

Appendix 1

Brighton & Hove City Council Health & Wellbeing Overview and Scrutiny Committee: 23 April 2013

Update from Brighton & Sussex University Hospitals NHS Trust: The 3Ts Programme and other Trust Developments

Introduction

1. The purpose of this report is to update the Health & Wellbeing Overview and Scrutiny Committee (H&WOSC) of Brighton & Hove City Council on progress with regard to the 3Ts Programme and other Trust Developments.

Areas Covered within the Report

2. The following key areas are covered within this report:
 - The 3Ts Development, including progress to date and the proposals for decant;
 - Other Trust major developments.

The 3Ts Development

Overview

3. The H&WOSC will be aware that the overall objectives of the programme to develop a leading teaching, trauma and tertiary care centre (the 3Ts Programme) at Brighton and Sussex University Hospitals NHS Trust (BSUH) are to:
 - Replace the outdated Barry and Jubilee Buildings with modern, fit for purpose accommodation. These buildings provide outpatient, diagnostic, treatment and inpatient facilities for some of the most vulnerable patients from Brighton & Hove that the Trust cares for. The Barry Building was completed 20 years before Florence Nightingale became a nurse and have very low numbers of single rooms and sanitary provision;
 - Relocate the Regional Neurosciences Centre from Hurstwood Park in Haywards Heath to the Royal Sussex County Hospital (RSCH) campus and expand it so that it is able to treat patients from across Sussex. Many patients from Brighton & Hove and across Sussex currently have to travel into London for treatment;
 - Become the Major Trauma Centre for the region, with full capacity and capability available once neurosciences is transferred to the RSCH;

- Rebuild and expand the Sussex Cancer Centre to ensure that patients do not have to travel outside Sussex for their treatment;
 - Develop teaching, training and research facilities in partnership with Brighton & Sussex Medical School and Kent, Surrey and Sussex Deanery. The Medical School was recently voted top in the country for student satisfaction after less than 10 years in existence and more can be done to develop it to provide continued and growing benefits to patient care and the quality of clinical staff trained locally.
4. Although dubbed “the Regional Centre for Teaching, Trauma and Tertiary Care”, the 3Ts project will also significantly improve service for patients from Brighton & Hove as well as those from the rest of Sussex and beyond: this is not an “either/or”, the Trust is committed, through this investment, to do both. **Around 70% of the overall capital cost of the project is consequent on the replacement and improvement of our DGH services. There is no diminution of services for local people planned as part of the 3Ts project.**
 5. The bed and capacity modelling has been tested robustly over the last 5 years by the (then) Primary Care Trusts, the Strategic Health Authority and the Department of Health.

Preferred Option

6. The Trust’s preferred option is to develop the south half of the RSCH campus in three main stages:
 - Stage 1 will comprise the replacement for the Barry Building wards and departments (including the hospital’s main x-ray department) including the expansion of critical care facilities, the relocation and expansion of the regional neurosciences service and specialist facilities for the treatment and multiple major trauma. This will be complete in late 2018;
 - Stage 2 will comprise specialist facilities for the relocation and expansion of the Sussex Cancer Centre and for the Medical School. Stage 2 will also have a roof garden for patients, visitors and staff. This will be complete in late 2021;
 - Stage 3 will provide a logistics centre for the site, with the entire development completing in late 2022.
7. The development will provide an average of 65% of inpatient accommodation in single rooms with en-suite toilet facilities and accompanying facilities which will be fit for purpose for the 21st Century, rather than those which were seen to be no longer fit for purpose in the early 20th Century.
8. A helipad is proposed to be put in place on the existing Thomas Kemp Tower for the transfer of trauma patients by early 2015.
9. The fine detail of the planning and design of the building is available on B&HCC website at:

http://www.brighton-hove.gov.uk/index.cfm?request=c1199915&action=showDetail&application_number=BH2011%2F02886

