3Ts Design Philosophy Update:

The physical and emotional experience of patients receiving 'best and safest care' in the 3Ts Hospital Redevelopment at BSUH

1. INTRODUCTION

The Design Philosophy was originally written to underpin the 3Ts Hospital Redevelopment as we moved towards preparing the FBC in spring 2010. It brought together the Trust's corporate vision and values as they stood, aspirations for the 3Ts designs and the Arts Strategy conceptual framework.

The 1:200 design phase for the FBC is now largely complete and we are preparing to move into the 1:50 departmental loading and development of the Interior Design Strategy for the scheme. This has prompted a refresh of the Design Philosophy in light of the geometry fix and the refinement of the Trust's vision and values as part of its preparation to apply for Foundation Trust status.

This document aims to:

- Create a common sense of common purpose
- Provide clarity of vision relating to the assumptions underpinning the 3Ts design choices
- Establish a set of practical criteria to assess the extent to which the designs meet our aspirations for the physical and emotional experience of our patients.

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*"[1].

The design must seek to create a space where patients, visitors and staff can feel confident, informed, safe, reassured, relaxed, respected, in control, listened to, important and cared for. The design must minimise negative emotional responses, including confusion, annoyance, isolation, anxiety, frustration, disappointment, fear, feeling vulnerable, overwhelmed or being treated like a number not an individual. These must be the standards against which design choices are evaluated.

2. PURPOSE

Agreeing a shared language of a Design Philosophy will enable a consistent and cohesive design approach throughout the scheme. It will provide a robust and tangible point of reference for making design decisions and evaluating whether such choices come together to create a coherent visual identity that embodies the vision and values of BSUH NHS Trust.

To date, the publicly-articulated strategic vision of the Trust (see Appendix A) has informed the clinical functionality required in the redevelopment, in terms of content of the buildings (e.g. Major Trauma Centre, BSMS accommodation) and the detailed design (e.g. infection control, privacy and dignity, patient safety). However, these corporate objectives are less easy to translate into an interior design approach.

BSUH wishes to be known for delivering safe, high quality and compassionate care. Quality is defined by the Institute of Medicine as including six elements: patient-centred, safe, effective, timely, efficient and equitable care[2]. It is the philosophy of **patient-centred care** that is key to translating the Trust's strategic vision into an effective design.

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

[2] Institute of Medicine (2001) *Crossing the Quality Chasm: A new health system for the 21st century.* Washington DC: National Academy Press; quoted in *ibid* page 19

3. PATIENT-CENTRED CARE: SEEING THE PERSON IN THE PATIENT

Putting the patient at the heart of everything we do focuses the designs on how patients, visitors and staff *experience* our "best and safest care". It enables the design to move beyond functionalism and the mechanistic needs of a 21st century acute teaching hospital in order to create a holistic healing environment. It must be more than a machine for healing. Focussing on the physical and emotional experience of our patients roots the design in "seeing the person in the patient", rather than a perception of patients as a collection of symptoms or tasks to be solved.

It is a philosophy that commits the Trust to meeting the physical and emotional needs of our patients, visitors and staff, thus enabling care to be delivered with kindness and compassion. Comprehensive research into the emotional needs of patients was undertaken by the Department of Health in 2005[3]. The consultation found that when patients come into contact with the NHS they can be at their most vulnerable and are often in a heightened emotional state. The research identified the following negative feelings most commonly experienced by patients:

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

These emotions could be caused by such things as poor communication, long waiting times, patronising staff attitudes, or feeling 'lost in the system'.

They are rooted in "an overwhelming sense of powerlessness felt by patients and families"[4] : ordinarily competent members of society are made to feel powerless when they enter the hospital. This is due not only to the vulnerability of illness but also from having to navigate their way around an unfamiliar system where they do not know the rules they are expected to follow.

4. EXPECTATIONS

The 3Ts design strategy should seek to minimise and offset these negative emotions through sensitive design which empowers and focuses on the person in the patient. This will have tangible benefits- clinical studies have shown that anxiety and fear delay healing[5], and that good communication with patients (even in ITU or patients undergoing surgery) contributes positively to well-being and hastens recovery[6]. When asked to articulate what a positive patient experience should feel like at an emotional level, the patients said the following[7]:

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

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

[4] Goodrich & Cornwell (2008) *op cit* p16

[5] E.g. Cole-King A & Harding K (2001) 'Psychological factors and delayed healing in chronic wounds'. *Psychosomatic Medicine* vol63, pp216-20; Norman D (2003) 'The effects of stress on wound healing and leg ulceration' *British Journal of Nursing* vol 12, no 21, pp1256-63; Weinman et al (2008) 'Enhanced wound healing after emotional disclosure intervention' *British Journal of Health Psychology* vol 13 no 1 pp 95-102

[6] E.g. Boore J (1978) *Prescription for Recovery*. London, Royal College of Nursing; Hayward J (1975) *Information- A Prescription Against Pain*. London, Royal College of Nursing; Shuldham C (1999) 'A review of the impact of pre-operative education on recovery from surgery' *International Journal of Nursing Studies* vol 36 pp171-2; Suchman A (1993) 'Physician satisfaction with primary care office visits: Collaborative Study Group of the American Academy on Physician and Patient' *Medicine Care* vol 31 no 12.

