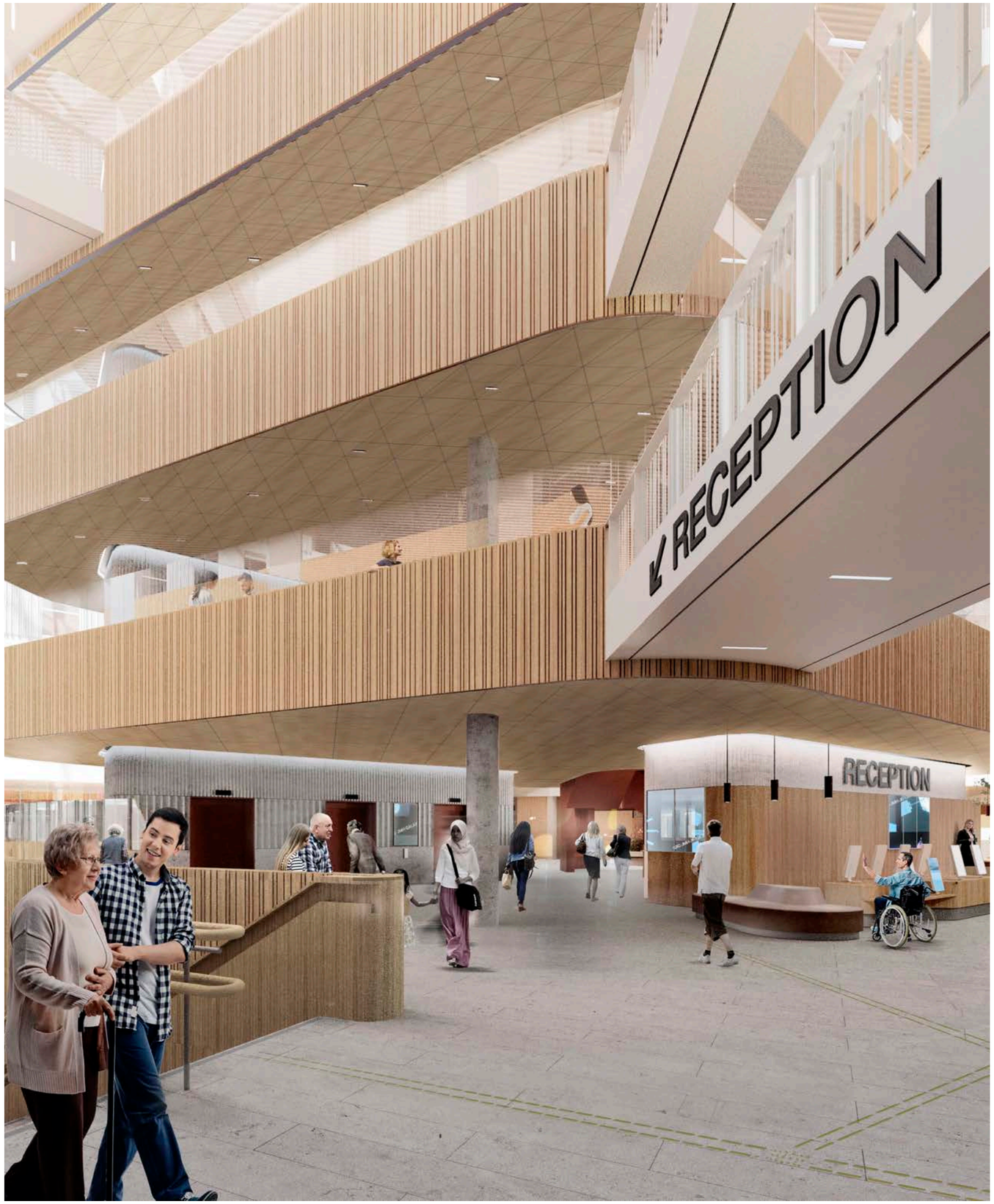
— How all users of the site will have equal and convenient access to buildings, spaces, and facilities.

— This issue covers the following aspects of the building at this stage, referred to as the 'shell and core' design:

- External landscape within the site boundary.
- Fire safety strategy.
- General arrangement of key areas of the building, including stairs, lifts, internal doors, and access control.

This access statement does not replace an Equalities Impact Assessment (EqIA), which will be produced by the NHS. The EqIA will consider all the characteristics protected under the Equalities Act 2010.

