

Hospital Liaison Group Minutes Index

This document contains the minutes from the start of the Hospital Liaison Group meetings (2009). This replaces the previous set of documents following the website re-launch which took place in 2016. This document will be updated regularly, with new sets of minutes added consecutively.

Unfortunately, hyperlinks embedded in the minutes uploaded prior to website re-launch may have stopped working. Therefore, we have re-uploaded all the presentations and made sure that the date and their titles correspond to the relevant meetings. This should help in finding the right document.

**Minutes of the RSCH Hospital Liaison Group Meeting
Held on Wednesday 20 June 2018 from 7pm
Audrey Emerton Building, Royal Sussex County Hospital**

Present:

Cllr Gill Mitchell (GM)
5 local residents

Brighton & Sussex University Hospitals

Duane Passman (DP), Director of 3Ts
Alistair Jenkins (AJ), 3Ts Programme Administrator
Richard Beard (RB), 3Ts Head of Communications & Engagement

Laing O'Rourke

Noel Stockdale (NS), Senior Construction Manager.

Apologies:

Cllr Warren Morgan (Chair)
Jacqueline Nowell (Deputy Chair)
Phillip Goldsmith, Galliford Try
Cllr Nancy Platts, Brighton and Hove City Council
Simon Maurice, BSUH
Anna Barnes, 3Ts Associate Director for Governance
Steve Moores, Turner and Townsend

1. Welcome

Due to the Chair and Deputy Chair having to offer their apologies, Cllr Gill Mitchell kindly agreed to chair the meeting.

Cllr Mitchell welcomed everyone to the meeting and recorded apologies.

2. Minutes

The minutes of the previous meeting (21 February) were agreed. The matters arising were

- Mrs Redpath asked why she had not received the minutes by email as normal. Richard Beard (RB) explained that the distribution list had been adjusted in line with the requirements of the General Data Protection Regulations. It was established that Mrs Redpath is on the new list. RB apologised for the oversight and said he would ensure she received the minutes in future.

Action: RB to ensure Mrs Redpath is included in future distributions.

- Cllr Mitchell (GM) gave an update on the Arundel Road junction traffic lights. She explained that the new lights were now working fully, with an intelligent module that adjusts the operation of the lights based on the weight of traffic or type of vehicles waiting. The full operation of the lights has reduced queues at the junction and it is hoped that this will reduce the use of nearby streets by vehicles trying to avoid delays.

3. Emergency Department Update

RB explained that Simon Maurice from BSUH had offered his apologies for the meeting and that he would be giving a brief update instead. The update covered:

- The opening of the Emergency Ambulatory Care unit as the first phase of the Emergency Department reconfiguration and the positive impact this is having in the department.
- The next two phases of the programme that will involve improvements to the department's existing facilities, and the provision of short stay beds to help the flow of patients through the department.
- That the plans for the next two phases were being reviewed to ensure they still offer the best improvements for the quality of patient care with the minimum of disturbance to the running of the Emergency Department.
- The need for a replacement ambulance drop off area in the North Service Road to allow elements of the reconfiguration to go ahead.
- The move of the Linen Store from the North Service Road to the South Service Road to make room available for the replacement ambulance drop off area. This in turn has seen the night time deliveries of linen arriving via Upper Abbey Road and Whitehawk Hill Road rather than Bristol Gate.

Question: A query was raised about how long the linen deliveries would remain in this area.

- RB explained that the Linen Store would remain here until the 3Ts Stage 1 Building opened at the end of 2020. He added that because of the operational requirements of the hospital, night time deliveries were the only option.
- RB explained that the move of the Linen Store coincided with the beginning of a contract with a new supplier and that some flexibility of delivery time might be achievable, moving more towards 10 pm in the evening rather than the early hours of the morning. Attendees agreed the earlier the delivery could happen, the better.

Action: RB to share local residents' feedback with Facilities Management colleagues.

4. Clinical Administration Building

Duane Passman (DP) gave an update on the Clinical Administration Building. The update covered:

- The move into the upper two floors of the building by BSUH staff.
- The scheduled completion of the building in August.
- The need to shut down both the Clinical Administration Building and the Courtyard Building, which contains wards, to complete the connection of the Low Voltage and High Voltage power supplies to the Clinical Administration Building.
- The need for two more short closures of the North Service Road. One for the delivery of an emergency back-up generator, that was happening at the same time as the meeting. The other for the removal of the generators currently supplying the building, which will happen in August once the electrical connections are completed.

Question: A question was raised about the delay to the building and whether the completion date was likely to change again.

- DP explained that the date had not changed over the past few programme reviews and that this was normally a good sign that a completion date was realistic.
- DP explained that a number of factors had contributed to the delay of the CAB construction works, including obstruction to the foundation works, wind delays to crane lifts and the presence of large pieces of reinforced concrete where the building's power lines were supposed to run. The most recent delay was caused by the supplier of the building's modules, MTX, going out of business due to the collapse of Carillion. This led to the lead contractor, Galliford Try, having to find another company to complete works on the modular elements of the building.

Question: Were Laing O'Rourke (LO'R) affected by the Carillion issue?

- DP explained that LO'R were not affected by the problems with Carillion. He added that LO'R had previously issued a profits warning because of problems with a very large hospital construction programme in Canada, that was four times larger than the 3Ts project. This was no longer an issue and the company would be in profit at its next financial announcement.
- Noel Stockdale (NS) added that although the company had to issue notice of a loss it had, and has, a large financial contingency that meant the security of the company was never at risk.

5. 3Ts main scheme update

NS introduced a film created from the time-lapse pictures of the Stage 1 Building, running from March 2017 to May 2018. It finished with a computer generated representation of the whole of the Stage 1 construction programme. He talked through the different stages of the programme to date. He then gave an overview of recent and upcoming works on the Stage 1 Building, that covered:

- Progress on the construction of the Stage 1 Building, up to level 3 on the north west of the site and level 4 on the north east of the site.
- That activity on the Stage 1 site would continue much as it had been for the last few months, whilst the framework for the building is constructed. It will include the deliveries by concrete lorries and flat-bed lorries, carrying the pre-cast parts for the building.

Comment: The comment was made by Councillor Mitchell, and agreed by all present, that the vehicle deliveries to site had a much lower impact on the road and surrounding area than had been feared in the early days of the project, when the vehicle numbers were first discussed.

NS gave an update on the helideck which covered:

- Current works to remove the support scaffolding from the roof of the Thomas Kemp Tower, which necessitated the removal of small areas of the deck itself.
- The reinstatement of the deck once the scaffold works were complete.
- The cut through of doorways from the Thomas Kemp Tower to the helideck lift.
- The installation of the lift's motor later in the week.
- The operational date for the helideck of early 2019.

6. Any Other Business

The Secretary for the Manor Park Residents' Association expressed concerns about hospital staff parking in the area and gave examples of when inconsiderate parking had caused problems on the roads. She requested that more parking be made available for staff, expressed concern that the existing park and ride was not adequate and asked that a representative of the hospital attend the next residents' meeting.

- DP explained that the original staff park and ride scheme was for 100 spaces, which was the amount that was displaced by the 3Ts redevelopment. The park and ride now operated out of a single location, at Brighton Race Course, and offered 170 spaces for staff.
- DP said the 3Ts team would contact colleagues in Security who have overall responsibility for parking and ask them to attend the next residents' meeting.
- RB explained that he had attended the residents' meeting before last, when parking had been the major theme, and apologised for not being able to attend the last meeting. He updated on suggestions for alternative parking solutions that had come from the residents' meeting:
 - Parking on the top floor of the Marina car park. The Marina management company are not interested in this proposal.

- Parking in the area of Black Rock. GM explained that this is a development area and is not available for parking.
- Parking in the dead end road area near Black Rock. RB explained the cost would make this unworkable.
- RB said that the Trust would be conducting a full parking review in the near future, including current provision and future possibilities when the 3Ts underground car park opens.
- GM commented that a residents' parking scheme was the only way to manage this situation and that the scheme would be put forward for public consultation in due course.

Action: RB to contact the Security Team about attending the next Manor Farm Residents' Association meeting.

7. Date of the Next Meeting

It was agreed by all present that an August meeting was likely to have a very light attendance and that the meeting would be moved to September instead.

Wednesday 12th September at 7pm (coffee/tea from 6.45pm) in the Audrey Emerton Building.

**Minutes of the RSCH Hospital Liaison Group Meeting
Held on Wednesday 22 February 2017 from 7pm
in the small lecture theatre, Audrey Emerton Building, Royal Sussex County Hospital**

Present:

Cllr Warren Morgan (Chair)
Cllr Gill Mitchell
14 local residents

Brighton & Sussex University Hospitals

Anna Barnes, 3Ts Associate Director for Governance, BSUH
Richard Beard, 3Ts Head of Communications & Engagement, BSUH
Jacqueline Nowell
Duane Passman (until 19.25 as Director on Call)

Laing O'Rourke

Noel Stockdale, Senior Construction Manager.

Turner and Townsend (for Galliford Try)

Steve Moores

Integrated Healthcare projects (IHP)

Rod Nutbourne, Senior Project Manager

Apologies:

Phillip Goldsmith, Galliford Try
Cllr Nancy Platts (B&HCC)
Oliver Phillips (BSUH)

1. Welcome

Cllr Warren Morgan (Chair) welcomed everyone to the meeting.

2. Minutes

The minutes of the previous meeting (13 December) were agreed subject to the following amendments:

- 3.2 There is not yet an ability to bring back two way traffic to the North Service Road as stated incorrectly in the minutes
- 5.2 Correction of typo; **to** not **two**
- 6. **Upper** Abbey Road not Abbey Road.

3. Operation of North and South Service Roads

3.1 Duane explained that the operation of the North and South Service roads was contingent on logistical challenges on the highly congested site. To give an example, he outlined how the service ramp on the South Service Road would need to be moved in order to

open the road again. He said he would be having a conversation with the new Director of Facilities and Estates, Phillip Holmes regarding this issue. It was still hoped to reintroduce two way traffic on the North Service road in April/May.

4 Emergency Department Update

4.1 Rod introduced himself and gave a brief update regarding the ED development. He reported that the costs were still being finalised, but could give some information regarding timescales:

- The total development would take 80 weeks.
- The steel frame would be constructed over a period of 12 weeks.
- The initial mobilisation period would begin in May.
- Liaison with local residents would therefore begin in April.
- During the development there would be a logistics manager and 7 operatives on site in order to control traffic movements.
- Marina Way car park would be used for holding IHP deliveries, so that inconvenience to local residents would be minimised.
- The clean/dirty linen store would be moved in order to create more room for patient transport, as there would only be two ambulance bays still in use.
- However minor injuries or ambulatory patients would be encouraged to use the main entrance to the hospital.

4.2 There were several questions from local residents:

- Question: How would the piling be auger or pile driven?
Rod replied that the piling would not be pile driven, so not extremely noisy.
- Question: Would there be spoil lorries entering/exiting the site, as had been experienced for 3Ts? Rod replied that the volume would be significantly reduced compared to 3Ts @ circa 50 lorries over 12 weeks. He added that the route would need to be agreed with the local authority.
- Question: Would contractors be parking on site? Rod said that contractors would only park to load/unload, and would be transported to site in mini buses from Marina Way. It was not envisaged that there would be much impact in Upper Abbey road as most traffic would go via Bristol Gate.

4.3 Rod finished by saying that IHP were signed up to the Considerate Contractors' scheme, and would therefore provide a contact phone number available 24 hours a day. There would also be regular open days for local residents and monthly communications regarding the scheme.

5. 3Ts Decant: Clinical Administration Building

5.1 Steve Morris then introduced himself and provided an update concerning the Clinical Administration Building. He reported that the building was close to completion, and that the interior would be finished in the next month. The focus would then shift to the exterior ground works.

6. 3Ts main scheme update

6.1 Noel Stockdale (who needed no introduction) then proceeded to give an update regarding the main scheme:

- **Helideck and ramp**
The ramp is close to completion as is the North Staircase. Noel explained that there had been some challenges on site owing to the recent high winds, and that 57% of the available time had been lost (winded off) since Christmas. However all brackets for the trauma lift had been installed and the initial structure for the trauma lift had been successfully delivered (under police escort) the previous week.

- **South Service Road**

Noel was unable to say when this would be available to non- construction traffic as he wanted to have a more in depth discussion with IHP first regarding the ED development.

- **Excavation**

Noel was pleased to report that the excavation phase was now complete and the road sweeper would no longer be required to clean the road of chalk on a daily basis. The service would still be used on a weekly basis He apologised for the noise and inconvenience this had caused to local residents in recent months.

- **Extended working hours**

Noel explained that the works to the basement would now require a period where work would need to take place in the evening for a short period on order to lay the concrete slab. This would not be noisy, but would need illumination until 10pm, as necessary. This was to ensure that the brush finish would have sufficient time to “go off”. LO’R would communicate this in advance to local residents.

- **Arundel Road junction**

The lights were now switched on. Noel suggested that they might need re-phasing after a few weeks, based on the experience of the traffic movements in real time. One local resident commented that the lights had made it easier for pedestrians to navigate this junction.

- **Community events**

Noel finished by outlining several community initiatives as part of the Sustainability and Social Value plan¹. His team would be renovating some areas of Downs View School in Woodingdean, working in partnership with students from Greater Brighton Metropolitan College. The LO’R team was also entering the Considerate Contractors’ award scheme again this year. Gill asked for some equivalent work to be undertaken in Whitehawk, which Noel agreed would be a priority later in the year.

Action: Noel Stockdale

¹ [Social Value in Construction](#)

6.2 Local residents had some questions for Noel:

- **Question:** Would the helideck ramp be weather proof?
Noel replied that a mesh would be constructed on the sides, but that it would not be enclosed.
- **Question:** Could the cranes possibly overlap?
Noel explained that the cranes used a SMIE system² which prevented them from over reaching each other, and meant that they automatically cut out at circa 4m proximity.
- **Question from Cllr Mitchell:** How much concrete would be required to be delivered:
Noel replied that at peak periods, there would be circa 32 lorries a day (as compared to 100 lorries during the excavation period).
- **Question** re noise of the cranes: Noel replied that he was not able to reduce the noise that had been reported. The same local resident asked whether the car park could be used early, once complete. Noel replied that he needed the space for the construction team, so that this would not be possible.
- **Question:** would it be possible to visit the site? Noel replied that this was in hand and he would be organising tours to the site viewing platform once the evenings were lighter.

Action: Noel Stockdale

- Finally one local resident asked if the leaflet and newsletter was being updated. Richard replied that he was planning to do some imminently. He also took the opportunity to remind people about the forthcoming “name the crane” competition.³

Action: Richard Beard

7. Any Other Business

- 7.1 Warren thanked Duane, Rod Steve and Noel for their updates and thanked people for their attendance.

8. Date of the Next Meeting

Wednesday 11 April at 7pm (coffee/tea from 6.45pm) in the Audrey Emerton Building.

² [SMIE anti collision system](#)

³ [Name the Crane](#)

**Minutes of the RSCH Hospital Liaison Group Meeting
Held on Wednesday 13 December 2017 from 7pm
in the Lecture Theatre, Audrey Emerton Building, Royal Sussex County Hospital**

Present:

Cllr Warren Morgan (Chair)
11 local residents

Brighton & Sussex University Hospitals

Anna Barnes, 3Ts Associate Director for Governance, BSUH
Richard Beard, 3Ts Head of Communications & Engagement, BSUH
Jacqueline Nowell
Oliver Phillips, Director of Strategy, BSUH

Brighton & Hove City Council

Andrew Renaut, Head of Transport Policy & Strategy

Laing O'Rourke

Noel Stockdale, Senior Construction Manager.

Galliford Try

Phillip Goldsmith, Galliford Try

Integrated Healthcare projects (IHP)

Richard Townsley

Apologies:

Jonathan Abbott, Project Director, LO'R
Robert Cairney, Director of Capital Projects, BSUH
Joe Stiddard-Jenkins, Turner and Townsend
Cllr Gill Mitchell
Duane Passman, Programme Director 3Ts, BSUH

1. Welcome

Cllr Warren Morgan (Chair) welcomed everyone to the meeting.

2. Minutes

The minutes of the previous meeting (18 October) were agreed to be an accurate record.

3. 3Ts Decant: Clinical Administration Building

- 3.1 Philip showed some updated images of the new Clinical Administration Building; both works in progress and artists' impressions of the final design.
- 3.2 The current completion date is now the end of April 2018. The internal and external works are well underway. Phillip reported that the impact on neighbouring roads would be drastically reduced once two-way traffic was reintroduced following completion in the spring. He apologised for the difficulties which had been caused to local residents in recent months.
- 3.4 Richard Townsley added that the ED team would work hard to ensure such incidents were not repeated during the ED development.
- 3.5 Warren thanked Phillip for the presentation.

4 3Ts Main Scheme Update

4.1 Noel Stockdale gave a 10 minute presentation of the developments on site which had taken place since March 2017⁴. This film had been created using time-lapse photography from the tower crane on the helideck. It showed the progress on site from the beginning of demolitions, through the excavation and piling phases. The photographs on site were also being updated every 20 minutes (although there was currently an IT issue affecting this facility). Noel made the following points:

- 300 000 tonnes of chalk excavated from the site
- 328 000 man hours expended
- (Only) 16 minor accidents
- 60% of the dig out now complete.

4.2 Noel reported that the wheel wash had been brought onto site, as was discussed previously. This had cut the dust quite dramatically. The Back to Black vehicle was also being used weekly.

4.3 The current activities on site included further works to the helideck, the Trauma lift and the FM (back of house) lift. This would make a significant difference for patients once complete.

4.4 There were some general comments that the management on site had been remarkable considering the amount of activity which had obviously taken place. There followed were various other questions from local residents as follows:

- Question: Would it be possible to arrange a site visit for local people?
- Noel replied that this was the intention, once there was more to show on site. Personal, Protective Equipment (PPE) would be required.
- Question: Another local resident asked if the leaflet could be updated, Richard agreed to do this, and said that he would also be issuing a bi-monthly newsletter jointly with LO'R.
- Noel added that the Social Sustainability Manger from LO'R (Faye Russel) was working with local colleges to increase employment opportunities for local people, specifically people who had been long term unemployed.

4.5 Warren thanked Noel for the presentation which had been really inspiring and informative.

5. Emergency Department Development⁵

5.1 Richard Townsley then updated the meeting regarding the plans for the redevelopment and expansion of the Emergency department (A&E).

- **Stage One**
The ground floor reconfiguration was complete, with the next couple of floors to be completed in January. This was the pricing and preparation phase in readiness for the next stage of the development.
- **Stage Two**
This would be the short stay ward, and was scheduled to be undertaken between the end of March 2018 and the end of April 2019.
- **Stage Three**
The refurbishment of the Emergency Department would include Resuscitation with several new 8 bed bays. This phase would necessitate the closure of the Urgent Care Centre (the minor injuries part of A&E) for 30 weeks.

⁴ We are working on uploading this film although the technology remains challenging.

⁵ Presentation available on HLG website

5.2 Richard T then explained some of the logistical challenges associated with this development, notably the requirement to bring in another tower crane via Bristol gate, and the closure to all traffic except to ambulances. There were several questions at this point regarding the need for communications about the road closures, and the importance of liaison with local taxi companies, for example.

5.3 Richard T mentioned the possibility of holding a workshop with local residents to discuss these ideas further.

Action Richard Townsley

5.4 Richard B added that he would use a variety of communication methods such as the site hoardings, social media, and leaflets/letters to patients.

Action : Richard Beard

5.5 There was a further discussion about making sure that any trauma cases would take priority during the redevelopment, and that construction related deliveries would be stopped if urgent casualties needed to be brought in.

5.6 One local resident was extremely concerned about the possible impact on her property, based on recent experiences with the Clinical Administration Building. Richard T reassured her that traffic marshals would be used during deliveries which should use the road, not block pavements. They would be closely monitored to ensure that there would not be a repeat of the previous issues. The local resident was encouraged to report any infringements of these arrangements. If necessary contractors who persistently ignored the delivery restrictions could have their contracts terminated.

5.7 Oliver agreed that a more comprehensive programme would be available for the next meeting.

Action: Oliver Phillips

6 North and South Service Roads

6. Richard B explained that it was not yet possible to give a firm date for when the service roads could revert back to their previous use. He acknowledged that the large delivery vehicles using the entrance off Upper Abbey Road caused problems, particularly when using the reversing sensor early in the morning. He would update the meeting in February following discussions with ED and CAB regarding further developments on site.

Action: Richard Beard

7. Any Other Business

7.1 As discussed previously, local residents felt that deliveries onto site were causing significant problems early in the morning. Another local resident asked if the waste compound access issues could be resolved, as this had been an on-going problem for several months.

7.2 Richard replied that he did not have any influence on the size of vehicles making deliveries, but would contact procurement regarding the parking sensor issue early in the morning.

Action: Richard Beard

7.3 Richard said that he was continuing to work to resolve the noise from an exhaust chimney on the west of the site close to the cafeteria which seemed to run 24 hours a day.

Action: Richard Beard

7.4 Richard was asked to instigate signage next to the yellow lines on Upper Abbey Road to prevent people parking there and making the traffic congestion worse. He did not feel able to place signs on the wall asking disabled people not to park there, as he did not think this would resolve the problem. Andy Renaut said that he would discuss the suspension of the parking bays with B&HCC, as this might alleviate some of the

problems on Upper Abbey Road.

Action: Andy Renaut

7.5 BSUH was asked to request representation from Estates and Facilities at the next meeting to ensure that these issues were appropriately addressed.

Action: Anna Barnes

7.6 Warren thanked Noel, Richard and Phillip for their updates and thanked people for their attendance.

8. **Date of the Next Meeting**

Wednesday 14 February at 7pm (coffee/tea from 6.45pm) in the Audrey Emerton Building.

**Minutes of the RSCH Hospital Liaison Group Meeting
Held on Wednesday 18 October 2017 from 7pm
in the Lecture Theatre, Audrey Emerton Building, Royal Sussex County Hospital**

Present:

Cllr Gill Mitchell (Chair)
11 local residents

Brighton & Sussex University Hospitals

Anna Barnes, 3Ts Associate Director for Governance, BSUH
Robert Cairney, Director of Capital Projects, BSUH
Richard Beard, 3Ts Head of Communications & Engagement, BSUH
Oliver Phillips, Director of Strategy, BSUH

Brighton & Hove City Council

Andrew Renaut, Head of Transport Policy & Strategy

Laing O'Rourke

Noel Stockdale, Senior Construction Manager.

Galliford Try/Turner and Townsend

Phillip Goldsmith, Galliford Try
Joe Stiddard-Jenkins, Turner and Townsend

Integrated Healthcare projects (IHP)

Richard Townsley

Apologies:

Jonathan Abbott, Project Director, LO'R
Cllr Warren Morgan
Jacqueline Nowell
Duane Passman, Programme Director 3Ts, BSUH

1. Welcome

Gill Mitchell (Chair) welcomed everyone to the meeting.

2. Minutes

The minutes of the previous meeting (19 July) were agreed. Under matters arising, several local residents complained about the state of the roads and chalk dust residue which was affecting neighbouring streets. There was a request from one resident for BSUH to clean windows locally. Anna Barnes replied that unfortunately BSUH was not sufficiently resourced to do so. Olivier Phillips reiterated the Trust's commitment to pursue extra preventative measures with Laing O'Rourke, such as improved wheel washing of site vehicles, as soon as possible, and said he would confirm the planned timeline for this with Duane Passman.

Action: Oliver Phillips

3 3Ts Main Scheme Update

- 3.1 Noel Stockdale began by apologising for the chalk residue on the roads (see 2 above) which had been noticeable over the past few weeks, becoming a nuisance on two occasions of very heavy rainfall. Noel said that once the hoardings were complete, it would be possible to install a wheel wash for the vehicles on site. A specialist road cleaner, called 'Back to Black', was being brought down from London each week to clean

the roads in addition to the usual wheel washing and road cleaning activities. Noel was confident that this would much improve the state of the roads and would be far more effective in preventing chalk from ending up on side streets and other roads. He then gave a verbal update regarding current and future activities:

Current

- Helipad substructure complete
- Crew accommodation being constructed
- Hoardings would be complete by the 2nd week of November
- Arundel Road junction was complete and would be operational within the next week. This will facilitate traffic flow to and from the Consolidation Centre
- South Service road is now available for joint use.

Main scheme

- Piling would be complete by the first week of November
- Tower crane will be installed before Christmas.

3.2 There were several questions concerning the existing construction traffic. It appeared that some construction traffic had been noticed in minor and unsuitable routes. Noel reiterated that number plates should be noted as (if sub-contractors of LO'R) it would be possible, once identified to discuss this with the drivers and take any necessary actions.

3.3 There was a discussion about site deliveries to the South Service Road.

A local resident asked about the shared use of the South Service Road and what this meant in practical terms because deliveries still seemed to be coming in the west end of the road. A supplementary question was asked about the size of vehicles coming to site and whether these could be reduced as discussed at previous meetings. Noel explained that the South Service Road was available for BSUH use between 5.30pm and 7.00am and then available to Laing O'Rourke during the day. Anna Barnes commented that in planning the deliveries it was considered better to have the deliveries enter and leave from the west end of the site during the day rather than delivering at night and then exiting from the west. Robert Cairney explained that there was no benefit to the Trust of having the South Service Road out of operation and that as soon as the Trust has full control of it again it would be re-opened. Richard Beard explained that the works on the lift for the helideck were the controlling factor in the current shared operation of the road.

Discussions were held about the size of the vehicles coming to the South Service Road and the difficulties some of them faced in manoeuvring. Robert Cairney requested that details of such vehicles be shared with the Trust by local residents so that further discussions about vehicle management could be held with the companies.

Action Robert Cairney

Further to this discussion an observation was made that vehicles with disabled badges, parking on double yellow lines, were often a cause of problems for delivery vehicles using the South Service Road. A query was made as to whether signs could be put up on the road directing disabled drivers to use the designated spaces in the hospital's car park. A similar idea, involving the distribution of leaflets onto the cars of disabled drivers, had been deemed impractical at a previous meeting. Richard Beard will look into the feasibility of this suggestion.

Action: Richard Beard

3.4 One local resident expressed concern about site safety more generally. He had observed a near miss when the linesman was cleaning the road, and had nearly been hit by a car. Moreover pedestrians were also still walking into traffic where the pavement on the North Side had been closed. He then added that LO'R was still on site and undertaking construction related activities at 18.50 and queried whether this was within the agreed operating hours. Noel agreed that safety on the Northern side of the road required continued vigilance, and said that the closure of the northern pavement, whilst not ideal, was still safer than leaving it open to pedestrians. He confirmed that contractors were allowed to operate on site until 19.00, but that noisy activities should

cease at 18.00.

4. **Emergency Department Development⁶**

4.1 Richard Townsley gave a presentation which outlined progress with regard to the new Short Stay Unit that will be located over the A&E drop off area. He explained that this is part of a wider programme of improvements around the Emergency Department including the introduction of a new combined Ambulatory Care Unit and expansion of existing ED facilities.

4.2 Richard Townsley showed some images of the new Short Stay Unit and provided an update of the plans.

- 1:200s now complete
- 1:50s in process
- Fire Officer reviews of the plans now taking place
- Site surveys are taking place
- External work on the Short Stay Unit to start on site in November – and will take approximately 12 months to build
- Refurbishment of Emergency Department complete by April 2019.

4.3 Gill thanked Richard for his presentation. There were several comments/questions:

- A local resident thought the overall design was somewhat unimaginative. He regretted that it did not reflect the more aesthetically pleasing design within 3Ts. He felt a chance had been missed to link the two designs together.
- Gill reported that some of the planning committee had shared this view, but that planning permission had been granted. Richard commented that the design was also considered ground-breaking and exciting by other members of the committee.
- Richard Townsley explained that the design had been constrained by the site, and the need to incorporate the load of the building through seven pillars. This was to ensure that ambulances would have the same access to ED when the building was complete as they do now. Following a question from a local resident it was noted that ambulance access would be restricted during the construction but the management of this was under discussion with both ED clinical staff and the South East Coast Ambulance Service.
- Site accommodation would be over the North Service Road as there was very little space adjacent to the ED. A question was raised about whether putting this in place would require the North Service Road to be shut. The answer was yes but for a limited time.
- There was a question regarding whether the roads would be strong enough to cope with the development. Richard Townsley was confident about this, but said that the site surveys would provide additional assurance.
- Last month's query about the potential impact on neighbours' privacy had also been addressed within the planning application.

5 **3Ts Decant: Clinical Administration Building⁷**

5.1 Philip showed some images of the new Clinical Administration Building; both works in progress and artists' impressions of the final design.

5.2 As had been discussed at previous meetings, this building would provide space for non-clinical services and administrative support such as the emergency resilience office and the site management function, but not direct patient care. Approximately 100 staff will be

⁶ Presentation available on HLG website

⁷ Presentation available on HLG website

based there.

- 5.3 Philip explained that the final 25 units required to complete the building had been installed. These units had to be lifted separately to the others because the previous lifts had been halted by high winds in September.
- 5.4 Scaffolding is being erected on the front of the building in order to complete the façade. The scaffold is being completed on the front of the building first so that the North Service Road can be re-opened as soon as possible. Philip said the planned date for reopening the road was Wednesday 25th October.
- 5.5 One more road closure would be required the date of which is to be confirmed.
- 5.6 Gill thanked Phillip and Joe for the presentation.

6. **Any Other Business**

- 6.1 A local resident asked if the waste compound access issues could be resolved, as this had been an ongoing problem for several months. Richard Beard replied that discussions were continuing and that a possible “scissor lift” option might be installed, which would allow the service road to return to its full width where it passes the Multi-storey Car Park. 6.2 A question was asked about the noise from an exhaust chimney on the west of the site close to the cafeteria which seemed to run 24 hours a day. Robert said he would look into the matter and see if its operation could be stopped at night.

Action Robert Cairney

- 6.2 The same local resident asked if the traffic marshals could ensure that bikes were able to get in and out of Upper Abbey Road safely when temporary road control measures are in place, specifically leaving some space on the pavement side of the road closed signs at the southern end of the road. Joe Stiddard-Jenkins said he would feed this back to the traffic marshals.

Action: Joe Stiddard-Jenkins

- 6.3 Gill thanked Noel, Richard and Phillip for their updates and thanked people for their attendance.

7. **Next Meeting**

Wednesday 13 December at 7pm (coffee/tea from 6.45pm) in the Audrey Emerton Building.

**Minutes of the RSCH Hospital Liaison Group Meeting
Held on Wednesday 19 July 2017 from 7pm
in the Lecture Theatre, Audrey Emerton Building, Royal Sussex County Hospital**

Present:

Cllr Warren Morgan (Chair)
Jacqueline Nowell
Cllr Gill Mitchell
Cllr Lloyd Russell-Moyle MP
13 local residents

Brighton & Sussex University Hospitals

Anna Barnes, 3Ts Associate Director for Governance, BSUH
Richard Beard, 3Ts Head of Communications & Engagement, BSUH
Duane Passman, Programme Director 3Ts, BSUH
Oliver Phillips, Director of Strategy, BSUH

Brighton & Hove City Council

Andrew Renaut, Head of Transport Policy & Strategy

Laing O'Rourke

Noel Stockdale, Senior Construction Manager.

Apologies:

Jonathan Abbott, Project Director, LO'R
Robert Brown, Head of Capital Development BSUH
Julian Goodliffe, Senior Project Manager, Galliford Try

1. **Welcome**

Warren Mitchell (Chair) welcomed everyone to the meeting.

2. **Minutes**

The minutes of the previous meeting (31 May) were agreed.

3. **Emergency Department Development**

3.1 Oliver Phillips gave a presentation which outlined progress with regard to the new Emergency Department. He made the following points in his presentation:

- The development will provide Increased space for patients who need urgent and emergency care, but do not need to be admitted, known as– 'Ambulatory Care'
- Increased ward space to take 'short stay' patients, who need to be admitted but only need to stay for 2 days or less
- Major refurbishment and increased capacity of the Emergency Department itself.

3.2 Oliver provided an update of the plans⁸:

⁸ Presentation available on the HLG section of the website.

- Full business case for £29.9m approved by NHS Improvement
- IHP appointed as Contractors through the DH ProCure 22 Framework
- Consultation event held on 28th June on the Bristol estate
- Planning application submitted to the council on 3rd July
- Internal work on Ambulatory Care area to start in August
- External work on the Short Stay beds to start on site in October – and will take approximately 12 months to build (subject to determination of the Planning Application)
- Refurbishment of Emergency Department complete by March 2019

Warren thanked Oliver for his presentation. There were several comments/questions:

- A local resident was alarmed about the potential impact on her privacy as she lived opposite the planned site and thought the windows would overlook her. Oliver said he would look into this issue as a matter of urgency.

Action: Oliver Phillips.

- Another local resident wanted to know what the likely impact would be on the North Service road and deliveries. Oliver said that he would ask IHP to present at a future meeting.

Action: Oliver Phillips

- There were further questions about the level of detail which would be available within the planning application. As the application had not been validated, it was not yet available to view on-line. Duane explained that once the application was validated there would be a statutory 12 week consultation period and the designs would be available to view both at the Planning Department and on-line. The Council would also send letters to all local residents who might be affected notifying them of the proposals and ways to comment on the application.

4 3Ts Decant: Clinical Administration Building

4.1 Duane then gave an update regarding the Clinical Administration Building.

As had been discussed at previous meetings, this building would provide space for non-clinical services and administrative support such as the emergency resilience office and the site management function, but not direct patient care. Approximately 100 staff would be based there.

4.2 He explained that the planned delivery of the remaining 18 modules (the remaining 1/3) had been delayed due to recent high winds (which exceeded the threshold for safe lifting of modules) and a crash on the A27. This meant that further road closures would be needed on the North Service Road in order to complete the delivery. This would be likely to occur in August, subject to discussions with B&HCC.

4.3 In order to restore two-way traffic flow on the North Service Road, some further adjustments would be required to the waste compound area in the Multi-Storey Car Park. These were under discussion with the relevant Trust officers.

4.4 There were several questions from local residents about this scheme:

- As the generator would be housed here, would it be noisy like the recent temporary generator?
- Richard replied that this would be a modern, state of the art establishment which would have appropriate sound attenuation.
- It was agreed that BSUH would investigate the sound attenuation levels of other similar generators.

Action: Duane Passman/Richard Beard.

5 3Ts Main Scheme Update

5.1 Noel Stockdale from LO'R then gave a brief update of current and future activities:

Current

- Helipad substructure nearly complete
- South Service road would be made available for joint use from the end of July
- Access for site deliveries would remain on Bristol Gate thereafter (4-6 deliveries per day)

Main scheme

- Over half of the piles had now been installed: piling would continue until the end of November. (He apologised for the noise nuisance to local residents).
- Zebra crossing being constructed next to Brighton College Junior School.
- Once complete, the closure of the pavement to the North of Eastern Road will take place to ensure pedestrian safety as vehicular movements increase. This is currently programmed to take place on 7th August.
- Arundel road changes to the traffic lights are also planned to start on 7th August. This will facilitate improvements to traffic flow to both the Consolidation Centre and via Woodingdean.

5.2 There were several questions concerning the existing construction traffic. It appeared that some construction traffic had been noticed in minor and unsuitable routes such as Coombe Road. It was suggested that number plates should be noted as (if sub-contractors of LO'R) it would be possible, once identified to discuss this with the drivers.

5.3 Duane and Warren agreed that the planned co-ordination meetings between B&HCC and BSUH would assist so that any other major construction projects within the City would then be factored into the 3Ts planning and vice versa.

Action: Duane Passman

5.4 LO'R was congratulated for the co-ordination of traffic movements on and off site via Eastern Road.

5.5 It was noted that the LO'R had still not provided the site contact details. However, Noel did say that there was a contact telephone number on the main gate. Duane suggested that, as there were numerous contractors on site, the initial contact should be via Richard Beard. IHP and Galliford Try would, in the meantime, be asked to provide contact details.

5.6 There was a further question about the amount of chalk on the road, which suggested that the wheel washing had not been totally successful. Noel agreed, and explained that once the Eastern Road pavement was closed and the hoarding line moved it had always been planned to provide a more robust wheel washing system on the site. He also offered to employ a road sweeper to clean up Eastern Road.

Action: Noel Stockdale

6. Any Other Business

6.1 A local resident asked if additional helicopter flights would take place above what had already been planned (@ circa 70 per year) with the ED development coming on stream. Duane replied that it was hard to predict the numbers of severely injured patients who would need the service, but he did not currently envisage more than had originally been planned. Duane reminded all those present that the Planning Consent granted provided for daylight hour flights only. There was an additional question about the radio mast on the high ground to the north of the site as the hazard beacon on top was no longer illuminated. Anna was asked to investigate if the hazard beacon is to be repaired.

Action: Anna Barnes

6.2 Another local resident thanked the council team for moving the recycling bins. There was a suggestion that they could remain in this new location. It was agreed that this would be explored.

Action: Cllr Gill Mitchell

- 6.3 There was a question as to whether there would be private patient provision within 3Ts. Duane explained that the Stage One development did not have any private provision as it was publically funded for NHS patients. Stage Two would have a small area which could be used for private patients, either outpatient or beds, if there was enough interest and a developer prepared to invest in this space.
- 6.4 Warren thanked, Duane, Oliver and Noel for their updates and thanked people for their attendance.

7. **Next Meeting**

Wednesday 18 October at 7pm (coffee/tea from 6.45pm) in the Audrey Emerton Building. **Please note change of time from 16th August.**

**Minutes of the RSCH Hospital Liaison Group Meeting
Held on Wednesday 31 May 2017 from 7pm
in the Lecture Theatre, Audrey Emerton Building, Royal Sussex County Hospital**

Present:

Cllr Warren Morgan (Chair)
Jacqueline Nowell
Cllr Gill Mitchell
15 local residents

Brighton & Sussex University Hospitals

Anna Barnes, 3Ts Associate Director for Governance, BSUH
Richard Beard, 3Ts Head of Communications & Engagement, BSUH
Julian Goodliffe, Senior Project Manager, Galliford Try
Duane Passman, Programme Director 3Ts, BSUH
Andrew Renaut, Head of Transport Policy & Strategy, B&HCC
Oliver Phillips, Director of Service Strategy, BSUH
Noel Stockdale, Senior Construction Manager, Laing O'Rourke (LO'R).

In attendance

Apologies:

Jonathan Abbott, Project Director, LO'R
Robert Brown, Head of Capital Development BSUH

1. Welcome

Warren Mitchell (Chair) welcomed everyone to the meeting.

2. Minutes

The minutes of the previous meeting (22 March) were agreed.

3. 3Ts Decant: Clinical Administration Building

3.1 Duane introduced Julian Goodliffe from Galliford Try; the company installing the 3 storey modular build on the North East corner of the County site. As had been discussed at previous meetings, this building would provide space for clinical services and administrative support such as the emergency resilience office and the site management function, but not direct patient care. Approximately 100 staff would be based there.

3.2 Julian then provided a brief presentation of progress to date as well as the forthcoming works:⁹

- Soil nailing had already taken place in order to prepare the site for the foundations and to shore up the bank.
- Excavation had also taken place, and much of the much of the excavated material had been recycled to local organisations which would reuse the chalk (for instance for roads, buildings, farm land etc.).
- Julian was able to report that Galliford Try had scored 40/50 on the Considerate Contractors' Scheme and that there had been no safety –related incidents.
- He also reported that that 75% of the labour was local (including 2 local apprentices).

⁹ 31 May 2017 Clinical Admin Building 3Ts HLG

- Julian finished by saying that there had already been 249 lorry deliveries onto site, and that delivery of the modular buildings was due to take place over the period June 12-25th. The internal infrastructure would be completed between June to August, and the external works would then take place prior to the completion date of October 23rd.

Warren thanked Colin for his presentation. There were several comments/questions:

- A local resident congratulated the team on managing the traffic to site with minimal disruption.
- Gill Mitchell asked how the Bristol Gate deliveries were currently being managed. Julian replied that a single lane was remaining open for the time being, with traffic management support. A pathway for pedestrians was also provided. He agreed to provide a phone number for any questions regarding works on site.

Action: Julian Goodliffe:

3.3 Richard provided a schematic diagram which showed the proposed traffic diversions for the period when the North Service Road would be closed, diverting traffic via neighbouring streets and effectively creating a one-way system via Belle Vue Gardens, Walpole Road and Whithawk Hill Road. Staff parking on site would be suspended for the duration of the installation. This was necessary to ensure that the modular units described in item 3 could be safely delivered. It was also noted that parking would be suspended on Upper Abbey Road and that traffic marshals would be available to assist patients and visitors to site who required access.

3.4 Gill Mitchell expressed concern about these proposals, saying that there would need to be due consideration of any proposed changes by B&HCC, and that the resources to do this within the proposed timescales were lacking. Andy Renaut agreed, saying that first time visitors would find the proposed diversions too difficult to understand and that the signage issues required more thought.

3.5 A local resident then raised the issue of bus routes up Abbey Road as a potential problem. Warren Mitchell also asked about the volume of traffic which would be affected. Richard said he would find out.

Action: Richard Beard

3.6 Duane apologised for the impact on local residents of the proposed arrangements, saying that the team would endeavour to ensure that lessons were learned, and that in future traffic diversions were better planned. It was agreed to set up quarterly meetings with B&HCC thenceforth so that matters such as this could be discussed with increased lead time.

Action: Duane Passman

3.7 The proposed diversions would therefore be the subject of further consideration in the light of this discussion.¹⁰

4 3Ts Main Scheme Update

4.1 Noel Stockdale from LO'R then gave a brief update of current and future activities¹¹:

Current

- Demolition of Jubilee now complete
- Asbestos removal across the site ongoing under the supervision of the Health and Safety Executive
- Recycling of demolished materials continuing

Next six months

¹⁰ Post meeting note: New proposals have been agreed.; Please see **appendix one**

¹¹ 31 May 2017 LOR Works Progressed Since March 2017 3Ts HLG

- Piling and bulk earth excavation
- Section 278 (traffic) works on the Arundel Road junction (next to Lidl)
- Steel work on helipad
- Additional zebra crossing installed next to Brighton College Pre-Prep School
- Additional hoardings around the site
- Potential for 100 lorry movements per day.

4.2 There were several questions concerning the traffic routes (via Woodingdean). Noel referred to the Construction Environmental Management Plan (CEMP) rev 14 which outlined the agreed routes, the levels of dust, noise and vibration which were allowed by B&HCC. It was noted that the CEMP was now very close to agreement. A phone number for LO'R neighbourhood liaison was still outstanding.

Action: Noel Stockdale

4.3 There were further questions about the noise from piling and possible noise from the cranes (which Noel had not managed to pick up via monitoring machinery). A local resident asked how the gas works had been scheduled, and Noel replied that the energy companies scheduled this works themselves, in conjunction with LO'R. However this would be finished by Sunday 5th June. Noel was also unable to give a date for the re-opening of the South Service Road at this time. He apologised for the disruption this had caused.

5 Emergency Department (ED) Development

5.1 Oliver Phillips then gave a presentation about the proposed extension of the ED.¹² He explained that the current department was not able to provide sufficient space for the number and range of conditions experienced by people needing it. BSUH had not been able to meet the 4 hour standard for a considerable time, so additional capacity was recognised as being required by NHS Improvement.

5.2 As demand had increased the environment had also become increasingly challenging, especially for the range of patients now presenting with complex trauma (up to 600 cases per year). Oliver also noted that the helideck would increase demand for trauma services. With the new management arrangements via Western Sussex¹³ had come an opportunity to bid for additional capital (circa £30m) to increase the beds on site by another 70, and to remodel the department more appropriately, (with additional resuscitation spaces for example). The model outlined would aim to treat the national standard of 95% of patients in 4 hours and would provide dedicated facilities for patients requiring admission for 12 hours and up to 48 hours according to need, thus potentially avoiding inappropriate admissions.

5.3 A local resident hoped that the development would complement the design for 3Ts. Oliver agreed, and said that the designers had access to the plans, and would be liaising with B&HCC to ensure that the designs were complementary.

5.4 The business case had been submitted to NHSI and a decision was expected in June. If successful, works would start in October and be completed by March 2019, subject to securing all necessary approvals.

5.5 There was another question about why the ED had not been included within 3Ts. Duane explained that there were many interdependent services such as radiology and operating theatres which collectively made up the Acute Floor (and included the Emergency Department) which was required to ensure that BSUH maintained its Major Trauma Centre status. A threefold expansion of the whole Acute Floor was part of 3Ts and had been designed to improve the efficiency of the existing ED. However, this new development would complement the improvements already planned, by taking patients directly into either the new Acute Floor, or other services within the hospital which might be required. It would also free up space which could be used for any future expansion.

¹² 31 May 2017 Clinical Admin Building 3Ts HLG

¹³ <https://www.bsuh.nhs.uk/new-buddying-arrangement-bsuh-western-sussex-announced/>

6. **Any Other Business**

- 6.1 A local resident said that he was badly affected by the noise of lorries reversing overnight on site. Duane offered to take this up with the Facilities and Estates Department to ensure that the reversing noise was turned off during the night.

Action: Duane Passman

- 6.2 Duane showed an animated fly through of the completed development, courtesy of LO'R. This was well-received.¹⁴
- 6.3 Warren thanked Julian, Duane, Richard and Noel for their updates and thanked people for their attendance.

7. **Next Meeting**

Wednesday 19 July at 7pm (coffee/tea from 6.45pm) in the Audrey Emerton Building.

¹⁴ <https://www.bsuh.nhs.uk/about-us/hospital-redevelopment/about-the-redevelopment/>

5th June 2017

3Ts Programme Office
The Royal Sussex County Hospital
Sussex House
1 Abbey Road
Brighton
BN2 1ES
01273 523375
hospital.redevelopment@bsuh.nhs.uk
www.bsuh.nhs.uk/3Ts

Dear Neighbour,

Changes to vehicle routes coming to the hospital 12th to 25th June

Between Monday 12th June and Sunday 25th June the modules for the Clinical Administration Building will be delivered to the east end of the hospital's North Service Road. This will require the North Service Road to be shut at its junction with Bristol Gate, between these dates. All the other possibilities have been examined and the only safe way to manage the delivery of the modules is to close the service road.

During this period vehicles requiring access to the hospital's North Service Road will have to use its west entrance, on Whitehawk Hill Road. This includes cars going to and from the multi-storey car park.

The following measures are being put in place to help manage traffic on the roads adjacent to the hospital during this period,

- New road signs directing traffic to the hospital car park will be put up. The route for traffic to follow is shown on the map overleaf.
- Whitehawk Hill Road will be made one way between its junction with Walpole Road and its junction with Upper Abbey Road for the two week period. The direction of traffic flow will be north to south.
- All the parking bays on the east of Whitehawk Hill Road, between its junction with Walpole Road and its junction with Upper Abbey Road, will be suspended for the two week period.
- All the parking bays on the east of Upper Abbey Road, between its junction with Whitehawk Hill Road and its junction with Eastern Road, will be suspended for the two week period.
- Large deliveries to the North Service Road will be managed overnight and will come in from the Bristol Gate end of the road.
- The hospital will be employing extra security staff and an external company to help manage traffic around the site.
- Changes are being made to staff parking to help reduce congestion on site and on the roads

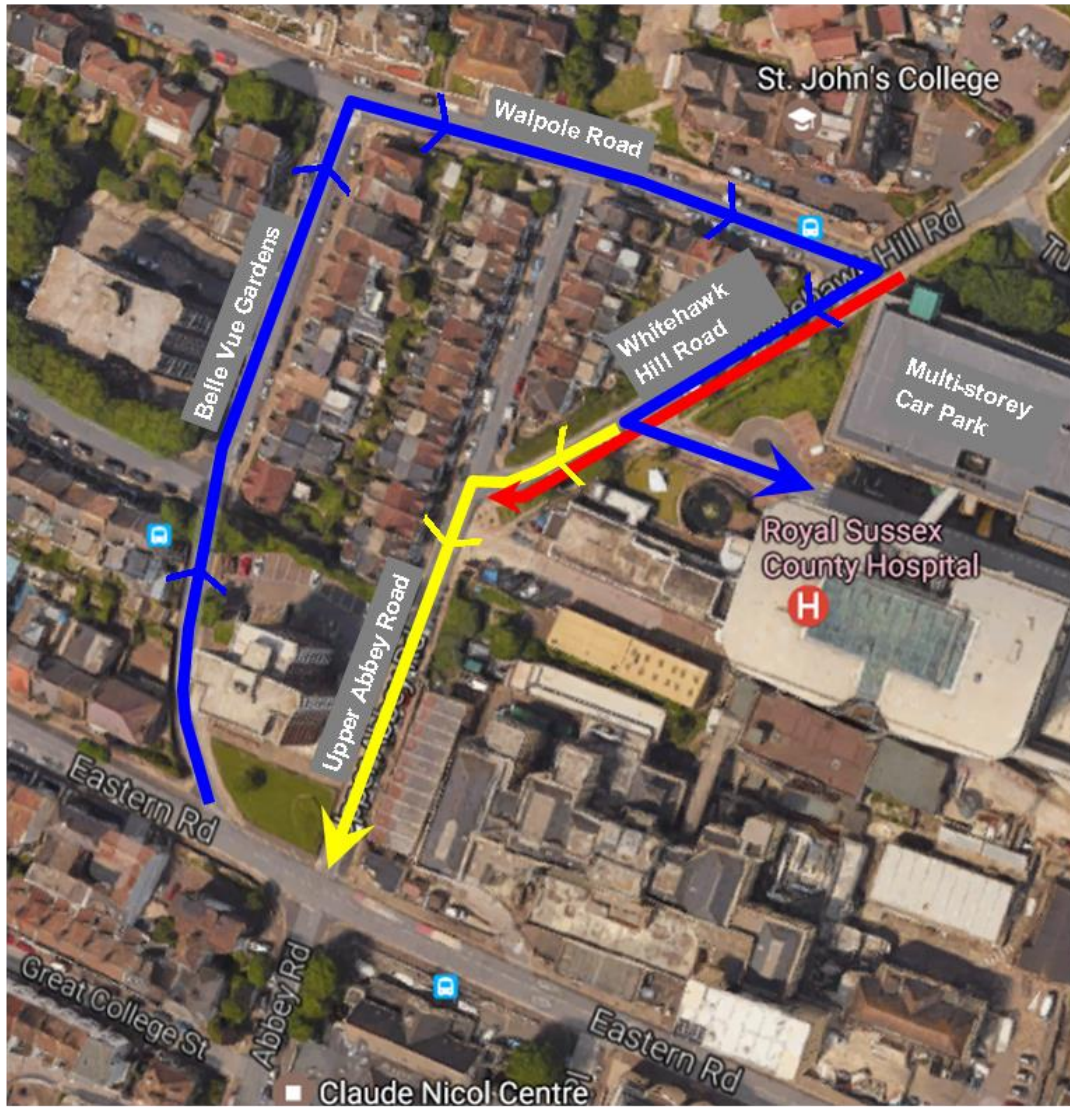
These measures have been discussed with both local councillors and the Council's Highways Department and will only be in place for the two weeks that the North Service Road has to remain closed.

We will be working hard throughout the road closure to minimise any impact on the hospital and for those who live close to the site. Thank you for bearing with us as we complete this important piece of work. If you have any queries please do get in contact.

Yours Faithfully

Richard Beard, 3Ts Head of Engagement and Communication

**Routes to and from the multi-storey car park during North Service Road closure:
12.06.17 to 25.06.17**



- Sign posted route to the car park
- Sign posted route from the car park
- One way section of road

**Minutes of the RSCH Hospital Liaison Group Meeting
Held on Wednesday 22 March 2017 from 7pm
in the Lecture Theatre, Audrey Emerton Building, Royal Sussex County Hospital**

Present:

Jacqueline Nowell (Chair)
Cllr Gill Mitchell
Cllr Lloyd Russell-Moyle
11 local residents

Brighton & Sussex University Hospitals

Anna Barnes, 3Ts Associate Director for Governance, BSUH
Richard Beard, 3Ts Head of Communications & Engagement, BSUH
Colin Cowan, Logistics Manager, LO'R
Duane Passman, Programme Director 3Ts, BSUH

In attendance

Apologies:

Jonathan Abbott, Project Director, LO'R
Robert Brown, Head of Capital Development BSUH
Cllr Warren Morgan
Andrew Renaut, Head of Transport Policy & Strategy, B&HCC

1. Welcome

Jacqueline Nowell (Chair) welcomed everyone to the meeting.

2. Minutes

The minutes of the previous meeting (18 January) were agreed.

3. Matters Arising

5.2 There were several questions about noise nuisance on the site late at night (some scaffolding being erected at the back of the site) and the mystery hammering sound which had been reported at the last meeting. It was agreed that BSUH would investigate the source of the scaffolding delivery.

Action: Richard Beard.¹

5.5 (meeting of 23 November); There had previously been a proposal to place leaflets on cars which were regularly parking on the double yellow lines explaining that there is sufficient disabled parking on the hospital site. However Cllr Mitchell felt that this could be seen as antagonistic. In Andy Renaut's absence, Cllr Mitchell led a brief discussion about

1

The scaffolding work referred to by Mr Kutnick was to replace the canopy where the patient transfer route crosses the South Service Road between the Children's Hospital and the back of the Barry Building. The Estates Department apologised for not notifying residents in advance and for the late delivery.

the options for relieving the congestion on Upper Abbey Road, which had been caused by this continued infringement of these parking restrictions. These were as follows:

- 1) Remove all the shared parking bays on the southern section only; or
- 2) Remove all the shared parking bays on the southern section and change the shared bays to 'permit holders only' on the northern section.

Cllr Mitchell said that local residents would receive a letter with this information. A decision on the preferred option would be taken following 5 weeks of consultation.

- There was then a brief a discussion about new zebra crossing next to the school opposite Paston Place. The design of the new zebra crossing to the east of Eaton Place provides an alternative crossing location because of the Stage 1 hoarding being in place. Another legal agreement is being completed before works start on the North side of the road (see item 4).
- .
- B&HCC was aware of the need to continue with the closure of the South Service Road for the foreseeable future.
- Cllr Mitchell outlined that the Bristol Gate junction design is underway for and, once complete a further legal agreement will need to be completed before works can start.
- The planning application for the continued use of Marina Way for offsite parking is currently under consideration by B&HCC.
- Cllr Mitchell finished by confirming that discussions are still continuing between BSUH and B&HCC about the revised Construction Environmental Management Plan.
- There were several questions about the issues covered by Cllr Mitchell. One local resident asked who would pay for these changes. Duane confirmed that BSUH would be liable for any additional costs associated with the changes to car parking on Upper Abbey Road.

6.1 The leaflet was welcomed. However it had not been received by some residents of Eaton Place. It was agreed to deliver some more to this area.

Action: Richard Beard.

6.2 One local resident said that she was pleased to see that the scaffolding had been taken down from the main entrance. Duane informed the meeting that an alternative canopy would be provided, but that this would take 6-8 weeks.

4. 3Ts Main Scheme update

- 4.1 Colin gave a presentation about Site Logistics over the next 6 months.² The presentation explained how the hoarding would have to be moved out on the north side of Eastern Road, effectively preventing pedestrians from using the pavement and moving traffic onto the South side of the road, for safety reasons. An additional bus stop is also going to be provided opposite Brighton College Prep School. The Bristol Gate piers are currently being moved into storage for protection reasons. Colin went onto describe the facilities for cleaning vehicles before they leave site and the likely volume of traffic (circa one additional articulated vehicle per day).

Jaqueline thanked Colin for his presentation. There were several questions:

Potential to move the bus shelter from its current location outside the Eye Hospital: this was not agreed as the structure had been difficult to construct in the first place and could not be moved easily. Duane noted that the closure of the northern footpath was between the Barry Building and Bristol Gate and was for the safety of the public: there have previously been pedestrians ignoring site operatives and walking across the area where lorries were crossing – and this included Trust staff. It was agreed that this would need to be kept under review;

- Deliveries to the Audrey Emerton Building often restricted traffic on the Eastern Road. Duane said he would raise this with the Facilities and Estates Director.

Action: Duane Passman.

- There was also a question about the necessity of delivering concrete on site, and the possible noise of piling. Colin confirmed that the noise would be reduced by the method (screw auger piling not driven piling). Local residents would be kept informed when piling was due to start. Noise limits are set by the CEMP, so the construction works would be bound by the limits which had been imposed.

5 3Ts decant

- 5.1 Duane updated the meeting that the only remaining decant project was the Clinical Administration Building at the North of the site. He suggested that there should be a presentation regarding the progress of this scheme at the next meeting.

Action: Anna Barnes/Galliford Try.

- 5.2 Duane then reported that there would be a closure of the North Service Road for a Saturday (During the afternoon) on either the 1st April or 8th April in order to investigate a large underground structure which was obstructing this scheme. He said that the aim was to minimise disruption and that traffic management methods would be used.

- 5.3 Local residents reported that traffic queues were forming at weekends at the multi-story car park. Duane said that BSUH was investigating whether to extend the staff park and ride scheme at Marina way into weekends and would report back at the next meeting as he would need to consult the Facilities and Estates Director.

Action: Duane Passman

² [..\meeting 2_22 March 2017\HLG-Meeting.pdf](#)

6 Any Other Business

- 6.1 A local resident asked when the South Service Road (SSR) would be open again, and for an update on progress regarding the trauma lift and link bridge. Duane replied that works on the SSR had been delayed following the discovery of historic services/cables which been thus far undocumented. Progress on the Trauma lift/helipad and Link Bridge was, however, progressing well. Jacqueline asked for assurance that the road would not be closed for any longer than necessary owing to the inconvenience to local residents caused by the increased traffic on Upper Abbey road.
- 6.3 There was a question about signage on site which was complex and confusing for staff and visitors alike. Richard explained that there was a sub group working on simplification of signage and naming conventions across the site. He acknowledged that this had been a problem for some time.
- 6.4 Cllr Lloyd Russell-Moyle asked if there was a possibility that the crane was causing a “whistling” noise which can be heard at off-site. It was agreed to check the noise monitoring equipment.
- Action: Anna Barnes**
- 6.6 Cllr Lloyd Russell-Moyle also requested that the smoking bins on the boundaries of the site were emptied more often. Duane agreed to raise this with the Facilities and Estates Director.
- Action: Richard Beard/Dale Vaughan**
- 6.7 Jaqueline thanked Duane and Colin for their updates and thanked people for their attendance.

7. Next Meeting

Wednesday 31 May at 7pm (coffee/tea from 6.45pm) in the Audrey Emerton Building.

**Minutes of the RSCH Hospital Liaison Group Meeting
Held on Wednesday 18 January 2017 from 7pm
in the Lecture Theatre, Audrey Emerton Building, Royal Sussex County Hospital**

Present:

Jacqueline Nowell (Chair)
Cllr Gill Mitchell
10 local residents

Brighton & Sussex University Hospitals

Robert Brown, Head of Capital Development BSUH
Anna Barnes, 3Ts Associate Director for Governance, BSUH
Richard Beard, 3Ts Head of Communications & Engagement, BSUH
Duane Passman, Programme Director 3Ts, BSUH

In attendance

Andrew Renaut, Head of Transport Policy & Strategy, B&HCC

Apologies:

Jonathan Abbott, Project Director, LO'R
Cllr Warren Morgan

1. Welcome

Jacqueline Nowell (Chair) welcomed everyone to the meeting.

2. Minutes

The minutes of the previous meeting (24 November) were agreed..

3. Matters Arising

5.4 It was reported that the chillers have been removed and that the recycling was now being collected at a less anti-social time.

5.5 It was pointed out that the text should have explained that there is sufficient disabled parking on the hospital site, so as to negate the need for disabled drivers to park in Upper Abbey Road.

5.5 Duane and Andy confirmed that discussions are still continuing between BSUH and B&HCC about reducing congestion on Upper Abbey Road re increasing parking restrictions. This was because the costs to BSUH "were not insignificant". Duane confirmed that the South Service Road would continue to be closed for the foreseeable future. There would be a report back at the next meeting regarding the Upper Abbey Road traffic control measures.

Action: Duane Passman and Andy Renaut

Cllr Mitchell reported that the Section 278 works at the Arundel Road junction (including the introduction of signals) had been to committee. There had been some debate about the re-provision of the lost parking which had successfully been resolved. Cllr Mitchell

explained that local residents were concerned that the area could become a “rat run” so there would be a further committee meeting to discuss this.

5.7 There was a debate about items of historical importance on the site. The 3Ts Development Team were asked to ensure that the City Council Plaques Committee could be consulted about the location of the historic plaques on the Barry Building. Duane agreed to this, but was clear that this would be in an advisory capacity only.

A representative from the Brooking Architectural Museum also asked that he would be consulted before any salvage was removed. Duane asked that he write to him separately.

One local resident remarked that he considered there was very little of value in the existing buildings and that it was more important to concentrate on providing buildings that are fit for purpose.

4. **3Ts Main Scheme update**

4.1 Duane gave an update on the main scheme activities currently taking place: He suggested that we collectively reflect on the progress on site which was now evident: Jubilee building is now decommissioned and patients transferred to Hanbury which offers far better standard of accommodation (for instance the ratio of toilets is 18:22 beds as opposed to 10:24).

4.2 Duane reported that £34m had been spent on the decant projects which, for any other NHS Trust would be seen as a major investment, but for 3Ts was just the precursor to the main scheme. Duane thanked Rob Brown for all his work to make this possible. The following developments are part of this decant:

New	Old
St Mary’s Hall	Trust HQ portacabin/Estates building
Courtyard Building	Stephen Rali/ Jubilee
Hanbury Building	Radiopharmacy/Nuclear Medicine/Latilla
Sussex House Audiology	Audiology
Clinical Administration Building	Portacabins

4.3 Duane outlined some on the imminent challenges in the coming year such as the works on the TKT. He said that we would like an updated logistics programme (which explains the construction phasing in more detail) to be presented at the next meeting.

Action: Jonathan Abbott

4.4 A local resident asked where the units would be manufactured. Duane replied that he thought this would be at the LOR manufacturer facility in Lincolnshire, in the main.

4.5 Duane finished by explaining the sequencing of the demolition which would be Jubilee first followed by Latilla and Latilla Annex.

5 **3Ts decant**

5.1 Rob gave a presentation regarding the progress of the ongoing decant schemes as follows:

- The Courtyard Building is now open and providing space for Clinical Oncology and Infectious Diseases.
- The Hanbury building is now housing Physiotherapy and Rheumatology.
- Nuclear medicine have started their relocation, which should be complete in the following week. The final date for the relocation of the radiopharmacy was to be confirmed;
- He also reported that Galliford Try had started construction of the Clinical Administration Building which is scheduled for completion in October 2017.
- Initial works on CAB included soil nailing to secure the grass bank to the south of the Bristol Estate.

