

### 1. INTRODUCTION

The 3Ts Programme has undertaken a rigorous health planning process to inform the scope and design brief for the redevelopment. This took into account the current and retained accommodation on the RSCH site, as well as the optimal clinical and non-clinical models of care.

From the outset, specialist health planning advisors (Sweett Group) were appointed to provide expert support in developing the initial operational briefs and schedules of accommodation. In 2008, an internal Design Team was recruited by the Trust, comprising a Clinical Planning Manager, 3 Change Consultants, Capital Project Manager and Senior Information Analyst. This dedicated team worked closely with the services within the project scope to ensure opportunities for innovation and pathway redesign were reflected in the design briefs, incorporating research evidence and best-practice from elsewhere. Sweett Group continued to be involved in the design process alongside the Trust's Design Team, providing external challenge and expertise to the 1:500 and 1:200 design processes. In addition, specialist technical advice was sought where necessary, e.g. Aspergillus risk assessment.

Clinical engagement was crucial for informing the design brief. Clinicians within the Trust and the wider Health Economy were engaged through various means, including establishment of a 3Ts Clinical Director and Deputy Clinical Director to ensure formal clinical representation within the programme governance structure. At least 198 members of staff at the Trust, both clinical and non-clinical, were directly involved in the design process, within over 90 meetings, ensuring the new buildings will meet their operational requirements.<sup>1</sup>

The health planning process was also informed by our key stakeholders, through patient representatives, public workshops, and wide consultation. For more details of our stakeholder engagement process, please see the Strategic Case.

As well as undertaking systematic use of research evidence and best practice guidance, the 3Ts Programme has incorporated learning from visits to other healthcare organisations and redevelopment sites into the design.

32 site visits have been undertaken between 2008 and February 2014, resulting in the following "Top Ten Lessons Learnt"<sup>2</sup>:

- Do learn from innovation in clinical planning from elsewhere
- Do focus on patient experience - consider human interactions, as well as design
- Do make wayfinding as intuitive as possible
- Do select non-institutional furniture throughout
- Do invest in a robust and fully integrated arts strategy
- Don't forget operational realities will change between planning and building
- Don't scrimp on storage
- Don't Under-Estimate The Importance Of The Interior Design Strategy
- Don't transfer in furniture that compromises design functionality
- Don't neglect back-of-house areas

The output of the health planning process undertaken since 2008 is a design brief for the 3Ts Programme, which responds to the case for change set out in the Strategic Case above. This design brief articulates the updated clinical and non-clinical adjacencies and models of care required by the Trust to deliver optimal patient care, the details of which are set out below.

<sup>1</sup> See Strategic Case Appendix for staff consulted during design process

<sup>2</sup> See Commercial Case Appendix 04 "Lessons Learnt" presentation

## 2. CLINICAL PLANNING

### 2.1 SITE STRATEGY

The Royal Sussex County Hospital site has seen a combination of incremental and major developments since the first buildings on the site were opened in 1828. Brighton Sussex University Hospitals Trust became a Teaching Hospital Trust in 2001 and is the teaching hospital for the South East England region of the NHS. As such, it is the regional centre for tertiary, specialist services.

As a young and developing teaching trust with regional, Sussex-wide and local responsibilities for care, BSUH Trust finds itself at a strategic moment in its development. In response to this, the Trust, working closely with its NHS partners across the region, has identified the following key objectives:

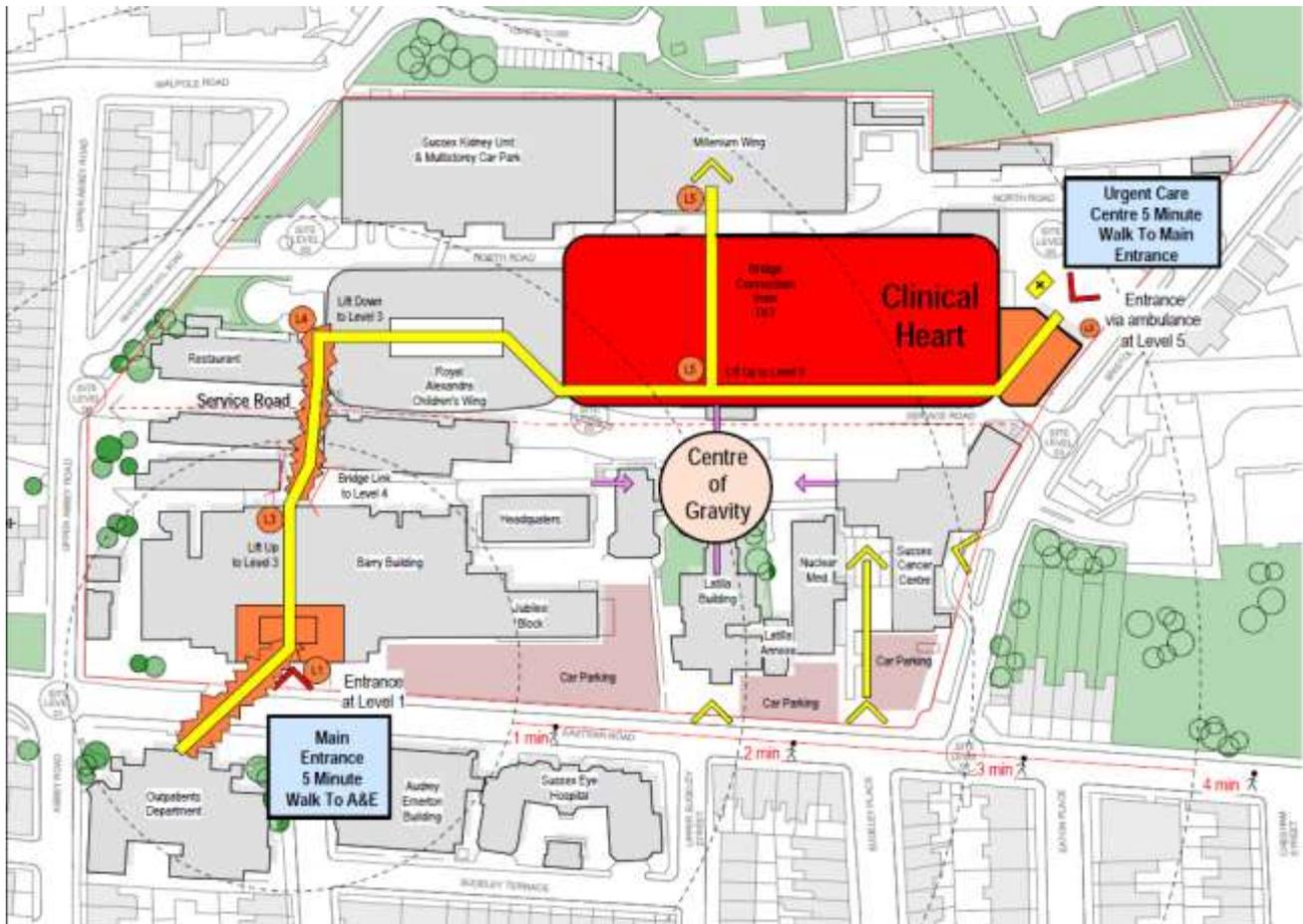
- Replace the wards and other clinical accommodation currently in the Barry and Jubilee buildings on the RSCH campus with accommodation that is 'fit for purpose' and meets standards of privacy and dignity, in line with existing and emerging national priorities. The Barry and Jubilee buildings are over 180 and 130 years old respectively and currently contain 200 beds for general and elderly medicine, cancer, HIV and Infectious Diseases. The wards in the Barry building were brought into operation 20 years before Florence Nightingale became a nurse and therefore do not even meet the basic 'Nightingale' standards. Both buildings were completed before X-ray was discovered and before the sphygmomanometer for taking blood pressure was developed: they are amongst, if not *the* oldest building in the NHS still providing acute inpatient care.
- Transfer the Regional Centre for Neurosciences from Hurstwood Park at the Princess Royal Hospital site, as agreed through the *Best Care, Best Place* consultation (2004), and expand its capacity, in line with the Sussex-wide *Tertiary Services Commissioning Strategy* (2008). This will allow patients from Sussex who currently have to travel to other centres (mainly in London) to be treated closer to where they live.
- Develop and expand Cancer Services, in line with the Sussex Cancer Network's *Service Delivery Plan* and the Sussex *Tertiary Services Commissioning Strategy*. This will allow patients across Sussex to receive radiotherapy and chemotherapy treatment closer to where they live and will enable the network to continue to meet national waiting times standards;
- Develop the Royal Sussex County Hospital as the Major/Level 1 Trauma Centre for Sussex and the wider region, as set out in the NHS South East Coast strategy *Healthier People, Excellent Care* (2008) and in line with Lord Darzi's report, *High Quality Care for All* (2008).
- Develop teaching, training and research activities within the Trust, in partnership with the Brighton & Sussex Medical School, Kent, Surrey & Sussex Deanery and the Universities of Brighton and Sussex – again in keeping with Lord Darzi's vision of high quality teaching and research to support high quality care.

