





Revisions

P01	First issue for comment	09.04.20
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1.0 Introduction

1.1 Project at a glance



INTRODUCTION

This design reports sets out our RIBA stage 3 vision for the proposed Community Hospital for BCUHB. A new service located in the heart of Rhyl that will deliver key priorities;

- Transform the existing Royal Alexandra campus, providing improved community clinical services that meet the ever-increasing clinical demand.
- Creating a community focused healthcare building, that responds to the specific needs of the local environment & reinforcing the ideals of the community the hospital serves.
- Providing centralised, purpose building services to the benefit of all.
- Create improved hospital environments to benefit all.
- Improve & rationalise the parking serving the whole hospital.

The key services to be provided include:

- Sexual Health
- Dental
- Same Day & Minor Injuries
- Imaging
- IV
- Older Persons Mental Health
- Outpatients & Therapies
- 28bed ward.

This report describes the vision and key technical design requirements for the new hospital, the new facilities are intended to be healthcare facilities of the future, delivering maximum flexibility and digitally enabled with technology fully integrated.



Site Address: Marine Dr, Rhyl LL18 3AS

Site Area: 17,448sq.m.

Proposed GIFA: 61000sq.m.

Proposed Parking no: 178 no. parking spaces



1.0 Introduction

1.2 Royal Alexandra Hospital

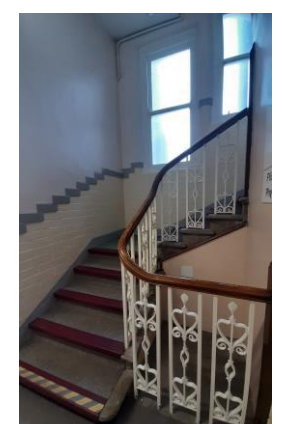
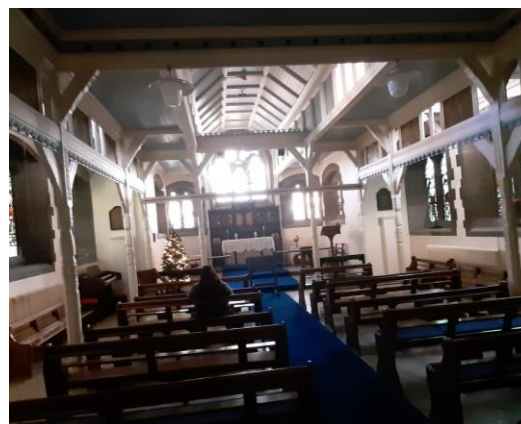
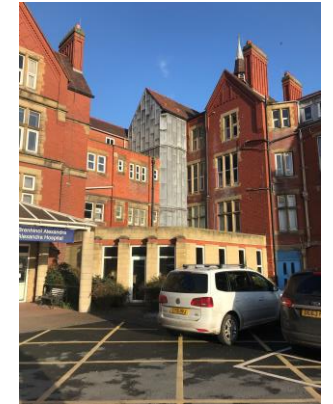
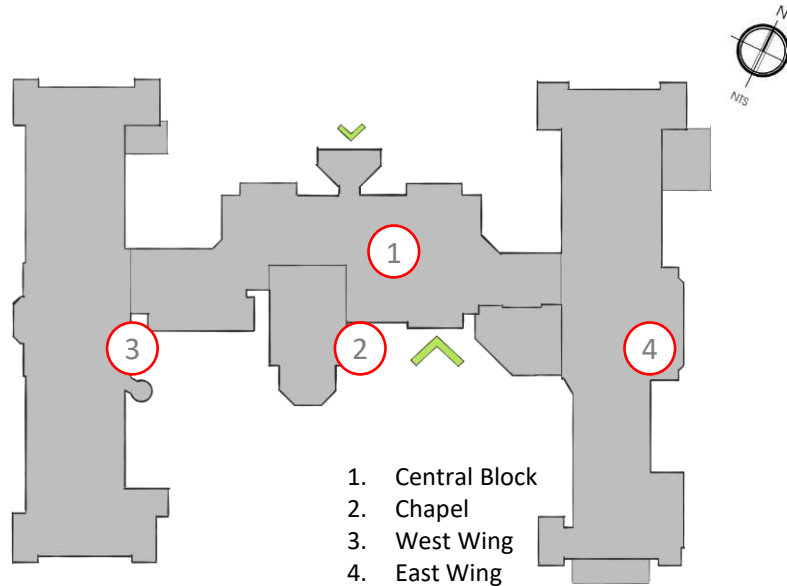
History

The existing Royal Alexandra Hospital in Rhyl is a designated grade II listed building first opened in 1902 designed by Manchester's Alfred Waterhouse. The east wing believed to have been completed by his son Paul Waterhouse was completed around 1908-10. The chapel design was incorporated from one designed by John Douglas, architect of Chester.

With a Sea front location the original building provided open balconies and verandahs to west wing reflect the importance of fresh-air treatment. These open areas have in recent times been enclosed to form additional functioning space within the building

Further hospital narrative with a connection of the first original hospital to the former baths site. The basement to the chapel in the current designated building originally contained a warm sea water bath to the basement of the chapel. Among its many feature the following key highlights can be found;

- **The Central Administration Block:** The original entrance was located centrally with a shallow projection two storied porch (now partially concealed by a single story extension).
- **The West Wing:** A four story central pavilion with three gables. Includes features such as raised diaper brick-work on the gable apexes with axial chimney stacks between the gables roof & towered spirelet to the roof beyond. A circular corner turret is located to the rear of the central pavilion.
- **The East Wing:** Similar to the West wing there is a four story central pavilion with 3 story wings to both side. The arcades in this block are replaced with five windows to each side that were originally sash and now replaced with new windows.
- **The Chapel & Interior:** The chapel's interior has three and half bays of timber arcades. The timbers are elaborately detailed with, chamfered posts, decorated panel bands that support braced arcade plates. These panels contain frieze of foiled panels, some filled with sepia painted panels.
- **The external façade** is red brick with decorative stone banding. The windows have stone quoins and sills. There is a plain tiled roof that matches the rest of the building.
- **General Interiors:** The two western bays of the nave have deep moulded panels to boarded ceiling. There is a deep coved section to the centre line of the panelled ceiling.



1.0 Introduction

1.2 Royal Alexandra Hospital

Current Challenges of the Existing Building

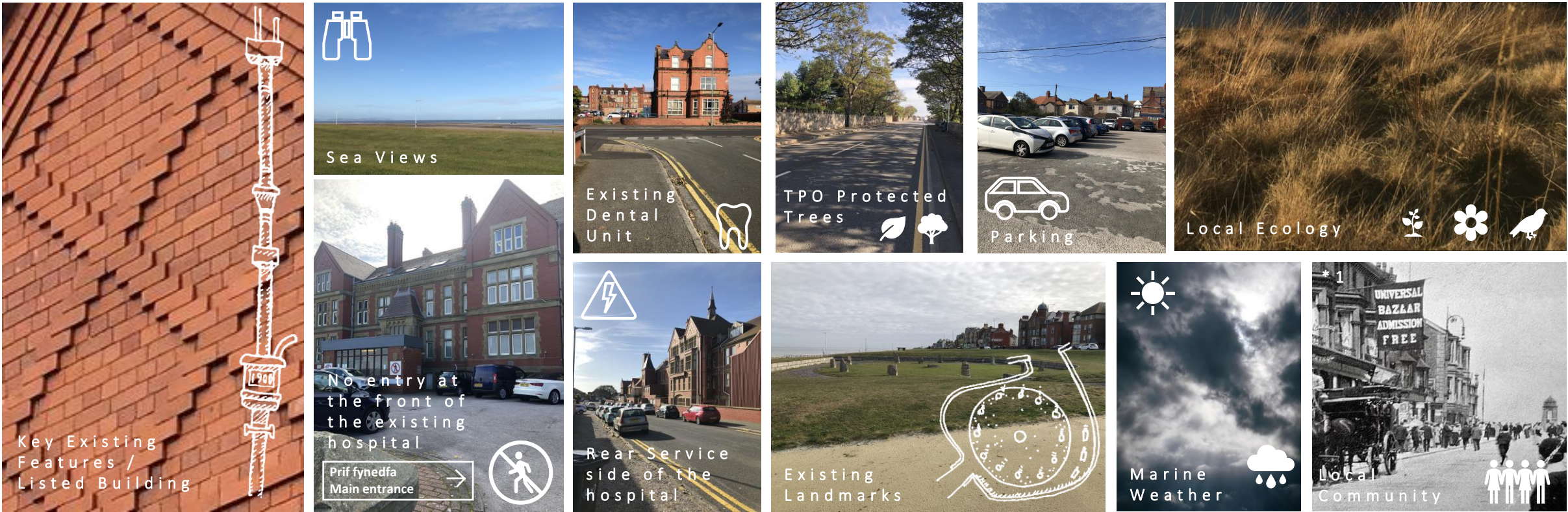
The existing building is located in a marine environment subject to strong coastal winds. Many period features have been damaged by weathering including damaged stone work, corrosion to cast iron guttering/down-pipes, extensive repointing required to masonry and vegetation growth within the building fabric. There is apparent evidence of damp to the lower levels. The internal period features appear to be in good condition for the most part. The baths below the chapel has been covered with a timber cover and structure, which will require further investigation.

The design / scope of works for the refurbishment of the existing RAH is currently under development & will be submitted as a separate design package



1.0 Introduction

1.3 Key considerations



The Royal Alexandra Hospital in Rhyl, a gothic revivalist building has it's place in health building history that follows an ethos in ideological health care design. Open air treatment with sea front views and bath spas are hall marks in a change in thinking of what health care should be.

As part of the history of this building, the carefully considered site location has informed the hospital, in turn the hospital has informed the place. The RAH has severed the town of Rhyl and neighbouring communities for nearly 120 years, and as the communities demands on the hospital have changed, the hospital has changed to suit the needs of the community.

Once again the needs of the community have shifted, the hospital is ever evolving to serve. It's evolution informed by place,....