5.2 A local resident asked about some jack-hammering heard on site but the team were unable to identify where this could be coming from as LO'R were (or any other contractors employed by the Trust) were not currently using this type of equipment.

Action: Richard Beard

6 Any Other Business

6.1 Jaqueline said that the leaflet was very useful. There were some questions about the distribution. Richard replied that it would probably be mailed out via Royal Mail as local distribution companies were not sufficiently reliable. Another local resident said the range of views on the leaflet were also helpful in envisaging how the street scape would look.

6.2 There was a question about when the scaffolding at the main entrance would be removed, now that the portico had been demolished. Rob replied there had been problems in removing the scaffolding which were being dealt with, and that an alternative shelter for patients would need to be put in place first, and that this was in the process of being commissioned. Duane agreed that a more welcoming main entrance was important.

Action: Rob Brown/Dale Vaughan

6.3 There was a question about future Involvement with local school with regard to the project. Richard said that he had plans (under the Social Value Strategy) to involve a range of local schools in the design of the next phase of the hoardings, following the successful collaboration with the University of Brighton for the first phase.

Action: Richard Beard/Anna Barnes

6.4 Jaqueline thanked Duane and Rob for their updates and thanked people for their attendance.

7. Next Meeting

Wednesday 22 March at 7pm (coffee/tea from 6.45pm) in the Audrey Emerton Building.

**Minutes of the RSCH Hospital Liaison Group Meeting
Held on Wednesday 24 November 2016 from 7pm
in the Lecture Theatre, Audrey Emerton Building, Royal Sussex County Hospital**

Present:

Cllr Warren Morgan (Chair)
Cll Lloyd Russell-Moyle
Cllr Gill Mitchell
8 local residents

Brighton & Sussex University Hospitals

Anna Barnes, 3Ts Associate Director for Governance
Richard Beard, 3Ts Head of Communications & Engagement

In attendance

Noel Stockdale Construction Manager, LO'R

Apologies:

Jonathan Abbott, Project Director, LO'R
Robert Brown, Head of Capital Development BSUH
Jacqueline Nowell (Vice Chair)
Duane Passman, Programme Director 3Ts
Andrew Renaut, Head of Transport Policy & Strategy

1. **Welcome**

Cllr Morgan welcomed everyone to the meeting.

2. **Minutes**

The minutes of the previous meeting (21 September) were agreed, subject to an amendment: *Waste compound* to be amended to read *clinical waste* compound.

3. **Matters Arising**

These were all covered under the main agenda.

3. **3Ts Main Scheme update**

3.1 Noel gave an update on the main scheme activities currently taking place:

- Site clearances and diversions (notably endoscopy) are on track as per programme:
- Demolitions are now being progressed at pace, as there are now no inpatients adjacent to demolition areas.
- Preparations are being made for the instillation of the Trauma lift.
- Asbestos removal is being undertaken as per regulations.
- South Service road services are still being diverted when discovered
- Helideck works are progressing well.

3.2 One local resident asked how long the South Service Road would stay closed; Noel replied that it was difficult to say at this stage. He committed to informing local residents as soon as he was clearer about the timescales.

3.3 Another local resident asked if there would be sufficient capacity within the lifts in TKT once 3Ts is complete. His own experience had been that the lifts were often out of service (also in the Barry Building). Anna explained that the pressure on lift capacity should ease once some of the clinical services were moved into the new development out of TKT. Noel outlined how the buildings would be linked into 3Ts via new bridges so that access for patient/staff/visitors would be easier and there would be less “pinch points”. Anna added that the team had assessed the “energy analytics” of the building to ensure that the lift traffic in the stage one could cope with the projected flows of patients.

4 3Ts decant

4.1 Richard gave an update regarding the progress of the ongoing decant schemes as follows:

- Jubilee building had been handed over to LO’R and the clinical services relocated to the new Courtyard Building.
- The Hanbury building in the Front Courtyard would be ready for occupation in December. Physiotherapy would be moving in mid-December, followed by Rheumatology.
- Nuclear Medicine would follow after this.
- Richard then reported that the contract with Galliford Try had been signed for the construction of the Clinical Administration Building. Works would start on the 19th December and were scheduled for completion in October 2017.
- The effect of the construction of CAB on the North Service Road was currently under discussion.

4.2 Richard was asked several questions as follows:

- Gill requested that Richard notify Housing Services when works were due to start so that appropriate liaison with local residents could take place.

Action: Richard Beard

- The location of physiotherapy on the 6th floor was also queried. Richard said that (new) lifts would be maintained so as to ensure patients could access the service at this level.

5 Any Other Business

5.1 Anna was asked what effect the partnership arrangements with Western Sussex NHS Trust ¹ (WSHT) would have on the 3Ts development (if any). Anna explained that Western Sussex Hospitals NHS Foundation Trust was recognised as outstanding by the CQC, whereas BSUH was in special measures. However BSUH was used to dealing with a range of urban issues, having a higher acuity of needs and was a recognised Trauma Centre. In this ways the two organisations would be able to work together on areas of mutual benefit. Anna added that both the financial problems within BSUH and poor performance in ED were affecting many trusts across the UK, and were caused by a combination of circumstances, such as cuts to social care services and rising demand. However, the poor CQC rating had led to increased oversight and scrutiny, which was why a partnership with WSHT had been proposed. She concluded that a stable Board would also be an advantage for 3Ts and the WSHT had previously provided written support for the 3Ts programme as it benefitted the entire health economy.

5.2 A local resident who had recently been treated at the hospital refuted that the quality of care was not adequate and said that his care had been excellent. He felt that the poor buildings were a major factor in the quality of the care and that it was very difficult for staff to work in these circumstances. Anna and Richard thanked him for this plaudit.

¹ [Partnership arrangement](#)

5.3 Gill updated the meeting that the Section 278 works (widening of Arundel Road for construction traffic) were going to the Environmental Transport and Sustainability Committee on 29th November. The Council had received some objections because of the loss of parking on the street, but these parking spaces would be re-provided elsewhere.

5.4 A local resident asked when the chillers on the South Service road would be moved. Richard replied that we were chasing the company about this on a regular basis, but it was imminent. She also mentioned that the recycling was still being collected too early. Richard apologised on behalf of the Trust and would follow up.

Action: Richard Beard

5.5 There was a discussion about the parking in double yellow lines on Upper Abbey Road. Gill said that B&HCC was waiting for BSUH to confirm that they wished for the parking bays to be suspended. The issue of disabled visitors parking on the yellow lines next to the exit onto Upper Abbey Road was also raised. BSUH was requested to leaflet drivers who persist in parking there thus making egress very difficult for larger vehicles, who were sometimes forced to use the pavement. The leaflets could suggest utilising parking on site as an alternative. Councillors expressed reluctance to use enforcement measures with disabled drivers, although Gill also said that she would ask officers to look into increasing the hatching on the exit so as to prevent further congestion.

Action: Anna Barnes/Andy Renault

5.6 Richard informed the meeting that the possibility of staff parking off site at weekends was also under discussion (in order to alleviate congestion on site).

5.7 Anna was asked to check the status of the removal/preservation of the plaques and memorials.

Action: Anna Barnes

5.8 Cllr Morgan thanked Richard, Noel and Anna for their updates and thanked people for their attendance.

6. **Next Meeting**

Wednesday 18 January at 7pm (coffee/tea from 6.45pm) in the Audrey Emerton Building.

**Minutes of the RSCH Hospital Liaison Group Meeting
Held on Wednesday 21 September 2016 from 7pm
in the Lecture Theatre, Audrey Emerton Building, Royal Sussex County Hospital**

Present:

Cllr Warren Morgan (Chair)
Jacqueline Nowell (Vice Chair)
Cllr Gill Mitchell
8 local residents

Brighton & Sussex University Hospitals

Anna Barnes, 3Ts Associate Director for Governance
Richard Beard, 3Ts Head of Communications & Engagement
Duane Passman, Programme Director 3Ts
Dale Vaughan, Director Estates and Facilities

In attendance

Jonathan Abbott, Project Director, LO'R
Geoff Brown, Macmillan Horizon Centre Manager
Andrew Renaut, Head of Transport Policy & Strategy
Noel Stockdale Construction Manager, LO'R

Apologies:

Robert Brown, Head of Capital Development BSUH
Heather Mytton-Sanneh, Head of Cancer Environments, Macmillan

1. **Welcome**

Cllr Morgan welcomed everyone to the meeting.

2. **Minutes**

The minutes of the previous meeting (20 July) were agreed to be an accurate record.

3. **Matters Arising**

These were all covered under the main agenda.

3. **3Ts Main Scheme update**

3.1 Jonathan and Noel gave an update on the main scheme activities currently taking place:

- Site clearances and diversions are on track as per programme:
- Demolitions are being carefully undertaken by hand so as to minimise the risks to patients on site.
- Asbestos removal is being undertaken as per regulations
- South Service road drainage is going well
- Helideck works are progressing well.

3.2 One local resident asked how long the South Service Road would stay closed; Noel replied that it was difficult to say at this stage. He committed to informing local residents as soon as he was clearer about the timescales.

- 3.3 Cllr Mitchell asked if the waste was being transported from the Consolidation Centre. Jonathan said that no waste was being held at Marina Way and that across Laing O'Rourke's schemes as a whole they recycle 90% of waste. They will aim to achieve a similar target for the redevelopment..

4 Estates and Facilities

- 4.1 Dale gave a brief update on activities taking place, some associated with 3Ts. He said that the chillers which had been causing a noise nuisance would be removed by mid-October. There was a long discussion about staff smoking on the periphery of the site. Dale explained that he had some sympathy with patients who needed to smoke, but less for staff (particularly those causing litter).

- 4.2 Cllr Mitchell reported that staff from 3GS (under contract with B&HCC) were authorised to issue on the spot fines if members of the public (staff or patients) were caught littering (including cigarette butts) on the neighbouring streets. It was agreed to communicate this with staff via electronic communications.

Action: Richard Beard

- 4.3 Dale agreed to check whether the cigarette bins attached to the exterior walls on the west of the hospital site belong to the Trust and if they do to arrange for their repair.

Action: Dale Vaughan

- 4.4 Dale was then asked to ensure that gate to the Nigel Porter unit was closed to reduce rough sleeping on site. Dale said he would ask the Head of Security to look into whether the gate could be secured. Richard Beard reported that there were already increased security patrols in the area as a result of this concern being raised with the Trust by email prior to the meeting.

Action: Dale Vaughan

- 4.5 Dale was asked about recycling and rubbish removal from the west end of the South Service Road. A local resident made reference to the fact that in the past a promise had been made not to collect rubbish in this area. Duane Passman explained that with the clinical waste compound in the multi-storey car park, the problem should be minimised. Dale offered to talk to the contractors so that any rubbish or recycling collection from the South Service Road would happen later in the day to avoid disturbing local residents at 7 a.m. where possible

Action: Dale Vaughan

- 4.6 Dale offered to undertake a site visit with a local resident to outline the use of the ramp to the new rubbish store on level 6.

Action: Dale Vaughan

5 3Ts Decant

- 5.1 Duane reported that both Hanbury and Courtyard buildings were due to be handed over to the BSUH imminently. This would free up several buildings to be handed over to LO'R for demolition; Jubilee, Radiopharmacy, Rheumatology. Duane fed back that staff were extremely happy about the standard of accommodation, notably the increase in space standards and the increase in single rooms. This was especially important for both infection control purposes, and for people receiving palliative care.

- 5.2 Duane also explained that final negotiations regarding the funding of the Clinical Administration Building were close to fruition and that construction would then be scheduled.
- 5.3 Finally Duane outlined progress with the new Audiology provision in Sussex House, and the move into new temporary office buildings for LO'R/3Ts staff in the South Tennis Courts at Saint Mary's Hall.

6. Macmillan Horizon Centre Development¹

- 6.1 Geoff Brown reported the opening of the facility had been delayed until early November. He welcomed local residents to the forthcoming open days as follows:

- Friday Sept 30th – any time between 10:00 and 16:00

By appointment at any of the following times:

- Saturday Oct 1st 2pm - 4pm
- Monday Oct 3rd 2pm to 4pm
- Tuesday Oct 4th 10 to 12
- Wednesday Oct 5th 5:30pm to 8:30pm

- 6.2 BSUH staff have already had a chance to visit. Geoff will notify residents via the HLG mailing list. He also suggested checking the Facebook page ([Horizon Centre](#)).

Action: Geoff Brown

7. Any Other Business

- 7.1 Andy gave an informative update about traffic monitoring on site². He explained that during a nine day period in early September enforcement officers had issued one penalty notice. There was a discussion about possibly suspending some parking bays to the south of the South Service Road in order to improve flow down Upper Abbey Road.

Action: Andy Renaut

¹ <http://www.macmillan.org.uk/donate/macmillan-projects/sussex-support-centre.html>

² Pre meeting note from Andy Renaut:-

The council's Parking team has been asked to seek further information from its contractor, NSL, who manage the enforcement of the city's parking controls. They will be asking the enforcement officers to record any blue badge vehicles they see parked in Upper Abbey/Whitehawk Hill Roads, even if legally, and any other legal stopping on the yellow lines such as loading where they could not enforce against. They will also note any other obstructions. This will be done for a two week period and the results will help inform the need for any future actions of changes.

Records of frequency of visits will also be analysed, but it is worth highlighting that a useful way of reporting parking enforcement issues/problems (which can be used by anyone - residents, businesses etc) is to 'self-report' issues directly to NSL by phone or online using the information on a council webpage, which can be found here:-

<https://www.brighton-hove.gov.uk/content/parking-and-travel/parking/reporting-a-vehicle-parked-where-it-should-not-be>

7.2 Residents asked further questions about estates related issues. It was agreed that Anna would find the original terms of reference for the group to check if this was the best way to resolve them. Anna however, agreed that the estates and business as usual issues required a more proactive response such as a direct email address for the Facilities and Estates team.

Action: Anna Barnes:

7.3 Richard produced the 3Ts local residents' publication for information. Any comments/alterations to be send through to Richard by Friday 30 September 2016.

7.4 Cllr Morgan thanked Duane, Geoff, Noel and Jonathan for their updates and thanked people for their attendance.

8. **Next Meeting**
Wednesday 23 November at 7pm (coffee/tea from 6.45pm) in the Audrey Emerton Building.

**Minutes of the RSCH Hospital Liaison Group Meeting
Held on Wednesday 20 July 2016 from 7pm
in the Lecture Theatre, Audrey Emerton Building, Royal Sussex County Hospital**

Present:

Cllr Warren Morgan (Chair)
Jacqueline Nowell (Vice Chair)
Cllr Gill Mitchell
14 local residents

Brighton & Sussex University Hospitals

Anna Barnes, 3Ts Associate Director for Governance
Richard Beard, 3Ts Head of Communications & Engagement
Robert Brown, Head of Capital Development BSUH

In attendance

Jonathan Abbott, Project Director, LO'R
Geoff Brown, Macmillan Horizon Centre Manager
Andrew Renaut, Head of Transport Policy & Strategy

Apologies:

Heather Mytton-Sanneh, Head of Cancer Environments, Macmillan
Duane Passman, Programme Director 3Ts

1. **Welcome**

Cllr Morgan welcomed everyone to the meeting.

2. **Minutes**

The minutes of the previous meeting (25 May) were agreed to be an accurate record.

3. **Matters Arising**

These were all covered under the main agenda.

4. **Macmillan Horizon Centre Development¹**

Geoff Brown reported that ground floor of the centre is complete, and is now occupied by BSUH staff. The next two floors are still being snagged. However the entire development will be complete by the first week of September (a revised completion date). He confirmed that 24 additional car parking spaces have already been made available for cancer patients/carers.

Geoff provided additional details about the proposed open days which would take place over 5 days (including the weekend) so that people would have several days to visit. Geoff will notify residents via the HLG mailing list.

Action: Geoff Brown

¹ <http://www.macmillan.org.uk/donate/macmillan-projects/sussex-support-centre.html>

5. 3Ts Main Scheme update

- 5.1 Richard gave an update on the main scheme activities currently taking place. He began by saying that 50% of the site has now been handed over to Laing O'Rourke. The main activities which have taken place have involved building the structure required for the helideck. Operatives are working at height so this has necessitated a range of safety measures. Richard also outlined that activities scheduled to take place over the next couple of months which include excavation and minor demolition. Richard apologised for the inconvenience caused to local residents by the site diversions and closure of both the North and South Service road.
- 5.2 Jonathan then outlined other activities taking place on site including directional drilling into the chalk, taking redundant modular buildings off site, and instillation of modular buildings at St Mary' Hall (to be complete by 22nd August). Jonathan explained that risk and method statements are necessarily robust and detailed as the construction site is adjacent to clinical areas. This means that dust mitigation measures are enforced at all times and buildings are being demolished painstakingly. The main demolitions are scheduled to start in February 2017.

There were several questions from local residents:

- Would waste be taken off site via the same route as construction deliveries to the site? Jonathan confirmed that this would be the case, as agreed with B&HCC.
- Will the South Service Road be closed for the rest of the year? Jonathan confirmed that it would.
- What would be done with landfill from the site? Jonathan and Anna briefly outlined the NHS/Construction industry standards regarding recycling and waste as opposed to sending waste to landfill²³. This is also a planning condition⁴. It was suggested that the waste could be of value to local construction projects such as Marina Way. LO'R to investigate.⁵

Action: Jonathan Abbott

6. Decant Update

- 6.1 Rob a brief update regarding the remaining decant schemes. He explained that approximately 600 people have moved staff base at a cost of circa £45m:

² <http://www.sduhealth.org.uk/policy-strategy/engagement-resources.aspx>

³ http://www.designingbuildings.co.uk/wiki/Sustainability_in_building_design_and_construction

⁴ Condition 62: *No development of the Stage 3 site shall take place until a scheme for the storage of refuse and recycling has been submitted to and approved in writing by the Local Planning Authority. The scheme shall be carried out in full as approved prior to first occupation of the Stage 3 development and the refuse and recycling storage facilities shall thereafter be retained for use at all times.*

⁵ Post meeting note from LO'R: *Laing O'Rourke was one of the first organisations to sign up to "WRAP's" Construction Commitments: Halving Waste to Landfill by 2012. Out of this relationship, the Laing O'Rourke "SWMP" was developed in conjunction with WRAP (Waste and Resource Action Programme) and is designed to exceed the legal requirements set out under the Site Waste Management regulations 2008. We are constantly looking to reduce waste to landfill with a target of 80% by weight being diverted from landfill, as a business we are currently achieving 90%. Notwithstanding these targets if the timings are right we will like to have this material used by other local construction projects and developments.*

- Courtyard Building completion is still affected by the burst pipe. This is an insured event. However significant remediation works are now required (including data replacement of new data cables). Completion date is therefore likely to be September.
- Clinical Administration Building (next to A&E): This has not yet commenced owing to delays in the approval process via NHS Improvement.
- Hanbury (Front Car Park) Building would be complete by September 2016 (a revised forecast). This will enable Nuclear Medicine to move out of the current inadequate premises.
- Sussex House: Minor works are taking place on site to enable Audiology services to move off the demolition site. There is a temporary building at the rear of Sussex House which is being used for audiology testing and routine maintenance.
- Cancer Centre: Minor works are also taking place for the reasons outlined above.

7. **Any Other business**

7.1 Residents asked a series of detailed questions about the developments on site:

- Cllr Morgan: Is signage being renewed /replaced as the site is changing all the time? Richard confirmed that as buildings change their function, signage rationalisation is taking place. Other residents confirmed that the site is now very difficult to navigate and the front entrance is particularly uninviting. Richard agreed and said that now that duplicate entrance and exits had been reduced, it is even more important to make the main entrance clearer and easier to access. The scaffolding/ damaged canopy is scheduled to be removed, but this is being hindered by the need to ensure that this can be achieved without compromising patient safety.
- A local resident asked why the Clinical Administration Building had not yet started. As stated under 6.1, Rob confirmed that this had been held up by the FBC approval process (and release of capital funds). He again apologised for the inconvenience the closure of the North Service Road had caused.
- There was an extensive discussion about the closure of the service roads more generally, and the impact this was having on traffic management across the site. In particular the impact on traffic flows on Upper Abbey road was noted. Several helpful suggestions were made about mitigating these problems, such as reducing parking and enforcing existing parking regulations with regard to double yellow lines.
- There was also a long discussion about waste management on site, and the nuisance it caused to local residents. It was confirmed that the transfer route is determined by the need to protect patients/staff safety on site and is therefore not necessarily the most direct route.
- Jackie then asked if the promised newsletter/bulletin is ready for distribution. Richard confirmed that he would circulate this imminently for comment and apologised for the delay. He confirmed that he would investigate other more proactive, targeted methods of communication including text alerts ahead of planned works on a regular basis.

Action: Richard Beard

- As stated local residents requested more assertive management of the traffic flow in Upper Abbey Road⁶, and enforcement measures against persistent litterers. Andy said that he would look into enhanced parking enforcement, on the Bristol Estate. Gill said likewise against those who drop cigarettes butts and litter. Richard agreed to follow up with internal BSUH communications.

Action: Richard Beard

- Cllrs also said that they are sympathetic to the removal of some parking spaces on Upper Abbey Road, if required, in order to improve the flow of traffic. This would involve consultation with local people about the reduction in spaces, and their likely replacement elsewhere.
- A representative from Facilities and Estates was requested to attend the next meeting to answer some of the more detailed operational questions (particularly regarding the noise and movement of refrigerated lorries/disposal of waste on site).

Action: Anna Barnes

7.2 Cllr Morgan thanked Richard, Rob and Jonathan for their updates and thanked people for their attendance.

8. **Next Meeting**

Wednesday 21 September at 7pm (coffee/tea from 6.45pm) in the Audrey Emerton Building.

⁶ Post meeting note from Any Renault:-

The council's Parking team has been asked to seek further information from its contractor, NSL, who manage the enforcement of the city's parking controls. They will be asking the enforcement officers to record any blue badge vehicles they see parked in Upper Abbey/Whitehawk Hill Roads, even if legally, and any other legal stopping on the yellow lines such as loading where they could not enforce against. They will also note any other obstructions. This will be done for a two week period and the results will help inform the need for any future actions of changes.

Records of frequency of visits will also be analysed, but it is worth highlighting that a useful way of reporting parking enforcement issues/problems (which can be used by anyone - residents, businesses etc) is to 'self-report' issues directly to NSL by phone or online using the information on a council webpage, which can be found here:-

<https://www.brighton-hove.gov.uk/content/parking-and-travel/parking/reporting-a-vehicle-parked-where-it-should-not-be>

**Minutes of the RSCH Hospital Liaison Group Meeting
Held on Wednesday 25 May 2016 from 7pm
in the Lecture Theatre, Audrey Emerton Building, Royal Sussex County Hospital**

Present:

Cllr Warren Morgan (Chair)
Jacqueline Nowell (Vice Chair)
Cllr Gill Mitchell
17 local residents

Brighton & Sussex University Hospitals

Anna Barnes, 3Ts Assoc. Dir. for Governance
Richard Beard, 3Ts Head of Communications & Engagement
Duane Passman, Programme Director 3Ts

In attendance

Geoff Brown, Macmillan Horizon Centre Manager
Nick Hibberd, Head of City Regeneration B&HCC
Jonathan Abbott, Project Director, LO'R

Apologies:

Robert Brown, Head of Capital Development BSUH
Heather Mytton-Sanneh, Head of Cancer Environments, Macmillan
Patrick Warner, Brighton and Hove Bus Company

1. Welcome

Cllr Morgan welcomed everyone to the meeting.

2. Minutes

The minutes of the previous meeting (23 March) were agreed to be an accurate record. It had been agreed to circulate Arthur Birds's email as an addendum following his recent hospital stay, as he was too ill to attend in person (appendix 1).

3. Matters Arising

These were all covered under the main agenda.

4. Macmillan Horizon Centre Development¹

Geoff Brown reported that ground floor of the centre was complete, and was now occupied by BSUH staff. The next floor would be complete by the 3rd June. He confirmed that 24 additional car parking spaces would then be available for patients/carers. Geoff also explained the sorts of services which would be available, and that recruitment of volunteers was well underway.

Cllr Mitchell asked several questions about the operation of the car park. Geoff Brown reiterated that it would be controlled, and that visitors would be encouraged to use public transport where

¹ <http://www.macmillan.org.uk/donate/macmillan-projects/sussex-support-centre.html>

possible. This was a requirement of the Green Travel Plan submitted to B&HCC. It was agreed that the forthcoming open day would take place on a Saturday, and that visiting would also be possible for 2 additional sessions during the week, TBC. Geoff would notify residents via the HLG mailing list.

Action: Geoff Brown

5. **3Ts Main Scheme update**

- 5.1 Duane gave an update on the main scheme activities currently taking place. He explained the rationale for closing the South Service Rd, so that site diversions could take place prior to the construction of Stage One.² The diversions were also required to enable the construction of the lift up to the Helideck on TKT. Duane then outlined that mitigations which had been undertaken to reduce the impact of this road closure. These included reducing the size of delivery vehicles,.

Duane added that the Patrick Warner from the local bus company had been consulted (as suggested at the last HG meeting) and was satisfied with the proposed construction traffic routes. He added that the Company had offered to provide BSUH with information from the automated traffic tracking system, in order to avoid congestion at key points.

Duane apologised for the inconvenience to local residents thus far. There were several questions about the impact of the works on site, as well as helpful suggestions:

Two Bristol Estate residents had experienced problems with the tower crane alarm which had been faulty. They had also had continuing problems with the deliveries of linen, noises from Millennium building associated with the Neurosurgery theatres, and noxious smells from the hospital. They also mentioned the overgrowing hedge at the back of Millennium and staff parking on the estate. Whilst noting that some of these problems were not 3Ts specifically, Duane suggested the following:

- Duane said he would investigate the linen delivery issue.

Action: Duane Passman

- Richard explained that the Millennium noise was being mitigated by the construction of an acoustic baffle. He would also investigate the possible location of talking smoking bins.

Action: Richard Beard

- Nick Hibberd offered to contact environmental health regarding the noxious smell to see if BSUH was taking appropriate measures³. Nick also offered to contact Housing Services about the overgrown hedge.

Action Nick Hibberd

- Jonathan Abbott apologised for the tower crane alarm and said that one of his operatives had returned to site to deal with it as soon as he was notified. It was agreed to set up the 24 hour help line as soon as possible in case of any similar issues.

Action: Jonathan Abbott/ Duane Passman

² [HLG presentation 250516](#)

³ Post –meeting note. Identified as caused by works to the MRI suite and being addressed.

- Nick Hibberd said that he would look into enhanced traffic enforcement, on the Bristol Estate. However it was noted that staff parking could not be prevented on the Bristol Estate if it was legal.
- Cllrs said that they were sympathetic to the removal of some parking spaces on Upper Abbey Road and parking enforcement, if required in order to improve the flow of traffic. Local residents suggested a stop line and some improved signage at the exit into Upper Abbey Rd.
Action: Duane Passman
- Local residents also suggested a text alert system if works were scheduled to take place out of the agreed hours (see attached presentation). BSUH to investigate if this was feasible.
Action: Richard Beard
- Jonathan added that the proposals for improvements to the junction at Arundel Rd (Lidl) would also ameliorate the issues of traffic management, and would include a pedestrian crossing and traffic lights.

6. Decant Update

6.1 Duane gave a brief update regarding the remaining decant schemes as follows:

- Courtyard Building completion had been affected by a burst pipe this week
- Clinical Administration Building (next to A&E): We will let local residents know when construction is due to start. Ground anchors are being established currently. This is being built by Galifford Try who will attend meetings with Bristol Estate residents (being arranged).
- Hanbury (Front Car Park) Building would be complete by July 2016.

7. Any Other business

7.1 A resident who lives close St Mary's Hall asked about if the new site huts on the tennis courts had planning permission. Duane confirmed that this had been granted in January 2016 and that he would circulate the notice⁴.

Action : Anna Barnes

7.2 Cllr Morgan thanked Duane and Jonathan for their presentations and thanked people for their attendance.

8. Next Meeting

Wednesday 20 July at 7pm (coffee/tea from 6.45pm) in the Audrey Emerton Building.

⁴ [Planning permission for site huts](#)

Appendix One

Notes from Arthur Bird to Richard Beard (and responses) re recent hospital stay

I can answer all your queries here and will ask for this email to be put into the minutes of the next HLG meeting if you are unable to attend. Here goes...

1 The existing Corridors are far too narrow for the transport of the standard Hospital Beds by Hospital personal

The corridors in the redevelopment buildings will be of a width where two full size hospital beds will be able to pass each other. Patient transfer routes between departments will be at the back of the new buildings whilst the main public thoroughfares will be at the front. So not only will the corridors be wider but there will be less people in the areas used to transfer patients.

2 The junctions / intersections between the Corridors are far too small for the hospital beds to be turned from one corridor to the next with the beds getting stuck at 45 degrees between the two corridors, damaged walls and Door Jam's are proof if needed of this.

The width of the new corridors will easily allow for a bed to be turned. We can't guarantee that the occasional poor driver won't catch the wall but there will be ample room for beds to be manoeuvred.

3 The far too few Lifts, do not have large enough dimensions to enable both hospital Bed and Porter to safely transport beds the porter has to stand in a very small space by the side of the bed, as there is not enough space for them to stand at the front or rear of the bed to be able to control it

There will be dedicated bed lifts, dedicated facilities management lifts and dedicated public lifts in the new buildings. The bed lifts will be of ample size to accept a patient on a bed, staff attending the patient and any equipment that needs to move with the patient.

4 The existing Doorways are far too small to enable the safe movement through them, there is only a few cm's tolerance between bed and door, again the damage to the door jams is painfully obvious.

Any doors where patients will be transferred on beds or trollies have been designed with this purpose in mind. For instance the doors to the single patient rooms can be opened up to accept even the largest of patient beds and the bulkiest of equipment.

5 It is not enough to have a multitude of opening windows, if the air flow is restricted by the arrangement of the front office desks and closed ward doors, all that happens is that open windows result in a slight increase in air pressure within the ward area and not ventilation, what is needed is a correctly designed passive natural cross flow ventilation system between windows within the ward area.

The buildings will have environmental control systems, so the windows will not open. The size of the buildings makes the use of a cross breeze system, as you describe, pretty impossible to implement. Experience has taught us not to rely on the breeze for ventilation, there is almost always too much of it or too little. An environmental control system makes it much easier to keep patients warm when it is cold outside and cool when it is hot outside. It also makes much more sense in terms of energy control and environmental impact.

**Minutes of the RSCH Hospital Liaison Group Meeting
Held on Wednesday 23 March 2016 from 7pm
in the Lecture Theatre, Audrey Emerton Building, Royal Sussex County Hospital**

Present:

Cllr Warren Morgan (Chair)
13 local residents

Brighton & Sussex University Hospitals

Anna Barnes, 3Ts Assoc. Dir. for Governance
Richard Beard, 3Ts Head of Communications & Engagement
Duane Passman, Programme Director 3Ts

In attendance

Nick Hibberd, Head of City Regeneration B&HCC
Paul Lynchehaun, Project Director, LO'R
Kyle McClelland, Director, Turner and Townsend
Andy Renaut, Head of Transport Strategy and Projects, B&HCC

Apologies:

Robert Brown, Head of Capital Development BSUH
Sean Collins, Laing O'Rourke
Heather Mytton-Sanneh, Head of Cancer Environments, Macmillan
Mrs Jackie Nowell (Vice-Chair)

1. Welcome

Cllr Morgan welcomed everyone to the meeting.

2. Minutes

The minutes of the previous meeting (21 January) were agreed to be an accurate record providing the following amendment was made:

5.3 The site investigations currently taking place, as well as diversions of the underground services would require the *North Service Rd to be shut periodically.*

Should be:

The site investigations currently taking place, as well as diversions of the underground services would require the *South Service Rd to be shut for a period.*

3. Matters Arising

These were all covered under the main agenda.

4. Macmillan Horizon Centre Development¹

In Heather's absence Duane reported that the centre was now due to be handed over by the contractor at the end of March. He added that 24 additional car parking spaces would then be

¹ <http://www.macmillan.org.uk/donate/macmillan-projects/sussex-support-centre.html>

available for patients/carers. This parking would be monitored and controlled. Some BSUH staff would also be based on the lower ground floor.

5. 3Ts Main Scheme update

5.1 Paul gave a presentation which outlined the planned traffic routes to the Consolidation Centre.² The route described accessing the Centre via Woodingdean, and then delivering supplies via Marine Parade, then Eastern Road. He explained that deliveries would be staggered so that supplies would only be called to site when needed and scheduled via the use of “Juggler” system³. This had been the subject of a presentation back in 2010 (attached)⁴

5.2 Local residents raised several serious concerns about the proposed routes:

- Would the junctions at Woodingdean and Falmer be able to cope with the level of traffic?
- How would the existing traffic such as buses be affected?
- Would the roads such as Falmer Road be able to cope with the articulated lorries?
- What size lorries would these be? 24 tonne or 40 tonne?
- Arthur Bird requested that his concerns be formally noted in case of an accident.
- BSUH/LO’R was asked to monitor the situation very carefully in case of adverse impacts.
- A local resident asked when this route had been decided⁵.

5.3 It was agreed that the route would be discussed with Brighton & Hove Bus Company and the results of that discussion fed back to the next meeting.

Action: Anna Barnes

5.4 B&HCC was asked to take enforcement action regarding the number of people parking in contravention of exiting traffic regulations along Wilson Avenue, which would add to the congestion on this road when 3Ts was at its peak of construction. Andy was also asked to provide information about other road improvements which were planned in Brighton.

Action: Andy Renaut

5.5 Laing O’Rourke was asked to update the attached 2010 presentation regarding access and logistics and to clarify the weights/size of the lorries.

Action: Paul Lynchehaun

5.6 More general questions were then asked about the risk of flooding and disposal of waste water. Duane requested that the flood risk assessment, which had formed part of the 2011 Full Planning Application should be attached to the minutes⁶.

Action: Anna Barnes

5.7 Duane then outlined the plans to close the South Service Road as well as the North Service road over the next nine months so that LO’R could continue to prepare the site for the Stage One

² <https://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=554531&type=full&servicetype=Attachment>

³ <http://www.infoworks.laingorourke.com/innovation/2013/apr-to-jun/an-innovation-article.aspx>

⁴ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=322034&type=full&servicetype=Attachment>

⁵ Post meeting this was confirmed as being in December 2015, **not** spring 2015, as was suggested in the meeting.

⁶ [http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document\(s\)-1943699.pdf?extension=.pdf&id=1943699&location=VOLUME3&contentType=application/pdf&pageCount=1](http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document(s)-1943699.pdf?extension=.pdf&id=1943699&location=VOLUME3&contentType=application/pdf&pageCount=1)

development. This would take place until from the end of April 2016 to the end of December 2016 and would increase traffic movements by 1200 vehicles over a 24 hour period. This was also necessary for work to continue on the Clinical Administration Building adjacent to A&E. It was agreed that further planning was required prior to this closure taking place. However, all other options had been explored and this remained the only possible solution currently.

- 5.8 Duane clarified that an off-site supplies distribution centre in Woodingdean was now no longer required, as smaller vehicles would (instead) access the main site directly. This would reduce double handling but could potentially increase the number of vehicles accessing the site.
- 5.9 He added that vehicles would have to use Upper Abbey Road for deliveries during this period and that the West exit would be opened up for this purpose. Duane apologised for the inconvenience this would inevitably cause local residents.
- 5.10 On a more positive note it was reported that the off-site park and ride facility at Marina Way had reduced staff parking on site considerably since it had begun in early March. This may mitigate some of the increased congestion during construction and had already improved parking for patients/visitors.

6. **Decant Update**

6.1 Kyle gave a brief update regarding the remaining decant schemes as follows:

- Courtyard Building would be complete by April 2016
- Hanbury Building would be complete by June 2016
- Clinical Administration Building would be complete by December 2016
- Adult Audiology would move into Sussex House by May 2016.
- The remaining works to Building 545 and the Cancer Centre will be complete by May 2016.

6.2 Kyle explained that delays had occurred during the commissioning of the Courtyard Building mainly because of problems integrating the existing BSUH building management system with the system in the new build.

7. **Any Other business**

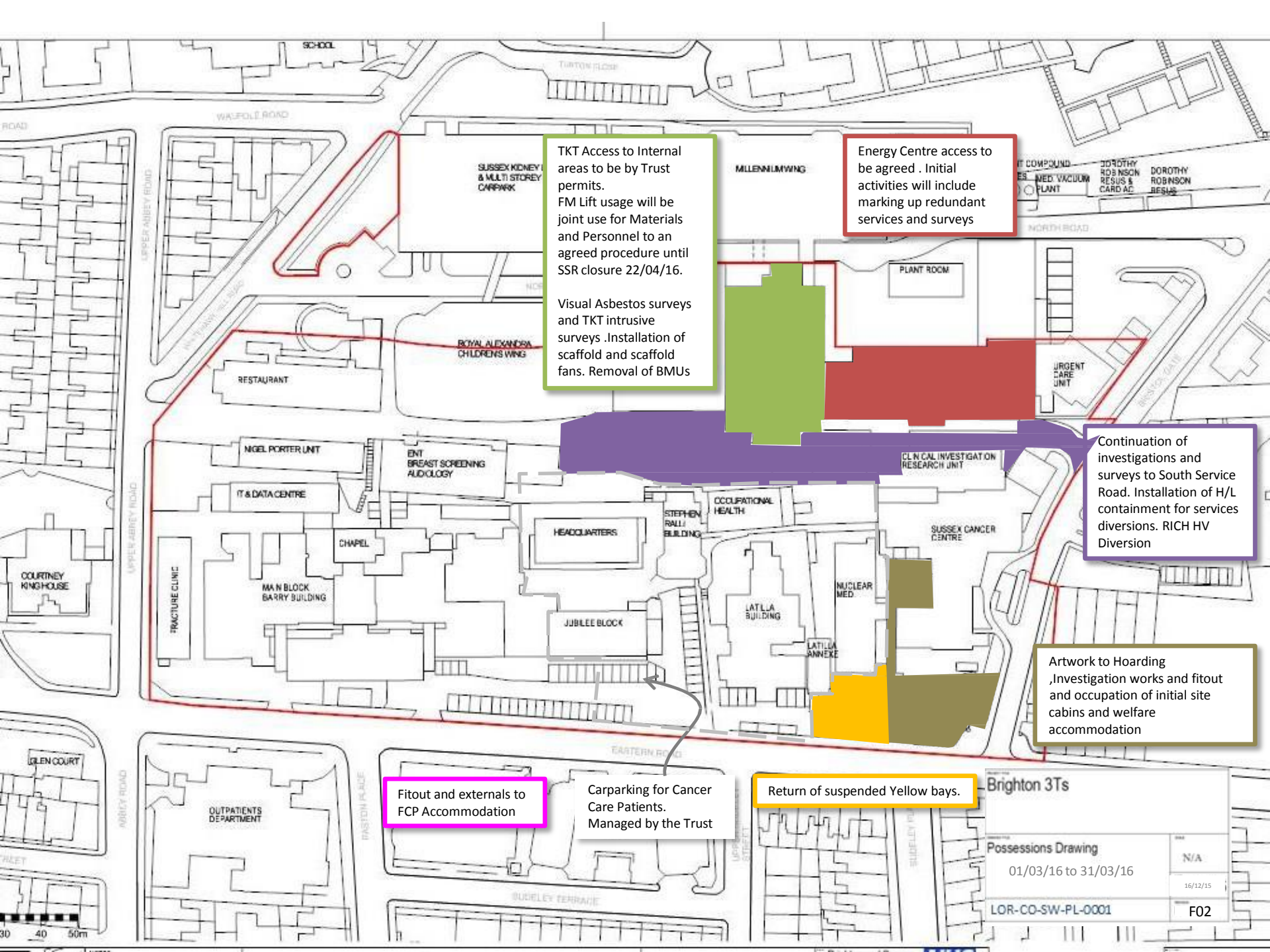
7.1 A resident who lives close to the western side of the hospital site complained about the noise created by the children in the sensorial garden and on the slide adjacent to the RACH. He also reiterated concerns about litter generated by smokers. Richard agreed to look into the problems with the use of the garden. Cllr Morgan offered to contact environmental health regarding the anti-social behaviour on the street (litter/smoking).

Action : Richard Beard/Cllr Morgan

7.2 Cllr Morgan thanked Duane and Paul for their presentations and thanked people for their attendance.

8. **Next Meeting**

Wednesday 25 May at 7pm (coffee/tea from 6.45pm) in the Audrey Emerton Building.



TKT Access to Internal areas to be by Trust permits. FM Lift usage will be joint use for Materials and Personnel to an agreed procedure until SSR closure 22/04/16.

Visual Asbestos surveys and TKT intrusive surveys. Installation of scaffold and scaffold fans. Removal of BMUs

Energy Centre access to be agreed. Initial activities will include marking up redundant services and surveys

Continuation of investigations and surveys to South Service Road. Installation of H/L containment for services diversions. RICH HV Diversion

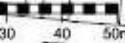
Artwork to Hoarding, Investigation works and fitout and occupation of initial site cabins and welfare accommodation

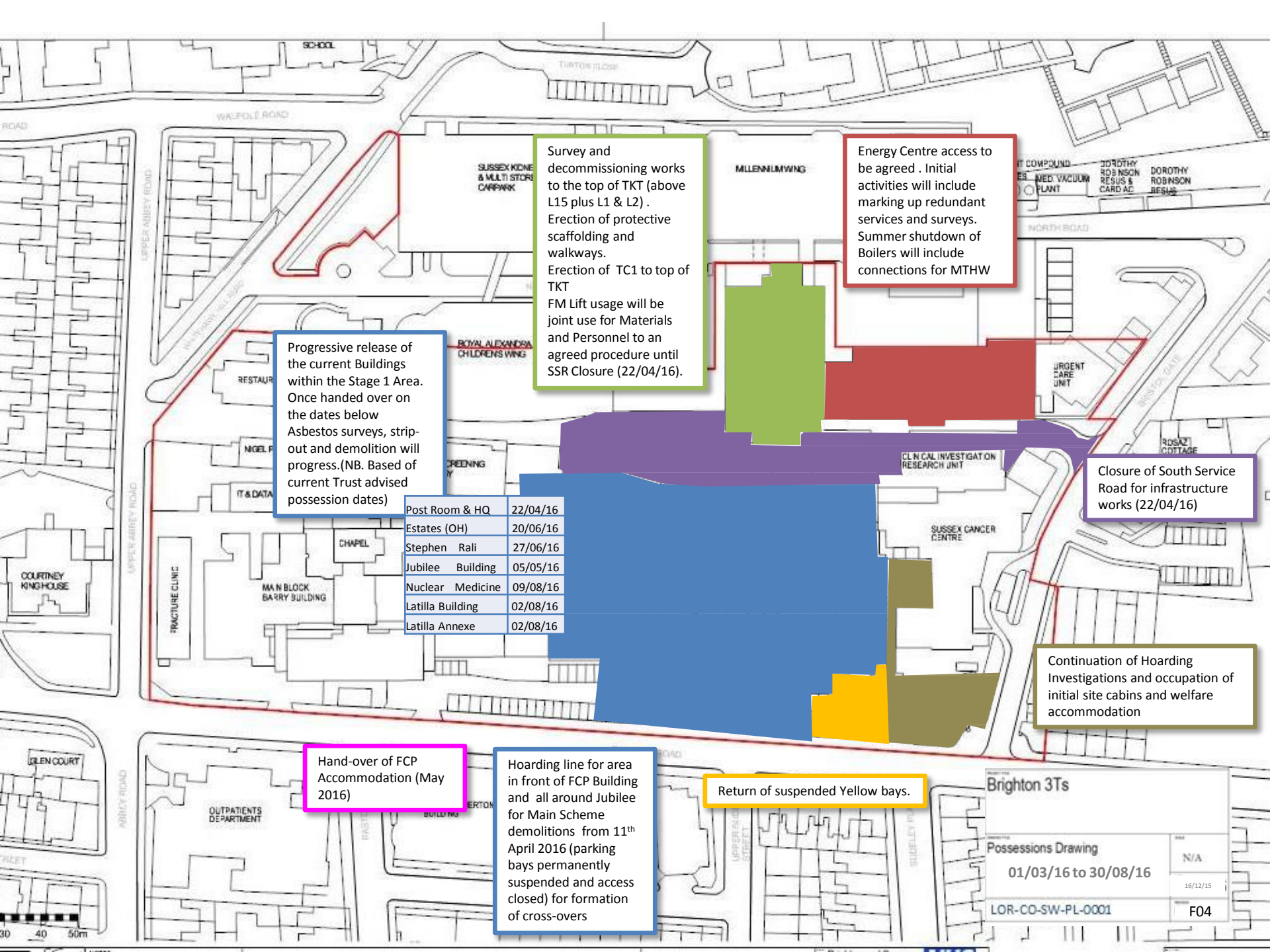
Fitout and externals to FCP Accommodation

Carparking for Cancer Care Patients. Managed by the Trust

Return of suspended Yellow bays.

Brighton 3Ts	
Possessions Drawing	N/A
01/03/16 to 31/03/16	16/12/15
LOR-CO-SW-PL-0001	F02





Survey and decommissioning works to the top of TKT (above L15 plus L1 & L2) . Erection of protective scaffolding and walkways. Erection of TC1 to top of TKT FM Lift usage will be joint use for Materials and Personnel to an agreed procedure until SSR Closure (22/04/16).

Energy Centre access to be agreed . Initial activities will include marking up redundant services and surveys. Summer shutdown of Boilers will include connections for MTHW

Progressive release of the current Buildings within the Stage 1 Area. Once handed over on the dates below Asbestos surveys, strip-out and demolition will progress.(NB. Based of current Trust advised possession dates)

Post Room & HQ	22/04/16
Estates (OH)	20/06/16
Stephen Rali	27/06/16
Jubilee Building	05/05/16
Nuclear Medicine	09/08/16
Latilla Building	02/08/16
Latilla Annexe	02/08/16

Closure of South Service Road for infrastructure works (22/04/16)

Continuation of Hoarding Investigations and occupation of initial site cabins and welfare accommodation

Hand-over of FCP Accommodation (May 2016)

Hoarding line for area in front of FCP Building and all around Jubilee for Main Scheme demolitions from 11th April 2016 (parking bays permanently suspended and access closed) for formation of cross-overs

Return of suspended Yellow bays.

Brighton 3Ts

Possessions Drawing

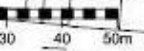
01/03/16 to 30/08/16

LOR-CO-SW-PL-0001

N/A

16/12/15

F04



**Minutes of the RSCH Hospital Liaison Group Meeting
Held on Wednesday 21 January 2016 from 7pm
in the Lecture Theatre, Audrey Emerton Building, Royal Sussex County Hospital**

Present:

Cllr Warren Morgan (Chair)
Mrs Jackie Nowell (Vice-Chair)
Cllr Gill Mitchell
20 local residents

Brighton & Sussex University Hospitals

Anna Barnes, 3Ts Assoc. Dir. for Governance
Richard Beard, 3Ts Head of Communications & Engagement
Robert Brown, Head of Capital Development

In attendance

Martin Hickey, Jerram Falkus Construction Ltd
Sean Collins, Laing O'Rourke
Heather Mytton-Sanneh, Head of Cancer Environments, Macmillan
Gwyneth Tyler, Head of Services – South and East Region, Macmillan

Apologies:

Duane Passman, Programme Director 3Ts
Paul Lynchehaun, LO'R

1. Welcome

Cllr Morgan welcomed everyone to the meeting. He was able to attend as this was on a Wednesday, as opposed to the usual Monday. As this was a better day for many people it was agreed to investigate changing HLG to a different day of the week.

Action: Anna Barnes

2. Minutes

The minutes of the previous meeting (02 November) were agreed to be an accurate record.

3. Matters Arising

3.1 Litter and smoking at Royal Sussex County Hospital Perimeters.

Several local residents complained that litter and smoking was still a problem. Courtney King House was particularly affected and abuse was reported when people had been approached about this. Representatives from the Trust agreed that littering and smoking associated rubbish was not acceptable although Richard reminded residents not to put themselves at risk by confronting perpetrators. Anna reported that she had sent a communication on this issue to the Trust wide electronic emails system which was sent to all staff. Richard added that if staff could be identified by their ID badges, this would be taken up with them by senior management. He requested names to be sent to him in the first instance. One local resident requested that a cleaner from the Trust should be employed clear this litter away. Anna said that she would investigate this suggestion.

Action: Anna Barnes

4. **Macmillan Horizon Centre Development**¹

4.1 Martin Hickey provided an update. The works are continuing with the exterior due to be completed by March 2016. The interiors would follow, with the building being commissioned for use in April 2016. Martin reported that the tower crane had now been removed (slightly delayed because it was “winded off” twice in December). Martin confirmed that an open day was scheduled to take place soon so that local residents could see the interior.

Action: Martin Hickey

4.2 Martin concluded by saying that the car park would be brought into use early (February), which would provide circa 22 car parking spaces for cancer patients. These would be made available via a voucher system for patients undergoing treatment.

4.3 Heather added that Brian Eno had designed an ambient room for the use of patients requiring complementary therapies. This would be in addition to other services such as light refreshments (Sanctuary café), information and counselling. The financial support of the Sussex Cancer Charity was acknowledged and appreciated.

4.4 A local resident congratulated the team on the proposed development, as well as securing the input of Brian Eno.

4.5 Cllr Morgan thanked Martin for the update.

5. **3Ts Decant: Construction Update**

5.1 Rob gave a presentation of the sequence of works to complete the Hanbury Building (Front Car Park), the Courtyard Building and the North Road Building (now known as the Clinical Administration Building)²:

- Courtyard Building would be complete by March 2016
- Hanbury Building would be complete by June 2016
- Clinical Administration Building would be complete by September 2016
- Adult Audiology would move into Sussex House by May 2016.
- The remaining works to Building 545 and the Cancer Centre will be complete by May 2016.

5.2 This would enable the demolition of the Latilla and Jubilee blocks to take place so that the main scheme development could begin.

5.3 Rob then moved on to discuss the logistics of preparing for main scheme occupation of the South East corner of the site. The site investigations currently taking place, as well as diversions of the underground services would require the North Service Rd to be shut for periodically. This had led to a decision to take deliveries off site, and to lease a facility in Woodingdean. This would result in smaller vehicles accessing the site, particularly on Upper Abbey Rd.

¹ <http://www.macmillan.org.uk/donate/macmillan-projects/sussex-support-centre.html>

² [HLG presentation Jan 2016](#)

6. **3Ts Main Scheme: Update**

- 6.1 Rob handed over to Sean who presented some slides showing the proposed sequence of works between January and July 2016 (included in presentation attached). He also outlined plans for the use of the neighbouring site for a park and walk scheme to prevent construction workers requiring parking on site. This may also be used as a logistics/consolidation centre (TBC). Sean gave details of the site investigations and diversions currently taking place, as well as preparations for the helideck construction. He also outlined plans for the erection of the site huts in St Mary's Tennis Courts.
- 6.2 At this point local residents asked a range of questions, principally about the impact of increased construction activities on site. These are summarised below as well as BSUH/LO'R responses:
- What would be the impact of increased traffic movements on pre Victorian properties? – Sean thought the total increase in traffic movements was around 5% in total, however a B&HCC traffic engineer to be invited to the next meeting to answer any queries.
 - Were the existing inadequate lifts being renewed in TKT? - Yes.
 - Why were deliveries currently being allowed outside of agreed hours (one at 6.40am was reported) - to be investigated.
 - Why was the proposed consolidation centre now in a different location? - Still under discussion, not confirmed as negotiations are continuing.
 - Why was a buzzer on a reversing lorry activated at 02.00am despite previous agreements? – To be investigated.
 - Where is the Communications plan, and who would be the main site contact? – LO'R to provide 24 hour contact, but Richard Beard initially.
 - Why are Trust contractors parking in adjacent pay and display bays in local streets? – Operatives need to access their tools and are permitted to park in local streets if they pay accordingly.
 - How many additional parking spaces will be provided in the underground car park? - 298 new spaces.

Action: Anna Barnes/Rob Brown

- 6.3 Richard added that the Council and the Police not LO'R or BSUH had the sole authority to dictate the route of construction traffic (24 tonnes at most), after appropriate input from B&HCC. However, it was likely that Marine Drive/Upper Rock Gardens/Eastern rd would be the preferred route.

7. **Other Trust Projects**

- 7.1 Rob finished by presenting some slides of various schemes which had just been completed :
- Medical Resonance Imaging
 - Neurosurgery
 - High Dependency Unit
 - Mortuary

- 7.2 Cllr Morgan thanked Rob and Sean for these presentations and thanked people for their attendance.

8. **Next Meeting**

Wednesday 23 March at 7pm (coffee/tea from 6.45pm) in the Audrey Emerton Building.

Minutes of the RSCH Hospital Liaison Group Meeting
Held on Monday 2nd November 2015 from 7pm
in the Lecture Theatre, Audrey Emerton Building, Royal Sussex County Hospital

Present: Mrs Jackie Nowell (Vice-Chair)
12 local residents

Apologies: Cllr Warren Morgan (Chair)
Duane Passman, Programme Director 3Ts
Robert Brown, Head of Capital Development

Brighton & Sussex University Hospitals

Anna Barnes, 3Ts Assoc. Dir. for Governance
Richard Beard, 3Ts Head of Communications & Engagement

In attendance

Martin Hickey, Jerram Falkus Construction Ltd
Paul Lynchehaun, Laing O'Rourke
Geoff Brown, Macmillan

1. **Welcome**

Mrs Nowell welcomed everyone to the meeting.

2. **Minutes**

The minutes of the previous meeting (15th June) were agreed.

3. **Matters Arising**

3.1 **Badgers**

Several local residents reported that badgers had been sighted and photographed at the back of the Barry Building, contrary to reports from the last meeting. Richard asked for any photographic evidence to be sent to him. Anna said that the Badgers' Trust had been in contact and that they would be liaising with her regarding any further sightings. She added that BSUH CCTV footage had shown one badger on site, but this could be a one which was in transit rather than one which lived on the site. Any action regarding the need to rehouse any resident badgers would be carried out in conjunction with the Badgers' Trust and LO'R.

3.2 **St Mary's Hall Railings**

Anna and Richard offered to follow this up as Rob was on leave.

Action: Anna Barnes

3.3 **Metal Plate off Bristol Gate**

Richard reported that the issue with the noise from the metal plates had now been resolved through taking them apart and reassembling correctly, with new shock absorbers.

4. **Macmillan Horizon Centre Development**¹

Martin Hickey provided an update. The works are now on schedule with the exterior due to be completed by December 2015. The interiors would follow, with the building being commissioned for use in April 2016. Martin reported that the tower crane would be gone by December. Geoff Brown (new manager) added that an open day would take place so that local residents could see the interior.

Action: Geoff Brown

Mrs Nowell thanked Martin for the update.

5. **3Ts Decant: Construction Update**

Richard outlined the sequence of works for both North Road Building (now known as the Clinical Administration Building):

- This would be used mainly for non-clinical services, rather than public facing services.
- Planning permission was granted on 29/10/15.
- Construction works were being scheduled to begin after Christmas.
- The building was due to be complete by March 2016.
- Richard explained that the modular buildings would be delivered via a route which local police and the Council felt appropriate. Local Authority, highways and police had previously advised use of Marine Drive and Eaton Place onto Eastern Road for some of the delivery vehicles.

Richard finished by saying that the Hanbury Building (on the Front Car Park) would be ready for occupation by April 2016.

6. **3Ts Main Scheme: Update**

Richard reported that we had been notified that the scheme had finally been approved on the 26th October, although the letter from ministers was still awaited. This would contain several conditions which would require further detailed examination. Several local residents noted that this was a historic moment and congratulated the team for their hard work to get this far. Local residents, in turn, were thanked for their support and forbearance with the works which had already taken place and were planned to commence after Christmas.

7. **Construction Environmental Management Plan (CEMP) presentation**

Paul gave a presentation which outlined the sequencing of the main scheme development, the site logistics and other details such as the Social Value Plan (which would lead to increased employment opportunities for local people). The slides were well received, as they gave a clear understanding of the sequencing, and scale of the development over time. The presentation is available for local residents on the BSUH web site.²

There was a wide-ranging discussion afterwards which is summarised below:

- There will be a Communications Plan with identified leads so that people know who to contact if there are any problems on site.
- Further detail is required regarding the location of the holding facility and contractors' Park and Ride scheme.

¹ <http://www.macmillan.org.uk/donate/macmillan-projects/sussex-support-centre.html>

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- Construction traffic should avoid the seafront extensive repairs are being undertaken.
- The underground car park is scheduled to open at the end of Stage one (2019).
- The LO'R site accommodation on the St Mary's Hall site does appear obtrusive from Eastern road and will be rather unsightly.
- The South Service Road will have to be shut during the preliminary works. Richard confirmed that this was the subject of intensive discussions currently.
- The demolition of the Barry Building will require that the heritage assets are protected. (Anna led a discussion about the incorporation of a Heritage Wall within the new development). It was confirmed that a Blue Plaque to commemorate Charles Barry will be sited on the development (site to be agreed).
- LO'R was congratulated on the inclusion of a comprehensive Social Value Plan.

8. **Any Other Business**

Several residents raised ongoing concerns regarding smoking and litter from BSUH staff at the exits from the service roads at the Whitehawk Hill/Upper Abbey Road area opposite the houses . Local residents had been abused when they requested that litter would be cleared up. There were also issues with idling traffic (as had previously been reported). The problems were compounded by the failure of B&HCC to clean up the street adequately. Richard apologised on behalf of BSUH for any abuse which had been experienced. Anna committed to raising it with senior management again, and to attempt to find a resolution.

9. **Next Meetings**

Monday 7th December

at 7pm (coffee/tea from 6.45pm) in the Audrey Emerton Building.

Minutes of the RSCH Hospital Liaison Group Meeting
Held on Monday 2nd November 2015 from 7pm
in the Lecture Theatre, Audrey Emerton Building, Royal Sussex County Hospital

Present: Mrs Jackie Nowell (Vice-Chair)
12 local residents

Apologies: Cllr Warren Morgan (Chair)
Duane Passman, Programme Director 3Ts
Robert Brown, Head of Capital Development

Brighton & Sussex University Hospitals

Anna Barnes, 3Ts Assoc. Dir. for Governance
Richard Beard, 3Ts Head of Communications & Engagement

In attendance

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9. **Next Meetings**

Monday 7th December

at 7pm (coffee/tea from 6.45pm) in the Audrey Emerton Building.

Minutes of the RSCH Hospital Liaison Group Meeting
Held on Monday 1st June 2015 from 7pm
in the Lecture Theatre, Audrey Emerton Building, Royal Sussex County Hospital

Present: Mrs Jackie Nowell (Vice-Chair)
10 local residents

Apologies: Cllr Warren Morgan (Chair)
Anna Barnes, 3Ts Assoc. Dir. for Governance

Brighton & Sussex University Hospitals

Duane Passman, 3Ts Programme Director
Richard Beard, 3Ts Head of Communications & Engagement
Rob Brown, Trust Head of Capital Development
Nick Groves, Assoc. Dir., 3Ts Service Modernisation

In attendance

Martin Hickey, Jerram Falkus Construction Ltd
Eddie O'Shea, Laing O'Rourke

1. **Welcome**

Mrs Nowell welcomed everyone to the meeting. Following recent elections, Cllr Morgan has a number of additional commitments and had had to send apologies.

2. **Minutes**

The minutes of the previous meeting (13th April) were agreed, with one typo: the Health Secretary had visited the hospital, not the Home Secretary.

3. **Matters Arising**

3.1 **Badgers**

Duane reported that following a resident's sighting near the Nigel Porter Unit (on the west side of the site, behind the Barry Building), estates/security staff have not been able to find evidence of a sett or badger movements on site, inc. on CCTV. If evidence is found, the appropriate action prescribed by legislation will be taken.

3.2 **St Mary's Hall Railings**

Rob Brown apologised that work to paint the railings/improve the presentation of the front of the site remained to be undertaken.

Action: Rob Brown

4. **Macmillan Horizon Centre Development¹**

Martin Hickey provided an update. Following a slight delay (utilities issues), work is progressing well. There is a sponsors' visit to the site on 16th June, and plans are underway for an open day/topping out ceremony. Martin encouraged local residents to get involved and will circulate details via the HLG mailing list. Residents are also welcome to visit the viewing platform – just ring the doorbell.

Action: Martin Hickey

Mrs Nowell thanked Martin for the helpful update.

5. **3Ts Decant: Construction Update**

Eddie O'Shea thanked residents for their forbearance on the occasions when Eastern Road had had to be closed off briefly during the working week to allow the modular units to be installed.

Electrical works at Eastern Road/Upper Abbey Road are due for completion on 6/7th June. The remaining 26 modules for the Courtyard building (above A&E in the Pathology courtyard) should be delivered over the weekends of 13/14th and 20th/21st June, weather dependent.

Eddie explained that because of the road works to Edward Street, resultant traffic flows and sharp turn from Arundel Road onto Eastern Road, the Local Authority, highways and police had advised use of Marine Drive and Eaton Place onto Eastern Road for some of the delivery vehicles.

Duane summarised the patient services to be accommodated in each of the Front Car Park and Courtyard Buildings and noted that although the buildings are temporary until the 3Ts main scheme is complete, they will significantly improve the quality of the environment for patients meantime (eg. 60% single rooms/en suite bathrooms on the cancer ward).

Key points from the discussion:

- The route to/from the site for the main scheme development has not yet been determined. This will require further discussion and is ultimately for the Local Authority to advise.
- Duane noted that the doors on the exposed sides of the upper floor modular units (Front Car Park Building) were temporary to allow fit-out without using the internal lifts, and would be replaced with windows in due course.
- A resident asked about delivery vehicles' blocking Bristol Gate. Duane said he was aware of one incident, when a delivery vehicle to the Macmillan site had unavoidably needed to reset its brakes, and this had unfortunately blocked the road for c. 30 mins. The main scheme development will not deliver/pick up via Bristol Gate, and maintaining ambulance access to A&E will be critical.
- A resident asked about progress with dampening the noise of the metal plates across the road off Bristol Gate. Duane is aware of this issue and is working to resolve it – he/one of the team will advise the resident of timescales/progress in the next few days.

Action: Rob Brown/Eddie O'Shea

Mrs Nowell felt that overall the traffic flows/site deliveries appeared to have been well managed.