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

This was thought achievable through attention to communication with patients (in terms of quality and quantity of information) and changes to the physical environment. The design of the 3Ts buildings can have a clear impact on how our patients experience the care we provide and must therefore seek to address their emotional as well as physical needs.

It is expected that this philosophy will drive the design approach for 3Ts, particularly in terms of the interior design strategy. The positive and negative emotions experienced by patients listed above should be used as a reference point for all design decisions made in the scheme. The design team are expected to translate the findings of the DH research into tangible design approaches which embed patient-centred care within 3Ts.

This is not only of importance for our patients and visitors, but also our staff: Shaller[8] demonstrates provision of a top quality physical environment is a key part of creating a supportive work environment for staff in high-performing hospitals which focus on delivering patient-centred care. The DH research found that the quality of a patient's emotional experience was a major factor in their overall satisfaction with the NHS.

If we wish to demonstrate that we are delivering the best and safest care as evidenced by patient satisfaction and as outlined in our publicly-stated Strategic Goals *(Appendix A*), the 3Ts designs must create a physical environment which provides a positive emotional and physical experience for our patients, visitors and staff.

This must be expressed in an aesthetic which directly responds to the context of the Trust, in being located in the city of Brighton & Hove and serving a regional population across Sussex. In doing so, an authentic visual identity will be created which conveys the BSUH vision and values to the community we serve.

It is anticipated that this philosophy, along with the principles and criteria outlined below, will fully inform the 3Ts design process. They will be used alongside AEDET[9], ASPECT[10] and BRREAM[11] to evaluate the success of the building in delivering the Trust's aspirations for 3Ts throughout the FBC design programme. They will be informed by engagement with patients and the public through the Patient Public Design Panel and flagship room events.

[8] Shaller D (2007) 'Patient-centred Care: What does it take?' http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2007/Oct/Patient-Centered-Care--What-Does-It-Take.aspx

[9] "Achieving Excellence Design Evaluation Toolkit" http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082089

[10] "A Staff and Patient Environment Calibration Toolkit" http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082087

[11] "BRE *(Building Research Establishment)* Environment Assessment Method" www.brream.org

5. DESIGN ASPIRATIONS & CRITERIA

A. OVER-ARCHING THEMES

A.01. The design must promote a positive emotional experience for all that use it. It must seek to create a space where patients can feel confident, informed, safe, reassured, relaxed, respected, in control, listened to, important and cared for. These must be the standards against which design choices are evaluated.

A.02. The design must minimise negative emotional responses, including confusion, annoyance, isolation, anxiety, frustration, disappointment, fear, feeling vulnerable, overwhelmed or being treated like a number not an individual.

A.03. The new buildings should be a holistic healing environment and go beyond expectations of what modern hospitals look like. In seeking to promote a positive emotional experience that responds to the needs of patients, visitors and staff, the design aesthetic must avoid the institutional and bland. In responding to the person in the patient, the design will not simply reference other public spaces but be careful to establish an aesthetic appropriate to a hospital- not intimidating or incongruous but rather compassionate and uplifting.

A.04. A positive emotional experience will be made possible through a physical environment that pays close attention to detail and creates a strong visual identity that runs consistently across the scheme. Attention to detail in choice of materials, finishes and furniture as well as quality of workmanship is vital: research[12] shows that when patients perceive care has been put into the details of a physical environment it suggests the hospital puts the same quality in to the care given to patients. No area or detail should appear to have been overlooked.

A.05. The theme of *creation and creativity* will be a thread running through the scheme. Brighton & Hove is a highly creative city, with an artistic energy in its cultural industry. A connection to the arts will be embedded within the design through innovative early collaboration between the architects and commissioned artists. 'Creation' also suggests the natural world, connections to which are proven to benefit the health and wellbeing of patients, visitors and staff.

A.06. Natural materials and finishes which evoke a connection to nature are important for creating a welcoming and reassuring environment which offsets the anxiety caused by the technological character of 21st century healthcare. The interior design strategy must soften and humanise the hospital environment through use of colour, materials and textures which bring warmth and visual interest.

A.07. The *environment* is also a strong theme for the programme. Brighton & Hove is an environmentally-aware city, with the first Green Party MP and a strong sense of ecological responsibility. It is also a place where the environment plays an enormous part in the local identity and experience, in both the sea and the Sussex Downs. The design should reflect the ecological and environmental concerns of its geographical context, aiming for sustainability in design and performance, whilst enabling a connection between the inside and outside. The building must achieve an "Excellent" rating in the BRREAM assessment.

A.08. As a priority, the design must empower patients, creating a strong sense of place and enabling intuitive navigation through the building and the operational processes it facilitates. It should ensure patients feel "in control" of their journey through the hospital, by making interaction with the building and staff as straight-forward as possible. Patients and staff will be able to easily control their environment, including artificial lighting, the amount of sunlight and/or daylight, temperature and level of privacy, within reasonable limits.

A.09. In light of the symbolic heritage of Brighton as a therapeutic destination for "taking the air", patients and staff should be able to control the ventilation of their environment and access fresh air. Windows and/or vents will be easily operable.