*1 – Rhyl History Club

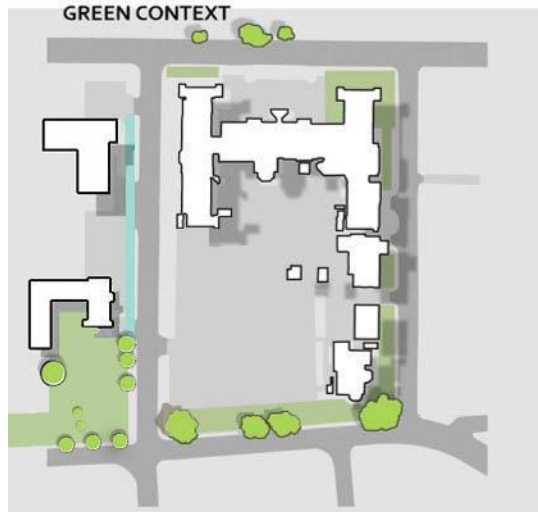
2.0 Site Analysis

2.1 Site Overview



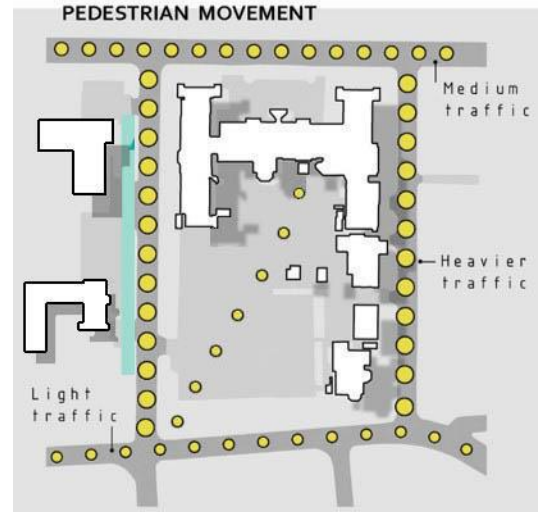
2.0 Site Analysis

2.2 Strategic site overview



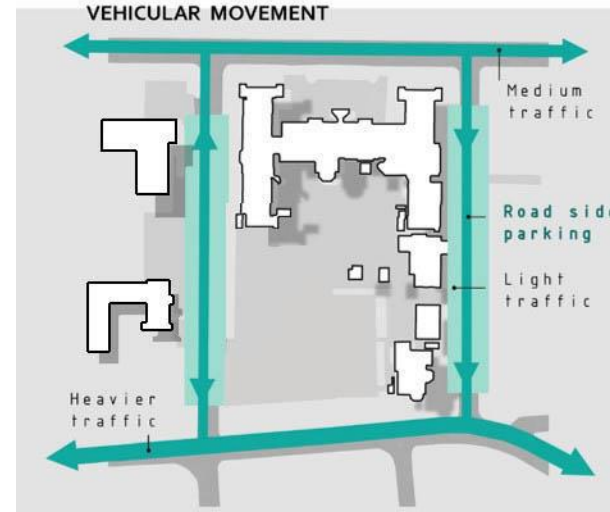
Green Context

The site has a small area of green enclosed space to the south of the site – which currently sits on the junction with Alexandra & Russell Road. This green space is not currently accessible to the public, but is well maintained with existing TPO mature trees. The rest of the site is predominately built up or hardstanding parking areas, with little to no ecological value.



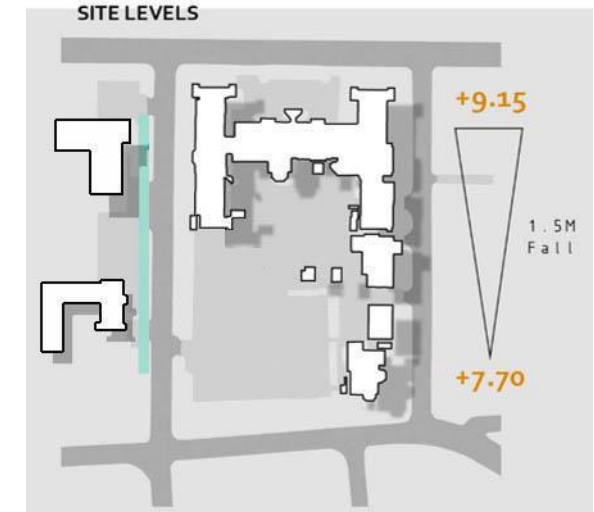
Pedestrian Movement

Pedestrians currently have free, unrestricted movement around the site (with the exception of some service areas & the LH corner green space). Open access encourages multiple routes of arrival & access. The front facing entrance into the existing Royal Alexandra Hospital (RAH) is restricted to staff only, with the public entrance to the rear, directly adjacent to the main car park.



Vehicular Movement

Currently free access around the site, with multiple shared entrances into the two spilt car park areas and no clear service delivery access zone. Alexandra Road can often be congested, with off road parking on both sides.



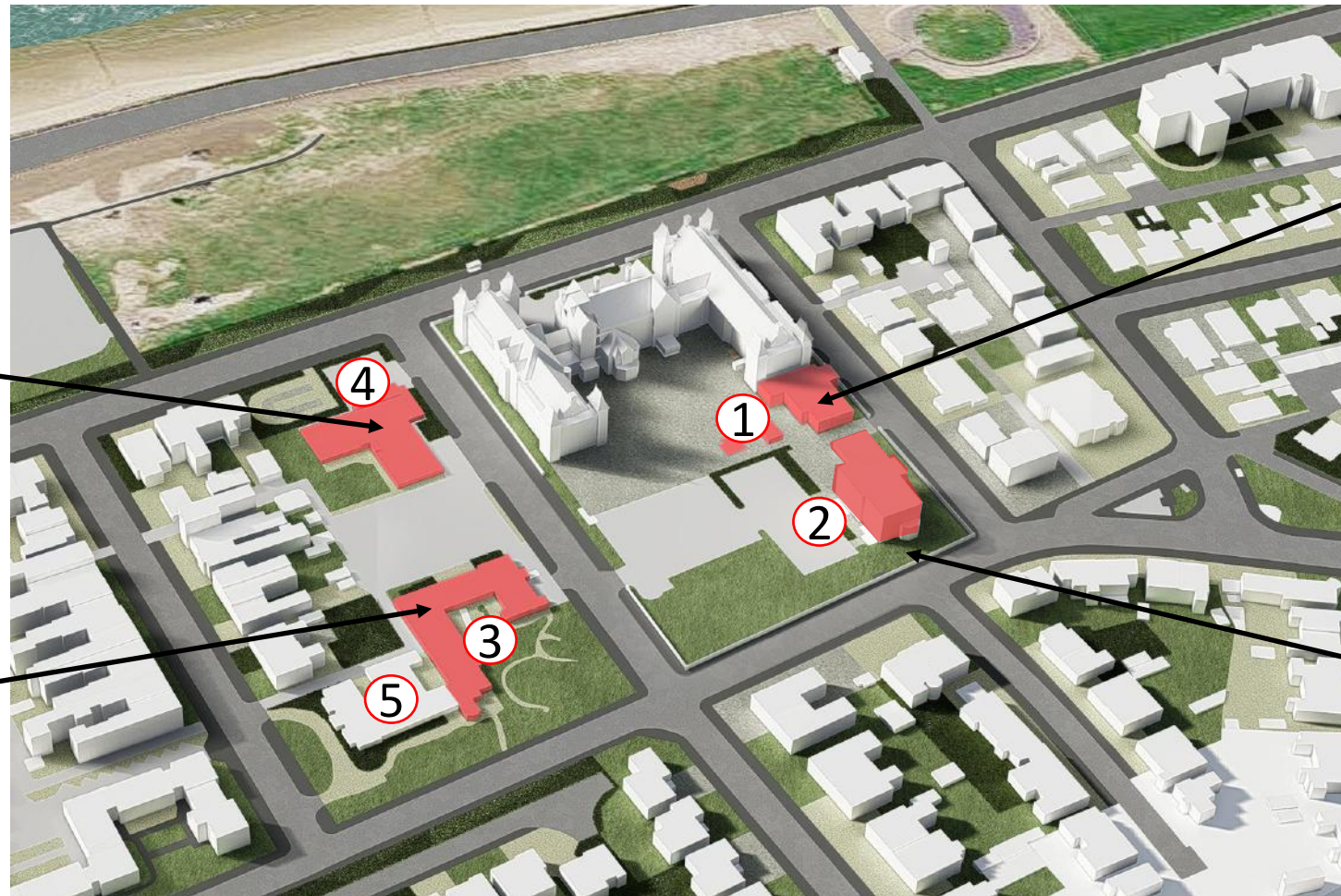
Site Levels

The site naturally rises from south to north, giving more prominence to the existing listed RAH. As a result of the site level changes the rear of the existing building enters at basement level & rises to enter at Ground Floor level to the front (via steps) The building is fully accessible, when accessing from the rear.



2.0 Site Analysis

2.3 Strategic Demolition



Proposed key demolition works highlighted red



STRATEGIC DEMOLITION

The Health Board have completed a wider review of their current building stock and have identified key areas / buildings to be demolished as part of the wider development strategy. These buildings are generally of low architectural merit and are currently a high cost maintenance value to the Health Board:

1. **FM / Estate building:** A later add on to the existing RAH the building is currently in a poor state of repair & has been subject to some later adaptation works.
2. **The Edith Vizzard Building:** Currently providing the dental services for

this site, which is a service that will be relocating into the new hospital building. The building is not currently fit for healthcare services and offers a long term maintenance issue if retained. The retention of this building would undermined the ability to provide a fully functioning healthcare campus & its demolition would offer much needed space on the site for servicing & FM.

3. **Glan Traeth Building:** which currently provides outpatient services (which will be transferred into the new building). The building is of low architectural value & is not currently fit for modern healthcare provision. Its demolition will open out the site to help rationalise & increase the much needed parking facilities.
4. **Glan Traeth Day Hospital Building:** which currently provides ward

services (which will be transferred into the new building). Similar to the above, the building is of low architectural value & is not currently fit for modern healthcare provision.

5. **The existing Hafod building** is currently part of the Site, but will be retained. Remedial works will be conducted to reinstate the rear of the building once its link to the Glan Traeth has been removed.



2.0 Site Analysis

2.4 Existing Parking



Existing parking shown in blue. Total existing numbers are approximately 200 spaces.