Although the RSCH campus has seen significant developments over the last 40 years, much of the infrastructure and many of the patient facilities on the remaining half of the campus have been outgrown and do not provide modern standards of privacy and dignity. The Trust currently does not have the capacity to treat all the patients in the region who require specialist tertiary care for neurological and neurosurgical conditions, nor for all the patients needing radiotherapy or chemotherapy for cancer.

Significant developments in the recent past include:

- The development of the Thomas Kemp Tower, which was completed in 1969 – this houses over half of the inpatient wards on the RSCH site and the main theatre complex for the RSCH site.
- The A&E and pathology building completed in 1999, which at the time, provided modern, fit-for-purpose accommodation for the A&E department.
- The Sussex Kidney Unit and the Millennium building, completed in 2003 and 2000 respectively which provided suitable accommodation for two of the six key specialist services – renal and cardiac;
- The award winning, new Royal Alexandra Children's Hospital, which provides excellent facilities for children.

These developments have focused on the north side of the RSCH site and provide a logical and coherent set of clinical interrelationships in that part of the site. However, there is a less coherent relationship between the north side of the site and the south side of the site. The southern part of the site contains the Barry and Jubilee buildings. The main entrance to the hospital has historically been through the Barry building, but this has now become physically distant from the rest of the hospital and notably from what has evolved into the clinical heart of the site, as identified in the diagram below:



The developments on the northern side of the site have effectively shifted the centre of gravity of the site away from the Barry building and closer to the Thomas Kemp Tower and A & E. A logical progression with more than 80% of the Trust’s activity being emergency care. However, it does mean that there are now significant travel distances for patients across the site. There is also the added complexity of the difference in levels across the site: the Barry Building entrance is at Level 1 and A&E and theatres are at Level 5. This makes patient journeys within the hospital lengthy and convoluted.

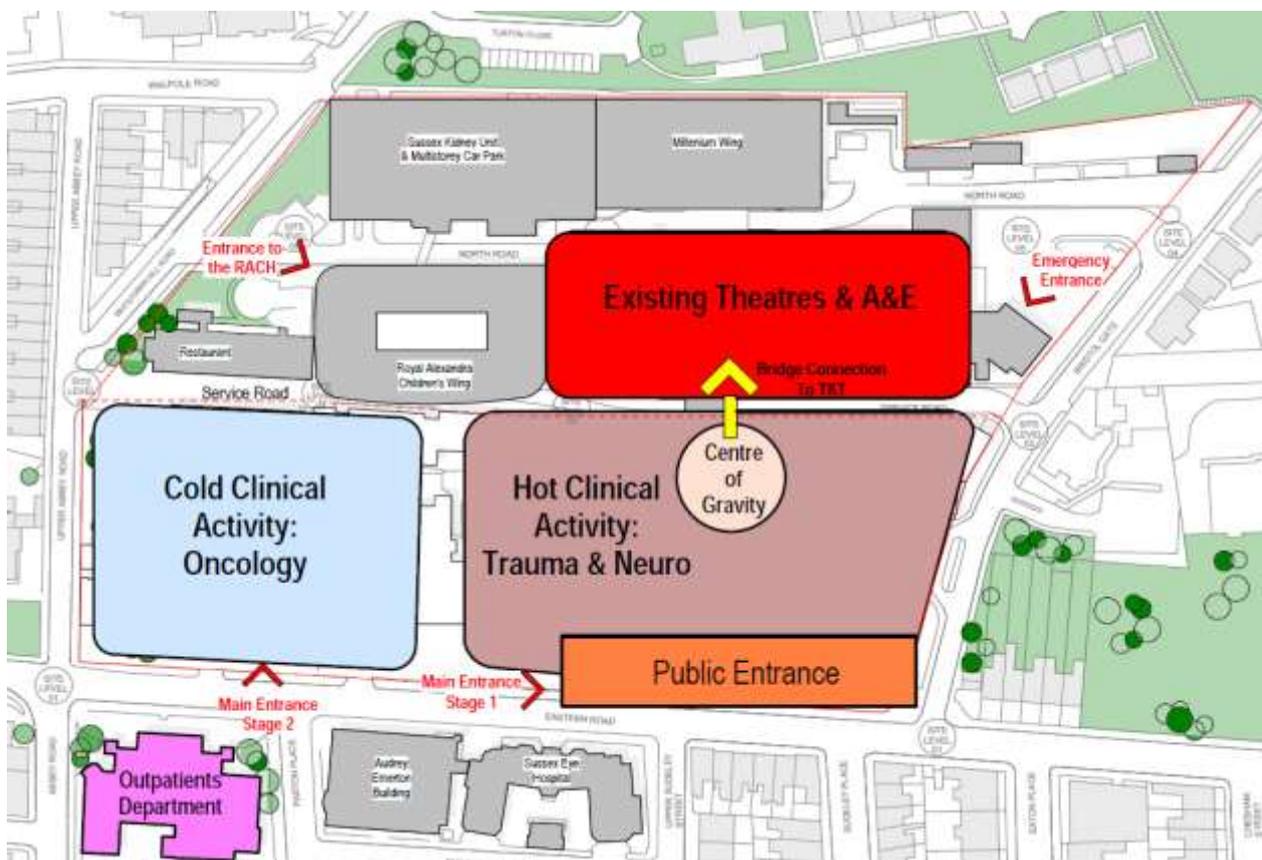
The 3Ts development will address this with the following key clinical planning principles:

- Emergency access must remain where it is: A&E is currently optimally located with a lower density of residential accommodation on the eastern side of the site. The western end of the site is the more densely populated residential area of Upper Abbey Road. It cannot be relocated to the southern side of the site as there would be a conflict with pedestrian and other traffic along the Eastern Road.
- The main theatre complex on Level 5 (at the base of the Thomas Kemp Tower) is ideally co-located and would also need to be relocated due to the key clinical adjacency between these two departments. The next most important clinical relationship for emergency treatment is between A&E/theatres and the x-ray department. The main Imaging department is currently in the Barry building, but there is a satellite radiology presence on L5 of the Thomas Kemp Tower.

These relationships have evolved into the foundations of the master-planning of the site. The need to maintain A&E (plus theatres) at the eastern edge of the site drives the most efficient configuration for the clinical services on the site:

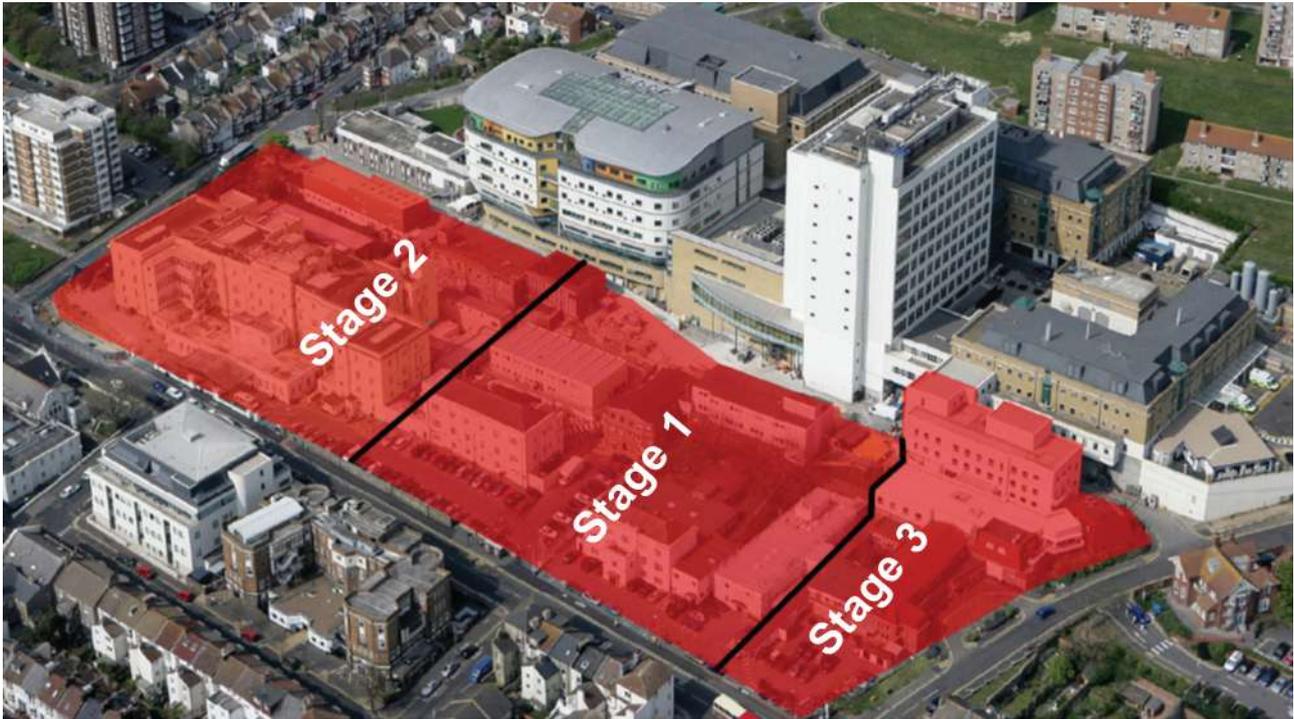
- As neurosciences moves to the site, the neurosurgical element of this service needs to be close to A&E (playing an integral part in the management of patients with head injuries, brought in through A&E). This means that neurosurgical theatres should ideally be located at Level 5, to link into the existing main theatres. Neurosurgical theatres also require neurosurgery ITU and specialist neurosurgical imaging in very close proximity (so that patients have MRI or CT scans and then moved quickly to theatres after their clinical need is determined, moving to an intensive care bed after surgery with minimal transit)
- The development of a major trauma centre on the site requires a trauma theatre and interventional radiology site in close proximity to A&E and which is also close to the neurosurgical facilities mentioned above, as there is a close link between major trauma and head injuries. A helipad is also required for the retrieval of critically injured patients, where traditional ambulance transfer will take too long or the location is problematic, and also for urgent transfers of care between hospitals. The helipad must be located on the highest point of the site and have good vertical relationships to A&E and its resuscitation facilities and to neurosurgical and trauma theatre facilities so the ideal place for it is on top of the existing Thomas Kemp Tower
- The main imaging department ideally needs to be located closer to A&E and main theatres. Although a great deal of x-ray activity is geared towards outpatients and planned activity, an efficient x-ray departments needs to have the emergency and planned patient flows close together for efficient use of staff and equipment;
- The majority of patients who are in medical and care of the elderly beds (currently in the Barry and Jubilee buildings) arrive through A&E. Ideally, therefore these beds should also have a close relationship to A&E and the “hotter” part of the site.
- Cancer services, which are currently located at the eastern edge of the site, are more geared towards planned care, and most patient contacts are either in an outpatient or day care setting (radiotherapy and chemotherapy). This suggests that cancer services are currently in the wrong place on the site, located next to the A&E and theatres ‘hot’ access point. They should be re-located towards the western edge of the site.

This more optimal configuration is illustrated below:



Given that the Barry and Jubilees buildings currently contain almost 200 beds (care of the elderly, general medicine, HIV and clinical infection) it is not feasible to temporarily relocate these beds away from the main site and develop the site as a whole. Hence, the Barry and Jubilee buildings must be kept in place and replaced before they can be demolished for the cancer centre.

It is this that has driven what is effectively a two-stage development solution:



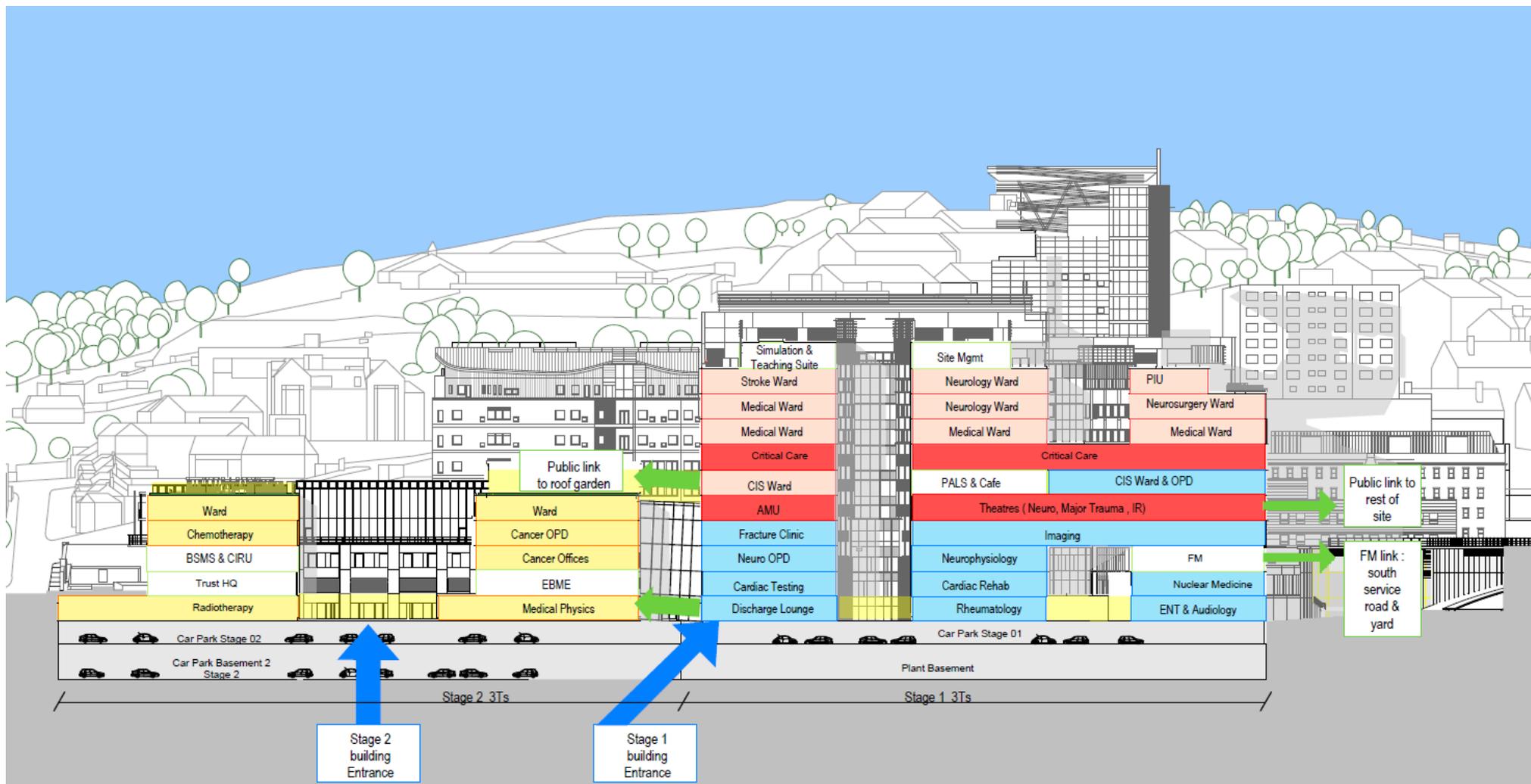
The site availability and key clinical interrelationships begin to define the scope and scale of each of the two main phases:

Phase 1 must be able to link into the existing site at Level 5 to allow the link between A&E, current main theatres and the proposed neurosurgical facilities (theatres, intensive care and x-ray);

- The main imaging department should be close to A&E (either vertically or horizontally);
- The wards in the Barry building need to be relocated in the first phase of development;
- Wards for neurosciences need to be close to the neurosurgery theatres (either vertically or horizontally);
- Trauma facilities have a close working relationship with neurosciences and A&E and therefore need to be clinically adjacent.

The local vertical relationships in the first phase are to provide higher volume services (such as outpatients and imaging) on floors 1-4 to enable easy access for this high volume patient pathway, with the neurosurgery and trauma theatres (plus x-ray) at Level 5 to link into A&E and current main theatres. Additional critical care capacity will be vertically adjacent to theatres and horizontally adjacent to the current critical care beds located on the 7<sup>th</sup> floor of the Thomas Kemp tower. Once this is achieved, then the next logical clinical planning decision is to locate the wards above Level 5, allowing a good vertical relationship between x-ray, neurosurgery and trauma theatres and the wards.