Current Position

10. Full Planning Consent was released on 28 March 2012 when the Section 106 agreement between the Council and the Trust was agreed and signed.
11. The Outline Business Case for the development was re-approved by the Strategic Health Authority on 29 March 2012.
12. The Department of Health has reviewed the OBC and passed it to HM Treasury for consideration in June 2012.
13. A set of queries from HM Treasury were received in September 2012 and responses provided in December 2012.
14. In late March 2013, the Trust was informed that the Treasury wanted further assurance on the overall affordability of the project. The Trust is therefore preparing:
 - Detailed plans for achieving our Cost Improvement Plans for 2013/14 (which were already well developed), plus 2014/15;
 - Higher level plans for 2015/16;
 - A refreshed Long-Term Financial Model for the next 10 years.
15. These will be submitted to the NHS Trust Development Authority (the replacement in part for the Strategic Health Authority) in Late May 2013. Once the TDA is happy with the content and level of detail of our plans, these will be submitted to Treasury with a view to the final decision on the Outline Business Case being made.
16. Upon approval of the OBC, the Trust will be able to conclude the detailed planning of the main 3Ts buildings (primarily internal planning). If an approval decision is made over the Summer, the Trust expects to be able to prepare the final approval stage – the Full Business Case – for submission and approval in the first half of 2014.
17. The approval of the Full Business Case is the final stage before construction work can commence. Members are invited to note that the Full Business Case approval is confirmatory – that the capital costs and revenue consequences of the scheme – remain affordable. It is the stage that the Trust is currently in that is the key approval stage.
18. The capital cost of the project remains £420m.
19. The impact of the project on the local area will be significant in two ways:
 - There will be disruption due to construction traffic. The Trust and its construction partner is committed, via the Section 106 legal agreement, to production of an agreed management plan for the construction phase, so that we can identify the most serious periods of disruption and ensure that local people are aware of these;
 - There is also a commitment in the Section 106 to ensure that 20% of job opportunities during the decant and construction phase shall be taken by the Brighton & Hove workforce.

Decanting

20. It is one of the Trust's key objectives to ensure that patient access to services are maintained through the proposed construction period.
21. In order to deliver this, the Trust is planning to put in place temporary facilities on the RSCH and Brighton General Hospital sites whilst the construction of Stage 1 of the 3Ts development is underway. It is planned to have these in place and operational before demolition work is undertaken.
22. The majority of clinical facilities displaced by the construction work will stay on the RSCH site whilst construction is underway (nuclear medicine, ENT, audiology, speech and language therapy etc). The only exceptions will be physiotherapy and Rheumatology outpatient facilities which will transfer to Brighton General until Stage 1 is complete. As noted, the only patient facilities which will transfer away from the RSCH site are outpatient facilities. There is no intention to transfer any inpatient facilities away from the hospital site.
23. Office accommodation on the site will relocate to the refurbished St. Mary's Hall. This project is currently underway. This is a £9,689,000 scheme funded from £2,887,000 of Trust operational capital, and by £6,802,000 from the 3Ts decant budget. It allows the Trust to provide replacement accommodation for functions in properties peripheral to the RSCH site and their eventual disposal. The majority of the accommodation is to replace the administrative and management functions on the part of the RSCH site which is required to construct Stage 1 of 3Ts.
24. The overall plans for the decant projects are set out below. There are some changes to the plans from those summarised in the "Trust Statement" which formed part of the approved 3Ts Planning Application. These changes are currently under discussion with officers.
25. The Trust has received approval for three of the decant schemes to be progressed in advance of the final Treasury approval of the OBC. These are shown in the table below.

Decant Building	Functions/Departments	Status/ Projected Completion Date
St. Mary's Hall (Refurbishment)	Administrative and management offices; Trust HQ; Physiotherapy Inpatient Support Offices; Rheumatology Offices.	Underway August 2013
Front Car Park (Temporary Modular Build)	Medical Physics Offices; Nuclear Medicine; MRI Scanners; Radiopharmacy; Speech & Language Therapy.	Approved Late 2014
Royal Alexandra Children's Hospital (Refurbishment)	Paediatric Audiology	Approved Late 2013
Brighton General Hospital "C" Block (Refurbishment)	Rheumatology OPD; Physiotherapy OPD.	Subject to approval Early 2014.

