

1. DESIGN PHILOSOPHY

The design process for the preferred option has always been very mindful of the need to ensure a unifying vision and sense of purpose underpins the redevelopment, not merely in terms of strategic fit and clinical functionality but also in terms of patient experience. The articulation of this vision has evolved over the life of the scheme and has been informed by several key documents, namely the Conceptual Framework intended to inform the development of the Art Strategy for the scheme and the Design Philosophy written to inform the FBC design process. These key documents, included in full in Appendix 24 and 25, have not only shaped the Arts and Interior Design strategies but have also influenced the architectural design of the preferred option described in this chapter.

1.1 CONCEPTUAL FRAMEWORK

The Conceptual Framework was written in November 2009 as part of the preparation for developing a Public Art Strategy for 3Ts in line with planning application deadlines. It was an attempt to explore how the articulated organisational values of BSUH, focussed on kindness and compassion, might be made manifest in the design of the preferred option. In support of this, the document stated four key aims for the design process:

- create a design that provides patients and visitors with a positive physical, mental and emotional experience that seeks to alleviate suffering
- foster effective communication, which is integral to acting with kindness and compassion
- create a space that encourages the values of kindness and compassion to flourish, recognising that caring can be challenging and that good design can support staff's own needs
- provide an holistic healing environment rather than solely a functional clinical building, i.e. it acknowledges people's psychological, social and spiritual dimensions as well as their physical needs.

The Conceptual Framework also sought to articulate the critical thinking underpinning the design process, augmenting the initial thoughts captured at the launch workshop in September 2008. Further impetus for additional criticality was gained from several visits to reference sites showcasing recent developments in healthcare design. These site visits showed the importance of self-reflexivity and consideration of design detail to create a care environment which was positive and uplifting.

The theory informing the Conceptual Framework is that of the "therapeutic landscape", a term first utilised within the field of Medical Geography. It proposes that healthcare spaces are not merely physical (natural and built) environments, but must also be considered through a social and symbolic lens.

It is intuitively understood that there is a relationship between the users of a building like a hospital, whether patients, visitors or staff, and the built form. Much research into hospital design, frequently informed by environmental psychology, aims at quantifying the therapeutic impact of the physical form, e.g. ambient effects of light, colour, noise and ventilation on recovery times or the potential of views of nature to boost healing. However, the social and symbolic dimensions of the therapeutic landscape are less well understood.

The social environment of the hospital relates to the importance of social relationships between patients and staff and the inherent power relations at work. Design interventions can uphold or disrupt dominant hierarchies and inequalities between different staff groups and patients, for example, the placement of the desk within a Consult Exam room can be a physical and power barrier between the doctor and patient.

The symbolic dimension of the hospital environment is the least researched and understood, yet arguably plays a vital role in how patients, visitors and staff will perceive their experience of the new buildings. The concept of therapeutic landscapes argues that beliefs about disease and its treatment, experiences and feelings associated with places and the power of myth and stories all shape our experience of care. Symbols can be both linguistic and physical, such as choice of colour, names, or the amount of high-tech

clinical equipment, and structure our beliefs and expectations of care. By adopting the conceptual framework of the therapeutic landscape, the design of the preferred option has sought to reflect on the physical, social and symbolic power of the design choices made in order to create as holistic healing environment as possible.

This is particularly important in a place like the Royal Sussex County Hospital, which has a long history as a site associated with health and healing but has a complex emotional history. The symbolic heritage of the hospital needs to be acknowledged in the design without becoming pastiche and in doing so support the process of change arising from the redevelopment.