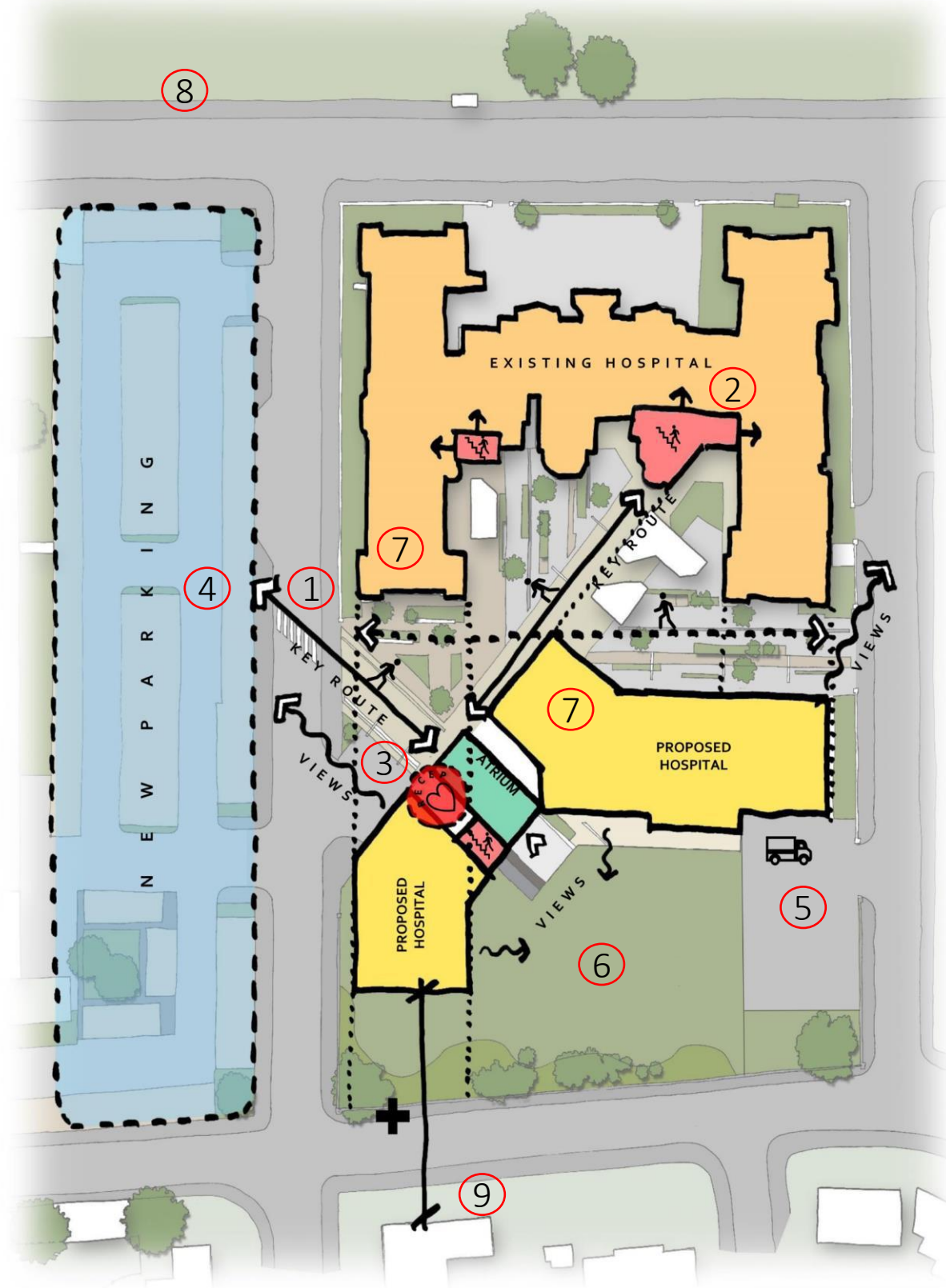
3.0 New Build: Scheme review

3.1 Masterplanning the site

VISION FOR THE NEW HEALTHCARE CAMPUS

Following a better understanding for the existing key drivers for the site & how the site is currently used. Our initial concept was developed, with sight lines & views out where carefully considered;

1. Key Routes: the key desire lines have been mapped out which highlight the need to routes between the two retained buildings and the parking area.
2. These key routes have also been overlaid with the movement through the buildings internally
3. Identifying the heart of the building and making this point the central node for the whole site
4. Creating a more rationalized relationship between the buildings and the parking
5. Creating segregated public and private spaces.
6. Introducing much needed open space & public realm
7. Ensuring the proposed building complements the existing, replicating existing building lines & stepping back the façade to ensure the views to the existing building are retained.
8. Taking advantage of the coastal location to create meaningful vistas & maximise the views out into the wider town aspects.
9. Taking into consideration existing adjacent buildings from the offset, ensuring that any wider context considerations are considered from the start.



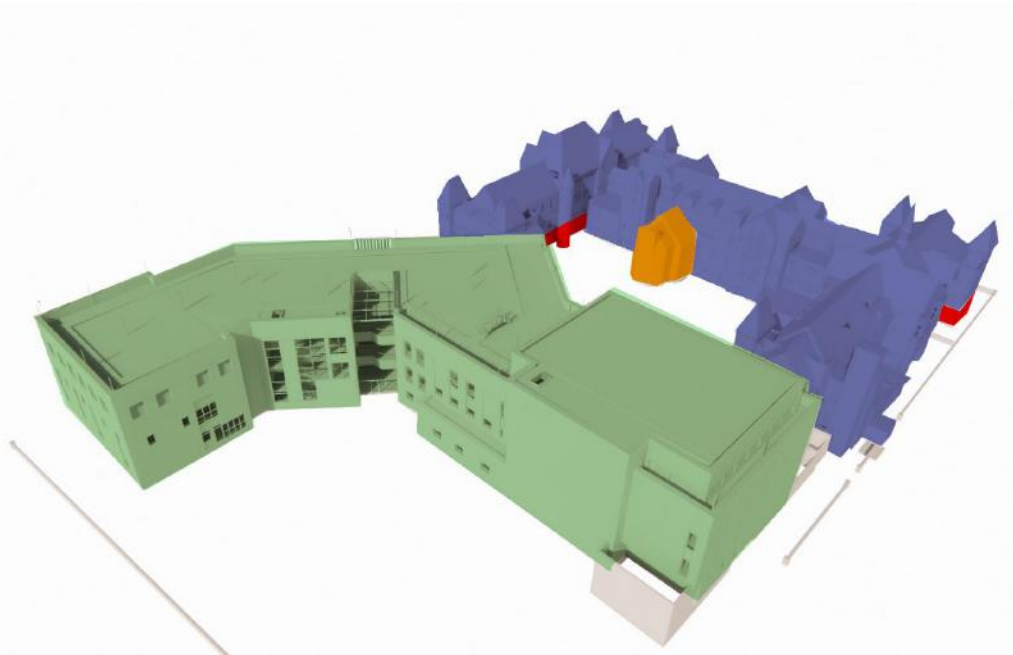
3.0 New Build: Scheme review

3.2 Site massing



PROPOSED BUILDING MASSING

Following on from the conceptual understanding for the site, considerations for the overall massing was developed. The proposed building has a defined schedule of accommodation that has been designed based on clinical need & the building has been developed to ensure that the area requirements do not result in a heavily massed area on the site. The main key views to the existing building have been retained where ever possible, with the height of the proposed building sitting under the height of the existing.



PROPOSED BUILDING USE

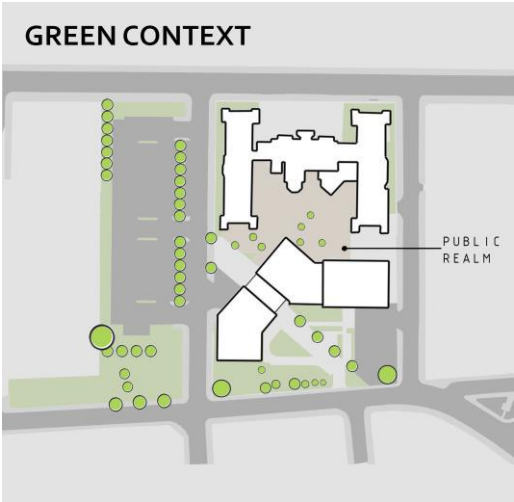
The use of the proposed hospital will be exclusively clinical / healthcare provision, with all the support facilities being relocated into the into the existing RAH. The existing RAH will be predominately support spaces such as offices & meeting space, but with a small amount of retained children's healthcare services (CAMHS & PAEDS OT).

- Adult Healthcare services
- Children’s Healthcare services
- Support spaces (office, meetings, storage etc.)
- Chapel



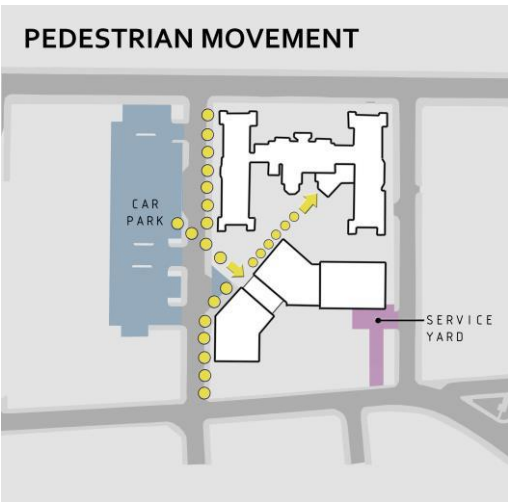
3.0 New Build: Scheme review

3.3 Proposed Site Strategy



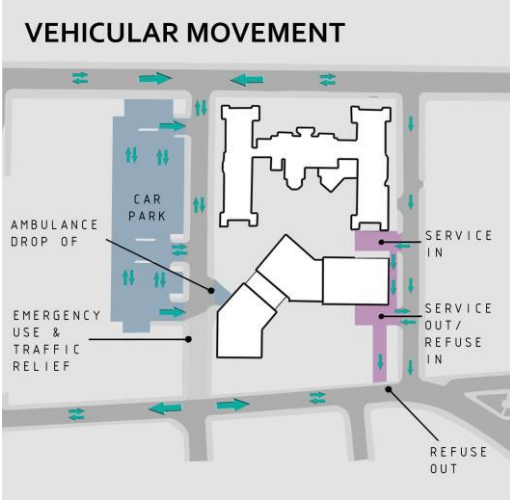
Green Context

The existing green space has been opened out into the main site, promoting the continued benefit of the mature & well established landscape. Creating more meaningful open spaces, with a mix of more private courtyard space & more open public realm space.



Pedestrian Movement

Continuing the free & unrestricted movement around the site, but making clearer routes between the main entrances and the key site nodes.



Vehicular Movement

Rationalising the vehicle access into the site by creating a new designated site entrance (utilising the existing Alexandra Road entrance) and restricting non hospital traffic by removing the 'cut through' opportunities. This in term creates more organised space for car parking & servicing. By forming a designated service yard with an entrance & exit system from Grosvenor Road the service vehicle traffic can be segregated from the public access.



Site Levels

The natural site levels have been retained & the proposed building is positioned so that full accessible ease of access can be achieved across all of the public access areas. The stepped access to the existing frontage is retained (due to the listed building nature)

3.0 New Build: Scheme review

3.4 Space Planning

KEY ADJACENCIES

The new Community Hospital will accommodate the following services;

- Sexual Health
- Dental
- Same Day & Minor Injuries
- Imaging
- IV
- Older Persons Mental Health
- Outpatients & Therapies
- 28bed ward.

