

## COMMERCIAL CASE: THE BUILDING

### APPENDIX 18 - Department of Health Consumerism Checklist

| Ref.     | Criteria   | Trust Response  | Compliance |
|----------|--|---|------------|
| <b>A</b> | <b>Privacy and Dignity</b>   |   |            |
| A1       | Greater assurance of privacy and dignity   | The design of the hospital has ensured privacy and dignity of all patients wherever they are within the new hospital .This includes: 75% single rooms on most wards excluding stroke and neurosciences where the acuity of the patients has led to a higher proportion of 4 bed bays within the operational policy.   | ✓          |
| A2       | Women only Day Rooms   | Day rooms have been provided on all wards in addition to a high proportion of single rooms. The expectation is that patients will spend more time in their rooms and the increased acuity of in patients will reduce the demand for day space.  | ✓          |
| <b>B</b> | <b>Quality of the Environment</b>  |   |            |
| B3       | Higher specifications of fabric, finishes and service installations to reduce risk of backlog maintenance thereby encouraging perception of quality facilities and care in ownership | This is agreed in principle and will be developed in greater detail as part of the Stage E Design Development Process.  | ✓          |
| B4/B5    | Natural light and natural ventilation as agents of wellbeing and recovery  | All clinical areas have direct access to natural light<br>Wind factors in the tower mean that it will be a sealed building. Ventilation of other areas of the development at lower levels will be developed in detail as part of the Stage E Design Development Process. Natural ventilation will be provided where possible taking into account clinical constraints.  | ✓          |
| B6       | Zero discomfort from solar gain  | This is particularly important in inpatient areas. The windows to the west, east and south elevations will have a solar control film to reduce solar gain. The windows on the south elevation (on the four-bedded bays) are recessed to give further protection.  | ✓          |
| B7       | Clean wards/Recovery Bays  | All wards and clinical areas have been provided with levels of storage designed to ensure that corridors are clear. Every ward has a separate commode cleaning room so that high levels of cleanliness are maintained and cross infection risks minimised. In addition the scheme includes a central bed and equipment was facility that twill be available to the whole hospital. All areas have local cleaner’s cupboards and the Clinical Infection ward has separate support facilities for each bed zone. The detailed design will ensure that all areas can be easily cleaned and avoid build up of dust etc. | ✓          |

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|-------------|---|--|-------------------|
| B8          | All medical equipment, consumables and linen discretely stored  | Storage has been provided throughout to ensure goods are not stored on circulation routes.   | ✓                 |
| B9          | All clinical waste safely and discretely stored   | Disposal areas for waste awaiting collection have been provided in all departments and where possible have been located close to the FM lifts to avoid public routes.  | ✓                 |
| B10         | Interiors that instil a sense of quality, care, restfulness and cheerfulness and that work to create a healing environment  | The development benefits from the availability of peerless views of the sea or the surrounding countryside. The detailed interior treatment will be developed as part of the Stage E Design Development Process.   | ✓                 |
| B11         | Artwork installed as an essential characteristic of the healing environment; including enhancements to building fabric and specialist commissions (eg decorative lighting, stained glass, murals).        | The development has included an art project from its inception. The design incorporates designated locations for large pieces of art as well as less formal locations for other pieces. This will be developed further as part of the Stage E Design Development Process.                                      | ✓                 |
| <b>C</b>    | <b>Patient Accommodation</b>  |  |                   |
| C12         | Rationalisation of bed space configurations to a ratio of 50% or greater of single beds to multi-bed bay ward accommodation. Infection control standards require bed centres (min 2.9m, preferably 3.6m). | The configuration of the wards varies according to clinical requirements with all wards having at least 50% single rooms, most wards having 75% single rooms and the cancer and clinical infection wards having 100% single rooms.   | ✓                 |
| C13         | Single sex washing and toilet facilities  | Single sex washing and toilet facilities are available throughout.   | ✓                 |
| C14         | Adequate shower/bathing facilities in in-Patient Departments where full en-suite facilities is not a design objective   | En suite facilities have been provided to all single rooms and 4 bed bays; the latter have 2 WC's available for patients plus a shower. Separate public toilets are available on wards.  | ✓                 |
| C15         | Improved Relatives/Patients Overnight stay facilities and increased supply to meet demand   | It is anticipated that many relatives will choose to stay at the bedside particularly in the single rooms where sufficient space will be available and the rooms will be furnished accordingly. Separate relatives' overnight stay is provided for the neurosciences ITU and the cancer wards.                 | ✓                 |
| C16         | Increased Relatives Overnight stay facilities adjacent to Critical Care Wards   | The spacious critical care accommodation for patients will allow relatives to spend time alongside the patient where this is clinically feasible; the unit will be for neurosciences patients and relatives' bedrooms are to be provided nearby so that the relatives can be close but also have some respite. | ✓                 |