¹ <http://www.macmillan.org.uk/donate/macmillan-projects/sussex-support-centre.html>

6. **3Ts Main Scheme: Update**

Duane reported that the scheme is awaiting final approval by the Treasury and Department of Health, which the Trust hopes to receive in July. Although this is later than had been hoped, work with the architects on detailed design of the c. 3,700 rooms is continuing, and decant is progressing.

Duane has just received the first draft Construction Environment Management Plan (CEMP) from Laing O'Rourke, and this will be shared/discussed with the HLG once the Trust has had a chance to review it in the context of HLG's previous feedback, lessons learned and planning conditions.

Action: Duane Passman

Q&A:

- A resident asked how/where delivery vehicles would deliver to the site. *[The previous presentation, which has not changed significantly since, can be found here]².*
- Mrs Nowell said that there would be a number of practical details still to resolve once funding has been approved, and she envisaged that the HLG would wish to increase the frequency of its meetings during that period in particular.

7. **Other Capital Developments**

Rob Brown provided an update on the wide range of capital developments recently completed or currently underway on site, incl. 3rd cardiac theatre, Front Car Park modular building, Courtyard modular building, North Road modular building, and internal refurbishments to facilitate 3Ts decant and the interim transfer of neurosurgery from Princess Royal Hospital/Haywards Heath.

Q&A

- A resident asked what would happen to the modular buildings once 3Ts is complete, and whether they would have a resale value. Rob agreed that although they have specialist fit-out to some extent, they should have some residual value and may therefore be appropriate for resale.

8. **Any Other Business**

8.1 **Trust Boundary**

A resident asked about the caretaker's house and footpath behind Brighton College Junior School. Duane explained that these are owned by Brighton College, but the Trust has access rights along the footpath from Bristol Gate to St Mary's Hall.

8.2 **Greening in the Development**

A resident asked about greening in/around the redevelopment. Duane noted that the roof of the Stage 2 building (on Eastern Road/Upper Abbey Road) would be a garden the size of c. four football pitches – for patient and, within hours, public use. There would be additional planting on Bristol Gate and Upper Abbey Road, and in the internal courtyards (although these are relatively deep plan, so planting will be more limited). Overall, this will represent a significant

² <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=360307&type=full&servicetype=Attachment>

increase in greening/green space. *[See latest images/presentation]*³. The plan is to plant mid-mature and grow in situ which is more cost-effective.

8.3 **Barry Building Demolition**

A resident asked whether the Barry Building would be shrouded for any period prior to demolition. Duane confirmed that it will remain in use and unshrouded until the Stage 1 building is complete in 2019/20, and that the date the demolition is due to start will be publicised well in advance.

8.4 **Main Outpatients Building**

A resident asked whether the plan is to retain the Main OPD Building (on Eastern Road). Duane explained that at the time of planning the 3Ts redevelopment, the local Primary Care Trust's ambition, and national trend, was to move Outpatient services into community settings to improve patient access. This remains the ambition, but there are currently no specific plans to do so.

9. **Next Meetings**

- **Monday 3rd August**
- **Monday 5th October**
- **Monday 7th December**

at 7pm (coffee/tea from 6.45pm) in the Audrey Emerton Building.

³ <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/latest-designs/>

Minutes of the BSUH Hospital Liaison Group Meeting
Held on Monday 13th April 2015 from 7pm
in the Lecture Theatre, Audrey Emerton Building, Royal Sussex County Hospital

Present:

Mrs Jacqueline Nowell (Chair)
Cllr Gill Mitchell
15 local residents

Apologies:

Eddie O'Shea, Decant Project Leader Laing O'Rourke, Brighton 3Ts Decant Programme.
Cllr Warren Morgan

Brighton & Sussex University Hospitals

Duane Passman, 3Ts Programme Director
Richard Beard, 3Ts Head of Communications & Engagement
Rob Brown, Trust Head of Capital Development
Anna Barnes, 3Ts Associate Director- Governance and Programme Office

In attendance

Martin Hickey, Jerram Falkus Construction Ltd
Patrick Warner, Business Development Manager, Brighton and Hove Buses

1. **Welcome**

Jacqueline Nowell welcomed everyone to the meeting.

2. **Minutes**

The minutes of the previous meeting (9th February) were agreed.

3. **The Macmillan Horizon Centre**

Martin Hickey gave an update on the construction of the Macmillan Horizon Centre. The previously reported delays have now been minimised as the problems with the utilities have been resolved. Jerram Falkus is still forecasting completion in December 2015. The concrete frame is currently under construction, and the beams are being fabricated off site. These should be delivered in June 2015. Martin offered to provide some visual images of the project at the next meeting.

Action: Images to be presented at the next meeting.

4. **3Ts Decant Update**

Rob Brown gave an update on the 3Ts decant programme on the two sites, one in front of the East Wing of the Barry Building, known as the Front Car Park Building and the other on the courtyard by the Thomas Kemp Tower. Rob thanked local residents for their patience with the disruption, particularly recently to traffic flow caused by the over-sailing of the crane.

The modular buildings have been constructed off site and are now being delivered. The completion date is still December 2015. The steel grillage for the Courtyard Building is also

currently being built, and the modular build will be complete by September/October 2015. Rob finished by giving an update on the progress of the North Road Building. Various services will be relocated there including ENT and Audiology. Together, these schemes will enable the main scheme to start in 2016 after demolition and site clearance has taken place.

Questions:

One local resident asked if the issues with the crane and the intermittent road closures would happen in 3Ts. Duane thought not as the crane would be further back from the road for stage 1. He offered to present the site logistics at the next meeting.

Duane was asked if there were other lessons to be learned from the decant project. Duane said that the traffic management procedures would merit more attention (specifically the agreement with Sussex Police) so as to avoid construction traffic via Eaton Place.

Another local resident asked the modular building would have lifts. Duane informed him that they would.

5. **3Ts update**

Duane Passman gave an update on progress of the approval of the Full Business Case (FBC). Although approval had not been granted prior to the Election as hoped, Duane was hopeful that this would be granted over the summer. The recent visit from the Health Secretary, and cross-party support for the scheme meant that he was confident that approval would be forthcoming, regardless of a possible change in Government.

Questions:

Jaqueline asked whether this was sufficient time, given the need to find a consolidation centre before 2016, and to appoint the contractor. Duane Passman explained that there would be sufficient time in 2016 as the consolidation centre would not be needed until the site had been cleared and it would be costly to it up too early. Duane said a lot depended on the procurement methodology as this would dictate what sort of consolidation centre would be needed. This was therefore an issue for LO'R.

Anna Barnes added that various activities were being carried out in advance of the construction programme, such as market testing and the involvement of the supply chain so as to be ready in 2016.

Another local resident asked when the helipad would be built. Duane replied that this would be one of the first phases, and was planned to be ready for 2017.

Action: A site logistics presentation at the next meeting.

6. **Other Trust capital projects**

Rob Brown updated the meeting on the implementation of the plans to transfer some neurosurgery activity from Princess Royal Hospital (Haywards Heath) to the Royal Sussex County Hospital. The capital works on Level 5 of the Millennium Building and level 4 of the Thomas Kemp Tower are in preparation for this and include a new bi-planer angiography suite. Other capital schemes include:

- New MRI scanners on site, two replacements to be sited behind the Barry Building and one on level four of the Thomas Kemp Tower that will be available for use by Neurosurgery as part of site reconfiguration and by the Children's Hospital.
- Changes and expansions to ITU.
- Fluoroscopy suites being replaced
- Renovation of the Sussex Eye Hospital (windows and interiors)
- The development of radiotherapy services in the Preston Park area of Brighton and in satellite units in East and West Sussex. (The East being planned for construction this year).

Action: Visual images of these projects for the next meeting.

7. **AOB**

A local resident asked Duane about the St Mary's Hall site which appeared untidy. The security gate had been kicked in and the temporary Harris fencing was unsightly. Duane Passman replied that some site works were still continuing at St Mary's, hence the temporary fencing. Rob Brown agreed that the railings would be painted shortly and the overall site made more presentable.

Jacqueline Nowell asked if the problem with the heating at St Mary's Hall (reported at the previous meeting) had been resolved. Rob replied that a temporary fix had been found, but the longer term solution was still being investigated.

8. **Next Meeting**

The next meeting will be held on **Monday 1st June** at 7pm (coffee/tea from 6.45pm) in the Audrey Emerton Building.

Minutes of the BSUH Hospital Liaison Group Meeting
Held on Monday 9th February 2015 from 7pm
in the Lecture Theatre, Audrey Emerton Building, Royal Sussex County Hospital

Present:

Cllr Warren Morgan (Chair)
Mrs Jackie Nowell
Cllr Gill Mitchell
20 local residents

Apologies:

Eddie O'Shea, Decant Project Leader Laing O'Rourke, Brighton 3Ts Decant Programme.
Anna Barnes, BSUH

Brighton & Sussex University Hospitals

Duane Passman, 3Ts Programme Director
Richard Beard, 3Ts Head of Communications & Engagement
Rob Brown, Trust Head of Capital Development

In attendance

John Foskett, Jerram Falkus Construction Ltd
Martin Hickey, Jerram Falkus Construction Ltd
Simon Henderson, Head of Environments, Macmillan Cancer Support
Patrick Warner, Business Development Manager, Brighton and Hove Buses

1. **Welcome**

Cllr Morgan welcomed everyone to the meeting.

2. **Minutes**

The minutes of the previous meeting (3rd November) were agreed.

3. **The Macmillan Horizon Centre**

John Foskett gave an update on the construction of the Macmillan Horizon Centre. The completion date for the centre had been altered to August 2015 following difficulties concerning the supply of utilities to the site. Completion will now be extended to the end of 2015 as power cables have been found under the pavement of Bristol Gate where a retaining wall was to be built. This requires a slight alteration to the plans for the wall and for the cables to be diverted. The diversion works will start on the 16th March, take approximately one week to complete and will require the pavement on the east side of Bristol Gate to be dug up directly outside the construction site. John apologised for the delay to completion and explained that the dates for this and other off site utility works are dictated by the work schedules of the controlling utility companies.

Question: Will this change the design of the retaining wall?

Only very slightly. It will move further onto the site by about 75 millimetres and the method of construction will be slightly different. The wall itself will not be noticeably altered.

Question: With the delay is there now the chance of an overlap of major works with the 3Ts main scheme?

No, towards the end of the year the 3Ts main scheme will be focused on the careful removal of existing buildings on the Stage 1 construction site. The heavy construction on the Horizon Centre will be completed in the summer. The latter part of 2015 will involve fitting out the buildings so there will be no problem with overlaps.

Question: Will the change to the wall require the agreement of the City Planning Authority?
The changes to the wall do not alter the scope of the construction and so this is not thought to be necessary.

Question: There is a need to connect the Centre to a substation to the south of Eastern Road. Do we know when this work will be happening?

The utility company involved have not supplied a date yet. It will not be possible to coordinate the works with the diversions taking place from 16th March so it will be necessary to dig up the pavement on the east side of Bristol Gate again to bring the power supply up to the building.

Question: Is it possible to use a tunnelling machine rather than having to dig up Eastern Road to connect the Centre to the substation?

It may be possible but it will depend on conditions and what other utilities are running along and under the road.

Simon Henderson from Macmillan Cancer Support explained that they will be working with contractors to see if there is any way they can move into the building early. The most viable option is to occupy part of the building whilst other parts are still being completed.

Question: Is there any way to minimise the delays to services?

The centre manager has already been appointed and is looking into which of the services may be provided ahead of the building being completed. This is likely to include the telephone support services and those offered to patients on the hospital site.

Action: Details of works and timelines to be added to the project website.

4. **3Ts Decant Update**

Rob Brown gave an update on the 3Ts decant programme on the two sites, one in front of the East Wing of the Barry Building, known as the Front Car Park Building and the other on the courtyard by the Thomas Kemp Tower. He thanked local residents for their patience with the closure of the North Service Road over the last three weekends. The steel grillage to support the courtyard building is in place so it will not be necessary to close the road for a fourth weekend as originally planned. Preparation for the Front Car Park Building has involved ground and foundation works.

The modular buildings have been constructed off site and are now ready for delivery. They will be brought to site either late in March or early in April. The Courtyard Building will be delivered over four weekends, requiring the shutting of the North Service Road. The Front Car Park Building will be delivered on week days.

Question: There are issues with heating in some parts of St Mary's Hall, please can something be done about this problem?

Duane will pick this issue up with his team if it is found to be attributable to the design of the system and the original installation; if it is a maintenance issue, he will raise it with the Trust's Estates Department.

5. **3Ts update**

Duane Passman gave an update on progress of the redevelopment's Full Business Case (FBC). This included an explanation of how the approval process has changed and grown between the approval of the Outline Business Case (OBC) and the submission of the FBC. The Department of Health and the Trust Development Authority now appear satisfied with the FBC and it has been passed to HM Treasury for consideration. It is hoped that their approval will be granted by 30th March ahead of the purdah for the general election.

The approval of the FBC has been helped by the comprehensiveness of the OBC. Throughout the approvals process the need for the redevelopment has not been questioned. Questions from the approving bodies have focused on clinical need, capacity, demand and affordability.

Question: Given the amount of money involved isn't it better to have this level of scrutiny?

Duane Passman agreed with the questioner, which is why the redevelopment team has been focused on the due diligence requirements for the scheme, which include the business case process. Cllr Morgan added that all governments have to strike a balance between scrutiny and approval.

6. **Other Trust capital projects**

Rob Brown updated the meeting on the implementation of the plans to transfer some neurosurgery activity from Princess Royal Hospital (Haywards Heath) to the Royal Sussex County Hospital. The capital works on Level 5 of the Millennium Building and level 4 of the Thomas Kemp Tower are in preparation for this and include a new bi-planer angiography suite. Other capital schemes include:

- New MRI scanners on site, two replacements to be sited behind the Barry Building and one on level four of the Thomas Kemp Tower that will be available for use by Neurosurgery as part of site reconfiguration and by the Children's Hospital.
- Changes and expansions to ITU.
- Fluoroscopy suites being replaced
- Renovation of the Sussex Eye Hospital (windows and interiors)
- The development of radiotherapy services in the Preston Park area of Brighton and in satellite units in East and West Sussex.

This represents an overall investment of between £50,000,000 and £60,000,000 in the local health economy with approximately £30,000,000 being spent on the RSCH site over the coming years.

Cllrs Morgan and Mitchell commented that works on the Eye Hospital are important as the building has visibly deteriorated, particularly at the rear.

Question: Cllr Mitchell asked what is being built next to the High Dependency Unit on level 5 of the Thomas Kemp Tower?

The whole area is being refitted for Neurosurgery, the space directly adjacent to HDU will be for additional Intensive Therapy Unit (ITU) beds.

Question: Will the 3Ts main scheme be able to cope with demand changes similar to those seen recently?

Duane Passman acknowledged the challenges created by the current demand. He explained that multiple factors dictate bed availability in a hospital including being able to discharge patients when they no longer require acute treatment. Extra funding had been made available nationally and locally to help reduce the number of people needing to come to hospital and to more effectively discharge those who are ready to leave. Extra capacity has been opened within RSCH and additional beds in Newhavens Down will help manage demand. A solution requires changes in both health and social care.

In the longer term the 3Ts redevelopment will have almost 100 extra beds over the number currently available. These will allow RSCH to reduce its bed occupancy to approximately 90%, which is a more efficient level for day to day operation.

Cllr Morgan explained that the City's Health and Wellbeing Board has an overview of such matters and is working improve discharges from hospital and reduce A&E attendances. The situation however will not be helped by the GP Surgery closest to the RSCH A&E unit closing down in the near future.

Question: Is there any potential to further develop the site after the 3Ts redevelopment is complete?

Duane Passman explained that it might be possible to build above the service yard which is Stage 3 of the redevelopment.

7. **AOB**

Duane Passman mentioned the before and after pictures featured in the Argus and invited attendees to view the full set of images on the website by going to <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/latest-designs/> and clicking on the '3Ts now and then' link at the top of the page.

8. **Next Meeting**

The next meeting will be held on **Monday 13th April** at 7pm (coffee/tea from 6.45pm) in the Audrey Emerton Building.

Minutes of the RSCH Hospital Liaison Group Meeting
Held on Monday 3rd November 2014 from 7pm
in the Lecture Theatre, Audrey Emerton Building, Royal Sussex County Hospital

Present:

Mrs Jackie Nowell (Chair)
Cllr Gill Mitchell
16 local residents

Apologies:

Cllr Warren Morgan
Duane Passman, 3Ts Programme Director

Brighton & Sussex University Hospitals

Anna Barnes, Associate Director for Governance
Richard Beard, 3Ts Head of Communications & Engagement
Rob Brown, Trust Head of Capital Development

In attendance

John Foskett, Jerram Falkus Construction Ltd
Patrick Warner, Business Development Manager, Brighton and Hove Buses
Eddie O'Shea, Decant Project Leader Laing O'Rourke, Brighton 3Ts Decant Programme.

1. **Welcome**

Mrs Nowell welcomed everyone to the meeting.

2. **Minutes**

The minutes of the previous meeting (7th July) were agreed.

3. **Brighton and Hove buses**

Jackie Nowell introduced Patrick Warner to the meeting. She explained that he had been invited to address the concerns of local residents that the development of the hospital site might exacerbate the traffic congestion which already existed on Eastern Road. There were also concerns about the possible need for diversions once the construction traffic was in full flow, although Richard Beard said that the traffic movements would be controlled via various methods which would be developed by LO'R who have extensive experience in this area. Cllr Mitchell added that, with the forthcoming development at Black Rock, Brighton Marina and various new housing schemes, she hoped that Brighton and Hove buses were planning to meet the need for possible additional capacity. She added that the works at Edward Street had been instigated to prepare for this increase in traffic to East Brighton.

Patrick explained that he was pleased to be invited to HLG and wanted to hear what the potential concerns were. However, as far as he knew no additional capacity for Brighton and Hove buses had been planned following completion of 3Ts. Anna added that it was important to distinguish any temporary changes (i.e. during construction) with those changes which would be longer term following completion of 3Ts.

One local resident suggested that there could be a decrease in the frequency of the buses 1 and 7 as he felt there was often bunching by the hospital, and fewer buses/better scheduling would deal with the congestion caused by different services arriving at the same time. However it was pointed out that these buses went to different routes later in their journeys meaning a poorer service could be experienced if this was to be changed. Moreover Patrick explained that bus companies needed to provide high frequency services in order to encourage people to use the buses (or they would return to using their cars).

There were some questions about why the bus stop had been moved on the Northern side of the road. Rob answered that this had been a planning stipulation to ensure pedestrian safety prior to the construction of the Front Car Park building. Jackie summarised this item by requesting that another HLG meeting should look at the whole traffic management strategy again at a future date, once the construction of 3Ts stage 1 was imminent.

Jackie thanked Patrick for attending the meeting.

4. **Sussex Macmillan Cancer Support Centre**¹

John Foskett (Jerram Falkus Construction Ltd²) updated the meeting on progress with construction of the Cancer Support Centre (former Rosaz House site, Bristol Gate). Key points:

- Demolition of Rosaz House is now underway.
- The Tower Crane is in place for the imminent construction of the Cancer Centre.
- The building is due to be finished due by August 2015 (which is a delay of circa 3 weeks from the previously forecast dates).
- Brighton College had been extremely helpful in allowing use of their land behind the site.
- John then apologised for the alarm which sounded from the Tower Crane over the weekend. He undertook to make arrangements so that this would not happen again and to ensure there was a contact on site, if there were any more issues.
- He then gave some details about the most recent activities which involved accessing electricity from across Eastern Road. This had been problematic as it involved the nearest substation which was in Chichester Place.
- Rob Brown then added some details about the activities which were expected over the next few weeks: i.e. before Christmas the slab for the lower ground floor would be in place.
- John said that some diversions may be required for the forthcoming construction activities (such as to the footpath behind the site), but that local residents would be informed before these were scheduled to occur.

Questions:

- A local resident asked if the issue of the electricity supply might be a similar problem for 3Ts. Rob replied that the hospital has its own dedicated supply and so would not need to access the general mains supply.

Jackie thanked John for attending.

¹ http://www.sussexcancerfund.co.uk/PDFs/SCF_Newsletter4.pdf

² <https://www.linkedin.com/company/jerram-falkus-construction-limited>

5. **3Ts Decant**

Eddie O'Shea updated the meeting on the 3Ts decant plans. Key points:

- Start on site had begun in mid-September. This had led to the establishment of some on-site lighting, and some initial works.
- Eddie was expecting the delivery of the modular units in January 2015.
- Preparation for this installation was principally the construction of the ground floor slab.
- The Front Car Park and Courtyard buildings are due to be completed in August/September 2015.
- The works on the Courtyard Building although less visible than the Front Car Park are happening.
- Vehicle movements are currently due to increase to 6-8 per day (far fewer than those required for the main scheme).
- The interior works would begin next spring.

Questions:

- One local resident asked about whether the site hoardings on Eastern Road could be enhanced in some way. Anna offered to take this up with the University of Brighton, as part of the BSUH/University of Brighton arts partnership.
- Another local resident asked why Stephen Rali Building now seemed to be occupied despite been vacated recently. Rob explained that as various buildings had been emptied (such as Nuclear Medicine) there had been consolidation of some staff into one location as a temporary measure to save on utility costs.

Jackie thanked Rob and Eddie for these updates.

5. **3Ts update**

Anna reported that the Full Business Case had been approved by the Trust Board on the 20th October and had been sent to the Trust Development Authority for review. It was hoped that this review would be completed by early in 2015, ready for Treasury Approval. Rob set out the following milestones (subject to review):

- FBC approval – Spring 2015
- Site set up- Autumn 2015
- Enabling works- 2016
- Concrete frame (stage 1) 2017-2019
- Completion of stage 1 – 2019
- Completion of stage 2- 2022
- Completion of stage 3- 2023

There were several questions about whether the scheme might still not be approved. Anna said that she was confident that (subject to due scrutiny) approval would be secured. This was because the comprehensive review required by the FBC had reaffirmed the need for the project; the scheme was well planned and had the support of commissioners as well as local people. There was another question about the cost of the scheme. Anna explained that the capital and revenue costs were also under review.

6. **Other Trust capital projects**

Rob updated the meeting on the implementation of the plans to transfer some neurosurgery activity from Princess Royal Hospital (Haywards Heath) to the Royal Sussex County Hospital, and the capital works on Level 5 in preparation for this. He then outlined some other BSUH projects which are in progress as follows:

- New MRI scanners on site
- Hybrid operating theatre in construction
- Fluoroscopy suites being replaced
- Renovation of the Sussex Eye Hospital (windows and interiors)
- This equates to £15-20m investment in the near future.

Jackie thanked Rob for the updates.

7. **AOB**

7.1 **Lifts**

A local resident expressed concern about the frequency of the lifts in the Thomas Kemp Tower. He thought that the capacity was inadequate for such a large hospital. Rob agreed and said that 3Ts would increase this capacity. He added that there was some intensive work underway (known as Occupancy Analytics)³ which would help plan the lift traffic to ensure that the problems with the Thomas Kemp Tower were not repeated within 3Ts. Richard gave some background, that there were originally going to be three towers (and therefore increased lift numbers) on the site, but only a single tower was built, hence the lack of capacity with just two patient/visitor lifts.

7.2 **Consolidation Centre**

A local resident asked about progress with the proposed Laing O'Rourke Consolidation Centre. As previously discussed, it was confirmed that a Consolidation Centre would not be required for the decant works/temporary buildings, but would, in all likelihood, be required for the main scheme. The contract for the main scheme construction is due to be signed in April/May 2015, so Laing O'Rourke would be considering sites shortly before that – the Consolidation Centre will be their responsibility. Cllr Mitchell asked if planning permission would be required. As no site had yet been identified and there is a possibility that the requisite traffic control could be achieved without one, the 3Ts team did not have the information to answer this question. Jackie asked that this be the subject of the next meeting in February when the team had further information.

7.3 **Close of meeting**

Jackie thanked everyone for attending. The meeting finished at 20.10.

8. **Next Meeting**

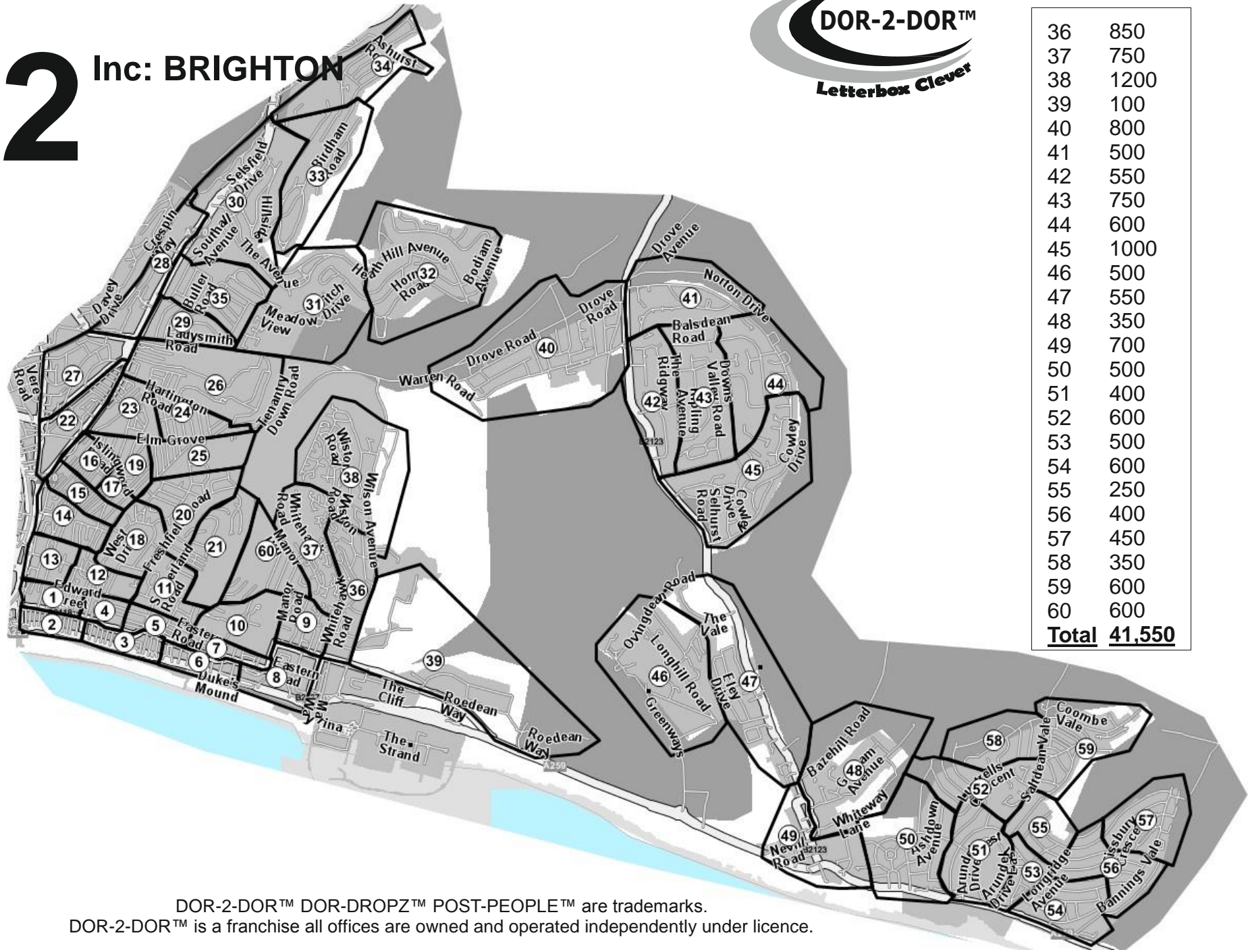
The next meeting will be held on **Monday 9th February** at 7pm (coffee/tea from 6.45pm) in the Audrey Emerton Building.

³ <http://www.conclude.org.uk/wp-content/uploads/2013/10/Academic-Theory-Occupancy-Analytics-A-New-Science-v1.2.pdf>

BN2 Inc: BRIGHTON



Area	QTY
1	90
2	550
3	600
4	700
5	1000
6	600
7	550
8	550
9	650
10	400
11	300
12	900
13	350
14	1200
15	900
16	800
17	400
18	550
19	650
20	1000
21	650
22	1000
23	1050
24	1000
25	700
26	900
27	1100
28	350
29	850
30	1200
31	800
32	850
33	900
34	650
35	1550



36	850
37	750
38	1200
39	100
40	800
41	500
42	550
43	750
44	600
45	1000
46	500
47	550
48	350
49	700
50	500
51	400
52	600
53	500
54	600
55	250
56	400
57	450
58	350
59	600
60	600
Total	41,550

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Minutes of the RSCH Hospital Liaison Group Meeting
Held on Monday 7th July 2014 from 7pm
in the Lecture Theatre, Audrey Emerton Building, Royal Sussex County Hospital

Present: Cllr Warren Morgan (Chair)
Mrs Jackie Nowell (Vice-Chair)
12 local residents

Apologies: Cllr Gill Mitchell

Brighton & Sussex University Hospitals

Duane Passman, 3Ts Programme Director
Richard Beard, 3Ts Head of Communications & Engagement
Rob Brown, Trust Head of Capital Development
Nick Groves, Assoc. Dir., 3Ts Service Modernisation

In attendance

Martin Hickey, Jerram Falkus Construction Ltd

1. **Welcome**

Cllr Morgan welcomed everyone to the meeting.

2. **Minutes**

The minutes of the previous meeting (19th May) were agreed, with one typo.

3. **Matters Arising**

3.1 **Pruning at St Mary's Hall**

A local resident, who had previously expressed concern that the trees at St Mary's might not have survived the vigorous pruning, was pleased to report that they had been resuscitated. Duane confirmed that one tree, which had died, had been removed.

4. **Sussex Macmillan Cancer Support Centre¹**

Martin Hickey (Jerram Falkus Construction Ltd²) updated the meeting on progress with construction of the Cancer Support Centre (former Rosaz House site, Bristol Gate). Key points:

- An ecological survey was undertaken (to check for bats, nesting birds etc.) and found no issues of concern.
- Demolition is now proceeding and will take c. 4 weeks. The building is due to be finished in July 2015. 95% of the building materials will be reused elsewhere rather than go to landfill.
- Martin is working closely with Scott Castle (Senior Environmental Health Officer, Brighton & Hove City Council) to ensure that noise is kept to a minimum, eg. through use of acoustic blankets and the quietest machinery available. The target noise limit is 72dB; an acoustic consultant has been engaged to monitor this.
- Martin said that he is keen to work closely with local residents. So far one concern has been expressed (by a member of the public attending A&E), which was resolved.

¹ http://www.sussexcancerfund.co.uk/PDFs/SCF_Newsletter4.pdf

² <https://www.linkedin.com/company/jerram-falkus-construction-limited>

- Martin thanked Brighton College for making land available for the site office. This affords a good view of the site, and Martin said he would be pleased to if interested local residents wanted to see the site – please contact him on 07805-458041
- There was a brief discussion about the impact of the works on the students. Demolition has been scheduled for school holidays, although there are some language students in the school. Martin confirmed that the site has appropriate hoardings.

Questions:

- Cllr Morgan asked about direct communication with local residents. Martin confirmed that a newsletter had been circulated to the c. 50 nearest residences.

Cllr Morgan thanked Martin for attending.

5. **3Ts Decant**

Rob Brown (Trust Head of Capital Development) updated the meeting on the 3Ts decant plans. Key points:

- Work to the entrance/exit at the front of the site (Eastern Road) is now complete.
- Work is underway to finalise contracts with Laing O'Rourke for construction of the temporary Front Car Park Building (front of the Barry Building), which will be used principally for Outpatients and the Nuclear Medicine service, and Pathology Courtyard Building, which will be used for the Jubilee Wing inpatient decant (three wards). These are due for completion in August/September 2015.
- Duane confirmed that the detailed construction programme agreed on signing contracts will then be shared with the HLG and published on the 3Ts website.

Questions:

- Following a meeting with Lynn Thackway (Principal of City College³), Cllr Morgan asked whether Laing O'Rourke would undertake training of local apprentices as part of the decant and main scheme contracts. Duane confirmed that Laing O'Rourke would be pleased to do so, and the Trust would wish to include this in its contracts. Duane has written to Lynn Thackway to progress the issue.

6. **Neurosurgery Capital Development**

Rob updated the meeting on plans to transfer some neurosurgery activity from Princess Royal Hospital (Haywards Heath) to the Royal Sussex County Hospital, and the capital works on Level 5 for this [presentation posted on website]. Key points:

- The service is transferring to support the Major Trauma Centre, which opened at the Royal Sussex County Hospital in April 2012.
- The project is currently at design stage. Work is due to start in August/September, for completion by Christmas 2015, and is mainly internal.

Questions:

- Cllr Morgan asked whether any road closures would be required, incl. the North Service Road. Rob said that there may be a one-off/limited closure of the North Service Road for a delivery, but otherwise no roads would need to be closed.

³ <http://www.ccb.ac.uk/public/about/#.U7sAPDdOWM8>

- Jackie Nowell asked Rob to confirm whether ‘internal work’ meant that local residents would have no awareness of it. Rob confirmed that there should be no breakout noise from the work.

Cllr Morgan thanked Rob for the updates.

7. AOB

7.1 Congratulations

A local resident, who had not been at the previous meeting, offered his congratulations on approval of the second stage business case. Duane thanked him on behalf of the team.

7.2 Consolidation Centre

A local resident asked about progress with the Laing O’Rourke Consolidation Centre. Duane confirmed that no Consolidation Centre would be required for the decant works/temporary buildings. The contract for the main scheme construction is due to be signed in April/May 2015, so Laing O’Rourke would be considering sites shortly before that – the Consolidation Centre will be their responsibility. Duane confirmed that he will ensure HLG is then briefed on the options.

7.3 Coordinating with Other Major Projects

Cllr Morgan noted that there are a number of major projects⁴ across the city at various stages of development, so it will be important that detailed planning for 3Ts construction is aligned. He offered to put Duane in contact with the Major Projects Team.

Duane confirmed that the Construction Environmental Management Plan (CEMP), which would need to be agreed with the City Council before demolition/construction could start, would cover a number of practical issues, including maximum vehicle weight, frequency and construction traffic routing. He thanked Cllr Morgan for the helpful suggestion.

7.4 Construction Traffic Lane

A local resident asked whether one lane along Marine Parade/A259 could be reserved for construction traffic.

Cllr Morgan noted the work required to strengthen Marine Parade/A259 and said that its suitability for Heavy Goods Vehicles would need to be assessed by the Transport Team.

7.5 Brighton Buses

A local resident noted that c. 940 busses stop outside the hospital every day (avg. one every six minutes) and asked whether Brighton & Hove Bus Company would be involved in the detailed transport planning for 3Ts.

Duane noted that the frequency of busses is an issue for the Bus Company and City Council, but the company was formally consulted as part of the Trust’s application for Full Planning Consent in 2011/12, and formal consultees will also be involved in development of the CEMP. He asked whether it would be helpful to invite the Bus Company to attend a future meeting – this was agreed.

Action: Duane Passman

7.6 Edward Street Works

⁴ <http://www.brighton-hove.gov.uk/content/planning/major-projects-planning>

A resident asked Cllr Morgan if he knew when the Edward Street works⁵ are due to finish; work is progressing very slowly and there appear to be very few workers on it. Cllr Morgan replied that unfortunately this isn't his ward and he is not a member of the Transport Committee so doesn't have the latest update. He did note that the next major scheme in the area is Valley Gardens⁶.

7.7 **Pharm@Sea**

Cllr Morgan congratulated the Trust on opening the Pharm@Sea⁷ Outpatient Pharmacy (Main OPD Building at the corner of Paston Place and Eastern Road).

8. **Next Meetings**

The next meetings are:

- **Monday 1st September**
- **Monday 3rd November**

at 7pm (coffee/tea from 6.45pm) in the Audrey Emerton Building.

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⁵ <http://www.brighton-hove.gov.uk/content/parking-and-travel/travel-transport-and-road-safety/better-bus-areas>

⁶ <http://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/Valley%20Gardens%20consultation%20concept%20scheme%20web.pdf>

⁷ <http://www.bsuh.nhs.uk/easysiteweb/getresource.axd?assetid=515538&type=0&servicetype=1>

**Minutes of the Hospital Liaison Group Meeting
Held on Monday 19th May 2014 (7pm to 9pm) in the Lecture Theatre
Audrey Emerton Building (AEB) Royal Sussex County Hospital, Brighton**

Present:

Cllr Warren Morgan (Chair)
Cllr Gill Mitchell
Mrs Jackie Nowell (Vice-Chair)

19 local residents

Brighton & Sussex University Hospitals:

Duane Passman, Director of 3Ts (BSUH)
Anna Barnes, 3Ts Associate Director for Governance
Richard Beard, 3Ts Head of Engagement & Communications (BSUH)
Rob Brown, Head of Capital Development and Programme Manager for the Decant Programme

In attendance

Martin Hickey (Jerram Falkus Construction Ltd)

Apologies:

Eddie O'Shea (Laing O'Rourke)
Karen Hicks- Project Leader-3Ts (Laing O'Rourke)

1. Welcome

Cllr Morgan welcomed everyone to the meeting.

2. The minutes were approved as accurate.

3. Macmillan Cancer Information and Support Centre

Martin Hickey gave an update about the programme. He explained that the current works included activities like the archaeological survey which was a statutory requirement. He then explained that the demolition of Rosaz House would take place within the next two months. He added that hoardings would be erected with all relevant contact details in case there were any concerns from local residents. Bill Cullen would be the normal contact in working hours, but Martin would be happy to be contacted in any event. He provided his phone number: 07805-458041.

Duane said that updates could be provided via the 3Ts communications mechanisms although Martin did say Macmillan would be providing their own publicity materials very soon.

4. Update on 3Ts development

Duane reported that the 3Ts Outline Business Case for the redevelopment had received approval from the Treasury on the 1st May 2014. He explained the chronology of the approval process (including the visit by the Chancellor of the Exchequer to announce the news). Duane stressed the significance of this approval as this was the largest publicly funded hospital project for a generation. He named a couple (Bristol Royal Infirmary and Broadmoor) as examples although they were not at this scale or cost. Duane then outlined the next steps as he saw them:

- Drafting the Full Business Case
- Progressing the decant schemes
- Working with the contractor to firm up the Guaranteed Maximum Price (GMP) for construction, by market testing all the works packages
- The current target for commencement of the main build is Autumn 2015.

There were several questions and comments as follows:

- 1) Jackie Nowell began by congratulating Duane on securing this approval and said this was in no small part due to the efforts of Duane and his team. There was a round of applause for Duane and the team. Duane thanked Jackie for these comments which were very much appreciated.
- 2) Another local resident asked if the route for construction traffic had been agreed. Duane replied that this would depend on the location on the consolidation centre which he would be discussing with Laing O'Rourke urgently.
- 3) There was another question about the way the money would be allocated and the sequencing of this. Duane explained that the timing of this release of funds via the Treasury and Department of Health would depend on the exact activities being undertaken. Detailed cash flows would be agreed with Laing O'Rourke, but the funds would not therefore be released all at once.
- 4) Jackie asked if the helipad design and construction would be progressed early, as previously discussed. Duane said that this was still planned. He agreed to publish the programme once confirmed.

5. **3Ts decant and logistic presentation**

Rob Brown gave a brief update regarding the progress of the decant projects to date as follows:

- Closure of half the road to enable gas diversions to take place
- Changes to pelican crossing on Eastern Road
- It was anticipated that the modular units in the Front Car Park would be erected this autumn
- This would enable the main scheme to start the following year.

Local residents had several questions about these arrangements:

- 1) Where is the Isis statue in front of the Millennium Building being moved to and why? Duane replied that this had been relocated to St Mary's Hall to safeguard it, so that construction could begin in the Courtyard.
- 2) Another local resident expressed concern that she had endeavoured to walk past a group of office workers opposite St Mary's Hall who were blocking the pavement and smoking. Duane said that although it was not certain that they were BSUH staff, he would send round a note via Comms reminding staff not to a) stand in groups smoking and b) not to block the pavement.
- 3) There were several more questions about the planning requirements which had been agreed with Brighton and Hove City Council. Duane summarised the conditions which would have to be signed off prior to construction¹. He outlined a few which concerned the financial contribution which BSUH would have to make to sustainable

¹ See endnote

transport. He indicated that the architects (BDP) would be re-engaged in order to ensure that some other planning conditions were complied with, such as the use of colour on the façade.

6. **Any other business**

- 1) Gill Mitchell asked if the mobile phone mast on Thomas Kemp Tower would be relocated as part of the helipad development, as had occurred previously (somewhat prematurely and without a suitable alternative). Duane confirmed that this would take place, but that this time he would seek specific assurances from O2 that alternative provision would be made this time before it was moved.
- 2) Another local resident asked why the trees at St Mary's Hall had been cut back so severely. He was concerned that they might have had died. Duane offered to investigate if this was the case. However, he explained that as they had not been pruned for several years more substantial works than usual had been required. Duane then explained the proposals for landscaping these gardens and creating 21 parking spaces, as had been agreed with Brighton and Hove City Council.

Cllr Morgan thanked everyone for attending and the meeting was then closed.

7. **Date of the Next Meeting:** is scheduled for Monday 7th July 2014 7pm-9pm 2013 AEB.

Future meetings: 1st September, 3rd November

Post meeting note from Mick Hanson at Brighton and Hove City Council Planning Department:

The Sustainable Transport Contributions (Total: £556,190) would go towards measures to facilitate and encourage the use of sustainable modes of transport and the City Council and BSUH Trust have agreed that these payments must be spent within a 2km radius of the development site. The first payment which is 70% of the total is due before the commencement of development of Stage 1 and the remaining 30% within 18 months of the commencement of Stage 2. Examples of measures could be new or upgraded bus shelters, Real Time Indicators, contributions to local projects which include new bus or cycle lanes or on street cycle racks.

The other financial contribution in the S106 will be for Public Art on the buildings or inside in the public areas (£421,000). A full copy of the S106 legal agreement can be viewed online on the Planning register under ref: BH2011/02886 in the list of documents. The Council's S106 Contributions Officer will be responsible for monitoring compliance for all payments and other planning contributions. Any queries can be directed via the planning case officers, Mick Anson or Kathryn Boggiano (01273 292354/292138).

**Minutes of the Hospital Liaison Group Meeting
Held on Monday 10th March 2014 (7pm to 9pm) in the Lecture Theatre
Audrey Emerton Building (AEB) Royal Sussex County Hospital, Brighton**

Present:

Cllr Warren Morgan (Chair)
Cllr Gill Mitchell
Mrs Jackie Nowell (Vice-Chair)

21 local residents

Brighton & Sussex University Hospitals:

Duane Passman, Director of 3Ts (BSUH)
Anna Barnes, 3Ts Associate Director for Governance
Richard Beard, 3Ts Head of Engagement & Communications (BSUH)
Rob Brown, Head of Capital Development and Programme Manager for the Decant Programme

In attendance

Simon Henderson (Macmillan)
Russell Jones (Jerram Falkus Construction Ltd)
Eddie O'Shea (Laing O'Rourke)

Apologies:

Cllr Chaun Wilson
Karen Hicks- Project Leader-3Ts (Laing O'Rourke)

1. Welcome

Cllr Morgan welcomed everyone to the meeting.

2. The minutes were approved as accurate.

3. Macmillan Cancer Information and Support Centre

Russell Jones and Simon Henderson gave a brief update about the programme. Simon explained that the start date was, in fact 10th March (that day). He outlined some of the first steps in the programme as follows:

First 4 weeks

Ecology impacts (checking for bats or nesting birds)
Erection of scaffolding
Demolition

Russell said that during this time the footpath to the North of the site would need to be closed. He also committed to noise monitoring of all demolition/construction, and that notice would be given to local residents a week in advance of these types of activities. As the building was to be BREEAM excellent¹ there would be 100% waste recycling from the site. Russell then explained the programme of engagement with local schools in order to maintain site safety, and measures to discourage parking by site operatives in the vicinity. As was discussed at the previous meeting in January, this would be a 56 week programme,

¹ <http://www.breeam.org/about.jsp?id=66>

and the hours of operation would be 08.00-18.00 Monday to Friday and 08.00-13.00 Saturdays (with no noisy activities before 08.00 on Saturday)

CLlr Morgan thanked Simon and Russell for this presentation.

4. **3Ts decant and logistic presentation**

Duane Passman and Rob Brown have a presentation about the first three decant schemes² as follows:

Overview -Rob Brown

Royal Alexandra Children's Hospital Paediatric Audiology (RACH)- Duane Passman

Front Car Park (FCP)-Eddie O'Shea

Courtyard Building (CTYD)- Eddie O'Shea

Future decant schemes- Rob Brown

Overview

Rob explained the site logistics, the location of the decanted services and the timescales.

RACH

Duane outlined the 6 month programme, including the location of the new service within the Children's hospital, and the logistics of converting the offices to a clinical facility. This would mean that children who were currently treated within the Adult ENT department would receive the service in a more appropriate setting.

FCP

Eddie gave a general presentation about the Considerate Constructors Scheme³ before laying out the first steps in the programme. This scheme meant that communication would be maintained between local residents and Laing O Rourke over issues such as noise, deliveries, dust dampening etc. For instance he committed to avoiding deliveries during peak times such as school runs morning and afternoon and to giving advance notice of any weekend deliveries. As with Jerram Falkus, he said smoking was not permitted on site and parking would be discouraged. He then explained the first steps of the programme for this six storey building adjacent to the Barry Building. This principally involved changing the vehicular access in and out of the forecourt in front of the Barry Building for reasons of safety.

Courtyard

Eddie then outlined the first steps for the Courtyard building which involved column strengthening in the wards underneath.

North Road Building (NRB) Building 545 and Brighton General (BGH)

These schemes (not yet funded or programmed) were briefly described. Eddie and Rob finished by saying that if local residents had any concerns there would be well publicised communication channels for addressing them.

Local residents had several questions about these arrangements:

One person asked when the works would start, and Duane said they would start within the next two months but the precise date had not yet been agreed. There was another question about the safety of children on route. It was agreed that Eastern Road was a very busy thorough fare, but that site operatives could not be responsible for the safety of people outside of the site boundaries. There was a detailed discussion about the clinical impact of these schemes on inpatients and visitors. Duane outlined how the new locations

² <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdet4614628=514166>

³ <https://www.ccscheme.org.uk/index.php/company-registration/how-to-be-very-considerate/company-code-of-considerate-practice>

of services had been chosen to ensure better adjacencies in most case, led by, or in full discussion with clinicians. He added that patients would be sent letters regarding the changed locations prior to visiting the site.

5. **General update on 3Ts development**

Jackie then took the Chair as Cllr Morgan had to leave. Duane said that he had not received any further indication about when the decision regarding the Outline Business Case would be made. However, he said that the funding which had been provided for the conversion of St Mary's Hall and the three imminent decant schemes was allowing BSUH to make positive progress towards the long overdue redevelopment of the site.

6. **Any other business**

Rob gave a brief presentation of the 3rd Cardiac Theatre which recently been completed (a development of circa £3million). This provided patients with one of the most advanced theatres in the UK. The partnership with LOR had worked really well and was a good indicator for the future success of 3Ts. Duane explained that he felt it was important for local people to see the clinical improvement which had been achieved thanks to their forbearance over the last year.

Cllr Mitchell said that there was a motion going to Council on 27th March requesting that the Council press the Government to approve of the OBC and the immediate release of funds to progress to the next stage of the business case development for the RSCH site. Duane reiterated his thanks for support from local residents and B&HCC.

Jackie thanked everyone for attending and the meeting was then closed.

7. **Date of the Next Meeting:** is scheduled for Monday 19th May 2014 7pm-9pm 2013 AEB.

Future meeting:

19th May 2014

**Minutes of the Hospital Liaison Group Meeting
Held on Monday 13th January 2014 (7pm to 9pm) in the Lecture Theatre
Audrey Emerton Building (AEB) Royal Sussex County Hospital, Brighton**

Present:

Cllr Warren Morgan (Chair)
Cllr Gill Mitchell
Mrs Jackie Nowell (Vice-Chair)

22 local residents

Brighton & Sussex University Hospitals:

Duane Passman, Director of 3Ts (BSUH)
Anna Barnes, 3Ts Associate Director for Governance
Richard Beard, 3Ts Head of Engagement & Communications (BSUH)
Rob Brown, Head of Capital Development and Programme Manager for the Decant Programme

In attendance

Elizabeth Devas- (Macmillan)
Simon Birnie (Jerram Falkus Construction Ltd)
John Foskett (Jerram Falkus Construction Ltd)

Apologies:

Simon Henderson- Head of Cancer Environments (Macmillan)
Karen Hicks- Project Leader-3Ts (Laing O'Rourke)

1. **Welcome**

Cllr Morgan welcomed everyone to the meeting.

Item 5 was brought forward to allow Jerram Falkus to present their plans for the construction of the Cancer Information and Support Centre early on in the meeting.

5. **Macmillan Cancer Information and Support Centre¹**

Simon Birnie, John Foskett and Elizabeth Devas began the presentation by explaining the aims and objectives of the scheme which was to provide an advice and information for people affected by cancer and their families.² Simon said that the start date would be 24th February 2014, aiming to end by 24th March 2015. Jerram Falkus gave some commitments to the local residents as follows:

- 45 operatives on site during the maximum build period
- Contractors would be encouraged wherever possible to park off site and mini-bus transport would be provided if required
- Hours of operation: 08.00-18.00 Monday to Friday and 08.00-13.00 Saturdays (with no noisy activities before 08.00 on Saturday)

¹ Web link to presentation here.

² Previous presentation here

- Simon said he would ensure that the site manager's number would be made available to local residents as well as an out of hour's number.

Action: Simon Birnie/Jerram Falkus

- He would undertake a mail-out to all local residents before peak activities and the provision of information on bill boards on site.

Action: Simon Birnie/Jerram Falkus

- Anna asked if this could be co-ordinated through the Trust to ensure optimum communication between all parties. This was agreed.

Action: Simon Birnie/Jerram Falkus

- Simon made several other suggestions such as involvement with local schools and the possibility of employing local apprentices.

- Simon was asked to ensure that schools other than Brighton College were also included.

Action: Simon Birnie/Jerram Falkus

There followed some questions from local residents:

- It was explained that Wilson Avenue should not be recommended for off-site parking as it was an exceptionally busy road with limited parking provision.
- There was some discussion about the design and the use of timber in the design. A local resident asked if the timber would be painted or treated. John confirmed that it would be treated but would look natural.
- Another local resident asked if the footpath to the North of the development site was being opened up to traffic. Duane confirmed that this footpath was owned by Brighton College and that it was not being opened up by BSUH. He also confirmed that he had not been notified that it was being opened up to traffic.
- Simon did say that a small car park was being created on site which may have led to the confusion about the path being opened up to traffic.
- There were some concerns about the increase in traffic and congestion caused by these works by the construction works. The representatives of Jerram Falkus explained that the company would work very hard to minimise this disruption. Anna added that work undertaken for the planning application had shown that circa 3000 people were on the hospital site every day, and that this scheme would not dramatically increase these numbers. This then led onto a discussion about litter on at the hospital and the management of waste and recycling at the construction site.
- The discussion concluded with a statement of support for the scheme which would provide much needed valuable services for people affected by cancer and their families. One local resident added that this scheme was much needed regardless of the inconvenience because of the benefits to local people.

Cllr Morgan thanked Simon, John and Elizabeth for this presentation.

2. Minutes

The minutes of the previous meeting (18th November 2013) were agreed.

Matters arising

There was a discussion about the rationale for moving the bus stops to the East. Rob clarified that it was only the 40X bus stop which had been moved permanently to the East because the Northern bus stop had been moved and, without this relocation, the two bus stops would have been opposite each other. This would have impeded the traffic flow in both directions if two buses arrived at the same time going opposite directions. The new bus stop on the Northern side would have a shelter and real-time information. This had been agreed with Brighton & Hove City Council and Highways.

3. General update on 3Ts development

Duane gave the meeting an update on the approvals process:

Duane said that a meeting was taking place during the week between the Treasury and the Trust Development Authority so he was expecting that a decision would be made during the spring. If there was any news he offered to make sure that a letter would be sent out between meetings as well as coverage via local media.

There was a general discussion about the increasingly political debates about the scheme which did not detract for the need for the development. One local resident noted that all the local political parties had supported the scheme and the need to provide an improved clinical environment for patients and staff at the Royal Sussex County Hospital site. Duane added that he appreciated support for the scheme regardless of which political party provided it.

There were several questions from HLG members at this point.

One local resident asked for clarification about the aims and objectives of the Hospital Liaison Group. She made some additional comments about the importance of good clinical care. Duane reasserted how a good environment had been shown to improve the patient experience as well as improved the clinical care provided by the staff (as discussed at the last meeting).

Cllr Morgan thanked Duane for this update and for the discussion which had followed.

4. Decant schemes:

1. Front Car Park
2. Courtyard Building
3. Royal Alexandra Children's Hospital

Rob proposed that he would give a fuller presentation at the next meeting on the 10th March. This would be prior to construction starting. Duane agreed with this suggestion and explained that the 3rd scheme would not impact on local residents being mainly internal works to relocate paediatric audiology out of the main hospital.

Action: Rob Brown/Duane Passman

A local resident asked if these 3 schemes would proceed if the main scheme was not approved.

Duane replied that the current accommodation in Jubilee ward and Nuclear Medicine did not meet modern standards and that these schemes would improve the estate regardless of whether 3Ts was approved. Anna added that clearance at the front of the site was also required before the main development could take place so the 3 decant schemes added value with or without 3Ts.

6. **Any other business**

Duane provided clarification via the contractors that the CCTV cameras at St Mary's Hall School could not see into residential properties across Eastern Road. This was because they did not have sufficient reach and were angled to see directly in front of the Hall rather than into the residential properties. Rob added that the legal position was that any accidental residential images that could be captured were legally required to be destroyed. However, as the cameras did not have this amount of magnification, this was not necessary.

7. **Date of the Next Meeting:** is scheduled for Monday 10th March 2014 7pm-9pm 2013 AEB.
Future meeting:
19 May 2014

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A G E N D A

for the Hospital Liaison Group Meeting
to be held on Monday 9th September 2013 from 7.00pm
Audrey Emerton Building, Royal Sussex County Hospital, Brighton

1. Welcome & Introductions Cllr Warren Morgan
2. Approval of Minutes of Last Meeting
(15th April 2013)
3. Matters arising from minutes
 - Letter to local residents
re: 3rd Cardiac theatre Richard Beard
4. General update on 3Ts development Anna Barnes (BSUH)
5. Refurbishment of St. Mary's Hall Rob Brown (BSUH)
6. Progress on 3rd Cardiac Theatre Rob Brown (BSUH)
7. Update on the MacMillan Cancer Centre written report from Simon Henderson
8. Dates of Future Meetings
 - 18 November 2013 (TBC)
 - 13 January 2014 (TBC)
 - 10 March 2014 (TBC)
 - 19 May 2014 (TBC)

Minutes of the Hospital Liaison Group Meeting
Held on Monday 15th April 2013 (7pm to 9pm) in the Lecture Theatre
Audrey Emerton Building (AEB) Royal Sussex County Hospital, Brighton

Present:

Cllr Warren Morgan (Chair)
Cllr Gill Mitchell

12 local residents

Brighton & Sussex University Hospitals:

Anna Barnes, 3Ts Associate Director for Governance
Richard Beard, 3Ts Head of Engagement & Communications (BSUH)
Rob Brown, Head of Capital Development

Apologies:

Simon Henderson- Head of Cancer Environments (Macmillan)
Karen Hicks- Project Leader-3Ts (Laing O Rourke)
Mrs Jackie Nowell (Vice-Chair)
Duane Passman, Director of 3Ts (BSUH)

1. Welcome

1.1 Apologies

Cllr Morgan welcomed everyone to the meeting.

2. Minutes

The minutes of the previous meeting (4th February 2013) were agreed subject to an amendment to item 4: "*Front Car Park (2 storey modular build)*" should read "*Front Car Park (6 storey modular build)*".

3. General update on 3Ts development

Anna gave the meeting an update on the approvals process:

She explained that since the last meeting enormous changes had taken place across the national and local health economy. This meant that the Trust Development Authority (TDA) was now responsible for approving the business case as the Strategic Health Authority (SHA) had been abolished. However, this meant that an intense period of activity and proactive liaison between BSUH and the TDA was now underway which would result in a report for the TDA which would be sent to the Treasury (HMT) in order to secure approval. This report is required to be complete by the end of May 2013. It would contain the following information:

- Savings plans for 2013/2014
- Savings plans for 2014/2015
- Savings plans for 2015/2016 (less detail)
- Refreshed construction programme
- Service development/modernisation plans.

This was so that BSUH could demonstrate it was financially viable within the context of a national efficiency programme for the NHS. Anna gave some examples of some of the efficiency initiatives which would deliver financial savings, as well as improve the patient experience such as the Out Patient Booking hub, the Electronic Patient Record and the

centralisation/rationalisation of the Estate to be achieved by selling off underused buildings.

Anna finished by saying that this review was a positive development and there was no reason to believe that the scheme would not be approved. She added that delays to schemes of this size were not unusual and that it was right for the TDA/HMT to seek assurance that BUSH was financially solvent and organisationally ready to run a scheme of this magnitude.

3.1 Questions from the HLG

One local resident (Stephanie Krachan-Lashbrook) raised severe concerns about the operation of the taxi rank in Paston Place. Anna asked her to explain more about the nature of her concerns, which were then outlined as follows:

- There were too many cabs queuing, many with their engines running.
- The camber of the slope meant that they were forced to keep their engines running even whilst stationary.
- They had increased in number recently, possibly as a result of the recession.

Stephanie asked what the arrangements there were for taxis in the redesigned hospital. Anna explained that there would be a drop-off point outside the main entrance for taxis and other vehicles. Stephanie asked whether A&E and the discharge teams could consider a phone line solution instead. She pointed out that she had asthma and that she believed the constant flow of traffic breached air quality standards. Stephanie said that she had circulated a petition which had circa 50 names on it, calling for a reduction in the numbers of taxis at the rank. Cllr Mitchell agreed that the current arrangements were a cause for concern and said that she understood Stephanie had written a letter for the Transport Committee where the issue would be discussed. She suggested that if local residents saw taxi drivers leaving their engines running, they should note down the registration and report it to the licensing authority; B&HCC.

Stephanie asked how many new staff were moving into 3Ts? Anna said that the number envisaged within the planning application was 450 (over a 10 year programme, as Rob confirmed). This compared with 4000 staff currently working at RSCH.

Another local resident asked what effect this would have on the timetable for development. Anna explained that it would delay completion of stage one and stage two by another year, so completion was expect to be in 2018 and 2022 respectively. Start on site would probably be in 2015 subject to satisfactory completion of the decant project (still due to start in 2013).

There was an additional question regarding whether the lengthened programme would make the development less affordable. Anne answered that sufficient resource had been planned for this possibility by the Programme Director (known as "*optimism bias*") so although this inevitably meant the money was tighter, there was still sufficient to execute the scheme.

Cllr Morgan thanked Anna for this update.

4. Refurbishment of St. Mary's Hall School

Rob Brown gave a brief update about the progress of the scheme. He showed some slides which illustrated the extent of deterioration of the building prior to the renovation such as dry rot, ingress by vegetation and severe damp. Rob reported that the £8.5million scheme was still on track. It included a programme of works to renovate the residential blocks as well as the hall. This would provide an amenity for clinical staff on rotation as well as increasing housing stock in the local area. As Rob explained 64 units of accommodation

would be available at SMHS, BSUH would dispose of 45 units, thus releasing additional accommodation onto the residential property market.

A local resident asked if the listing was restrictive and limiting what could be achieved at the hall. Rob explained that he was in active dialogue with the conservation officer, but that the listing had not prevented BSUH from achieving the standard of renovation required. The Trust was committed to conserving the architectural heritage wherever possible and it was satisfying to see the building being restored ready for a new lease of life.

Gill asked if the £8.5 million was a good use of public money as 3Ts was being delayed. Rob said that a green field site of a comparable size would need circa £42million to be spent to create sufficient capacity to house the administrative services moving in, so this represented excellent value.

CLlr Morgan thanked Rob for this update.

6. 3rd Cardiac Theatre

Rob continued by providing an update on the 3rd Cardiac Theatre scheme as follows:

- The link bridge infill is now nearly complete.
- The roof is water tight, structural decking is installed, and only the underside soffit remains to be fitted, and cladding replaced.
- This will take place over the weekends of 20/21 and 27/28, when the last of the scaffolding is removed (most has already gone).
- It is hoped to keep half the road open whilst these works take place, to avoid diverting traffic wherever possible. This will be the last works that affect the north service road, and therefore there will be no further closures of the road.
- Rob added that all remaining work is internal.
- The theatre is currently scheduled to open at the end of October 2013.

CLlr Morgan thanked Rob for this update. He also said that if any further diversions were needed, could BSUH ensure that local residents were notified using the usual methods. Richard said that he planned to issue a letter to local people thanking them for their patience whilst the works were carried out.

Action: Richard Beard

7. Macmillan Cancer Centre

Anna read an email from Simon Henderson which explained that complex legal negotiations were continuing concerning the purchase of the lease:

- *Progress continues on the Sussex Macmillan Cancer Support Centre to finalise the legal agreements between the three parties, Macmillan Cancer Support, BSUH and Sussex Cancer Fund.*
- *Legal closure is necessary before the construction tender can be let, and this process has proved more complex than originally anticipated. However, negotiations are now at an advanced stage and Macmillan hope to be able to let the contract by end of June, with a contract start on site by end July. This includes an allowance for updating the original construction tender, which has now lapsed.*
- *The scheme has not otherwise changed from the proposals previously presented, and local fundraising is proceeding well.*

CLlr Morgan thanked everyone for attending.

8. Date of the Next Meeting: Monday 17th June 7pm-9pm 2013 AEB

Minutes of the Hospital Liaison Group Meeting
Held on Tuesday 4th February 2013 (7pm to 9pm) in the Lecture Theatre Sussex House
Royal Sussex County Hospital, Brighton

Present:

Cllr Warren Morgan (Chair)
Mrs Jackie Nowell (Vice-Chair)
Cllr Chaun Wilson

16 local residents

Brighton & Sussex University Hospitals:

Anna Barnes, 3Ts Associate Director for Governance
Bridget McGee, Capital Projects Manager
Duane Passman, Director of 3Ts (BSUH)

Turner and Townsend

Johanna Wallwork

Apologies:

Richard Beard, 3Ts Head of Engagement & Communications (BSUH)
Simon Henderson- Head of Cancer Environments (Macmillan)
Karen Hicks- Project Leader-3Ts (Laing O Rourke)

1. Welcome

1.1 Apologies

Cllr Morgan welcomed everyone to the meeting. He introduced Cllr Chaun Wilson who had been elected to B&HCC following Cllr Turton's resignation.