This access statement does not address areas of the building where full accessibility may not be possible or safe, such as plant rooms, service ducts, and other maintenance spaces. These will be subject to separate method statements and design requirements.



### 8.1.2 Future updates

At this concept design stage, many detailed features which will affect accessibility have not been addressed. Such features may be referred to in the following sections as design intent but may not be representative in accompanying images. Subsequent iterations of this document will also address how the future accessibility of the building will be maintained and managed. The following topics will be addressed in later updates, as part of the 'fit-out' and interior designs are developed post-planning:

— Reception desks and waiting areas.
— Toilets, including gender neutral, single sex, ambulant mobility enabled, accessible and Changing Places, for staff, visitors, and patients.
— Staff locker rooms and showers.
— Bathroom and shower facilities for resident patients.
— Horizontal circulation areas.
— Wayfinding strategy and information design within the building and in the landscape areas within the site boundary.
— Colours, finishes, and use of artwork on walls, floors, glazed areas, and ceilings.
— Lighting.
— Classroom and lecture facilities.
— Kitchens, food retail and cafeteria areas.
— Identification, design and marking of public realm features within the site boundary such as guide dog spending areas, drop-off points, Blue Badge parking spaces, cycle lanes, and cycle parking.

### 8.1.3 Accessibility objectives

The new building will be designed to maximise accessibility for the range of users listed in Section 2 - Brief. The following accessibility principles have been followed:

— Disabled people will not be segregated but will be able to move through and use the building using the same entrances, corridors, facilities, and rooms as everyone else without detours.
— The design will provide facilities that can meet, or can be easily adapted to meet, the current and future accessibility needs of all users.
— The design will comply with applicable accessibility design standards and guidelines, whether local or national, notably:
  - BS 8300, Design of an accessible and inclusive built environment, parts 1 and 2, 2018.
  - Building Regulations, Approved Document M.
  - The design will enable the NHS and UCL to demonstrate that they have met their duties under the Equality Act 2010.

Note: the term 'disabled' in the context of this access statement is as per the Equality Act 2010. Consideration has been given to users such as:

— Ambulant users with mobility impairments, whether permanent or temporary.
— Wheelchair users.
— Users with visual impairments.
— Users with hearing impairments.
— Older users who, in addition to one or more of the above, may also experience reduced strength and dexterity.
— Small children and other users who may struggle to walk longer distances.
— Users who may be neuro-divergent and neurodegenerative.

### 8.1.4 References

The following standards and guidance have been used in the preparation of this access statement:


— Accessible London: Achieving an inclusive environment, Supplementary Planning Guidance, Mayor of London, October 2014.
— BS 8300-1: 2018 Design of an accessible and inclusive built environment:
  - Part 1: External environment — Code of practice BS 8300-2:2018 Design of an accessible and inclusive built environment.
  - Part 2: Buildings — Code of practice.
— Building Sight, a handbook of building and interior design solutions to include the needs of visually impaired people, Royal National Institute for the Blind, 1995.
— Camden Planning Guidance: Access for All, March 2019.
— Cycle Infrastructure Design, Local Transport Note 1/20, July 2020.
— Designing for Accessibility, 3rd Edition, Alison Grant and Geraldine McNamara, RIBA Publishing, 2013.
— Department for Transport Cycle Infrastructure Design Local Transport Note 1/20 July 2020
— Guidance on the provision of spending facilities for guide dogs and other assistance dogs, Guide Dogs, http://www.guidedogs.org.uk/
— Guidance on the use of Tactile Paving Surfaces, Department for Transport, Guide Dogs, and Royal National Institute for the Blind, 1999.
— Health Building Note 00-04: Circulation and communication spaces, Department of Health, 2013.
— Inclusive Design Strategy, UCL Estates, Version 0.1, January 2020.
— Inclusive Mobility – A Guide to Best Practice on Access to the Pedestrian and Transport Infrastructure, Department for Transport, 2002.
— London Plan - Intent to Publish, 2019
— Oriel Fire Safety Strategy, ORL-ACM-XX-RP-Y-000001.
— Streetscape Guidance, Fourth Edition, 2019 Revision 1, Transport for London.
— The Building Regulations 2010, Access to and use of buildings, Approved Document M (Volume II, 2015).
— The Building Regulations 2010, Protection from falling collision and impact, Approved Document K (1998 edition incorporating 2000, 2010 and 2013 amendments), HMSO, 2013.