These four zones of clinical accommodation are shown on the diagram below:

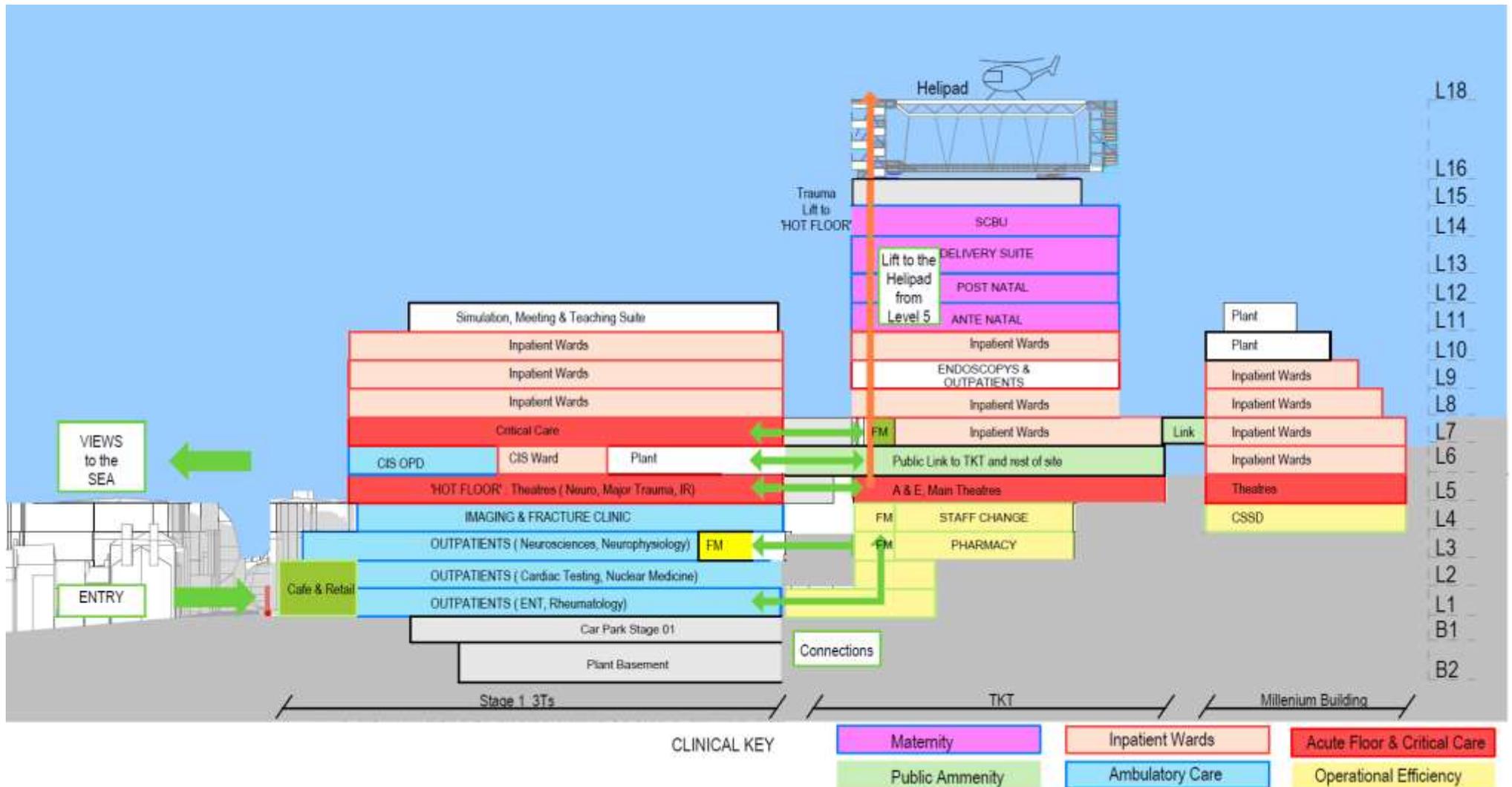


CLINICAL KEY

Inpatient Wards	Acute Floor & Critical Care
Ambulatory Care	Cancer Centre

This approach creates optimal relationships at Level 5 and the opportunity to link into the main patient thoroughfare on the level above which provides access from the southern part of the site across virtually the whole of the northern part of the site.

This is illustrated in the diagram below which provides a cross section view through the site looking from the east to the west:



## 2.2 CLINICAL ADJACENCIES

The focus of clinical activity around the clinical centre of gravity as described above is vital for the hospital to deliver its five overarching objectives which include providing District General Hospital services to the population of Brighton and Hove and specialist tertiary services across Sussex.

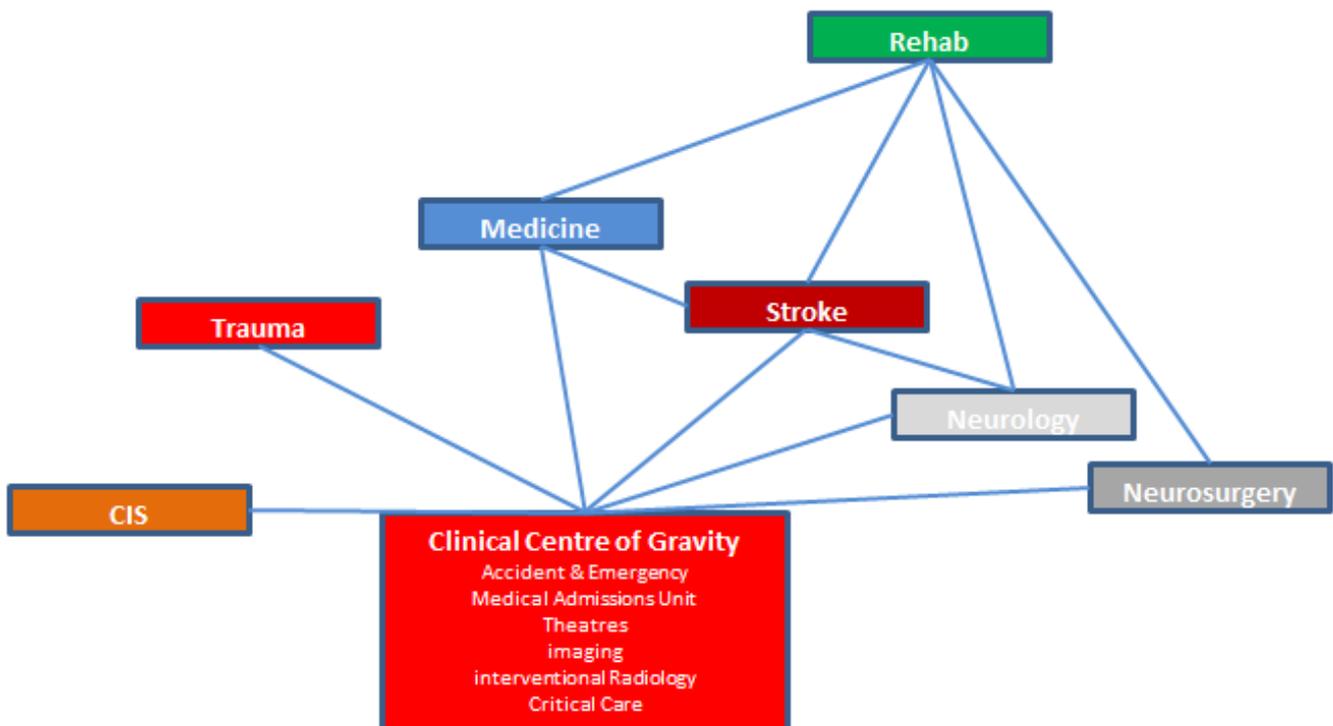
The 3T programme will create a clinical centre of gravity on the RSCH campus. The centre of gravity is made up of two components:

1. The hospital's key access points (Emergency Department and Trauma)
2. The key clinical support services (Critical Care, Imaging and Interventional Radiology)

Locating the key clinical support services alongside the sickest patients arriving at the hospital is supported by a wealth of evidence. The most compelling example being the multiply-injured patient following a road traffic accident, who is likely to require emergency surgery, imaging, interventional radiology and critical care in the minutes after their arrival into the hospital.