2. Minutes

The minutes of the previous meeting (3rd December) were agreed.

3. Matters Arising

3.1 Construction and Environmental Management Plans

It was confirmed that regular updates regarding the St Mary's Hall School development and the Cardiac scheme were being provided via the web site and on site hoardings.

4. General update on 3Ts development

Duane gave the meeting an update on the approvals process:

He explained that the Treasury (HMT) was still scrutinising the Outline Business Case and (as previously) the main issue was whether the Trust could demonstrate that it was a financially sound organisation before a scheme of this size could be formally approved. Duane expected to hear from HMT in the near future.

More positively NHS South of England had approved 3 of the 6 decant schemes:

- Front Car Park (2 storey modular build)
- Courtyard (3 storey extension)
- Conversion of some space in the Royal Alexandra Children's Hospital (RACH) to house the Paediatric Audiology Department.

These schemes would allow BSUH to begin preparations for the main scheme by closing several substandard wards within the Jubilee Building. Once approval had been granted and the resources were available, the site could then be made ready for construction.

Duane made the point that whilst these schemes were necessary as part of the main scheme, they were also clinically desirable in their own right. For instance, the move of the Children's Audiology Department was welcomed as a way of enhancing specialist children's services at BSUH within the RACH. Duane finished by saying that the administrative staff would be moving into St Mary's Hall School (SMHS) in the autumn which would free up space for clinical services on the main site.

4.1 Questions from the HLG

"If you don't get approval for the main scheme will these building still be required"

Duane explained that Nuclear Medicine in the Front Car Park would have to be re-housed regardless of the main scheme. Similarly, it made sense to move administrative functions away from clinical functions and that the new development would provide the staff with far better accommodation and a more acceptable amount of space in which to work. The present accommodation was unacceptably cramped. Similarly the Department of Nuclear Medicine had been in temporary accommodation for over 30 years and urgently required relocation to ensure the service can be maintained, so the decant location in the front car park building would provide a better interim solution than the current premises.

"Why don't you take the opportunity with the main scheme to bring catering back in house?"

Regrettably, Duane said that there was not enough space within the design to provide an on-site kitchen. The gardens would also not be of a sufficient size to grow the amount of food required, as previously discussed (with over 2000 patients and visitors on the RSCH site on any given day). There was a discussion about the quality of food for patients and Duane said feedback historically had generally been very good. Anna said that there had been some less positive feedback following a recent survey by the Patient Experience Panel. These were being investigated.

"Do the rest of the decant schemes require approval from HMT?"

Duane said that approval for the other decant schemes would be granted by NHS South of England as they were below the delegated limited for approval.

Cllr Morgan thanked Duane for his update.

5. Refurbishment of St. Mary's Hall School

Johanna Wallwork from Turner and Townsend gave a brief update about the progress of the scheme. She said that it was progressing well, and was currently on programme. This was a 9 month programme and Kiers were currently in week 5.

5.1 Planning permission

Johanna said that planning permission had just been granted to widen the gates to the site which would reduce the congestion and make access easier for construction traffic. The planning conditions require that the gates would need to be replaced to their original width once the refurbishment was complete. 2 members of HLG thought that this was rather a waste of resources, particularly as the narrow gates restricted the views of drivers coming in and out of the site. However, 1 person thought that the appearance of this historic building was important and supported this stipulation. Duane said that he personally would like some flexibility to ensure the entrance/exit was more functional,

and that he would consider whether to approach the planners to request that the gates stay widened once the programme was complete.

5.2 Conservation

Duane then gave some information about the refurbishment and conservation activities on site including fixing the roof and making good the interiors after decades of neglect.

5.3 Local residents' concerns and plaudits

One local resident commended the contractors for their professionalism in the way they accessed the site. Despite one instance of needing to unload on the street (prior to receiving permission to widen the gates), care and attention had been paid to avoid being a nuisance to local people. Johanna agreed that the contractors were being responsive and gave an example where a speed bump had been removed after a phone call had been received from the Junior School.

Cllr Morgan thanked Johanna for this update and reiterated that people should make contact if they had any concerns at all. He made the point that this was a “dry run” for the main scheme and should be managed as such.

6. 3rd Cardiac Theatre

Bridget McGee from BSUH then gave an update regarding the 3rd Cardiac Theatre scheme. She reported that the scheme was currently 2 weeks behind schedule owing to the severe weather just after Christmas. However, the external building cladding was being replaced at the weekend and the internal works were nearing completion.

6.1 Delivery of Air Handling Unit

This was being delivered in the 2nd week of February and would mean that there would be 10 minute delays in accessing the site up to 6 times a day on the day of delivery. Bridget apologised for the inconvenience and potential congestion in advance, but explained that this staggered approach to reducing access to the site had been planned to minimise disruption to patients, visitors and staff.

6.2 North Service Road Exit

Bridget also explained that the bollards had been left down in error a couple of weeks ago which led to 2-way traffic in Abbey Road for longer than had previously been agreed. She asked local residents to contact the site manager if this happened again, although she understood that there had been a problem contacting the office in one occasion. More positively she said that the metal plate on the North Service Road had been fixed so that it would not make a noise every time a car drove over it.

Cllr Morgan thanked Bridget for this update.

7. Any Other Business

Cllr Morgan explained that the City Plan would be looking at traffic management in Eastern Road and would incorporate the implications of the 3Ts development.

Cllr Morgan thanked everyone for attending.

8. Date of the Next Meeting: Monday 15th April 7pm-9pm 2012 AEB TBC.

Minutes of the Hospital Liaison Group Meeting
Held on Tuesday 3rd December 2012 (7pm to 9pm) in the Lecture Theatre Sussex House
Royal Sussex County Hospital, Brighton

Present:

Cllr Warren Moragn (Chair)
Mrs Jackie Nowell (Vice-Chair)
Cllr Gill Mitchell

11 local residents.

Brighton & Sussex University Hospitals:

Anna Barnes, 3Ts Associate Director for Governance
Richard Beard, 3Ts Head of Engagement & Communications
Bridget McGee, Capital Projects Manager

Turner and Townsend

Johanna Wallwork

Kiers

Kevin Barden

Apologies:

Simon Henderson- Head of Cancer Environments (Macmillan)
Karen Hicks- Project Leader-3Ts (Laing O Rourke)
Duane Passman, Director of 3Ts (BSUH)

1. Welcome

1.1 Apologies

Cllr Morgan welcomed everyone to the meeting. Jackie nominated him to be Chair of the group, following Cllr Turton's resignation (as reported in the notes from 2nd October). This nomination was accepted and Cllr Warren Morgan was elected Chair of the HLG.

2. Minutes

The minutes of the previous meeting (2nd October) were agreed.

3. Matters Arising

3.1 3Ts approval

Jackie asked when the scheme was likely to be approved. Anna agreed to cover this under item 4.

4. General update on 3Ts development

Anna gave the meeting an update on the approvals process:
As per the last meeting the Treasury was still scrutinising the OBC for the main scheme which meant that BSUH was answering queries as required. The approval process for the Decant programme was slightly different as this could be agreed internally with the Strategic Health Authority as it was under their financial approvals limit. Anna added that this process was expected to be concluded by the end of 2012. More positively, Anna was able to update the group the refurbishment of St Mary's Hall School (SMHS) had been approved the previous week.

With reference to the main scheme Anna explained that the majority of the concerns were still around affordability. It was important for BSUH to demonstrate that it was a robust, financially sound organisation which was capable of executing such a major development. Anna continued that, whilst demand for services was growing, the ongoing level of resources had effectively been capped since the OBC was first approved by the SHA in 2009. BSUH was not alone in this regard as many trusts were facing a similar situation. Therefore the Trust was expected to make major and sustainable efficiencies across the organisation to meet rising demand within available resources. The approvals process was partly dependent on BSUH demonstrating that these efficiencies were being implemented.

Cllr Mitchell commented that she hoped the OBC approval would not be rescinded in the light of these financial pressures as the scheme was still very much needed. Anna agreed saying the case was still as strong but it was a matter of observing due process. Anna hoped to have more concrete news in the New Year.

4.1 Questions from HLG members:

Cllr Morgan thanked Anna for the update.

5. Refurbishment of St. Mary's Hall School

Cllr Morgan introduced Johanna Wallwork from Turner and Townsend and Kevin Barden from Kiers who are managing the refurbishment of SMHS. Johanna's slides¹ outlined the programme of works, logistics such as the flow of traffic, the timescales for the development and other key activities.

5.1 Project Management arrangements

Kevin gave information concerning the programme of refurbishment including his liaison with the Conservation officer, with Brighton College and with the swimming pool users. He also described in further detail how the traffic flow to the junior school would be improved through widening the access route. (Johanna added that deliveries would not be permitted during school drop off and collection times). Kevin's key message was that this was mainly an internal refurbishment, rather than demolition and rebuild, so that noise and dust would be minimal compared to a major construction project such as 3Ts. The programme was due for completion by August 2013.

Anna asked Kevin and Johanna to provide details of their site manager in case of any problems out of office hours. This is as follows: Steve Turner on 07855 781056. Johanna added that other relevant contact details will be displayed at the entrances to the site at all times.

5.2 Questions from HLG members

How many vehicles will be accessing the site on a daily basis?

Kevin said that it was difficult to say definitively, but that he anticipated approximately 2-3 a day in the next few weeks, rising to circa 10 at the peak of the programme. On the whole these would be smaller transit-type vans as well as skips, rather than larger articulated vehicles. He added that it would be necessary to widen the main site entrances adjacent to Abbey Road (and Elliot House in particular) to make access easier. However this would be a temporary measure as the conservation officer would require the existing boundary wall to be made good at the end of the programme. Two local residents were concerned as their property was adjacent to Elliott House. However they were reassured that this level of traffic was not excessive when compared to the anticipated level of

¹<http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=474832&type=full&servicetype=Attachment>

construction traffic for 3Ts. They also asked for more detail concerning the traffic flow on Eastern Road. Richard explained that traffic would exit over Wilson Avenue (North) rather than back into the City along Eastern Road (West).

Cllr Morgan asked that regular updates regarding the scheme would be made available on the web site and on the site notice board. This was agreed.

Action: Turner and Townsend and Kiers.

When is the start date for the scheme?

Johanna replied that this was 17th December

Cllr Morgan thanked Johanna and Kevin for the presentation.

6. **3rs Cardiac Theatre**

Cllr Morgan introduced Bridget McGee from BSUH Macmillan to HLG. Bridget gave a verbal update which built on the information share at the last HLG meeting in October. She also described the rationale for the 3rd cardiac theatre which was a hybrid combined cath lab and theatre. This would create a more flexible facility suitable for both cardiology and cardiac surgery, which would enable patients currently being treated in London to be treated locally.² Some key points were as follows:

- The project was on programme, despite some difficulties with the weather (specifically high winds) over the previous weekend.
- The weekend closures of the North Service Road had mostly taken place (see above). 4 had occurred with 5 more to go. The closure had been limited to Saturdays and had not been required on Sundays.
- Bridget added that these closures had been mainly without incident (although staff had found them inconvenient). She explained that the site was quite tight, which had necessitated building the hybrid theatre within an area which was a bridge over the road. This also meant that some of the ward layouts would need to change. However, as this was principally internal works noise and dust would be minimal.

6.1 **Questions from HLG members**

Why were the bollards not put up to prevent 2 way traffic last weekend?

Bridget replied that she would look into this as the bollards were supposed to be raised after the diversions had been finished. She asked the questioner to ring the project manager directly if this happened again.

Will this type of diversion be needed for the main scheme too?

Bridget replied that 3Ts would be concentrated to the South of the service road so this would not be required for the main scheme, as far as she was aware.

Cllr Morgan thanked Bridget for this update.

7. **Update on the Sussex Macmillan Cancer Centre**

Anna said that further detail would be provided at the next meeting when the tender would have been let. Members of the group asked for reassurance that the SMHS and

Macmillan centre schemes would be co-ordinated in order to minimise disruption to local residents.

Bridget explained that these schemes were at different ends of the campus and the site traffic would not interface. However, it was agreed that this principle was a sensible one, which had previously been agreed at the meeting in October. Cllr Morgan added that he would like to see the liaison between the Macmillan Cancer Centre and SMHS to be a model of co-operation as well as communication with local residents which could be emulated for the much larger 3Ts programme.

Action: BSUH/Kier/Macmillan

8. Any Other Business

Two local residents again raised concerns about staff smoking on Upper Abbey Road on a daily basis. Anna and Richard explained that regular bulletins with staff reinforced that this was not acceptable. Bridget described the various measures across the Trust to mitigate the problems associated with staff and visitors smoking:

- Contractors regularly clean up litter such as butts and food wrappings across the various construction projects
- Smoking cessation sessions are on offer to all staff
- Cigarette bins were provided in areas where staff are smoking regularly off site
- Smoking is not permitted anywhere on site

It appeared that there was also an issue of noise at shift changes. Richard and Anna offered to take this up with the staff restaurant, although it was acknowledged that it was difficult to prevent staff smoking whilst they were not technically on hospital grounds.

Action: Richard Beard/Anna Barnes

Cllr Morgan thanked everyone for attending.

9. Date of the Next Meeting: Monday 4th February 7pm-9pm 2012 AEB TBC.

Cardiac theatre - a hybrid combining cath lab and theatre



**Minutes of the Hospital Liaison Group Meeting
Held on Tuesday 2nd October 2012 (7pm to 9pm) in the Audrey Emerton Building,
Royal Sussex County Hospital, Brighton**

Present:

Mrs Jackie Nowell (Vice-Chair), Cllr Gill Mitchell, 18 members of the public.

Brighton & Sussex University Hospitals:

Anna Barnes, 3Ts Associate Director for Governance
Richard Beard, 3Ts Head of Engagement & Communications
Bridget McGee, Capital Projects Manager
Duane Passman, Director of 3Ts

Laing O Rourke

Karen Hicks- Project Leader-3Ts
Eddie O Shea -Project Leader-3rd Cardiac Theatre
Steve Mason- project Manager- 3rd Cardiac Theatre

Macmillan

Simon Henderson- Head of Cancer Environments

Apologies:

Cllr Craig Turton (Chair)
Steve Gallagher, Operational Director, Estates & Facilities (BSUH)

1. Welcome

1.1 Apologies

Jackie opened the meeting. She explained that Cllr Turton had given apologies, so she would be chairing the meeting in his absence. She added that Cllr Turton had now resigned his seat because of his continued ill health and that a by-election would be held on 17th October 2012 to elect a new councillor.

2. Minutes

The minutes of the previous meeting (30th April) were agreed.

3. Matters Arising

3.1 Mobile phone signal

Jackie asked if anyone from 3Ts had followed up on the resident whose mobile phone signal had seemingly been compromised as a result of the new sub-station. Anna explained that it had been impossible to trace who this resident was as the comment had been made anonymously. Jackie asked the group for further information but no one could recall who had made the remark.

3.2 Smoking at Site Periphery

Jackie suggested that if any local residents see staff smoking in uniform they should inform the Trust as this was clearly against BSUH policy.

4. Funding & Approvals Update

Duane gave the meeting an update on the approvals process:

Since 2008 the 3Ts programme has been subject to the following approvals process:

- Strategic Outline Case (SOC) approval 2008

- BSUH Board approval to Outline Business Case (OBC) 2009
- Strategic Health Authority (SHA) approval 2009
- SHA re-approval following refreshed activity and financial modelling 2011
- SHA re-approval following planning permission 2012
- Department of Health (DH) approval 2012
- Her Majesty's Treasury (HMT) approval- **in progress**.

He explained that he was engaged in a ongoing dialogue with civil servants regarding various aspects of the Case. He said that the majority of the concerns were around affordability, particularly in the light of other major NHS capital projects which had left some NHS trusts with significant financial liabilities.

Duane explained that he could not give a timescale yet for when the approval process would be concluded.

4.1 Questions from HLG members:

Accepting your presentation, how do you read this situation, what's your sense of the likely timescales?

Duane replied that the following publicly funded schemes had been approved recently:

- Epsom and St Helier circa £270m
- Broadmoor circa £250m

Several other PFI schemes were nearing approval:

- Royal Liverpool
- Alder Hay
- Papworth

He used this as evidence that schemes were continuing to be approved, despite the difficult financial climate. This meant that, following due process, he had no reason to believe 3Ts would not be funded.¹ Duane referred back to the approval processes which 3Ts had been through (see above). His understanding was that greater scrutiny and rigour at OBC stage could result in the FBC stage being a more concentrated and shorter period, looking more at the design and practicalities of the scheme. He expected this to take place in the first half of 2013.

What's the cut off date for approval?

Duane indicated that there was no cut off date per se. He indicated that it was possible for the approval process to move quickly once approvers considered that their observations and requests for information had been met. Duane undertook to communicate the eventual approval decision widely once it was released.

What will happen if the answer is no? Is there a plan B?

Duane answered succinctly that there wasn't a credible and viable plan B, which was essentially why the business case for redevelopment had been put forward. He then answered more fully that alternatives to the redevelopment would entail developing a piecemeal solution which would be less appealing clinically. He noted that much of this thinking (particularly with regard to extending the Barry Building) had been presented at previous HLG

¹ He added later in the meeting that the scheme had the support of all NHS organisations across Sussex which gave him cause for cautious optimism.

meetings and these presentations were available on the HLG webpages. However, meeting modern space requirements would necessitate extensive re-modelling of the site, would be as expensive and would demonstrate less value for money as some core clinical requirements would still not be met. This was why this option had been rejected at an earlier stage.

Is PFI being redefined by the government and is the new version of PFI an option for 3Ts?

Duane said that he understood that the new version of PFI was being launched on the 5th December. He was aware that there was some discussion of PFIs being part funded by pension funds, for example. Duane indicated that value for money under current PFI rules was always more challenging for projects with long build periods, such as 3Ts.

Jackie thanked Duane for his update.

5. 3rd Cardiac Theatre logistics

Jackie introduced Eddie O Shea and Steve Mason from Laing O Rourke who are project managing the construction of the new cardiac theatre.

Eddie's slides² covered the strategic objectives of the development (namely that patients would no longer have to travel to London for cardiac surgery). He outlined the location of the new theatre on the RSCH site, and informed the group it was a 38 week programme.

5.1 Project Management arrangements

Steve took over from Eddie and explained the he and Noel Stockdale (construction manager) would be the site contacts. He gave the group 2 contact numbers if there were any problems:

- 07825 928300 Steve
- 07825 099445 Noel

He also highlighted some key principles of site management:

- The contractors were signed up to the Considerate Constructors Scheme³
- Abbey road would not be used as a site entrance
- There was a strict non-smoking and no littering policy on site
- Car sharing and public transport would be recommended over private car usage.
- If contractors (45 as a maximum, but likely to be 1/3 on site at any one time) needed bring their own cars, they would be asked to park on the seafront and to walk to site up Sudeley Street.
- Noise levels would be monitored
- Construction traffic would not park on local roads
- Steve said that notices about construction related activity would be posted on the web site and placed on a community notice board at the entrance to the site
- Finally Steve wanted to introduce very open communication with local residents and would prefer to be contacted sooner rather than later if there were any problems with parking, noise, littering or smoking on site.

5.2 Questions from HLG members

Where will deliveries be stored?

Steve replied that there was a small storage area adjacent to the Millennium Wing. However, modern construction relied on a "just in time" system so it was not envisaged that there would be much need to store supplies on site.

There is a real concern about contractors taking local car parking spaces. What can be done about that?

²<http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=457446&type=full&servicetype=Attachment>

³ This scheme is externally monitored by the construction industry to see if they comply with the standards. <http://www.ccscheme.org.uk/> Firms have a competitive advantage in winning tenders if they are part of the scheme.

Steve replied that it was LOR policy to use local labour wherever possible and reduce reliance on private cars travelling distances to site. He mentioned Pilbeams as an example of such a local company.

Bridget said that there were always contractors on site at RSCH, and this scheme was one of several currently being undertaken. Anna added that with 1000 staff members from BSUH being on site every day, an additional 15 people (potentially using around 6 cars) would not exacerbate existing parking problems.

Jackie asked when the programme would start and Eddie explained that it was planned to start on 17th October.

Jackie thanked Eddie and Steve for the presentation.

6. The Sussex Macmillan Cancer Support Centre ⁴

Jackie introduced Simon Henderson from Macmillan to HLG. Simon explained that the contractor had not been appointed yet but would present his detailed site management plan at the next HLG. Simon's presentation covered the requirements of the building contract and planning consent, and he showed some slides of the agreed design.⁵

Simon outlined how access would be managed for the site which was on the soon-to-be demolished Rosaz House. Simon explained how the site would be secured, cleared, and then made ready for construction. In some ways this was a more straightforward project than the Cardiac Theatre as the site was self contained.

He reassured HLG that the Contractors Environmental Management Scheme (CEMP) which was a condition of planning would mean that stringent conditions would have to be met such as the following:

- Mud would be cleared off vehicles leaving the site
- Burning of waste on site was not permitted
- No trespassing on adjoining properties
- Notice would be given when the road was to be dug up for accessing and diverting utilities
- Hours of work would be 8am-6pm; weekend working would be the exception (and publicised in advance).

6.1 Questions from HLG members

How can we be sure that you will abide by the conditions of the CEMP? Is it enforceable?

Simon answered that it was a planning requirement and therefore work could be terminated if it was not complied with. He also stressed that "*our good name is all we have*" so Macmillan would want to keep the active support of the local community which had helped to raise the money for the support centre.

When will work start?

Simon said that it was scheduled to start early in December, and this depended on the signing of various legal agreements but the exact programme was subject to further detail. However he confirmed that this was a 60 week programme which would end in 2014.

How are you going to co-ordinate with the LOR project?

There was a general discussion between BSUH staff, Macmillan and LOR about the need to co-ordinate deliveries, utilities and general scheduling so as to create efficiencies and minimise

⁴ <http://www.macmillan.org.uk/Fundraising/Inyourarea/England/Sussex/SussexCancerSupportCentre.aspx>

⁵ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=457446&type=full&servicetype=Attachment>

disruption to local residents. It was noted that LOR were not demolishing a building unlike MacMillan so would generate less waste.

Action: BSUH/LOR Macmillan

Is there asbestos on site?

Simon said initial surveys had found some asbestos on the panelled doors and that statutory asbestos disposal methods would be used.

Jackie thanked Simon for the presentation.

7. Terms of Reference

There were no comments regarding these which were therefore agreed.

Jackie explained that she had been chairing during Cllr Turton's illness. However as he had resigned, another councillor would be elected at the forthcoming by-election on 17th October. It was agreed that it was useful for the Chair to continue be a local councillor, (as stated in the TOR) selected through B&HCC. Cllr Mitchell therefore suggested clarifying who would chair HLG once the by-election had been concluded.

Action: Cllr Mitchell

- 7.1 Jackie then asked if anyone else would like to be considered as vice chair as, whilst she was happy to continue, others may like to take the opportunity to do so. As there was no-one else who expressed an interest, Lynn Bird proposed that Jackie continue as Vice Chair and Julia Boehmer seconded the motion. This was passed by a show of hands.

8. Any Other Business

Duane briefly outlined that St Mary's Hall School works might also begin before Christmas, subject to SHA approval of available funds. In answer to a question Duane confirmed that the Hall would not be demolished. Instead, the works would include the following:

- Fixing the roof
- Converting the Grade II listed Hall into open plan offices
- Creating additional office accommodation and staff residences at Elliot House

Duane said he was working very closely with the Conservation Officer and that the Trust would be making significant improvements to the Hall which would be in keeping with the conservation area. Duane confirmed that the church was not owned by BSUH. However the swimming pool was, but was being leased to Brighton Swimming Club. This was being preserved as a local public amenity which was well used. Duane agreed that a presentation about the proposed works should take place at the next meeting.

Action: Anna Barnes/Duane Passman

8.1 Cllr Turton

Duane asked to place on record his thanks to Cllr Turton for all his work with HLG. Duane said that Cllr Turton had ensured that the concerns of local residents were aired and addressed in a democratic, constructive yet rigorous way. Other HLG members agreed with Duane and Jackie proposed a vote of thanks.

- 9 **Date of the Next Meeting:** Monday 3rd December, Sussex House Board Room.

Minutes of the Hospital Liaison Group Meeting
Held on Monday 30th April 2012 (7pm to 9pm) in the Audrey Emerton Building,
Royal Sussex County Hospital, Brighton

Present:

Mrs Jackie Nowell (Vice-Chair), Cllr Gill Mitchell, 20 members of the public.

Brighton & Sussex University Hospitals:

Richard Beard, 3Ts Head of Engagement & Communications

Steve Gallagher, Operational Director, Estates & Facilities

Nick Groves, AD, 3Ts Service Modernisation

Apologies:

Duane Passman, Director of 3Ts

Cllr Craig Turton (Chair)

1. Welcome

1.1 Apologies

Jackie opened the meeting. She explained that Cllr Turton was ill and had sent his apologies. Duane Passman had also had to send apologies but would be represented by Nick Groves and Steve Gallagher.

1.2 Leaflet Distribution

Jackie said that she understood the Trust had arranged for 5,000 leaflets to be mail-dropped to local residences the previous week to advertise this meeting and invite residents to sign up to the HLG mailing list. However only one attendee said that he had received the leaflet.

Richard apologised for the ongoing difficulties. The current delivery company is the fifth the team has used to try to ensure a reliable service; Richard will feed back to them. Richard also recorded his thanks to Mr Freeman (Chair of the Bristol Estate Residents' Association), who had delivered the leaflets around the estate personally.

2. Minutes

The minutes of the previous meeting (27th February) were agreed.

3. Matters Arising

3.1 Colour Palette

Nick noted that under the Planning Conditions¹ '*samples of the materials (including colour of render, paintwork and colourwash) to be used in the construction of the external surfaces of the development*' will need to be agreed by the Local Authority in advance of construction. At the previous meeting the Hon. Sec. of the Brighton Society had asked whether the Society could be included in this discussion.

Nick reported that the design would not be at this level of detail for some months but the HLG will be kept abreast of developments.

¹ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=397941&type=full&servicetype=Attachment>

This led to a broader discussion about choice of external materials and colours. Some residents said that they would also welcome the opportunity to be part of the discussion with the Council. Others felt that the colour and materials were part of the architects' vision and, within the limits of the planning consent², should be for them to decide.

Nick thanked residents for these views. The Local Authority will presumably determine the process it wants to follow for agreement of the choice of materials.

3.2 Mobile Phone Reception on Bristol Gate

Steve reported back from investigations into the possibility that the new substation on Bristol Gate is affecting mobile phone reception in the immediate vicinity. UK Power Networks has checked the equipment and shielding and has not identified a problem. The Estates team has also checked their own mobile phone reception in the area on a variety of networks but, again, has not experienced difficulties. Nick will follow up with the local resident who raised this issue to check that the network she uses is one of the ones the team tested.

Action: Nick

Jackie thanked Steve for investigating.

3.3 Smoking at Site Periphery

This was discussed at the previous meeting and an excerpt from the Trust's HR policy was included in the minutes³. Steve noted that there are waste bins at all entrances to the site and that these are emptied and the areas swept every weekday morning.

Jackie noted that Cllr Turton had kindly agreed to discuss frequency of road sweeping with City Clean; this was deferred to the next meeting. She added that residents can also request ad hoc street cleans via the BHCC website⁴.

Action: Cllr Turton

A resident, who is also a staff member, noted that based on the number of cigarette butts outside some buildings on Monday mornings, staff and visitors do smoke on site at weekends.

Jackie asked on behalf of a resident whether ISS Mediclean staff (subcontracted to provide cleaning, catering and portering services) are covered by the non-smoking policy. Steve confirmed that they are.

Jackie also asked on behalf of the resident whether staff wearing coats over their BSUH-identifiable uniform are exempted from the smoking prohibition, which he felt was against the spirit if not the letter of the policy. She asked how many staff have been subject to disciplinary action since the introduction of the policy. Nick will refer this issue to the Deputy Director of HR.

Action: Nick

Post-meeting note:

The Deputy Director of HR has confirmed that to date no staff have been disciplined under the policy. The No-Smoking policy applies to staff in BSUH-identifiable uniforms whether or not the uniform is covered by a coat/jacket.

This led to a general discussion about the unsightliness of cigarette butts, litter and packs of smokers around the site periphery, the inconvenience to immediate neighbours and the

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

³ Minutes of 27th February 2012, item 6.5.

⁴ <http://crmforms.brighton-hove.gov.uk:8080/Ef3/General.jsp?form=StreetCleansingRequest&page=StreetCleanPage1>

difficulty any employer has in controlling its employees' actions when off the premises and/or not identifiable from their dress as employees/subcontractors.

A resident asked whether designated smoking shelters or smoking rooms had been considered. Nick replied that he was not aware of any smoking rooms still in existence in NHS acute hospitals. Smoking shelters were provided on the RSCH site but these quickly fell into disuse.

3.4 Location of Constructor's Consolidation Centre

In response to a resident's question, Nick replied that there is no further news on the location of the Consolidation Centre or therefore the finalised route for construction traffic. As reported to previous meetings, this will not be progressed until funding for the scheme has been confirmed and the constructor formally appointed.

4. Funding & Approvals Update

Nick explained that Full Planning Consent⁵ for the redevelopment, which was awarded provisionally in March and has been confirmed through agreement of the Section 106 Agreement [copy posted on the HLG website⁶], was a critical milestone. This has enabled the Outline Business Case (OBC) for the £420m scheme (the second of the three-stage business case process) to progress: it was approved by the Strategic Health Authority in March⁷ and is currently with the Department of Health for approval.

Nick noted that the Council unanimously passed a cross-party Notice of Motion⁸ at its meeting on 22nd March. They had written to the Secretary of State for Health to confirm their unequivocal support for 'this vital regeneration of the hospital' and to ask him 'to confirm his wholehearted support for the scheme' and give 'early confirmation of the funding required thereby securing its timely delivery.' Nick thanked Local Councillors for their continuing support.

Nick said the hope is that the OBC will be approved by the Department of Health by the end of May and will then be approved by the Treasury. The Trust has requested funding to complete the detailed design stage, and if this is approved in May the Full Business Case (the third and final stage) should be complete by the end of 2012 for review by the Department of Health and Treasury in early 2013.

The Trust has also requested advance funding to start some or all of the decant programme (ie. transferring services and other accommodation off the Stage 1 construction site). If this is approved by the Department of Health in May, residents would start to see construction of the temporary modular buildings^{9,10} by Autumn 2012. It is possible, however, that this funding will not be released until the scheme has been finally approved by the Treasury in 2013.

Jackie thanked Nick for the update. She hoped that the funding and approval decisions would now progress rapidly so that detailed planning can start on the practicalities of decant, the location of the Consolidation Centre, the construction traffic route, the Construction Environmental Management Plan (CEMP) etc. since these are of great interest to local residents.

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

6 <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/>

7 http://www.southofengland.nhs.uk/wp-content/uploads/2012/03/SoE12_22-Brighton-Sussex-UHT-Trauma-Tertiary-Care-Centre-OBC.pdf

8 [http://present.brighton-hove.gov.uk/Published/C00000117/M00003267/AI00020113/\\$Item90a120322NM01AllGrpsHospital.doc.pdf](http://present.brighton-hove.gov.uk/Published/C00000117/M00003267/AI00020113/$Item90a120322NM01AllGrpsHospital.doc.pdf)

9 http://www.brighton-hove.gov.uk/index.cfm?request=c1199915&action=showDetail&APPLICATION_NUMBER=BH2011%2F01558

10 http://www.brighton-hove.gov.uk/index.cfm?request=c1199915&action=showDetail&APPLICATION_NUMBER=BH2011%2F00921

5. Sussex Macmillan Cancer Support Centre

Jackie introduced Malcolm Barnett (Capital Projects Officer for Macmillan), who had kindly agreed to give an update on the development of the Cancer Support Centre¹¹ on the Rosaz House/Cottage site (Bristol Gate).

Key points from the presentation [*posted on the HLG website*^{12,13}]:

- The scheme was awarded planning consent in July 2011¹⁴. Since then the Trust has been completing its internal approvals and due diligence process before being able to sign the lease with Macmillan. Malcolm explained that in this case the Trust will lease Macmillan the land, Macmillan will own the building, and the Trust will rent some of the space from Macmillan for staff accommodation.
- The c. 1,000m² building will provide administration offices (Lower Ground Floor); therapy and quiet rooms as well as a Refreshment Lounge (Middle Floor); and family and groupwork rooms (Upper Floor). There will be 26 car parking spaces (the same number as now).
- Following a competition, the design contract was awarded to David Morley Architects¹⁵, whose projects include the Indoor Cricket School, ECB HQ and shop at Lord's Cricket Ground.
- Construction is expected to take 60 weeks. The funding appeal is on target and Macmillan is ready to go to tender as soon as the lease with the Trust is signed. The constructor will be a member of the Considerate Constructors scheme¹⁶.

Jackie thanked Malcolm for the presentation and invited questions.

5.1 Colour of Materials

A resident said he liked the design but was disappointed that the roof and paving stones will be grey. He asked whether the materials have been decided or whether some earthier tones would be possible.

Malcolm replied that the materials have now been chosen: white render, natural timber cladding (Siberian/Russian Larch with a clear finish), a green roof (part sedum, the remainder aluminium), and grey paving. Malcolm explained that the preference is for redmac for the car park if this is affordable, or standard black tarmac if not.

5.2 Relationship with the Trust/3Ts

Residents asked whether there are any images of the building alongside the hospital redevelopment so the two can be seen in context. Malcolm replied that there are not currently.

Residents asked whether there is formal liaison between the Macmillan and 3Ts teams. Malcolm replied that Macmillan is working closely with the Trust and that the Trust is formally represented on the Steering Group for the project.

Residents felt that it would be beneficial if David Morley Architects and BDP Architects could liaise, eg. on the choice of planting and the future choice of materials/colours for the 3Ts development, given that the buildings will be so close. Nick will relay this.

Action: Nick

¹¹ <http://www.macmillan.org.uk/Fundraising/Inyourarea/England/Sussex/SussexCancerSupportCentre.aspx>

¹² PDF

¹³ FLY-THROUGH

¹⁴ <http://www.brighton->

[hove.gov.uk/index.cfm?request=c1199915&action=showDetail&APPLICATION_NUMBER=BH2011%2F02181](http://www.brighton-hove.gov.uk/index.cfm?request=c1199915&action=showDetail&APPLICATION_NUMBER=BH2011%2F02181)

¹⁵ <http://www.davidmorleyarchitects.com/home.html>

¹⁶ <http://www.ccscheme.org.uk/images/stories/ccs-ltd-section/downloads/overview.pdf>

5.3 Traffic Impact

A resident asked whether the Macmillan and 3Ts constructions are likely to overlap and if so whether the combined impact of the construction traffic has been considered.

Malcolm replied that the Cancer Support Centre is likely to be completed before work on the 3Ts Stage 1 development starts.

5.4 Pigeons and Seagulls

A resident asked whether the building would have spikes or netting to deter pigeons and seagulls.

Malcolm replied that this is still under consideration. Some of the surfaces will have spikes or gel. An auditory deterrent system was reviewed but rejected because it is costly and is not guaranteed to be effective.

5.5 Smoking

A resident asked about smoking on site during and following construction.

Malcolm confirmed that the site would be no-smoking. Some construction sites do allow contractors to smoke in their hut, however as a cancer charity Macmillan does not feel it can permit this. Malcolm accepted that this might give rise to the same problems as discussed earlier in the meeting, with contractors and subsequently staff, patients and visitors smoking just outside the site.

Jackie thanked Malcolm for the presentation and Q&A. Attendees were very supportive of the development and complimentary about the design. She hoped that some liaison between the two teams of architects would be possible.

6. Terms of Reference

Jackie said that she had suggested refreshing the Terms of Reference for the HLG to reflect the next phase of the scheme and the focus on construction rather than design. The revised draft was circulated with the agenda. She also noted that she had been Vice-Chair for some time and wanted to give other residents the opportunity to take on this role or to refresh her mandate.

Jackie invited comments. There were two principal areas of discussion:

6.1 Arrangements for the Chair

Various approaches were suggested: the three East Brighton Local Councillors could rotate the chair so that it is less onerous for any one of them; the Chair could be a local resident since the Local Councillors try to ensure that at least one of their number attends the meeting anyway; or the current arrangement could continue, with the Local Councillors' nominating one as chair on an ongoing basis.

Attendees seemed to feel that the current arrangements work well. One resident said he felt it was particularly important that the Chair be a Local Councillor to ensure that residents' views, Local Councillors' representations and the Local Authority's formal planning role are as fully aligned as possible.

Cllr Mitchell thanked residents for the comments and will discuss the various options with Cllr Turton and Cllr Morgan.

6.2 Scope of Meeting

A resident noted that the draft narrows the scope of the HLG to the 3Ts redevelopment, with discussion of other capital schemes if time allows, but excludes discussion of other Estates issues, eg. smoking, the gate between the South Service Road and Upper Abbey Road.

There were differences of view on this. Some residents felt that the HLG should focus on the 3Ts redevelopment, incl. traffic and transport, and did not want to see the limited time available diverted to other issues that are of narrower interest. Other residents felt that it is helpful to have a single forum to discuss the range of Estates issues and that the Trust might find it useful to have this for feedback.

Steve said that he would be happy to address whatever Estates issues he could at the meeting and for the team to act as a conduit with colleagues for other issues, although more urgent Estates matters should be raised with Wendy Burley (Head of Administration Services, Facilities & Estates) on (01273) 644 433 or by email to wendy.burley@bsuh.nhs.uk rather than wait for the next HLG meeting.

Jackie asked Nick to redraft the Terms of Reference to reflect that the HLG is principally concerned with the 3Ts redevelopment. However if other Estates issues are raised then Steve and Duane will attempt to address them or will refer them to colleagues, but these discussions should not take precedence over substantive 3Ts issues.

Action: Nick

6.3 Next Steps

Jackie asked Nick to circulate the redrafted Terms of Reference in advance of the next meeting, and for members to pass any final comments to her or Nick. The aim will be to approve the Terms of Reference at the next meeting and, assuming no significant changes to the proposed procedure, to elect the Vice-Chair at that meeting.

7. General Q&A

7.1 Enforcement

A resident asked whether the Trust is confident it can enforce the Considerate Constructor principles and the Construction Environmental Management Plan (CEMP) if it is finding its no-smoking policy so difficult in practice.

Richard said that the hospital's patients and staff would be closest to the construction site and that it was therefore in the Trust's interest to ensure that noise, dust, vibration etc. are managed effectively. Nick referred to the presentation given at the November meeting¹⁷ by Laing O'Rourke's Community Liaison Manager, who reflected on his experiences of managing construction on constrained sites in London and the approach LO'R would take in Brighton.

Jackie felt that the Trust had worked hard to listen to local residents' concerns about previous developments and incorporate measures in the Planning Conditions and Section 106 Agreement, so she was hopeful that residents' experience of previous redevelopments would not be repeated. In addition, it is a planning requirement that the HLG continue to meet, to address residents' concerns that the group might be wound up prematurely.

Cllr Mitchell explained that the Environmental Health team is charged with ensuring that the Planning Conditions are met and has strong powers of enforcement, including stopping work. She gave an example of the excavation of chalk for the Renal Unit at the back of the RSCH site, which was halted because the contractor was not adequately washing its vehicles' wheels or covering the spoil it was removing. She suggested inviting an Environmental Health Officer to a future meeting to explain the arrangements for monitoring and enforcement. Attendees agreed this would be helpful.

Action: Nick

A resident asked whether there are financial penalties for breaching planning requirements, over and above the cost of halting work?

¹⁷ Minutes of 21st November 2011, item 5.

8. Future Meetings

Jackie noted that it had been agreed with the Trust to schedule meetings every two months for the time being but to increase the frequency if/as required.

Meeting dates are: Monday 25th June, Monday 24th September and Monday 26th November.

All meetings will be held in the Audrey Emerton Building (on Eastern Road, opposite the main hospital site) from 7pm (refreshments from 6.45pm) till 9pm.

Post meeting note: the next meeting will be held on Tuesday 2nd October 2012 in Audrey Emerton Building

Minutes of the Hospital Liaison Group Meeting
Held on Monday 27th February 2012 (7pm to 9pm) in the Audrey Emerton Building,
Royal Sussex County Hospital, Brighton

Present:

Cllr Craig Turton (Chair), Mrs Jackie Nowell (Vice-Chair), Cllr Warren Morgan, 23 members of the public.

Brighton & Sussex University Hospitals:

Richard Beard, 3Ts Head of Engagement & Communications

Steve Gallagher, Operational Director, Estates & Facilities

Nick Groves, AD, 3Ts Service Modernisation

Duane Passman, Director of 3Ts, Estates & Facilities

1. Welcome & Introductions

Cllr Turton welcomed everyone to the meeting.

2. Minutes of Last Meeting

The minutes of the previous meeting (21st November 2011) were agreed.

3. Matters Arising

3.1 Colour Palette

The Hon. Sec. of the Brighton Society noted that under the planning conditions¹, 'samples of the materials (including colour of render, paintwork and colourwash) to be used in the construction of the external surfaces of the development' will need to be approved in advance by the City Council. She asked whether the Brighton Society could be included in these discussions from an early stage.

Duane reported that discussions between the Trust/Supply Chain and the Council had not yet been scheduled but agreed that the Brighton Society could be involved.

Action: Duane

4. Update

Duane reported that at its meeting on 27th January the City Council Planning Committee was 'minded to grant' Full Planning Consent for the redevelopment^{2,3,4} subject to agreement of a Section 106 Agreement⁵. Duane gave a presentation [*posted on the HLG website*⁶] updating the meeting on next steps. Key points:

¹ <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdetesctl6698965=386744>

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

³ http://www.brighton-hove.gov.uk/index.cfm?request=c1199915&action=showDetail&APPLICATION_NUMBER=BH2011%2F02888

⁴ http://www.brighton-hove.gov.uk/index.cfm?request=c1199915&action=showDetail&APPLICATION_NUMBER=BH2011%2F02887

⁵ 'Section 106 (S106) of the Town & Country Planning Act 1990 allows a Local Planning Authority (LPA) to enter into a legally-binding agreement or planning obligation with a landowner in association with the granting of planning permission... These agreements are a way of delivering or addressing matters that are necessary to make a development acceptable in planning terms... The scope of such agreements is laid out in the government's Circular 05/2005. Matters agreed as part of a S106 must be relevant to planning, necessary to make the proposed development acceptable in planning terms, directly related to the proposed development,

Timetable

- Following the planning determination, NHS South of England (the Strategic Health Authority) will formally review the business case for the redevelopment at its meeting on 29th March⁷. Assuming approval, the business case will then be submitted to the Department of Health (DH) and HM Treasury for approval, likely in the next few months.
- In the meantime, detailed planning is underway for the decant scheme (ie. plans to relocate the accommodation currently on what will be the Stage 1 development site) and the necessary planning consents have been received for the new temporary modular buildings. The decant plan was presented to the HLG at its July 2010 meeting [*presentation⁸ (see slide 11) and minutes⁹ (see item 3.5 and 4) are posted on the HLG website*]. Construction of the new temporary modular buildings for decant is likely to start about a month after approval of funding.
- Duane reported that construction of the air ambulance helipad on the Thomas Kemp Tower is likely to start six months after approval of funding.
- On this basis, the Stage 1 demolition and construction should start in late 2013, for completion in 2017. Work would then start on the Stage 2 site.

S106 Agreement & Conditions

- Duane explained that the draft Conditions & S106 Agreement [*posted on the HLG website¹⁰*] do not cover issues such as hours of work and construction phasing. However they do require development of a Construction Environmental Management Plan (CEMP), which will include these details; this will need to be approved by BHCC. [*See minutes of the November 2011 meeting¹¹, item 6*]. The practicalities of the construction will be refined over the coming months as the certainty of the business case approval increases.

Duane added that BHCC's standard hours of work for construction sites are 7am to 7pm. The Trust is requesting site work from 8am to 6pm Monday to Friday, with workers bussed in (from the Consolidation Centre) from 7am. BHCC permits some Saturday morning working, however the Trust envisages that this will be needed in exceptional circumstances only, eg. to bring the tower crane on site.

Duane confirmed that the CEMP will be presented to the HLG and widely promulgated, eg. on the HLG website, through the 3Ts Facebook page, through the HLG and wider community mailing list, and hopefully through local media.

CLlr Turton thanked Duane for the presentation and update and invited questions.

4.1 Consolidation Centre

A resident asked about progress with the Consolidation Centre.

Duane replied that Laing O'Rourke is investigating two or three sites, all of which are outside the city limits. However the site will only be determined once funding for the

fairly and reasonably related in scale and kind to the proposed development, and reasonable in all other respects.'

6 <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdetesctl6698965=386745>

7 <http://www.southcentral.nhs.uk/about-us/the-board/public-board-papers/nhs-south-of-england/>

8 <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=363005&type=full&servicetype=Attachment>

9 <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdetesctl6824280=365112>

10 <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdetesctl6824280=386744>

11 <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdetesctl6824280=385509>

redevelopment and Laing O'Rourke's contract for the construction has been confirmed. The draft Planning Conditions include that the facility be operational prior to commencement of the Stage 1 demolition works.

Duane noted that the owners of the Shoreham Cement Works have not indicated interest in use of the site for the Consolidation Centre.

4.2 Construction Routes

A resident asked whether all the likely routes for the construction traffic have traffic lights.

Duane replied that the final route will depend on the location of the Consolidation Centre. However there is a limited range of options, as identified by Council Officers. The potential routes have been presented to previous HLG meetings and are included in the planning application¹².

A resident asked whether Eaton Place was on any of the possible routes. Duane confirmed that Eastern Road and Marine Parade are on the possible routes but Eaton Place is not.

4.3 Rampion Wind Farm

A resident asked about proposals for the offshore wind farm^{13,14} and the aggregate impact of construction vehicles for this and the hospital redevelopment on traffic/highways.

Duane replied that he has not seen details of the wind farm construction proposals.

[Post meeting note: E.ON estimates the scheme will take two years to build and hopes to have it complete it 2017. The 12-week community consultation runs from 13th February to 6th May 2012].

4.4 Funding Approval

A resident asked about the process for approval of funding.

Duane replied that approval of capital schemes in the public sector involves a three-stage process¹⁵, as determined by HM Treasury:

- i) The Strategic Outline Case (SOC) confirms the strategic context of the investment; makes a robust case for change; and provides stakeholders with an early indication of the proposed way forward (not the preferred option), having identified and undertaken SWOT¹⁶ analysis on a wide range of available options, together with indicative costs.
- ii) The Outline Business Case (OBC) revisits the SOC in more detail and identifies a preferred option that demonstrably optimises value for money (VfM). It also sets out the likely deal; demonstrates its affordability; and details the supporting procurement strategy and for the successful rollout of the scheme.

¹² [http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document\(s\)-1943910.pdf?extension=.pdf&id=1943910&location=VOLUME3&contentType=application/pdf&pageCount=1](http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document(s)-1943910.pdf?extension=.pdf&id=1943910&location=VOLUME3&contentType=application/pdf&pageCount=1)

¹³ <http://www.brighton-hove.gov.uk/index.cfm?request=B1159624>

¹⁴ 'The project would include an offshore wind farm of up to 195 individual turbines and interconnecting cables under the seabed, transferring the power to two offshore electrical substations. Subsea cables approximately 13km in length would transport the power to shore at a location east of Worthing. From there, onshore underground cables of around 30km in length would complete the route to the existing National Grid substation at Bolney in Mid-Sussex. A new substation would be required adjacent to the existing substation to connect the power into the grid.'

¹⁵ http://www.hm-treasury.gov.uk/d/greenbook_toolkitguide170707.pdf

¹⁶ SWOT analysis is a strategic planning method used to evaluate the Strengths, Weaknesses/Limitations, Opportunities and Threats involved in a project or business venture.

- iii) The Full Business Case (FBC) revisits the OBC and records the findings of the subsequent procurement. It also sets out the recommendation for an affordable solution that continues to optimise VfM, and includes detailed arrangements for the successful delivery of goods and implementation of services from the recommended supplier.

Duane explained that an OBC normally only requires Outline Planning Consent¹⁷. However given heritage considerations and the proximity to five Conservation Areas and Sussex Square (Grade 1 listed), it was identified that Full Planning Consent would be required for this scheme. The OBC is due to be considered by the Strategic Health Authority on 29th March and, assuming approval, will then be submitted to the DH and HM Treasury.

The final approval stage is the FBC. This follows negotiations with Laing O'Rourke to agree a Guaranteed Maximum Price (GMP) for the scheme, which requires tendering of 'works packages' (eg. door handles, panels). Once the FBC is approved by the DH and HM Treasury, funding is confirmed.

4.5 Contractor Appointment

A resident asked whether Laing O'Rourke has been appointed to undertake the construction.

Duane replied that appointment of the constructor would follow confirmation of funding for the scheme. However the expectation is that Laing O'Rourke will be appointed, subject to agreement of the GMP.

4.6 Guaranteed Maximum Price

A resident asked how prices could be guaranteed for a project 10 years before completion.

Duane replied that the £420m cost estimate includes inflation. GMP will be for the Stage 1 build in the first instance and it is then in the Trust's interest to retender for the Stage 2 build.

4.7 Cashflow

A resident asked how the funding is made available.

Duane replied that funding is made available for the Trust to 'draw down' on a monthly basis as required. The maximum projected expenditure in any one year is £95m in 2014/15. He added that although the NHS capital budget has been reduced from c. £4bn/year to c. £3bn/year, in this context the cost of the hospital redevelopment is still relatively small.

4.8 Private Finance Initiative

A resident asked whether there is a risk the scheme could change to a Private Finance Initiative (PFI).

Duane replied that the Trust is in regular dialogue with the DH about the scheme and the preferred procurement route. Reviewing the PFI programme in July 2011, the Treasury Select Committee concluded that it had 'not seen clear evidence of savings and benefits in other areas of PFI projects which are sufficient to offset this significantly higher cost of finance.'¹⁸ Duane added that the DH data on NHS PFI schemes show that the time from the stage at which the Trust scheme is now at to

¹⁷ http://www.planningportal.gov.uk/uploads/1app/guidance/guidance_note-outline_application_with_reserved_matters.pdf

¹⁸ <http://www.parliament.uk/business/committees/committees-a-z/commons-select/treasury-committee/news/pfi-report/>

start of construction would be about four years, whereas with public funding construction could start in just over 12 months.

5. Update on Other Developments

5.1 Cancer Information Centre / Rosaz Site

Duane reported that as noted at previous meetings, the Sussex Macmillan Cancer Information Centre development on the Rosaz House/Cottage site (Bristol Gate) received planning consent¹⁹ in October 2011. Macmillan is hoping to start construction in May 2012, for completion in September 2013. The cost of the redevelopment will be funded by the Macmillan charity.

5.1.1 Design

A resident asked how tall the building would be.

Duane replied that he understands it will be 1.5 storeys. Images and plans are available on the Council's website²⁰. Duane offered to post other images on the HLG website and invite the Project Manager to present to the next HLG meeting. Residents agreed that this would be helpful.

Action: Duane

5.1.2 Contractors

Residents expressed concern about the impact of small contractors on resident and other on-street parking.

Duane replied that although the development is not large enough to warrant a Consolidation Centre, he would not expect to see contractors' vans in inappropriate parking spaces/places. The contractor has not yet been appointed.

5.2 3rd Cardiac Theatre

Duane reported that the Trust is confident of securing additional investment of £1.5m for the 3rd cardiac theatre. This will be created between the two link bridges between the Thomas Kemp Tower and Millennium Building/Sussex Cardiac Centre. Construction is expected to run from June 2012 to February 2013.

5.2.1 Architecture

A resident asked whether the designs of both the 3rd Cardiac Theatre and the Cancer Information Centre would be in sympathy with the 3Ts design.

Duane replied that the Cardiac Theatre needs to slot in between the two link bridges so this has been the principal driver for the design; it should not be visible from beyond the RSCH site. The Rosaz/Cancer Information Centre has not been designed specifically to integrate with the 3Ts design, but it is off the main RSCH site so Duane did not feel this would present a significant issue.

5.3 A&E Refurbishment

Duane reported that works are underway to refurbish parts of the Accident & Emergency Department as part of the Major Trauma Centre development. This includes installing a new CT scanner²¹. All the works are internal. Funding has been secured for this.

¹⁹ 'Demolition of Rosaz House and Rosaz Cottage and erection of a three storey building to accommodate the Sussex Macmillan Cancer Support Centre incorporating new vehicular accesses off Bristol Gate, 25 parking spaces and landscape works.'

²⁰ http://www.brighton-hove.gov.uk/index.cfm?request=c1199915&action=showDetail&application_number=BH2011%2F02181

²¹ X-ray computed tomography, also Computed tomography (CT) or Computed axial tomography (CAT), can be used for medical imaging and industrial imaging methods employing tomography created by computer

6. General Q&A

6.1 Mobile Phone Reception on Bristol Gate

A resident noted that there is a large 'box' on Bristol Gate, opposite the Rosaz House site, and that her mobile phone signal cuts out in this area. She wondered whether the two were connected.

Post-meeting note. The Deputy Head of Capital Development replies: This is the electricity sub-station installed by the Electricity Authority UKPN. It is fairly standard equipment and widely used but there may be a shielding problem or fault. Unfortunately there are probably not the data to show whether or not there was a pre-existing 'dead' spot in mobile phone signal strength in this location prior to the sub-station. However I have asked the Project Manager to investigate. Thank you for bringing this to our attention.

6.2 Views from Bristol Gate

A resident asked whether any of the verified views of the redevelopment are from Bristol Gate.

Duane replied that unfortunately none of the verified views requested by the City Council is from Bristol Gate. The verified views are posted on the Council's website. The closest to Bristol Gate is the view looking west along Eastern Road from the junction with Eaton Place (view 8 - in the first weblink²²).

6.3 Landscaping on North Road

A resident asked whether the redevelopment plans included any landscaping around the modular building on the North Road (outside the A&E Department).

Duane replied that this is the Dorothy Robinson building, currently used for the Trust's resuscitation and cardiac rehabilitation teams' offices and training space. These facilities are due to move to St Mary's Hall once the refurbishment is complete (likely April/May 2013). This site has then been earmarked for secure covered cycle parking and Duane indicated that there might be an opportunity to provide landscaping as part of this.

6.4 Bristol Gate Piers

A resident asked whether there are any plans for the strip of land running along the east side of Bristol Gate.

Duane replied that this land is owned by the Trust. The plan is to widen to Bristol Gate/Eastern Road junction and to restore and relocate the Bristol Gate Piers²³.

6.5 Smoking on Site Periphery

A resident expressed concern that Trust staff are smoking on Eastern Road (in front of the Barry Building), on Upper Abbey Road/Whitehawk Hill Road at the entrance to the

processing. Digital geometry processing is used to generate a three-dimensional image of the inside of an object from a large series of two-dimensional X-ray images taken around a single axis of rotation.

²² [http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document\(s\)-1942064.pdf?extension=.pdf&id=1942064&location=VOLUME3&contentType=application/pdf&pageCount=1](http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document(s)-1942064.pdf?extension=.pdf&id=1942064&location=VOLUME3&contentType=application/pdf&pageCount=1)
[http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document\(s\)-1942056.pdf?extension=.pdf&id=1942056&location=VOLUME3&contentType=application/pdf&pageCount=1](http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document(s)-1942056.pdf?extension=.pdf&id=1942056&location=VOLUME3&contentType=application/pdf&pageCount=1)
[http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document\(s\)-1942059.pdf?extension=.pdf&id=1942059&location=VOLUME3&contentType=application/pdf&pageCount=1](http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document(s)-1942059.pdf?extension=.pdf&id=1942059&location=VOLUME3&contentType=application/pdf&pageCount=1)
[http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document\(s\)-1942060.pdf?extension=.pdf&id=1942060&location=VOLUME3&contentType=application/pdf&pageCount=1](http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document(s)-1942060.pdf?extension=.pdf&id=1942060&location=VOLUME3&contentType=application/pdf&pageCount=1)
[http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document\(s\)-1942062.pdf?extension=.pdf&id=1942062&location=VOLUME3&contentType=application/pdf&pageCount=1](http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document(s)-1942062.pdf?extension=.pdf&id=1942062&location=VOLUME3&contentType=application/pdf&pageCount=1)

²³ http://www.brighton-hove.gov.uk/index.cfm?request=c119915&action=showDetail&APPLICATION_NUMBER=BH2011%2F02887

South Service Road and outside Courtney King House at the junction with Eastern Road. This is unpleasant for local residents and creates litter.

Duane explained that Trust premises are now smoke-free but this inevitably displaces smoking by staff, visitors and patients to just beyond the periphery of the site. As discussed at previous meetings²⁴, an employer is limited in the action it can take where staff are smoking off its premises. The Trust Uniform Policy does state that *'staff must not smoke or drink alcohol whilst wearing a uniform in public houses or clubs, or other public places, or within the hospital grounds'*, however this only applies where staff are *'in a BSUH identifiable uniform'*.

Cllr Turton offered to ask City Clean to sweep these areas more frequently, and reminded residents that they could also make this request via the BHCC website²⁵.

Action: Cllr Turton

Cllr Turton also asked the Trust to consider whether it could consider sweeping these areas.

Action: Duane

6.6 General Estates Issues

A resident asked where she should report general estates issues, eg. the South Service Road gate.

Duane confirmed that general estates issues should be directed to Wendy Burley (Head of Administration Services, Estates & Facilities) on (01273) 664 433 or by email to wendy.burley@bsuh.nhs.uk

6.7 Compensation

A resident asked whether the Trust would compensate residents for the inconvenience and disruption caused during the construction period.

Duane replied that as confirmed to the HLG meeting²⁶ in February 2010, the Trust does not intend to offer financial compensation. However the Trust will contract with Laing O'Rourke to undertake window-cleaning if the on-site dust-damping measures are not sufficiently effective.

6.8 Impact of Vibration

A resident asked whether structural surveys of local residences would be undertaken prior to construction to assess whether the construction process has caused damage.

Duane replied that as discussed at the August 2011 meeting²⁷, modelling of the vibration from the demolition/construction site indicates that it presents no risk to the structure of local properties whatever their form of construction. Pre-construction surveys have not therefore been undertaken, however Laing O'Rourke will make available a structural engineer to liaise with residents if required during the construction stage.

7. Future Focus of HLG

Cllr Turton noted the Trust's previous commitment to continue the HLG for at least the duration of the construction programme. This is reflected in the draft S106 Agreement, which states that the HLG should meet [at least] four times a year throughout the construction period and for a limited period following full occupation of the redeveloped site. The CEMP, which is also a requirement of the draft Planning

²⁴ Minutes of 22nd August 2011, item 9.2; minutes of 16th May 2011, item 6.6.

²⁵ <http://crmforms.brighton-hove.gov.uk:8080/Ef3/General.jsp?form=StreetCleansingRequest&page=StreetCleanPage1>

²⁶ Minutes of 1st February 2010, item 6.6.

²⁷ Minutes of 22nd August 2011, item 7.2.

Conditions, will set out how contractors will liaise with local residents to brief them on site developments and manage and keep a record of complaints.

Cllr Morgan felt that it would be important for residents to raise site issues as they occur, using the various agreed channels (eg. the helpline and 'single point of contact' Liaison Officer), rather than leave them until the next HLG, as had happened with the RACH development. A resident added that arrangements would need to be in place to cover the Liaison Officer in case of sickness or holidays.

Jackie suggested publishing (eg. on the HLG website, through a regular newsletter) the issues and their resolution. Residents agreed that this would be helpful and Duane agreed to do so.

Duane noted that the draft S106 Agreement requires the Trust to present annual updates of its Travel Plan to the Brighton & Hove Strategic Partnership's Transport Partnership²⁸. Council Officers had suggested that this be rolled into the HLG meetings, however Duane and Cllr Turton both felt that the HLG should be reserved for local residents' issues. An update on the Travel Plan can be provided to the HLG periodically if required.

It was agreed that the Terms of Reference for the HLG should be refreshed to recognise the transition to the next stage of development, to be presented to the next meeting.

Action: Nick

10. **Next Meetings**

It was agreed that for the time being the HLG should meet every two months. The next meetings will therefore be on **Monday 30th April** and **Monday 25th June 2012**. Meetings will be held from 7pm (refreshments from 6.45pm) to 9pm in the Audrey Emerton Building.

Minutes of the Hospital Liaison Group Meeting
Held on Monday 21st November 2011 (7pm to 9pm) in the Audrey Emerton Building,
Royal Sussex County Hospital, Brighton

Present:

Mrs Jackie Nowell (Vice-Chair), Cllr Craig Turton (Chair), 23 members of the public.

Brighton & Sussex University Hospitals:

Richard Beard, 3Ts Head of Engagement & Communications

Steve Gallagher, Operational Director, Estates & Facilities

Nick Groves, AD, 3Ts Service Modernisation

Duane Passman, Director of 3Ts, Estates & Facilities

Trust Planning Advisors:

Andy Watson, BDP Architects

Laing O'Rourke Supply Chain:

Neil Cadenhead, BDP

Steve Chudley, LO'R

David Hiddleston, LO'R

Apologies:

Karen Hicks (LO'R), Cllr Gill Mitchell, Cllr Warren Morgan

1. Welcome & Introductions

Cllr Turton welcomed everyone to the meeting.

2. Minutes of Last Meeting

The minutes of the last meeting (26th September) were agreed with one amendment. Item 5.3 (Conduct of Meetings) now reads:

'A resident felt that earlier in the meeting another resident had received a somewhat sharp reply to what he felt was a legitimate question. Nick apologised on behalf of the Trust team if this was how any response had been perceived; it was certainly not the intention.'

3. Matters Arising

3.1 Planning Application: Update

Duane reported that the planning application¹ had been submitted on 23rd September and validated on 17th October. The City Council has written to statutory consultees and c. 5,000 local residents seeking their views. The Trust is currently responding to issues of clarification from Council Officers. *[Post-meeting note: BHCC has arranged a Planning Committee meeting on 27th January for the determination].*

Cllr Turton added that when he looked at the register of comments the previous week, the Council had received 33 objections, 5 general comments and 31 letters of support. He also noted the open letter from nine senior Trust clinicians supporting the

¹ http://www.brighton-hove.gov.uk/index.cfm?request=c1199915&action=showDetail&APPLICATION_NUMBER=BH2011%2F02886

application, including the Chief Nurse and Dean of the Brighton & Sussex Medical School, which appeared in *The Argus*².