Decant Building	Functions/Departments	Status/ Projected Completion Date
Thomas Kemp Tower Courtyard (Temporary Modular Build)	Oncology and Clinical Infection Service Inpatient Beds.	Approved Mid 2014
Building 545 (Refurbishment)	ENT OPD; Audiology; Junior Doctors' Mess	Subject to approval Early 2014
North Service Road Building (New build)	Site Management Offices; EBME Department; MIE Store; Post Room	Subject to approval Late 2014

26. The Trust is currently completing the detailed planning and site logistics exercise to allow the approved schemes to commence and to complete the approvals for the remaining schemes.

27. Members are invited to note the following key points in relation to the decant exercise:

- No inpatient beds are moved away from the RSCH site;
- Only outpatient facilities are moved away from the RSCH site;
- The circulation routes between A & E and the beds on site are not affected – they remain as they currently are;
- The construction site for the first stage of the building works is self-contained and should not impact on the day to day operations of the Trust.

28. A full programme of communication and information will be provided to patients well in advance of the relocation of services. This is currently in the planning stages.

Sustainability

29. The Trust is proposing that the 3Ts development is BREEAM “Excellent” and is planning to cut the carbon emissions for the whole site by the introduction of combined chilling, heat and power energy generation. This will be one of the largest energy retrofit projects in Sussex. We are forecasting that energy consumption for the new facilities will be below the NHS target for new build facilities and we are currently examining ways this can be improved still further.

30. The 3Ts development will also have solar energy generation included with the potential to add more as the economics of the renewable improves.

31. The development also provides a roof garden on Stage 2 as an amenity on the site and to provide a facility for greater biodiversity and to play a part in reducing the urban heat island effect.

32. It is one of the Section 106 requirements that we update our Sustainable Travel Plan whilst construction is underway, building on the work that we have done over the last 10 years in this area.

Engagement and Consultation

33. Over the last four years, the Trust undertaken well over 100 different presentations, meetings and events for the people of Brighton & Hove and across Sussex to consult and engage on, and provide information about, the emerging proposals. These have included:
- Re-establishment of the Hospital Liaison Group for local residents within 0.25 miles of the hospital site. HLG continues to meet on a quarterly basis currently and has been a useful and valuable conduit for regular contact with local residents;
 - Exhibitions;
 - Establishment of a Patient and Public Design Panel to test detailed elements of the planning of the interior of the building;
 - A video explaining the key points of the development;
 - A Facebook page dedicated to the development;
 - Articles in the Argus and other traditional media.
34. This work will continue so that we can provide information to patients, carers, visitors, local residents and our staff about what will happen, when it will happen and what the impact of that will be on them. In particular, we are using our experience on the St. Mary's refurbishment project to improve what we do in this area.

Other Developments

35. There are a number of other developments which the Trust is undertaking on the RSCH campus.

Provision of a Third Cardiac Surgery Theatre

36. This £7.5m project is well underway and the new theatre will be operational in September 2013. This will provide additional capacity for us to treat patients who require heart surgery from the local area and across Sussex.

Development of Major Trauma Centre

37. The Trust was designated as a Major Trauma Centre in April 2012. To support this, in advance of the first stage of 3Ts becoming operational, we are undertaking a series of projects to improve capacity and quality:

- A new CT scanner was installed close to the front door of the Accident and Emergency Department to ensure patients requiring a CT scan could have this as early as possible upon arrival at the hospital. This became operational in September 2012;
- A dedicated theatre for major trauma patients was completed at the end of March 2013. This is additional theatre capacity for the Trust;
- A new interventional radiology theatre will be operational in mid 2013;
- Plans are being developed to refurbish and upgrade the main Accident and Emergency Department to improve capacity and patient flow. This will be a phased development to allow the department to remain operational and will be complete during 2014.