The clinical departments provide care for specific patient groups. There are some essential adjacencies between the clinical departments in the stage 1 building and the essential support services provided in the clinical centre of gravity. Some collocated departments will be able to benefit from shared facilities and their collocations will enable multidisciplinary team working and cross-cover staffing efficiencies. The key clinical adjacencies and the relationship of the clinical departments to the clinical centre of gravity are shown in the model below:

**Map of the clinical centre of gravity and key clinical adjacencies.**



### 3. NON-CLINICAL PLANNING

#### 3.1 SCOPE AND RATIONALE

Whilst clinical adjacencies are a key driver for 1:500 designs, there are non-clinical areas which are essential to both the operational efficiency and patient experience of any new hospital. Within 3Ts, a rigorous process of challenge has ensured that the non-clinical departments included within the scheme deliver amenity to patients, visitors and/or staff. The size and location of the various non-clinical departments have been driven by a non-clinical brief which has been grouped into the following key zones of functionality:

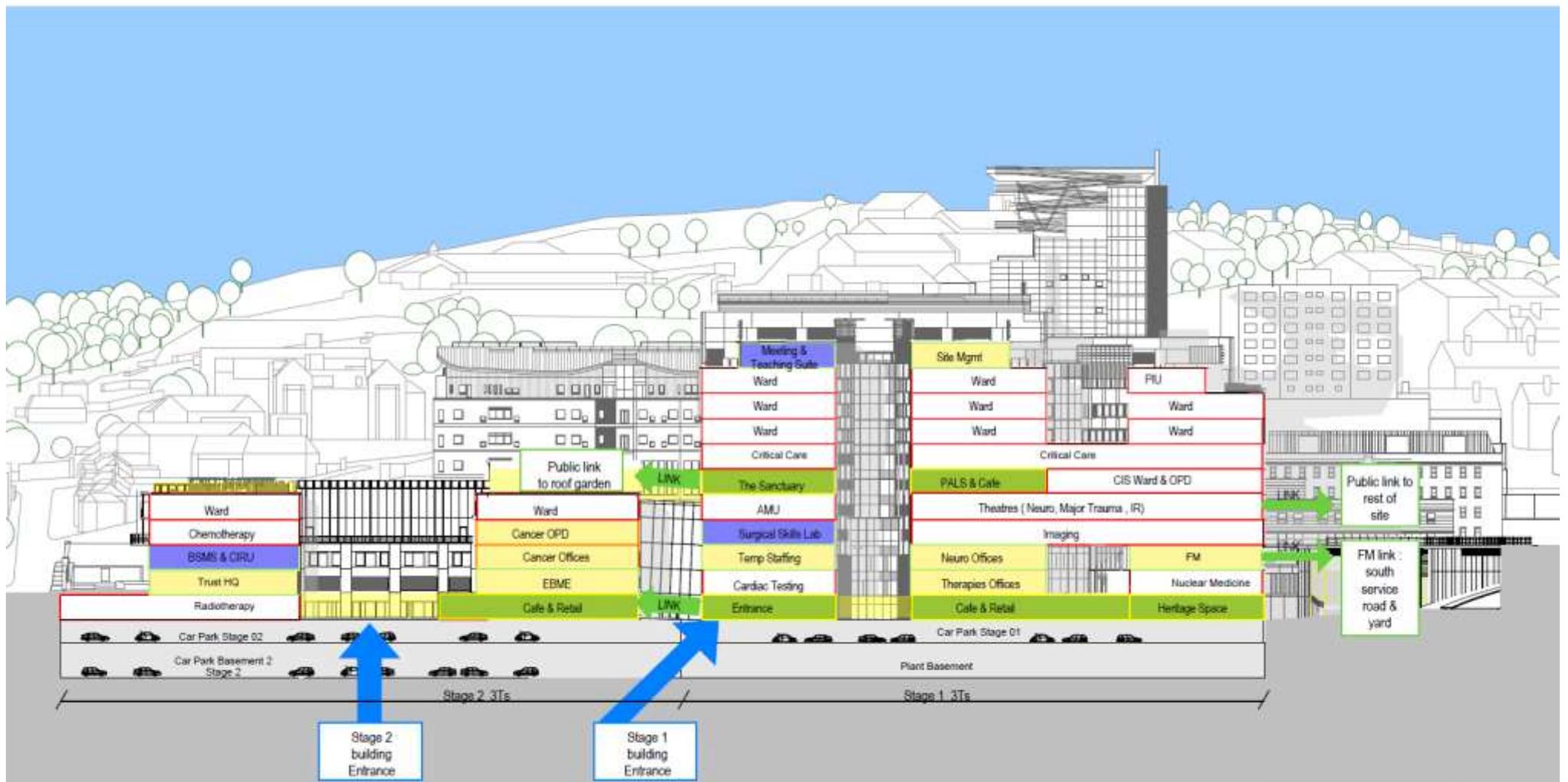
- a. **Public Amenity**- provision of facilities to meet the non-clinical needs of patients and visitors, including car parks, cafés, retail, toilets (including a PAMIS room), multi-faith facility, etc.
- b. **Teaching & Research**- inclusion of research facilities (in partnership with BSMS) and our Clinical Trials unit, a Simulation Suite, and Meeting & Teaching facilities as part of our Teaching Hospital role.
- c. **Operational Efficiency**- FM workshops and stores to ensure efficient materials and waste management, EBME for optimal equipment maintenance and management, office bases for Trust Headquarters, Temporary Staffing, Clinical Site Management and Therapies.
- d. **Staff Amenity**- for staff wellbeing, including changing rooms as well as a Junior Doctors Mess (as per BMA requirements).

The “model of care” underpinning the locations of the key non-clinical areas of the scheme is based on the following three principles:

- Public and back-of-house communication routes must be separate, so patients and visitors coming to the hospital are not in the same lifts as FM deliveries or inpatients in beds, to preserve privacy and dignity and communicate a high standard of professionalism and care.
- Patients (and deliveries) should be transferred via internal routes rather than having to go outside the new buildings to access the rest of the site, as is currently the case, to provide an optimal patient experience.
- The evidence base around design elements which maximise staff wellbeing, as captured in the Staff Wellbeing policy, will be reflected in the design of offices and staff support accommodation. Investing in facilities for our staff and enhancing their well-being will have a beneficial and direct effect on the quality and safety of patient care.

The design of key non-clinical facilities has been informed by Health Building Note 00-03: Clinical and clinical support spaces, including reception and waiting areas, FM facilities, meeting rooms and offices, and staff rest facilities. HBN 00-03 informed the standardised room sizes in the schedules of accommodation and the 1:50 layout of standard room designs.

The four zones of non-clinical accommodation can be seen highlighted in the diagram below:



## 3.2 PUBLIC AMENITY

As noted previously, a fundamental principle of the Design Philosophy for the 3Ts redevelopment is that the buildings should promote a positive emotional experience for patients, visitors and staff. Key facilities have been included to provide amenities in the main public-facing areas of the hospital, including the Welcome Spaces (entrances) to the Stage 1 and 2 buildings, as well as on the key connecting floor (Stage 1 Level 6) which provides access to the rest of the RSCH site.

The Stage 1 Welcome Space and entrance will provide the main focal point for patients, visitors and staff accessing the facility and create the public face of the Hospital. The use of natural lighting, space and quality materials in this area is key to the vision of having a building that not only serves its purpose but is one that the staff/patients and wider community can be proud of. It is planned to be an inspiring and welcoming space. It will be accessible both from the street at Eastern Road, but also from the underground car-park, which provides dedicated parking for patients and visitors (staff will park elsewhere).

The main entrance will provide various facilities for patients, visitors and staff including an information/reception desk, transport/security ID base and both formal and informal waiting areas. A Discharge Lounge, café and retail areas, and Cashiers Office will also be located within this area. Patient support groups offering advocacy/advice/counselling services will be clearly signposted from this area, with a location on the Level 6 main public route linking the north and south of the Trust campus. A Patient Information “One Stop Shop” will be available in the main entrance for information “prescriptions”. Toilet facilities, including a PAMIS Adult Changing Room, a transport waiting area, a wheelchair trolley park and Infant Feeding Room complete the area, together with vending machines for those awaiting transport. An interview room for staff to see patients or visitors when called down to reception has been provided. Innovative methods of way-finding will allow visitors to easily find their way into both the new buildings and further on to other buildings and services on the RSCH campus.