The building has been organised to best facilitate the clinical flows & wayfinding, working within a ‘patient first’ approach. The following high-level consideration have been made, which are explored in more detail later in this document;

Ground Floor (Entrance Level)– With a central atrium space located so the entrance is easily identified from all key approached into the building. The departments located on the ground floor have identified a key clinical need for ease of access, have the heaviest footfall or have a key adjacency requirement with another ground floor departments. These departments include Dental, sexual health & same day. Imaging has been co-located with same day due to its specific footfall between. The central kitchen & FM areas have also been located on the ground floor, to the rear of the building, with direct access to a designated service yard.

First Floor – Prioritising the department with the heaviest footfall the outpatient's department is located on the first floor with easy access form the lift and stair cores directly to the entrance to the department. Outpatients has the benefit of co-locating with other similar departments such as Therapies & Audiology. Other departments on this level include IV & Older Person Mental Health. The Multi-faith area is also on this level.

Second Floor – The ward space has been located on the second floor which will afford the department more privacy from the busier outpatient departments. This gives the opportunity for the best opportunities for views & sunlight to the ward & bedroom areas. The Staff will be able to manage the day to day management of the ward utilising the direct staff only circulation cores linking the ward with other areas in the building such as imaging & the kitchen / staff areas

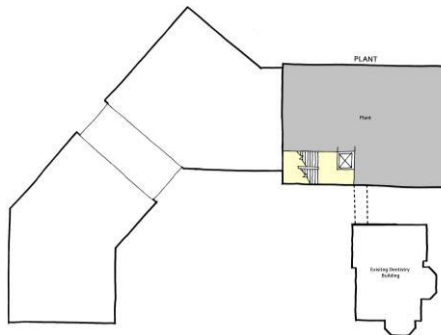
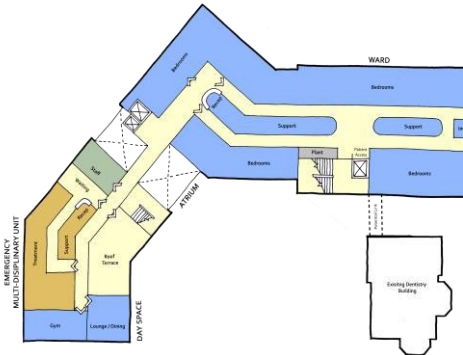
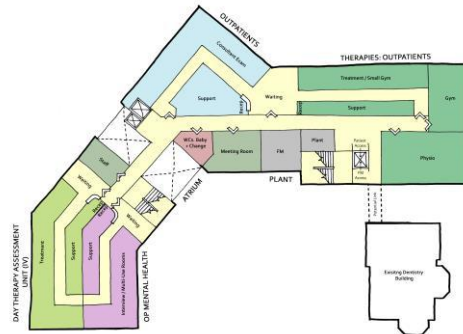
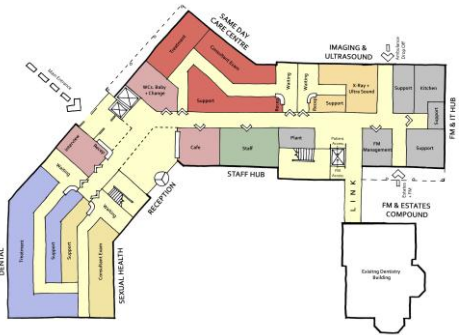
MOVING AROUND THE BUILDING

The design should provide variety with the spaces to create interest both in terms of the overall form and massing externally and the spaces internally.

PRIVACY & DIGNITY

Our design has been developed to allow for flexibility and change within the Clinical Services provided, allowing the building to be responsive to changing patient needs. With a ‘patient first’ approach the patient experience at its heart of the design and creating a welcoming environment. This have been demonstrated through the following attributes;

- Privacy and Dignity – all patient access areas are (and can) be separated from public areas and the dedicated Facilities Management circulation routes ensure that patient's privacy and dignity are at the heart of the design.
- High quality and robust materials will be used to reduce maintenance and provide longevity, thereby reducing future disruption.
- Natural daylighting will be a focus of the design for all departments, ensuring that patient & Staff alike benefit from excellent light levels and views out.
- Natural ventilation will be provided where possible and in accordance with the HTM requirements.
- All clinical waste areas are carefully planned to be discretely and safely located away from the key clinical areas.
- The internal areas will promote a sense of quality, care, restfulness and cheerfulness, all working to create a healing environment.
- Artwork to be fully integrated as an essential characteristic of the healing environment.
- Single-sex washing and toilet facilities are to be provided throughout with adequate shower/bathing facilities where required.
- Designs consider the needs of both Patient & family, creating spaces for all.
- The entrance, reception and waiting areas have been carefully designed to act as focal points and provide excellent wayfinding characteristics throughout.
- The overall design allow for barrier-free access with no physical or operational barriers to the disabled.
- Clear multi-cultural signage/wayfinding that is non-institutional in character will further enhance the patient first environment.