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| C17      | More space around beds to accommodate visitors in comfort without instilling sense of crowding and to engender the patient's sense of spatial volume/airiness | Space allowances comply with HBN guidance and the layout of all accommodation will be designed to maximise the sense of space.   | ✓          |
| <b>D</b> | <b>Entrances, Reception and Waiting</b>   |  |            |
| D18      | Improved waiting areas  | Careful consideration has been given to all waiting areas to ensure they relate logically to all destinations and offer a comfortable well lit environment – for example with an outlook into the spaces between the “fingers” in Stage 1 or the atrium space in Stage 2 or with outside views.  | ✓          |
| D19      | Ward foyers as focal point for arrival of visitors  | Ward entrances have been designed so that visitors immediately meet someone who can help and guide them. Visitor waiting areas have been provided on the wards.  | ✓          |
| D20      | Improved Main entrances, Departmental entrances and Reception points  | All wards and departments have been designed to include easy access to a receptionist and information. The Main Entrance will be light, spacious and give immediate visibility to public lifts and stairs as well as support facilities including WC's and public telephones. There will be full visibility to the drop off point for people waiting to be collected by vehicle. | ✓          |
| <b>E</b> | <b>Security and Safety</b>  |  |            |
| E21      | Safe and accessible storage of belongings and cash  | Staff will be provided with sufficient lockers in their departments and in changing facilities for secure storage of belongings.<br>Furniture selection for inpatient accommodation will be developed as part of the Stage E Design Development Process, with security considered.   | ✓          |
| E22      | Immediate access by patients to call points for summoning assistance  | These will be provided in all clinical areas.  | ✓          |
| E23      | Secure facilities that instil a sense of safety and security of possessions   | Access to each phase the new development will be via one public entrance; the access from the car park to Phase 1 will be controlled and overseen from the reception desk. Detailed security arrangements will be developed as part of the Stage E Design Development Process.   | ✓          |
| <b>F</b> | <b>Barrier-free Access</b>  |  |            |
| F24      | No physical or operational barriers to the disabled   | There will be no physical or operational barriers impeding the disabled.   | ✓          |
| F25      | Clear multi-cultural signage/wayfinding that is non-institutional in character  | Way-finding and signage will be developed as part of the Stage E Design Development Process.; however the layout of the building with an atrium and central lifts and stairs will make much way-finding intuitive.   | ✓          |

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| <b>G</b> | <b>Patient Control of Environment</b>   |   |            |
| G26      | Patient control of personal ambient environmental temperature   | This will be provided.  | ✓          |
| G27      | Task lighting at the bedhead/bedside conducive to reading and close work  | This will be provided.  | ✓          |
| G28      | Controllable lighting levels delivered from high quality non-institutional style luminaries                             | This will be provided.  | ✓          |
| <b>H</b> | <b>Catering</b>   |   |            |
| H29      | Easy access to vending machines   | The vending locations will be decided as part of the Stage E Design Development Process.  | ✓          |
| H30      | Better food, prepared and served in adherence to a clear hospital food, nutrition and health policy                     | This development forms only part of the Royal Sussex County Hospital and the hospital's overall catering policies will pertain. The development includes ward kitchens but not the central catering facility. | ✓          |
| <b>I</b> | <b>Patient Advocacy</b>   |   |            |
| 131      | Inclusion of Patient Advocate's Room  | This has been included in a highly accessible location.   |            |
| <b>J</b> | <b>Information and Communication</b>  |   |            |
| J32      | Meeting the requirements of "patient power" by accommodating integrated bedside communication and entertainment systems | This will be included at FBC stage.   |            |
| J33      | Easy access to (public) telephones  | These will be included throughout the development as required as part of the Stage E Design Development Process. There are banks of public phones in the Main entrance.                                       |            |
| J34      | Fully informed patients, relatives and visitors   | There are interview rooms throughout the building including all clinical areas where clinical staff can speak privately to relatives, patients and others away from a clinical atmosphere.                    |            |
| J35      | Access to multi-lingual reading material for relaxation, including special needs material in large print or Braille     | This will be developed as part of the Stage E Design Development Process.   |            |
| J36      | Access to personal health records   | This will be provided given the prevailing policies in place at the time the new facilities become operational.   |            |