1.2 DESIGN PHILOSOPHY

The Design Philosophy document was first drafted in Spring 2010 as we commenced preparation for the FBC designs. In April 2011, after geometry fix and the 1:200 designs being complete, and as part of preparation for the development of the Interior Design Strategy and 1:50 designs for the preferred option, the Design Philosophy was refreshed. It became apparent that the Conceptual Framework, which had shaped the Art Strategy development, was too abstract to underpin the detailed design phase of the scheme. It was therefore updated to ensure that as well as articulating the Trust's aspirations for the redevelopment and the vision and values to be encapsulated within the designs, it would become a point of reference for shaping and evaluating the success of the Interior Design and Architecture, creating a holistic healing environment for patients, visitors and staff. The update aimed at creating a common sense of common purpose, a shared language to enable a consistent and cohesive design approach centred on clarity of vision:

"The Design Philosophy asserts that the 3Ts programme must create a physical environment which is not merely functional but also creates a positive emotional experience for patients and visitors where staff are supported in '*seeing the person in the patient*'."

This refinement of the vision for 3Ts was informed by research undertaken by the King's Fund¹ and Department of Health², which provided the insight of how the philosophy of patient-centred care might aid translation of the Trust's strategic vision into an effective design. The concept of "seeing the person in the patient" focused the design process on how patients, visitors and staff experience receiving the "best and safest care" BSUH aspires to deliver. It rooted design choices in the physical and emotional experience of patients, rather than a perception that patients are a collection of symptoms or tasks to be addressed in a functional or mechanistic design solution.

A good example is outpatient consultation/examination room design. Feedback from patients gathered at the Flagship Rooms workshop supported the research evidence findings, that patients have a better quality consultation and higher satisfaction if the room is laid out in such a way as to enable a face-to-face interaction with the clinician, rather than the doctor facing a PC screen with the patient sitting to one side. Improving the layout of the room, design of the desk and location of the PC is vital in ensuring these important facilities are not a barrier between the patient and clinician, reinforcing traditional power hierarchies. The 3Ts design therefore seeks to make it possible for the clinician to maintain eye contact with the patient rather than PC screen during the consultation, with shared access to the PC screen when required (e.g. to show scan results), without impeding operational functionality.

The articulation of the emotional needs of patients found in the Department of Health research provided a point of reference for the design decisions to be made in the Interior Design strategy and detailed 1:50 design process. The design therefore seeks to create a therapeutic landscape where patients, visitors and staff can feel:

- | | |
|----------------------|-------------------|
| ✓ Confident | ✓ Cared for |
| ✓ Informed | ✓ Safe |
| ✓ Reassured | ✓ 'in good hands' |
| ✓ Relaxed | ✓ Respected |
| ✓ In control | ✓ Listened to |
| ✓ Important, special | |

¹ King's Fund (2008) *Seeing the Person in the Patient: The Point of Care review paper*. J. Goodrich & J. Cornwell

² Department of Health (2005) '*Now I feel tall*' *What a patient-led NHS feels like* pp6-7

The design must minimise negative emotional responses, including feeling:

- | | |
|--|---------------|
| ✘ Afraid | ✘ Isolation |
| ✘ Annoyance | ✘ Scared |
| ✘ Anxious | ✘ Vulnerable |
| ✘ Confusion | ✘ Frustration |
| ✘ Disappointment | |
| ✘ Feel overwhelmed by the experience | |
| ✘ Treated like a number, not an individual | |

The document also stated the importance of the aesthetic manifestation of this design philosophy responds to the particular context of the Trust, being located in the city of Brighton & Hove and serving a regional population across Sussex. The visual identity developed in the architecture, interior design and arts must work together to create an authentic visual identity which conveys the BSUH vision and values to the community we serve. In that sense, it must be a site-specific response which connects with our patients, visitors and staff, responding to the particular design details of our context (both geographical and cultural).

2. BSUH VALUES & BEHAVIOURS FRAMEWORK

The Trust has recently developed a “Values and Behaviours” Framework (appended), intended to be a behavioural blueprint for the organisation to underpin the “Foundations for Success” programme. The full framework is summarised as follows:

- **COMMUNICATION** that’s respectful, personal, honest and helpful
- **KINDESS** and **UNDERSTANDING** so that we feel supported and enabled to do our jobs
- **FAIRNESS** and **TRANSPARENCY** in our decisions and actions
- **WORKING TOGETHER** to get the best outcome for patients
- **EXCELLENCE**, always striving to be the best we can be

These echo the values articulated in the Conceptual Framework and Design Philosophy for the 3Ts design as described above. The current poor estate and challenging work environment can make it more difficult for staff to behave in accordance with the behaviours listed above. The design of the 3Ts redevelopment is intended to make it easier for these values and behaviours to become embedded in our staff, contributing to changing the organisational culture of the Trust through transformational change.