The following functions will take place in this location:

- Receiving and greeting patients and visitors
- Provision of information
- Way finding and Orientation
- Waiting and Meeting Place
- Refreshments for patients, visitors and staff
- Patient Self-Registration
- Discharge Lounge
- Retail functions
- Cashiers office
- Central Staff Change
- Public Telephones

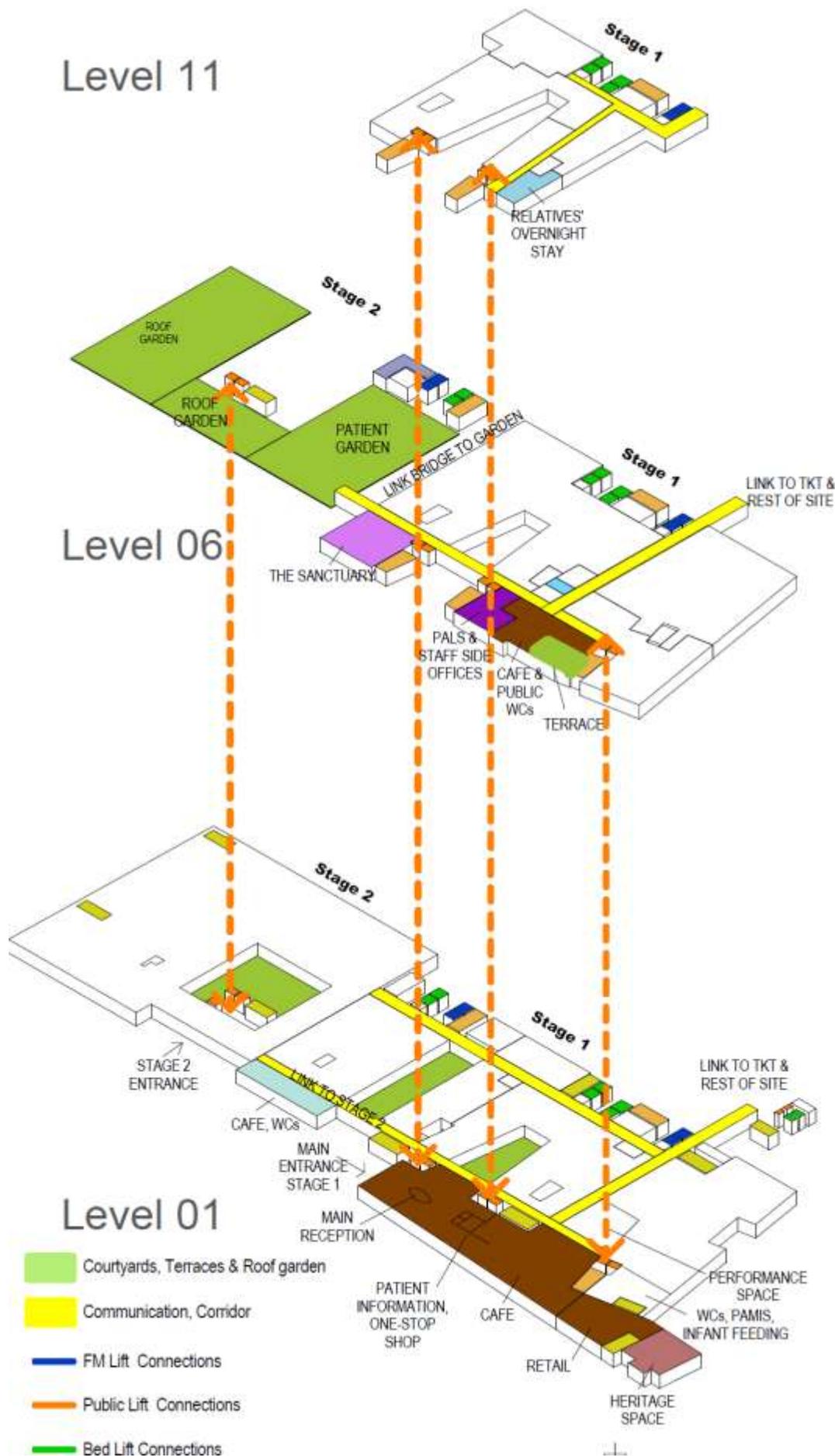
The Stage 2 Welcome Space will provide similar but smaller-scale facilities to the main entrance. These include reception, waiting areas and patient self-registration, WCs, café and retail.

The facsimile of the Grade-2 listed Chapel from the Barry Building will be located within the Stage 1 Welcome Space, as per our planning conditions. This will no longer be an active chapel facility, as this function will now be provided by the multi-faith Sanctuary space on Level 6. Inclusion of the historic Chapel will provide an important link to the heritage of the RSCH site, capturing stories and artefacts from the past as the hospital moves into the future.

For patients and visitors wishing to access the rest of the RSCH site from Eastern Road, Level 6 provides the key communication route to the Thomas Kemp Tower and beyond (level 6 is ground-level to the north of the Thomas Kemp Tower due to the sloping nature of the site).

Other facilities which provide amenity to patients and visitors are located on Level 6, the key public floor which connects the Stage 1 building to the rest of the RSCH site. These include The Sanctuary (the multi-faith facility), PALS and Staff-Side offices, and the main café with public WCs and an Infant Feeding Room.

Patients, visitors, staff and members of the public will also be able to access the Stage 2 Roof Garden from Level 6 in Stage 1. The garden covers the entire roof area of the Stage 2 building and will be accessible from the whole of the RSCH site.

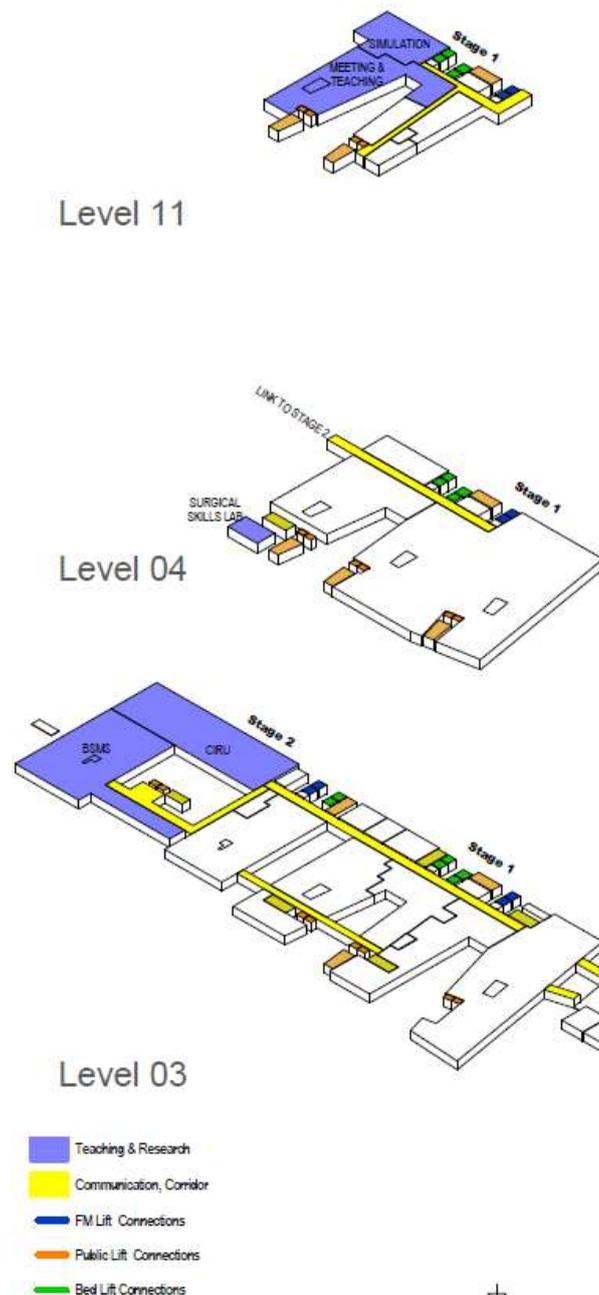


### 3.3 TEACHING & RESEARCH

One of the key investment objectives of the 3Ts redevelopment programme is development of teaching, training and research functions at the Trust. As a result, several key departments have been included within the scope of the scheme. These include research laboratory facilities (in partnership with BSMS) and re-provision of our Clinical Investigation & Research Unit (CIRU), to expand our ability to participate in clinical trials and translational research.

Technology-enhanced Learning at the Trust will be enhanced through inclusion of a Simulation Suite, which will act as a hub for simulation-based learning across the site for all staff groups. The scheme also includes facilities for both “wet lab” surgical skills training as well as high-fidelity laparoscopic surgical skills training, as part of our key role as a Teaching Hospital.

In addition, following an audit of activity levels, the decision was made to relocate departmental Meeting Rooms to a central Meeting & Teaching Suite, to provide a facility for those departments as required which is more easily available to the rest of the Trust when free. This will increase the meeting room capacity for the Trust which will help reduce a current bottleneck for education and training activity. Clinical departments where staff cannot easily be released to attend training at a central Meeting & Teaching facility for operational reasons have retained local meeting rooms for this purpose, e.g. inpatient wards, to ensure equitable access to education and learning activities.