[12] Devlin, A.S., Arneill, A.B. Health care environments and patient outcomes: A review of the Literature (2003) Environment and Behaviour, 35(5); 665-694

A.10. The design will maximise access to windows and natural light, prioritising those spaces where people (patients, visitors and staff) will be for some time. The building should feel as light and airy as possible whilst minimising adverse affects of the local climate (high levels of sunlight and wind).

B. APPROACH

B.01. The building expresses a welcoming and reassuring image in line with the Trust's core values of kindness and compassion.

B.02. The building is sympathetic to its local architectural and topographical context in terms of size, massing and exterior treatment.

- The Stage 1 'plinth' will reflect the height and rhythm of the buildings opposite, including private houses on Eastern Road.
- The Stage 1 building will reflect the local topography of cliffs and the Downs, stepping back at the ward levels to echo the curve of the hill upon which the RSCH campus sits.
- The Stage 2 building will be the same height as the current Barry Building, to preserve views for local residents in Upper Abbey Road and for patients in the Royal Alexandra Children's Hospital.

B.03. The external treatment, articulation and massing recognise the importance of 'humanising' a large-scale building for its patients, visitors, staff and neighbours; it is approachable and hospitable rather than intimidating.

B.04. The landscape strategy for the site will use planting and hard landscaping to promote the positive symbolic associations of nature for patients, staff and visitors. There will be a strong connection between the building and the natural environment which will offset its clinical character, playing a key role in minimising the "institutional" appearance of the hospital.

B.05. External materials must be high quality and durable, appropriate to the coastal and environmental (ecological) context and enable the buildings to age gracefully. They should not require onerous maintenance.

B.06. The exterior treatment should assist in blending and rooting the building within its locality whilst creating a positive identity for the hospital. The exterior should convey warmth and openness, reassuring all who approach it. This will be through use of sympathetic materials and human-scale features which resonate with the local architectural vernacular.

B.07. It will be possible to see activity taking place within the hospital from the approach, with human presence both animating the facade and making patients and visitors feel welcome.

B.08. The building is fully accessible to all users. There is adequate parking and sufficient, safe, covered drop-off spaces at the front of the building on Eastern Road. Bus stops are appropriately located to enable safe arrival to the site.

B.09. The building will be a permeable space. Visitors will be able to make appropriate use of the public realm within the hospital as a community resource, for example, using the shops in the main entrance, visiting an art exhibition in the Level 6 Gallery space, or accessing the Stage 2 roof garden. Whilst being open to civic as well as clinical use (e.g. community arts activity), the building will ensure it maintains the safety and security of patients, staff and property.

B.10. The name of the new building will be carefully chosen to create a positive meaning for its users, symbolically conveying the Trust's core values whilst minimising alienation and potentially negative ideological impact through divergent associations.

B.11. The exterior of the hospital responds with grace and understanding to the views of our planning and heritage partners in balance with the need to design an effective healing environment.

C. ARRIVAL

C.01. The buildings present an open and welcoming public 'face'. Identification of entrances will be straight-forward and intuitive. The entrances to Stage 1 and Stage 2 are easily recognisable, clear and welcoming, with an immediately apparent sense of arrival and reassurance.

C.02. Entrances will be easily accessed, balancing the constraints of strong coastal winds with anxieties amongst the elderly population and those with physical impairment about using automatic revolving doors. Appropriate design of bypass doors will ensure the buildings are fully accessible whilst not compromising the welcome spaces with their continual use.

C.03. When you first enter the buildings the scale and layout of the entrance will comfort not confront. Use of natural materials which connect inside and outside and integrated artworks will help create a humanised environment which should not intimidate but provide psychological support to patients and visitors who may be anxious or distressed.

C.04. There will be a clear point of greeting via the main reception (Stage 1, with a further reception desk in the Stage 2 entrance). Patients and visitors should be able to see a friendly and welcoming member of staff upon entering the building. They should not have to move through other areas (e.g. retail) in order to do so.

C.05. The atrium space will be carefully designed to be uplifting without being overwhelming, with sensitive treatment and choice of materials to create a sense of welcome and comfort rather than feeling intimidating or cavernous.

C.06. An artist will be appointed to work with the architects on the design of the "welcome spaces" in Stage 1 and Stage 2. The artist will, in close collaboration with the interior designers, work with the Trust design team to identify opportunities to enhance the healing environment within the main entrance and reception areas. Integration of art works will support creation of a warm and reassuring first encounter for patients and visitors coming to the RSCH site.

C.07. The artist will also need to work in partnership with the artist appointed for the way finding commission, to ensure a consistent visual identity is created within the welcome spaces that flows through to the rest of the 3Ts building. (see C.05 below)

C.08. The design of the main entrance will consider the needs to visitors who may need to drop off a relative and then leave them safely whilst they park. Public seating should be provided where patients (who may be elderly or confused) can safely wait for their relative to rejoin them.

C.09. Wheelchairs should be available at the entrance points (including the underground car park) to 3Ts for relatives to borrow if this will help them to take the patient safely to their destination. These will be available on a coin-release basis (like supermarket trolleys) and will be RFID-tagged (or necessary technology) so that they cannot be removed from the building and are adequately secured.