Expansion of Radiotherapy across Sussex

38. There are currently only 4 linear accelerators in Sussex for the non-surgical treatment of cancers via radiotherapy and these are based on the RSCH site. The Sussex Cancer Network has identified a requirement for 11 to be in place in Sussex by 2015.

39. Our plans to achieve this are:

- Installation of a brachytherapy machine in the Sussex Cancer Centre during 2013;
- Installation of two compact linear accelerators at our diagnostic facility in Preston Park during 2013/14;
- Installation of a cyberknife at the RSCH site in 2014;
- Replacement of our existing linear accelerators over the next three years;
- Establishment of linked Radiotherapy Units at Eastbourne and Worthing (5 linacs in total between the two), operated by BSUH by 2015.

Duane Passman
3Ts Programme Director
April 2013

3Ts Project – Details of the Content of the Building

Service/Department	Rationale for Inclusion in Development
Level 0	
Car Parking and Plant	Overall, there are an additional circa 200 additional spaces planned for the site.
Stage 1 – Level 1	
Main Entrance	The closest to a Main Entrance on the site is the entrance to the Barry Building which is small for the current size of the hospital: the original entrance to the Barry building was designed for a hospital of less than 100 beds in 1828.
Retail	The development proposals call for a café and some retail units to be included in the main entrance space for patient, visitor and staff amenity.
ENT/Audiology/Maxillofacial Outpatients	The current ENT/Audiology/MaxFax Outpatients will be decanted to make way for the main development into temporary accommodation elsewhere on the hospital site. The potential to move it away from the site has been considered and rejected: clinical staff undertake outpatient clinics, undertake surgical procedures and also manage in-patient beds on the site – often during the same day. It is therefore considered to be an inefficient use of staff time if the OPD function was located remotely from surgical and inpatient facilities.
Rheumatology Outpatients	Rheumatology is currently located in the Latilla Building and will be decanted to Brighton General for the period of the Stage 1 build. This was considered to be a temporary move as the clinical staff also manage Rheumatology inpatients and are required to attend patients in Accident and Emergency as part of the medical bed base. There is also an increasing link to treatment of patients who primarily fall under the auspices of care of the elderly. It was considered that a permanent move would not be sustainable in the longer term.
Switchboard	Switchboard is also the main location for siting of medical gas alarms, management of the bleep system (including change over of bleeps to junior medical staff) and dealing with cardiac arrest calls. This is the main telecommunications hub for the Trust. Switchboard is currently located in the Barry Building which would be demolished to make way for Stage 2 of the development.
Discharge Lounge	This facility provides accommodation for patients who are medically fit for discharge from the wards but are either awaiting transport to their homes or another hospital or healthcare facility. It is a crucial part of the system of patient flow through the hospital. The number of beds/chairs in the facility has been assessed based on historical usage of the current facility, which is located in the Barry Building which would be demolished to make way for Stage 2 of the development.

Service/Department	Rationale for Inclusion in Development
Former Chapel/Heritage Centre	A space has been provided to allow for the relocation of the interior of the existing chapel to a new heritage space which will allow the listed interior and patient/staff memorials to be retained for the longer term, ensuring the link between the community and the memorials are maintained. This is a space for space re-provision.
Staff Change	Staff change and amenity is in short supply across the hospital site currently – especially in the Barry Building. This will provide facilities for staff to change and also to shower if they have cycled to work. The staff change in this area has been based in an assessment of the number of staff working on this floor who will require changing facilities.
Stage 1 – Level 2	
Neurosciences OPD	The relocation of the neurosciences function is one of the key objectives in this development. Neurology already undertake satellite clinics away from the Hurstwood Park site across Sussex. The provision for neurology reflects this. The provision for neurosurgery reflects the fact that it clinical staff undertake outpatient clinics, surgery, Intensive care and inpatient management across the day. It is therefore inefficient to divorce this facility from the rest of the overall provision.
Neurophysiology	The relocation of the neurosciences function is one of the key objectives in this development. The very specialised nature of the investigations undertaken here preclude an off-site provision.
Neurosciences Support & Offices	This is mainly office accommodation for neurosciences staff and support staff for these functions. There is no further space at St. Mary's Hall for these functions and there is non-cash releasing efficiency in co-locating these functions with the other departments within neurosciences.
Nuclear Medicine	Nuclear medicine is a core diagnostic function for the Trust and the wider health community and as such needs to be on the acute hospital site. The current department is within the Stage 1 development area and therefore needs to be decanted in the short term. The Front Car Park modular building has been identified as the appropriate location for this. The current department was built in the 1970s as a temporary location after the original RSCH development was reviewed between 1971 and 1991. The current department is no longer compliant with the regulator for this function and it is only the commitment to 3Ts (and decant) that is preventing the department being closed.
Staff Change	Staff change and amenity is in short supply across the hospital site currently – especially in the Barry Building. This will provide facilities for staff to change and also to shower if they have cycled to work. The staff change in this area has been based in an assessment of the number of staff working on this floor who will require