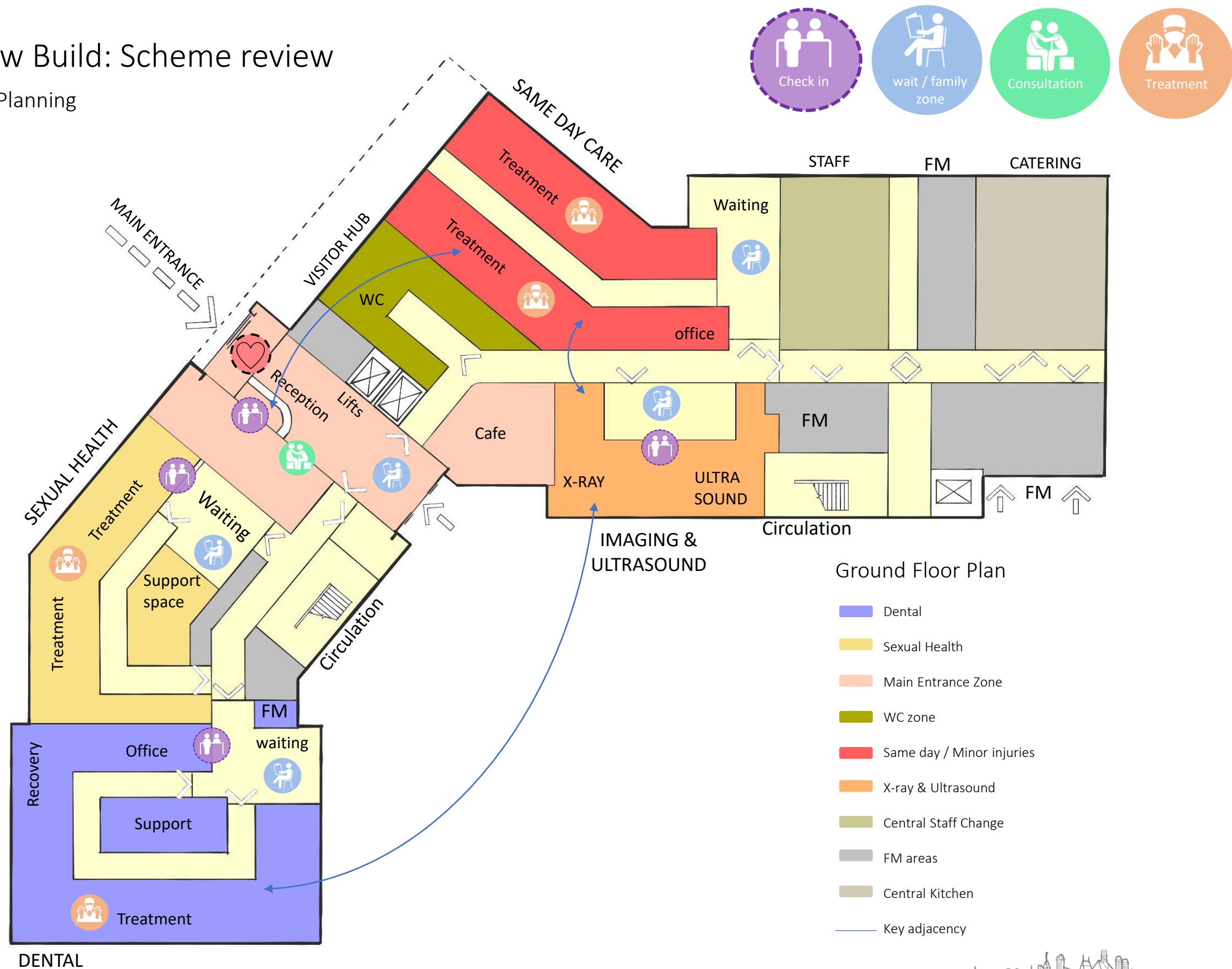


Original concept sketches



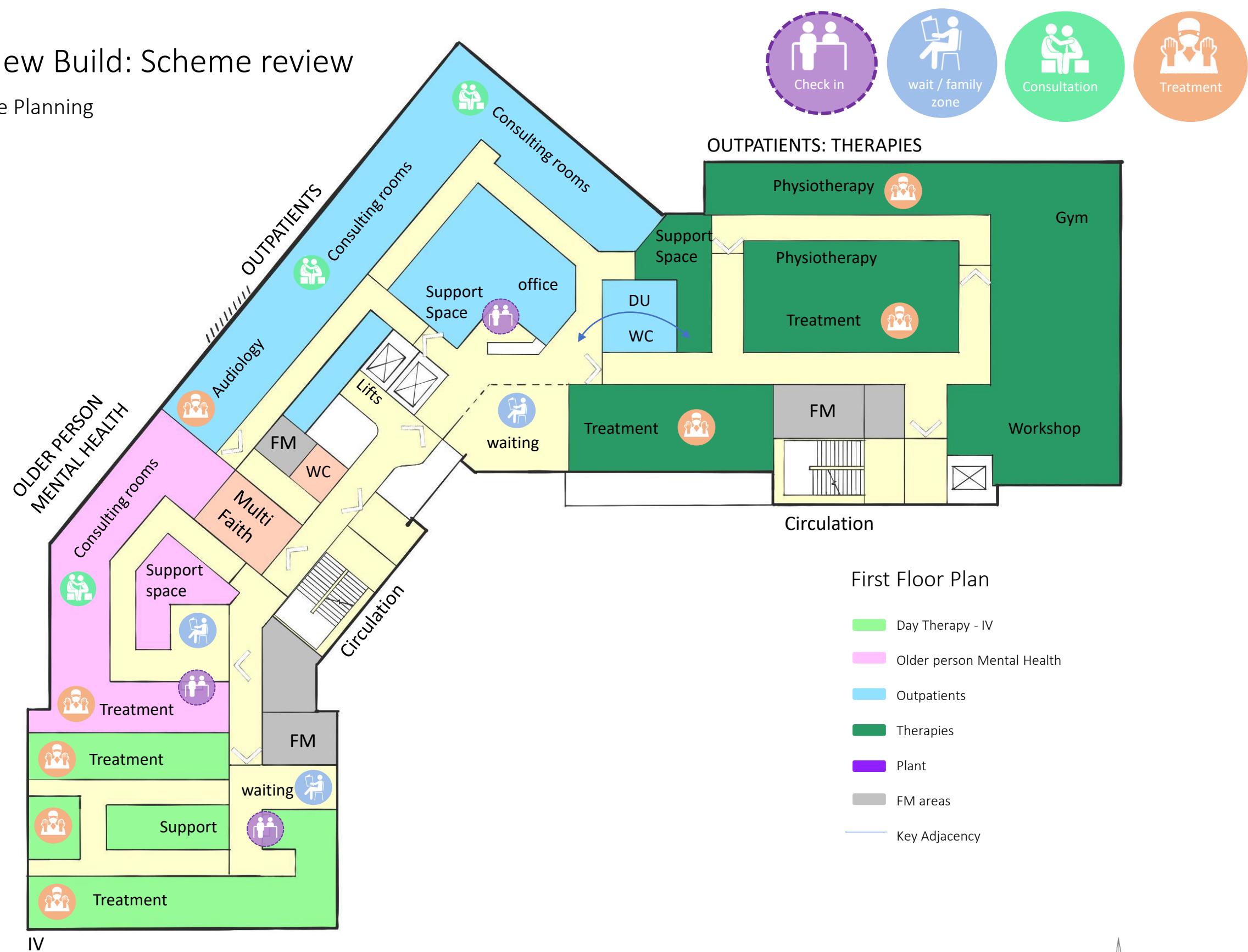
3.0 New Build: Scheme review

3.4 Space Planning



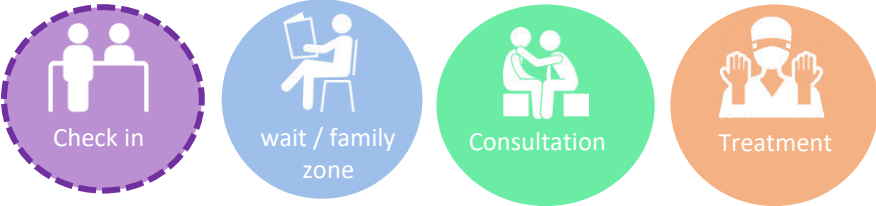
3.0 New Build: Scheme review

3.4 Space Planning



3.0 New Build: Scheme review

3.4 Space Planning



First Floor Plan

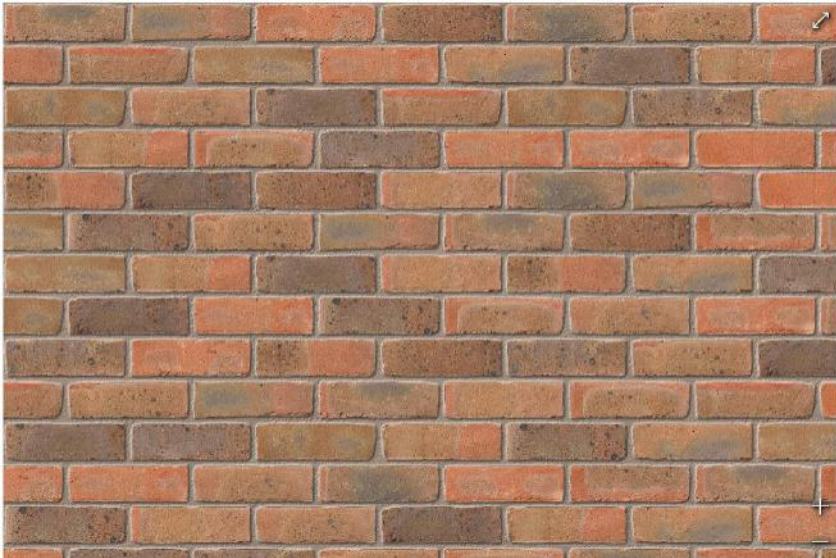
- Day Therapy - IV
- Older person Mental Health
- Outpatients
- Therapies
- Plant
- FM areas



3.0 New Build: Scheme review

3.5 Building Façade & Development

Proposed Materials have been selected to give the new community hospital a modern & contemporary aesthetic without undermining the existing status of the listed Royal Alexandra Hospital. Use of natural wood effect finishes with traditional red brick façade will complement the existing red brick building



Main Brick façade:
Ibstock Red facing brick
Bexhill Red



Lourve detail:
Feature façade treatment

Main Cladding façade:
Rockpanel Woods
Marble Oak



3.0 New Build: Scheme review

3.5 Building Façade & Development

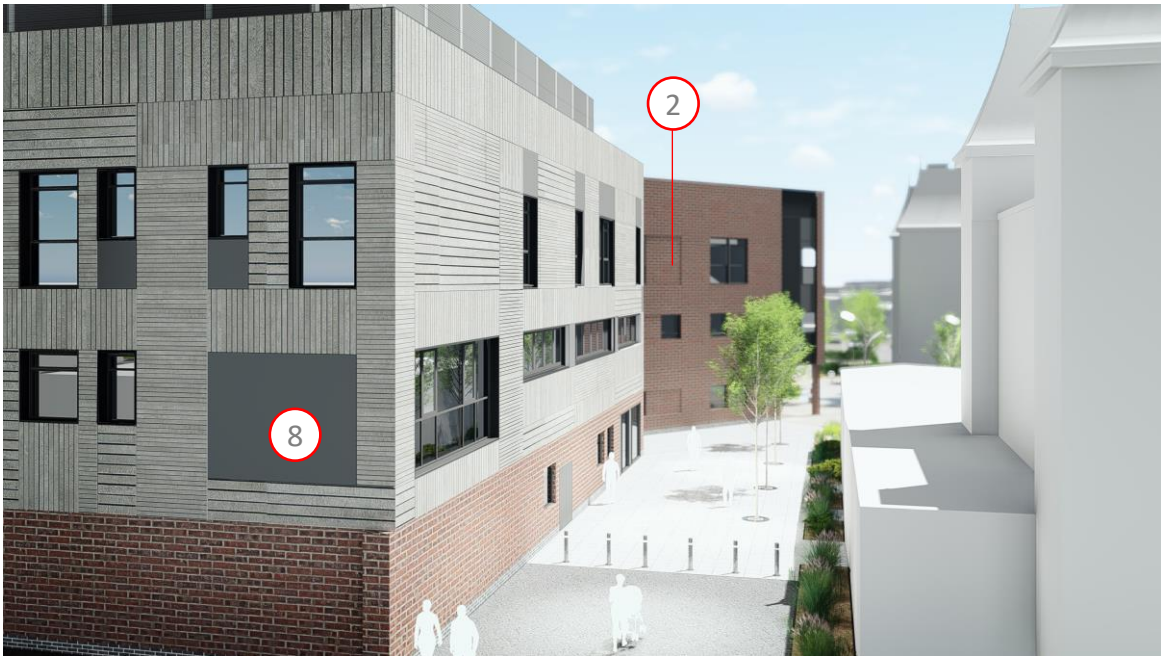
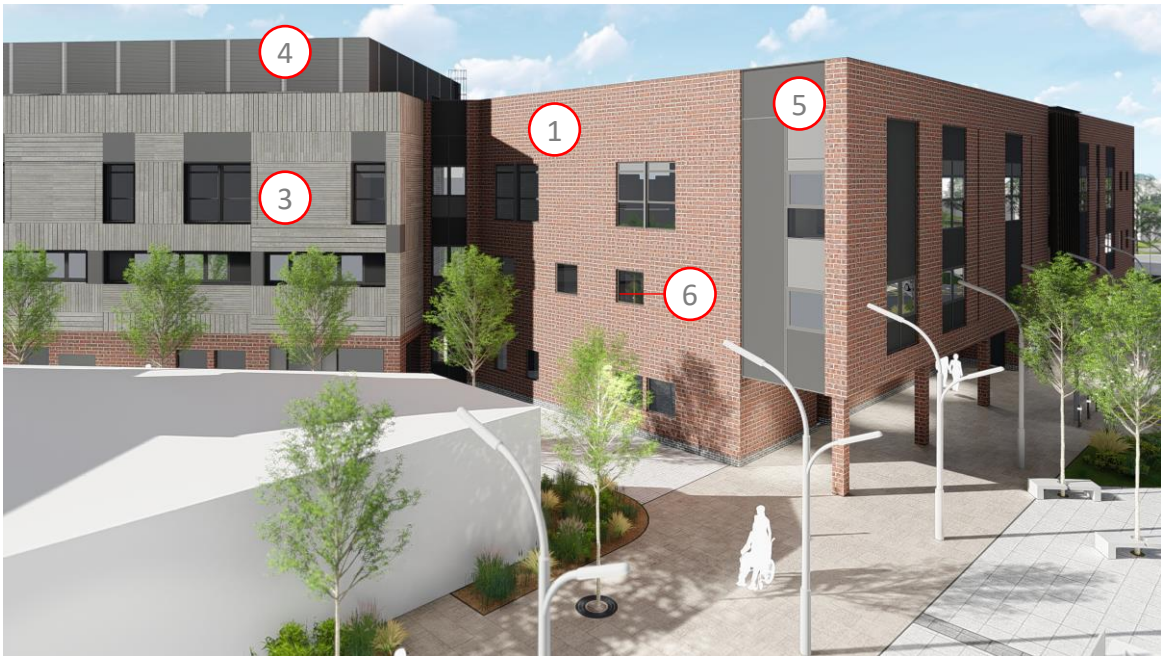


Key Building Components

- 1. Main brick faced: Red facing brick (Ibstock Bexhill Red)
- 2. Recessed brickwork feature panel
- 3. Main Cladding façade: Rockpanel Woods FS-Xtra (marble oak)
- 4. Grey insulated cladding panel (plant room)
- 5. Curtain Walling system
- 6. Aluminium framed windows
- 7. Plant room louvres
- 8. Rockpanel colours – feature cladding
- 9. Bris Solei façade feature