D. NAVIGATION

D.01. It will be immediately clear upon entering the building how to access information regarding finding your way to your destination or requesting assistance, regardless of from which point you enter the building. The way finding strategy will include the underground car park in its scope, since that will be the beginning of several patients' journeys through the buildings.

D.02. A robust way finding strategy will enable patients and visitors to access the correct lift core to access their destination in the Stage 1 building, to avoid frustration and confusion from difficulty in finding your way if you inadvertently get into the wrong lift. Way finding will not rely on signage alone, as anxious and distressed patients and visitors may not read or retain information from signs.

D.03. Clear way finding will be required for patients and visitors entering Stage 1 from the rear of the RSCH site (Level 6), as there is no reception function on this floor. Patients should be able to navigate easily to their destination department without necessarily having to go

down to the ground floor to access the main reception desk. They should also not have to go into the clinical departments on Level 6 in search of assistance.

D.04. The approach to the way finding strategy will encompass architectural, interior design, graphic design and integrated arts elements as well as IT and signage innovations. It will be underpinned by a coherent visual identity that will shape the interior character of the buildings and enable intuitive way finding, embedding the Trust's core values.

D.05. A visual artist (incl. graphic design or illustration) will be appointed to collaborate with the architects on the development of the way finding for the scheme, to augment the way finding system developed by BDP. They will play a key role in creating a coherent visual manifestation for the way finding that contributes to a consistent interior design approach which provides a positive emotional and physical experience for patients, visitors and staff. This may include elements of 'branding' through typography or pictograms which can recur throughout the scheme.

D.06. Signage will be consistent with the agreed visual identity and where appropriate integrated within the design, considerate of the needs of patients and visitors who may be anxious and distressed. The main entrance will not be overwhelmed with excessive signage which might confuse or cause frustration.

D.07. The way finding strategy will identify alternative methods for supporting navigation around the building, including those enabled by technology (e.g. iPhone apps, downloadable maps). These will include IT applications for those with sensory impairment, using the available evidence base (e.g. RNIB pilot of audible way finding). The design of the building will enable use of the wireless network and RFID technology for this purpose.

D.08. The layout of the building and location of departments will be easy to understand and navigate, i.e. clear patient and visitor flows and logical zones of activity.

D.09. The building will enable intuitive way finding to the rest of the RSCH campus. The way finding strategy will need to identify changes required to the campus-wide way finding in order that the 3Ts buildings are robustly integrated with the rest of the site from this perspective.

D.10. Circulation space and corridor widths will be generously sized in response to the volume of people moving through the space, to create a sense of airiness. Where possible circulation space will facilitate the integration of the arts into the building design.

D.11. The interior design will not overlook 'in-between' spaces such as corridors and waiting areas but will seek to ensure they are positive and hospitable with a sense of openness and light. Corridors will have clear destinations and appropriate landmarks to assist intuitive way finding.

D.12. Naming conventions for both departments and wards will assist rather than impede way finding, careful of the symbolic power of names and associated impact on perceptions of the Trust. They will recognise the importance of avoiding both jargon and phraseology that is alienating rather than kind and compassionate. Common sense and plain English names that are linked to the function of the area should be developed.

D.13. When patients arrive at a department there will be a clear point of greeting; artwork or graphic design will be used to create a strong sense of identity for the department so that people are reassured they have arrived in the right place. Patients and visitors will pass by a human point of greeting before entering the clinical accommodation.

D.14. Department entrance areas will be comforting and welcoming, using colour and materials to reassure and assist patients who may be anxious or distressed so they can easily find their way, register and wait for their appointment.

D.15. The visual identity and layout of the building will provide an appropriate gradation of space from public to private, creating spaces of different character that reflect their purpose, use and level of accessibility.

D.16. Exit routes will be clear and obvious, with information available to assists onward journey planning (e.g. bus departure boards).

E. RECEPTION

E.01. Reception areas will be welcoming and situated in such a location that will be seen from the entrance to the department, near the self registration kiosks and having line of sight to the waiting area.

E.02. The reception area will be solely for receiving patients, dealing with their enquiries and making follow up appointments. Where hybrid reception/office accommodation is provided, there should be a distinct split between the two areas and the receptionist should be based at the reception desk.

E.03. The reception desk should be of high-quality design and construction, conveying a professional, reassuring and friendly first point of contact with the department. Incorporation of natural materials will create warmth and aid the transition from a public space to more private clinical space. In order to promote a sense of welcome, there will be no glass barriers between the receptionist and the patient.

E.04. A section of the reception desk will be at a height suitable for wheelchair users or disabled people and meet the requirements of Building Regulations Part M and the Disability Discrimination Act.

E.05. There will be an induction loop for the hard of hearing fitted at every reception desk. The loop will ideally cover the whole waiting area, so patients who use hearing aids can hear when they are called for their appointment.

E.06. The patient will easily be able to see the receptionist upon arrival at the desk, regardless of whether the receptionist is seated or standing or the patient is in a wheelchair or not.

E.07. Use of linear queue barriers as a queue control measure should be minimised by innovative demarcation of queue zones through the interior design and furniture layout.