Service/Department	Rationale for Inclusion in Development
	changing facilities.
Stage 1 – Level 3	
Non-Invasive Cardiology	This is a key diagnostic function associated with the Sussex Cardiac Centre. It is currently located in the Barry Building and therefore requires reprovision before Stage 2 can be implemented. It cannot be located away from the hospital campus as it serves inpatients and outpatients and a division of function between these two areas would be inefficient. There is no flexibility to include this within the existing Millennium Wing where the Cardiac Centre is located.
Therapies	Therapy activity will be focused on providing care on the wards and around the bed areas. This facility is the office base for the hospital therapists. It is located in Stage 1 as the majority of the interventions made relate to elderly care, stroke rehabilitation, neurosciences rehabilitation and trauma rehabilitation – which are all part of the 3Ts development. It would be inefficient to locate this elsewhere.
Staff Bank	This is the main temporary staffing management facility for the site. It is currently located in the Barry Building which is proposed to make way for Stage 2 of the development so requires a permanent location. It cannot be located off-site as bank & agency staff are controlled from here and there needs to be an interplay between this function and all clinical areas across the site.
Facilities Management	The RSCH site is probably almost unique across the NHS as it does not have a central focus for Facilities Management logistics across the site – often to the exasperation of local residents. FM logistics are currently provided in a series of locations across the site and many of these are temporary facilities stemming from the pause in major redevelopment in the 1970s and which have not been addressed since. However, this area will not be fully effective until Stage 3 is complete, the Cancer Centre demolished and the new service yard is operational.
Staff Change	Staff change and amenity is in short supply across the hospital site currently – especially in the Barry Building. This will provide facilities for staff to change and also to shower if they have cycled to work. The staff change in this area has been based in an assessment of the number of staff working on this floor who will require changing facilities.
Stage 1 – Level 4	
Fracture Clinic	The fracture clinic is mainly an outpatient function but has close links to the Accident & Emergency Department: many of the patients treated in the clinic have already presented in A&E and have been diverted from treatment in that area (unless urgent) for less urgent treatment – often as a booked outpatient several days after their presentation in A & E (dependent upon clinical acuity). For patients who have require or have