### 8.1.5 Consultation

A programme of consultation, including disability group representatives and residents, will be developed with the client to develop the detailed proposals in the next stage of work.

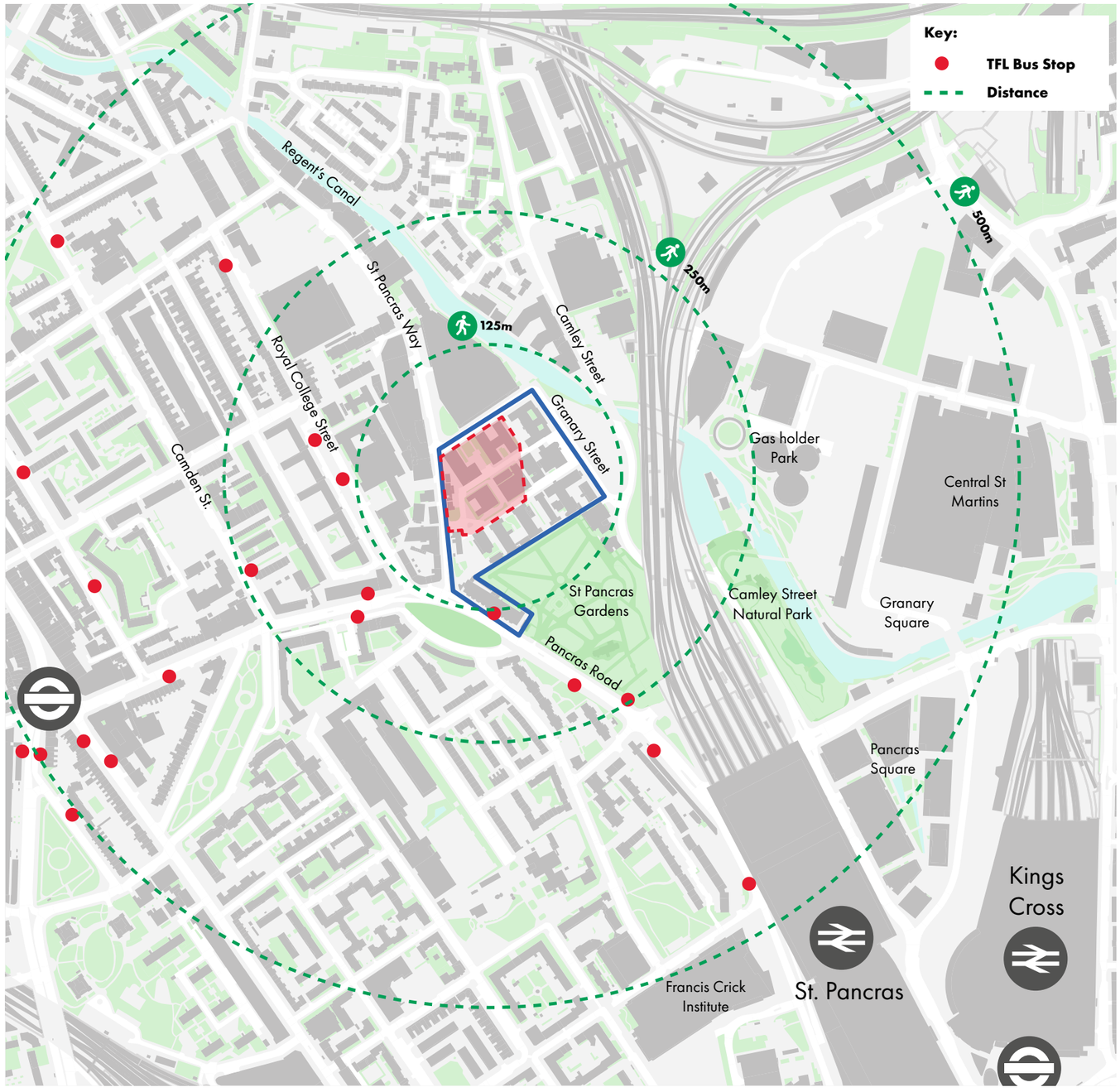
## 8.2 The ‘last half mile’

People will arrive to the Oriel from a number of different routes using various modes of transport - by train, tube, bus, bicycle and by foot. Many patients will arrive by vehicle, either private taxi, driven by a friend or family, or via Moorfelds’ non-emergency patient transport system. While most people will easily find their way to the building, navigation for some people will present a challenge. At the existing Moorfields Eye Hospital a painted ‘green line’ on the pavement is an aid to people with some residual vision, leading them along the linear route from Old Street station to the hospital. Navigating the ‘Last Half Mile’ to the new building presents a bigger challenge due to both the multiple directions from which people will be arriving and the complexities of some of those routes.