F. WAITING

F.01. Patients will be encouraged to self-register at a touch-screen kiosk, but a “meet & greet” member of staff will be available to support patients and offset the symbolic power of technology (which can intimidate and alienate some patients) through caring interaction.

F.02. Artworks will be included in all waiting areas, to distract or reassure patients at times of high anxiety. At least one wall (or sufficient wall space) in each waiting area should be protected and kept free for art to be installed. Appropriate lighting is required to ensure artworks are optimally displayed.

F.03. Waiting rooms must have windows with natural light and, where possible, views of nature. The design of waiting areas should however minimise glare and provide a choice of seating away from direct sunlight for patients who find it uncomfortable due to their medical condition.

F.04. Careful attention should be paid to the layout of seating within waiting areas. Seating will not be in fixed lines around the periphery of the space. Patients must be given a choice of social and private seating areas, i.e. flexible spaces that promote social interaction and provide access to peer support (e.g. sitting around tables) as well as areas where patients can sit discretely without any intrusion.

F.05. High-quality furniture, fixtures and fittings should be chosen to ensure patients feel reassured about the quality of care they will receive. They should be contemporary and non-institutional, whilst practical and infection control compliant, contributing to a warm and welcoming interior design scheme. A choice of different seating options (including heights) should be offered to ensure patient comfort.

F.06. Plants should be included within waiting areas to establish a connection to nature and the outside, which reduces stress and anxiety amongst waiting patients. These should be easily maintained and guidance should be given to staff member responsible for their upkeep to ensure they remain well-presented.

F.07. Waiting areas will enable background music to be played, with volume controlled at the reception desk. Patients must have a choice as to whether they wish to sit in an area where they can hear background music or not, and there should be a 'quiet zone' where volume levels are minimised.

F.08. Visual clutter will be minimised across waiting areas, through use of a dedicated "information zone" with noticeboards and an Environmental Policy which prohibits display of notices outside of this zone.

F.09. The IT system will enable patients to be informed of their expected waiting time and reasons for any delays, displayed on a flat-panel TV screen within the waiting area.

G. OUTPATIENTS & DIAGNOSTICS

G.01. The layout of clinical spaces will reflect the evidence base for enhancing communication and interaction between patients and clinical staff; aiming to offset as far as possible the latent hierarchies which currently characterise these power relationships.

G.02. The desk should not introduce a physical barrier between the patient and clinician, since this reinforces the boundaries between doctor and patient and the inherent associated power imbalance. Careful selection of furniture should minimise the presence of the desk and enable the patient and clinician to be seated in a way which promotes open communication on a more equal footing.

G.03. The clinician should be enabled through the layout of the room to focus on the patient for the duration of the consultation. The computer should not cause the clinician to turn their back to the patient. Patients should be easily able to view the computer screen when appropriate during the consultation for viewing test results or other information.

G.04. Attention must be paid to the acoustics of the consultation examination rooms, ensuring noise transfer from the corridor or nearby waiting spaces is minimised to reassure patients of the privacy of their consultation.

G.05. The interior design of consultation examination rooms should seek to provide a reassuring and humanised setting, using colour, texture and varied lighting (soft, e.g. uplighters, in the consultation zone and examination lighting in the examination zone) to reduce patient's anxiety and to offset the stress from the clinical setting.

G.06. The design will be mindful of the potential for high-tech equipment (e.g. CT, MRI, Gamma camera, LINAC) to intimidate patients and will use sensitive interior design to reduce fear and anxiety amongst patients receiving diagnostic or therapeutic radiology. Colour, texture and materials will be chosen to introduce a connection to nature and create a reassuring ambience. Equipment and storage should be screened from patients through the use of purpose-built storage units, which may be developed in partnership with a commissioned artist, to reduce visual clutter and promote a sense of calm.

G.07. Art works will be incorporated into diagnostic imaging and therapeutic radiology rooms, (e.g. through the use of illuminated ceiling panels or wall-mounted artworks) to address the feeling of isolation patients may experience in these settings. This will be taken forward through an artist commission within the 3Ts Arts Strategy. Appropriate wall or ceiling space will be ring-fenced for art within the 1:50 design process, along with necessary enabling infrastructure (wall strengthening, power, data, etc).

H. TREATMENT SPACES

H.01. Whilst a different interior design approach is warranted in clinical treatment spaces, where colours and materials are required which convey a reassuring sense of cleanliness and sterility, they should not be institutional and intimidating.

H.02. Some treatment spaces will require a more focussed approach to creating a non-institutional ambience, such as the Chemotherapy Day Unit. Chemotherapy patients often feel very vulnerable and uncertain before and during their treatment and so it is important the CDU creates a space where patients feel safe and able to relax. It needs to provide high levels of comfort and reassurance through serene colours, natural materials and warm textures. A

connection to nature is important, with the CDU terrace providing a sheltered and peaceful space for patients to receive their treatment if they wish. Consultation with the patient group is important in the development of the interior design strategy for this department, so that it provides the best emotional experience possible.