### 3.4 OPERATIONAL EFFICIENCY

The current main stores for the site are located within the construction area and will therefore be re-provided. The inclusion of a modern, fit-for-purpose Facilities Maintenance (FM) department, including Procurement, Linen storage and Waste Management facilities, will ensure the efficient provision of supplies and maintenance to the RSCH site. There has been a deliberate separation of FM communication routes “back of house” from the main public circulation routes, to ensure safe and effective flows through all areas of the hospital and avoid cross-traffic between operational and service users.

FM functions will cover the whole RSCH site from a new location on Level 3 of the 3Ts Stage 1 building. This location allows for the required road access for deliveries and meets a key adjacency to the new FM Service Yard, being built as Stage 3. Links via FM lifts at the rear of both of the Stage 1 and Stage 2 buildings provide direct routes to key support functions on clinical floors, including Waste Disposal Holds, Linen Cupboards, Ward Kitchens and Stores. The FM functions will also service the north of the RSCH site via pre-agreed routes.

Functions provided by the FM area, are:

- Laundry/Linen
- Post
- Recycling
- Supplies Receipt and Distribution
- Waste Management (Clinical, Non-Clinical, Foul)

For deliveries, both the FM Department and the Service Yard are accessible via the Level 3 (South Service) Road. Direct access from the road into the FM Department will be the interim solution, until the Stage 3 Service Yard is complete. The Service Yard provides:

- Delivery slots for 2 delivery vans/trucks
- External decontamination area
- External waste stores
- Pallet Store
- Radioactive Waste Store
- Tug Garage
- Waste compactor facility

The Electro Bio Medical Engineering (EBME) department is part of Facilities Management and is responsible for the management and maintenance of patient connected medical equipment across BSUH NHS Trust. The facility provides the clinical engineering team with workshop and office accommodation to allow the service and repair of all relevant devices. The EBME Dept also manages the Medical Device Equipment Library, which is responsible for the loaning of medical equipment to all major ward areas. It is being re-provided within the Stage 2 building to enable ease of access to and from key clinical areas without staff or equipment having to go outside. Its central location will facilitate the transfer of equipment and ensure that engineers can more easily visit wards, allowing for some maintenance to be carried out in situ rather than transferring all equipment to the workshop, and improve accessibility for users of the library from all areas of the site.

There are a small number of administrative departments which have been retained in the scheme for reasons of operational efficiency.

- Temporary Staffing:

Ease of access by bank staff and inpatient staff from across RSCH, as well as the Site Management team, is essential for business continuity and maximising efficiency in notifying and allocating both clinical and non-clinical bank shifts, hence the department (which is in the Stage 1 construction area) will be re-provided within the Stage 1 building. As the office will also conduct numerous employment interviews, it needs to be easily accessible by both visitors and candidates.

- Trust HQ:

Trust Headquarters provides an office base for the Chief Executive and his senior team. As the Chiefs of services require straightforward access to their clinical departments from their Trust HQ base, it is being re-provided within the Stage 2 building. Its inclusion will facilitate efficient access for meetings between Directors and their management teams, as well as providing a venue for events with public attendees such as the Trust Board meetings.

- Clinical Site Management:

The Site Management team and Discharge Co-ordinators are essential to the efficient operation of the hospital, and require ease of access across the RSCH site (e.g. for daily bed meetings) to maximise patient flow. Their offices (currently in the 3Ts construction area) are therefore re-provided within the Stage 1 building to ensure proximity between the team and the inpatient wards.

- Therapies:

The majority of therapy activity (including Physiotherapy, Occupational Therapy and Speech & Language Therapy) taking place within 3Ts will be for our inpatients via near-to-bed rehab. As a result, there is a need for a central base for the therapists to return to when they are not working with patients on the ward (e.g. during protected mealtimes), in order to undertake administrative and planning work. To ensure therapists have efficient access to patients from their base, an open-plan hot-desk office and administrative base has been provided within the Stage 1 building.

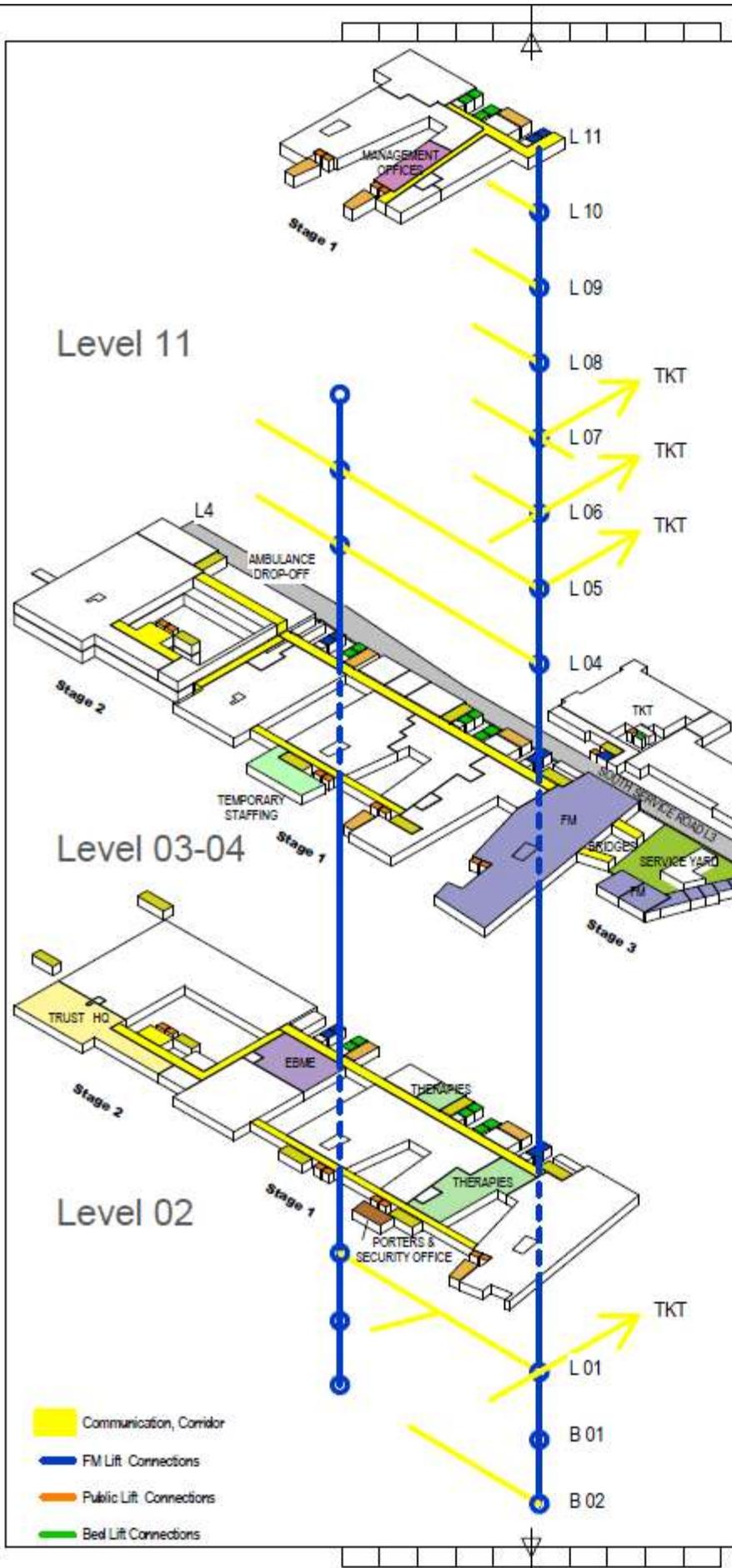
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**NOTES**



F02 - Update to Trust comments	MM	LF	10/09/2014
F01 - Final issue to the Trust	MM	LF	05/09/2014

**Brighton and Sussex University Hospitals NHS**

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Brighton 3Ts	
Zone Diagram Operational Efficiency	DATE: 20/08/2014
BDP-AR-SW-DCP-SD-ZZ-0016	REV: F02

### 3.5 STAFF AMENITY

As a University Teaching Hospital, we have to provide a facility for our junior doctors in line with BMA requirements. The Doctors Mess helps to develop a community of medics within the hospital, being a key area where all disciplines mix together and it also provides a good opportunity to discuss cases with other teams enhancing patient care and learning. Its inclusion within the Stage 1 building will facilitate ease of access from inpatient wards across the Trust, as well as ease of access to AMU and A&E on Level 5 (the busiest on-call areas) for maximum operational efficiency.