3.0 New Build: Scheme review 3.5 Building Façade & Development



Key Building Components

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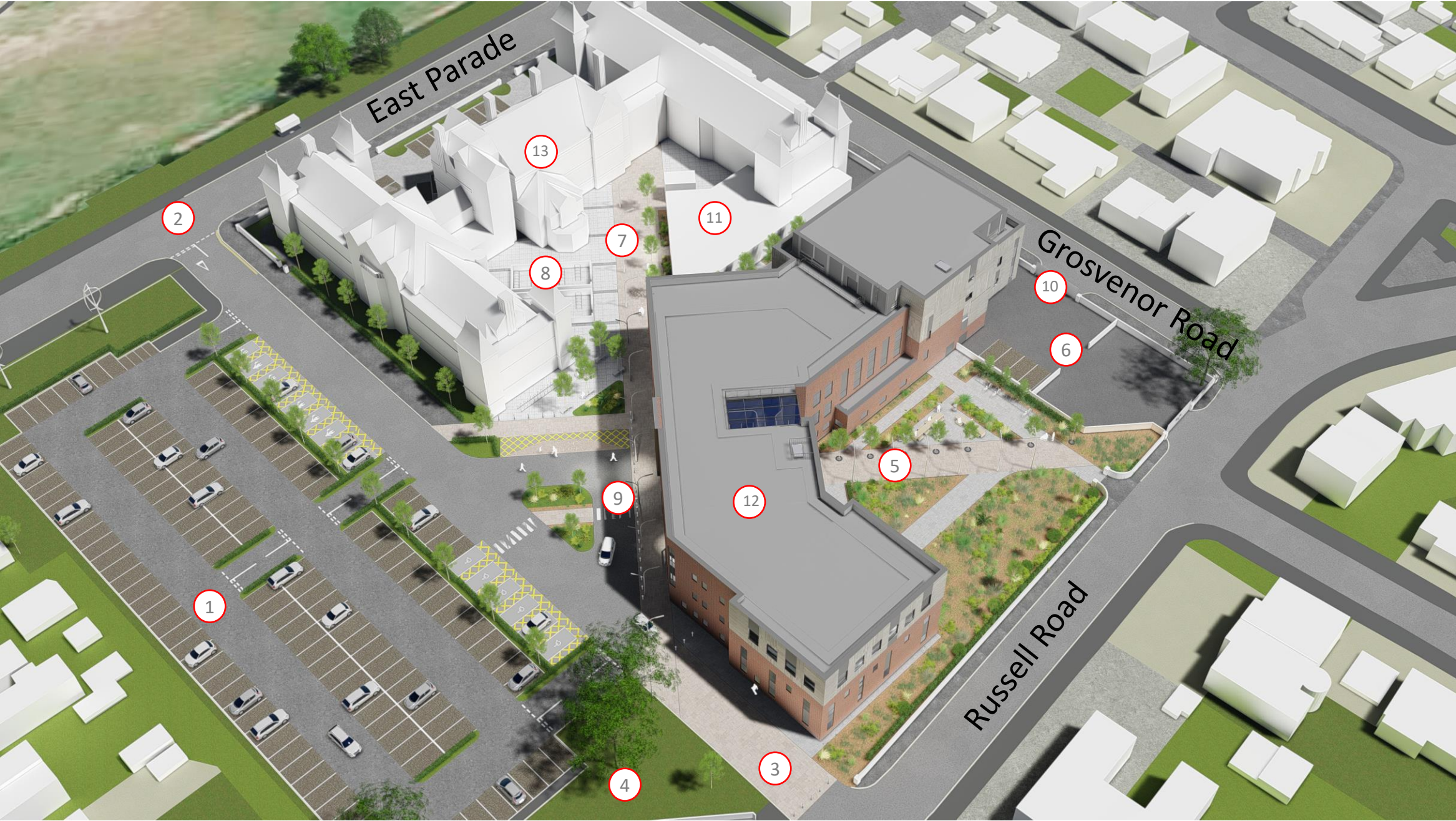
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- 7. Plant room louvres
- 8. Rockpanel colours – feature cladding
- 9. Bries Solei façade feature



4.0 Landscaping

4.1 Site Overview



Key Landscaping Components

- | | | |
|---|--|--|
| 1. Main car park with permeable surfacing | 4. Existing green space opened out into main hospital campus | 8. Secure cycle parking area |
| 2. Existing road entrance into the site retained – road to be adopted by the Health Board | 5. Green space with outdoor seating area to the rear of the new hospital | 9. Ambulance drop area |
| 3. Exit onto Russell Road restricted access for emergency use only | 6. Hospital service yard | 10. Service entrance from Grosvenor Road |
| | 7. Shared courtyard with pedestrian link between buildings | 11. Proposed energy centre |
| | | 12. Proposed Community Hospital |
| | | 13. Existing Royal Alexandra hospital |

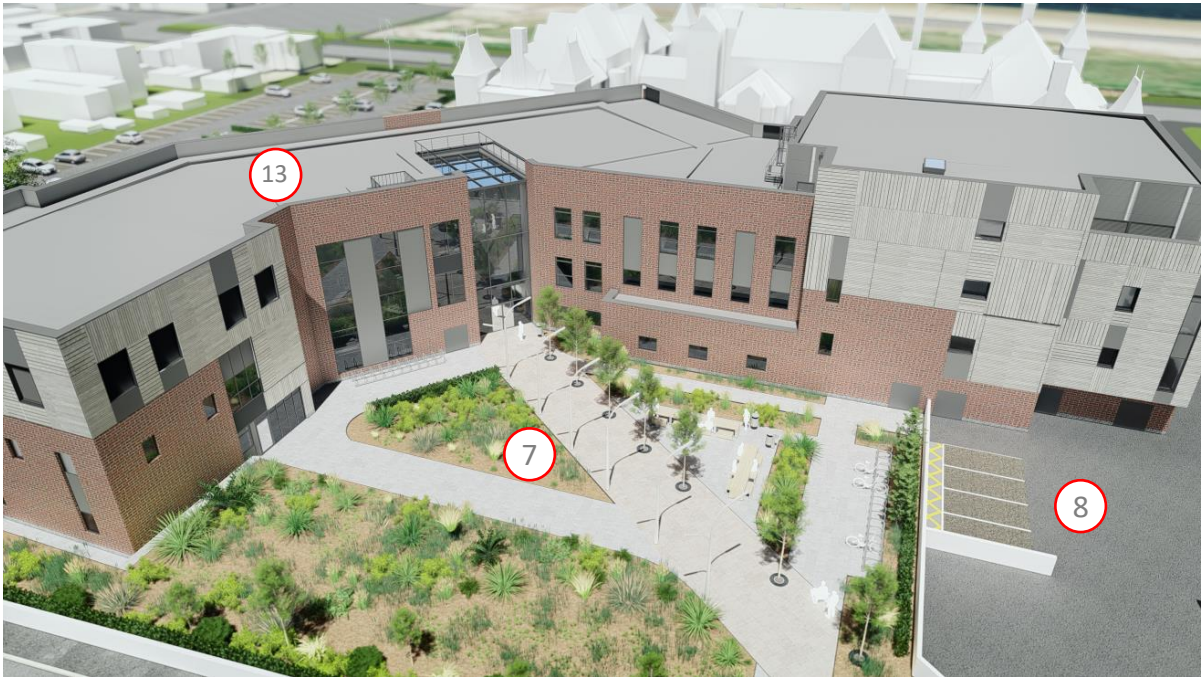


4.0 Landscaping

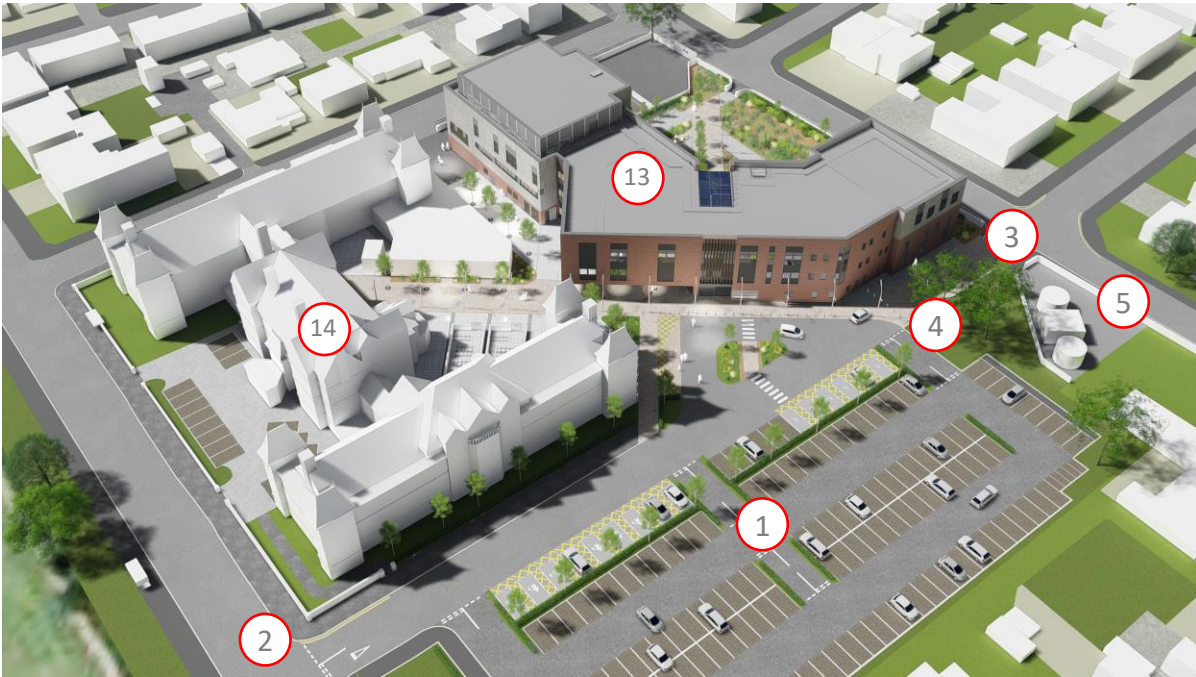
4.1 Site Overview



View looking above the exiting RAH showing the proposed pedestrian link between the new and existing buildings



View looking into the new landscaped rear courtyard space, providing open green space opportunities, which will be sheltered from the costal weather & providing opportunities for outside seating.



Birdseye view showing the relationship between the existing & proposed building & its close adjacent parking areas.

Key Landscaping Components

- | | |
|---|--|
| 1. Main car park with permeable surfacing | 7. Green space with outdoor seating area to the rear of the new hospital |
| 2. Existing road entrance into the site retained – road to be adopted by the Health Board | 8. Hospital service yard |
| 3. Exit onto Russell Road restricted access for emergency use only | 9. Shared courtyard with pedestrian link between buildings |
| 4. Existing green space opened out into main hospital campus | 10. Secure cycle parking area |
| 5. Proposed sprinkler tanks set discretely within the landscaping | 11. Ambulance drop area |
| 6. Partly covered walkway into the proposed | 12. Proposed energy centre |
| | 13. Proposed Community Hospital |
| | 14. Existing Royal Alexandra hospital |



4.0 Landscaping

4.2 Soft Landscaping



Soft Landscaping

Creating a low maintenance seasonal sensory space, using a mixture of decorative & ornamental grassing and wild flowers.

Final planting scheme will be developed with a landscape architect and designed to satisfy the ecology requirements defined as part of the Breeam Excellent rating.