H.03. It is recognised that some highly-technologised spaces used for acute and intensive care will benefit from incorporation of artwork. Anaesthetic rooms, Theatre Recovery and Critical Care contain a lot of equipment but have a strip of wall along the ceiling line which is the line of sight for prone patients. An artist will be appointed to produce a series of high-level graphic painted wall works, to provide a point of focus for anxious patients and to aid their recovery.

I. INPATIENT ACCOMMODATION

I.01. Inpatient bed rooms should provide a high-quality interior which helps patients to feel relaxed and in good hands. The interior design should create a positive impression through choice of furniture and finishes which are "better than expected" for a hospital. Use of natural materials will create warmth and minimise the sense of institutional design.

I.02. Where the evidence base suggests patient safety can be improved through interior design, e.g. the use of low-level sensor lighting to reduce risk of falls, the interior design strategy should work with the clinical design team to incorporate innovation.

I.03. Inpatients will be empowered to feel they are in control of their environment. They will have the ability to control light and temperature levels (within acceptable limits) without having to ask for assistance.

I.04. Patients will have access to the internet, either through the patient entertainment system or using their own device on a public-access wi-fi network (if technically possible).

I.05. The design should provide natural light and external views for all inpatients. The aspiration is that all inpatients will have a view of nature from their bedroom, whether the sea or the Downs. Where this is not possible, they will have access to plants and vegetation.

I.06. To offset the negative feeling of isolation which may be prompted by the increased proportion of single rooms, patients will have access to a Sitting/Day Room on each ward. These will provide a more domestic interior, where patients can socialise and access support from interaction with other patients. They should be a space apart within the ward, with welcoming colours and furniture to encourage patients to come into the room. Patients will be able to choose to eat their meals here if they wish.

I.07. The building layout will minimise unwanted noise in patient and staff areas, ensuring circulation routes enable appropriate levels of traffic and are mindful of areas of particular acoustic sensitivity.

J. ADMINISTRATIVE & TEACHING AREAS

J.01. The building will care for the health and well-being of staff as well as patients and visitors, ensuring back office areas promote a positive physical, psychological and emotional experience for staff so they are empowered to deliver compassionate patient-centred care. The administrative areas should not feel that they have been overlooked at the expense of clinical areas.

J.02. The interior design of administrative areas will seek to provide a supportive and inspiring environment, with a quality of furniture and finishes which makes staff feel they are valued and appreciated. This will be particularly important in open-plan office areas, which should incorporate modern and contemporary fixtures & fittings to create a creative and motivational environment, offsetting staff concerns about moving from cellular to open-plan settings and mitigating the potential disbenefits.

J.03. The interior design strategy should develop a series of appropriate colour palettes for administrative areas that staff can then choose from. These colour schemes must seek to promote a positive psychological and emotional experience for staff, through being cheerful, natural and inviting.

J.04. Open-plan desks should be grouped by functionality, i.e. staff carrying out similar tasks and types of work should be co-located, to minimise distractions. Breakout spaces should be appropriately located to promote staff interaction and collaboration without disrupting concentrated work taking place in desk areas.

J.05. Due to the impact on staff well-being, offices should have direct access to natural light wherever possible. Where this is not achievable, borrowed light must be enabled. Staff who are desk-based for the majority of their working day will have priority access to natural light. Effective glare control must be provided to avoid eyestrain, tiredness and work errors.

J.06. Staff will be able to control light levels in their work area, since this has been shown to improve staff satisfaction levels. Offices will have dimmable lighting and task lighting (desk lamps) per desk in all offices for more than 1 person.

J.07. Staff will be able to control (within reasonable limits) temperature levels in administrative areas. Ideally natural ventilation will be used, due to the impact of access to 'fresh air' on staff well-being and productivity.

J.08. The interior design of administrative areas will incorporate the use of indoor plants, which improve air quality, can be sound-absorbent and have proven health-benefits for staff.

J.09. In open-plan office areas, acoustic performance must be excellent and minimise disruption to staff caused by noise. This may require the use of acoustic ceiling tiles and/or wall panels to reduce noise levels. Screening between desks should be used to provide auditory and visual privacy, without creating an unpleasant working environment.

J.10. The Meeting & Teaching Suite (Stage 1 Level 11) will be used by both staff and external visitors. There should be a clear point of arrival and greeting to the Suite, promoting a welcoming and professional identity for the Trust. The interior design will use colour and finishes to create a positive and forward-thinking impression and reflect the value placed on teaching and education within BSUH. The Suite should have the flexibility in its design to be used for (national) conferences and the choice of fixtures and fittings should convey the necessary quality whilst being sufficiently robust to withstand intensive use.

K. WELL-BEING SPACES

K.01. The Sanctuary will be the focus of spiritual care on the RSCH campus, and will provide a place of refuge and solace for patients, visitors and staff of all faiths and beliefs or of none. The interior design of the multi-faith facility is crucial for creating a safe and welcoming space, and will be developed in partnership with an artist commissioned to work on the design of The Sanctuary. There will be a clear threshold between The Sanctuary and the hustle and bustle of the rest of the hospital. The interior design will embrace simplicity, focussing on natural materials and textures and framing the view of the sea to provide a space where people can feel held. It must embrace the rich themes of creation and the environment, relevant to all faith groups yet accessible by all, and reflective of the Brighton context.