3.1.1 **Timescale for Determination**

A resident asked whether a 16 week determination period is a concern. Duane replied that it is, given the urgent need to progress to Department of Health (DH) and Treasury approval and begin work on the final phase of detailed design. However it is not entirely surprising given the size of the application, the close scrutiny that the City Council will be giving it and the inclusion of an Environmental Impact Assessment.

3.1.2 **Financial Approval**

A resident asked about the timetable for financial approval of the redevelopment.

Duane replied that the DH and Treasury have earmarked the expenditure and are currently reviewing the business case; this is one of only three hospital redevelopment schemes listed on the DH website as being publicly funded. However government will not make a firm commitment until the scheme has planning consent from the City Council. There is then a final approval stage once the detailed design of each of the rooms is complete, which provides the final costing. This is expected in November 2012.

3.1.3 **Brighton General Hospital**

A resident asked about the impact of the redevelopment on Brighton General Hospital (BGH).

Duane replied that redevelopment involves moving Outpatient physiotherapy and (temporarily) Outpatient rheumatology to BGH, and moving some administration offices from BGH to the St Mary's Hall Senior School site, which the Trust now owns. Otherwise no impact is expected; the BGH site is owned and managed by Sussex Community NHS Trust.

3.2 **Consolidation Centre**

Steve Chudley confirmed that all the sites currently under consideration are outside the city, including the Cement Works at Shoreham.

A resident asked whether the construction routes have been agreed. Steve replied that the options have been discussed with Council Officers, presented to previous HLG meetings and are included in the planning application³. However the final route will not be determined until the location of the Consolidation Centre has been agreed.

Duane added that noted at previous meetings, Sheepcote Valley is no longer under consideration for the Consolidation Centre and Wilson Avenue would not therefore be required as an access route.

CLLr Turton asked whether the preferred location is likely to have been identified by February. Steve hoped that this would be possible.

3.3 **Construction Traffic Management**

A number of residents noted that busses tend to 'bunch up' in traffic and asked whether this would also be a problem for construction traffic, particularly if the Consolidation Centre is more remote.

Nick replied that there is a reason for this: as passenger queues build up at bus stops, the first bus takes longer to load than the second, which creates a 'platooning' effect⁴.

² <http://www.bsuh.nhs.uk/easysiteweb/getresource.axd?assetid=373876&type=0&servicetype=1>

³ [http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document\(s\)-1943910.pdf?extension=.pdf&id=1943910&location=VOLUME3&contentType=application/pdf&pageCount=1](http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document(s)-1943910.pdf?extension=.pdf&id=1943910&location=VOLUME3&contentType=application/pdf&pageCount=1)

⁴ <http://www.newscientist.com/article/dn18074-why-three-buses-come-at-once-and-how-to-avoid-it.html>

This wouldn't be the case with construction traffic, which will not be stopping to pick up passengers.

Steve Chudley noted that LO'R's One Hyde Park development in London was served by a Consolidation Centre in Wembley (13 miles away through central London traffic) and that the Juggler system had continued to work well. Duane added that the Consolidation Centre for the Olympic Park in Stratford is near the M11, so remote locations are the norm.

A resident added that the Amex development also appeared to have managed this process effectively.

4. Design Update & Additional Views

Neil Cadenhead gave a presentation⁵ showing some key 'before and after' views of the RSCH site. As requested, this included new views to/from Courtney King House and the middle of Upper Abbey Road; the view across Eastern Road to the main entrance of the Stage 1 building will follow. *[Post-meeting note: this view has now been added to the presentation].*

A number of residents felt that the views from Courtney King House and Upper Abbey Road towards the Stage 2 building were a considerable improvement on the current views of the site.

4.1 Colour Palette

A resident asked how the colours were chosen and whether there was a rationale behind this.

Neil replied that the original palette had included brighter colours to match the Children's Hospital. However from a distance (in particular from Palace Pier and Roedean) these appeared out of harmony with the local colour scheme, and key stakeholders, including the BHCC Design & Conservation Officer, encouraged the use of more muted tones. Neil added that although most designs start with a theoretical approach to choice of colours, these have to adapt to what feels right in practice.

Cllr Turton thanked Neil for the presentation.

5. LO'R Case Studies from London

Duane noted that LO'R had previously⁶ presented its One Hyde Park development as a case study for working successfully on a constrained inner-city site using a Consolidation Centre. Although every site is different, he felt that two further case studies would be helpful in showing that large developments can be undertaken successfully in close partnership with neighbours. He was therefore pleased to introduce David Hiddleston, who was previously LO'R's Liaison Manager for the redevelopment of Cannon Street Station in London and is currently working on its Leadenhall development.

Key points from David's presentation⁷:-

- Cannon Street Station is used by c. 30,000 commuters every weekday. The five-year rebuild programme involved keeping the station 'live' 24/7, with particular attention to noise, dust and vibration. Much of David's time was spent meeting commuters, neighbours and members of the public to ask about their experience of the redevelopment.

⁵ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=375654&type=full&servicetype=Attachment>

⁶ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=322034&type=full&servicetype=Attachment>
(Slides 17-26)

⁷ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=375651&type=full&servicetype=Attachment>

- Neighbours include the NY Stock Exchange, City Livery Companies, Coutts, RBS and Lloyds banks. Particular attention was paid to worker behaviour, eg. ensuring that workers did not stand around smoking, and providing a subsidised canteen so workers use that rather than sit eating sandwiches in public view.
- The City of London required that noise work be undertaken only from 8-10, 12-2 and 4-6 weekdays and on Saturday mornings. Acoustic blankets were erected in some areas. Six external noise monitors were linked to David's phone, so he received an automated text message if noise exceeded 72dB (75dB was the agreed limit) for more than 15 mins.
- Weddings and royal visits sometimes impacted on the delivery schedule, although because the city is relatively quiet at weekends it was sometimes possible, with the City's consent, to make up the lost time then.
- The Leadenhall Building ('Cheese Grater') has Lloyds, Deutsche Bank, HISCOX, the Gherkin building and the 12th Century St Andrew church as immediate neighbours, and a single point of access for construction vehicles during the first phase of development.
- Measures included dust monitors around the site, damping down, and weekly reports to the City of London. Data were made available on the monitoring company's website so they could be viewed by members of the public.

David was proud that LO'R had been awarded the City of London considerate contractor 'Chairman's Cup' 2010 for the Cannon Place development⁸. He felt that the key lessons from these developments were:

- meet neighbours early
- be honest - in spite of best efforts, there will be some noise and disruption
- provide monthly newsletters, site visits for interested neighbours, daily reports where appropriate
- respond proactively to concerns - meet neighbours face-to-face where possible
- the 'Juggler' system⁹ for coordinating delivery schedules is invaluable.

David also offered to tour local residents around the London site if they would be interested [*please contact the Hospital Redevelopment office for details*].

Cllr Turton thanked David for his presentation and for his kind offer of a tour. He noted that local residents' experience of the Children's Hospital development had not been particularly positive, eg. lack of a single named person in charge, no working helpline, lack of attention to dust damping and wheel-washing, poor scheduling of deliveries. By contrast, he felt that these issues had been addressed comprehensively in LO'R's approach to the London development sites, which gave him some confidence for the way in which the redevelopment of the RSCH would be managed.

6. Considerate Constructors Paper

Duane noted that a number of 'considerate constructor' issues raised in the Upper Abbey Road residents' helpful paper¹⁰ are addressed in the draft CEMP, as outlined to the June 2011 HLG meeting¹¹ and submitted as part of the planning application¹².

8

http://www.cityoflondon.gov.uk/Corporation/LG_NL_Services/Business/Business_support_and_advice/considerate_constructor_scheme.htm

9

<http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=322034&type=full&servicetype=Attachment>
(Slides 7-9)

10

<http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=307208&type=full&servicetype=Attachment>

11

<http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=360307&type=full&servicetype=Attachment>
(Slides 4-8)

These plans include screw-augured rather than pneumatic piling, the Juggler system to manage deliveries, dust damping and neighbourhood liaison. Duane expected that a number of these would form part of the approved CEMP.

Duane confirmed that it is still his intention formally to respond to the UAR document, but this would sensibly follow once the construction method statement had been agreed with the City Planners.

A resident suggested the Trust provide a simple statement of what local residents could expect during construction. Duane confirmed that this is what he had envisaged for the document.

Action: Duane

7. **Building Information Modelling: Stage 1 Construction**

Steve Chudley explained how computer modelling allows constructors to translate 2D architectural plans into 3D construction models and 'build' in a virtual environment before getting on site. He presented a short animation showing the sequence for the Stage 1 building¹³.

Steve noted that this approach reduces both rework and the amount of materials brought on site unnecessarily, which again contributes to 'considerate construction'.

Cllr Turton thanked Steve for this presentation.

8. **General Q&A**

8.1 **Pollution**

A resident said that although she had previously raised this at the August meeting¹⁴, she remained concerned about pollution levels along Eastern Road and the impact of construction traffic.

Cllr Turton shared the resident's concern about pollution in the city. He referred to the City's 2011 Air Quality Action Plan¹⁵, which identifies that London Road and Lewes Road require the most significant (46-48%) improvements to meet NO₂ standards, but a 10-23% improvement is still required at points along Eastern Road.

Cllr Turton said that he has suggested, for example, re-routing busses along Marine Parade/A259. The previous draft of the City's Core Strategy also included a feasibility study to re-route traffic around Kempdown¹⁶; Nick has recently contacted the Council to ask whether this is included in the new draft City Plan¹⁷.

Duane replied that the redevelopment plans include a number of measures to mitigate the impact of the construction and redevelopment on air quality. These are set out in detail in the CEMP, Sustainability Statement¹⁸ and the Air Quality chapter of the

¹² [http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document\(s\)-1942407.pdf?extension=.pdf&id=1942407&location=VOLUME3&contentType=application/pdf&pageCount=1](http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document(s)-1942407.pdf?extension=.pdf&id=1942407&location=VOLUME3&contentType=application/pdf&pageCount=1)
[http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document\(s\)-1942417.pdf?extension=.pdf&id=1942417&location=VOLUME3&contentType=application/pdf&pageCount=1](http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document(s)-1942417.pdf?extension=.pdf&id=1942417&location=VOLUME3&contentType=application/pdf&pageCount=1)
[http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document\(s\)-1942428.pdf?extension=.pdf&id=1942428&location=VOLUME3&contentType=application/pdf&pageCount=1](http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document(s)-1942428.pdf?extension=.pdf&id=1942428&location=VOLUME3&contentType=application/pdf&pageCount=1)

¹³ <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/redevelopment-film/>

¹⁴ Minutes of 22nd August 2011, item 7.7

¹⁵ http://www.brighton-hove.gov.uk/downloads/bhcc/airquality/BHCC_AQAP_2011_%5bpdf_1.9_mb%5d.pdf

¹⁶ 'to consider the re-routing and reduction of through-traffic (with the exception of residents' vehicles, public transport including taxis, ambulances other hospital transport and vehicles directly accessing the hospital) along Eastern road in the immediate vicinity of the hospital with the aim of reducing congestion, improving air quality and ensuring adequate emergency access to the hospital.'

¹⁷ <http://www.brighton-hove.gov.uk/index.cfm?request=c1148443>

¹⁸ [http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document\(s\)-1941177.pdf?extension=.pdf&id=1941177&location=VOLUME3&contentType=application/pdf&pageCount=1](http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document(s)-1941177.pdf?extension=.pdf&id=1941177&location=VOLUME3&contentType=application/pdf&pageCount=1)

Environmental Statement¹⁹, which have been submitted as part of the planning application. For construction, they include the use of a Consolidation Centre, adoption of Design for Manufacture & Assembly principles, use of the ‘juggler’ delivery scheduling system and ongoing pollution monitoring. For the ongoing running of the hospital, they include the Combined Cooling, Heat & Power (CCHP) development and Travel Plan/modal shift. However the overall air quality strategy sits with the City Council.

8.2 Traffic Impact

A resident asked how detailed the traffic modelling/scenario planning had been for the streets between Eastern Road and Marine Parade, which are already congested.

Duane replied that the Traffic Assessment has modelled the impact of the increased traffic at nine key junctions²⁰ along/around Eastern Road and on the local network as a whole. Because of the range of factors involved, it had not been possible to model to the level of detail of each individual street in the neighbourhood.

The Environmental Statement Non-Technical Summary²¹ concludes:

‘During the busiest construction and traffic years of 2014 and 2018 there will be a significant impact on the surrounding network due to the increase in HGVs entering and leaving the Site and alterations to pedestrian and cyclist environment outside the hospital. However, delays to the surrounding highway network will be minimised through the implementation of junction improvements at Eastern Road / Bristol Gate and Eastern Road Arundel Road. These junction improvements will increase capacity for the construction traffic and general traffic and will also provide improved pedestrian crossing facilities.

Once the Proposed Development is complete there will be a varied impact on the surrounding highway network. Levels of severance and pedestrian delay will increase due to the estimated increase in traffic but pedestrian, cyclist and general patient amenity will be greatly improved as a result of the comprehensive transportation strategy that the Trust will implement as part of the Development. A moderate positive effect on pedestrian and cyclist amenity is anticipated.’

8.3 Use of Bus Lanes

A resident asked whether the City Council would allow construction vehicles to use bus lanes in order to minimise impact on general traffic. Duane thought this would be very unlikely.

8.4 Noise Pollution

A resident asked what steps would be taken to minimise noise pollution.

Duane replied that this had been discussed at a number of previous meetings as part of the Environmental Impact Assessment²² and is also summarised in the Non-Technical Summary²³ (1.47 ff) submitted as part of the planning application. Initiatives include screw-augured rather than pneumatic piling and quieter ‘crushing’ demolition techniques rather than the old-fashioned wrecking balls.

¹⁹ [http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document\(s\)-1942977.pdf?extension=.pdf&id=1942977&location=VOLUME3&contentType=application/pdf&pageCount=1](http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document(s)-1942977.pdf?extension=.pdf&id=1942977&location=VOLUME3&contentType=application/pdf&pageCount=1)

²⁰ [http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document\(s\)-1943784.pdf?extension=.pdf&id=1943784&location=VOLUME3&contentType=application/pdf&pageCount=1](http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document(s)-1943784.pdf?extension=.pdf&id=1943784&location=VOLUME3&contentType=application/pdf&pageCount=1)

²¹ [http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document\(s\)-1942146.pdf?extension=.pdf&id=1942146&location=VOLUME3&contentType=application/pdf&pageCount=1](http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document(s)-1942146.pdf?extension=.pdf&id=1942146&location=VOLUME3&contentType=application/pdf&pageCount=1)

²² <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=365431&type=full&servicetype=Attachment>
(Slides 16 onwards)

²³ [http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document\(s\)-1942146.pdf?extension=.pdf&id=1942146&location=VOLUME3&contentType=application/pdf&pageCount=1](http://wam.brighton-hove.gov.uk/PlanningWAM/doc/Supporting%20Document(s)-1942146.pdf?extension=.pdf&id=1942146&location=VOLUME3&contentType=application/pdf&pageCount=1)

Cllr Turton added that Council Officers had asked for further information on mitigation strategies for noise and vibration. There will also be ongoing monitoring.

8.5 Index

Cllr Turton noted that this was the 18th meeting of the HLG and that there are now over 70 documents (including previous minutes and presentations) posted on the website. He welcomed the fact that so much information has been made available to residents and members of the public but recognised that it is quite difficult for residents, and in particular those who are new to the group, to find the latest information.

It was therefore agreed that Nick would arrange for an 'index' to be posted on the first page of the website. *[Post-meeting note: this will include all the minutes in a single file, with hyperlinks to the relevant documents and presentations, so residents can search topics of interest. It will also include instructions on searching. Nick will email residents when this is available].*

9. Next Meetings

The Planning Committee's decision is expected in late January/early February 2012. **HLG members therefore agreed to cancel the December and January meetings and to meet next towards the end of February - date to be confirmed.**

Meetings are held from 7pm (refreshments from 6.45pm) to 9pm in the Audrey Emerton Building.

Minutes of the Hospital Liaison Group Meeting
Held on Monday 26th September 2011 (7pm to 9pm) in the Audrey Emerton Building,
Royal Sussex County Hospital, Brighton

Present:

Cllr Gill Mitchell, Cllr Warren Morgan, Mrs Jackie Nowell (Vice-Chair), 29 members of the public.

Brighton & Sussex University Hospitals:

Steve Gallagher, Operational Director, Estates & Facilities
Nick Groves, AD, 3Ts Service Modernisation

Trust Planning Advisors:

Tessa O'Neill, BDP Architects

Laing O'Rourke Supply Chain:

Richard Buckingham, BDP
Neil Cadenhead, BDP
Mark Elton, WSP Group
Karen Hicks, Laing O'Rourke
Rhod MacLeod, WSP Group
Chris Williams, WSP Group

Apologies:

Simon Kirby MP, Duane Passman (Director of 3Ts, Estates & Facilities), Cllr Craig Turton (Chair)

1. Welcome & Introductions

Jackie Nowell welcomed everyone to the meeting.

2. Minutes of Last Meeting

The minutes of the last meeting (22nd August) were agreed. Nick Groves apologised that the draft minutes had only been finalised that day and that there had not therefore been time to circulate them to members who receive hardcopies rather than email.

3. Matters Arising

3.1 'Front Car Park' Building Planning Application^{1,2}

Nick reported that the application for the temporary modular build (Imaging Department) in front of the Jubilee Wing had been approved by the City Council.

3.2 Planning Application

Nick confirmed that the application for Full Planning Consent had been submitted to the Council on 23rd September and should appear on the Council's website³ once validated. Cllr Mitchell added that residents would also see notices on street furniture. As discussed at previous meetings, the statutory consultation period is 21 days from the date the Council notices appear. The website gives details of how members of the public can see and comment on planning applications.

¹ http://www.brighton-hove.gov.uk/index.cfm?request=c1199915&action=showDetail&APPLICATION_NUMBER=BH2011%2F01558

² <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=362107&ttype=full&servicetype=Attachment>

³ <http://www.brighton-hove.gov.uk/index.cfm?request=b1154189>

3.3 Filming HLG Meetings

Nick reported that the City Council notifies attendees if meetings are to be filmed but does not ask for signed consent. He rehearsed the issues from the previous meeting, concerns about the cost of filming and that meetings would need to be conducted more formally, which members might find a constraint. He added that a resident had mentioned to him before the meeting that filming would be a deterrent to asking questions.

It was agreed overwhelmingly that the meetings should not be filmed but that minutes should continue to be produced and presentations posted on the website.

3.4 Eligibility for Courtney King House

Post-meeting note:

At the August meeting⁴ a resident of Courtney King House (CKH) expressed concern that the Council is increasingly placing bed-bound residents in CKH rather than in nursing homes, which he attributed to budget cuts. Cllr Turton had replied that he was not aware this was Council policy and asked Nick to raise the issue with the Housing Office.

Nick has received a reply⁵ from the Housing Needs & Social Inclusion team and has forwarded this to the local resident who raised the issue.

4. Design Update

Jackie introduced this item and explained there would be four presentations summarising key aspects of the Trust's planning application: design, sustainability, Environmental Impact Assessment and Transport. *[These have been posted on the HLG website⁶].*

Design

Neil Cadenhead presented the design update. Jackie thanked him and invited questions:-

4.1 Air Ambulance Helipad: Height & Cladding

A resident asked how much the Air Ambulance helipad would add to the height Thomas Kemp Tower (Slide 40) and whether the void under the helipad could be clad.

Neil reported that following detailed Computational Fluid Dynamics (CFD) modelling, the helipad has had to be raised by c. 3m in the final design order to meet safety requirements. The heights will be confirmed in the minutes.

Neil noted that the initial designs did include screening around the space between the helipad and the top of the TKT to create a gauze effect, but this consistently failed the CFD/safety testing so has been removed.

Post-Meeting Note:

Measuring the height of the TKT from the bottom of the lift entrance on the service road to the top of the plant on the roof (excluding ductwork):

- *Total height of existing TKT = 57.4m*

⁴ Minutes of 22nd August 2011, item 9.1.

⁵ 'I have made some enquiries in respect to this and I am informed that there is no knowledge to substantiate the fact that either the Council or the scheme's management are placing bed bound residents in this facility... This does not however mean that there may be residents that have moved in to Courtney King and then become more infirm... I note the concerns that residents may have and would only be able to say that should conditions at the scheme become difficult due to the demolition or redevelopment then the affected group may request a transfer to alternative sites through the Choice Based lettings Scheme.' *Email of 27th September 2011.*

⁶ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=368514&type=full&servicetype=Attachment>
<http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=368515&type=full&servicetype=Attachment>
<http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=368517&type=full&servicetype=Attachment>
<http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=368518&type=full&servicetype=Attachment>

- Total height of helipad = 11.6m
- Total height (combined helipad plus tower) = 69.0m

4.2 Air Ambulance Helipad: Noise

Cllr Morgan asked whether the CFD modelling had assessed the level of noise created by wind whistling around the helipad structure.

Post-Meeting note:

The CFD wind modelling undertaken for the air ambulance helipad does not take into consideration potential wind noise arising from within the development. The scope of the noise and vibration assessment, as agreed with the City Council, is set out in the Environmental Statement and does not make reference to wind noise associated with the proposed buildings. Consideration of the potential for wind-induced noise in or around buildings is a matter for the design and does not normally fall within the scope of an EIA for this type of development.

4.3 Stage 2 Balconies

A resident asked whether the balconies on the west side of the Stage 2 building would overhang the flint wall along Upper Abbey Road.

Neil confirmed that they would not. He presented a West-East architectural section⁷ showing the c. 14.5m gap between Upper Abbey Road and the west face of the Stage 2 building.

4.4 Garden Access

A resident asked whether the garden around the base of the Stage 2 building would be open to the public. Neil confirmed that the Trust's current brief is to provide maintenance access only to this garden.

4.5 Planting Around Roof Gardens

A resident asked whether patients/visitors would be able to look into local residences from the Stage 2 roof gardens.

Neil noted that this had been discussed at a previous meeting⁸. He referred to Slide 35 of his presentation, which shows the landscaping plan for the roof gardens. The paths around the edge of the roof will be for maintenance access only. The inner paths will be the closest patients/visitors are able to get to the glass balustrade around the edge of the roof. He was confident, therefore, that patients/visitors would not be able to look into Upper Abbey Road or Whitehawk Hill Road residences from the roof gardens.

4.6 Appropriate Landscaping

A resident asked whether the landscaping and choice of planting on the roof gardens/terraces would be appropriate for local weather conditions, in particular high winds and storms.

Neil replied as discussed at previous meetings⁹, the landscaping plan is being designed to be appropriate to the local climate.

4.7 Stage 2 Design

Jackie noted that at the previous meeting¹⁰ a resident had suggested redesigning the Stage 2 building without the central courtyard. She thanked Neil for the analysis (Slide 28), which showed that the 'cube' design the resident had suggested would need to be 22m higher than the current Barry Building to maintain the required floor area. However the

⁷ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=368287&type=full&servicetype=Attachment>

⁸ Minutes of 25th July 2011, item 4.5.

⁹ Minutes of 15th March 2010, item 3.9; minutes of 7th February 2011, item 5.8; minutes of 25th July 2011, item 4.3.

¹⁰ Minutes of 22nd August, item 9.4

resident's question was whether redesigning the Stage 2 building without the courtyard would allow it to maintain the existing footprint of the Barry Building rather than extend further north (ie. closer to the residences on Upper Abbey Road).

Neil replied that as well as the overall floor area, a key determinant in the design is providing sufficient perimeter to allow light into most of the rooms, and in particular the inpatient bedrooms. It is unlikely that an alternative design that meets these criteria could be contained within the existing footprint of the Barry Building without being significantly taller.

Nick confirmed that having now submitted the planning application, the Trust would not be able to justify commissioning BDP to undertake this theoretical redesign exercise.

4.8 Pavement Widths

Cllr Mitchell asked what impact the designs have on pavement widths along Eastern Road.

Neil confirmed that the plans considerably extend the width of the pavements in front of both the Stage 1 and Stage 2 buildings. He agreed to provide the detail in the minutes.

Post-meeting note:

In front of the Stage 2 building, the pavement width (from kerb to edge of planter) will range from 2.0m to 8.0m. The current width ranges from 2.0m to 2.4m. In front of the Stage 1 building, the pavement width (from kerb to building) will range from 3.9m to 4.0m. The current width ranges from 2.6m to 3.9m. [A plan is available on the HLG website].

Neil added that it is not proposed to alter the width of pavement on the south side of Eastern Road, which would require a reduction in road width or a diversion of Eastern Road onto Trust property.

4.9 Additional Views

A resident asked whether views could be produced from the south side of Sudeley Terrace to show how much of the Stage 1 building could be seen above the Sussex Eye Hospital and Audrey Emerton Building, and from the residences on Eastern Road opposite the Latilla Building.

Nick will discuss with Duane whether these views, which would be in addition to the 52 verified views agreed with the City Council, could be produced. Jackie noted that Duane had also agreed to provide views from the roof gardens and upper floors of the Stage 2 building towards Upper Abbey Road (and vice versa).

Action: Nick

4.10 Bus Stops

A resident asked whether the Trust could use some of its land to create laybys on the north side of Eastern Road for busses to drop off/pick up.

Neil reported that this idea had been explored with the City Council and Brighton & Hove Bus Company. The Bus Company is happy with the proposed location of the bus stops and would prefer that they remain on the carriageway rather than in a layby. This position is supported by Council Highways officers. It is not clear that the use of bus laybys increases the flow of traffic; Cllr Mitchell explained that bus drivers' find it difficult to pull back out into the flow of traffic.

A resident noted that members of the public could express their views on this and other aspects of the design as part of the Council's consultation on the planning application.

4.11 Samples of Coloured Panels

A number of residents asked when they and the Conservation Advisory Group (CAG) would be able to see samples of the coloured panels to be used on the building.

Tessa O'Neill replied that the Trust's design team is discussing materials and samples as part of the ongoing liaison with the City Council. Samples will be presented to the CAG in advance of the Planning Committee. Discussions are underway about where/whether the panels can be put on display for members of the public.

4.12 **Sustainability**

Richard Buckingham presented the sustainability update. He explained BREEAM¹¹ (the Building Research Establishment Environmental Assessment Method), which was established in 1990 as a tool to measure the sustainability of new non-domestic buildings in the UK. NHS developments are required to have at least a BREEAM 'excellent' rating; there are only five buildings in the UK with an 'outstanding' rating. In addition, the City Council requires developments to score at least 60% in each of the 'energy' and 'water' sections, which the proposed development achieves.

Richard noted that the designs include PV (photovoltaic¹² - solar panel) cells on the easternmost of the three 'fingers' (Slide 4). The other two fingers will be designed so additional PV cells can be fitted once the economics make this financially viable.

Jackie thanked him and invited questions:-

4.13 **Living Roofs**

Cllr Morgan noted that some living roofs in the city have proved successful but others have not. He asked whether the proposed vegetation has been tried and tested in other similar locations, in particular given the proximity to the sea/salt air, adjacency to a main road and the stronger winds and microclimate experienced at that height.

Richard confirmed that the planting strategy will favour the selection of indigenous plants able to withstand the conditions in the area.

Environmental Impact Assessment

Mark Elton noted that following the EIA presentation to the August HLG meeting¹³, a summary of the key issues had also been posted on the HLG website¹⁴ as requested. He presented the key EIA findings and invited questions:-

4.14 **Methodology & Use of Averages**

A resident expressed concern that the EIA methodology uses averages to assess impact, which masks areas where greater impacts will be experienced. She also asked whether the cumulative impact of noise, vibration, dust etc. is assessed.

Mark noted that this issue had been raised at the last meeting¹⁵. The standards/best practice methodologies used for each of the technical assessments vary from topic to topic but are based on fully outlined regulations and experience on similar projects elsewhere in the UK. The EIA includes a chapter¹⁶ on cumulative impacts both from previous and other projects with planning permission in the area, together with cumulative effects from different types of impact that affect a single 'receptor' (eg. local residences).

¹¹ <http://www.breeam.org/page.jsp?id=66>

¹² <http://www.greenspec.co.uk/pv-cells.php>

¹³ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=367992&type=full&servicetype=Attachment>

¹⁴ <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdetesct16372984=367992>

¹⁵ Minutes of 22nd August, item 7.10.

¹⁶ cf. <http://ec.europa.eu/environment/eia/eia-studies-and-reports/guidel.pdf>

4.15 Construction Traffic Routes

A resident asked how the environmental impact of construction traffic could be assessed until the location of the Consolidation Centre has been determined.

Tessa noted that wherever the Consolidation Centre is located, there are a limited number of routes that construction traffic can take within the city. These have been agreed with City Council officers. Nick noted that these routes were presented to the June meeting¹⁷ (Slide 36). Mark explained that as discussed at previous meetings¹⁸, all these routes have been assessed in the EIA and Traffic Impact Assessment.

Transport Assessment Report (TAR)

Rhod MacLeod presented the TAR. He noted that it had been prepared in close consultation with Council officers and had not changed significantly since the presentation to the July HLG meeting¹⁹. Jackie thanked him and invited questions:-

4.16 Consolidation Centre

A number of residents expressed disappointment that the location of the Consolidation Centre had not been identified as part of the main planning application. Residents of Wilson Avenue felt that this was the most significant aspect of the redevelopment plans.

Cllr Morgan reported that following discussion at the last meeting²⁰ about the Shoreham Cement Works, he had clarified the issues with colleagues on Horsham District Council and has passed details of the current owner to the Trust. Nick thanked him for this information and said that Laing O'Rourke would be following up in due course.

Rhod confirmed that Sheepcote Valley is not now a realistic option for the Consolidation Centre given environmental and amenity concerns.

4.17 Parking Provision for Staff

A resident asked about the planned increase in dedicated staff parking on site (Slide 2) from 18% of 508 spaces²¹ currently to 46% of 820 spaces, which seems inconsistent with the ambition to shift from use of private cars to public transport.

Rhod replied that dedicated patient and visitor parking would increase under the plans from 11% of 508 spaces (56 spaces) to 48% of 820 spaces (394 spaces). By changing shared spaces to patient/visitor-only spaces, the number of parking spaces available to staff would in effect be reduced from 419 spaces to 377 spaces.

The number of staff on the RSCH site, some of whom will be transferring from Princess Royal Hospital, is expected to increase by 450 whole-time equivalents. The number of dedicated on-site staff spaces is considered a 'worse case': the preferred option is to use an offsite 'park & ride' both during and following construction; this is still under discussion with the City Council.

On staff travel, Rhod noted that as reported previously²² the hospital's travel plan for staff already performs well: 22% of staff travel to work by bus and only 42% travel by car alone, compared to national figures of 12% and 57% respectively.

¹⁷ <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdetesctl6372984=360307&p=2>

¹⁸ Minutes of 25th July, item 3.4; minutes of 22nd August, item 5.1.

¹⁹ <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdetesctl6372984=363005&p=2>

²⁰ Minutes of 22nd August, item 5.3.

²¹ This includes additional spaces to be provided at St Mary's Hall, which are included in the Transport Assessment Report but were excluded in the figures at Appendix A of the notes of the August HLG.

²² Minutes of 25th July, item 4.11.

A resident suggested that the Travel Plan's proposed targets (Slide 3), eg. 5% reduction in the number of staff and visitors travelling to the hospital by car, were derisory, even given the relative success of the existing plan. Rhod replied that the Council might want these targets to be increased, although modal shift requires a range of measures, many of which are outside the Trust's direct control.

4.18 Impact on Resident Parking

A resident asked whether the number of resident-only parking bays could be increased in recognition of the impact of hospital traffic on local residents.

Rhod replied that this idea had been proposed in the TIA as possible mitigation. Cllr Morgan noted that a city-wide parking review has been proposed and is due to be discussed on 4th October²³. *[Post-meeting note: This review was agreed and officers were asked to report back on progress within six months of commencement.]* Cllr Mitchell agreed that the number of resident-only bays could be reviewed and potentially changed, however there is a balance to be struck with the needs of local traders, who benefit from a higher turnover in parked cars. She added that the maximum length of stay could also be reviewed.

Jackie agreed that these are difficult balances to strike. If too few spaces are provided on the hospital campus, drivers then overspill into adjacent parking spaces and add to congestion by driving around the local area looking for a space.

4.19 Traffic Projections

Cllr Mitchell asked about the projected increase in traffic as a result of the hospital redevelopment as distinct from the general 'background' increase in traffic.

Chris Williams confirmed that the redevelopment would result in a forecast increase in traffic movements along Eastern Road of c. 200 vehicles between 8am and 9am and 150 vehicles between 5pm and 6pm (the two daily peak periods). Based on these projections, in 2022 hospital generated traffic would represent c. 30% of overall traffic growth in the morning peak and c. 22% in the evening peak.

5. Any Other Business

5.1 Disruption During Construction

A resident of Courtney King House²⁴ expressed concern that residents would not be able to sit on the lawn in front of CKH during the construction of the Stage 2 building because of dust.

Neil regretted the inconvenience to local residents during the construction phase. However he noted that modern construction sites do not create the clouds of dust that some residents might be imagining.

The resident asked Nick to consider whether the Trust could offer Southern Housing Group some screening (eg. trees, fencing) for the CKH lawn as part of its response to the 'considerate contractor' issues to be presented to the November meeting.

Action: Nick

²³ <http://present.brighton-hove.gov.uk/ielssueDetails.aspx?IId=25100&Opt=3>

²⁴ <http://www.southernhousinggroup.co.uk/Documents/Renting%20a%20home/Housing%20for%20older%20people/Sheltered%20schemes/SHGCourtneyFINAL.pdf>

5.2 Public Exhibitions

Nick reported that exhibitions have been arranged for residents and members of the public to see the final designs and discuss other aspects of the redevelopment:-

- in Jubilee Square (outside the Jubilee Library in Brighton) from Saturday 8th to Thursday 13th October;
- in the Audrey Emerton Building (Eastern Road, opposite the hospital) from Saturday 15th to Monday 17th October and from Thursday 27th to Saturday 29th October; and
- in Hove Library on Saturday 22nd October and from Monday 24th to Wednesday 26th October.

Details and times will be posted on the HLG website, emailed/mailed to HLG members and advertised in the local media eg. *The Argus, Leader*.

5.3 Conduct of Meetings

A resident felt that earlier in the meeting he had received a somewhat sharp reply in response to what he felt was a legitimate question. Nick apologised on behalf of the Trust team if this was how any response had been perceived; it was certainly not the intention.

6. Next Meetings

The following was agreed:

- Monday, 24th October - cancelled
- **Monday, 21st November, from 7pm to 9pm in the Audrey Emerton Building**
- December - cancelled
- January 2012 - date TBC

Minutes of the Hospital Liaison Group Meeting
Held on Monday 22nd August 2011 (7pm to 9pm) in the Audrey Emerton Building,
Royal Sussex County Hospital, Brighton

Present:

Cllr Warren Morgan, Mrs Jackie Nowell (Vice-Chair), Cllr Craig Turton (Chair), 31 members of the public.

Brighton & Sussex University Hospitals:

Steve Gallagher, Operational Director, Estates & Facilities

Nick Groves, AD, 3Ts Service Modernisation

Duane Passman, Director of 3Ts, Estates & Facilities

Trust Planning Advisors:

Tessa O'Neill, BDP Architects

Laing O'Rourke Supply Chain:

Mark Elton, WSP Group

Jessamy Funnell, WSP Group

Karen Hicks, Laing O'Rourke

1. Welcome & Introductions

Cllr Turton welcomed everyone. He noted that this was the 16th meeting since the group re-formed in November 2009 and he felt that much had been achieved since then.

2. Minutes of Last Meeting

The minutes of the last meeting (25th July) were agreed with one amendment: under Consolidation Centre (item 3.3), the final sentence of the first paragraph should read: *'Sheepcote Valley remains a potential location however it is no longer the preferred option and other locations outside the city boundary are also being explored.'*

3. Matters Arising

3.1 Filming

At the June meeting a resident asked whether meetings could be filmed and web-streamed live and/or made available for download following the meeting. Nick reported that he had investigated this and discussed it with Cllr Turton and Jackie. There are three principal concerns:

- meetings would need to be conducted more formally, eg. questions would need to follow the agenda more strictly, and attendees would only be able to speak when handed the microphone;
- being filmed might dissuade residents from attending or from asking questions; and
- the cost (c. £6,000 a year) might not represent best use of taxpayers' money, given that detailed minutes are produced and all presentations are published on the website.

There were different views about the benefit and priority of this proposal. Key comments from the discussion:

- a webcast might reach a different and wider audience, however residents would need to know that it is available and have internet access to watch it;

- filming could be made cheaper by having a single camera pointed at the screen/presenter rather than a second camera for the audience, or by having only the presenter wired for sound rather than also having a roving microphone for audience questions. However this could reduce the benefit of filming meetings;
- information about the meetings and about any webcasts could be put in community magazines aimed at local residents. (A resident reported that notice of this meeting had appeared in that day's edition of *The Argus*).

There did not appear to be a consensus either for or against the proposal. Nick agreed to follow up with City Council officers about the practicalities of attendees' giving consent to be filmed.

Action: Nick

3.2 Views from Stage 2 Building

At the last meeting residents had asked whether sample views could be produced from the upper floors and roof of the Stage 2 building towards Upper Abbey Road. Duane confirmed these are in production.

Action: BDP

3.3 Stage 2 Dimensions

In response to a question at the July meeting, Karen presented a plan showing the outline of the existing Barry Building and immediately adjacent/connected buildings (eg. Data Centre, former Nigel Porter Breast Screening Unit, Supplies Department) and the outline of the planned Stage 2 building. In addition, two architectural sections have been posted on the website¹ to show how far back from Upper Abbey Road and the South Service Road the Stage 2 building will be set above ground level.

There was general agreement that the plan and architectural sections were not as clear or easy to understand as they could be. Duane agreed that clearer versions would be posted on the website.

Action: LO'R/BDP

4. Timetable Update

Duane reported that the aim is to submit the application for Full Planning Consent to the City Council on 23rd September, which would therefore be before the next HLG meeting (26th September). A determination is expected just before Christmas or in early January. If the application is successful, there is a further process of internal NHS approvals. Again, assuming these are successful, moving services off the Stage 1 construction site ('decant') would take about a year, from June/July 2012 to June/July 2013.

Duane explained that on this basis, demolition and construction on the Stage 1 site would start around Summer 2013, for completion in Summer 2017. Demolition and construction on the Stage 2 site would start shortly afterwards, for completion in 2020. The Stage 3 development, which includes the Service Yard at the eastern end of the South Service Road, would then be complete in 2021/22.

5. Consolidation Centre

5.1 Update

In response to a number of questions, Duane provided an update:-

LO'R has explored a number of potential sites for the Consolidation Centre; these were presented to the June meeting² (Slides 21-35). Shepcote Valley remains an option but is no longer preferred. Other sites outside the city limits are also now being explored.

¹ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=368287&type=full&servicetype=Attachment>

² <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=360307&type=full&servicetype=Attachment>

A resident asked how far from the hospital the Consolidation Centre could be. Karen noted that for LO'R's One Hyde Park development in Knightsbridge, the Consolidation Centre was in Wembley (13 miles away). This does not affect the number of vehicles required, but the greater the distance between the Consolidation Centre and the construction site the more difficult it becomes to schedule vehicle movements accurately.

A resident of Wilson Avenue described a negative experience of the Marina Development, which produced a large amount of white dust. Duane noted that the Consolidation Centre would require its own planning application, including separate Environmental, Traffic and other impact assessments. These will include noise and dust assessments for their potential impact on the environment and health.

Duane reported that the preferred site will almost certainly not now be identified before the main planning application is submitted. The HLG will be kept abreast of developments.

Residents asked how the impact of construction traffic could be assessed if the location of the Consolidation Centre is not yet known. Duane replied that as discussed at the last meeting³, there is a limited number of possible construction routes within the city, as recommended by Council officers. These have been assessed as part of the Traffic Impact Assessment for the main scheme.

5.2 Sheepcote Valley

Residents asked about security and overnight parking if Sheepcote Valley is the chosen location.

Karen confirmed that whatever the location, the Consolidation Centre would likely require fencing and night-time security patrols. Construction vehicles would return to the manufacturing plant(s) at night and drivers would not stay overnight at the Consolidation Centre.

A resident asked whether LO'R is aware of the methane levels in Sheepcote Valley. Karen confirmed that Cllr Morgan had raised this at a previous meeting⁴.

A resident explained that over the last 24 years there have been nine or ten proposals for developments on the Sheepcote Valley site and residents have rarely felt fully informed. There is inevitably therefore some scepticism. A number of residents of Wilson Avenue felt that they should have been engaged in the hospital redevelopment plans at an earlier stage.

5.3 Shoreham Cement Works

Cllr Turton and a number of residents asked whether the former Cement Works in Shoreham had been considered^{5,6} as a potential location for the Consolidation Centre. They described a number of advantages, including space, proximity to the bypass and that this is not a heavily residential area. It was noted that Horsham District Council had previously declined development proposals on this site, however these concerned permanent residential housing on the flood plain.

Duane thanked Cllr Turton and residents for this suggestion and asked LO'R to follow up.

Action: LO'R

³ Minutes of 25th July 2011, item 3.4. See also the presentation to the June meeting (above) - Slide 36.

⁴ Minutes of 27th June 2011, item 5.5.2

⁵ 'The site is a disused cement works complex which has good road access as it straddles the A283. The site consists of a large chalk pit and derelict cement works buildings and kilns, on both sides of the A283. The overall site covers approximately 48 hectares, with roughly 45 hectares within Horsham District and the remainder in Adur District.'

⁶ <http://www.abandoned-britain.com/PP/shoreham/1.htm>

6. General Q&A

6.1 Depth of Excavation and Piling

A resident asked how deep the excavation and piling would be, in particular on the western side of the Stage 2 building.

Action: LO'R

Post meeting note:

The depth of excavation is estimated to be as follows:

Stage	Reference Point	Depth of Excavation (approx.)
1	Depth from Eastern Road	10m
1	Depth from South Service Road	18m
2	Depth from Eastern Road	7m
2	Depth from South Service Road	19m

The volume of cut/fill is estimated to be as follows:

Stage	Cut (m ³)	Fill (m ³)
1	74,689	0
2	100,342	0
3	1,277	4,801
Total	176,308	4,801

6.2 Vehicle Loads/Tolerances

A resident asked about the potential impact of fully-loaded 40-tonne lorries on local residences.

Post meeting note:

Brighton & Hove City Council's website⁷ notes that 'the maximum permitted weight of vehicles was increased in February 2001 to 44 tonnes' and that 'the only bridge in Brighton & Hove which is not able to take 44 tonnes is Wilbury Road railway bridge, which has a 3 tonne restriction.'

6.3 Planning Application: Air Ambulance Helipad

In response to a question, Duane confirmed that the planning application would include construction of the air ambulance helipad on the Thomas Kemp Tower.

6.4 Seven Day Working

A resident asked whether the application would include weekend working. Duane noted that the City Council considers Saturday mornings (8am to 12pm) to be within normal working hours for construction, however to date the plans have assumed weekday working as standard with Saturday morning working by exception, ie. with the consent of the City Council and notice to residents. Hours of work are part of the planning conditions so are yet to be determined.

7. Environmental Impact Assessment

Mark Elton presented the draft Environmental Impact Assessment (EIA)⁸. Cllr Turton thanked him for the presentation and invited questions:-

7.1 Rodents

A resident suggested that demolition of buildings on site would displace rodents to adjacent properties and asked what preventative action is planned.

⁷ <http://www.brighton-hove.gov.uk/index.cfm?request=c1147943>

⁸ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=365431&type=full&servicetype=Attachment>

Duane replied that there is no evidence of large-scale rodent infestation on site. Karen advised that pest control monitoring will be undertaken during construction.

7.2 Vibration

A number of residents noted the EIA's assessment that the effect of vibrations would be 'negligible' with the exception of the c. 5 weeks of pile casings during construction of each of the Stage 1 and Stage 2 buildings. They expressed concern about potential damage to properties, some of which might already be weakened by previous developments, and given the widespread use of bungaroosh⁹ in Brighton and the minimal foundations in Regency properties. They asked how the potential effect of the vibrations could be evaluated without also assessing the stability of local properties.

Mark replied that individual properties have not been assessed: modelling of the vibration from the demolition/construction site indicates that it presents no risk to the structure of local properties whatever their form of construction.

Post meeting note from WSP Noise & Vibration Consultant:

BS 5228-2:2009¹⁰ states that 'vibration nuisance is frequently associated with the assumption that if vibrations can be felt then damage is inevitable. However, considerably greater levels of vibration are required to cause damage to buildings and structures.' BS 7385-2:1993¹¹ notes that the probability of damage tends towards zero at 12.5mm s⁻¹. Whilst the threshold of perception of vibration is generally taken as 0.3mm s⁻¹, nuisance-based limits are typically set at either 1 or 3mm s⁻¹. The highest predicted level at the nearest dwellings (Upper Abbey Road and Whitehawk Hill Road) is 0.84mm s⁻¹.

In terms of alternative criteria for particularly sensitive buildings, English Heritage recommends a limit of 4mm s⁻¹ for 'buildings with physical defects, cracks in masonry.' Even if neighbouring buildings met this definition, which is not considered to be the case, the vibration limit would still not be exceeded by the demolition and construction works.

Cllr Turton asked that this be monitored, particularly during the two five-week periods of pile casting using vibratory techniques, and that a structural engineer be available to liaise with residents if required. This was agreed.

Action: LO'R

7.3 Noise Levels

A resident expressed concern at the EIA finding (Slide 21) that noise levels during construction will exceed 70 decibels¹² (dB), albeit on a 'temporary and intermittent' basis.

Mark noted that some noise from construction works is inevitable. He felt that given the measures being put in place and the involvement of the Council's Environmental Health Department, residents and patients could be assured that the best practicable means would be adopted to minimise and monitor noise levels during construction.

7.4 Wind Noise

A resident asked whether the noise of the wind between/around buildings (Slides 40-44) is been included in the noise assessment.

Mark replied that wind associated with buildings would have been included in the noise survey if it was picked up as part of the overall noise environment, but noise levels from wind around buildings would not have been quantified specifically.

⁹ <http://en.wikipedia.org/wiki/Bungaroosh>

¹⁰ BSI British Standards: Code of practice for noise and vibration control on construction and open sites. Part 2: Vibration - http://www.persona.uk.com/A1elkesley/DD_docs/DD-176.pdf

¹¹ BSI British Standards: Evaluation and measurement for vibration in buildings. Part 2: Guide to damage levels from groundborne vibration.

¹² <http://www.sengpielaudio.com/TableOfSoundPressureLevels.htm>

7.5 Baseline Noise Assessment

A resident asked how the impact of construction, traffic and other noise could be properly assessed without testing noise levels from inside a range of local residences, some of which would have double-glazing but others would not. The resident felt that residents would be willing to cooperate with sound checks from inside their properties.

Mark explained that baseline noise readings were taken at the facade of a number of properties using hand-held monitors, which is the methodology set out in the EIA guidance. The locations (Slide 16) were agreed with City Council officers.

He noted that the construction and air ambulance helipad noise assessments are based on the presumption that windows are opened for ventilation. Whether residences have single- or double-glazing would not therefore be relevant; they both perform similarly when open. Similarly noise insulation of different buildings is not relevant to the assessment of traffic noise since this is based on the change in external noise levels. Although the resultant internal noise levels might be lower with closed double-glazed windows, the *change* in noise levels would be the same.

Karen added that the proposed construction methodology is screw-augured piling rather than pile-driving, which would reduce noise and vibration.

7.6 Explosives

A resident, who has previous experience in the construction industry, asked whether there is any intention to use explosives in the demolition. Karen confirmed that there is not. Duane added that in addition to concern for local residents, there will also continue to be inpatients and outpatients on the hospital site.

7.7 Air Quality

A resident noted the report's finding that changes in air quality from construction traffic are predicted to have a 'minor negative to negligible' effect. She was concerned, however, that as the report notes there is already an air quality problem along Eastern Road, so the actual quantity of nitrogen dioxide (NO₂) is more of a concern than the relative change.

Duane said he recognised this concern. The purpose of the EIA, however, is to assess the relative change in air quality, and the effect of the construction traffic has been factored into this analysis. The overall Air Quality Strategy/Action Plan¹³ is managed by the City Council.

7.8 Dust Monitoring

A resident asked where and how frequently dust levels would be monitored. Mark replied that monitoring on-site and off-site will be undertaken around the particular area being demolished/constructed, so the locations would change. Details of monitoring arrangements will be set out in the Construction Environmental Management Plan (CEMP¹⁴).

Post meeting note from WSP Air Quality Vibration Consultant:

The dust monitoring requirements and locations will be agreed with the Council and may include along the site boundaries and at locations within the hospital that are sensitive to increases in dust deposition. The monitoring locations may vary according to the different stages of construction.

Current guidance with respect to dust considers 200m from the source to be the threshold distance for dust, with a limited amount of dust travelling beyond this point. In an urban setting such as the hospital site, the presence of buildings will also act as a physical barrier

¹³ <http://www.brighton-hove.gov.uk/index.cfm?request=c1001183>

¹⁴ [Environmental Impact Assessment Presentation - August 2011](#)

to dust; dust deposition beyond 200m from the site is therefore likely to be extremely limited.

7.9 External Lighting During Construction

A resident questioned whether the impact of construction lighting would be ‘negligible’ (Slide 38) given Health & Safety requirements.

Mark replied that the local area has been assessed as having a ‘high to medium’ level of brightness/lighting currently, so the effect of lighting on the construction site is expected to have a negligible effect. He added that that construction would only be undertaken during the day so the site would not need to be fully lit at night.

7.10 Quantitative Data vs Qualitative Experience

A resident expressed two concerns about the EIA methodology. Firstly, the impacts are averaged over time, eg. the noise of the air ambulance (Slide 23) during the short landing and take-off is averaged over the course of the day, so the finding is that the effects are ‘minor negative to negligible’ overall. Secondly, the impacts are assessed individually whereas some residents will experience the aggregate effect of increases in noise, dust, vibration, air pollution etc.

Mark replied that the standards/best practice methodologies used for each of the technical assessments do vary from topic to topic but they are based on fully outlined regulations and justified criteria and in light of experience on similar projects elsewhere in the UK.

He noted that the EIA does include a chapter¹⁵ on cumulative impacts both from previous and other projects with planning permission in the area, together with cumulative effects from different types of impact that affect a single ‘receptor’ (such as local residents).

7.11 Delivery Vehicles

A resident expressed concern that once the redevelopment is complete there will be more delivery vehicles, which might increase the risk of damage to properties, drain covers etc.

Duane noted that the EIA covers the operational period as well as the demolition/construction phases. He confirmed that as agreed at previous meetings, the HLG will continue to be the conduit for concerns during the construction period and the group will then reflect on its role in light of other organisational structures, eg. the Foundation Trust membership and Board of Governors.

Karen noted the plans for the new Service Yard at the eastern end of the South Service Road (Stage 3 of the redevelopment). Once complete, the intention is that most delivery vehicles will enter and leave the site via Bristol Gate, which would reduce both noise and traffic on Upper Abbey Road.

7.12 Lay Audience

A resident expressed concern that the language used in the EIA presentation was too technical to be readily understood by a lay audience.

Duane replied that it is always difficult to strike the balance between providing too much and too little technical information. The presentation tries to cover the range of issues and concerns raised at previous HLG meetings. The language mirrors the phrasing in the EIA Regulations and guidance. The presentation will be made available on the website for members to review in more detail and can be made available in hardcopy to those who do not have internet access [please contact the 3Ts Programme Office].

¹⁵ cf. <http://ec.europa.eu/environment/eia/eia-studies-and-reports/guidel.pdf>

It was agreed that in addition WSP would provide a short (1-2 page) summary of key issues, which will also be posted on the website.

Action: WSP

Post meeting note: this has now been posted on the HLG website¹⁶.

7.13 EIA Terminology

A resident said he objected to being described in the presentation as a 'sensitive receptor'. Duane agreed that this was an unfortunate phrase however it is the wording used in all EIA guidance and is shorthand for the more cumbersome 'patients, staff, visitors, local residents, hospital buildings, conservation areas' etc. (as set out in Slide 10).

8. Considerate Contractor Issues

Duane confirmed that the Trust still intends formally to respond to the Upper Abbey Road residents' 'Considerate Constructor' document¹⁷ and to the suggestions that have been made subsequently. A number of the issues have been addressed through the draft CEMP and the EIA. Duane explained that he wanted to wait until these documents had been produced in order to identify which points were therefore outstanding.

Action: Duane

9. Any Other Business

9.1 Courtney King House Residents

A resident of Courtney King House (CKH), a sheltered housing development at the bottom of Upper Abbey Road, expressed concern that the City Council is increasingly placing bed-bound residents in CKH rather than in nursing homes, which he attributed to budget cuts. He expressed concern that the hospital redevelopment would therefore have a disproportionate effect on these residents, who are unable to leave the building.

Cllr Turton replied that he was not aware this is Council policy but asked Nick to contact the Housing Office to raise the issue.

Action: Nick

Nick confirmed that Richard Beard (3Ts Head of Engagement) is arranging a follow-up meeting with CKH residents, and Nick will ask him to liaise directly with the resident over the arrangements. Cllr Turton also agreed to attend.

Action: Nick

Post-meeting note: This meeting was held at 2pm on 7th September.

9.2 Smoking

A resident of Upper Abbey Road/Whitehawk Hill Road again raised concerns about Trust staff smoking outside their house, which they find intrusive, noisy and smoky.

As discussed at previous meetings, Duane noted that the Trust provides on-site smoking shelters, although these are now relatively little used and the direction of NHS policy is towards a complete on-site smoking ban for staff, patients and visitors. The Trust regularly reminds staff to be courteous towards neighbours and there are security patrols, including of the area to the west of the South Service Road on Whitehawk Hill Road. However Trust policy does not currently prevent staff from leaving the site in their breaks and smoking on the public highway.

¹⁶ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=368515&type=full&servicetype=Attachment>

¹⁷ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=322034&type=full&servicetype=Attachment>

Cllr Turton noted that in some Trusts it is a disciplinary offence for staff to smoke while in uniform. Nick agreed to raise this with the Trust Director of Human Resources.

Action: Nick

Post-Meeting Note

The Associate Director of HR replies that the new Uniform policy, which is due to be implemented shortly, states that 'staff must not smoke or drink alcohol whilst wearing a uniform in public houses or clubs, or other public places, or within the hospital grounds' and that 'failure to comply... may result in disciplinary action being instigated.'

This policy is completing its formal approval process. It applies to 'medical, nursing staff, health professionals, porters, nursery staff, and domestic staff, in fact anyone who wears a uniform (including scrubs) in the delivery or support of patient care. It includes all permanent and temporary staff, volunteers and those on work experience placements, and applies to all settings in which healthcare takes place and for any clothing worn when undertaking patient treatment and care.'

9.3 On-Site Parking

A resident asked how many car parking spaces there are on site and how these are allocated between staff, patients and visitors. Duane agreed to provide these figures in the minutes [see Appendix A]. He also referred to the discussion at the previous meeting¹⁸.

9.4 Design of Stage 2 Building

A resident suggested that the Stage 2 building be redesigned with a smaller footprint, with the gardens at ground level rather than on the roof and with smaller or no windows on the top floor to minimise the impact on and overlooking of residences at the south end of Upper Abbey Road. Since the resident had emailed the team in detail earlier that day, it was agreed that Duane would reply in writing.

Action: Duane

10. Next Meetings

The next meeting will be held on Monday 26th September from 7pm to 9pm in the Audrey Emerton Building.

Cllr Turton noted that the next meeting would be after the Trust submits its planning application. It was agreed that the September meeting should therefore refresh the Council Members' briefing given to the July HLG meeting and including the final design. It was agreed to decide at that meeting whether to meet again before determination of the planning application in December/January, but that the HLG should meet if there is material news about the location of the Consolidation Centre in the meantime.

RSCH Car Parking Provision: Information from Trust Transport Bureau

1. Car Parking Spaces

There are currently 497 car parking spaces on the Royal Sussex County Hospital (RSCH) campus. These are distributed as follows:

Location	Spaces	Notes
Multi-storey car park	352	Shared between patients, visitors and staff. Includes: <ul style="list-style-type: none"> • 16 disabled spaces • 7 spaces for Renal Unit patients • 3 spaces for Renal Unit/Oncology patients
Barry/Jubilee Building	60	Patients and visitors only. Includes: <ul style="list-style-type: none"> • 4 disabled spaces, near the main entrance.
Latilla Building	41	Shared between patients, visitors and staff. Includes: <ul style="list-style-type: none"> • 12 disabled spaces (for patients and visitors only) • 29 spaces for staff only.
Sussex House	44	Trust use only. Comprises: <ul style="list-style-type: none"> • 25 spaces for staff • 19 spaces for Trust vehicles.
Total:	497	Comprises: <ul style="list-style-type: none"> • 72 dedicated patient spaces • 73 spaces for Trust staff and vehicles • 352 shared spaces

There are a further 25 dedicated spaces for oncology patients in the Sussex Cancer Centre car park; these are operated by the Macmillan Cancer charity.

2. Parking Permits

For the RSCH campus, the Trust has:

- a *maximum* of 395 staff car parking permits (not all available permits are currently issued)
- 58 visitor permits currently in use
- 4 volunteer permits currently in use (there is no cap on the number that can be issued).

Minutes of the Hospital Liaison Group Meeting
Held on Monday 25th July 2011 (7pm to 9pm) in the Audrey Emerton Building,
Royal Sussex County Hospital, Brighton

Present:

Cllr Gill Mitchell, Mrs Jackie Nowell (Vice-Chair), 18 members of the public [formally signed in, however c. 40 attended].

Brighton & Sussex University Hospitals:

Anna Barnes, AD, 3Ts Governance & Programme Office
Steve Gallagher, Operational Director, Estates & Facilities
Nick Groves, AD, 3Ts Service Modernisation

Trust Planning Advisors:

Tessa O'Neill, BDP Architects
Andy Watson, BDP Architects

Brighton & Hove City Council

Lydie Lawrence, Public Health Development & Improvement Manager

Laing O'Rourke Supply Chain:

Neil Cadenhead, BDP Architects
Karen Hicks, LO'R
Rhod MacLeod, WSP Group

Apologies:

Simon Kirby MP (Brighton Kemptown & Peacehaven), Cllr Warren Morgan, Cllr Craig Turton (Chair), Duane Passman (Director of 3Ts, Estates & Facilities, BSUH)

1. Welcome & Introductions

Jackie welcomed everyone to the meeting. In particular Lydie Lawrence (Public Health Development & Improvement Manager, Brighton & Hove City Council), who is a member of the Health Impact Assessment Steering Group.

Jackie explained that Cllr Turton had a work commitment and had therefore had to send his apologies.

2. Declaration of Interest

Cllr Mitchell noted that as a hospital employee, to avoid any potential conflict of interest she will withdraw from involvement with the redevelopment once the planning application is submitted. She will then refer any queries to Cllrs Turton and Morgan.

3. Matters Arising

3.1 Filming/Webcasting Meetings

Nick noted that at the previous meeting a resident had asked whether the meetings could be filmed and either live-streamed via the website, as City Council meetings are, or made available for download.

Nick reported that the cost would be c. £6,000 per annum. There are also information privacy/data protection issues: residents would need to agree to be filmed in order to participate in the meeting and this might dissuade people from attending or asking

questions. At Cllr Turton's suggestion, Nick is taking advice from Council officers about their protocols.

Action: Nick

3.2 Questionnaire

A number of residents who had not been at the previous meeting expressed concern that the short questionnaire would not meet academic standards.

Jackie repeated the commitments that Duane had given to the previous meeting¹: the focus of the questionnaire is the qualitative (ie. freetext box) rather than quantitative data. The survey is intended as a 'temperature check' rather than research. The results will not be used as a simplistic justification for the scheme. Specialist external consultancy will be commissioned to help design any questionnaire used at the public exhibitions in September and October; the residents offered their services in this regard.

One resident felt the questionnaire had been largely a promotional exercise and asked whether the Trust would give residents a similar budget to publicise their objections.

3.3 Consolidation Centre

In response to a question, Rhod confirmed that in discussion with City Council officers, a number of possible locations for the Consolidation Centre have been explored. These were set out in the presentation to the previous meeting² (slides 21-35). Sheepcote Valley remains a potential location however it is no longer the preferred option and other locations outside the city boundary are also being explored.

Rhod noted that the Consolidation Centre development would be subject to a separate planning application to the relevant Local Authority, which might not be Brighton & Hove. The local residents would be consulted as part of that process. Nick noted that the preferred location for the Consolidation Centre might be identified and the planning application submitted after the main scheme application. The HLG will be kept abreast of developments.

A resident asked whether LO'R is aware that the proposed location at Sheepcote Valley borders the South Downs National Park. Rhod confirmed that this had been noted at the last meeting³.

A resident asked whether the other potential locations are in residential areas. Rhod replied that these locations are currently under investigation.

3.4 Construction Route

Rhod noted that the options for the construction route, which were developed with City Council officers, would need to be revisited once a preferred location for the Consolidation Centre has been identified, and a Traffic Impact Assessment undertaken.

Key points from the discussion:

- i) Residents of Wilson Avenue expressed concern about the impact that the potential increase in traffic would have on them and on getting in and out of their driveways.
- ii) A resident was concerned that in the 'preferred' route, the right turn from Church Place onto Eastern Road would impact access to Sussex Mews and traffic exiting Rock Street.

¹ Minutes of 27th June 2011, item 4.2

² <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=360307&type=full&servicetype=Attachment>

³ Minutes of 27th June 2011, item 5.5.1.

Rhod noted that whatever the location of the Consolidation Centre, construction vehicles would need to travel back and forth to the hospital. Council officers have confirmed that construction traffic needs to use A roads, so Rhod reported that the only options appear to be the A27 and Wilson Avenue or the A23 and through the centre of the city. He added that there are currently no weight restrictions on any of these roads.

Rhod confirmed that the construction routes into Brighton and the assessed impact on the local highways infrastructure are contained in the Construction Environmental Management Plan (CEMP)⁴ and the Traffic Impact Assessment. The separate planning application for the Consolidation Centre will need to be cognisant of these and, depending on location, may need to consult Brighton & Hove City Council at the time of submission.

A resident asked whether the construction route would change on race days at the Brighton Racecourse. Rhod agreed that if Wilson Avenue is the construction route, race days would need to be factored into the plans.