For example, through co-location of services and improved clinical adjacencies, the 3Ts programme seeks to make it easier for staff to work together for improved outcomes for patients (e.g. Acquired Brain Injury Centre). In addition, through the Design Philosophy, Arts and Interior Design Strategies, the programme aims at creating a positive healing environment through person-centred design, in order that staff feel supported and enabled to deliver excellent care.

3. ART STRATEGY

In May 2010, the specialist arts-in-health consultants Willis Newson were appointed by the Trust to provide support in developing a robust and comprehensive public art strategy for the 3Ts redevelopment. Informed by a process of engagement with the local arts community within Brighton & Hove as well as patients and staff, rooted in the 1:200 design of the preferred option, the 3Ts Public Art Strategy was signed off in the winter of 2010/11. The Strategy included proposals for integrated public art commissions and projects to be delivered in partnership with local arts organisations, as well as strategies relating to the public engagement, procurement, management and governance, evaluation and decommissioning aspects of the arts programme.

The vision encapsulated within the Public Art Strategy was of a development where the arts are fully integrated, whereby a rich, innovative and varied series of commissions and programmes will enhance the new buildings and contribute to creation of a vibrant and welcoming hospital. The Art Strategy recognises the key role of the arts (in their widest form) in achieving the vision of a therapeutic environment set out in the Design Philosophy described above, grounded in the evidence base around the link between arts, health and well-being.

At present, the total budget for all of the projects proposed comes to £1,050,000. This is made up of:

- £851,500 as a ring fenced allowance for art within the GMP
- £105,000 towards capital enabling costs within the GMP
- £40,000 from BSUH Charitable Funds
- £158,500 from other fundraising sources

In addition, management costs for the programme as a whole would total £211,300. The menu of options presented in Section 11.0 of the Public Art Strategy allows the Trust to take a flexible approach to implementation as resources allow.

The total budget funded within GMP, £956,500, represents 0.2% of the overall scheme budget.

The Public Art Strategy relates to the main scheme only. A separate nominal budget for inclusion of arts within the decant programme was identified.

The specific aims of the Public Art Strategy are as follows:

- Create a healing environment that is welcoming, therapeutic and restful
- Create environments that respond to the specific needs of patients
- Provide distraction, pleasure and stimulus to patients, visitors and staff
- Help create a strong and welcoming identity for the Hospital, and reflect the culture and identity of the local community
- Create excellent working environments for staff
- Contribute to creating a landmark building for the area which engenders a sense of civic pride
- Help make it easy for people to find their way around the building
- Support the Trust's aims to create a sustainable building
- Create close working partnerships with the local arts community.

3.1 PRIORITISATION OF ART STRATEGY BUDGET

Within a scheme of this size, it was recognised that more areas would benefit from art work than would be reasonable affordable. A prioritisation exercise was therefore undertaken, identifying the following key areas:

Area	Rationale
Entrances & Exits	For both clinical and non-clinical areas these set the tone for someone's encounter with the hospital and, with care and attention, can make people feel welcome and reassured. Exits are also important in leaving a lasting impression and how people recall the care they have received.
Isolation during visit	Patients who are isolated during their experience of receiving care, often due to the technological nature of the diagnostic or therapy they are undertaking: includes Radiotherapy, Imaging and Nuclear Medicine.
Duration of stay	Patients who experience the greatest length of stay in the hospital, i.e. inpatients rather than outpatients. Some inpatients will also experience isolation, including Oncology (e.g. iodine therapy), Haematology (e.g. Level 2 patients) and on the Clinical Infection Service (CIS) isolation ward. Although specific commissions will be located within inpatient areas (see below), it was agreed as part of the prioritisation exercise that it was not feasible to fund artworks for all inpatient accommodation (i.e. all single bedrooms or 4 bed bays) through the Public Art Strategy for the scheme. It was therefore agreed that artworks for these areas would be addressed through the trust-wide Ongoing Arts Programme e.g. use of loans and donations.
Breaking bad news	There will be several spaces across the scheme where patients, visitors and staff may be told bad news or experience discussions of particular emotional intensity, for example, Interview/Counselling/Quiet Rooms.
Paediatrics	Whilst the majority of paediatric care is delivered within the Royal Alexandra Children's Hospital on the RSCH campus, children will also be seen in Nuclear Medicine, Neurophysiology and cross-sectional Imaging. It was decided as part of the prioritisation exercise the creation of child-friendly environments should be taken forward through the Interior Design Strategy, through the use of colour and graphics as well as provision of toys and distraction, rather than through the Public Art Strategy.
Staff rest areas	Whilst there was an aspiration articulated within the Conceptual Framework that staff areas be included within the Public Art Strategy this was not feasible and it was agreed to prioritise patient-facing areas. However, the Strategy includes a commitment that artworks in staff areas will be provided through the trust-wide Ongoing Arts Programme, through projects, loans and appropriate donations.

3.2 EARLY INTEGRATION

The Trust and Willis Newson recognised that there was a unique opportunity arising from the development of the Public Art Strategy alongside the emerging FBC designs for the preferred option. Several commissions lent themselves to being integrated into the fabric of the buildings, which would also be an opportunity to test the best practice guidance, which recommends early integration of the arts into healthcare capital redevelopments to maximise collaboration between artists and the architectural design team. As a result, several commissions were brought forward for implementation during the FBC design process prior to GMP:

Area	Artist Proposal
Stage 1 & Stage 2 Welcome Spaces	Visual artist Kate Blee appointed to collaborate with BDP on integrated art works for the two entrances to the 3Ts redevelopment, including ceramic cladding to walls and supporting pillars and proposals for the main reception desk and integrated seating.
The Sanctuary (Multi-Faith facility)	Textile artist Sharon Ting appointed to collaborate with BDP on integrated art works for The Sanctuary, the multi-faith facility within the Stage 1 building. Proposals include glass panels, wall-mounted “prayer sculpture”, landmark art works at The Sanctuary entrance and integrated snug seating.
Courtyards and Deep Landscapes	Sculptor Bruce Williams appointed to collaborate with BDP and BDP Landscape on integrated art works for the three internal courtyards in the scheme (some of which are accessible by patients, visitors and staff). Proposes photo-etched sculptural pieces with associated seating, with link to natural elements of earth, sea and sky.
Roof Gardens and Terraces	Ceramicist Marion Brandis appointed to collaborate with BDP Landscape on enhancements to the hard landscaping across the various roof gardens and terraces. Proposals include glazed bench seating, photographic roundels in fencing, and colour enhancement to pergola design.
Stage 1 Façade (future commission)	A proposal for a large-scale public artwork to be incorporated into the façade of the building was included within the Public Art Strategy but was deferred in light of the need to obtain full planning consent from the local authority. A brief has been developed and an artist identified, but it was agreed they should be formally appointed after OBC approval and remobilisation of the FBC design process with the commission progressed as part of the Section 106 conditions.
Wayfinding (future commission)	The artist Morag Myerscough was appointed to collaborate with the architects on the way finding for the redevelopment. The intention behind the brief was for the artist to work with BDP interior and graphic designers responsible for way finding in order to develop a way finding system for the new buildings, proposing imaginative, striking solutions which explore, for example, colour and form to aid navigation. In doing so, this will contribute to weaving together the various arts commissions and interior design elements, creating a coherent visual identity for the building (a key aim of the Design Philosophy). This commission will proceed when the detailed design is done for the Wayfinding strategy.

3.3 MULTIPLE COMMISSIONS

The development of multiple commissions was explored as a way of enabling a high volume of clinical and patient areas to be enhanced through art at an affordable cost, since value for money savings are made when work is commissioned in multiple.