Service/Department	Rationale for Inclusion in Development
	had major orthopaedic surgery, this is also the place where they will have initial or follow-up appointments with their clinical team and where their rehabilitation will be monitored. Patients who have suffered major trauma (other than neurosurgical) will also have their follow-ups in this clinic. It is important that the fracture clinic is close to imaging facilities – both conventional imaging and more complex modalities (such as CT and MRI) as different modalities will be required to diagnosed and monitor different injuries. Hence, the fracture clinic should be close to imaging and should be on the acute hospital site (due to the links to A&E, orthopaedic inpatients and imaging). The Fracture Clinic is currently in a modular building on the west side of the Barry Building and will need to be removed to facilitate the building of Stage 2.
Imaging (Cold)	Imaging is part of the core functions of the hospital. A decision has been made to separate out the two key sides to imaging and place them on different floors as an aid to patient amenity. “Cold” imaging is non-urgent imaging which is linked mainly to outpatient and day case patients who require further investigation. It is linked to fracture clinic and to cancer outpatients (in Stage 2) to ensure that there is a clear pathway between imaging and booked patient attendances. In this way, emergency imaging can be kept separate (on Level 5 of the building) so that “walking”, elective patients are not imaged in the same area as emergency patients who may be in a variety of differing clinical conditions. It is the intention that no patients in beds should be scanned in the same area as patients who are not in beds – for privacy and dignity reasons.
Staff Change	Staff change and amenity is in short supply across the hospital site currently – especially in the Barry Building. This will provide facilities for staff to change and also to shower if they have cycled to work. The staff change in this area has been based in an assessment of the number of staff working on this floor who will require changing facilities.
Stage 1 – Level 5	
Imaging (Hot)	See cold imaging above. However, the co-location of all “hot” imaging functions – this which will treat the sickest patients – is to ensure that there is flexibility across all specialties who require imaging (neurosurgery, orthopaedics, vascular and trauma) for emergencies. This function will be located on Level 5 of the building – which will link across to the Accident & Emergency Departments and be co-located with theatres so that patients can be diagnosed and then treated quickly and efficiently.
Neurosurgery Theatres	The relocation of the neurosciences function is one of the key objectives in this development. Three theatres are required – one for elective (booked) cases which are less urgent and two for emergency cases. This is

Service/Department	Rationale for Inclusion in Development
	so that booked cases are not cancelled if more than two emergencies are required to be dealt with at once. It is intended to co-locate the theatres with the polytrauma theatre for maximum flexibility and efficiency. These theatres will be on Level 5 of the new building and will be a short link away from the existing major theatre complex of the RSCH.
Polytrauma Theatre	A dedicated polytrauma theatre – which is double the size of normal theatres is required so that multiple surgical team can work in it simultaneously. It also requires the capability for imaging within it – so that surgeons can use real-time imaging to guide them in their interventions. This cannot be a shared facility with other surgical specialties as it needs to be available on a 24/7 basis.
Acute Medical Assessment Unit	The current AMU is on Level 5 adjacent to A&E. It is proposed to relocate this to the new facility to free up space in A&E for better treatment facilities there. Given that the majority of patients who are treated in AMU are medical patients, it is logical to have them in the same building as the medical wards on the floor above. The unit will also be adjacent to “hot” imaging so that patients who are acutely ill can be scanned quickly and away from patients who are less acutely ill.
Staff Change	Staff change and amenity is in short supply across the hospital site currently – especially in the Barry Building. This will provide facilities for staff to change and also to shower if they have cycled to work. The staff change in this area has been based on an assessment of the number of staff working on this floor who will require changing facilities.
Stage 1 – Level 7	
Multi- Faith Centre	The multi-faith centre reflects the fact that there are increasing numbers of people who wish to have a non-denominational space in which to reflect and worship. There will be facilities for different faiths within the centre, but it will not be consecrated or designated for a single faith. The current multi-faith space is in a small room in the Barry Building and will require relocation when Stage 2 is constructed. It is proposed to place this on Level 6 of Stage 1 so that there are good links to the north part of the site as well as the 3Ts facility and will be part of a very public part of the new facilities.
Clinical Infection Service Ward	The current CIS wards are in the Jubilee Wing and will be decanted temporarily to allow construction of Phase 1. Clinical Infection (including patients with HIV) is a key tertiary specialty at the Trust. It is proposed that the ward will have 100% single rooms and a large number of isolation facilities to improve the risk of cross-infection or hospital acquired infections.
Clinical Infection Service Outpatients	This is the outpatient facility which is directly associated with the CIS ward. Staff work flexibly across the two areas and therefore it is essential for