K.02. In light of Brighton's rich tradition of public city gardens, the campus will include public gardens and outdoor spaces that will be accessible by patients, visitors, staff and the local community. These will be civic spaces that help embed the buildings in their local context. The landscape design will be developed in partnership with the Arts Strategy, with an artist appointed to augment the landscape design of the roof garden and terraces through artistic interventions. Specification of planting must be ecologically appropriate to the marine environment and should not require onerous maintenance.

K.03. Inpatients (incl. day cases) will have access to therapeutic gardens and/or terraces in both Stage 1 and Stage 2 buildings, which will enhance recovery whilst maintaining their privacy and dignity. The design of the therapeutic gardens will be developed in partnership with a commissioned artist and will reflect the evidence base (e.g. loop paths which enable patients with dementia to wander safely).

K.04. An artist will be appointed to collaborate on the design for the courtyards and deep landscapes located within and between the Stage 1 and Stage 2 buildings. These courtyards

must be uplifting spaces that enable a connection to nature and the outside, not blank grey spaces filled with shingle. The courtyards are visible from above as well as ground-level, so careful landscape design and artworks are required to create visual interest from several perspectives. The landscape design should specify planting which will flourish in the difficult conditions of deep-plan spaces without needing onerous maintenance.

K.05. Quiet rooms will be provided in clinical spaces where required. These will have a nuanced interior design approach that will create a more domestic interior, creating a sense of separation from the clinical surroundings and a supportive environment for the breaking of bad news. An artist will be appointed to develop a series of bespoke wallpapers for use in these rooms, contributing to a warm and safe interior that avoids the possibility of negative imprinting that can occur with representative artworks. The artist will work closely with the architects to ensure the wallpaper, colour, soft furnishings and furniture work together to create a subtle but reassuring environment for difficult and emotional conversations.

K.06. The design of the welcome spaces and public areas will facilitate inclusion of the performing arts, particularly music, which will create a holistic healing environment for patients, visitors and staff.

K.07. There will be sufficient well designed staff rest areas and changing facilities, and access to outdoor spaces. Furniture and furnishings for staff rest areas should be selected to create a non-institutional feel, where care in selection of contemporary designs will assure staff that they are cared for and valued by the Trust.

L. DIGNITY

L.01. The design will meet Same Sex Accommodation standards in all clinical areas, where appropriate.

L.02. Patient and public flows must be kept separate from FM flows.

L.03. Inpatient and Outpatient flows will be kept separate. Bed movement will not be through public thoroughfares.

L.04. Patients who have to change for examinations will be able to do so in a way that maintains their privacy and dignity. Pass-through or hybrid changing cubicles will be provided, so that changed patients can access the examination room without having to go through public thoroughfares or in front of unchanged patients.

L.05. Ambulance access will be provided to Stage 1 and Stage 2 of the building to enable transfers into and out of the building for bed-bound and trolley-bound patients whilst maintaining their privacy and dignity. Bed/trolley-bound patients should not be brought into the building via the main entrance.

L.06. The Discharge Lounge will have a separate exit point to the Stage 1 drop-off, to enable patients to leave the building directly and without having to go through the main entrance. Patients in the Discharge Lounge will be dressed in order to maintain their privacy and dignity. However, bed-bound patients in the 2-bed bay may be in night clothes, and when these patients are transferred to an ambulance in the drop-off area staff must ensure they are adequately covered to preserve their dignity.

L.07. Patients and visitors will be able to choose to be private or to socialise as they wish, whilst acknowledging the need for appropriate levels of staff observation to maintain patient safety.

M. HERITAGE & LEGACY

M.01. The building will be a positive contribution to the civic landscape of Brighton, creating a sustainable holistic therapeutic landscape for patients, visitors and staff. It must respond to the local architectural context and use the principles of urban design to ensure it connects with its surroundings, rather than feeling like an invading and alien presence.

M.02. The re-provided Chapel will function as a heritage space, creatively displaying historical artefact and collected oral history material so it is accessible and a community resource. In

doing so, it will reflect and respect the rich history of the RSCH site, providing a sense of continuity between past, present and future to ease the transition to the new reflected by the 3Ts development. It will facilitate the development of new partnerships with the local community and renegotiation of relationships with the Trust.

M.03. The arts will be fully integrated into the design and ethos of the building, reflective the creative context within the city of Brighton & Hove. Implementation of the Public Arts Strategy will follow best practice and include robust evaluation to contribute to the arts and health evidence base.

M.04. The 3Ts Public Arts Strategy seeks to have a legacy for the Trust through the creation of an ongoing art programme, so that artworks and commissions within 3Ts do not stand-alone but are part of a sustainable programme. Investment in the arts within 3Ts should set the standard for high-quality integrated artwork and promote the benefits of arts and health to the rest of the hospital.

M.05. The Arts Strategy will contribute to a public engagement programme, curated and delivered by a local artist or arts organisation in partnership with 3Ts, to aid the period of transition to the new hospital through marking, recording and celebrating key milestones through the development. In doing so it will build relationships and help embed the hospital within the community it serves.