3.5 Decant Buildings

A number of residents expressed concern that they had learnt about the plans for the 'Front Car Park' building through the planning notice on a local lamppost.

Nick explained that the application is for a six storey temporary building for the Imaging Department, to be located in front of the Barry Building (to the east of the main entrance). This was included in the construction logistics presentation⁵ (slides 10-14) given to the June meeting, along with a number of other temporary structures on the RSCH site earmarked for decant. Nick apologised however that this element had not been drawn to residents' particular attention.

Nick noted that as soon as the team realised residents were unaware of the plans, a detailed briefing note⁶ was posted on the website and HLG members were emailed with details and an apology. Nick thanked Jackie for drawing this issue to the team's attention.

Jackie added that residents are also able to express a view on the proposal through the formal planning process - details on the lamppost.

4. Design & Planning Update

Neil gave the presentation⁷ made to Council members on 15th July summarising the aims of the redevelopment, arrangements for phasing and decanting, design and heritage considerations (including the Chapel and Bristol Gate Piers), key views, and transport, construction and sustainability issues.

Jackie invited questions.

4.1 Scale Drawing

A resident suggested that the images show Upper Abbey Road to be wider - and therefore Courtney King House further away from the Barry Building - than is the case.

Neil replied that the images have all been constructed from detailed topographical surveys using Computer-Aided Design (CAD) and are not therefore just artist's impressions. Jackie added that the parked cars may make the road feel narrower than it is.

⁴ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=360307&type=full&servicetype=Attachment>

⁵ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=360307&type=full&servicetype=Attachment>

⁶ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=362107&type=full&servicetype=Attachment>

⁷ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=363005&type=full&servicetype=Attachment>

4.2 Stage 2 Building

A resident was disappointed that the front of the Stage 2 building appears slab-like and asked whether bow fronts could be incorporated to reflect the local architectural vernacular.

Neil replied that the design has sought to find a harmony with the local architecture without mimicking it, which can appear jarring and unnatural in a contemporary building. In light of feedback from residents, the City Council, English Heritage and others, the view up Paston Place has been one of the key drivers for the redesign.

4.3 Roof Gardens

A resident asked about choice of planting on the roof terraces given weather conditions and, in particular, high winds.

Neil confirmed that the landscape architect is working with local ecologists and Wakehurst Place to select appropriate planting.

4.4 Stage 2 Footprint

A resident noted that the footprint of the Stage 2 building extends further north than the current Barry Building, which brings the roof terrace into more direct view of the houses at the south end of Upper Abbey Road. He asked whether the additional floor space is critical.

Neil confirmed that the Stage 2 building does extend further into the site than the Barry Building. He agreed to confirm the dimensions at the next meeting. The Cancer Centre's facilities have been sized using NHS Estates guidance and national building standards, and this has defined the floor area required. A reduction in the footprint would therefore necessitate an increase in the height of the building, which residents and others have been keen to avoid.

Action: BDP

4.5 Overlooking

A resident shared the concern that the roof terraces would overlook local residences and asked whether having two terraces on the Cancer Centre building is necessary.

Neil explained that the garden is designed in two halves: one, which will provide additional privacy, specifically for Cancer Centre patients, and the other for use by visitors, patients and staff. The design and choice of planting will aim to keep users away from the edge of the terrace.

Jackie asked whether it would be possible to have views from the upper floors and roof terrace of the Cancer Centre towards Upper Abbey Road. Nick agreed to discuss with Duane whether this would be possible, given current workloads.

Action: Nick

[Post meeting note: two architectural sketch sections have been posted on the HLG website⁸. These show the distance that the Stage 2 building will be set back from Upper Abbey Road and the South Service Road, and the location of the planting/landscaping.]

4.6 Main Outpatients Building

A resident noted the poor state of the Main Outpatients building (on Eastern Road) and asked whether this could be included in the redevelopment.

Nick replied that this had been considered as part of the initial scoping but was rejected because it would have added significantly to the height/massing. The national direction of travel is also to move Outpatient services from hospitals into GP practices and other

⁸ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=368286&type=full&servicetype=Attachment>

community settings. At the November meeting Geraldine Hoban (NHS Brighton & Hove) set out the PCT's plan to move 61,000 Outpatient attendances per annum (20% of Brighton & Hove's commissioned Outpatient activity with the Trust) from 2010/11 and a further 29,000 attendances per annum (10%) from 2011/12 away from the RSCH site and into other settings. She said at the time that the new Clinical Commissioning Groups would likely want to accelerate this change.

4.7 Air Ambulance Helipad Structure

A resident asked about the change from the exoskeleton structure around the Thomas Kemp Tower to an internally-supported structure.

Neil replied that more extensive structural surveys have concluded that the existing structure of the TKT can support the additional weight of the air ambulance helipad. This is also the less visually obtrusive option.

4.8 Air Ambulance Noise

A resident asked how the noise of the air ambulance would be dampened.

Neil replied that the Environmental Impact Assessment will include the noise of the air ambulance. No specific additional design measures have been included to dampen the sound. As discussed at previous meetings, the Kent, Surrey & Sussex Air Ambulance is not currently licensed to fly at night. Unlike the police helicopter, it does not hover. The current best assessment is that the helipad will be used one to two times per week.

Post-meeting note⁹. Leigh Curtis (Director of Operations for Kent, Surrey & Sussex Air Ambulance): 'The time it takes to drop off a patient can be quite variable and is dependant on a number of factors including patient need and hospital logistics, but we aim for 20 minutes. However we never load or unload with rotors running so within a minute of landing the engines will be stopped and will only be re-started when ready to depart. The take-off procedure requires a period of ground running first; the engines will therefore be started approximately two to three minutes prior to take off.'

4.9 Generator Noise

A resident asked about the Combined Cooling, Heat & Power¹⁰ (CCHP) development (Slide 47) and the noise it would produce.

Neil noted that the CCHP would be located at the bottom of the Thomas Kemp Tower and confirmed that it would not be audible beyond the Trust site.

4.10 Additional Parking Spaces

In response to a question, Neil confirmed that the designs include 405 underground car parking spaces: 312 additional and 93 replacement.

4.11 Staff Parking

A resident expressed concern at the planned increase in dedicated staff parking on site from 18% of 508 spaces to 47% of 828 spaces (Slide 42) - in effect a quadrupling of provision.

Rhod noted that staff numbers are projected to rise by 450. However 21% of staff working at the RSCH commute by bus and only 42% come by car; this is considered to be one of the best performing existing travel plans for a hospital in the UK outside central London.

Steve added that the figures for on-site staff parking are considered a 'worse case'. The preferred option is to use an offsite location, eg. spare capacity in the London Road car

⁹ Minutes of 7th March 2011, item 5.1.3

¹⁰ <http://www.carbontrust.co.uk/emerging-technologies/technology-directory/pages/combined-heat-power.aspx>

park, for staff parking and introduce a 'park & ride'. However this is still under discussion with the City Council and other options are also under review.

4.12 **Construction Traffic**

A resident asked how many construction vehicles would be accessing the site each day.

Rhod replied that at the peak of construction (currently estimated to be 2014-2015), c. 80 vehicles would need to access the site each day: approximately 25 of the 40-tonne vehicles, 40 HGVs and 15 transit vans. This equates to approximately one vehicle every six minutes between 9am and 5pm on weekdays. Managing traffic flow to/from the site is part of the rationale for a Consolidation Centre.

4.13 **Delivery Hours**

A resident asked whether construction deliveries would continue throughout peak traffic hours.

Rhod noted that peak hours along Eastern Road are 8-9am and 5-6pm on weekdays. He envisaged that the City Council would expect construction vehicles to avoid these hours, however the hours of work and delivery have not yet been set.

4.14 **Effect of Construction Traffic on Buses**

A resident asked whether the Brighton & Hove Bus Company has concerns about the impact of the construction traffic on the movement of its vehicles.

Rhod replied that the team has discussed the plans with the Bus Company and continues to engage with them. He was confident that construction traffic between the site and Consolidation Centre could be managed without a significant impact on bus movements.

4.15 **Available Bus Capacity**

A resident asked whether the plans to encourage more staff, patients and visitors to use public transport rather than come by car would require more buses.

Rhod noted that there are c. 26 busses an hour passing the hospital in each direction (53 busses per hour in total). The Bus Company's assessment is that there is sufficient spare capacity on these buses and it does not have plans for additional services.

4.16 **Dust**

A resident asked what action the constructor would take to minimise dust from the site.

It was noted that moving sorting and compaction to the offsite Consolidation Centre is one of the measures to reduce on-site dust. Other measures include water-spraying.

4.17 **Window Cleaning**

A resident asked whether the Trust would pay for window cleaning during the construction.

Nick replied that this was one of a number of suggestions made through the Considerate Constructor discussions. Duane is planning to bring a paper to the August meeting responding to each of these, as previously agreed.

Action: Duane

4.18 **Weekend Working**

A resident asked about deliveries and site working on Saturday mornings.

Rhod noted that LO'R is likely to request permission for Saturday morning working. Longer hours likely mean a shorter and more cost-effective build period overall. However hours of work are set by the City Council.

4.19 **Timescale**

A resident asked about the timetable for the various stages of the development.

Neil replied that assuming works start in 2012, the Stage 1 building would be complete in 2016/17, the Stage 2 building in 2020/21 and the Stage 3 element (service yard etc.) in 2022.

Nick noted that although the timetable remains fluid, a current summary would be posted on the HLG website.

Action: Nick

Jackie thanked Neil for his presentation.

5. **Health Impact Assessment: Draft Mitigations**

Anna noted that the draft HIA¹¹ had been presented to the February meeting. The final report will be available in September, following completion of the Environmental and Traffic Impact Assessments.

Anna presented¹² the draft mitigation strategy, which focused solely on potential negative impacts on local residents and the proposed mitigations. She explained that the full HIA identifies potential positive as well as potential negative health impacts. It also assesses the impact on the health of the population as a whole rather than just local residents, however it recognises that local residents are disproportionately affected by the construction and the development.

Jackie thanked her and invited questions.

5.1 **Demolition & Construction Noise**

A resident of Courtney King House¹³, a sheltered housing development at the South end of Upper Abbey Road, expressed concern about the effect of the construction noise on residents' health.

Neil noted that the Stage 2 construction is shorter (c. 3 years) than for Stage 1 (c. 5 years). He agreed that there would be site noise but said that LO'R is a member of the Considerate Constructor scheme¹⁴, has developed considerable experience from working on constrained sites in London and has won multiple industry awards for its work. The construction would therefore be managed as considerately as reasonably possible.

Nick referred to the considerate contractor presentation given to the July 2010 meeting, which included One Hyde Park as a case study (slides 17-26)¹⁵.

¹¹ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=344279&type=full&servicetype=Attachment>

¹² <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=363006&type=full&servicetype=Attachment>

¹³ <http://www.southernhousinggroup.co.uk/Documents/Renting%20a%20home/Housing%20for%20older%20people/Shelter%20schemes/SHGCourtneyFINAL.pdf>

¹⁴ <http://www.ccscheme.org.uk/>

¹⁵ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=307208&type=full&servicetype=Attachment>

Rhod added that the impact of noise would be assessed in the Environmental Impact Assessment, however construction noise is expected to remain within standard limits. The resident remained concerned about the extent to which the noise would affect residents' health and quality of life, particularly those who are house-bound.

Anna reported that she had previously met with residents of Courtney King House to discuss the plans and would be pleased to do so again.

5.2 Background 'Hum'

A resident said there is a noticeable hum from the site, which from inside his house can be as loud as the noise of the central heating. He was concerned that the new buildings would add to this.

Anna noted that baseline site noise will be measured as part of the Environmental Impact Assessment and assessed in the Health Impact Assessment. However this is unlikely to breach the threshold for a deleterious effect on human health.

5.3 Seagulls

A resident expressed concern that the roof gardens would attract more seagulls, which are noisy and, especially when nesting, can dive-bomb pedestrians.

Anna replied that the HIA not identified this as a significant health risk but that the issue would need to be considered as part of the landscaping strategy.

5.4 Infection Control

A resident asked about asbestos and any additional health risks associated with the demolition of a hospital building, eg. viruses/bacteria in the walls.

Neil noted that as discussed at the March meeting¹⁶, the buildings scheduled for demolition have been surveyed for asbestos. Health & Safety legislation prescribes how any asbestos needs to be encapsulated, removed and disposed of.

Post-Meeting Note:

The Lead Nurse for Infection Prevention & Control notes that 'there is no increased risk of infections (due to the building having been used as a hospital) to local residents or on-site workers. There may be potential risk of infections to some of our neutropaenic patients (associated with the dust and types of fungus), but this will be managed with dust control when the building is demolished.'

5.5 Air Quality

A resident asked whether the baseline air quality survey had been undertaken along the 'preferred' construction route.

Karen confirmed that the monitoring had been undertaken. She confirmed that the EIA will note exactly where the air quality monitoring stations were located.

5.6 Dust

Anna noted that dust levels on site would be subject to continuous monitoring. A resident asked about proactive measures to avoid breaching the agreed thresholds.

Karen replied that the mitigation measures would be undertaken proactively (see 4.16 above). Nick noted that Duane has agreed to publish the monitoring data. Once the construction is underway, LO'R will respond as rapidly as reasonably possible to any problems identified.

¹⁶ Minutes of 7th March 2011, item 4.5

5.7 Vibration

Residents expressed concern about the potential impact of vibration (drilling, piling etc.) on local buildings and residents' health. One resident asked why the presentation had not included any specific mitigations for vibration, other than complying with the relevant British Standard¹⁷.

Anna replied that the HIA has not assessed vibration as a likely risk to health. She confirmed that it would, however, be assessed as part of the EIA¹⁸.

Jackie thanked Anna for the presentation.

6. Any Other Business

6.1 Planning Consultation

A resident asked how residents would know that the planning application had been submitted and how to express a view.

Cllr Mitchell said she understands the Trust is currently planning to submit its application towards the end of September. Nick referred residents to previous minutes¹⁹ for the more detailed explanation of the Council's public consultation process.

6.2 Planning Summary

A resident asked whether the Trust would summarise the issues of particular relevance to local residents arising from the various impact assessments, eg. HIA, EIA, TIA.

Tessa confirmed that as the developer, the Trust is required to provide a 'non-technical summary' of the Environmental Statement as part of its planning application. (See **Appendix A** for summary/scope of the various impact assessments).

6.3 Local Awareness

A resident expressed concern that a large section of the public locally seemed unaware of the development plans.

Nick felt that the team had undertaken all reasonable action to engage local residents; Martin Randall's comments to the April meeting²⁰ supported this. Nick recognised that there is a difficulty with the reliability of local maildrops, and the Trust is currently using its fifth contractor to try to address this. However the plans have now received widespread coverage in local media over a sustained period, as well as through information stalls at a number of local events.

Nick said that he and Richard (3Ts Head of Engagement) would welcome suggestions. In the meantime he would be pleased to provide flyers if residents were willing to pass them on to their neighbours.

7. Next Meetings

The next meeting will be **Monday 22nd August** from 7pm (refreshments from 6.45pm) to 9pm in the Audrey Emerton Building.

¹⁷ BS 5228-2:2009 Code of practice for noise and vibration control on construction and open sites: Vibration

¹⁸ <http://www.legislation.gov.uk/ukxi/1999/293/schedule/4/made>

¹⁹ Minutes of 26th July 2010, item 3,1; minutes of 4th April 2011, item 4.8; minutes of 16th May 2011, item 8.

²⁰ Minutes of 4th April 2011, item 4.8.3

Description/Scope of Impact Assessments

1. Environmental Impact Assessment

The EIA assesses the potential impact on the local environment of the proposed development, including during construction and when operational. It covers noise and vibration; air quality; flood risk, drainage and water resources; ground conditions and contamination; ecology and nature conservation; transport; waste management; wind environment; daylight, sunlight and overshadowing; external lighting; telecommunication reception; socio-economic and community effects; landscape and visual effect; cultural heritage.

2. Traffic Impact Assessment

The TIA assesses the impact of the development on pedestrian, cycle, car and public transport journeys and associated highways infrastructure. National and local policy documents govern the methods used to assess impacts and to establish car parking and cycle parking numbers to be included in the Planning Application.

3. Health Impact Assessment

The HIA assesses the potential impact of the development on health indicators, including during construction and when operational. It responds to some of the outcomes of the EIA and TIA.

Minutes of the Hospital Liaison Group Meeting
Held on Monday 27th June 2011 (7pm to 9pm) in the Audrey Emerton Building,
Royal Sussex County Hospital, Brighton

Present:

Cllr Gill Mitchell, Cllr Warren Morgan, Mrs Jackie Nowell (Vice-Chair), Cllr Craig Turton (Chair),
Mick Anson (Planning Officer, Brighton & Hove City Council)
20 members of the public.

Brighton & Sussex University Hospitals:

Steve Gallagher, Acting Operational Director, Estates & Facilities
Nick Groves, Associate Director, 3Ts Service Modernisation
Duane Passman, Director of 3Ts, Estates & Facilities

Trust Planning Advisors:

Andy Watson, BDP Architects

Laing O'Rourke Supply Chain:

Steve Chudley, LO'R
Karen Hicks, LO'R

1. **Welcome**

Cllr Turton welcomed everyone to the meeting.

2. **Minutes of the Last Meeting**

The minutes of the last meeting (16th May 2011) were agreed with one amendment. Item 5.5 (Validity of Data) now reads:

'One resident, who is also a member of staff, said that staff agree the hospital needs to be modernised. However there is concern about the impact of the construction on local residents, some of whom are staff members, and on the working environment. She was surprised to see that these practical considerations did not feature in the list of top issues for staff or the public.'

Richard noted that this staff questionnaire had asked about ideas for improving patient experience, patient safety and the working environment through the design. All staff had been invited to respond and the aggregated list reflects the comments received. He agreed, however, that the practical impact of the construction must not be forgotten.'

Duane invited the member of staff to make contact with Richard or Nick so they could arrange to meet her and her team to discuss issues/concerns.

3. **Matters Arising**

3.1 **'Lemon Lozenge'**

A resident noted that one of the design images posted on the 3Ts website still shows the 'lemon lozenge' above the main entrance. Duane apologised that this out-of-date image is still on the website and agreed to update it. He confirmed that the 'lozenge' is not now part of the design.

Action: Duane

3.2 Colour of Panels

A resident noted that it is hard to judge the actual colour of the panels from the images posted on the website or when printed and asked whether samples could be brought to the Conservation Advisory Group (CAG). Duane reported that he is in discussion with Brighton & Hove City Council (BHCC) about the best way to present the materials.

Action: Duane

4. Kemptown Carnival Questionnaire

Nick noted that at the last meeting the 3Ts team had been asked to separately identify issues raised by Kemptown residents in its engagement activities, where this is possible. The team had therefore amended its standard short questionnaire and used this at the Kemptown Carnival on 4th June.

Nick presented the results¹, noting that this was a relatively small sample and that respondents had not been scientifically selected. 127 people completed the questionnaire, although the team had talked to three or four times as many. He added that in addition 500 questionnaires have been mail-dropped to residences nearest the hospital and that these results will be added. Ray Freeman (Chair, Bristol Estate Residents' Association) confirmed that this included 100 questionnaires for the Bristol Estate.

CLlr Turton thanked Nick and invited questions:-

4.1 Definition of 'Kemptown Resident'

A resident expressed concern that the questionnaire asked respondents to self-identify as Kemptown residents and did not include a geographical definition. She suggested that residents immediately adjacent to the hospital would be most affected by both the construction and the new buildings and that their views should therefore count more than other Kemptown residents'.

CLlrs Turton and Morgan noted that residents living nearest the proposed Consolidation Centre and along the proposed construction route, and those that can see the top of the Thomas Kemp Tower, may also feel they are directly affected and should not be excluded.

Another resident noted that the hospital serves a city-wide and regional population so the plans need to be seen in this context. Jackie agreed that local residents would be most affected by the redevelopment but that having a modern hospital is of wide public benefit; the City Council will need to balance these considerations.

4.2 Questionnaire Quality

A resident felt that the questionnaire had been poorly designed and that at least one of the questions was leading.

Duane replied that the questionnaire was intentionally short (two demographic questions, three quantitative questions, one freetext box) because the response rate for the longer questionnaire had been relatively low. The questions had also deliberately been worded succinctly. He noted that the qualitative responses were of greater use in shaping the development plans and confirmed that the quantitative responses would not be used as simplistic justification for the proposals.

Jackie added that the questionnaires also have a value as part of the wider outreach programme to ensure that local residents and members of the public are informed about and engaged in the proposals.

Duane confirmed that the longer questionnaire to be used for the three week-long exhibitions in September and October would be designed with specialist input and would ask separately about the rationale for the redevelopment, the design and the construction

¹ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=360310&type=full&servicetype=Attachment>

work. It will also ask respondents to provide their postcode, which will enable a more localised analysis of the results.

5. Construction Environmental Management Plan (CEMP)

Steve Chudley presented² the updated site logistics plan for decant and the Stage 1 build, which addressed a number of issues raised through the previous ‘considerate contractor’ discussions and the Upper Abbey Road residents’ reflections on their experience of the RACH construction³.

Following recent discussions with the City Council, he also reported that the preferred location for the temporary Consolidation Centre is the former municipal refuse site at Sheepcote Valley, and showed the two associated options for the construction traffic route to/from the hospital site.

Cllr Turton thanked Steve for the presentation and invited questions:-

5.1 Electrical Substation

A resident asked about the size and location of the electrical substation shown (slide 10) behind the restaurant and to the east of Whitehawk Hill Road. She said that if this produced a buzzing/hum, on top of existing plant noise from the site, it would be a significant concern.

Steve reported that the substation is c. 2m x 2m. The slide shows the approximate location; the exact location has not yet been finalised. The Environmental Impact Assessment (EIA) will consider plant noise⁴; the general principle is that existing background noise levels should not increase significantly.

Residents asked that the substation be located as far away from local houses as possible. Duane agreed that this would be taken into consideration.

Action: Duane/Steve C.

5.2 Closure of South Service Road

A resident asked how the planned closure of the South Service road (slide 11) would affect traffic on Upper Abbey Road.

Steve confirmed that the current plan requires the closure of the South Service Road for a period of five to six months while the helipad is built on the Thomas Kemp Tower. The Trust will need to find an alternative for deliveries during this period; this has not yet been resolved.

Duane added that the timescales shown in the presentation are dependent on planning consent and approval of the scheme by the Department of Health and Treasury so should be taken as indicative.

5.3 Juggler Scheduling Software

A resident asked about the Juggler (slide 21).

Steve replied that as outlined in the July 2010 presentation⁵, LO’R will use bespoke software (‘Juggler’) to schedule vehicle movements between the Consolidation Centre, where all the

² <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=348720&type=full&servicetype=Attachment>

³ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=360307&type=full&servicetype=Attachment>

⁴ The Council requires that the noise from fixed plant, as assessed outside the nearest dwellings, not exceed a level which is 5 dB below the existing background noise level, where a penalty of 5 dB is applicable to plant emitting noise with any distinct acoustical characteristics, as defined in BS 4142. The noise from the substation will not specifically be assessed as part of the EIA; the information presented in the Environmental Statement will include plant noise criteria against which noise emitted from the substation and other equipment could be assessed at a later date.

⁵ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=322034&type=full&servicetype=Attachment>

site materials will be delivered initially and the site staff will arrive, and the construction site. This aims to avoid back-ups along Eastern Road, minimise traffic to/from the site, and ensure that deliveries to the construction site are within the agreed hours.

5.4 Other 'Considerate Contractor' Issues

5.4.1 Management of Subcontractors

A number of residents asked how subcontractors would be managed. Their experience of the Children's Hospital development was that agreements reached with the Trust and Kajima fell apart at subcontractor level, for which neither the Trust nor Kajima then took responsibility.

Cllr Turton noted that this had been raised at previous meetings⁶ and Duane had provided assurance that the situation would not be repeated with the 3Ts redevelopment, which will not have the additional complication of a Private Finance Initiative (PFI) contract.

5.4.2 24/7 Helpline and Named Trust Manager

Jackie noted that the Trust has committed to ensuring that there is a helpline staffed 24/7 and a named Trust manager to ensure that contract issues are managed from start to resolution.

A resident welcomed this but noted that the 24/7 helpline/portacabin due to be provided by Kajima was often unstaffed, and Kajima's response was that this had been contracted out.

5.4.3 Considerate Contractor Plan

Duane noted that the Consolidation Centre was a response to some of the issues raised previously about site and contractor management. A number of 'considerate contractor' issues have been included in the CEMP and will form part of the s. 106 agreement. Duane reiterated his commitment at previous meetings that the Trust would respond to every point in the Upper Abbey Road residents' document and subsequent HLG discussions, explaining how each issue would be addressed or why it could not be.

5.5 Consolidation Centre

5.5.1 Status of Preferred Option

A resident, who is also a Friend of Sheepcote Valley, asked whether the Valley location⁷ (on the former municipal waste site, to the north of the current waste/recycling site) is now a fait accompli. She noted that it is home to a number of rare plants⁸.

Steve replied that this is the preferred location but that it would be subject to planning consent that that there are a number of issues to explore in more detail, including ecology. Cllr Mitchell noted that there also is a BMX track immediately to the east of the proposed site.

(Slides 7-9)

⁶ Minutes of 1st February 2010, item 5.

⁷ The South Downs National Park Authority notes that 'the area of Sheepcote Valley managed by the Friends group is within the South Downs National Park. The land is still owned by BHCC and they would be the first point of contact. The SDNPA is the planning authority for the area and may wish to take a view on any planning issues. The former tip area below the racecourse is, however, outside the NP boundary.'

⁸ <http://www.sheepcote.org.uk/html/flowers.html>

5.5.2 Former Landfill Site

Cllr Morgan noted that this is a former landfill site. The City Council had considered it as a permanent site for travellers but methane levels made it unsuitable for human habitation. He noted that plans for use of the site should not therefore include workers' sleeping overnight; Steve confirmed that they do not.

5.5.3 Air Quality

Cllr Mitchell added that the site would presumably require a 24/7 security presence and that methane levels should be considered as part of these plans.

5.5.4 Site Improvements

Cllr Morgan asked whether the site would be made good or improved once the Consolidation Centre was no longer required. Duane replied that the site would be made good but that any improvements would be subject to negotiation with BHCC.

5.6 Construction Traffic Route

Cllr Turton asked about the proposed route.

Steve replied that assuming the Sheepcote Valley location for the Consolidation Centre, two options are under consideration:

- i) Wilson Avenue, right onto Bristol Gardens, Church Place, right onto Eastern Road and right into the hospital site; or
- ii) Wilson Avenue, Marina Way, right onto Marine Drive, Marine Parade, right onto Old Steine, right onto Edward Street, Eastern Road, left into the hospital site.

Steve said that (i) is preferred and that the City Council has agreed to trial the impact of a right turn into the hospital site on traffic flow along Eastern Road.

Cllr Mitchell asked that proposals to improve highways infrastructure be brought back to a future meeting; she noted in particular the Bristol Gardens/Arundel Road junction. Duane agreed that these proposals would be discussed in more detail at a future meeting.

5.7 Air Quality

A resident noted the site and transport CO₂ emissions targets (slides 5, 6) and asked about the current air quality.

Duane confirmed that baseline data will be collected as part of the EIA. He noted that much of the centre of Brighton⁹ has been designated an Air Quality Management Area¹⁰.

5.8 Site Working Hours

A resident noted that at the May meeting it had been stated that construction hours are normally 8am to 6pm Monday to Friday, although delivery hours may be more limited. Steve's presentation (slide 9) states standard construction hours as 7am to 7pm Monday to Friday and 8am to 1pm on Saturdays.

⁹ http://www.brighton-hove.gov.uk/downloads/bhcc/airquality/2008_AQMA.pdf

¹⁰ 'The system of Local Air Quality Management was introduced by the Environment Act 1995, encompassing review and assessment, air quality management areas and action plans. Section 82 (1) of the Act mandates every local authority from time to time to carry out a review of the current air quality and the likely future air quality within its area. Section 82 (2) states that in carrying out the review, the local authority shall make an assessment of whether the air quality standards and objectives are being achieved, or are likely to be achieved, within the relevant period. These objectives are set out in the Air Quality Regulations 2000. Section 82 (3) says that if, on either assessment made under (2), it appears that any air quality standards or objectives are not being achieved, or are unlikely to be achieved within the relevant period, the local authority shall identify any parts of its area in which it appears that those standards or objectives are not likely to be achieved within the relevant period.' - <http://www.environmental-protection.org.uk/assets/library/documents/AQMAGuidance.pdf>

Steve replied that his presentation cites the City's normal site working hours, although delivery times may be more limited. However the delivery and construction hours for the hospital redevelopment have not yet been agreed with the Council - but will need to be by the end of August.

6. Any Other Business

6.1 Funding

A resident asked whether funding for the redevelopment has been agreed.

Duane replied that it has not been agreed but that this is normal at this stage in the process. The approval process currently underway involves planning consent from the City Council, then approval of the 2nd stage business case by the Department of Health and Treasury, then approval of the 3rd and final stage business case, at which point funding starts to become available.

6.2 Webcasts

A resident asked whether the HLG meetings could be webcast, as City Council meetings are, so people can watch them live, or recorded so viewers can watch them later.

Duane agreed to investigate whether the Trust's IT infrastructure could support this.

Action: Duane

7. Next Meeting

The next meeting will be **Monday 25th July** from 7pm (refreshments from 6.45pm) to 9pm in the Audrey Emerton Building.

Please note that it has been agreed to move meetings to later in the month. Meetings for the remainder of 2011 will therefore be held on:

Monday 22nd August

Monday, 26th September

Monday 24th October

Monday 21st November

Monday 5th December - to be confirmed

Post-Meeting Note: Matters Arising from Previous Meetings

1. Tunnel Under Marine Parade

At the October 2010 and February 2011 meetings a resident noted that there is a tunnel running from the Kemptown Enclosures to the beach, which is near the surface and she felt might not tolerate heavier construction vehicles.

The Senior Project Engineer for highways at Brighton & Hove City Council has confirmed that there are currently no weight restrictions in place along Marine Parade and that the Kemp Town Enclosures are considered structurally sound. He states that the depth of cover to the highway is sufficient to tolerate HGV loading.

The BHCC website¹¹ information on weight limits states that 'the only bridge in Brighton & Hove which is not able to take 44t is the Wilbury Road railway bridge, which has a 3t restriction.'

2. Traffic Measures

At the May 2011 meeting, a resident asked for the Traffic Impact Assessment's projections for the number of vehicles' using Bristol Gate.

The initial Traffic Impact Assessment has modelled the predicted junction capacity following completion of the 3Ts redevelopment; this predicts that an additional 193 cars will use Bristol Gate during the day and an additional 154 cars during the evening period as a result of the 3Ts plans. This modelling includes cars using the underground car park, which would be accessed via Bristol Gate.

¹¹ <http://www.brighton-hove.gov.uk/index.cfm?request=c1147943>

Minutes of the Hospital Liaison Group Meeting
Held on Monday 16th May 2011 (7pm to 9pm) in the Audrey Emerton Building,
Royal Sussex County Hospital, Brighton

Present:

Cllr Geoffrey Bowden, Cllr Gill Mitchell, Cllr Warren Morgan, Mrs Jackie Nowell (Vice-Chair)
30 members of the public.

Brighton & Sussex University Hospitals:
Richard Beard, 3Ts Head of Engagement
Nick Groves, AD, 3Ts Service Modernisation
Duane Passman, Director of 3Ts, Estates & Facilities

Trust Planning Advisors:
Tessa O'Neill, BDP Architects
Simon Zelestis, BDP Architects

Laing O'Rourke Supply Chain:
Karen Hicks, LO'R
Benedict Zucchi, BDP Architects

Apologies:
Cllr Craig Turton (Chair)

1. **Welcome**

Jackie welcomed everyone to the meeting. She explained that Cllr Turton had another commitment and had therefore sent his apologies.

2. **Minutes of the Last Meeting**

The minutes of the last meeting (4th April 2011) were agreed.

3. **Communications**

Jackie asked how attendees had heard about the meeting. The significant majority indicated that they are on the HLG mailing list so receive email or (for those without email) mailed notification.

Nick reported that no new members had signed up from the last two rounds of maildrop flyers so this had been paused temporarily but would restart for the June meeting. Some residents reported that the maildrop is unreliable. The Chair of the Bristol Estate Residents' Association reported that the company delivers leaflets in batches rather than to each address. Nick apologised for these ongoing difficulties.

4. **Matters Arising**

4.1 **Architectural Cross-Section**

Benedict reported that this would be included in his design update.

4.2 **Parking Information for Patients**

A resident asked what progress has been made in updating the Trust website and patient information following the discussion at the February meeting¹.

¹ Minutes of 7th February 2011, item 6.3.

Duane replied that the website and hardcopy patient information do encourage use of public transport² but he agreed that the wording could be strengthened. He apologised for the delay and said that the Trust Communications Team has agreed to reword the advice by 27th May.

Action: Duane

4.3 Re-routing Through-Traffic

A resident asked about progress with the feasibility study to re-route through-traffic around Kemp Town, which was raised at the November meeting³.

Cllr Mitchell replied that this study had been included in the City's draft Core Strategy⁴. However to her knowledge this work has not been undertaken, which she felt reflected a lack of political will by the previous administration. She and fellow Local Councillors would continue to press for the study to be undertaken.

5. Public & Staff Engagement: Summary of Issues

Richard reported that the list of public engagement events (May 2010 to May 2011) has been posted on the HLG website⁵, along with details of the staff consultation⁶ (October 2010). His presentation⁷ summarised the key issues that have emerged from this engagement work. Jackie thanked him from the presentation and invited questions.

5.1 Demolition & Construction Issues

A resident said that while there was nothing on the list of the public's 'top 10' issues that she disagreed with, issues of particular local concern (eg. noise, dust and disruption from the demolition and construction) did not appear. She was concerned that these not be lost from the discussion.

Duane replied that Upper Abbey Road residents had produced a very helpful paper⁸ reflecting on their experiences of the construction of the Children's Hospital. This was tabled at the March 2010 meeting⁹ and Laing O'Rourke had provided an initial response¹⁰ at the July 2010 meeting¹¹. Duane had confirmed then that the Trust intends to address all the issues raised in the document and, through the HLG, develop a detailed plan that will form part of the application for planning approval. This will be brought back to the HLG.

Duane reported that now the design has been 'frozen', detailed planning work can begin with the City Council on the construction traffic route, location of the Consolidation Centre and construction logistics. This will include the 'considerate contractor' issues.

² The Trust 'Welcome Booklet' currently lists public transport options on p8-9 and parking on p15. It advises that 'car parking is very difficult so please use other forms of transport if possible'. The hospital webpage² lists public transport options ahead of private cars/parking. It notes: 'Limited pay and display on-site car parking is available. There is limited short term on-street car parking in the vicinity of the hospital. Please allow extra time for parking.' The Outpatient letters state: 'The Trust's sites... have limited pay & display parking and the surrounding areas have parking controls. We recommend that you allow plenty of time to find the department if travelling by public transport or for parking if coming by car.'

³ Minutes of 8th November 2010, item 5.2.4. See also minutes of 6th December 2010, item 3.4; 7th February 2011, item 3.12; and 7th March 2011, item 4.1

⁴ http://www.brighton-hove.gov.uk/downloads/bhcc/ldf/REg_27Core_Strategy_Proposed_Submission_February_2010v2.pdf

⁵ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=355812&type=full&servicetype=Attachment>

⁶ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=355811&type=full&servicetype=Attachment>

⁷ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=356202&type=full&servicetype=Attachment>

⁸ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=307208&type=full&servicetype=Attachment>

⁹ Minutes of 15th March 2010, item 6.

¹⁰ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=322034&type=full&servicetype=Attachment>

¹¹ Minutes of 26th July 2010, item 3.

5.2 Construction Hours & Contract Management

A resident asked about standard hours of site operation.

Duane replied that as discussed at the March 2011 and December 2010 meetings¹², construction sites normally operate 8am to 6pm Monday to Friday, although delivery hours may be more limited. Weekend working would usually be by exception. The City Council would normally include limits on working and delivery hours in its Section 106 Agreement¹³.

A number of residents noted that similar limitations had been placed on the RACH development however these had regularly been breached. Duane replied that although this pre-dated him, he could only apologise on behalf of the Trust.

Cllr Morgan added that as discussed at the July meeting, learning from the RACH experience will be critical to the success of this redevelopment. The meeting had discussed a number of ideas, including a 24/7 helpline, continuing oversight by the HLG, the Section 106 Agreement and the 'Considerate Contractors' document.

A resident proposed including the requirement for active noise monitoring, which he said is undertaken on most of the construction sites in London and provides verifiable data on actual noise levels.

5.3 Environmental & Health Impact Assessments

A resident asked whether a comprehensive study on the impact of the redevelopment on the health and safety of local residents would be undertaken in advance of the planning application.

Cllr Mitchell replied that developers (in this case the Trust) are required to undertake robust Environmental¹⁴ and Health¹⁵ Impact Assessments as part of their planning submission. These enable the Council to assess the likely impacts of the redevelopment against the City's policies and as far as possible ensure that any negative impacts (eg. dust, noise, vibration) are mitigated and any positive benefits enhanced.

5.4 Meaningful Engagement

A resident asked whether the engagement programme is meaningful and how it has altered the design and planning.

Duane replied that the design has been changed more than 30 times in response to concerns and suggestions from local residents, the City Council, English Heritage and other key stakeholders. For example, the increase in the number of parking spaces and the move from overground to underground parking. He referred to the discussion at the previous meeting¹⁶.

Jackie added that it would be remiss of the project team not to ask staff, local residents and members of the public about the scheme, although there are also other considerations for the planning, eg. technical and clinical requirements.

A resident asked whether the team could separately identify issues of relevance to the Kemp Town community. Duane agreed. He noted that details of consultation with all communities and stakeholders will be outlined in the Statement of Community Involvement, which will be submitted as part of the planning application and will include a summary of all the issues raised and how these have been addressed through the design process.

Action: Duane

¹² Minutes of 6th December 2010, item 4.7.2; minutes of 7th March 2011, item 6.7.

¹³ <http://www.idea.gov.uk/idk/core/page.do?pagelid=71631>

¹⁴ <http://www.communities.gov.uk/publications/planningandbuilding/environmentalimpactassessment>

¹⁵ <http://www.who.int/hia/en/>

¹⁶ Minutes of 4th April 2011, item 4.8.4.

5.5 Validity of Data

One resident, who is also a member of staff, said that staff agree the hospital needs to be modernised. However there is concern about the impact of the construction on local residents, some of whom are staff members, and on the working environment. She was surprised to see that these practical considerations did not feature in the list of top issues for staff or the public.

Richard noted that this staff questionnaire had asked about ideas for improving patient experience, patient safety and the working environment through the design. All staff had been invited to respond and the aggregated list reflects the comments received. He agreed, however, that the practical impact of the construction must not be forgotten.'

6. Design Update

Benedict presented the latest designs¹⁷. Key points from the discussion:-

Stage 2 Building

- The roof of the Stage 2 building is at the same height as the apex of the pediment of the Barry Building.
- The Stage 2 building is predominantly white, with some coloured panels.
- The panels are concrete ('reconstituted stone'). Benedict was confident that this would age better than the Audrey Emerton Building, which used a different form of construction.
- The building columns will also be concrete. A resident asked how these would be jointed - it was agreed to defer this to a future construction logistics discussion.
- The existing flint wall around the Barry Building will be rebuilt in the style of the existing wall.
- Benedict confirmed that the rotunda at the front of the Stage 2 building is in line with the centre of Paston Place.

Action: LO'R

Stage 1 Building

- The top two storeys of the Stage 1 building are for a meeting/education suite and plant. The roof now includes photovoltaic (PV) cells¹⁸, which will not be visible from the ground.
- There are four link corridors between the Stage 1 building and Thomas Kemp Tower, one of which (Level 6) will be the main public thoroughfare.
- Some surgical activity (eg. neurosurgery, major trauma surgery) will be undertaken in the Stage 1 building, linked across to Main Theatres and A&E on Level 5 of the existing buildings.
- The air ambulance helipad could add 5-6m to the height of the Thomas Kemp Tower, although the exact height is still to be determined.
- Benedict confirmed that the Civil Aviation Authority currently only requires that helipads be lit when in use, so landing lights would be switched on when the air ambulance is inbound or outbound.
- Benedict did not consider that that the downdraft from the air ambulance would impact on patients and visitors' enjoyment of the roof terraces or on the planting.
- Although Stage 1 is a tall building (c. 50m), it is on the north side of the street and would not therefore impact on daylight into the houses on Eastern Road.
- A resident asked whether the proposed retaining walls were viable in engineering terms given the additional underground car park levels. Benedict was confident that the building could be built, but it was agreed to defer this to a future discussion on construction logistics.
- The 'lemon lozenge' that appeared above the main entrance in some earlier design iterations has been replaced; this was welcomed by a number of residents.

Action: LO'R

¹⁷ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=356199&type=full&servicetype=Attachment>

¹⁸ <http://science.nasa.gov/science-news/science-at-nasa/2002/solarcells/>

General Issues

- In response to a question from Cllr Mitchell, Duane confirmed that the Trust would be responsible for maintaining the streetscape and landscaping on its property.
- Duane confirmed that the scheme maintains the existing one-way traffic flow for service vehicles (ie. entrance via Bristol Gate, exit via Upper Abbey Road) but moves the service yard from the Upper Abbey Road end of the site to the Bristol Gate end, which should significantly reduce noise for Upper Abbey Road residents.
- The landscaping plans are evolving, so the tree planting will not necessarily be as regimented as the current plans suggest.

6.1 Underground Car Park

In response to questions, Benedict confirmed that the entrance to and exit from the underground car park will be via Bristol Gate. The plans now include 354 spaces, including 80 replacement spaces (lost from the front of the Barry Building). Duane confirmed that all these spaces would be allocated to patients and visitors rather than to staff. The car park will be vented from the top of the building.

The current plan is that the car park will display the number of spaces available (the exact location of the display boards and other signage is still to be determined) but that there will not be an entrance barrier, which should minimise the risk of queues.

6.2 Traffic Measures

In response to questions, Benedict confirmed that the plans include widening the junction of Eastern Road/Bristol Gate, in line with the City Council's requirements. Karen confirmed that the traffic modelling to date had not indicated the need for traffic lights at this junction, even with vehicles' coming south and turning right across the traffic into the car park.

A resident asked whether it is sensible to route all hospital traffic via Bristol Gate. Benedict noted that entering the site via Upper Abbey Road would not be viable. Duane agreed to confirm the Traffic Impact Assessment's projections for the number of vehicles' using Bristol Gate.

Action: Duane

6.3 Public Transport Alternatives

The meeting rehearsed previous discussions¹⁹ about whether increased parking on the hospital site would encourage private car use and exacerbate local traffic congestion, and the need to encourage public transport alternatives while recognising that these are not always viable for, for example, ill patients, visitors who need to get to the site as quickly as possible from outside Brighton, or staff working unsocial hours.

6.4 Air Ambulance

Duane confirmed that as discussed at previous meetings²⁰, the current best estimate (based on the hospital's catchment area for major trauma, the number of major trauma cases, and national data on use of air ambulances vs road ambulances for major trauma) is that there will on average be one landing/takeoff per week. The Civil Aviation Authority currently only permits daytime flying. At night travel times by road are broadly similar to travel times by air ambulance.

Duane confirmed unequivocally that as discussed at the March 2011 meeting²¹, the helipad will only be used for the transport of patients (eg. by the Kent, Surrey & Sussex Air Ambulance, and on occasion the Coastguard Search & Rescue helicopter) and not for commercial purposes.

¹⁹ Minutes of 4th April 2011, items 5.1-2.

²⁰ Minutes of 7th March 2011, item 5.1.3.

²¹ Minutes of 7th March 2011, item 5.1.4.

6.5 Eastern Extension

Cllr Mitchell asked about use of the extension to the building at the eastern end of the site. Duane replied that the space will include the chapel from the Barry Building, which will be within the curtilage of the building, and some amenity/retail space.

Cllr Mitchell felt it was a shame that the chapel would no longer be a working chapel, although she appreciated that this decision had been taken with the Trust Chaplain and that the plans include a new multifaith space.

6.6 Roof Terraces & Smoking

A resident asked whether the roof terraces would become sordid smoking areas.

Duane confirmed that the terraces would fall within the Trust's no-smoking policy, which currently bans smoking anywhere on campus since the designated smoking shelters proved ineffective.

Duane added that no-smoking policies are always problematic because they inevitably displace smoking to just beyond the boundary of the employer's property; in this case to Upper Abbey Road, for example. He noted that the Trust regularly asks staff who smoke to respect its neighbours, and that these areas are patrolled by security staff.

A resident said that he had observed the security staff themselves smoking on Upper Abbey Road. It was agreed that there was no easy answer to the smoking problem but that the Trust would continue to reiterate its messaging to staff about respect for neighbours.

6.7 Stage 2 Building

A resident said that although she would prefer the Barry Building to be retained, the current plans for the Stage 2 building are a very significant improvement on the previous ones.

7. General Q&A

7.1 Location of the Hospital

A resident agreed that the hospital needs redevelopment but asked whether an alternative location had been considered.

Duane replied that as discussed at previous meetings²², the key decision was taken in 1991 not to relocate the hospital. There are therefore now three insurmountable problems: there is no site available within or immediately outside the city (not least because of the new South Downs National Park); the cost of relocating the whole hospital would be prohibitive even if a site were available; and a location further afield (eg. Haywards Heath or Pease Pottage) would leave the city without a local A&E Department, which currently sees c. 95,000 patients per annum (including Urgent Care). Duane added that he has reviewed the history of the site and key planning decisions since 1828 and will make this summary available shortly.

Action: Duane

The resident asked what the purpose of the HLG is, given that the decision to retain the hospital in its current location has already been taken. Jackie replied that it is widely recognised that the hospital location is not ideal, but discussions about the redevelopment need to accept this decision as the starting point. The purpose of the HLG²³ is to (i) keep local residents informed about the emerging plans and timescales, (ii) provide a forum for the Trust and design team to seek residents' views on the designs, and (iii) work collaboratively to mitigate the worst of the impact of demolition and construction on local residents.

²² Minutes of 10th November 2009, item 4.1; minutes of 24th May 2010, item 4.16; minutes of 7th March 2011, item 5.2.

²³ Minutes of 7th March 2011, item 3.

8. **Updated Timetable for Planning Application**

Duane reported that the current plan is to submit the planning application at the end of August or in early September 2011.

A resident asked how residents would know that the planning application had been submitted. Duane replied that this was discussed at the last meeting²⁴ and would be confirmed, among other means, by email to members of the HLG.

A resident asked when the 21 day minimum statutory consultation period begins. *Post meeting note: The 21 day period begins from the date on which the Council posts its notice of consultation. This is not the same as the date on which the Trust submits its application, nor necessarily the date on which the Council validates that all the information required has been provided. BDP Planning Advisors add that although members of the public should aim to comment within this 21 day period, comments received by the Council until the day of the Planning Committee may also be considered.*

Duane confirmed that he is hoping to present the final plans to the Conservation Advisory Group at its July meeting, but was conscious that this would be by invitation.

8. **Next Meeting**

The next meeting will be **Monday 6th June** from 7pm (refreshments from 6.45pm) to 9pm in the Audrey Emerton Building.

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Minutes of the Hospital Liaison Group Meeting
Held on Monday 4th April 2011 (7pm to 9pm) in the Audrey Emerton Building,
Royal Sussex County Hospital, Brighton

Present:

Cllr Gill Mitchell, Mrs Jackie Nowell (Vice-Chair), Martin Randall (Assistant Director for Development, Planning & Public Protection, Brighton & Hove City Council), 27 members of the public.

Brighton & Sussex University Hospitals:

Steve Gallagher, Operational Director, Estates & Facilities
Nick Groves, AD, 3Ts Service Modernisation
Duane Passman, Director of 3Ts, Estates & Facilities

Trust Planning Advisors:

Tessa O'Neill, BDP Architects
Andy Watson, BDP Architects

Laing O'Rourke Supply Chain:

Neil Cadenhead, BDP Architects
Karen Hicks, LO'R

Apologies:

Cllr Warren Morgan, Cllr Craig Turton (Chair)

1. **Welcome**

Jackie welcomed everyone to the meeting. She explained that Cllr Turton, who had stepped down as chair pending the May local elections, was sick and had had to send apologies.

2. **Minutes of the Last Meeting**

The minutes of the last meeting (7th March 2011) were approved.

3. **Matters Arising**

3.1 **St Mary's Hall Junior School Proposal**

The Chair of the Conservation Advisory Group (CAG)¹ reported that he had written to Duane proposing use of the St Mary's Hall Junior School site for the air ambulance helipad². Duane replied that a feasibility assessment has been undertaken and would be covered in the design update [see 4.3 below].

3.2 **Provision of Architectural Cross-Section**

Neil confirmed that the E-W section requested by the CAG Chair would be available at the HLG on 16th May.

Action: Neil

3.3 **3Ts Exhibitions: Results**

Duane reported that between 15th October and 10th November 2010, 827 members of the public and representatives of community/interest groups had visited the exhibition. Of

¹ http://www.roundhill.org.uk/main.php?sec=about&p=Conservation_Advisory_Group

² Minutes of 7th March 2011, item 5.1.10

these, 96 (12%) completed the questionnaire. *[The write-up is now available on the HLG website³]*. Key findings include:

- 93% of respondents agreed that the hospital requires redevelopment (4% didn't answer or didn't know);
- 75% liked the proposed design (3% did not); and
- 89% felt the development overall would have a positive effect on Brighton & Hove (1% felt it would not).

Duane noted that this series of exhibitions was one of a number of public and staff communication and engagement events. The key themes from the overall engagement programme to date will be presented at the next meeting.

4. Design Update

Neil reported that the focus of the design work since the last meeting has been the location and design of the air ambulance helipad. He explained that having tested 17 locations around the site, height is the most significant factor in determining whether the location meets the international safety criteria. The Computational Fluid Dynamics (CFD) modelling suggests that a minimum height of 100m above ground level is required to avoid wind turbulence caused by the local topography.

In light of concerns expressed about the design of the helipad on the Stage 1 building, the preferred option is to locate the helipad on the Thomas Kemp Tower (TKT). Neil explained that two structural options are being tested: 'exoskeleton' and 'endoskeleton'. In both options the helipad would be c. 6m (two storeys) above the current TKT roof, giving a minimum of 3m clear air between the pad and the TKT. Although the CFD modelling has not yet been undertaken, Neil was reasonably confident that this location would work. Duane added that the exoskeleton option is more likely. *[This presentation has been posted on the HLG website⁴]*.

Jackie thanked Neil for the presentation and invited questions:-

4.1 Exoskeleton

In response to questions, Neil confirmed that the current thinking is that the exoskeleton would be structurally independent of the TKT. The structure would not be clad.

4.2 Cost Comparison

In response to a question, Duane replied that the capital costs of the helipad would be c. £6m if built on the Stage 1 building and c. £10m if built on the TKT.

4.3 Air Ambulance Helipad: Preferred Location

A resident asked whether the TKT is now the Trust's preferred location.

Duane explained that in the original design (June/July 2009), the helipad was located on top the 14 storey hexagonal Stage 1 building, where it was largely obscured. As the design has evolved and the height of the Stage 1 building has been reduced, the helipad now rises up above the building, which is visually more obtrusive. Duane said that it has become increasingly apparent that this is not an acceptable solution, so the TKT is now the preferred option. Other than the Stage 1 building, no other location on or adjacent to the hospital campus meets the technical requirements.

Duane also referred to the briefing note provided by the Trust's Chief of Trauma (appended to the previous minutes), which explains the rationale for the helipad.

³ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=355812&type=full&servicetype=Attachment>

⁴ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=351509&type=full&servicetype=Attachment>

4.4 **St Mary's Hall Junior School**

Neil reported that although the St Mary's Hall Junior School, which is owned by Roedean School, is not yet on the market, the feasibility of locating the helipad there has also been tested. However in this location, the 360° cone of approach that the helipad should ideally provide is significantly reduced by the main hospital buildings.

Various heights from ground level up have also been tested. Neil reported that even on a tower or building at the height of the Stage 1 building, a helipad at the Junior School would fail the international safety requirements. This would also appear above the sight line of Lewes Crescent and would therefore be as significant an imposition on the skyline as a helipad on the Stage 1 building.

On this basis, the Junior School proposal has been rejected. The meeting recognised this logic.

4.5 **Air Ambulance Contingency Plans**

A resident asked about contingency plans if the Air Ambulance is unable to land or take off because of the weather conditions.

Neil replied that based on the weather records from Shoreham Airport, the helipad should have 95% availability. Duane added that the choice of destination, for clinical or other logistical reasons, will be for the South East Coast Ambulance Service (SECAMB) to determine, with 24/7 advice from the hospital's Trauma Team Leader. As discussed at the May meeting⁵, the next nearest Major Trauma Centres are Southampton and London (St George's, Tooting; the Royal London, Whitechapel; and King's College, Denmark Hill).

The resident noted that the airport is further inland and deeper into the Selsey/Beachy Head bay than Brighton; she asked whether this had been factored into the calculations. Neil confirmed that some adjustments had been made. Steve Gallagher added that the Trust erected a weather station on the TKT; this has provided six months' data, which will complement data received from Shoreham Airport.

4.6 **Timber Cladding**

A resident asked how any timber cladding would be treated; it is ageing poorly in a number of developments across the city. Neil agreed that natural timber cladding ages poorly in urban settings. By contrast, the timber cladding used for the Children's Hospital has preservative paint in 'seaside' colours; this ages better and is easier to refresh periodically.

4.7 **Finalising the Designs**

A resident asked how close the project is to having a final design. Neil replied that having engaged with local residents, City Council planning officers, and statutory and other consultees, including English Heritage, the Trust considers that it is now close to having a design that is acceptable in planning terms. Once the design is frozen, further detailed work required for the planning application (eg. verified views, detailed treatment of the façades) will begin. The Trust is currently aiming to submit its planning application in late Summer/early Autumn 2011.

4.8 **Planning Application**

4.8.1 **Process & Timetable**

A resident asked how residents would know that the application had been submitted. Duane confirmed that as agreed at the July meeting⁶, he would email/write to members of the HLG and publish the information on the HLG/3Ts website⁷. He hoped that *The*

⁵ Minutes of 24th May 2010, item 4.4

⁶ Minutes of 26th July 2010, item 5.3

⁷ <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/>

Argus would cover the issue. There will also be a further public exhibition around the time of the submission so members of the public can see the final scheme.

Martin noted that the City Council has a formal duty to consult residents and will therefore publicise the application through its website, on street notices, in the local media and by writing individually to local households. The statutory consultation period is 21 days and planning officers are required to report all representations to the Planning Committee.

A resident noted that for such a major redevelopment the volume of paper submitted would be considerable; she asked whether the City Council would therefore consider extending the 21 day consultation period. Martin felt that the statutory period should be sufficient given the volume of information provided in advance (eg. through the HLG); with clear signposting of the information so residents can easily find the information that interests them; and through the summary that the City Council officers will provide.

Martin added that public response to consultations often raises issues that the City Council then needs to address with the developer. If this requires significant change to the application then the Council would need to re-consult.

4.8.2 Specialist Advice

A resident asked how residents and the City Council could challenge the specialist technical advice, eg. the CFD modelling.

Martin replied that the City Council is charged with consideration of planning applications in the round, including an objective analysis of the technical advice. He commended the Trust and local residents on the HLG meetings, which he felt provide the best form of pre-application engagement. He added that they also help the city's planning officers to understand the issues to be addressed with the Trust in the pre-application meetings.

4.8.3 Public Engagement

A resident said that although the Trust has invested considerable energy in communicating with local residents, community/interest groups and members of the public, to his surprise a number of local residents seem unaware of the plans. He asked whether anything further could be done to publicise the redevelopment plans.

Duane thanked the resident for this feedback. There are now 263 people on the HLG database and 707 individuals and community groups on the wider stakeholder list, who receive regular email/mail updates. In addition, c. 5,000 leaflets are hand-delivered to local residences to advertise the HLG. Updates are provided on the Trust/HLG website and the team is also exploring establishing a social media presence, eg. Facebook, Twitter.

The Argus has given the plans considerable coverage (most recently in April⁸) and the Trust included an article in the December/January edition of *Citynews*⁹, which is delivered to almost all households across the city. The team has run over 40 public events and exhibitions across the city and the region, which will be summarised at the next meeting. A short DVD is also in production.

Duane felt that short of a very costly local television and radio advertising campaign, there is little more the Trust could do. Martin added that in his experience of planning applications in the city, the work undertaken by the 3Ts team to communicate and engage is as good as it could be.

⁸ <http://www.bsuh.nhs.uk/EasySiteWeb/GatewayLink.aspx?alld=351217>

⁹ <http://content.yudu.com/Library/A1pzk/CityNewsDecemberJanu/resources/index.htm?referrerUrl=http%3A%2F%2Fwww.yudu.com%2Fitem%2Fdetails%2F250553%2FCity-News-December-January-2011>

4.8.4 Responsiveness to Comments

The Chair of the CAG reported that the CAG has had some testing discussions with the Trust over the design, however he felt that the 3Ts team has bent over backwards in trying to accommodate the points raised and he thanked them for their approach. As a result of these discussions, the 'gull wings' have been removed, for example, the Stage 2 building has been much improved, and the ground floor has been extended to the East to conceal the entrance to the underground car park. He added that the redevelopment still has an impact on heritage assets, but all designs require compromise and the 3Ts team has done its best to accommodate the range of issues, including heritage. The CAG will therefore maintain a neutral position on the redevelopment, neither formally supporting nor objecting to the plans.

Jackie said that the HLG has raised numerous issues, which the Trust team has duly considered and responded to. She said she was grateful to the 3Ts team for its approach and for the HLG meetings. She added that residents would have a further opportunity to express their views as part of the formal planning process.

5. Parking

5.1 Parking Spaces

Duane said that over three years of the project, the overwhelming view of staff, residents and members of the public has been that the number of parking spaces at the hospital should be increased. A public petition to this effect was discussed by the City Council on 24th March 2011¹⁰, and the Brighton & Hove Health Overview & Scrutiny Committee has also expressed concern about parking¹¹ (September 2010).

As discussed at the February meeting¹², the Council's Supplementary Planning Guidance¹³ sets out the maximum number of parking spaces that can be included in the redevelopment, based on the numbers of staff and inpatient beds. The number of beds planned for the development has remained largely unchanged, however the workforce plans now show an increase in the number of staff against the original estimate.

Duane reported that the plans now include 350 (rather than 200) additional parking spaces in addition to the 80 replacement spaces; these will be provided in two further basement levels under the Stage 1 and/or Stage 2 buildings.

Cllr Mitchell asked what proportion of these spaces would be for staff. Duane replied that this is still being considered; for example, if provision is made for an offsite parking facility for staff, the proportion of spaces available to staff on the hospital site could be significantly reduced. Duane accepted that mixed use staff/visitor parking spaces are not preferred because staff arrive much earlier in the day.

A resident welcomed this development and noted that currently a 50-60 min wait for a parking space at the hospital is not uncommon. It was noted that staff, patients and visitors' driving around looking for a parking space probably adds to local congestion.

Another resident asked whether any staff parking is required on site at all. Duane replied that for staff who live in outlying areas, are dropping children off at school(s) or are working a shift that finishes very late, for example, on-site parking provision seems reasonable. He added that the Trust charges staff for parking permits, which helps to fund the 40x bus service, car share scheme and security/parking administration.

¹⁰ <http://present.brighton-hove.gov.uk/ieListDocuments.aspx?CId=117&MId=2580> item 84.1-84.15

¹¹ <http://present.brighton-hove.gov.uk/mgConvert2PDF.aspx?ID=23578>

¹² Minutes of 7th February 2011, item 5.5

¹³ <http://www.brighton-hove.gov.uk/downloads/bhcc/localplan2001/SPGBH04ParkingStandards2000.pdf>

5.2 Green Travel Plans

A local resident felt that demand for on-site parking needs to be managed. For example, a good bus service operates along Eastern Road, which could help to reduce demand for on-site parking.

Duane replied that the Trust is looking at extending the hours of operation and frequency of the 40x bus service¹⁴ (Brighton to Haywards Health). He also commended the City's 'Journey On' website¹⁵, which provides real-time bus and traffic information as well as an individual journey planner.

Cllr Mitchell welcomed the Trust's considering transport and parking issues in the round. She noted that as part of the City Council petition debate, the two amendments¹⁶ picked up on a number of these issues.

Another resident felt that if someone is ill and the fastest way for them or their relatives/visitors to get to hospital is by car, the Trust should make a sufficient number of parking spaces available. Jackie suggested surveying drivers in the car park queue to ask what would have enabled them to come by public transport. Duane agreed to consider this proposal.

Action: Duane

6. Construction & Logistics Issues

6.1 Consolidation Centre

Karen Hicks reported that the design team is still in discussion with the City Council about the preferred construction route and that identification of possible sites for the Consolidation Centre would follow.

One of the East Brighton prospective Conservative Local Councillors expressed concern that there appears to be little progress on these issues. In response to a question from Cllr Mitchell, Duane and Martin confirmed that the preferred route and proposed location of the Consolidation Centre would be included in the planning application, so the issues would need to be resolved in the next four or five months.

6.2 Local Transport Infrastructure

A resident asked whether the local highways infrastructure (eg. road junctions) would be improved in order to accommodate construction traffic and any increase in vehicles coming to the hospital.

Martin confirmed that the planning system would need to assess and plan for the impact of the redevelopment, balanced with other impacts, and that this would be set out in the S106¹⁷ 'heads of terms', which would form part of any planning approval.

Duane added that this and other detailed planning (eg. site construction logistics, Environmental Impact Assessment¹⁸) would begin once the geometry of the building has been frozen.

7. Next Meetings

The next meeting will be **Monday 16th May** from 7pm (refreshments from 6.45pm) to 9pm in the Audrey Emerton Building.