Service/Department	Rationale for Inclusion in Development
	these services to be co-located.
Café	This will be located at the end of the circulation route which will link the new facilities to Thomas Kemp Tower and to the north part of the site. It will have an unrivalled view over the sea and be a significant patient, visitor and staff amenity.
Staff Change	Staff change and amenity is in short supply across the hospital site currently – especially in the Barry Building. This will provide facilities for staff to change and also to shower if they have cycled to work. The staff change in this area has been based in an assessment of the number of staff working on this floor who will require changing facilities.
Intensive Care Unit (General Acute)	The main hospital ICU is currently located on Level 7 of Thomas Kemp Tower and has 18 beds. Bed modelling suggests that the receipt of additional major trauma workload will require at least a further 3 beds. This is also one of the major areas which may require further expansion. The new ICU has been planned with expansion space built in for this purpose. There is currently no prospect of providing additional space in TKT for expansion without splitting the unit over two floors which has a major implication for staffing and duplication of facilities. It is therefore proposed that ICU should move to Level 7 of Stage 1 and be co-located with neurosurgery ITU and general HDU to form a major critical care unit with the potential for flexible use of staff and sharing of common infrastructure where appropriate. The relocation of ITU then frees up space in TKT to provide space for a trauma ward – linked to ITU.
Intensive Care Unit (Neurosurgery)	This provides the expanded neurosurgical ITU facilities transferring from Hurstwood Park to ensure that all patients who require ITU can be treated in Sussex. It is intended to co-locate these facilities with the general ITU and HDU from the RSCH for the reasons set out above.
High Dependency Unit	See above. This frees up further space adjacent to A&E to facilitate less crowded conditions there and to provide greater flexibility across ITU and HDU (rather being separated by two floors as they currently are in the Thomas Kemp Tower).
Stage 1 – Level 8	
Medical and Care of the Elderly Wards	These wards replace those currently in the Barry Building. 79 beds are provided on this floor. This gives good links to A&E and to the “hot” imaging facilities on Level 5 of the building. There will also be almost 70% of single rooms – a huge improvement from the current position in the Barry Building. There is no potential to move these wards off-site temporarily as they require access to all the facilities of the acute hospital.
Stage 1 – Level 9	
Medical and Care of the Elderly Ward	As above.

Service/Department	Rationale for Inclusion in Development
Neurosurgery Wards	These wards relocate – and additional capacity is provided – from Hurstwood Park which is one of the key objectives of the project. They are located in Stage 1 to facilitate the earliest possible transfer of services and to ensure good vertical adjacencies with theatres, ITU, imaging and the neurology ward above.
Staff Change	Staff change and amenity is in short supply across the hospital site currently – especially in the Barry Building. This will provide facilities for staff to change and also to shower if they have cycled to work. The staff change in this area has been based in an assessment of the number of staff working on this floor who will require changing facilities.
Stage 1 – Level 10	
Neurology Ward	These wards relocate – and additional capacity is provided – from Hurstwood Park which is one of the key objectives of the project. They are located in Stage 1 to facilitate the earliest possible transfer of services and to ensure good vertical adjacencies with imaging, neurosurgery and the stroke ward which will be adjacent.
Stroke Ward	The stroke ward is currently located in the Barry Building and will relocate into Stage 1 to facilitate the construction of the Cancer Centre in Stage 2. The ward is being co-located with neurology because of the clinical links between the two.
Neurology and Stroke Rehabilitation	This area is designed to provide near to bed rehabilitation of neurology and stroke patients at the earliest opportunity after their admission. There is evidence to suggest that commencement of rehabilitation as soon as possible after admission improves outcomes.
Staff Change	Staff change and amenity is in short supply across the hospital site currently – especially in the Barry Building. This will provide facilities for staff to change and also to shower if they have cycled to work. The staff change in this area has been based in an assessment of the number of staff working on this floor who will require changing facilities.
Stage 1 – Level 11	
Simulation Centre	This is a new service for the Trust. The simulation centre provides training facilities where students can practice procedures on maquettes and where all clinicians can be trained in a variety of procedures. It also provides mock-up facilities for patient bed areas and a theatre. It allows clinicians to train and be filmed/observed with the outcomes of this allowing opportunities for learning and improvement. The facility is modelled on the successful facility at University College Hospital, London.
Meeting/Teaching	The HBN allowance for every department allows for space for meeting/seminar/teaching rooms but it is considered that these are underutilised on a department by department basis. It has therefore been