M.06. The 3Ts development will contribute to the research evidence base through evaluation of the innovative design approaches being used within the scheme. These include BIM and 3D modelling, energy efficiency modelling, and the benefits realisation methodology.

M.07. Benefits realisation research should also include evaluation of the extent to which the buildings realise the aspirations and design criteria listed in this document when they are in use. A robust post-occupancy evaluation will be carried out and made publicly available so other organisations can benefit from our learning.

APPENDIX A: BSUH VISION & VALUES

Brighton & Sussex University Hospitals NHS Trust has developed rapidly since its formation in 2001/02. In 2003 it took the step from District General Hospital to University Teaching Hospital with the creation of the Brighton & Sussex Medical School. BSUH has recently commenced public consultation with a view to becoming a Foundation Trust. In the consultation document[13], the Trust has articulated the focus of our next phase of development,

> *"… to be locally and nationally renowned for delivering safe, high quality and compassionate care and being the regional centre of clinical and academic excellence."*

WHAT WE WANT TO BE KNOWN FOR

- Leading clinically and academically, treating the most difficult and complex cases and striving for excellence in everything we do
- The safety and quality of our clinical services and for treating our patients, their carers and each other with kindness and compassion
- Being tough on performance and decent with people
- Developing strong clinical partnerships with our neighbouring hospitals and tertiary referrers and working together to the benefit of our catchment populations, clinical service developments, the recruitment and retention of excellent staff and our teaching, research and development responsibilities.

OUR PRIORITIES

- Being research active with our partner Medical School, niche and deep rather than widely spread, in the areas on oncology, neurosciences, infectious diseases, ageing and paediatrics
- Leading on postgraduate multi-disciplinary education for the region; and
- Being the major trauma centre for the south east.

STRATEGIC GOALS- to help make our vision a reality:

BEST & SAFEST CARE

- We will demonstrate the best and safest care in our local DGH, more specialised and tertiary services, evidenced by regulatory compliance, health outcomes, patient satisfaction and clinical opinion
- We will deliver a step change in the level of safety our patients can expect by building on innovations such as the appointment of the first Chief of Safety in the UK
- We will work with our clinical teams to make best and safest care the hallmark of excellence for our hospital

ACADEMIC EXCELLENCE

- We will work with higher education providers in Kent, Surrey and Sussex to deliver excellent teaching and training of current and future healthcare professionals in primary and secondary care
- We will treat the most complex cases within the region
- With our partner Medical School, we will contribute nationally to medical research in clearly defined areas; currently these are oncology, neurosciences, infectious diseases, ageing and paediatrics

HIGH PERFORMING

- We will deliver both national and local standards and establish stretch targets for best and safest care that match the aspirations of our public and staff
- We will be financially responsible
- We will invest in succession planning and attract the best and most able people, where appropriate, of international standing
- We will continue to support and develop doctors, nurses and other healthcare professionals as the natural leaders at every level across the hospital
- We will consistently seek productivity and efficiency gains to enable continuing investment

[13] http://www.bsuh-ft.org.uk/pdf/BSUH%20Consultation_21%201%20%282%29.pdf

CORE VALUES

Brighton and Sussex University Hospitals NHS Trust is committed to providing the highest available quality of healthcare. In stating these core values we wish to affirm our aspiration to honour them in all the ways we relate to staff, volunteers, patients and the population we serve. We aim to recruit and maintain a workforce which will honour these core values.

1. Respect

1.1. We will treat patients, colleagues, volunteers, carers and visitors in the way we would want to be treated if we were in their place. We expect high standards of both professional and personal communication and responsibility.

1.2. We will value the diversity of race, culture, religion, ability, gender, sexuality and age in the Trust and the community it serves. We will take positive action to promote equal opportunities.

1.3. We will respect the core values of other organisations we work with and will seek to resolve conflict.

2. Integrity

2.1. We will preserve the dignity and privacy of patients, carers, volunteers and staff by maintaining confidentiality and only using information for the purpose it was obtained.

2.2. We will respect the right of patients, carers, staff and volunteers to full and frank information, unless the Trust can clearly demonstrate that it is not in the public interest.

2.3. We will inform those who suffer as a result of mistakes.

2.4. We will work with each other to maintain a life/work balance.

2.5. We will focus our resources and finances wisely to deliver the Trust's objectives.

3. Culture

3.1. We will foster a supportive culture and learn from mistakes and share best practice. We encourage the reporting of clinical and non-clinical incidents where care is compromised and invite constructive feedback.

3.2. We will promote a culture of continuous learning. We will support and challenge staff to develop their potential.

3.3. We will encourage a culture of supportive and enabling management.

4. Responsibility

4.1. We will expect every member of staff (to include volunteers) to contribute to building a healthy and healing community and to aspire to the highest professional standard.

4.2. We will honour and respect the experience of patients, carers, volunteers and staff in order to create an inclusive and supportive environment.

4.3. We will treat all who are entitled to our services as partners in their own healthcare, with both rights and responsibilities.

4.4. We will take action to protect our staff (to include volunteers) and the service we provide to others if individuals threaten our staff/volunteers, or abuse our services.

4.5. We will seek to wok collaboratively with partner agencies and organisations in the health and social economy.

Approved at Board meeting held on 25th April 2006