Proposed planting species include:

- Cordyline Australis
- Thrift Armeria
- Festuca Glauca
- Erigeron Fleabane
- Sea Holly Eryngium
- Verbascum



Tree Type 1 - 31 no. Alnus Spaethii Spaeth

This is a medium sized fast growing species with a mature height of 12-17m and an approximate height of 2.1m to the underside of the crown. This species has been chosen to help frame key views through the site, reinforce the pedestrian and vehicular routes and retain visual permeability across the site at ground level.

Tree Type 3 - 2 no. Tilia Cordata 'Greenspire'

This is a slow growing large species that has a mature height of 25m. This species has been selected to extend the two clusters of existing trees fronting Russell Road, further enhancing the feeling of enclosure within the site whilst reinforcing the tree lined route along Russell Road.

Tree Type 2 - 14 no. Ulmus Lutece

This is another medium sized fast growing species with a mature height of 17m and an approximate height of 1.8m to the underside of the crown. Similar in height to Tree Type 1, the slightly smaller crown of the Ulmus Lutece will help reduce the scale of the development within the central 'courtyard' and to the rear of the proposed building.



4.0 Landscaping

4.3 Hard Landscaping



1. . Key Pedestrian Routes - Finished in a combination of natural stone



2. Secondary Pedestrian Routes - Concrete paving slabs have been selected for the areas of hard landscaping branching off from the key pedestrian routes.



3. Car Park Bays - will be finished in Permeable Block Paving



4.0 Landscaping

4.4 Proposed Parking overview

Indicative image only

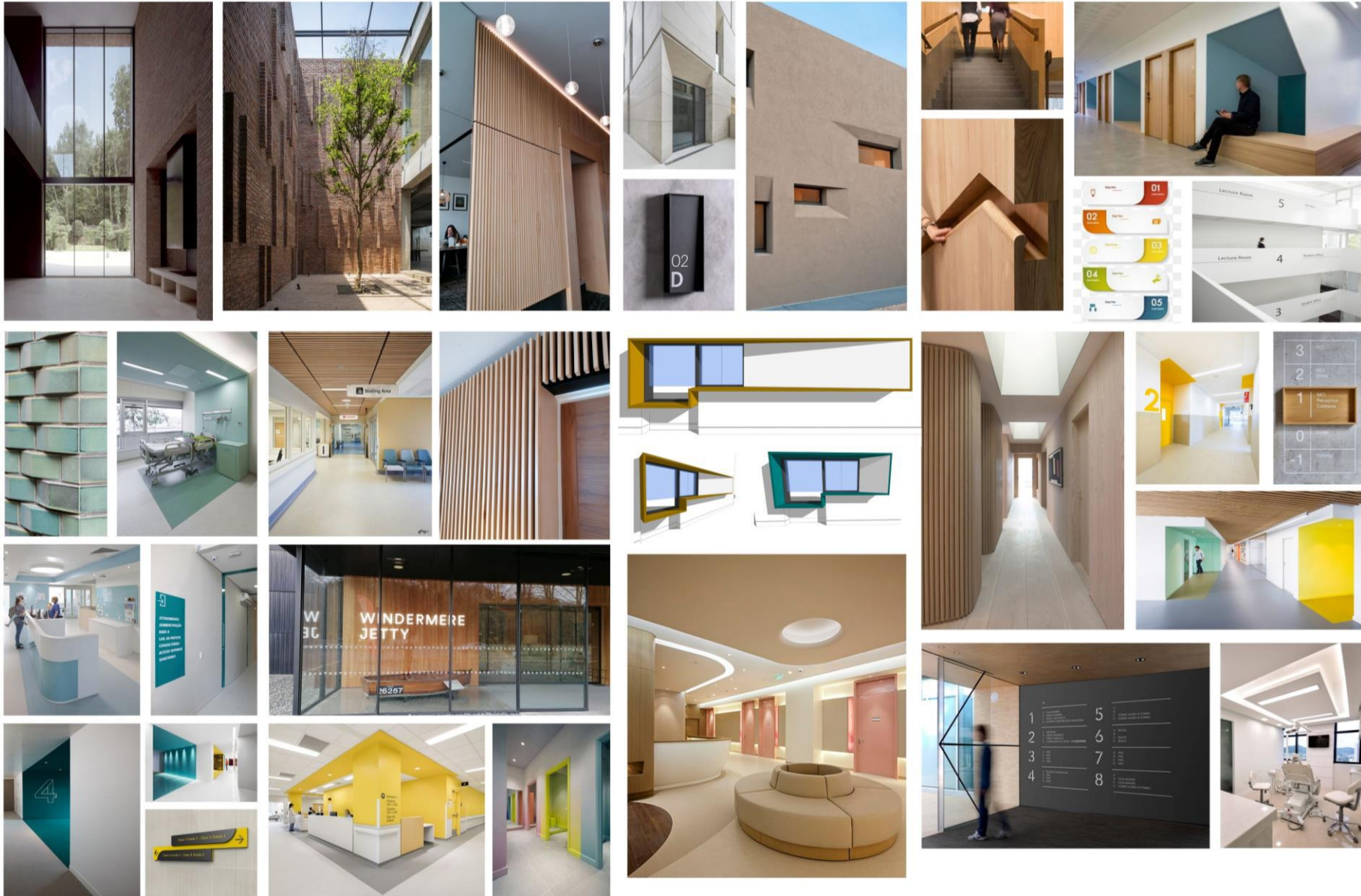
Parking Provision

- 1. Existing staff parking retained
- 2. Proposed car park egress point
- 3. Proposed car park access/egress point
- 4. Parent & child parking
- 5. Accessible parking
- 6. Electric parking
- 7. Motorcycle parking
- 8. Pedestrian crossing leading directly to parent and child and accessible spaces
- 9. Cycle storage
- 10. Secure staff cycle parking area
- 11. Electric parking
- 12. Deliveries
- 13. Refuse Collection



5.0 Interior Design

Atrium & Circulation Precedent Images



All images indicative and subject to Kier Cost Plan review

THIS SECTION OF THE REPORT SHOULD BE READ IN CONJUNCTION WITH THE SEPARATE INTERIOR DESIGN STRATEGY DOCUMENT.

Interior Design, Light & Colour, Views & Special Quality

Some of the key messages that we have developed through our design and in collaboration with our various stakeholders are;

- Designs that focus on providing light, fresh and innovative interiors that promote wellbeing and recovery.
- Working closely with the Health Board and stakeholders to develop a scheme that is bespoke to their individual project and meets the needs of the service user group, through thorough user engagement.
- Working within the preferred estate specifications to maintain consistency, whilst also challenging expectations and bringing innovation throughout the process.
- Using our experience to help us understand the challenges of designing for healthcare environments.
- Incorporating & developing environmental branding to suit the health boards corporate requirements, via use of colour, artwork and graphic design.
- Having a holistic approach to design, working closely with the architectural team and other design team members to enhance and add value to the design scheme wherever possible.
- Inputting interior design within all aspects of the scheme including lighting, furniture, artwork and signage to provide a coherent and multi sensory design scheme.

5.0 Interior Design 5.1 Interior Concepts



View upon entry into the building, showing reception & the casual waiting area



View showing the proposed feature wall that continues along all levels of the atrium space



View Looking up the atrium light well



View from rear of entrance lobby showing café space

ENTRANCES & ARRIVAL

The main entrance & arrival zone has been carefully considered to ensure the key approaches to the building are obvious & accessible. The main entrance accommodation will include,

- Provision for patient drop off which includes private and patient transport services.
- Opportunity to provide an automated self-check area adjacent to / within the main entrance, which would supplement the central reception area.
- A traditional central waiting area has been avoided. However, some convenient informal seating, will be provided.
- A central Reception that is welcoming and open, located adjacent to the main entrance.
- Space is provided for a Café within the main public circulation / entrance area.

WAYFINDING – BUILDING IS CLEARLY UNDERSTANDABLE

The wayfinding strategy is currently under development, but early ideas illustrate show an easy to follow colour coding within the signage and within the floors in the key circulation areas. Giving the ability for patients to follow the department coloured line in the flooring to reach there required department.

All images indicative and subject to Kier Cost Plan review



5.0 Interior Design 5.1 Interior Concepts



First Floor atrium space, showing colour coded wayfinding & feature wall



Example departmental reception area, creating a secure enclosure space for the staff that still offers a welcoming, clear and accessible space for checking in.



Typical waiting area space with optional feature wall
All images indicative and subject to Kier Cost Plan review



5.0 Interior Design 5.1 Interior Concepts



Department entrance –showing use of colour & ceiling features to identify the department



Physiotherapy treatment bays



Outpatients reception area with a clear view from the main department entrance towards the main receptions



Outpatients waiting area

All images indicative and subject to Kier Cost Plan review

5.0 Interior Design 5.2 Designing for Dementia



Touch down base in the ward area



Communal dinning and activity space in the ward area – dementia friendly design

All images indicative and subject to Kier Cost Plan review

Designing for Dementia

The following design principle have been applied to the design of the interiors;

- Local influences to help with place making, art work is a great way of incorporating this I to the design.
- Ensure that the ability to tell the time with clocks situated throughout spaces to help understand the time and date. This encourages patients to undertake activates such as eating or reading.
- Different levels of light to help with the circadian rhythm in the way of task lighting, Mood Lighting and wall lights on setting to suit the time of day. For example having low level lighting at night encourage the residents to wind down for the night, having task lighting during the day encourages patients to be more active.
- Designated well designed dining areas to promote eating and the instigation of eating, using dressers and table set ups to prompt the patient to eat.
- Include areas in the day space to promote activities such as board games, reading, crafts i.e. knitting, social interaction by adding storage and suitable furniture to be a able to undertake these activities including supportive chairs, open book cases to prompt residents to undertake the activities.
- Incorporate artwork that promotes a family environment i.e. pictures of residents and family as you would at home.
- Provide a choice of seating to encourage users to use the communal space, different height chairs and a mixture of fabrics, the choice of large chairs small choirs high back mid back, which can make patients feel comfortable in the space and want to use it. This help patients with dementia to be more social improving wellbeing.
- Use tonal flooring avoid step and the use of black or blue flooring that may look like a hole or water.
- Avoid patterns the might confuse the resident and encourage them to pick at the fabric or floor.
- Use subtle but identifiable colour zonings for each area or floor so that the resident can identify where their floor or space is that them want to use. Connecting colour and art to a space help with ease of finding thing when confused.