The redevelopment also includes sufficient staff changing facilities to enhance staff welfare and efficient working. Rather than departmental or centralised changing facilities the decision was made to provide consolidated changing rooms on each floor (where possible) to enable easy access by staff from their department to changing facilities. As changing rooms are not located within departments for maximum space efficiency, additional banks of bag-sized lockers have been provided locally in clinical areas for staff to keep personal possessions in close proximity to their workplace.

### 3.6 NON-CLINICAL ACCOMMODATION AS PROPORTION OF SCHEME

The total gross internal floor area (GIFA) for discrete non-clinical accommodation is 11235m<sup>2</sup>, which represents **12.2%** of the total GIFA for the scheme (92346m<sup>2</sup>).

Department	Location	1:500 GIFA
Stage 1 Welcome Space (Main Entrance)	St 1 L1	1449 m <sup>2</sup>
Chapel (Heritage Space)	St 1 L1	149 m <sup>2</sup>
Stage 2 Welcome Space (Entrance)	St 2 L1	369 m <sup>2</sup>
PALS and Staff Side offices	St 1 L6	75 m <sup>2</sup>
Café and Public WCs	St 1 L6	240 m <sup>2</sup>
The Sanctuary (multi-faith facility)	St 1 L6	283 m <sup>2</sup>
Relatives Overnight bedrooms	St 1 L11	71 m <sup>2</sup>
<b>PUBLIC AMENITY TOTAL</b>	<b>2.9%</b>	<b>2636 m<sup>2</sup></b>
CIRU	St 2 L3	880 m <sup>2</sup>
BSMS	St 2 L3	1059 m <sup>2</sup>
Surgical Skills Lab	St 1 L4	145 m <sup>2</sup>
Simulation Suite	St 1 L11	383 m <sup>2</sup>
Meeting & Teaching Suite	St 1 L11	703 m <sup>2</sup>
<b>TEACHING &amp; RESEARCH TOTAL</b>	<b>3.4%</b>	<b>3170 m<sup>2</sup></b>
Trust HQ	St 2 L2	491 m <sup>2</sup>
EBME & Equipment Library	St 2 L2	415 m <sup>2</sup>
Therapies (Office base)	St 1 L2	518 m <sup>2</sup>
Porters & Security Office	St 1 L2	64 m <sup>2</sup>
Temporary Staffing	St 1 L3	193 m <sup>2</sup>
FM	St 1 L3	1382 m <sup>2</sup>
Service Yard	St 3 L3	345 m <sup>2</sup>
Clinical Site Management offices	St 1 L11	154 m <sup>2</sup>
<b>OPERATIONAL EFFICIENCY TOTAL</b>	<b>3.9%</b>	<b>3562 m<sup>2</sup></b>
Doctor's Mess	St 1 L11	207 m <sup>2</sup>
Staff Change- ENT, Rheumatology, Discharge Lounge, Radiotherapy, Therapies (Female)	St 1 L1	244 m <sup>2</sup>
Staff Change- Non-Invasive Cardiology; Nuclear Medicine; Therapies (Male)	St 1 L2	93 m <sup>2</sup>
Staff Change- EBME	St 2 L2	26 m <sup>2</sup>
Staff Change- FM, Neurosciences OPD & Neurophysiology	St 1 L3	237 m <sup>2</sup>
Staff Change- Chemotherapy & Oncology OPD	St 2 L3	86 m <sup>2</sup>
Staff Change- Imaging & Fracture Clinic	St 1 L4	235 m <sup>2</sup>
Staff Change- Acute Floor; Oncology Wards 1&2, Aseptic Suite, AMU, Critical Care	St 1 L5	381 m <sup>2</sup>
Staff Change- CIS Ward & CIS OPD	St 1 L6	66 m <sup>2</sup>
Staff Change- Ward change (Neurosurgery 1 & 2, Medical Wards & MDU)	St 1 L9	195 m <sup>2</sup>
Staff Change- Ward change (Neurology Ward & PIU, Stroke Ward)	St 1 L10	97 m <sup>2</sup>
<b>STAFF AMENITY TOTAL</b>	<b>2.0%</b>	<b>1867 m<sup>2</sup></b>

## 3.7 ADJACENCIES

The location of the non-clinical areas of the scheme has been informed by several key “centres of gravity”:

- Key public communication route for patients and visitors- the main entrance level (Level 1)
- Key FM routes for goods in/out via the South Service Road and Service Yard (Stage 1 Level 3)
- Key public connection route between 3Ts buildings and the rest of the site (Stage 1 Level 6)
- Non-clinical departments which require efficient access from clinical areas (Stage 1 Level 11)

### LEVEL 1

If arriving by public transport, patients and visitors will enter the building via the main entrance at Level 1. The Stage 1 entrance on Eastern Road will function as the newly-defined Main Entrance to the RSCH site. The scope of the Stage 1 Welcome Space is listed above.

The Green Travel Plan for the Trust (appended to the Strategic Case) articulates the strategic goal of creating a modal shift from private car usage by staff towards alternative transport arrangements, in order to free up on-site parking for patients and visitors. In the past 3 years cycling to work has increased by 6%, encouraged by additional cycle parking spaces and a salary sacrifice scheme for cycle loans. Additional cycle parking is included in the redevelopment, bringing the total number of cycle parking spaces to 204. Improved staff changing facilities, including showers, is also intended to encourage more staff to walk or cycle to work.

If arriving by car, patients and visitors will park underneath the new buildings in the basement car park, and arrive into the main entrance via a dedicated lift/stair core. The main reception desk will be visible from the main pedestrian entrance and the arrival point up from the car park. There will be connections through to the Stage 2 building as well as the Thomas Kemp Tower. The Stage 2 building will have its own entrance, which will reflect the character and occupants of that building.

### LEVEL 3

Due to the slope of the site, Level 3 is the level of the existing Service Road, which acts as the north boundary to the construction area. As this is the route for all deliveries to and from the site, it determined the location of the Facilities Management department (including the main procurement warehouse and linen stores) and the Service Yard (including waste management).

The Service Road also slopes upwards to the west, and so will be at Level 4 for the Stage 2 building. This is where the patient transfer ambulance drop-off for the redevelopment will be located, with access to all inpatient wards via the rear communication corridors and bed lifts.

### LEVEL 6

As a further result of the sloping nature of the RSCH site, Level 6 is “ground floor” for the rear of the campus. Therefore, it was essential that a public link be provided at Level 6 between the Thomas Kemp Tower and the Stage 1 building of the 3Ts redevelopment. Patients and visitors wishing to access the rest of the RSCH site from the main entrance on Eastern Road will be able to use a public lift/stair core up to Level 6 to transfer to the Thomas Kemp Tower (and beyond that the Millennium Wing and Sussex Kidney Unit). This is a significant improvement from the current poor way finding and access to the site.

A connecting bridge between the Stage 1 and 2 buildings at this level also enables access for all patients, visitors, and staff from across the RSCH campus to the Roof Garden, which covers the whole of the roof of the Stage 2 building.

Since Level 6 will be a key communication route between the 3Ts buildings and the rest of the site, various key departments have been located on this floor. The Sanctuary (the multi-faith facility) is located on Level 6 in order to be fully accessible to patients, visitors and staff from across the entire RSCH campus. It will also benefit from stunning views out to sea, providing a sense of calm amidst the business of the hospital. The PALS and Staff-Side offices have been located on this level so that they are also easily accessible by all those that need to use them. Finally on Level 6 are an additional café and public WCs, along with an Infant Feeding Room. These will provide benefit to those moving through the Stage 1 building to and from the rest of the site, and mean that visitors to the Stage 1 inpatient

accommodation (levels 7 to 10) can access refreshment without having to go back down to the ground floor.

## **LEVEL 11**

The remaining “centre of gravity” is Stage 1 Level 11. On this floor, several departments have been included which provide functionality in all four key non-clinical zones and which require straightforward access by staff, relatives and carers and members of the public from across the site. These include the following:

- *Simulation Suite*- key teaching facility for both internal and external course attendees, as well as providing a base for simulation-based learning activity in clinical areas.
- *Meeting & Teaching Suite*- key facility for operational meetings and educational activity, requiring convenient access from clinical departments as well as by members of the public (e.g. Community Arts Workshop)
- *Clinical Site Management*- proximate access to the inpatient wards required for optimal patient flow and discharge processes
- *Doctors Mess*- enabling Junior Doctors to be easily accessible by wards when on call.
- *Relatives' Overnight bedrooms*- for the families of patients (including in Critical Care) who may have travelled from far afield in our catchment area and need to stay close by to their loved one due to the severity of their condition.