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¹⁴ <http://www.countryliner-coaches.co.uk/admin/pages/upload/docs/CL%2040X.pdf>

¹⁵ <http://www.journeyon.co.uk/>

¹⁶ <http://present.brighton-hove.gov.uk/mgConvert2PDF.aspx?ID=28744>

<http://present.brighton-hove.gov.uk/mgConvert2PDF.aspx?ID=28745>

¹⁷ <http://www.idea.gov.uk/idk/core/page.do?pagelD=71631>

¹⁸ <http://www.communities.gov.uk/publications/planningandbuilding/environmentalimpactassessment>

Minutes of the Hospital Liaison Group Meeting
Held on Monday 7th March 2011 (7pm to 9pm) in the Audrey Emerton Building,
Royal Sussex County Hospital, Brighton

Present:

Cllr Gill Mitchell, Mrs Jackie Nowell (Vice-Chair), Cllr Craig Turton (Chair), 31 members of the public

Brighton & Sussex University Hospitals:

Steve Gallagher, Operational Director, Estates & Facilities

Nick Groves, AD, 3Ts Service Modernisation

Laing O'Rourke Supply Chain:

Neil Cadenhead, BDP Architects

Steve Chudley, LO'R

Andy Watson, BDP Architects

Simon Zelestis, BDP Architects

Apologies:

Duane Passman, Director of 3Ts, Estates & Facilities

1. **Welcome**

Cllr Turton welcomed everyone to the meeting. He explained that Duane was ill and gave his apologies.

2. **Minutes of the Last Meeting**

The minutes of the last meeting (7th February 2011) were agreed.

3. **Terms of Reference & Conduct**

Jackie noted that the HLG had been reconvened in November 2009. She explained that as set out in the Terms of Reference¹, its purpose is to (i) keep local residents informed about the emerging plans and timescales, (ii) provide a forum for the Trust and design team to seek residents' views on the designs, and (iii) work collaboratively to minimise the impact of the demolition and construction on local residents.

Jackie felt that over the course of the 16 months the Trust/design team has taken on board a number of residents' comments and suggestions. She noted however that the HLG is not a decision-making body (eg. does not have a quorum or other formal governance arrangements) and that there are other fora and processes for residents to express their views formally.

Jackie felt that in light of the tenor of discussions at the previous meeting, it was timely to remind everyone that they are expected to behave towards one another with courtesy and respect, as set out in the Terms of Reference. This would make for a more effective meeting.

¹ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=346882&type=full&servicetype=Attachment>

4. Matters Arising

4.1 Transport Modelling & Parking Issues

Nick confirmed that Duane had raised residents' concerns and suggestions in his ongoing dialogue with City Council officers about these issues.

A resident asked when these ongoing discussions would be brought to some conclusion. Cllr Turton reported that he had met Martin Randall (Assistant Director, Development, Planning & Public Protection, Brighton & Hove City Council) to express his dissatisfaction at the delays in the Council's transport modelling and in agreeing the construction route.

4.2 Rationale for Inclusion of Services in the Redevelopment

Nick reported that this paper had been drafted and would be shared with the HLG once it had been discussed with the City Council.

4.3 Architectural Cross-Section

Neil reported that the design team had had discussions with the Chair of the Conservation Advisory Group (CAG). The detailed cross-section requested is not yet available but will be provided by the April meeting.

Action: Neil / BDP

4.4 Health Impact Assessment

A resident asked whether the issues of air ambulance noise and traffic/parking had yet been addressed in the Health Impact Assessment (HIA).

Nick replied that the Environmental Impact Assessment will include noise modelling from all sources, including from the air ambulance. The HIA will then assess these levels against the thresholds identified in the literature as having potential health impacts, and this will be included in subsequent iterations of the HIA.

Nick also noted that as explained at the previous meeting, the HIA has used the Trust's Traffic Impact Assessment and has drawn on the City Council's *Full Local Transport Plan 2006/7 to 2010/11*. It will be updated as further modelling is undertaken.

Cllr Turton added that the resident is also welcome to write formally to the City Council as part of the planning application process to express his concerns.

4.5 Asbestos

Post-meeting note. Buildings in which there is some asbestos:-

Stage 1 Demolition: ENT Building (part demolition), Estates Building, Jubilee Building, Latilla Building and Latilla Annexe, Nuclear Medicine Building.

Stage 2 Demolition: Barry Building.

Stage 3 Demolition: Sussex Cancer Centre.

Health & Safety legislation prescribes how asbestos needs to be encapsulated, removed and disposed of.

5. Design Update

Neil presented the latest designs [*posted on the HLG website²*] and design options, which continue to evolve in discussion with the City Council and other stakeholders. He reported that the internal plans have now been agreed with the majority of clinical users. He noted that discussions with the City Council have focused principally on three areas: the Eastern Road approach, the visual impact of the Stage 1 building and the location/visual impact of the helipad for the air ambulance. He described the key changes and points from the previous iteration:

² <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=348720&type=full&servicetype=Attachment>

Eastern Road Approach

- The building pedestal (ground floor) has been elongated and now extends to the eastern edge of the site (formerly the 'pocket park'). This is for two reasons: to conceal the entrance to the underground parking and to provide greater architectural continuity with the four terraced houses on Eastern Road on the opposite side of Bristol Gate.
- The architectural treatment of the pedestal has been simplified to try to create a building that sits more sympathetically in its local environment.
- For the vehicle drop-off in front of the building, the City Council's preference is for a lay-by rather than a side road. This has been incorporated into the latest designs.
- There are new options for the façade of the Stage 2 building that try to provide a more natural fit with Paston Place, including designs that seek to echo the design of 1930s sanatoria.

Visual Impact

- Work has been undertaken to reduce the visual impact of the Stage 1 building, which does not now have the 'gull wings' that had been a feature of the previous iteration.

Air Ambulance Helipad

- Neil noted that much of the work has focused on the location of the air ambulance helipad and whether this should be on the Stage 1 building or Thomas Kemp Tower (TKT). He explained the considerable engineering challenges and additional cost of the latter; the TKT would need to be strengthened externally and have significant internal work undertaken as well as new lifts, a new fire strategy etc.

CLlr Turton thanked Neil for the presentation and invited questions:-

5.1 Helipad Design & Location

5.1.1 Thomas Kemp Tower Option

A resident asked whether it is feasible to put the helipad on the TKT.

Neil explained that the TKT was not designed to support a helipad so would need extensive and costly strengthening internally, eg. with a supporting steel frame around the columns. Assessing the feasibility of this option is more challenging because detailed records of the previous engineering calculations do not exist and the necessary intrusive internal survey work may require a decanting or temporary closure of the clinical services currently in that building, which include the Special Care Baby Unit and Intensive Care Unit. The TKT is also not freestanding; its podium extends into buildings on three sides, all of which would require reinforcement.

Neil felt that although this option appears technically feasible, it would be add cost, would be disruptive and would require resolution of a number of engineering uncertainties that could not be quantified until the work was underway.

5.1.2 Helipad Safety

A resident asked about the safety of landing air ambulances on the helipad in local weather conditions.

Neil replied that rooftop helipads are not uncommon. There are internationally-agreed design standards and the Civil Aviation Authority monitors outcomes to inform ongoing licensing of sites. The Kent, Surrey & Sussex Air Ambulance and Air-Sea Rescue (HM Coastguard) have also both been involved in discussions about the design and location.

He was confident, therefore, that while nothing is completely free of risk, the air ambulance helipad would be as safe as it could possibly be.

5.1.3 Landing Protocol

A resident asked how long it takes an air ambulance to drop off a patient and whether the aircraft keeps its engine running and blades rotating throughout.

Post-meeting note. Leigh Curtis (Director of Operations for Kent, Surrey & Sussex Air Ambulance) replies: 'The time it takes to drop off a patient can be quite variable and is dependant on a number of factors including patient need and hospital logistics, but we aim for 20 minutes. However we never load or unload with rotors running so within a minute of landing the engines will be stopped and will only be re-started when ready to depart. The take-off procedure requires a period of ground running first; the engines will therefore be started approximately two to three minutes prior to take off.'

Cllr Turton noted that the Trust's current estimate is one air ambulance take-off/landing per week. He added that with the police helicopter it is the hovering that causes the most disruption.

5.1.4 Helipad Use

A resident asked whether the helipad would be solely for hospital use. Cllr Turton said that this was his understanding; the helipad would be used by the air ambulance to transport hospital patients.

5.1.5 Helipad Height

A resident asked whether the helipad could be lower.

Steve Chudley replied that the design team has investigated c. 17 locations around the site, including immediately in front of A&E. Each location has been assessed in detail for wind turbulence using fluid dynamics modelling; this found that for any location the helipad would need to be at or above the height of the tallest building on site (ie. the Thomas Kemp Tower) to avoid turbulence caused by local buildings and the natural turbulence of sea winds.

5.1.6 Need for Helipad

A resident asked whether there was a national requirement for hospital redevelopments or Major Trauma Centres to have a helipad for air ambulances.

Nick replied that the Royal College of Surgeons and British Orthopaedic Association³ state that 'a helicopter pad close to the A&E department is mandatory. There should be no additional secondary journey by road. The helicopter landing site should allow landing throughout the 24 hours.' The NHS Clinical Advisory Group's report, *Regional Networks for Major Trauma*⁴, does not specify that all Major Trauma Centres must have a helipad, however it recognises that 'helicopter delivery might be the optimal solution to wider geographical coverage', as is the case for the South East Coast area.

Nick noted that the Royal Sussex County Hospital will be the only Major Trauma Centre in Kent, Surrey and Sussex. Its clinical advice is that an integral helipad is required to enable the Major Trauma Centre to function optimally. [See Appendix A for briefing note from the Trust's Chief of Trauma]. Cllr Turton added that previous meetings had discussed the clinical imperative to rapidly transfer the major trauma patient to resuscitation/surgery without secondary transfer by road ambulance, as is currently the case with landing in East Brighton park.

³ http://www.rcseng.ac.uk/publications/docs/severely_injured.html

⁴ <http://www.excellence.eastmidlands.nhs.uk/welcome/improving-care/emergency-urgent-care/major-trauma/nhs-clinical-advisory-group/>

5.1.7 Cost-Benefit Analysis

A resident asked about the cost of the helipad relative to the number of lives it would save. He suggested that the Trust undertake a value-for-money assessment using the National Institute for Health & Clinical Excellence (NICE) methodology for appraising new drugs⁵. Another resident asked how much the helipad would cost.

Steve Chudley replied that the costs of the helipad options are currently being calculated and that it would be misleading to provide any estimate until this work is complete.

Nick replied that he was not aware of any research comparing the outcomes of major trauma patients arriving by air ambulance versus those arriving by road ambulance. However, the incidence of trauma is particularly high in the younger population: an average of 36 years are lost per trauma death⁶. This is likely to skew the cost-benefit in favour of the helipad.

5.1.8 Need for Major Trauma Centre

A resident asked whether the Trust is required to be a Major Trauma Centre or whether this is an aspiration.

Nick replied that the NHS is committed to establishing regional Major Trauma Centres because of the strong evidence nationally and internationally that they significantly improve patient survival (by 20-25%) and reduce long-term disability. Major Trauma Centres are required to have the full range of specialist clinical services available, including neurosurgery. NHS South East Coast (the Strategic Health Authority) committed to establishing the Royal Sussex County Hospital as its Major Trauma Centre in 2008⁷. The Royal Sussex County is the only hospital in Kent, Surrey and Sussex that has the required range of services available.

Nick explained that if the Royal Sussex County Hospital were not a Major Trauma Centre, these patients would need to be taken to Southampton or London. This would involve both delays in treatment and considerable travelling for relatives. In this scenario it is also unlikely that Sussex would retain its neurosurgery service, so the 1.5m population currently served by Hurstwood Park would also need to travel outside the region for treatment. This is not considered acceptable by the Primary Care Trusts responsible for commissioning services for the local population.

5.1.9 Major Trauma Centre Accommodation

A resident asked how much of the building relates to the Major Trauma Centre. Nick agreed to add this information to the minutes.

Post-meeting note. The Major Trauma Centre accommodation represents 2% of the 3Ts redevelopment:

Accommodation	Area (net m²)	%
<i>Major Trauma Theatre</i>	<i>170</i>	<i>0.4</i>
<i>Major Trauma Ward</i>	<i>561</i>	<i>1.5</i>
Total	731	2.0

5.1.10 Helipad Designs

Cllr Turton and a number of residents felt that the height/visual intrusiveness and proposed design of the helipad on the Stage 1 building was unacceptable. A number of residents also found the design of the helipad on the Thomas Kemp Tower unacceptable and were concerned about the view from Lewes Crescent.

⁵ <http://www.nice.org.uk/newsroom/features/measuringeffectivenessandcosteffectivenesssthegaly.jsp>

⁶ http://www.ncepod.org.uk/2007report2/Downloads/SIP_report.pdf

⁷ <http://www.southeastcoastffh.nhs.uk/hpec/index.asp>

Cllr Mitchell said she supported the need for Brighton & Hove and the wider region to have better hospital buildings and felt that the public would accept the demolition of the Barry Building. She thought local residents had been very tolerant of the previous hospital building projects but felt that the helipad designs are a step too far. She did not think they would be acceptable to the City Council's Planning Committee.

The Chair of the CAG felt that putting the helipad on the roof of either the Stage 1 building or the TKT would be irresolvable: a design that is high enough to work operationally will not be acceptable as a design. Instead, he suggested that the Trust buy the St Mary's Hall Junior School site, build on that, put a helipad on the roof, and build a link bridge/travelator across Bristol Gate to the main hospital to link in with the theatres on Level 5.

He added that he wanted to see a wonderful hospital redevelopment but feels that too much priority has been given to clinical planning over heritage and townscape issues. Another resident felt that it was not helpful to present heritage and clinical needs as a dichotomy; the scheme needs to address both.

Cllr Turton asked the Chair of CAG to write Duane an open letter (to be posted on the HLG website) with this proposal and for the Trust formally to reply.

Action: Chair of the CAG / Duane

5.2 Hospital Location

A resident felt that the redevelopment would spoil the local topography. He asked whether the plans were a fait accompli or whether the hospital be relocated to somewhere less densely populated.

Cllr Turton summarised the history that led to the decision in the 1990s, following public consultation, to retain the hospital in its current location. He felt that there was widespread public support for having first rate local and specialist hospital services and buildings for the population of Brighton & Hove and the wider region. He commended the Trust for making significant changes to the design in response to local residents' views, which it had been under no obligation to do. He also noted that the increase in patient attendances, eg. by moving the Regional Centre for Neurosciences from the Princess Royal Hospital to Brighton, would be largely offset by the PCT's plans to move Outpatient services into GP premises and other community settings.

Cllr Turton said that the redevelopment is difficult a balancing act between disruption to local residents during the period of demolition and construction, the visual impact of the redevelopment on the local environment, and the benefits for the city and region of significantly improved healthcare services. This will need to be adjudicated by the City Council Planning Committee and is not a fait accompli.

5.3 Value for Money

A resident asked whether the approval process includes a value-for-money assessment. Cllr Turton replied that to get to this stage the scheme has had to be reviewed by the local Primary Care Trusts, Strategic Health Authority, Department of Health and Treasury and that this includes a value-for-money assessment.

The resident suggested that if 71% of the capital costs are like-for-like replacement of existing facilities, this does not represent value-for-money. Cllr Turton explained that this figure includes replacing existing accommodation, such as the pre-Nightingale medical and elderly care wards in the Barry Building, to modern space standards.

5.4 General Progress

A resident said that after 16 months of meetings he felt no sense of progress. Some of the design changes are improvements; others, such as the new helipad designs, are bombshells. He wondered whether real progress is being made.

Cllr Turton replied that the designs, construction logistics and internal clinical plans are progressing but that this is an iterative process that seeks to reconcile the views of local residents, the City Council planning officers and local and national heritage conservation societies as well as produce a building that works clinically and provides a first-rate service for patients.

He was confident, therefore, that progress is being made but he appreciated that the Trust did not want to submit its planning application until they had a reasonable level of confidence that the plans would receive support.

5.5 **Distance from Eastern Road**

A resident asked whether in the latest design iterations the Stage 1 building had moved closer to the Eastern Road footpath. Neil confirmed that it had not.

Cllr Turton thanked Neil for his presentation.

6. **Construction Logistics Update**

Steve Chudley gave an update on the construction logistics [*posted on the HLG website*⁸], including site investigation, pre-demolition audit, construction traffic and vehicle movements, site access and local labour/migratory workforce.

Cllr Turton invited questions:-

6.1 **Construction Route**

Cllr Turton asked whether the route for construction traffic had been agreed. Steve replied that it has not and that this is subject to ongoing discussions with the City Council planners.

Cllr Mitchell asked whether the routes used for the previous developments on the hospital site had been reviewed. Steve replied that discussions with the City planners had suggested the route that he had presented to the December HLG meeting⁹ and LO'R had therefore undertaken more detailed analysis to test this option. However subsequent discussions have suggested that the planners may want to amend the route; their feedback is awaited.

6.2 **Consolidation Centre**

Cllr Turton asked whether potential locations for the Consolidation Centre could yet be shared with the HLG. Steve replied that options are under consideration but that until the proposed construction route is finalised these discussions cannot be taken forward.

A resident suggested that whatever the exact route within the city, the approach is likely to be from Falmer. He asked whether LO'R could work on that basis and show some options. Steve said that he would like to be able to but that discussions about acquisition of sites are necessarily commercially confidential and he would not want to prejudice them.

Cllr Turton hoped there would be progress on the Consolidation Centre and construction route issues for the April meeting however he recognised that the timing was outside the Trust's/Laing O'Rourke's control. He asked Nick to invite City Council Planning Officers and Highways Engineers to the next meeting for this discussion.

Action: Nick / Duane

⁸ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=348720&type=full&servicetype=Attachment>
⁹ Minutes of 6th December 2010, item 4.5

6.3 Piling

A resident asked how the development would be piled. Steve replied that the plan is for the retaining walls to be contiguous pile wall screw-augered rather than pneumatically-driven.

6.4 Appointment of Contractor

A resident asked whether agreements reached through the HLG would be binding if LO'R were not appointed for the construction stage.

Steve replied that as discussed at the October meeting¹⁰, the intention is to include the majority of the 'considerate contractor' issues in the s.106 agreement, to be agreed with the City Council as part of the planning application.

Nick added that as Duane said at the December meeting¹¹, the Trust's intention is to appoint Laing O'Rourke for the construction if the submissions are agreed and the Guaranteed Maximum Price demonstrates value-for-money.

6.5 Contemporaneous Developments

A resident asked about the practicalities of undertaking the hospital redevelopment at the same time as the Marina development and a redevelopment of American Express site.

Cllr Turton replied that planning applications are considered individually without regard for other developments in the area. The American Express redevelopment is well underway. Cllr Turton said he had not seen a further application for development of the Marina site.

6.6 Traffic Impact

6.6.1 Aquarium Roundabout

A resident asked why a more detailed study had been undertaken of the impact on the Aquarium roundabout when Arundel Road is likely to present the bottleneck. Steve replied that the Aquarium roundabout had been highlighted as a particular concern at the December HLG meeting¹² so a further analysis had been undertaken in response.

6.6.2 Eastern Road

A resident asked how long Eastern Road would be closed for and how the busses would be re-routed. Cllr Turton replied that there is no plan to close Eastern Road for the development. He added that he feels there are already too many busses using Eastern Road.

6.6.3 Wilson Avenue

A resident noted that the top of Wilson Avenue is closed while races are underway. Another resident noted that parking along Wilson Avenue becomes quite congested when there are football matches on the adjacent pitches. They asked that these points be taken into account in the modelling.

6.6.4 Overall Impact

Steve reported that as presented to the December meeting¹³, a peak of c. 80 construction site vehicles per day (including tippers, concrete lorries, superstructure vehicles and small transit vans) would represent less than a 0.8% increase in traffic overall on Eastern Road. Cllr Turton noted, however, that this is the numbers of vehicles rather than amount of road occupied; HGVs are longer than cars.

¹⁰ Minutes of 11th October 2010, item 4.2 and Appendix A.

¹¹ Minutes of 6th December 2010, item 4.2.

¹² Minutes of 6th December 2010, item 4.5 - penultimate bullet point.

¹³ Minutes of 6th December 2010, item 4.4.

The presentation notes that 'overall increase in traffic is not greater than 2.5%, based on peak value of 80 vehicles per day (all HGVs).' Cllr Turton felt it was a circular argument to say that because roads are currently congested, the impact of the additional construction traffic would be marginal.

Cllr Turton felt that the impact on traffic flows and road infrastructure would be greater than has currently been assessed, eg. necessary junction improvements, impact on residents' parking, alterations of bus pick up/set down points, intersection radii, ambulance access to the hospital.

6.7 **Hours of Operation**

A resident asked about standard hours of operation. Steve replied that as discussed at the December meeting¹⁴, construction sites normally operate 8am to 6pm Monday to Friday, although delivery hours may be more limited. Weekend working would usually be by exception. The City Council would normally include limits on working and delivery hours in its s. 106 Agreement.

6.8 **Replacement Parking**

A resident asked about re-provision of the 80 parking spaces, including staff parking, that would be lost during the demolition and construction stage.

Steve Gallagher replied that discussions with the City Council are ongoing. Steve Chudley added that the plans do not assume any contractors will park on site.

Cllr Turton recalled that there had been discussions within the City Council about park & ride and agreed to follow up.

Action: Cllr Turton

7. **Next Meetings**

The next meeting will be **Monday 4th April** from 7pm (refreshments from 6.45pm) to 9pm in the Audrey Emerton Building. In light of Council elections on 5th May, this meeting will be chaired by Jackie.

Cllr Turton said that future meeting dates would be posted on the website shortly.

Air Ambulance Helipad: Briefing Note

The most critical factor influencing survival following major trauma is *time to definitive surgery*. The problem with NHS trauma systems is that they have always worked on *time to hospital* as the most important factor in trauma care. The model of care has therefore been to take patients to the nearest A&E following trauma. However many A&Es are in hospitals that do not have all the surgical services needed to treat major trauma available on site. Secondary transfers are then needed to take patients to hospitals with the necessary expertise. The delays caused by these pathways have resulted in the UK's having poor outcomes following major trauma compared to other developed countries.

Changing this system so that patients bypass hospitals that do not have appropriate surgical facilities (eg. bypassing a hospital with no neurosurgery when the patient has a head injury) introduces the challenge of longer journeys.

For the majority of England these longer journeys can be achieved by road with reasonable journey times. The NHS is using 45 minutes as the standard for a safe journey time. Using this standard many areas in the UK can develop their trauma networks without any need for air ambulance helicopters to transport patients. This is why the National Director for Trauma, Professor Keith Willett, has mentioned that helicopters and helipads are not *essential* for the UK's trauma systems.

However, some areas of the country will fall outside the 45 minute road transfer time to a Major Trauma Centre. Because of relatively poor road networks and large geographical area, there are significant areas within the South East Coast SHA that are outside 45 minutes from any Major Trauma Centre. These include parts of Surrey, East Sussex and Kent. Air ambulance transfers remain the best way to overcome problems for these areas.

Recognising patients with severe injuries at the scene of an accident remains a challenge for pre-hospital care teams. A proportion of patients will not be recognised as suffering from major trauma until after assessment at a local hospital. These patients will then need secondary transfer to a hospital able to treat their injuries. Time to surgery is critical so the most rapid transfer available needs to be utilised. For the large catchment area the Royal Sussex County Hospital (RSCH) will serve as a Major Trauma Centre, air ambulance remains the best option for many patients.

We have used national trauma audit data to predict RSCH's activity as a Major Trauma Centre. We estimate that air ambulance transfers to Brighton will be critical in achieving a safe journey time for 50 patients out of a total of 500 per annum. Therefore a helipad is likely to be a critical factor in the outcome and survival for major trauma for a minimum of 50 patients each year.

It is for this reason that we consider a helipad at the RSCH site an essential aspect of the trauma system for the South East Coast.

Mr Iain McFadyen
Chief of Trauma & Consultant Surgeon, BSUH

Minutes of the Hospital Liaison Group Meeting
Held on Monday 7th February 2011 (7pm to 9pm) in the Audrey Emerton Building,
Royal Sussex County Hospital, Brighton

Present:

Jackie Nowell (Vice-Chair), 37 members of the public

Brighton & Sussex University Hospitals (BSUH) Trust

Richard Beard, 3Ts Head of Engagement

Nick Groves, Associate Director, 3Ts Service Modernisation

Duane Passman, Director of 3Ts, Estates & Facilities

Laing O'Rourke Supply Chain

Ben Cave, Ben Cave Associates

Ryngan Pyper, Ben Cave Associates

Steve Chudley, Design Manager, LO'R

Karen Hicks, LO'R

Tessa O'Neill, BDP Architects

Andy Watson, BDP Architects

Benedict Zucchi, BDP Architects

Apologies:

Cllr Craig Turton

1. Welcome, Introductions & Apologies

Jackie opened the meeting and thanked everyone for attending. She explained that Cllr Turton was ill and gave his apologies.

2. Minutes of Last Meeting

The minutes of the previous meeting (6th December 2010) were agreed with one amendment:

Under 4.5, 1st bullet point (Wilson Avenue), the final paragraph should read: 'A resident asked whether parking would be suspended along Wilson Avenue, which is too narrow for lorries to pass when there are parked vehicles, or whether the whole construction route would be red-routed?'

3. Matters Arising

3.1 St Mary's Hall Senior School

Duane reported that the Trust took possession of the Senior School site on 20th December. No injunction has been served against the Trust or Roedean.

In response to a question, Duane replied that the site would be used for temporary decant and permanent office accommodation and for residential accommodation for staff, subject to planning consent. As reported to the November meeting¹, the requirements of the City Council's consent for change of use include maintenance of the tennis courts as a staff amenity and maintenance of the swimming pool (by a third party, which would be at no cost to the Trust).

¹ Minutes of 8th November 2010, item 5.5.1

Duane noted that the site includes a Grade II listed building. Modifications will therefore be limited and will be subject to listed building consent. As a result, it will not be possible to provide full disabled access to all buildings.

3.2 **St Mary's Hall Junior School**

Duane reported that Roedean has indicated its intention to close the Junior School in June/July 2011. In response to a question at the December meeting², Duane reported that he understands Roedean owns the site, although he has not seen the title deeds.

In answer to a question, Duane noted that the Grade II listed church on the corner of Church Place/Eastern Road was not part of Roedean's sale to the Trust.

3.3 **Light Study**

Duane reported that the study has been undertaken and the results are being analysed. These will be presented at a future meeting.

3.4 **Macmillan Cancer Information Centre**

Duane reported that Macmillan Cancer Support launched a fundraising appeal in June last year to build a £5.7m Cancer Information Centre on the Rosaz House site. A link³ to their webpage will be posted on the HLG website shortly; this includes an image of the proposed design. Construction is expected to start in 2012.

Action: Duane

The Chair of the Conservation Advisory Group (CAG) asked whether, if the Trust were to buy the St Mary's Hall Junior School, a development on the Rosaz House site would make a link bridge between the Junior School site and the main hospital campus more difficult. Duane said that Roedean has yet to determine its future intention for the site; it is not yet for sale so he felt that it would be inappropriate to comment at this stage.

3.5 **Tipper Filling Times**

Steve reported that this would be covered in the presentation. *[The presentation was deferred to a future meeting but has been posted on the HLG website - slide 6 refers].*

3.6 **Noise & Vibrations: British Standard**

Duane reported that the British Standard Institute website does not list the history of the standards⁴. As requested, he has contacted the Royal National Institute for the Deaf. They were not aware of having undertaken any work on noise and vibration standards in this context but are investigating.

3.7 **3Ts Exhibitions: Summary of Results**

Jackie asked whether the feedback received through the various exhibitions has yet been collated. Duane replied that there are over 900 responses, from groups as well as individuals and members of the public. These are still being processed but he confirmed that the report would be posted on the HLG website once it is complete. Jackie said that it would be interesting to see what people from beyond the immediate neighbourhood feel about the plans.

3.8 **Construction Route: Marina Underpass**

A resident asked whether an assessment had been undertaken of the suitability of the Marina underpass for construction traffic. Steve reported that the full proposed route for construction traffic will need to be tested but that has not yet been undertaken.

² Minutes of 6th December 2010, item 6.2

³http://www.macmillan.org.uk/Fundraising/Inyourarea/England/Sussex/SussexAppeal/Local_news/HelpbuildsomethingspecialforpeopleaffectedbycancerinSussex.aspx

⁴ BS 5228 refers to the need for the protection against noise and vibration for anyone living near or working on a building site.

3.9 Tunnel Under Marine Parade

At the October meeting⁵ a resident had noted that there is a tunnel running from the Kemptown Enclosures to the beach, which is near the surface and might not tolerate heavier construction vehicles. She reported that structural engineers have now been engaged to provide a view on this.

3.10 Representative Views from Local Streets

Duane report that these are still being developed.

3.11 Barry Building Façade

A resident asked Duane to clarify the status of the Trust's decision not to include the Barry Building façade in its evolving designs and asked whether the wording of the previous minutes⁶ implies a fait accompli.

Duane noted that the designs have not included the Barry Building façade for some time. This is for four principal reasons:

- i) retaining the façade and accommodating the necessary volume of accommodation at modern space standards would necessitate a taller Stage 2 building, which residents have said they would not support;
- ii) floor-to-ceiling heights in the Barry Building are significantly smaller than the modern standard and floors are at different levels from the other hospital buildings. Retaining the façade would mean that windows would be in the wrong place and that steep connecting ramps into adjoining buildings would be required;
- iii) the Trust's assessment of the heritage value, informed by English Heritage's decision not to list the building, is that the disadvantages of a design including the façade outweigh the heritage benefit. (The scheme has always sought to retain the listed chapel and relocate it to a site of prominence elsewhere on the campus); and
- iv) although this a subjective assessment, the design team feels that retaining the façade within a modern building would be less attractive than an entirely new building of architectural merit.

Duane said that in light of concern expressed by some members of the HLG and CAG, the Trust is reviewing whether its original rationale and conclusion are reasonable; this will form part of the Heritage Assessment of the scheme. The Chair of the CAG noted that the desire to retain the façade is a minority view within the CAG.

A resident asked whether the Heritage Assessment and the Trust's review of its original decision would be made available to the HLG. Duane confirmed that this would be presented to the CAG (likely in March), and to the HLG before the planning application is submitted.

Jackie concluded that the minutes of the previous meeting accurately reflect the proceedings, however Duane agreed to add a note to the minutes to refer readers to the discussion at this meeting.

3.12 Transport Modelling

A resident asked whether the City Council had undertaken the transport feasibility study referred to at previous meetings. Duane replied that he understood some work is being undertaken but he has not had sight of it. The resident expressed concern about the impact that the delay might have on the Trust's traffic modelling. Duane agreed to pass on these concerns to City Council officers. Jackie noted that Cllrs Mitchell and Morgan had also expressed their views on this at previous meetings.

Action: Duane

⁵ Minutes of 11th October 2010, item 4.1 - 6th bullet point.

⁶ Minutes of 6th December 2010, item 6.3

Another resident noted that local roads are currently congested and said he would be concerned if the redeveloped hospital generated additional traffic. Duane reported that the Trust is refining its Traffic Impact Assessment, which will be discussed with the City Council in the context of their city-wide plans. He referred new members to the transport presentation given to the October meeting⁷, which is posted on the HLG website. *[Item 6.1 below also refers].*

4. Health Impact Assessment

Jackie welcomed Ben and Ryngan to the meeting to present the preliminary results of the Health Impact Assessment (HIA)⁸.

Ben explained that HIAs are relatively new. The World Health Organisation defines them as ‘a means of assessing the health impacts of policies, plans and projects in diverse economic sectors using quantitative, qualitative and participatory techniques. HIAs help decision-makers make choices about alternatives and improvements to prevent disease/injury and to actively promote health.’⁹

Brighton & Hove City Council advises that ‘any development requiring an Environmental Impact Assessment (EIA) should consider health of the existing community by incorporating a HIA as part of an EIA’¹⁰. The Trust has therefore agreed with the Council and Primary Care Trust (PCT) that it will undertake an HIA for the hospital redevelopment.

In summary, the assessment has identified a number of potentially negative health effects for local residents (including air quality from operational traffic, dust exposure from demolition and construction, noise and vibration from demolition and construction, and parking) and includes a number of recommendations to mitigate them. The HIA also identifies a number of positive benefits related to the new buildings.

Jackie invited questions:-

4.1 Source Material

A resident asked how the HIA had been compiled. Ben replied that the preliminary assessment had drawn on the health-related concerns raised at previous HLG meetings, the available research evidence, experiences of similar redevelopment schemes elsewhere and the Trust’s Traffic Impact Assessment. It had also been discussed with Cllr Turton, the 3Ts Patient & Public Design Panel, City Council officers, the PCT and, by way of comparison, the Chair of the American Express Residents’ Association. Ben explained that residents’ views from this meeting would also be incorporated in the next iteration of the report.

A resident, who said his partner is a nurse, felt that Trust staff would not recognise the benefits listed. Duane replied that although the assessment would not be true for every member of staff, extensive consultation has been undertaken with staff, both face-to-face and in writing. The list of issues (eg. parking, quality of facilities, access to green/outdoor space, natural light) is consistent with the HIA list.

4.2 Methodology

A resident asked how the positive and negative health impacts had been quantified, in particular those that are more subjective, eg. quality of facilities, visual impact, work environment. Ryngan replied that quantitative assessments have been undertaken where possible and that the report details the basis for any qualitative assessments. However the key purpose of the HIA is to identify the potential negative health effects and recommend mitigating actions to address them.

⁷ Minutes of 11th October 2010, item 5.

⁸ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=344279&type=full&servicetype=Attachment>

⁹ <http://www.who.int/hia/en/>

¹⁰ <http://www.brighton-hove.gov.uk/index.cfm?request=c1174415>

The resident asked whether details of the methodology would be made available. Duane confirmed that the full report, including the methodology, would be made available on the HLG website once it has been discussed with the City Council and PCT.

A resident asked for it to be noted that he did not agree with the allocation of health impacts between 'positive' and 'negative'.

4.3 Definition of 'Local' Resident

A resident asked why 'local residents' is defined only as those living within a 0.25 mile radius of the hospital, and which point on the large campus this was measured from. Duane replied that when the HLG was re-established in 2009 the East Brighton Local Councillors had advised that it should be targeted at the three local wards, which roughly equates to a 0.25 mile radius from the hospital. The definition of 'local resident' in the HIA has mirrored this.

4.4 City-Wide Transport Modelling

A resident asked how the health effects of increased traffic could be properly assessed if the City Council has not yet completed its city-wide modelling. Ben replied that the HIA has used the Trust's Traffic Impact Assessment¹¹ and has drawn on the City Council's *Full Local Transport Plan 2006/7 to 2010/11*¹².

4.5 'Modal Shift'

A resident asked how realistic it is to assume that patients, visitors and staff can be encouraged to switch from private cars to public transport. Ben noted that the City's current *Sustainable Transport Strategy*¹³ prioritises road safety and sustainable modes of travel and suggested that this work would need to be undertaken city-wide.

A resident asked whether a 'shift away from private car use' would be exclusively positive; it may be considered a negative aspect by patients and visitors who are ill and infirm. Ben replied that the benefits are necessarily assessed at group level.

Another resident suggested distinguishing between residents of Brighton & Hove, which has good public transport options, and the Trust's regional catchment, where public transport is more difficult.

4.6 Design-Related Health Impacts

A resident asked how the design-related impacts (eg. sunlight, visual impact) have been assessed given that the design is still evolving. Ryngan replied that the assessment assumes that whatever the final design it will meet current NHS design standards, which will be a significant improvement for staff, patients and visitors over the current accommodation. This is sufficient to identify these as positive effects for these groups.

4.7 Visual Impact

A resident said that he disliked the emerging external design and that for him this is therefore a negative impact. Ben replied that 'visual impact' in the HIA refers to interior design; it is listed as a positive benefit for patients and staff but no health effect has been identified for local residents. The visual impact of the exterior is not considered primarily a health impact and is instead considered in the EIA.

4.8 Asbestos

A resident asked whether any of the buildings slated for demolition contain asbestos. Duane replied that the Occupational Health building is known to contain asbestos. Health & Safety legislation prescribes how asbestos needs to be encapsulated, removed and

¹¹ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=299023&type=full&servicetype=Attachment>
¹² <http://www.brighton-hove.gov.uk/index.cfm?request=c1146323>
¹³ Para 10.10, p. 103: www.brighton-hove.gov.uk/downloads/bhcc/ltp/Chapter_10_Indicators,_Targets_and_Monitoring.pdf

disposed of. Intrusive surveys have been undertaken across the site and no other asbestos has been identified.

4.9 Road Safety

A resident suggested that the potential impact of construction vehicles¹⁴ on road safety should appear as a negative health effect. Ben replied that the HIA has not undertaken a separate road safety study; road safety issues will be identified through the Transport Assessment and EIA and these will feed into the HIA. Any health effects and appropriate mitigation will be identified at that stage.

4.10 Helipad

A resident suggested that the noise associated with the helipad would be a negative health impact for local residents, even if there is only one take off/landing per week¹⁵. Ben confirmed that the EIA will include noise modelling from all sources. The HIA will then assess these level against the thresholds identified in the literature as having potential health effects.

Jackie thanked Ben and Ryngan for their presentation. Duane confirmed that this will be posted on the HLG website once it has been discussed with the City Council and PCT.

5. Design Update

Jackie invited Benedict to update the meeting on the latest iteration of the design.

Benedict presented the latest designs. *[This presentation has been posted on the HLG website]*. He reported that the design has continued to evolve following the most recent round of meetings with external bodies (including English Heritage (EH), the Commission for the Built Environment (CABE) and Brighton & Hove City Council planning officers) and a series of six detailed internal design reviews with each of 18 clinical user groups (involving c. 100 clinical staff).

Jackie invited questions:-

5.1 EH and CABE Feedback

A resident asked about the feedback received from the most recent meetings with EH and CABE.

Benedict noted that the design team has been meeting with EH and the City Council over the last two years, with more frequent meetings as the designs have become more detailed. At the meeting with CABE before Christmas, two of the five commissioners appeared very positive about most aspects of the design; one appeared neutral; and two had concerns about the scale and massing and would prefer a more evenly-massed building across the site - this would involve a Stage 2 building of approximately twice the height of the existing plans, which would not work operationally. The team's presentation had been limited to 20 mins and Benedict noted that none of the commissioners had visited the hospital site or the surrounding area.

Benedict reported that EH's concern is principally with the townscape and in particular the view of the development from Lewes Crescent.

A resident asked about the massing of the development and whether all the accommodation planned is necessary. Duane replied that the Stage 1 building is c. 59,600m²: it replaces the Barry and Jubilee Buildings to modern space standards and includes both the Major Trauma Centre and the Regional Neurosciences Centre, which is being transferred from the Princess Royal Hospital. The purchase and conversion of the St Mary's Hall Senior School for office accommodation *[see 3.1 above]* means that only c. 1%

¹⁴ Minutes of 6th December 2010, item 4.4.

¹⁵ Minutes of 6th September 2010, item 4.19.

of the Stage 1 building will be for general management accommodation. Duane reported that a detailed justification for the inclusion of each department in the redevelopment is being produced for the City Council and will be shared with the CAG and HLG.

Action: Duane

5.2 Timetable for Planning Consent Application

A resident asked when the Trust now plans to submit its application for planning consent. Benedict replied that the designs are continuing to evolve and that the application will not be made for some months. Duane added that since the design development is an iterative process any timetable is inevitably a best estimate.

5.3 Stage One Building Height

A resident asked about the height of the Stage 1 building and helipad. *Post-meeting note: it is 65m above Eastern Road.*

5.4 Coloured Panels

A resident asked whether the designs will include coloured panels, as the Children's Hospital does. Benedict replied that the aim would be to differentiate the three 'fingers' in some way but that the plans for the exterior treatment are still evolving.

5.5 Parking Spaces

A resident asked how many parking spaces are included. Duane replied that the plans currently include 200 new and 80 replacement spaces¹⁶. He confirmed that it would be possible to include additional spaces at concomitant cost by creating a further basement level.

Duane noted that Brighton & Hove City Council's Supplementary Planning Guidance (SPG4)¹⁷ sets out the maximum number of parking places for new developments. For hospital developments in parking control areas, the standards are: 1 car space per bed space plus 1 car space per 2 staff; 5 Blue/Orange Badge parking spaces per establishment up to 100 beds then 1 additional space per 20 beds; and 1 secure cycle parking space per 10 staff.

A resident asked whether the plans include increased staff parking. Duane reported that at this stage the plan is to extend the current apportionment of spaces; this was detailed at the February meeting¹⁸. Staff living in BN1, BN2 and BN3 are not given parking permits in order to encourage public transport use, however the Trust is not able to prevent them parking in legitimate parking spaces off the hospital campus. Duane added that he is however exploring alternative staff parking options with the City Council.

A number of residents indicated that they would welcome an increase in the number of parking spaces being planned.

A resident suggested that the City Council increase the number of residential parking spaces locally and reduce the number of pay & display parking spaces. Duane agreed to pass on this suggestion to Council officers.

Action: Duane

¹⁶ Minutes of 6th September 2010, item 4.9. Minutes of 11th October 2010, items 3.2, 5.1

¹⁷ <http://www.brighton-hove.gov.uk/downloads/bhcc/localplan2001/SPGBH04ParkingStandards2000.pdf>

¹⁸ Minutes of 1st February 2010, item 4.1: There are currently 497 parking spaces on the RSCH campus: 20 are for pool cars and Trust vehicles (Sussex House), 59 are for staff only (Sussex House, Latilla), 66 are for patients and visitors only (main front car park), and 352 are shared between patients and staff (multi storey car park). Staff parking permits are allocated using strict eligibility criteria, which excludes staff who live in postcodes BN1, BN2 or BN3 other than in exceptional circumstances. There are 600 parking permits available for staff at RSCH, all of which have been allocated.

5.6 Use of Stage 1 Car Park

A resident asked when the car park under the Stage 1 building would be brought into use. Benedict replied that the plan is to relocate some Outpatient accommodation within the Sussex Cancer Centre and create a temporary entrance to the Stage 1 car park before the Stage 2 building is completed and the Cancer Centre relocated. The Stage 1 car park would therefore be available when the construction of Stage 1 is complete.

5.7 Sea Views & Natural Light

A resident asked what proportion of inpatient rooms have a sea view and whether the rooms facing one another on the inner side of the 'fingers' will have sufficient light.

Benedict replied that c. 2/3rds of the rooms will face East, South or West and, because of the design of the rooms and window bays, will have a sea view. He confirmed that the V-shaped 'fingers' are c. 7.5m wide at the narrow end and c. 17.5m at the wide end. The wards will be on the top three floors, which will enhance the available light. A detailed daylight assessment will also be undertaken to ensure that the rooms meet the appropriate standards.

The Chair of the CAG asked whether he could receive a cross-section showing the exact dimensions. This was agreed.

Action: Benedict

5.8 Roof Garden

A resident asked whether Brighton's windiness and in particular the wind tunnel created by Paston Place would render the roof gardens unusable. Benedict noted that this had been discussed at the March meeting¹⁹ and felt that the effects of the wind could be mitigated through design and choice of planting. He reported that an assessment of the wind dynamics has been undertaken and this has produced initial guidance on use of the amenity spaces within the design.

6. General Q&A

6.1 NHS Reconfiguration

A resident asked how the planned changes to the NHS would affect the sizing of the redevelopment. Another resident noted that the NHS Brighton & Hove (PCT) had given a presentation on this to the November meeting²⁰. Duane added that the presentation, *Moving Services to Community Settings*, is posted on the HLG website; Cllr Turton had particularly welcomed the PCT's planned reduction of 90,000 Outpatient attendances at the hospital by April 2013 and the consequential impact on traffic to the site.

Duane noted that the activity assumptions used to size the redevelopment are regularly refreshed to ensure they are consistent with commissioners' planning assumptions and actual activity.

6.2 Breakdown of Construction Costs

A resident asked about the costs of the various elements of the redevelopment scheme. Duane reported that this had been discussed recently with the Brighton & Hove Clinical Commissioning Executive / GP Commissioning Consortium and he agreed to provide the breakdown in the minutes.

¹⁹ Minutes of 15th March 2010, item 3.9.

²⁰ Minutes of 11th October, item 5.3. Minutes of 8th November 2010, item 4.

Post-meeting note. The breakdown of current capital costs is as follows:

	Cost (£m)	%
Barry/Jubilee Replacement	192	48
Neurosciences	78	19
Major Trauma Centre	27	7
Sussex Cancer Centre	92	23
BSMS/Teaching	12	3
Total:	401	100

Like-for-like replacement of accommodation across the whole scheme accounts for c. 71% of the capital cost; service development and expansion of Imaging, Neurosciences and Cancer accounts for c. 18%; and providing facilities for staff (changing etc.) and other modern requirements for healthcare facilities accounts for c. 11% of the cost.

6.3 Public Transport Information

A resident expressed concern that the Trust's website lists private cars and 'parking in the vicinity' ahead of public transport options.

Post-meeting note:

- The Trust 'Welcome Booklet'²¹ currently lists public transport options on p8-9 and parking on p15. It advises that 'car parking is very difficult so please use other forms of transport if possible'.
- The hospital webpage²² lists public transport options ahead of private cars/parking. It notes: 'Limited pay and display on-site car parking is available. There is limited short term on-street car parking in the vicinity of the hospital. Please allow extra time for parking.'
- Outpatient letters state: 'The Trust's sites... have limited pay & display parking and the surrounding areas have parking controls. We recommend that you allow plenty of time to find the department if travelling by public transport or for parking if coming by car.'

Duane thanked the resident for highlighting this issue. He reported that work is underway to provide further advice to visitors and patients about public transport options for its sites, including on the website and in Outpatient letters.

7. Construction Logistics Update

Because the meeting was overrunning Jackie proposed that this item be deferred. This was agreed. [The presentation has been posted on the HLG website].

8. Next Meeting

The next meeting will be held on **Monday 7th March** in the Audrey Emerton Building (on Eastern Road, next to the Sussex Eye Hospital) from 7pm to 9pm, with refreshments available from 6.45pm.

²¹ <http://www.bsuh.nhs.uk/patients-and-visitors/>

²² <http://www.bsuh.nhs.uk/hospitals/our-hospitals/royal-sussex-county-hospital/>

Minutes of the Hospital Liaison Group Meeting
Held on Monday 6th December 2010 (7pm to 9pm) in the Audrey Emerton Building,
Royal Sussex County Hospital, Brighton

Present:

Cllr Craig Turton (Chair), Jackie Nowell (Vice-Chair), Cllr Gill Mitchell, 23 local residents

Brighton & Sussex University Hospitals (BSUH) Trust

Richard Beard, 3Ts Head of Engagement

Nick Groves, Associate Director, 3Ts Service Modernisation

Duane Passman, Director of 3Ts, Estates & Facilities

Laing O'Rourke Supply Chain

Steve Chudley, Design Manager, LO'R

Tessa O'Neill, BDP Architects

Simon Zelestis, BDP Architects

Apologies:

Simon Kirby, MP (Brighton, Kemptown)

1. Welcome, Introductions & Apologies

Cllr Turton opened the meeting and thanked everyone for attending.

2. Minutes of Last Meeting

The minutes of the previous meeting (8th November 2010) were agreed.

3. Matters Arising

3.1 Light Study

Duane reported that he had agreed the approach and scope with the specialist contractor. He will be writing to local residents within the next few weeks to explain the process [*this letter is also posted on the HLG website*¹]. The current plan is to undertake the study the week commencing 10th January.

3.2 St Mary's Senior School

Duane reported that the purchase is progressing and that the Trust expects to take possession on 20th December. A resident reported that ownership of the school is in dispute and that an injunction has been issued. Duane replied that due diligence has been undertaken but agreed to raise the issue with Roedean. Cllr Turton suggested that if the resident has any documentation to this effect, he and Duane would find it helpful.

3.3 Macmillan Cancer Information Centre²

Duane reported that he is due to meet Macmillan on 16th December to discuss their progress with fundraising and the redesign of the Rosaz House site. He agreed to report back at the February meeting.

Action: Duane

¹ [Light Study - Letter to Residents](#)

² http://www.theargus.co.uk/news/8239980_3_7m_appeal_launched_for_Brighton_cancer_centre/

3.4 Transport Modelling

Duane reported that he had responded to Cllr Mears' request for information about the transport modelling assumptions. The information is broadly similar to that provided in the transport studies posted on the HLG website³ at the end of 2009 and early 2010.

Cllr Turton expressed concern that City Council officers had not begun work on the feasibility study^{4,5} that the full Council approved a year ago. He expressed disappointment that Cllr Mears was not present to discuss this and the impact on the Trust's transport modelling but understood she had another engagement.

4. Logistics Update

4.1 Introduction

Duane explained that the logistics plan remains a work in progress. Feedback from local residents is very helpful in refining the plan, which is also undertaken in partnership with Brighton & Hove City Council officers.

4.2 ProCure 21+ Framework

At a resident's request, Duane explained the national ProCure21 framework⁶ under which Laing O'Rourke had been appointed as the Principal Supply Chain Partner up to the point of submission of the planning application and Full Business Case. He reported that it is the Trust's intention to appoint Laing O'Rourke for the construction if the submissions are agreed and the Guaranteed Maximum Price demonstrates value-for-money.

Duane noted that the relationship between the Trust and Laing O'Rourke under the NEC form of contract⁷ had been covered at the July meeting⁸.

4.3 Update

Steve Chudley provided an update on site logistics, including piling, the Consolidation Centre, construction traffic routing, access to/from the site, site and crane layout, numbers of vehicle movements, environmental plan and the project timeline. *[This presentation has been posted on the HLG website⁹.]*

Cllr Turton invited questions:

4.4 Vehicle Numbers

Steve noted the traffic survey findings that Eastern Road currently carries c. 10,000 vehicles every weekday (7am to 7pm), of which c. 600 are HGVs/busses. The current hospital redevelopment plans envisage a peak of c. 80 construction site vehicles per day, including tippers, concrete lorries, superstructure vehicles and small transit vans. This would represent up to a 13% increase in HGVs (however not all the vehicles will be HGVs) and less than a 0.8% increase in traffic overall.

³ <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/>

⁴ http://www.brighton-hove.gov.uk/downloads/bhcc/ldf/REg_27Core_Strategy_Proposed_Submission_February_2010v2.pdf

⁵ *'the re-routing and reduction of through-traffic (with the exception of residents' vehicles, public transport including taxis, ambulances other hospital transport and vehicles directly accessing the hospital) along Eastern road in the immediate vicinity of the hospital with the aim of reducing congestion, improving air quality and ensuring adequate emergency access to the hospital.'*

⁶ <http://www.procure21plus.nhs.uk/>

⁷ <http://www.neccontract.com/about/index.asp>

⁸ [Minutes of 26th July 2010, item 3.3.2.](#)

⁹ [Construction Logistics Update December 2010](#)

4.5 Proposed Route for Construction Traffic

Steve described the proposed route suggested by City Council officers:-

- **Wilson Avenue**

A resident noted that Wilson Avenue would have two-way construction traffic with vehicles both heading towards and away from the site. He asked about the associated noise, diesel vehicle emissions and health impact, particularly given the gradient of the hill. Another resident remarked that any route will involve negotiating a hill, whether Wilson Avenue, Freshfield Road or another.

A resident asked whether parking would be suspended along Wilson Avenue, which is too narrow for lorries to pass when there are parked vehicles, or whether the whole construction route would be red-routed?

- **Wilson Avenue / Roedean Road**

Cllr Mitchell noted that there are already problems with this junction and accessing the Marina. She expressed concern that queues up Wilson Avenue would encourage rat-running through the Whitehawk Estate and suggested that traffic issues be reviewed holistically.

- **Marina Underpass**

A resident asked whether the Marina Underpass would be suitable and high enough for the proposed volume of construction site traffic.

- **Old Steine**

A number of residents expressed concern about the proposed routing from Marine Parade along the Old Steine, which is a narrow turning and is often heavily congested, especially during high season. Cllr Turton added that the city's economy is dependent on its seasonal visitors and being able to move them through the city.

- **Eastern Road**

A resident asked whether there would be room for construction vehicles to turn left from Eastern Road into the site and turn left out of the site back onto Eastern Road. Steve confirmed that this has been calculated, so the proposed site entrance, exits and haul road are wide enough.

Steve and Duane thanked members for their comments. They explained that detailed traffic, environmental and health impact studies and further discussions with the City Council will need to be undertaken before the proposed plan can be submitted.

4.6 Waste Management

4.6.1 Chalk Dust

Cllr Mitchell said that as discussed at the February meeting, the last major excavation on site had not been managed well: lorries removing waste were not covered, wheels were not washed down and as a result local roads were covered in slippery chalk and local houses were covered in white dust.

Steve confirmed that if Laing O'Rourke is appointed as the constructor it will ensure that waste vehicles are covered and wheels are washed down before leaving the site. He felt that Laing O'Rourke has a good track record of site management.

4.6.2 Fill Times

A resident asked how long it takes to fill a tipper vehicle with waste. Steve did not have this information to hand but agreed to investigate.

Action: Steve

4.6.2 Landfill

A resident asked about the Environmental Plan targets. Steve replied that Laing O'Rourke is a signatory to WRAP (Waste & Resources Action Planning), a government-funded organisation that aims to reduce site waste by 70-80% through Site Waste Management Planning¹⁰. This includes halving waste to landfill¹¹.

4.6.3 Landfill Location

Residents asked where waste would be tipped. Duane replied that this would be at an existing, approved tip, although the location would not be finalised for some months.

There was a discussion about a tip to the east of the city, given the proposed vehicle routing. Residents mentioned Sheepcote Valley, which has a Cavan Club site and a Friends of Sheepcote Valley¹² society. Duane stressed that there is no intention to create a new landfill site and that the location of the existing tip has not yet been finalised.

Cllr Turton noted that this would need to form part of the planning application and therefore be decided by February or March 2011, based on the Trust's timetable for submitting its application. Duane confirmed that this is the current timetable.

4.7 Site Management

4.7.1 Noise & Vibration

Steve reported that vibrations (Peak Particle Velocity) on previous Laing O'Rourke construction sites have been recorded as 2-6mm/s. This is above the threshold for human perception (0.14-0.3mm/s) but considerably lower than the British Standard threshold for cosmetic damage to residential buildings (15-20mm/s).

Cllr Turton asked whether any work has been undertaken with the Royal National Institute for the Deaf (RNID), particularly since Hamilton Lodge School for Deaf Children is located locally (Walpole Road). Duane agreed to investigate the history of the British Standard and to check whether the RNID has any guidance in this area.

Action: Duane

4.7.2 Hours of Operation

A resident asked about standard hours of operation. Steve replied that construction sites normally operate 8am to 6pm Monday to Friday, although delivery hours may be more limited. Weekend working would normally be by exception. Duane noted that the City Council would normally include limits on working and delivery hours in its Section 106 Agreement¹³.

4.7.3 Contractor Accommodation

A resident remarked on the proposed 2,000m² of temporary construction cabins. Steve replied that the size and location of this accommodation has not yet been finalised. 2,000m² is Laing O'Rourke's initial estimate however if this cannot all be accommodated on site then they would look for additional offsite accommodation.

Cllr Turton thanked Steve for his presentation and for being very open about the issues that have yet to be resolved.

4.8 Liaison with Council Officers

Cllr Turton reported that he had fed back to the Council's Highways Officers the previous week. He suggested it would be helpful if relevant Council Officers (eg. planning, traffic and conservation) be invited to attend future meetings to listen to the discussion.

¹⁰ http://www.wrap.org.uk/construction/tools_and_guidance/site_waste_management_planning/index.html

¹¹ http://www.wrap.org.uk/construction/halving_waste_to_landfill/12w2L_why.html

¹² <http://www.sheepcote.org.uk/>

¹³ <http://www.communities.gov.uk/publications/planningandbuilding/circularplanningobligations>

Duane noted that he had been asked to engage with conservation groups through the Conservation Advisory Group¹⁴, which is part of the City Council's structures. Martin Randall (Assistant Director - Development, Planning & Public Protection, Brighton & Hove City Council) had attended the May meeting to explain the planning process and receives notes of the meetings. Duane agreed to invite Martin to field relevant officers to attend future meetings.

Action: Duane

5. **Exhibition**

Richard Beard reported that at Cllr Turton's suggestion the design exhibition would be held at the Manor Road Gym BN2 on Monday 13th and Tuesday 14th December from 3pm to 7pm. The exhibition is also available online¹⁵.

Cllr Turton asked about feedback from the previous exhibitions. Duane replied that he had received the collated responses that afternoon and would post these on the HLG website as soon as he has had a chance to review them.

Action: Duane

6. **General Q&A**

Cllr Turton invited general questions:-

6.1 **Timetable**

Cllr Turton noted that the previous timetable had included submitting the planning application before Christmas; the latest timetable suggests March or April 2011. He asked whether this was realistic. Duane replied that it is achievable however the design and logistics planning is iterative and involves agreement on some difficult and sensitive issues; the timetable can therefore only be a best estimate.

6.2 **St Mary's Hall Junior School**

A resident noted that Roedean has announced its intention to sell the St Mary's Hall Junior School site and asked whether purchasing this would allow the Trust to reduce the density of the main development.

Duane replied that he had become aware of the news that afternoon and would need to reflect on it. However, the site is relatively small. It is separated from the main hospital by Bristol Gate and some residences, so at minimum a bridge would be required to allow the site to be used for inpatient or other clinical accommodation (only 1% of the floor area of the redevelopment is general management office accommodation). The school is not due to close until June 2011. The level of construction traffic would also be the same, whatever the massing of the development.

A resident reported that Roedean is a Trustee of the Junior School site and does not own it, so any sale would require approval of the Charity Commission. Duane thanked the resident for this information and will follow up with Roedean.

6.3 **Design Reviews**

A resident asked about the review being undertaken by the Commission for the Built Environment¹⁶ (CABE) and whether there have been any informal discussions in advance.

Duane replied that the CABE review is due to take place on 8th December and he expects to receive written feedback either just before Christmas or early in the New Year. To date, there has been one review on the previous proposals, and the associated feedback contributed to the evolution of the design. He reported that English Heritage¹⁷ would also

¹⁴ http://www.roundhill.org.uk/main.php?sec=about&p=Conservation_Advisory_Group

¹⁵ <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/latest-designs/exhibition/>

¹⁶ <http://www.cabe.org.uk/>

¹⁷ <http://www.english-heritage.org.uk/>

be discussing the latest iteration of the designs at its Important Applications Review Group on 9th December, to which the Trust is not invited.

The resident asked whether the cancellation of the January HLG meeting suggested the Trust is anticipating negative feedback. Duane replied that CABE never reviews a scheme without making some comments. He had agreed with Cllr Turton and Mrs Nowell that it would be prudent to cancel the January meeting and defer the next design presentation to the February meeting. This also gives the architects and Trust to meet English Heritage and the City Council's officers in advance.

Duane noted that CABE publishes comments on the final proposal, which are available to the public once the application for planning approval is submitted.

6.4 **Building Life**

A resident asked how long the new buildings would be expected to last. Duane replied that the formal value for money appraisal is undertaken over a period of 60 years from the date of completion. For hospital developments, a major refurbishment (eg. recladding) would normally be expected after 60-70 years.

6.5 **Design Priorities**

A resident asked about preserving views from the RACH as far as possible and ensuring sea views from all the inpatient rooms in the new development. Duane confirmed that these are important priorities. He noted that Cllr Morgan had raised the issue of preserving views from the RACH at the previous meeting¹⁸. The current design provides sea views from 297 of the 300 inpatient rooms.

The resident asked whether the priority being given to views outside, as opposed to views into interior courtyards, was taking precedence over a building design that fits into its local context; he suggested that most inpatients are lying in bed and would not be able to appreciate the views other than sunrise and sunset.

Duane noted that the most significant factors affecting the size of the development are modern NHS space standards (eg. bed spacing of 3.6m rather than the 1.7m in the Barry building currently) and an increase in the number of toilets, bathrooms and other sanitary facilities. There is evidence that views of nature improve patient outcome¹⁹, although these tend not to compare gardens/courtyards with landscapes. Feedback from patients through the design and consultation process however is that they would value views of the landscape.

6.6 **Barry Building Façade**

A resident tabled a study, developed in partnership with C Change Limited Architecture & Interiors, suggesting a way in which the 1828 Barry Building façade could be retained as part of the Stage 2 development. The proposal includes an atrium immediately behind the façade, which would address the concern about floor heights and window placements. The existing canopy could provide the atrium roof.

The resident said that retained façades can work well, eg. Riverplate House in London. He felt that the Barry Building is an important part of Charles Barry's work, although the building has been added to in the style of - but not by - Barry and English Heritage has declined to list it.

¹⁸ Minutes of 8th November 2010, item 5.1.1

¹⁹ <http://www.legacyhealth.org/documents/Gardens/Research%20abstracts%20to%20support%20hospital%20gardens.pdf>

Another resident, who said he lectures on the history of medicine, suggested that Trust senior management has consistently diminished the importance of preserving the hospital's history, including its buildings. Duane described work to catalogue and preserve the historic artefacts and memorials from the Barry Building. He also described a project currently underway to capture the experience of nurses who nursed in the Barry Building, the earliest of which dates back to 1910. He said that as reported at the last meeting²⁰, the decision not to retain the Barry Building or its façade in the evolving designs was based on careful analysis and that the final decision needs to reflect the full range of interested parties rather than solely the Amenity Societies.

[Post-meeting note: please refer to follow-up discussion at HLG meeting on 7th February 2011 - item 3.11].

It was agreed to discuss this proposal at the February meeting once members had had a chance to review the full report. *[This will be posted on the HLG website as soon as an electronic copy is received].*

7. **Next Meeting**

The next meeting will be held on **Monday 7th February** in the Audrey Emerton Building (on Eastern Road, next to the Sussex Eye Hospital) from 7pm to 9pm, with refreshments available from 6.45pm. This will include a design update.

Cllr Turton thanked everyone for attending and closed the meeting.

Minutes of the Hospital Liaison Group Meeting
Held on Monday 8th November 2010 (7pm to 9pm) in the Audrey Emerton Building,
Royal Sussex County Hospital, Brighton

Present:

Cllr Craig Turton (Chair), Jackie Nowell (Vice-Chair), Cllr Gill Mitchell, Cllr Mary Mears,
Cllr Warren Morgan, 23 local residents

Brighton & Sussex University Hospitals (BSUH) Trust

Richard Beard, 3Ts Head of Engagement
Nick Groves, Associate Director, 3Ts Service Modernisation
Duane Passman, Director of 3Ts, Estates & Facilities

NHS Brighton & Hove

Geraldine Hoban, Deputy Director of Commissioning

Laing O'Rourke Supply Chain

Karen Hicks, Project Leader, LO'R
Tessa O'Neill, BDP Architects
Simon Zelestis, BDP Architects
Benedict Zucchi, BDP Architects

1. Welcome, Introductions & Apologies

Cllr Turton opened the meeting and thanked everyone for attending. He introduced Geraldine Hoban (NHS Brighton & Hove) and Cllr Mary Mears (Rottingdean Coastal and Leader of the Council).