The client has engaged Buro Happold to devise a strategy to engage with stakeholders including staff, patients and sight loss organisations to explore options to ensure the journey from station or bus stop to the new building is as independent and easy as possible (see Annex to Transport Assessment.) There is no single solution that will meet a diverse range of needs. For example, in addition to different types of Apps linked to the built environment, there are also support apps whereby the camera on a smartphone can be utilised by someone remotely to give a live audio explanation of the surrounding environment. Although this type of service (AIRA being one example) will be warmly welcomed by some visually impaired people, it cannot Ibe the only solution as not everyone has a smart phone or is willing to use it publicly for fear of theft. We therefore envisage a range of technological solutions being explored and developed.

Established signage and information systems will also be considered and discussed, including the Camden’s planned continued roll out of the legible London totems. Consideration will also be given to potential rest points along the routes and how tactile surfaces may be used, both in the traditional manner at crossing points, but also to explore (potentially with user trials) whether a tactile equivalent. Exploring such innovation, including advances in beacon technology for wayfinding, is important to provide an array of options that will enable people with sight loss to navigate their chosen route to the site.

Ultimately, the stakeholder engagement on the last half mile will lead to recommendations to be considered by the Oriel partners and their Design Team to inform the Accessibility Plan for the site. This will be developed in discussion and agreement with wider stakeholders including Camden and Islington NHS Foundation Trust and their development partner, Kings Cross Central Limited Partnership (KCCLP) for the site wide landscaping strategy and London Borough of Camden, TfL and Network Rail for the routes beyond the site boundary.