Area	Commission
Interview & Quiet Rooms	<p>The interview and quiet rooms are spaces where patients, visitors and staff communicate about difficult and emotional issues. A sensitive environment is required in these rooms to support those using them, lending an atmosphere of safety and calm. There are challenges with using traditional art forms in these rooms arising from the phenomenon of “imprinting” - it can be the case that if an artwork of a recognisable (perhaps local) scene is in the room when bad news is shared, seeing that scene in the future can cause a distressing flashback to the emotions experienced at that time.</p> <p>The proposal is therefore to commission artists to collaborate with a wallpaper manufacturer to design bespoke wallpaper to be used in all the interview and quiet rooms. The approach will be to specify one wall in each room for the wallpaper, softening and humanising the room to create a supportive environment which minimises the risk of negative imprinting. The project will provide opportunities for staff and patients to consult with the artists to select the most appropriate types of images for these spaces.</p>
Waiting Rooms Photography Project	There are c.30 waiting rooms across the scheme. A strategic approach has been proposed to incorporation of artwork across these spaces. It is anticipated that a long-term photographic commission would enable professional photographers to work with students from the renowned photography department at the University of Brighton, along with staff and patients, to create a body of photographic artworks to be displayed across the waiting areas. This could be supplemented by creation of a coffee-table book to

Area	Commission
	catalogue the entire collection so that patients and relatives can view images from other waiting areas as well whilst they are waiting in a particular space. Themes for the commissions would be chosen through a controlled process of user engagement, providing distraction, pleasure and stimulus to patients, staff and visitors as well as creating close partnerships with the local arts community.
Treatment Spaces	There are several projects impacting on patient treatment spaces. These include commissioning photographic wallpaper for the Linac bunker mazes in Radiotherapy, to soften the approach to the highly-technologised environment of the linear accelerators; backlit ceiling panels in Radiotherapy treatment areas (including the linear accelerators, brachytherapy and ortho-voltage rooms); painted ceiling artworks in treatment areas such as scanners, anaesthetic rooms and interventional radiology theatres across Nuclear Medicine, Imaging, Radiotherapy and the Acute Floor. All these commissions are intended to provide a welcome distraction and point of focus for patients whilst they are undergoing complex diagnostics or preparing to receive often invasive treatment, a time of heightened anxiety. Artworks within treatment spaces, whether backlit or not, are ceiling-mounted as this will be the main area of view for patients whilst they are lying down for their diagnostic or treatment.
Sussex Cancer Centre incl. Chemotherapy Day Unit	The artist appointed to work on the Stage 1 and 2 Welcome Spaces was also asked to help develop an artist brief for further works within the new Sussex Cancer Centre, to be located within Stage 2. Kate Blee identified two key areas of opportunity: the chemotherapy day unit (CDU) and inpatient ward day rooms. The brief for this commission is focussed on an artist working with the patients, their carers, and staff through a residency, to explore the journey experienced by cancer patients during their treatment in order to create interventions which promote calm and reassurance and a less clinical atmosphere, facilitating a sense of place which allows patients to chose to interact, be social or remain very private during their treatment. The focus of the commission is on the engagement process, to uncover the emotional experience of these patients as a starting point for specific artworks, rather than starting with a particular art form in mind.
Heritage Space	The current hospital Chapel is grade II listed and is to be re-provided within the Stage 1 building as a heritage space (the spiritual function of the Chapel will be superseded by provision of The Sanctuary as the multi-faith facility for the RSCH). A separate workstream and design process is being progressed to oversee the relocation of the Chapel and other important historical artefacts from the site associated with its redesignation as a "Heritage Space". However, there is a project within the Arts Strategy which is aligned with creation of this community heritage resource. On a large wall approaching the Heritage Space, it is anticipated an arts commission will result in installation of a large-scale wall piece, e.g. a photo-mural, telling the story of the RSCH site and capturing some of the oral history which is being collected as part of the Heritage workstream. Artist and/or design input into the creative presentation of this heritage material will maximise its celebratory and visual impact, as well as drawing visitors into the Heritage Space to view the exhibitions and historical material coming from the site.