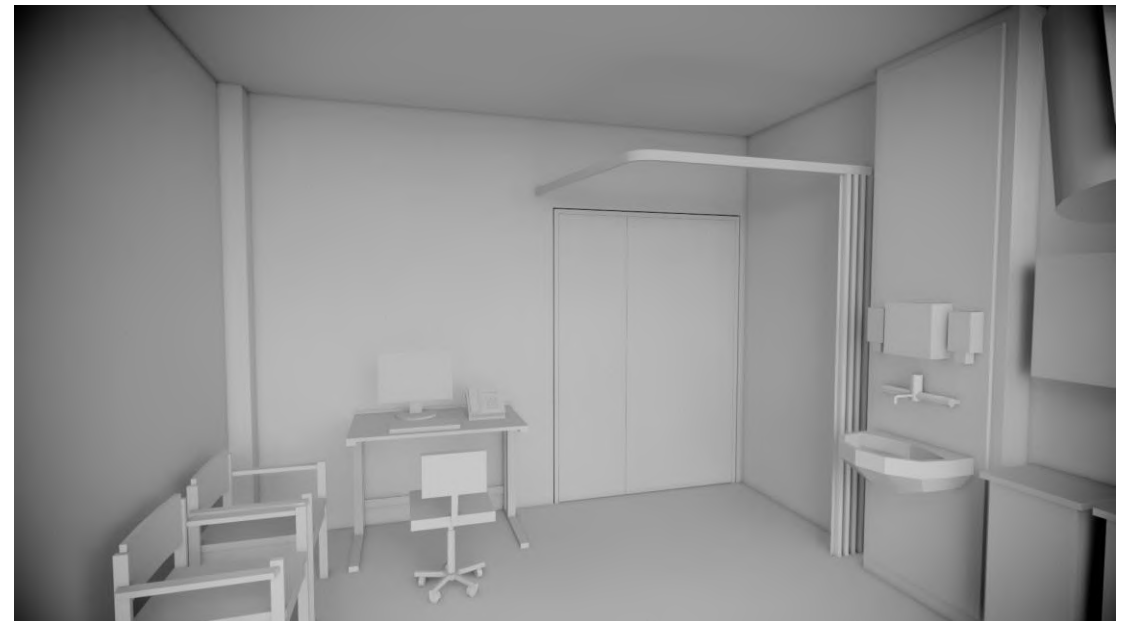


6.0 Secure by Design Considerations

1. **Boundary Treatment** - The site is generally open with hard and soft landscaping to the front and rear of the building. The FM entrance and loading area is secured with a compound wall. There is a secured plant compound to the north of the new building, adjacent to the existing. There is also a secured sprinkler compound to the south west of the site. The existing low level brick wall to be retained with soft planting & sporadic trees to the south boundary.
2. **Public Entrances** - The main entrance to the building is directly opposite the car park with a clear unobstructed view. There is a draught lobby and side door for out of hours access.
3. **Signs** - Signs from the site entrance through to the destination departments should be clear and multilingual as appropriate. Departmental colour way finding system to be used, with a wall and floor colour scheme guide incorporated which enables visitors, who are often confused by medical terms, to follow the appropriate colour to the required department.
4. **Vehicular Access** - Main patient carpark is located to the west of the site with ambulance drop off close to the main entrance of the building. The proposals look to reduce the amount of non-hospital traffic through the campus by restrictive access to the south junction (emergency use only).
5. **Pedestrian Access** - Casual intrusion by the general public is discouraged by creating footpaths designed to serve the building entrances with no unnecessary access routes or footpaths.
6. **Surveillance/CCTV** - There will be a centrally recorded CCTV system present on site
7. **Lighting** - There will be primary lighting on the main pedestrian promenades to the front and rear of the building. Lighting requirements to FM and plant compounds to be reviewed.
8. **Ground Floor Windows** - To be certificated to BS 7950 Windows of Enhanced Security or LPS 1175 SR 2 or 3 as well as the relevant performance standard
9. **Internal Layout** - Internal layout has been designed with departmental flows in mind. Patient flow access is limited and controlled by staff where necessary. Refer to security strategy diagrams for more information.
10. **Hospital Entrance & Visitor Control** - The number of public entrances into the building is minimum with an agreed out of hour access control system. The Main reception located adjacent to main entrance will be used during departmental opening hours, there will be a shutter to reception for out of hours access. Out of hours access to the ward will be controlled electronically to the side door of the draught lobby and lifts. The main control for this located on the Ward reception, second floor level. The reception desk serving the main public entrance will have full visual surveillance of everyone entering the hospital.
11. **Treatment Rooms** - The layout of treatment rooms generally omit / minimises the obstacles between the doctor/nurse and the door. Patients are not positioned between staff and the main entrance door. Panic alarms systems to be considered for the higher risk services.
12. **Pharmacy** - There is no primary pharmacy in the building, each department has varying pharmaceutical requirements. All drugs storage access is controlled with staff access with electronic or manual locking to storage/treatment/laboratory rooms. All individual storage cupboards and fridges are lockable.
13. **General Wards/Access Control** - Out of hours access is controlled through the main ward reception.
14. **Corridors & Circulation** - Patient flows are controlled with manual and electronic locks withing departments. Corridors have been designed with clear lines of sight. Corridors are designed to be as straight as possible, are well lit. There is access control to non-public areas.



Wayfinding objectives, departmental colour coding & use of floor demarcation



Typical treatment room image demonstrating optimal furniture layouts.



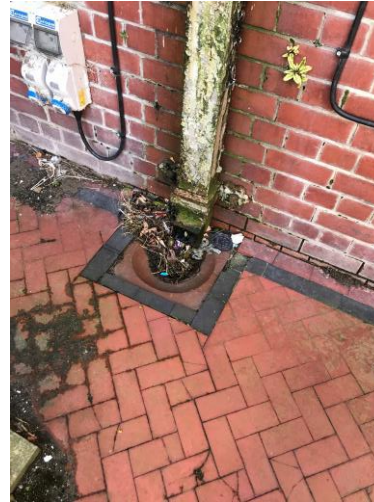
7.0 Refurbishment works to the existing building

REPAIRS & REMEDIAL WORK

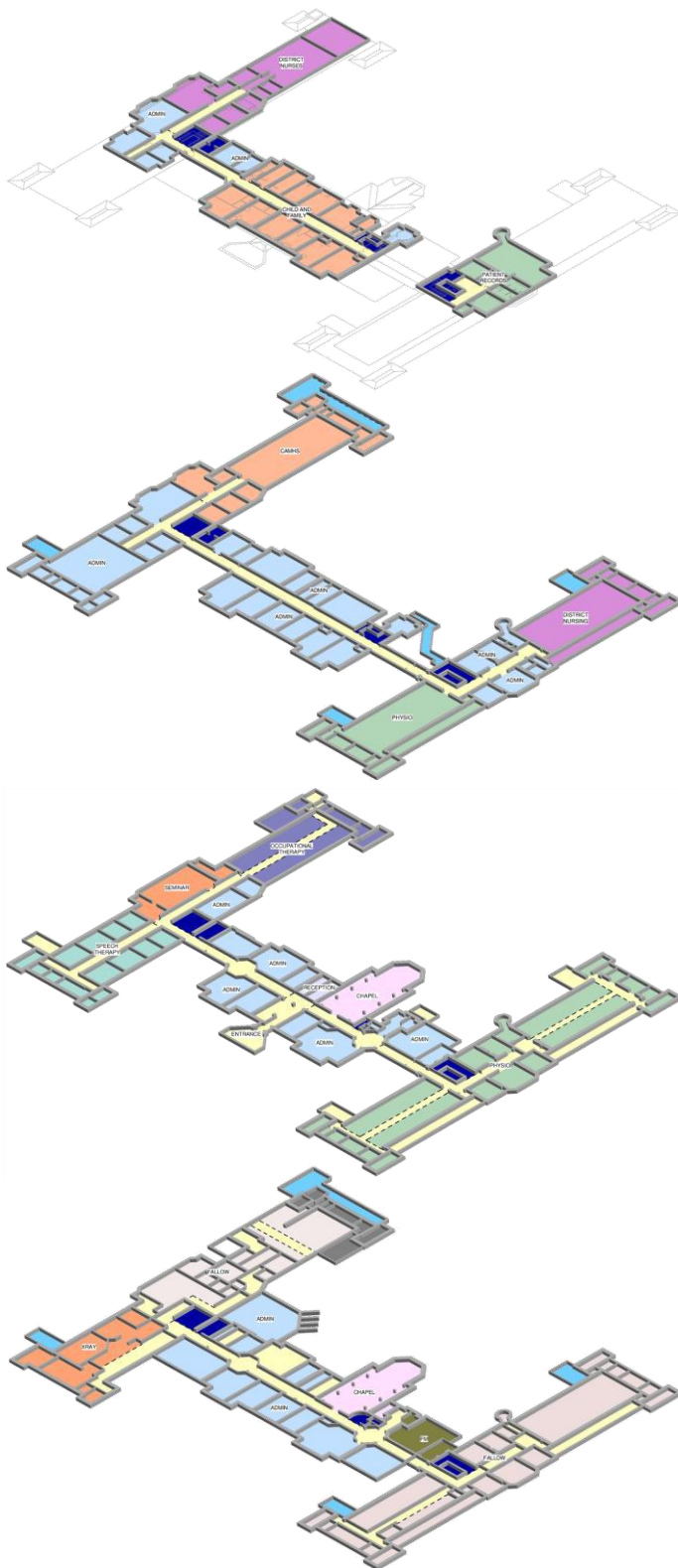
Water / Damp Ingress: There are a number of original cast iron RWP's (with original date stamp on the hopper) in poor condition with severe vegetation growth in evidence throughout the site. The growth could be contributing to the ingress of damp within the building. Internally there are signs of vegetation growth possibly caused by damaged drainage system or failed original floor. This is particularly noticeable in the basement at the North West corner of the hospital. Within the proposed refurbishment works the Health Board intent to remediate the damp issues & replace the failing Rainwater goods.

Windows: The hospital has a mixture of window materials, some not in keeping with the character of the building. These range from original timber sash, lead windows, metal framed windows and uPVC windows. Failing windows (around 50% in total) will be replaced for new.

Structure: The location of the hospital being on the coast has caused many original features to be become severely weathered and there are instances of structural movement evident on the East and South elevations along with the steel brace to the tower & severe weathering to the stone. It is intended that where stonework can be replaced it will be, with all required structural repairs completed.



7.0 Refurbishment works to the existing building



REFURBISHMENT & IMPROVEMENT WORKS

Escape Stair Replacement: The building has had a number for retrofit metal clad escape stairs added over the years. These stairwells sit on key elevations are not in keeping with the original building. The proposed works will include for the removal & replacement of these add-on. Creating stairwells that are more sympathetic to the listed building.

Internal Refurbishment: The existing hospital will continue to be utilised by the Health Board providing much needed support space & some retained clinical services. The building will receive a number of essential maintenance upgrades (such as heating & power) but will also receive a cosmetic upgrade to create more modern office & meeting spaces.



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