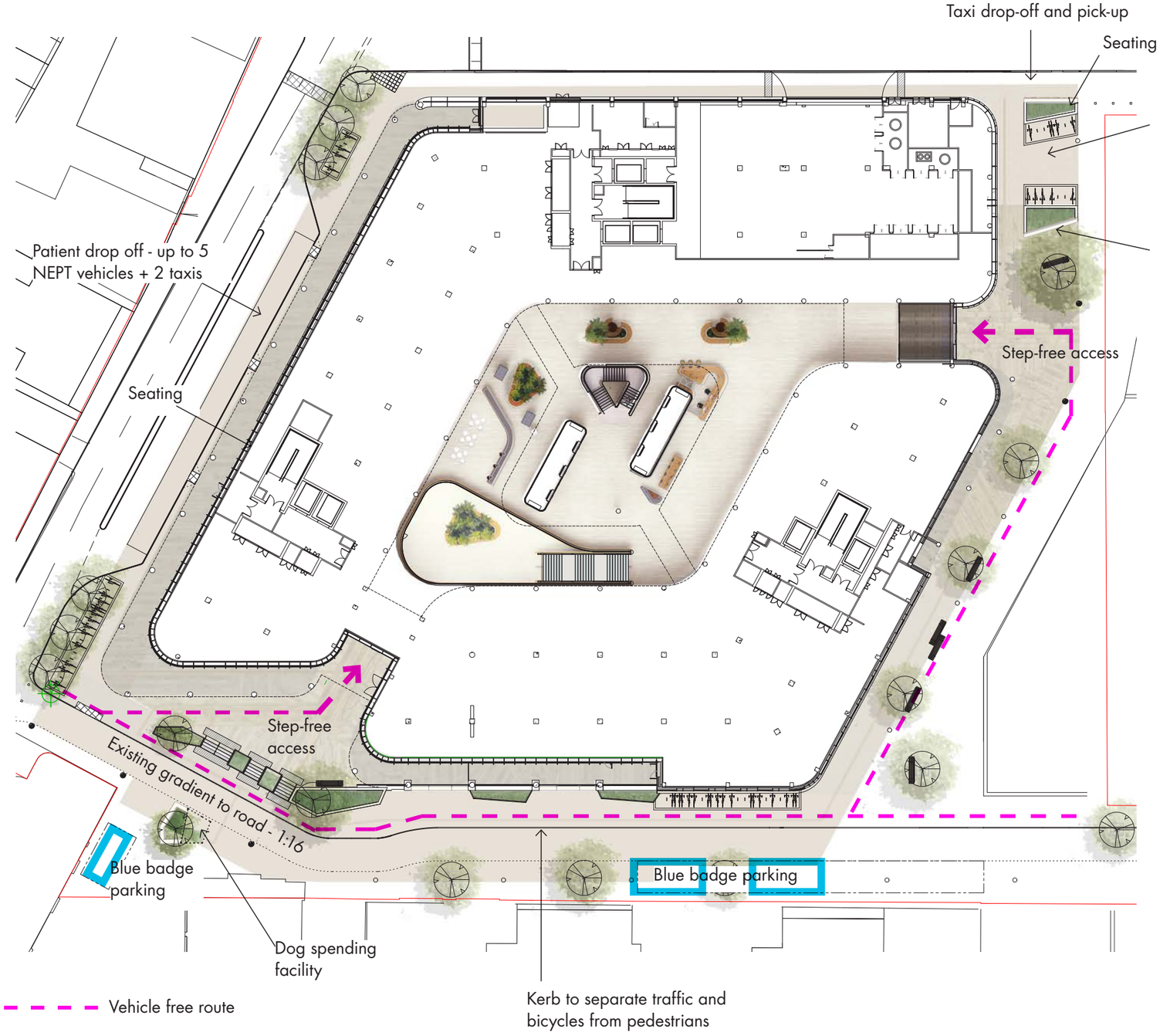


## 8.3 External landscape within the site

The site will have step free access and will provide a network of footpaths and public spaces, as described in the landscape design section submitted as a separate document as part of the planning submission. Step-free access is provided from street level, although there are some slopes to pavements. See separate Landscaping Design Report for further details.

The public realm spaces will be designed in line with all accessibility standards and guidance. This will include but is not limited to the following features:

— A minimum width on all pedestrian routes of 1,800mm, allowing unimpeded access for ambulant and wheelchair users.
— Flush road crossings, featuring colour contrasting materials for pedestrians with visual impairments.
— Landscape features such as cycle parking, seats, planting, street furniture and other elements to be designed, grouped, and located so as not to create obstructions or trip hazards for mobility or visually impaired pedestrians.
— Changes in colour tone and texture of materials to be designed to highlight the edges of accessible surfaces and facilitate wayfinding decisions, enhanced by lighting transitions where appropriate. Edges of accessible areas to be highlighted at the detailed design phase but will be designed to separate cycle routes from pedestrian routes.
— Tactile paving will be provided at crossing points to delineate pedestrian from vehicle areas.
— Seating will be available at least every 50m, with a variety of heights, seat backs and arm rests for usability.
— Step-free, level (1:60 maximum) or gently-sloping (between 1:60 and 1:20), circulation routes to all areas and play spaces, featuring even, non-slip walking surfaces with a maximum cross-fall gradient of 1:50.
— Steps to be designed and marked in accordance with accessibility standards, including suitable handrails at two heights.
— Drop-off points, cycle routes, Blue Badge parking spaces and access for goods vehicles to be set out, designed and identified in line with appropriate highways standards. See also Transport Assessment for more detail.
— A spending facility will be provided for assistance dogs, in line with Guide Dogs recommendations.
— A wayfinding strategy will be defined in the next stage. In the external areas this may include signage, tactile surfaces, colourways, Legible London totems and lighting. Wayfinding provision will integrate with recommendations from the Last Half Mile project which is studying access from nearby transport hubs.



## 8.4 Core areas

As with the external landscape areas, the detailed interior design will be developed after planning. As they are developed, the core areas will be designed in line with all accessibility standards and guidance. This will include but is not limited to the following features:

— Building entrances will be lit, contrast with the façade and display signage indicating the facilities available via that route.
— Suitable canopies will be designed to protect those who will need to pause to operate entrance door equipment outside.
— Lobby areas will include enough clearance between door sets to allow users to enter the space safely before the doors close behind them.
— It is anticipated that all entrances will be capable of security control when needed, with accessible features for users with sensory and mobility impairments to be written into the detailed design specification.
— All doors in communal spaces, including entrances, will be designed to provide a level threshold.
— All building entrances will include entrance matting and automated, sliding doors with accessible power assistance and 1,000mm clear width.
— All internal lobby doors to core areas will be hinged, powered, and include a 1,000mm clear width.
— Door controls into lift lobbies will be located to enable users to avoid door swings and positioned according to BS 8300-2.
— All lift lobby areas will be a minimum of 1,800mm wide, with 1,500 x 1,500mm turning circles outside lifts.
— Details of glazing manifestation, door vision panels and door furniture will be determined during detailed design but will meet the requirements of BS 8300-2.
— Open spaces will be step-free and include the same accessible features listed for the external landscape.
— All lifts will accommodate at least 21 persons, with internal dimensions, specification of accessible lift controls and indications to take place during detailed design.
— There will be at least one evacuation lift in each core for assisted egress.
— Detailed design specifications for all stairs in the core areas will meet the requirements of BS 8300-2 and HBN 00-04, including step and handrail dimensions, use of contrast and step/nosing materials.