3.4 ON-GOING ARTS PROGRAMME

As well as commissions specifically related to the 3Ts buildings, the Art Strategy included proposals for establishing an on-going Arts Programme for BSUH. Whilst there has been arts in health activity in the Trust since the 1990s, facilitated by an Arts Advisory Group, there was a view that the 3Ts project offered an opportunity to ensure the arts have an effective and sustainable presence within both the new buildings and the wider Trust. An on-going arts programme will encourage a continued sense of a hospital that is vibrant, welcoming and part of the community it serves.

The on-going arts programme, called "Onward Arts", has the following mission:

"Through the use of the arts, we seek to improve the experience of patients, visitors and staff and create a healing hospital environment for all.

Passionate about arts in health, we advocate the value of integrating the arts into the culture of the Trust and deliver high quality, patient-centred, arts projects in partnership with the communities we serve."

There are several spaces within the preferred option which will enable Onward Arts to undertake activity in pursuit of its mission. These include:

- A Performance Space in the Stage 1 Welcome Space, to be used for a rolling programme of performances and recitals as well as exhibitions;

- A gallery space on Level 6 of the Stage 1 building, on a key public communication link between the 3Ts buildings and the rest of the campus (as well as the same floor as a café, The Sanctuary and access to the Stage 2 roof garden);
- A Community Arts Workshop located within the Meeting & Teaching Suite on Level 11 of the Stage 1 building, which will be a hub for arts activities with patients, relatives and staff.

The conceptual framework which informed the development of the Public Arts Strategy acknowledged the research opportunities arising from this investment in arts and health within the preferred option. The project has articulated a clear commitment to evaluating the arts programme for 3Ts, arising from a desire to contribute to the evidence base on arts in health, to understand the success of the Strategy both in terms of process and outputs, and to raise the profile of the arts within the Trust as a platform for an ongoing arts programme beyond 3Ts. There is a strong desire that any evaluation or research could result in publication (e.g. in an academic journal) if possible. For more detail, please see Appendix 27.

3.5 FUNDRAISING

The Art Strategy acknowledges that not all commissions can be funded by the 3Ts capital budget, and so a fundraising target has been set. A Fundraising Strategy (attached at Appendix 28) has been produced to identify how the target amount (£200k) can be raised to support delivery of the programme of commissions, as well as a mechanism for developing the necessary infrastructure and resources to support future fundraising to support the work of Onward Arts, the on-going arts programme for the Trust, beyond the opening of the 3Ts buildings.

4. INTERIOR & LANDSCAPE DESIGN

As explained above, the Design Philosophy for the scheme embraces a holistic approach, where the architectural, landscape, interior design and the arts come together in a common sense of common purpose with a shared visual and tactile language to enable a consistent and cohesive design approach centred on clarity of vision: seeing the person in the patient. As such, the development of the Interior Design Strategy has been mindful of the aspirations and criteria set out in the Design Philosophy document.

A graduated approach has been taken to the Interior Design, with nuanced approaches for public, patient, staff and support spaces reflecting the patient journey from public to more private (clinical) realm. Materials, finishes and components will be selected to suit each category of space, allowing the budget to be targeted in those areas which deliver maximum impact on the patient, visitor and staff experience. The architects articulated the following response to the design brief and philosophy within the Interior Design Strategy:

"The aspiration is to create a positive healthcare experience where patients feel confident, informed, safe, reassured and cared for and to provide a supportive and high quality work environment for staff. We aim to create a holistic healing environment using the following key design factors:

- Visual connectivity between external and internal spaces
- Separate and defined routes of travel
- Interwoven Arts Strategy
- Intuitive Wayfinding
- Consistent palette of materials and colours
- Consistent design language- from large scale to small details
- Sense of place linked to the community.

An example of a design choice informed by this approach is the preference for natural materials such as wood which connote a connection to nature and offset the clinical nature of the hospital environment.

Please see Appendix 29 for the draft Interior & Landscape Design Strategy Design Intent document.