Service/Department	Rationale for Inclusion in Development
	agreed that all such facilities are extracted from each department and centralised in the top floor of the building. This provides greater flexibility (as there will be the opportunity to create different sized rooms in an unparalleled location. The intention is to provide a flexible meeting/teaching/conference suite to rival the Rubens Suite at Guy's Hospital.
Junior Doctors Mess	A Junior Doctors' Mess is required under British Medical Association guidance for the training of junior medical staff. It is currently located in the Trust HQ modular building and must be relocated for the construction of Stage 1. It should be central to the main clinical activity (so that students can study when away from the ward) and therefore cannot be off-site.
Site Management Offices	These offices are the minimum presence necessary and include the main bed management offices and the Operations Centre for the site. These are currently located in the Railli Building and will be decanted to Building 545 for the construction of Stage 1. The majority of such offices will relocate permanently to St. Mary's Hall. Building 545 must be demolished to facilitate the construction of Stage 2, so these facilities must be provided in Stage 1.
Stage 2 – Level 1	
Oncology Entrance	This is to provide an entrance facility for the Stage 2 building which will include cancer, Trust HQ and medical school facilities.
Radiotherapy	This is to be relocated from the Sussex Cancer Centre as part of the proposed Sussex Cancer Network expansion. There is little room to expand the existing facilities economically.
Medical Physics	Medical Physics is currently on the Stage 1 decant site and will be relocated to St. Mary's temporarily. The majority of the work of Medical Physics is with imaging and radiotherapy, so the inclusion of this facility in Stage 2 is a good fit.
Staff Change	Staff change and amenity is in short supply across the hospital site currently – especially in the Barry Building. This will provide facilities for staff to change and also to shower if they have cycled to work. The staff change in this area has been based in an assessment of the number of staff working on this floor who will require changing facilities.
Stage 2 – Level 2	
Trust HQ	Trust HQ is in a modular building and the function will be decanted to St. Mary's Hall in advance of the Stage 1 build. The majority of Trust HQ will remain at St. Mary's but the key Executive Office functions will move back onto the main site when Stage 2 is complete.
EBME	This is a Trust-wide service which is currently in a modular building on the Stage 1 construction site. It will be decanted into the Courtyard building until the completion of Stage 2.
Private Patients	This is a shell space for a potential PPU which will only

Service/Department	Rationale for Inclusion in Development
	be fitted out when a viable Business Case can be constructed for it.
Staff Change	Staff change and amenity is in short supply across the hospital site currently – especially in the Barry Building. This will provide facilities for staff to change and also to shower if they have cycled to work. The staff change in this area has been based in an assessment of the number of staff working on this floor who will require changing facilities.
Stage 2 – Level 3	
BSMS (Medical School Research Centre)	This space will be funded by the Medical School.
CIRU	CIRU is currently partially attached to the Cancer Centre and needs to be demolished at the conclusion of Stage 2 to allow for the establishment of the service yard for FM services.
Stage 2 – Level 4	
Oncology Support and Palliative Care	These functions support the oncology service and are currently located in the Cancer Centre.
Oncology Day Care	This provides cancer day care facilities. Patients can often be in the unit for at least half a day for treatment and counselling.
Oncology Outpatients	This provides facilities for initial and follow-up consulting for patients with recent diagnosis or for follow up after treatment.
Aseptic Suite	This facility prepares drugs for use in the cancer centre. This cannot be provided off-site as some of the drugs have a limited use and must be applied immediately.
Stage 2 – Level 5	
Oncology Wards	The current oncology wards are in the Jubilee Wing and will be reprovided in Stage 2 with the expanded capacity set out by the bed modelling exercise.