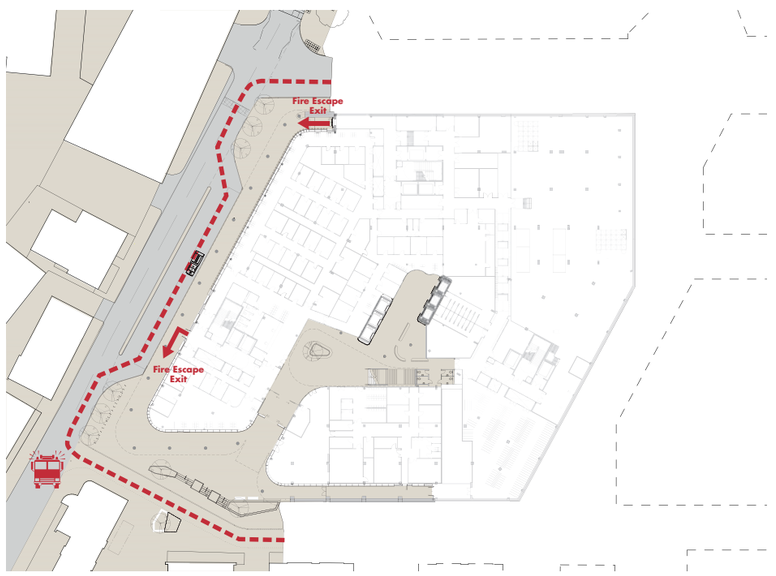
## 8.5 Fire safety strategy

A fire safety strategy has been produced (document reference ORL-ACM-XX-RP-Y-000230) for the shell and core design. This includes:

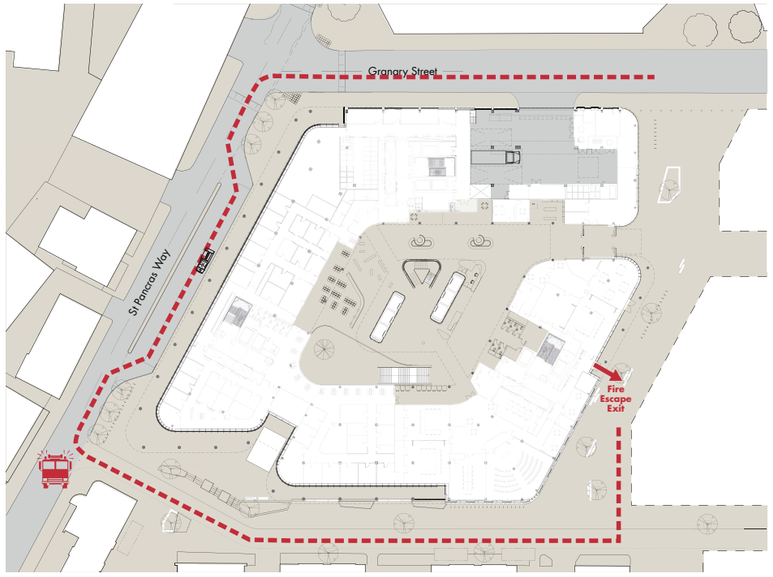
— Building user occupancy profiles, in terms of dependency.
— An outline of evacuation procedures.
— Details of protected stairways and evacuation lifts, including extra space allowances for assisted patient evacuation.
— Evacuation between wings.
— Minimum width of escape routes.
— Applicable standards to be followed in future stages for emergency lighting and signage.

Three fire escapes lead directly from the cores to the street. The north core escape leads out onto the corner of Granary Street and St Pancras Way. The southwest core leads out under the canopy along St Pancras Way, while the east core leads to the pedestrian street to the east.

Further details for fit-out will be developed in later stages.




*Lower ground floor - fire exit and emergency vehicle access*




*Ground floor - fire exit and emergency vehicle access*

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