2. Minutes of Last Meeting

The minutes of the previous meeting (11th October 2010) were agreed.

3. Matters Arising

3.1 Site Vehicles

At the previous meeting Laing O'Rourke agreed to confirm the proportion of site traffic expected to be the larger (26+ tonne) vehicles. It was agreed to defer this to the next logistics update (December meeting).

Action: Laing O'Rourke

3.2 Bristol Gate Piers

Cllr Turton reported that the request for information about the gate piers appeared in *The Argus* on 18th October. Nick said that he had received two replies, which were helpful but had not added to what was already known. Cllr Turton asked that any further information be passed to Nick.

3.3 Light Study

Duane reported that planning for the study is underway and that he would provide a further update to the December meeting.

Action: Duane

3.4 Consolidation Centre

Cllr Mitchell asked about progress with identifying a location for the consolidation centre. Duane replied that discussions are underway but that these are commercially sensitive. As agreed at the last meeting, he will provide an update to the December (site logistics) meeting.

3.5 Data Request

Cllr Mears asked whether Duane had been able to reply to her letter of 8th October, which included a request for data on staff numbers. Duane replied that he expected to be able to respond within the next seven to ten days; he wanted the reply to be as comprehensive and up-to-date as possible. He explained that the Trust had recently updated all key workforce and activity information as part of the ongoing, iterative planning processes for 3Ts and the wider Trust.

Action: Duane

3.6 Public Exhibition

Duane reported that 233 members of the public attended the exhibition at Hove Town Hall, 301 attended at the Jubilee Library and 116 had attended that day at the Audrey Emerton Building [*with a further 177 over the following two days - a total of 827*]. The exhibition is also now available online, together with the feedback from, on the HLG website.

4. Moving Services to Community Settings

As requested at the last meeting, Geraldine presented NHS Brighton & Hove's plans¹, developed in partnership with the Trust, to reduce the number of Outpatient attendances at the Royal Sussex County Hospital. This strategy has two components: relocating appropriate services from the hospital campus to GP premises and other community settings, and moving to more efficient 'one stop' appointments rather than asking patients to attend on multiple occasions. This is both national and local NHS policy.

Geraldine described the benefits to patients and the positive evaluation that previous service transfers have received. She suggested that although this strategy is being pursued independently of 3Ts, any increases in patient and visitor numbers as a result of the redevelopment should be seen in the context of the plans to significantly reduce the number of attendances in other services: a reduction of 61,000 attendances per annum (20% of Brighton & Hove's commissioned Outpatient activity with the Trust) from 2010/11 and a further 29,000 attendances per annum (10%) from 2011/12. She noted that these figures include new and follow-up attendances.

A resident welcomed the strategy but asked whether potential GP and patient resistance to the new ways of working set out in the NHS White Paper² would affect it. Geraldine replied that the PCT is working closely with GPs on the strategy and that it reflects their priorities. If anything, she envisaged that GPs would want to increase the pace of change. She agreed that it is important to engage patient groups and reported the overwhelmingly positive feedback received to date.

A resident asked whether the community-based ophthalmology service referred to in the presentation would be in one or multiple locations. Geraldine replied that the current pilot is in one location but, if successful, could be extended to other locations. Patient feedback about the new model of care has been very positive, including better access by public transport and better car parking.

¹ [Moving Services to Community Settings](#)

² http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353

Cllr Mitchell asked about use of the existing NHS estate, eg. Brighton General Hospital (Sussex Community Trust). Geraldine replied that the new musculoskeletal (MSK) service and community-based dermatology service have been developed in partnership with Sussex Community Trust. Duane added that the plan is to relocate outpatient physiotherapy to Brighton General and to decant rheumatology Outpatients there until the Stage 1 building is complete.

Cllr Turton thanked Geraldine for the presentation. He particularly welcomed the PCT's planned reduction of 90,000 Outpatient attendances at the Royal Sussex County Hospital by April 2013 and the likely impact on traffic to the site.

5. Design Update

Benedict presented the latest designs³, which have evolved based on feedback from local residents, members of the public, English Heritage, Brighton & Hove City Council planning officers and others. He explained that in parallel with the work on the external design, an intensive process is underway with the architects and Trust clinical staff to design the interior of the building. This involves c. 3,000 rooms. Key points from the presentation:

- The balconies included in the previous iteration have been removed so the building is now stepped back further from the road.
- The main entrance, which is in the Stage 1 building, has been made more visible so patients and visitors can more easily distinguish it from the entrance to the Stage 2 (Sussex Cancer Centre) building.
- The design of the garden on the Stage 2 building has been refined.
- The façade of the Stage 2 building has been revised to enhance the view up Paston Place, which has been a key issue for residents, English Heritage and City Council planning officers.
- The helipad location has been finalised. Benedict explained that other locations, including on the easternmost finger of the building, made the helipad somewhat less visible, eg. from Lewes Crescent, however they do not meet the technical criteria. The design of the helipad has been changed from square to circular, which Benedict felt was more sympathetic.
- The internal layout of the Stage 1 building has been redesigned to provide better access from Eastern Road to the North of the site via L6. This is the same height as the Stage 2 roof garden, so plans include a bridge at this level between the two buildings. It may also be possible to create a bridge from the Stage 2 roof garden to the entrance of the Royal Alexandra Children's Hospital.
- The design of the 'three fingers' now includes 'gull wing' roofs/canopies.
- Landscaping plans outside the buildings (Eastern Road, Upper Abbey Road, the 'pocket park' next to Bristol Gate) have been refined.

Cllr Turton thanked Benedict for the presentation and invited questions:

5.1 Views & Light

5.1.1 Views from the Children's Hospital

Cllr Morgan asked about the impact of the development on views from and light into the Royal Alexandra Children's Hospital (RACH). Benedict replied that the original design had greater distance between the Stage 1 and Stage 2 buildings in part for this reason, however at the request of residents and others this had been reduced, which will inevitably impact on the RACH to some extent. However only a limited number of patient rooms will be affected and they will have the added benefit of a garden to overlook as well as a sea view. He added that 75% of the RACH building is above the height of the Stage 2/L6 terrace.

³ [Construction Update](#)

5.1.2 Views from Neighbouring Streets

A resident asked what effect the massing of the two buildings would have on views from Upper Abbey Road. Benedict replied that the Stage 2 building is almost the same dimensions as the existing Barry Building, so views should be largely unchanged. Another resident asked about the effect on properties on Bristol Gate, eg. light and sea views. Benedict suggested that there would not be a significant impact.

Duane agreed that BDP would provide a number of representative views from local streets at different times of the day and year, although it would not be possible to do so with the same level of precision as for the City Council's verified views.

Action: Benedict

[Post-meeting note: two additional views are being prepared from Bristol Gate and two from Upper Abbey Road to show the visual impact of the latest designs. BDP is undertaking sun light/shadow analysis of the designs in summer (June) and winter (December) for 10am and 3pm.]

5.2 Traffic Flows & Parking

5.2.1 Junction Improvements

A resident asked about plans to improve road junctions along Eastern Road. Benedict replied that the plans incorporate the Transport Assessment's proposal of widening the junction between Bristol Gate/Eastern Road and providing a dedicated left/right turn to ease congestion. He noted that the junction between Arundel Road/Eastern Road was also highlighted⁴ however because of land constraints no physical works are possible. The proposal is therefore that alternative routes be used during peak hours to alleviate congestion.

5.2.2 Reduction in OPD Attendances

A resident asked whether the planned reduction of 90,000 Outpatient attendances had been factored into the modelling for traffic flows and parking. Duane replied that work is underway to assess the net impact of the planned increases and decreases in patient, visitor and staff journeys to the hospital campus. This will be factored into future traffic impact assessments; data from the PCT was not available when the last study was undertaken.

5.2.3 Parking & Traffic Flow

Cllr Mears expressed concern about the impact of potentially 700 more staff on parking and traffic flow locally, particularly since staff parking currently impedes local parking as far away from the hospital as Saltdean. She has been advised by City Council officers that the Council's guidelines do not cap the number of additional parking spaces at 200.

⁴ '...only two junctions, Eastern Road / Bristol Gate and Eastern Road / Arundel Road, were shown to go over capacity. In regard to the Eastern Road / Bristol Gate junction... the introduction of two exit lanes from Bristol Gate has solved this issue and the design results in the junction operating within capacity in 2014. In regard to Eastern Road / Arundel Road, the junction is close to a 0.85 RFC even without development in a 2014 scenario. As such, this is an existing issue that B&HCC may need to investigate regardless of these proposals. Initial design changes have been investigated by WSP, however due to land constraints no highway design solution has been found. It should however be noted that the junction is minimally over capacity (0.055 in the AM and 0.69 in the PM peaks) and there are several alternative routes to the utilisation of Eastern Road / Arundel Road. As such, as it becomes over capacity, it would be expected that travel routes / patterns may change accordingly. This may itself solve the problem.

In addition, it should also be noted that the trip rates associated with the development, whilst relevant, are likely to present a worst case scenario in terms of traffic flow impact. The site is extremely well situated for public transport travel, levels of which are unlikely to be achieved at the alternative sites which make up the TRICS trip rate. Taking this into account, traffic flows would in reality be expected to fall short of the levels predicted in this study, which in itself would result in the associated junction utilisation falling.' -

Duane replied that as reported earlier he would be responding in detail to the request for information once the data have been collated.

5.2.4 **City-Wide Core Strategy**

Cllr Mitchell noted that the City's draft Core Strategy⁵ includes consideration of:

'the re-routing and reduction of through-traffic (with the exception of residents' vehicles, public transport including taxis, ambulances other hospital transport and vehicles directly accessing the hospital) along Eastern road in the immediate vicinity of the hospital with the aim of reducing congestion, improving air quality and ensuring adequate emergency access to the hospital.'

She asked Cllr Mears whether the feasibility study was yet complete; it would be important to factor this into the Trust's proposed transport strategy. Cllr Mears replied that all the information required had been requested from the Trust.

It was agreed to review at the December meeting the information that had been requested and provided.

5.2.5 **Site Access**

A resident asked about the practicalities of getting site vehicles in and out of the site. He also wondered whether staggered departure times from the consolidation centre would necessarily result in equally staggered arrival times at the site.

Cllr Turton replied that he understood planning work between the Trust, Laing O'Rourke and the City Council is underway. It was agreed to revisit these issues in the site logistics update at the December meeting.

5.3 **General Design Issues**

5.3.1 **Helipad**

A resident asked about the height and location of the helipad. Benedict replied that it would be level with the top of the Thomas Kemp Tower, at approximately 106m above sea level. Having reviewed 13 alternative locations, this is the only one that meets the technical/safety criteria for operation of a heliport.

5.3.2 **Basement Levels**

A resident asked what accommodation would be provided at basement levels. Benedict replied that the car park would be at Level -1 in the Stage 1 and Stage 2 buildings; the energy centre, bed/equipment stores and engineering would be located at Level -2 in Stage 1.

Cllr Turton noted that the Trust had changed the design from overground to underground parking at the request of local residents, although this is the more expensive option. He welcomed this change.

5.3.3 **Service Yard / South Service Road**

A resident asked about the service yard. Duane explained that regular delivery vehicles (eg. catering vehicles, as opposed to construction traffic) will enter the campus via Bristol Gate and exit via Upper Abbey Road, as now. However the plans include a covered service yard at the eastern end of the south service road, which will reduce the noise of vehicle loading/unloading and will move this activity and associated storage areas away from Upper Abbey Road.

⁵ http://www.brighton-hove.gov.uk/downloads/bhcc/ldf/REg_27Core_Strategy_Proposed_Submission_February_2010v2.pdf

- 5.3.4 A resident welcomed this but asked about the impact that the increase in staff to which Cllr Mears referred would have on the number of deliveries, eg. to Pebbles restaurant. Duane agreed to check the assumptions being used for the transport modelling.

Action: Duane

5.4 Barry Building & Stage 2

5.4.1 Barry Building Façade

A number of residents asked about the feasibility of retaining the Barry building façade. Duane noted that this had been discussed at previous meetings. He said that having commissioned a feasibility study and given careful consideration to the heritage, architectural and space planning implications, the Trust has concluded that its plans should not retain the existing façade.

5.4.2 Stage 2 Façade

A number of residents expressed strong dislike for the revised façade of the Stage 2 building and suggested that the curved façade and colonnades of earlier iterations were much more in keeping with the local architecture and provided more elegant views up Paston Place.

Benedict reported that the curved façade and colonnade design had not been well received by the City planners and English Heritage. They suggested greater differentiation of the hospital main entrance (Stage 1 building) from the Cancer Centre entrance (Stage 2 building). They also indicated that they would prefer a design that provided some views into the Stage 2 building from the street, to give a greater sense of the life of the hospital.

Benedict added that the 'drum' design seeks to give the entrance a 'pavilion feel' and mirror the classical form of the current Barry Building pedestal. He reported that the planners have indicated they rather like this concept. Residents suggested changing the proportion, location and verticality of the 'drum' to improve the appearance of the façade.

Residents asked what accommodation would be in the 'drum'. Benedict replied that it currently has doors/reception on L0, a meeting room on L1, seminar rooms on L2, the main oncology reception and Outpatient department on L3 and a balcony on L4.

Residents asked about the proposed materials and colour. Benedict replied that the current design is clad in copper or terracotta but would be louvres rather than solid panels, which would give it a 'lighter' feel. Cllr Mears reminded the design team of her dislike of wood cladding.

5.4.3 Bristol Gate Piers

Cllr Turton asked whether it would be feasible to incorporate the Bristol Gate piers into the façade of the Stage 2 building. Benedict felt that they would fit more appropriately elsewhere.

5.5 Planning & Capacity Issues

5.5.1 St Mary's Hall Senior School

A resident asked about the Trust's plans to purchase the Senior School and whether relocating accommodation there would reduce the height of the redevelopment.

Duane replied that the Trust is in the process of purchasing the site from Roedean. Requirements of the City Council's consent for change of use are that the tennis courts be maintained as a staff amenity and that the swimming pool be maintained (by a third party at no cost to the Trust). Duane noted that the St Mary's site includes a Grade II listed

building dating back to 1830, which limits the modifications that can be made. The site does not have planning consent for clinical use and is not immediately adjacent to the main hospital campus, which limits it to administrative/office accommodation.

Duane noted that use of the St Mary's site has allowed the height of the Stage 1 building to be reduced, and in the current plans only c. 1% of floor area will be used for general management offices.

5.5.2 Rosaz House

A resident asked about Rosaz House, which is located on Bristol Gate opposite the Sussex Cancer Centre. Duane replied that Macmillan Cancer Support has a long-standing ambition to redevelop this as a Cancer Information Centre and is currently fundraising for this. If this is successful, the Trust has agreed to provide the land at a peppercorn rent.

Cllr Mitchell noted that the two previous planning approvals have not been enacted and asked whether the Cancer Information Centre would require a further application. Duane suspected that it would but agreed to ask Macmillan Cancer Support, which would be responsible for any application.

Action: Duane

5.5.3 Catchment Area

A resident asked whether the hospital's catchment is being increased as a result of the redevelopment. Duane replied that the catchment for major trauma will increase and referred to the discussion at the May meeting⁶.

Cllr Turton thanked Benedict for his presentation and asked whether this is the final iteration of the design. Benedict replied that he and his team will continue to refine the design in light of comments, including from a meeting with the Commission for Architecture and the Built Environment (CABE)⁷ in December. He will present the updated design in the New Year.

6. Future Meetings

The next meetings will be held on **Monday 6th December** the Audrey Emerton Building (on Eastern Road, next to the Sussex Eye Hospital) from 7pm to 9pm, with refreshments available from 6.45pm.

[Post-meeting note: Cllr Turton, Mrs Nowell and Duane have agreed to cancel the 10th January meeting in order to give the architects time to update the design in light of feedback from CABE. The updated design will therefore be presented to the 7th February meeting].

7. Close

Cllr Turton thanked everyone for attending and closed the meeting.

⁶ [Minutes of 24th May 2010, item 4.15.](#)

⁷ <http://www.cabe.org.uk/>

Minutes of the Hospital Liaison Group Meeting
Held on Monday 11th October 2010 (7.00pm to 8.45pm) in the Audrey Emerton Building,
Royal Sussex County Hospital, Brighton

Present:

Cllr Craig Turton (Chair), Jackie Nowell (Vice-Chair), Cllr Gill Mitchell, 16 local residents

Brighton & Sussex University Hospitals (BSUH) Trust

Richard Beard, 3Ts Head of Engagement

Steve Gallagher, Operational Director, Estates & Facilities

Nick Groves, Associate Director, 3Ts Service Modernisation

Duane Passman, Director of 3Ts, Estates & Facilities

Laing O'Rourke

Steve Chudley, Project Manager, LO'R

Karen Hicks, Project Leader, LO'R

Rhod MacLeod, WSP Consultants

Tessa O'Neill, BDP Architects

Chris Williams, WSP Consultants

Simon Zelestis, BDP Architects

1. Welcome, Introductions & Apologies

Cllr Turton opened the meeting and thanked everyone for attending.

2. Minutes of Last Meeting

The minutes of the previous meeting (6th September 2010) were agreed.

3. Matters Arising

3.1 Improving Access to RACH

Duane reported that improving access to the Royal Alexandra Children's Hospital from Eastern Road is under review but remains a challenge. There will be a general design update at the November meeting.

3.2 Car Parking Spaces

Duane confirmed that there are currently 80 authorised parking spaces at the front of the RSCH campus. These spaces would be lost as a result of the development but reprovided in the underground parking, along with 200 additional spaces. This is the maximum number of additional spaces the Trust can apply for under the City Council's planning guidelines.

3.3 View of Sudeley Terrace from Balconies

It was agreed to defer this item to the November meeting as part of the design update.

Action: Benedict

3.4 History of Bristol Gate Piers

Duane confirmed that following Cllr Turton's suggestion at the last meeting, a press release¹ had been issued asking local people and historical groups for information on the gate piers. Cllr Turton confirmed that he had also written to *The Argus*.

¹ <http://www.bsuh.nhs.uk/about-us/news-and-media/press-releases/14-october-10-hospital-appeals-for-help-in-identifying-gate-piers/>

[Post meeting note: this story appeared in The Argus on 18th October].

3.5 Helipad Design

A resident asked about progress with the options appraisal for helipad location. Duane confirmed that the studies are ongoing and that an update would be included as part of the design update at the November meeting.

4. Construction Site Logistics Update

Steve Chudley gave a presentation [*posted on the HLG website*²] updating the group on the evolving construction site logistics planning, including demolition & excavation, piling, site & crane layout, vehicle movements, workforce, waste management, the Design for Manufacture and Assembly (DfMA) approach and timetable.

Duane explained that this is a work in progress and, as such, tends to present the worst case scenario. However he was keen that the HLG should see and have an opportunity to comment on the plans from an early stage so their views could be taken into account as planning is refined over time.

Cllr Turton invited questions:

4.1 Vehicle Movements

There was a general discussion that for approximately 20 months during the Stage 1 construction there are projected to be over 70 vehicle movements to/from the site each day; Eastern Road currently carries 9-10,000 vehicles a day (7am to 7pm). Assuming a 9 hour working day, site traffic would equate to nearly eight vehicles per hour - or one every eight minutes. The group asked a number of questions:

- **Proportion of Larger Vehicles**

A resident asked about the proportion of the 70+ vehicles that are expected to be the 26 tonne tippers (for demolition & excavation) or larger vehicles (for the superstructure deliveries). Steve agreed to confirm the projected proportions of these vehicles.

Action: Steve

- **Subcontractors**

A resident asked whether the data presented include sub-contractors ('person in white van'). Steve confirmed that they do.

- **Unloading Speed**

A resident asked whether vehicles could be loaded/unloaded in the time available before the next vehicle arrives. Steve replied that this will be a challenging logistics operation but he felt it was achievable.

A resident added that he has been watching the American Express development on Eastern Road, which is also a very restricted site, and has been impressed at the efficiency of the operation and the speed with which vehicles are loaded/unloaded.

- **Vehicle Routing**

A resident asked whether construction vehicles would be required to use specific routes to/from the site. Duane confirmed that there would be prescribed routes and that these would be discussed with the HLG before being agreed with the City Council and relevant Highway Authorities. The exact route(s) will depend on the location of any Consolidation Centre; an approach from the East would be the team's preference.

² [Construction Site Logistics Planning](#)

- **Impact on Traffic Flows**
Cllr Turton asked whether traffic modelling has been undertaken to assess the impact of the construction on traffic flows in/around Brighton, and in particular along Eastern Road. Duane replied that this work has started [*see 5. below*] and will be refined as the preferred building design is finalised, the number of site vehicles confirmed and the site access/egress points determined.
- **Traffic Diversion**
A resident asked whether consideration had been given to diverting traffic from Eastern Road onto Marine Parade. She noted that there is a tunnel from Kemptown Enclosures to the beach that runs under Marine Parade; this is near the surface and might not tolerate heavier vehicles. Another resident asked whether consideration had been given to creating a dedicated lane on Eastern Road for site traffic.

Duane replied that planning for site access/egress has not yet reached that level of detail and would require consultation with the City Council and other Highway Authorities. He noted that the Council's draft Core Strategy³ (February 2010) includes a proposed feasibility study

'to consider the re-routing and reduction of through-traffic (with the exception of residents' vehicles, public transport including taxis, ambulances other hospital transport and vehicles directly accessing the hospital) along Eastern road in the immediate vicinity of the hospital with the aim of reducing congestion, improving air quality and ensuring adequate emergency access to the hospital.'

The City Council may therefore want to include this in discussions about management of the hospital redevelopment construction traffic.

4.2 Hours of Operation

Cllr Turton noted that the presentation referred to a voluntary Section 61 agreement⁴ to limit hours of operation. He asked what force a voluntary agreement would have and whether local residents would be consulted on the planned hours of operation for the site.

Steve replied that his understanding was that a voluntary Section 61 agreement is no less binding. Duane confirmed that the proposed hours of working would be brought to the HLG for discussion before being included in the planning application. [*See briefing note included at Appendix A*].

A resident asked whether the intention would be to avoid site vehicles' arriving during peak hours, eg. 8am to 9am and 5pm to 6pm. Rhod MacLeod (WSP Consultants) replied that hours of operation need will need to be considered in the local context, eg. for some sites the preference is to avoid school opening/closing times. He agreed that the shorter the hours in which vehicles can deliver the more intense the programme of deliveries will need to be during those hours.

4.3 Consolidation Centre

A resident noted that the logistics planning currently assumes use of an out-of-town Consolidation Centre. However as discussed at the July meeting⁵, there is no guarantee that the selected contractor will pursue this option or that land will be available.

³ http://www.brighton-hove.gov.uk/downloads/bhcc/ldf/REg_27Core_Strategy_Proposed_Submission_February_2010v2.pdf

⁴ Section 60 and 61 of the Control of Pollution Act (COPA) 1974 give powers to the Local Authority to control noise and vibration from construction sites. The basis of the Control of Pollution Act legislation is that Best Practical means (BPM) should be used to control noise and vibration pollution on site. A Section 60 is an abatement notice that is served by the Local Authority to the person responsible for the noise requiring specific controls to be put into place to minimise noise and vibration. A Section 61 is a formal agreement between the contractor and the Local Authority. This agreement has to be applied for before work commences and allows the contractor and Local Authority to agree, for example noise levels and hours of work and protects the contractor from Local Authority Action under Section 60.

⁵ [Notes of 26th July 2010, item 3.3.7.](#)

Duane confirmed that the construction firm has not yet been selected. He has discussed the Consolidation Centre concept with other firms on the national approved ProCure21+ list⁶ and reported that at least one other would wish to take this approach. He confirmed that a strong preference for a Consolidation Centre and the DfMA approach would be included in the construction specification.

A resident asked whether possible sites have yet been identified. Steve confirmed that a number of sites have been identified but that until negotiations conclude this is, unfortunately, commercially sensitive information. Duane agreed to provide an update at the December meeting.

4.4 **Pile-Driving**

A resident asked whether the hydraulic method referred to at the July meeting⁷ had now been ruled out. Duane replied that recent ground analysis suggests that this method would not offer significant advantages, however further testing needs to be undertaken and the alternative method had therefore not been completely ruled out.

Cllr Turton thanked Steve for his presentation.

5. **Transport & Parking**

Rhod MacLeod gave a presentation [*posted on the HLG website*⁸] updating the group on the evolving transport planning, including recommended highways access improvements, car parking, pedestrian access, 'green travel plan' and construction traffic management. He noted that the planning application will need to demonstrate that the transport infrastructure can support the construction and redevelopment or identify mitigating actions.

Duane reiterated that this is a work in progress but, again, that he was keen to share the emerging thinking with the HLG and to incorporate their comments as the plans are refined.

Cllr Turton invited questions:

5.1 **Impact on Residents' Parking**

A resident asked whether the temporary loss of 80 parking spaces at RSCH during the construction would affect residents' parking. Rhod replied that the intention is to provide a temporary offsite 'park & ride' facility with links - likely a dedicated bus/minibus - to the RSCH campus. In addition, construction workers will be encouraged to use public transport wherever possible.

Duane noted that staff who live in postcodes BN1, BN2 and BN3 are not given an RSCH parking permit.

5.2 **40/40x Busses**

A resident asked about the bus service between RSCH and Princess Royal Hospital in Haywards Heath. Duane replied that the 40x⁹ bus runs from RSCH to PRH; the 40¹⁰ bus runs from Churchill Square (not via RSCH) to PRH and Cuckfield/Longacre Crescent. Both are stopping services that are free for BSUH staff (on production of a staff ID badge) and patients (on production of an appointment letter for that day), and are regular pay-services for members of the public.

⁶ <http://www.procure21plus.nhs.uk/>

⁷ [Notes of 26th July 2010, item 3.3.5.](#)

⁸ [Transport Presentation](#)

⁹ <http://www.buses.co.uk/travel/service.aspx?serviceid=73&Submit=Show+Service>

¹⁰ <http://www.buses.co.uk/travel/service.aspx?serviceid=72&Submit=Show+Service>

5.3 **Moving Services to Community Settings**

Cllr Turton asked about plans to move outpatient and diagnostic services to GP premises and other community locations and the extent to which this would offset construction traffic and the expansion of other clinical services. Duane replied that this programme is being led by NHS Brighton & Hove (the Primary Care Trust). It was agreed that Duane would invite the PCT lead to the November meeting to discuss the strategy and its likely impact on patient journeys.

Action: Duane

5.4 **Construction Vehicle Access**

A resident asked whether the construction vehicles would be using the South Service Road, ie. entering from Bristol Gate and exiting onto Upper Abbey Road. Duane confirmed that although the detailed planning has not yet been undertaken, site access for construction traffic would need to be via Eastern Road. This means that construction traffic would be separated from normal site traffic and would not use the South Service Road.

5.5 **Access from Underground Car Park**

A resident asked about access to the main hospital from the underground car park. Rhod confirmed that the plans include lifts from the car park into the hospital building. Dedicated parking spaces for Sussex Cancer Centre patients and visitors who are mobility-impaired would be closest to the lifts.

Cllr Turton thanked Rhod for what felt like an honest, unvarnished presentation. He summarised that the key challenges would be the number of vehicle movements and proportion of larger vehicles, the impact on the local road network, vehicle routes to the site, hours of operation/delivery and plans for the Consolidation Centre. He expressed particular concern at the proposed number of site vehicles, especially given the size of the larger vehicles.

6. **Any Other Business**

6.1 **Membership**

Cllr Turton invited members to encourage neighbours to attend future meetings and/or to add their names to the circulation list - through the 3Ts Programme Office¹¹.

6.2 **Public Exhibition**

Duane reported that a public exhibition of the 3Ts designs is being held on Saturday 16th October (11am to 4pm) and from Monday 18th to Friday 22nd October inclusive (11am to 7pm) in Hove Town Hall. Duane noted that there are two helipad options posted on the website¹² however option 2 (BZ) will not be shown on the display boards because the feasibility studies are still underway. He hoped residents would be able to attend - further details are on the 3Ts website¹³.

A resident asked whether the exhibition could also be shown more locally. Duane replied that this had been the original intention but that no venues of sufficient size (ie. to accommodate the 18 large display boards) were available for the week. However a second exhibition may be held locally; this would show how the scheme has progressed since the current consultation.

Cllr Mitchell asked whether St Mary's Hall Senior School, which the Trust is in the process of acquiring, could provide a venue. Duane agreed and thanked Cllr Mitchell for the suggestion.

¹¹ <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/>

¹² [Archive of previous design images](#)

¹³ <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/>

6.3 **Light Pollution**

A resident of Sudeley Terrace said that the RACH development had significantly increased the amount of light pollution and asked about the impact of the 3Ts construction and new buildings. Duane replied that he would be happy to commission light studies, although residents should be aware that this would involve photographs from local streets towards the hospital as well as from the street towards local residences. Residents agreed that the study should be undertaken.

Action: Duane

7. **Future Meetings**

The next meetings will be held on:

**Monday 8th November 2010 and
Monday 6th December 2010.**

Meetings will be held in the Audrey Emerton Building (on Eastern Road, next to the Sussex Eye Hospital) from 7pm to 9pm, with refreshments available from 6.45pm.

The November meeting will receive a design update. Cllr Turton asked residents to advise Nick Groves through the 3Ts Programme Office if they would like other issues to be included.

8. **Close**

Cllr Turton thanked everyone for attending and closed the meeting.

Post-Meeting Briefing Note from WSP Consultants

Local Authorities generally have two measures under the Control of Pollution Act 1974 to facilitate their control of noise and vibration impacts from construction and demolition works. Where a person intending to carry out works applies for a Consent under section 61 of the Act, there is an opportunity for the developer to negotiate an agreed application that can be granted without dispute. Alternatively, the Local Authority could impose a Notice under section 60 of the Act. Such a Notice would almost certainly impose restrictions on noise and vibration levels at occupied properties and limit the hours at which the construction site can operate.

Unless the Local Authority specifically request one (as a planning condition, for example), whether the developer/contractor applies for s.61 Consent is up to them. If they don't, there is the risk of being served a s.60 Notice (which can be before or after the works start), which might not be as flexible or suitable as a negotiated s.61 could have been. For small and/or non-contentious sites, a s.61 agreement may not be required and the cost of the preparation and negotiation and any noise or vibration (or dust) monitoring that might have been required can be saved.

Once s.61 Consent has been granted, the associated documentation is legally binding, as if a s.60 Notice. Indeed, a s.61 Consent can be thought of as a site specific, mutually agreed s.60 Notice in this regard.

Local residents wouldn't ordinarily be consulted during the preparation of a s.61. The Local Authority's Environmental Health Officer will effectively speak on their behalf, with operational hours (especially for noisy works) being kept to normal working hours (typically 8am-6pm Monday to Friday, 8am-1pm Saturday), with works outside these hours being permitted under exceptional/special circumstances only. However, a central element of any good s.61 Consent will be the need to keep residents informed of the works and the measures being put in place to keep noise and vibration effects to a practicable minimum.

Minutes of the Hospital Liaison Group Meeting
Held on Monday 6th September 2010 (7.00pm to 8.45pm) in the Audrey Emerton Building,
Royal Sussex County Hospital, Brighton

Present:

Cllr Craig Turton (Chair), Jackie Nowell (Vice-Chair), 24 local residents

Brighton & Sussex University Hospitals (BSUH) Trust

Richard Beard, 3Ts Head of Engagement

Nick Groves, Associate Director, 3Ts Service Modernisation

Duane Passman, Director of 3Ts, Estates & Facilities

Laing O'Rourke

Karen Hicks, Project Leader, LO'R

Tessa O'Neill, BDP Architects

Simon Zelestis, BDP Architects

Benedict Zucchi, BDP Architects

1. Welcome, Introductions & Apologies

Cllr Turton opened the meeting and thanked everyone for attending.

2. Minutes of Last Meeting

The minutes of the previous meeting (26th July 2010) were agreed, with one amendment.
3.3.5 (pile-driving) now reads:

'A resident asked about pile-driving: the vibrations can be very disruptive and there is concern about the impact on the structure of local buildings. Duane replied that alternative methods have been used elsewhere and he has asked LO'R whether this technology could be adopted for the 3Ts construction.'

It was agreed that pile-driving would be considered as part of the considerate contractors discussion at the next meeting (11th October).

3. Matters Arising

3.1 Financial Position

Duane reported that Department of Health funding to support the completion of the design development, including preparation of the application for planning approval, has been received.

4. Design Update

Benedict summarised the evolution of the designs following the March 2010 HLG meeting at which members had expressed a preference for Option B over the other design options. This has formed the basis for subsequent development of the design. He presented the latest iteration, noting that the overground car park (Stage 3 building) has been replaced by underground car parking beneath the Stage 1 and Stage 2 buildings.

Benedict invited feedback and questions:-

4.1 **Ziggurat-Style Balconies**

A resident said she liked the addition of balconies but wondered whether for aesthetic reasons they could be stepped back successively, ziggurat-style. Benedict replied that the building has been set back further from the Trust's boundary than in previous iterations; the pavement on Eastern Road will be c. 3m wider than it is now. He explained that the floors have been stepped back as far as possible without compromising the necessary internal floor area.

4.2 **Balconies & Protective Netting**

A resident felt the latest designs and balconies are very elegant. However he noted that other balconies along Eastern Road are netted, presumably to keep pigeons out. He wondered whether this would be a problem. Benedict replied that he had envisaged glass balustrades, as in the Children's Hospital (RACH). Duane added that the RACH balconies don't seem to attract pigeons and that seagulls land on the roof rather than the balconies. He did not expect therefore that the balconies would require netting.

4.3 **Access**

A resident asked about access routes from Eastern Road to the northern half of the campus. Benedict replied that the public would be able to walk from the new building into the Thomas Kemp Tower (and Millennium Building) at Level 6, and potentially also at Level 1 if the Thomas Kemp Tower lifts can be extended into the basement. He and Duane agreed, however, that access to the RACH was still circuitous and that this should be revisited. They explained that linking across the south service road is problematic.

Action: Benedict

4.4 **Generator Noise**

A resident asked how the noise of the generators and other plant equipment would be muffled. Benedict replied that detailed acoustic studies will be undertaken, however all the plant is either in the basement or will be fully enclosed on the roof.

4.5 **Building Height**

A resident asked whether the latest designs are lower than the previous ones. Benedict confirmed that the current designs are lower than Option A presented at the March meeting, and that that was lower than the design developed at Outline Business Case stage. The Stage 2 building is no taller than the Barry Building it replaces.

4.6 **Car Parking & South Service Road**

A resident said that underground car parking was a welcome development. Duane replied that although this is the more expensive option, the HLG had expressed a preference for it, as had English Heritage and the City Council planners. This shortens the overall build period by 12-18 months.

Duane explained that an underground parking also allows an expansion of the service yard/goods delivery point at the eastern end of the south service road. Although this will still be a one-way system with vehicles' entering from Bristol Gate and exiting from Upper Abbey Road, it will move the activity (vehicles queuing, motors running, the noise of loading/unloading etc.) away from Upper Abbey Road.

Duane added that thought is currently being given to landscaping for the former Stage 3 site (currently the Sussex Cancer Centre).

4.7 **Car Park Availability**

A resident asked whether moving to underground parking means that the spaces will be available for use earlier in the redevelopment. Duane replied that the car park will be accessed via Bristol Gate through the current Cancer Centre site. The studies have not yet

been completed but it is unlikely that the car park will be accessible until the Stage 2 building is complete and the Cancer Centre is moved/demolished.

4.8 Car Parking & Excavation

A resident asked whether following discussion at the May meeting¹ thought had yet been given to how chalk and other site material would be removed, and whether this would be via Upper Abbey Road.

Duane replied that it was an inevitable consequence of the decision to move to underground car parking that there would be more chalk/soil to remove. The detailed plan for site logistics, including vehicle access and waste removal, has not yet been developed. He suggested that the HLG revisit this at the next meeting.

4.9 Car Parking Spaces

A resident asked about the number of parking spaces. Duane replied that the plan is for 200 new and 80 replacement spaces in 3Ts. The local resident said he had counted 98 rather than 80 spaces at the front of the site; Duane agreed to check this.

Action: Duane

The resident asked whether this was a sufficient number of additional spaces, especially given the hospital's regional catchment². Duane replied that as discussed at the November meeting³ a greenfield site for a hospital the same size as the RSCH would need about four times as many spaces, however it is generally accepted that urban sites have limited parking. The history of car parks in the NHS is that demand always outstrips supply. However the 200 additional spaces combined with other measures in a green transport plan should reduce waiting time for a space.

It was agreed that the next meeting should include a discussion about transport and parking.

4.10 Gardens & Landscaping

A resident welcomed the inclusion of green spaces in the design but asked whether this would create noise and allow people to see into local houses from the terraces. Duane replied that as illustrated in Benedict's presentation, planting could be designed so that it protects residents' privacy while providing patients, staff and visitors with a pleasant and therapeutic environment. He added that the terrace on the Stage 2 building will be for patients undergoing chemotherapy treatment, so he did not envisage it would be noisy.

A resident asked whether people would be able to see into Sudeley Terrace houses from the balconies or terraces. Benedict replied that he would be very surprised if this were the case but that he would check.

Action: Benedict

4.11 Garden Maintenance

A resident felt that the Trust has a poor record of maintaining its green spaces, for example the planting at the western end of the south service road. Duane replied that the intention is to provide good quality green spaces but that detailed planning for appropriate planting has not yet been undertaken. This will also need to address the issues raised at the March meeting⁴ about suitable vegetation for the local climate.

¹ [See minutes of 24th May 2010, item 4.2.](#)

² [See minutes of 24th May 2010, item 4.15.](#)

³ [See minutes of 10th November 2009, item 4.12.](#)

⁴ [See minutes of 15th March 2010, item 3.9.](#)

4.12 **Barry Building Façade & Historic Artefacts**

A resident asked whether it would be feasible to retain the façade of the Barry Building. Duane referred to the discussion at the March meeting⁵ and the notes⁶ of the meeting in June with the Kemp Town Society. He explained that there are a number of practical and architectural considerations. Retaining the façade would reduce the space available for clinical accommodation, which would increase the height of the Stage 2 building by at least half a storey. English Heritage has declined to list the building, which has been added to repeatedly since the original building was erected in 1828 (with a grey façade), and no longer retains the original windows.

A resident felt that the Barry Building should be retained in its entirety, eg. to preserve the staircase; the add-ons could be removed and the windows replaced. She said that she would be contacting The Georgian Group⁷ for their views.

Duane said that he appreciated the affection in which the Barry Building it is held locally, although not often by its occupants. He felt that a retained façade rarely works well and that it would be better to replace it with a building of significant architectural merit in its own right.

One resident agreed and said that in 20 years most of the people who hold the current building in their affection would not be around. Another resident disagreed and said that there were examples across the world of retained features and façades that had been integrated successfully into modern buildings. Duane acknowledged this and the spectrum of opinion. He said that a retained façade study has been commissioned to explore this option more detail however unless it provides a compelling case the intention would be to replace the Barry Building in its entirety.

Duane added that an historic buildings appraisal is underway, which will include the Barry Building, Hospital Chapel, Jubilee Block, Latilla Buildings and the Bristol Gate piers. The intention is to incorporate the historical artefacts, memorial stones etc. into the new design where possible. He felt that the Chelsea & Westminster hospital was a good example of this.

4.13 **Bristol Gate Piers**

Cllr Turton said that that at the March meeting⁸ he and Duane had asked for any further information about the history of gate piers at the corner of Bristol Gate and Eastern Road. He suggested that the Trust put out a call through the local media, particularly since the plan is to restore the piers and relocate them to a position of prominence on the site. This was agreed.

Action: Duane

4.14 **Colonnade**

A resident noted that the previous designs had indicated a curved colonnade running the length of the Stage 1 and Stage 2 buildings, which she liked. Other residents agreed. Duane replied that the City Council planners had firmly rejected this idea.

4.15 **Sightlines**

A resident stressed the importance of the view to the hospital along Paston Place; he felt that a number of important sightlines across the city had been lost over the years and that this diminished the quality of the environment. Duane replied that the view along Paston Place is one of the factors informing the evolving design of the Stage 2 building.

4.16 **Weathering**

⁵ [See minutes of 15th March 2010, item 3.3.](#)

⁶ [Notes of the Meeting with the Kemp Town Society](#)

⁷ <http://www.georgiangroup.org.uk/docs/home/index.php>

⁸ [See minutes of 15th March 2010, item 3.6.](#)

A resident noted that the external doors around the Sussex Kidney Unit are rusting and asked whether the design of the 3Ts buildings is being informed by this. Duane said that rusting reflects the amount of money spent on a building. The RACH, which seems to be weathering well, is the design benchmark for the 3Ts redevelopment rather than the Kidney Unit or the Millennium Building.

4.17 Wind Tunnels

A resident asked whether the architects are mindful of wind tunnels. Benedict confirmed that detail wind studies will be undertaken.

4.18 Helipad

Benedict explained that of twelve possible locations for the helipad on or adjacent to the RSCH campus, two have been shortlisted as meeting the necessary engineering and aviation requirements. Option B1 [*presentation posted on HLG website*⁹] locates the helipad on the westernmost of the three ward ‘fingers’; this is the lowest and least visually obtrusive option, especially from Lewes Crescent. Option B4 locates it on the easternmost finger; this is c. 6.5m higher than Option B1 and is more visually obtrusive.

Local residents felt that Option B1 was better, which Duane noted accords with the views of English Heritage and B&H City Council. The architects are unlikely therefore to undertake any further development work on Option B4.

4.19 Helipad Noise

A resident asked about the noise of the air ambulance. Duane referred to the discussion at the March meeting¹⁰ and reiterated his offer to take interested residents to hear the air ambulance at the Royal London Hospital in Whitechapel. He said that the current projection was for c. 1 take-off/landing per week and that the height of the helipad reduces the noise, although this is a trade-off against sightlines.

CLlr Turton noted that the air ambulance would presumably be landing and taking off rather than hovering, as the police helicopter does. Duane agreed. He added that the air ambulance is currently permitted to fly only during daylight.

4.20 Verified Views

There are currently 43 verified views, ie. views of the redevelopment from various locations across Brighton & Hove that have been agreed with City Council. These will be developed in detail to inform the planning approval process. A resident noted that the Lewes Crescent conservation area extends to the sea and that the view of the hospital from the shoreline will be more common than the view from Marine Parade/A259. He asked therefore whether this could be included in the list of verified views. Duane agreed to consider this and discuss it with Council Officers since they determine the list of verified views.

Action: Benedict

5. Close

CLlr Turton thanked everyone for attending and closed the meeting.

6. Future Meetings

Meeting dates have been set for the remainder of 2010:

11th October
8th November
6th December

⁹ [Design Overview Including Helipad Options](#)

¹⁰ [See minutes of 15th March 2010, item 3.5.](#)

Meetings will be held in the Audrey Emerton Building (on Eastern Road, next to the Sussex Eye Hospital) from 7pm to 9pm, with refreshments available from 6.45pm.

The next meeting will focus on transport and parking, as well as an update on construction site logistics. Cllr Turton asked residents to advise Nick Groves if they would like other issues to be included.

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Minutes of the Hospital Liaison Group Meeting
Held on Monday 26th July 2010 (19.00 - 21.00) in the Audrey Emerton Building,
Royal Sussex County Hospital, Brighton

Present:

Cllr Gill Mitchell, Cllr Warren Morgan, 36 local residents

Brighton & Sussex University Hospitals (BSUH) Trust

Steve Gallagher, Operational Director, Estates & Facilities

Nick Groves, Associate Director, 3Ts Service Modernisation

Duane Passman, Director of 3Ts, Estates & Facilities

Laing O'Rourke

Richard Bland, Decant Project Manager

Karen Hicks, Project Leader

Apologies:

Cllr Craig Turton

1. Welcome, Introductions & Apologies

Jackie Nowell (Vice-Chair) welcomed everyone to the meeting. She explained that Cllr Turton (Chair) was unable to attend because of serious illness in the family. On behalf of the HLG she sent her best wishes.

Jackie welcomed in particular the nine people attending for the first time. She recommended that new members review the Hospital Liaison Group (HLG) website¹, which includes minutes of the previous meetings and other key documents.

2. Minutes of Last Meeting

The minutes of the previous meeting (24th May 2010) were approved.

3. Considerate Contractors

Jackie introduced this item by explaining that residents of Upper Abbey Road had drafted a document reflecting on their experience of the Children's Hospital development and suggesting ways in which the construction of the 3Ts development could be more considerate. The HLG meeting on 15th March 2010 (item 6 on the minutes) was an opportunity for residents to add their own reflections, and this was reviewed at the last meeting (24th May 2010, item 7). A summary table has since been added to the original document [*posted on the HLG section of the BSUH website*²].

3.1 ProCure21 Contract Framework

Duane explained that the Trust had appointed Laing O'Rourke (LO'R)³ as its design partner up to submission of its planning application and business case. LO'R was appointed under the NHS ProCure21⁴ (P21) framework from a shortlist of three construction firms/design teams. The P21 framework enables NHS organisations to appoint from a shortlist of pre-approved Principal Supply Chain Partners, who in turn manage a team of design and

¹ <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/>

² [Considerate Contractors: Residents' Comments](#)

³ <http://www.laingorourke.com/Pages/LORHome.aspx>

⁴ <http://www.nhs-procure21.gov.uk/index.asp>

construction subcontractors. P21 aims to encourage a more efficient, collaborative and transparent approach to major capital projects.

Jackie introduced Karen Hicks and Richard Bland from LO'R. Duane explained that although LO'R would not necessarily be engaged for the construction phase, he had invited them to present to the meeting because he felt that their expertise in modern construction methods and working on inner-city sites would inform this discussion.

A resident asked whether it was precipitous to be talking about construction before the design is complete and the planning application considered? Jackie replied that it had been agreed at the last meeting to focus on the considerate contractor issues so that these could be considered for inclusion in the planning application.

3.2 Presentation

Richard gave a presentation [*posted on the HLG website*⁵] setting out how concerns raised by local residents (eg. working hours/noise, deliveries, parking, site supervision, complaint management) could be addressed. It drew in particular on LO'R's experience of the One Hyde Park⁶ development in London.

Richard explained that the Hyde Park development included use of an offsite Consolidation Centre. This received deliveries from subcontractors 24/7, allowing LO'R to transport materials to the main site themselves only when required and during agreed working hours. The development also included offsite construction and assembly of some elements, which reduced activity (and therefore noise and dirt/dust) on site.

3.3 Q&A

3.3.1 Management of Subcontractors

A resident asked how the Principal Supply Chain Partner manages its subcontractors. Richard replied that the relationship is governed by contract, which includes sanctions up to and including termination. However LO'R places great emphasis on induction of contractors/site workers to ensure they understand the project and the site; visible on-site supervision; and achieving as consistent an on-site workforce as possible.

Duane asked how many contracts with subcontractors had been terminated in the Hyde Park development. Richard could not give the specific number but confirmed that a number of contracts had been terminated and that this had improved overall compliance.

3.3.2 Project Management

A resident asked about LO'R's role as project manager and contractor. Duane explained that he is the overall Project Manager as defined under the NEC form of contract⁷; LO'R is the principal contractor and manages its supply chain (subcontractors).

3.3.3 Parking Strategy

A resident noted that the Hyde Park development had included a parking strategy and asked about plans for the hospital redevelopment. Duane replied that a further detailed traffic impact assessment will be undertaken and a local parking strategy developed. For example, the proposed Consolidation Centre would also include small ('man/woman in white van') subcontractors, which he understood had been a particular problem during the Children's Hospital (RACH) development.

⁵ [Considerate Contractors Presentation](#)

⁶ http://www.e-architect.co.uk/london/one_hyde_park.htm

⁷ <http://www.neccontract.com/about/index.asp>

3.3.4 Advance Notice of Site/Access Issues

A resident suggested that the American Express development on Edward Street would be a more relevant comparator than Hyde Park. For example, Amex provides advance notice to residents of site access plans. Duane confirmed that that would also be part of the communication plan for the 3Ts development.

Cllr Mitchell and Jackie noted that the Chair of the American Express residents' group had attended the previous meeting (minutes of 24th May 2010 meeting, item 7) and had commended the HLG for its proactive approach - whereas he felt the American Express group had started later and was still catching up.

3.3.5 Pile-Driving

A resident asked about pile-driving: the vibrations can be very disruptive and there is concern about the impact on the structure of local buildings. Duane replied that alternative methods have been used elsewhere and he has asked LO'R whether this technology could be adopted for the 3Ts construction.

3.3.6 Helpline

Cllr Morgan noted that many of the problems with the RACH development had occurred outside normal office hours and asked how this would be addressed in this scheme. Richard Bland confirmed that there would be a helpline staffed 24/7.

3.3.7 Consolidation Centre

A resident asked whether the Trust's specification for the construction would include use of an offsite Consolidation Centre. Duane replied that this approach would be his preference and the specification would reflect that. However he could not require use of a Consolidation Centre in case, for example, a suitable site or planning approval could not be secured or the P21 contractors approved nationally were not able to operate such a facility.

3.3.8 Accountability for Site Issues

A number of residents reported that during construction of the RACH some issues of concern had fallen between the Trust and contractor. This was particularly problematic with issues that were harder to quantify, eg. noise and dirt. In response:

- Duane felt that PFI can exacerbate these contractual disputes whereas the ProCure21 framework seeks to create a single project between Trust and contractors with shared objectives.
- Duane agreed that noise and dirt/dust are core issues. He confirmed that core issues would have named responsible individuals. He referred to work being undertaken nationally by WRAP (Waste & Resources Action Planning), a government-funded organisation that aims to reduce site waste by 70-80% through Site Waste Management Planning⁸.
- Duane confirmed that the Trust is committed to addressing all the issues included in the UAR document and, through subsequent HLG meetings, will develop a detailed plan that will form part of the application for planning approval.

3.3.9 Contract Specification

A resident asked whether the considerate contractor ideas to be included in the contract would be made available to the HLG for comment in advance. Duane confirmed that they would.

⁸

http://www.wrap.org.uk/construction/tools_and_guidance/site_waste_management_planning/index.html

4. **3Ts Updates**

Duane updated the HLG on ongoing issues:-

4.1 **Latest Designs**

A resident asked when the HLG could see the latest iteration of the building designs. Duane reported that the design is continuing to evolve and hoped to be able to share the final preferred design at the next meeting, if this can be arranged with the architects.

A resident asked whether the HLG could discuss landscaping options. Jackie and Duane agreed that this should be considered at a future meeting.

4.2 **Underground Parking**

Duane reported that the Trust is close to confirming that the 200 additional car parking spaces (plus 80 replacement spaces) will be built underground (2/3rds under the Stage 1 building, 1/3rd under the Stage 2 building) rather than overground as the Stage 3 building. This will be subject to the Traffic Impact Assessment and overall planning consent.

A resident asked whether the deeper excavation and foundations required would cause subsidence locally. Duane replied that he had no reason to think so.

A resident asked whether underground parking has implications for the design. Duane replied that it makes internal space planning a little easier in a few places but in general it has no impact on the design above ground.

4.3 **Length of Construction**

A resident asked whether the scheme could be completed faster than the 10 year programme proposed. Duane replied that creating underground parking would reduce the build time by 12-18 months. The duration of the remaining programme is a function of the sequencing of the build and LO'R's estimate of the time it will take to safely demolish and construct the buildings.

4.4 **Helipad Location**

A resident asked whether a decision had been made about whether the helipad would be located on top of the Thomas Kemp Tower or on the new 3Ts building. Duane replied that the detailed studies had not yet been completed; he hoped to have come to a conclusion by the end of August. Jackie added that this was one of the significant issues to be addressed.

4.5 **Search & Rescue**

A resident asked whether Search and Rescue (SAR⁹) helicopters would be using the hospital helipad. Duane replied that HM Coastguard has indicated it would make use of the facility for a relatively small number of SAR cases. This is being factored into the Trust's planning estimates for major trauma cases.

4.6 **Helipad Use**

A resident asked whether there are guidelines for the number of take offs and landings before a helipad is considered an unacceptable nuisance. Duane replied that he is not aware of any. Jackie added that the impact would presumably be addressed in the Environmental Impact Assessment, which would form part of the planning application.

⁹ http://www.mcga.gov.uk/c4mca/mcga07-home/emergencyresponse/mcga-searchandrescue/mcga-hmcgsar-sarsystem/coastguard_operations/maritime_search_and_rescue_assets.htm

5. General 3Ts Q&A

5.1 Financial Viability

A resident asked how viable the hospital redevelopment is now in light of the Government's reductions in public sector spending. Duane replied that the NHS major capital programme has not been halted: of the five hospital redevelopment schemes reviewed by the new government, one (North Tees & Hartlepool Foundation Trust) was cancelled, three were approved for Private Finance Initiative (PFI) funding (Alder Hey Children's Foundation Trust, Royal Liverpool & Broadgreen Hospitals, Royal National Orthopaedic Hospital) and one (Epsom & St Helier University Hospitals) was approved for public capital.

Duane noted that the NHS capital budget is c. £4bn/year; the 3Ts scheme is seeking on average £42m/year over the next ten years. He was confident that the scheme remains viable.

5.2 Sequence of Approval Decisions

Cllr Mitchell asked whether the planning application would be submitted before the Trust has confirmation of funding. Duane explained that the Department of Health and Treasury will make a final determination once the scheme has planning consent. This would normally be outline planning consent however that would not generate the level of detail English Heritage expects in order to form a view about a scheme of this nature. The Trust has therefore secured funding to complete the design stage and apply for planning approval.

5.3 A resident asked how they would know when the planning application has been submitted. Duane replied that in addition to the notice issued by Brighton & Hove City Council, details would be posted on the HLG website and HLG members would be notified. Jackie added that the Trust has committed to being as open as possible and that in her capacity as Vice-Chair she would be holding the Trust to account for this.

5.4 Contingency Plan

Cllr Mitchell said that anyone who has used the hospital or visited it would appreciate the need for modernisation. She asked whether there is therefore a contingency plan in case the scheme is not fully funded. Duane replied that for a number of reasons there is no 'plan b':

- **Major Trauma**

The evidence shows that introducing an organised trauma system reduces patient mortality by 15-20%¹⁰. Without the redevelopment of the Royal Sussex County Hospital as the Major Trauma Centre for Sussex and the wider region, patients would likely be taken either to London or Southampton, or would continue to be treated locally with clinical outcomes associated with not having a trauma system.

- **Neurosciences**

A number of Sussex residents already have to travel to London because there is insufficient capacity (beds, operating theatre time etc.) for them to be treated in their local Centre. Without transferring to larger accommodation in Brighton, the Hurstwood Park Regional Centre would probably close and be absorbed into London or Southampton. This would require Sussex residents to be treated considerably further from home.

¹⁰ *Major Trauma Care in England*, National Audit Office (February 2010)
http://www.nao.org.uk/publications/0910/major_trauma_care.aspx

- **Barry Building**
As with each of the five investment objectives¹¹, replacing the Barry Building alone would cost considerably more than as part of a combined scheme. The rebuild would also need to be considerably taller: for reasons discussed at the last meeting, rebuilding to modern NHS standards requires significantly more floor area (eg. the c. 7,500m² Barry Building requires 32,500m²) and the only available location would be the existing site/footprint.
- **Cancer Centre**
The Sussex Cancer Network projects increasing need for radiotherapy and chemotherapy in the local population. Without the additional Linear Accelerators ('radiotherapy machines') and chemotherapy places planned in the 3Ts redevelopment, patients would need to travel to other centres for their cancer treatment. Some local residents undergoing inpatient radiotherapy already board at neighbouring hospitals and are brought back and forth daily for their treatment.

5.5 **Alternative Location**

A resident felt that while the hospital does need to be modernised it should be moved to an out-of-town location, which would be less disruptive for local residents. Duane replied that this has been discussed at previous meetings (see 24th May 2010 meeting item 4.16, and 10th November 2009 meeting item 4.1). Jackie added that the decision to retain the hospital in its current location was made following consultation and is not one that residents can now overturn.

A resident said that he remained opposed to any further building work on site and would be establishing a group to oppose the redevelopment plans. He felt that he represented the views of a number of local residents in this.

5.6 **Office Accommodation**

A resident asked whether the government's commitment to reduce NHS management by a third would reduce the required size of the build. Duane replied that the non-clinical management offices currently included within the scheme represent less than 1% of total floor area; this includes the Nurse Bank & Temporary Staffing Office. He did not envisage therefore that reductions in Trust management posts would affect the size of the scheme.

5.7 **St Mary's Hall School / Decant Plan**

A resident asked about the Trust's plans to lease the St Mary's Hall senior school campus and in particular use of the swimming pool. Steve Gallagher replied that the Trust is at an advanced stage of negotiations with Roedean, which owns the site, to lease it principally for decant. One of the conditions of lease is that the swimming pool remain in use. The Trust is therefore negotiating with the resident swimming club to effect this.

5.8 A resident asked whether legal action relating to disputed ownership of the St Mary's Hall senior school site is underway. Duane replied that there are no legal proceedings underway and that Roedean has title for the premises.

5.9 **Catchment Area**

A resident asked about the catchment areas for the services included in the redevelopment. Duane referred to the discussion at the previous meeting (minutes of 24th May 2010 meeting, item 4.15).

¹¹ [Webpage Detailing Five Investment Objectives](#)

5.10 **Wildlife**

A resident asked whether the Trust had investigated the badgers spotted on site (see minutes of 24th May 2010 meeting, item 4.7). Duane reported that the City Council's badger expert is not available for a site visit for some months however the view of its pest control expert is that the sett (behind the Breast Care portakabin) is almost certainly inactive or may be a foxes' den. This will be kept under review.

Another resident asked whether the Trust was aware of the peregrine falcon(s). Duane replied that he was aware of this and that the falcons have not nested on the Thomas Kemp Tower this year.

6. **Close**

Jackie thanked everyone for attending and closed the meeting.

7. **Future Meetings**

Meeting dates have been set for the remainder of 2010:

6th September

11th October

8th November

6th December

Meetings will be held in the Audrey Emerton Building (on Eastern Road, next to the Sussex Eye Hospital) from 7pm to 9pm, with refreshments available from 6.45pm.

Minutes of the Hospital Liaison Group Meeting
Held on Monday 24th May 2010 (19.00 - 21.00) in the Audrey Emerton Building,
Royal Sussex County Hospital, Brighton

Present:

Cllr Gill Mitchell, Martin Randall (Assistant Director - Development, Planning & Public Protection, Brighton & Hove City Council), 39 local residents

Brighton & Sussex University Hospitals (BSUH) Trust:

Duane Passman, Director of 3Ts, Estates & Facilities

Steve Gallagher, Operational Director, Estates & Facilities

Nick Groves, Associate Director, 3Ts Service Modernisation

Apologies:

Cllr Craig Turton

1. Welcome & Introductions

In Cllr Turton's absence, Jackie Nowell (Vice-Chair) took the chair. She and Duane Passman welcomed everyone to the meeting, in particular the six new attendees. Jackie was also pleased to welcome Martin Randall, who leads the Development, Planning & Public Protection team for Brighton & Hove City Council.

2. Minutes of Last Meeting

The minutes of the previous meeting (15th March 2010) were approved.

3. 3Ts Design & Timetable Update

Duane noted that at the previous meeting the architects had presented the building design as at Outline Business Case (November 2009) and two further design options that sought to respond to feedback from local residents, Brighton & Hove City Council's Planning Department, Local Councillors, English Heritage and others. He reported that having discussed the design options with the HLG, City Council and English Heritage, the Trust had formally adopted Option B. This design is lower and is set further back from Eastern Road. He noted that the design is still a template and needs considerable further work to show the detailing of each façade.

Duane gave a short presentation [*posted on the 3Ts website*] updating the group on the revised timetable for submission of the application for full planning approval (December 2010) and commencement of the decanting works (from December 2010), ie. moving hospital services out of the build area before construction begins in September/October 2011. Duane explained that further detailed work will be required to prepare the planning application, including, for example, traffic and environment impact assessments and tree, bat and endangered species surveys.

4. Q&A

4.1 Construction Timetable

A resident asked whether reducing the height of the buildings would reduce the length of the construction? Duane replied that it wouldn't because the new design includes the same floor area (c. 60,000m²) and that this is the principal determinant of the length of construction. He noted, however, that if underground carparking proves feasible this would shorten construction by about a year.

4.2 Widening Roads

A resident asked whether the Trust could donate some of its land to widening roads, ie. at the junctions of Bristol Gate/Eastern Road and Upper Abbey Road/Eastern Road. He suggested that this could provide an alternative to vehicles' having to exit the site via Upper Abbey Road.

Duane replied that the plans do include widening the Bristol Gate/Eastern Road junction (minutes of 15th March, item 3.6). However there are no plans to widen the Upper Abbey Road/Eastern Road junction nor to widen the south service road, not least because reducing the footprint of the development would mean increasing the height of the buildings to achieve the same overall floor area. Jackie noted that it may not be possible to accommodate everything residents are asking for.

A resident asked about plans to remove the chalk and other material from the site. He suggested that the Trust take the opportunity of the redevelopment to alter the configuration of the service roads; this could provide an alternative to removing chalk via Upper Abbey Road and a permanent solution to vehicles' exiting the site via Upper Abbey Road.

Duane replied that the Trust is continuing to develop its plans for contractor access to and removal of waste from the site but agreed to review the suggestion of creating site access from Eastern Road. He suggested that a future meeting consider site logistics. Martin added that he would invite the City Council Highways Engineers, who will have a regulatory role for this aspect of the redevelopment and would value hearing residents' perspectives.

Action: Duane Passman

4.3 Depth of Build

A resident asked how deep the current build is expected to be. Duane said he would provide this information with the notes of the meeting. *[The contractors reply that the four corners of the redevelopment site are at substantially different levels and the precise levels have yet to be set for depth of construction. However the current design is for a basement level, which will be approx. 5m below the level of Eastern Road. This excludes underground car parking, which is subject to a separate feasibility study, and foundations. The foundation design/depth has not yet been considered].*

4.4 Helipad

Cllr Mitchell noted that the reduction in the height of the Stage 1 building had left the helipad on a stalk above it. She asked what English Heritage's view was about this design and whether planning officers consider it acceptable.

Duane replied that the helipad feasibility study currently underway is exploring a number of possible locations, including siting the helipad on the Thomas Kemp Tower. He also noted that the drawings are still at an early stage and that further work on the treatment of the façades is required. Martin added that the helipad design is evolving, which is to be expected given its complexity. Once the planning application is submitted planning officers will give consideration to the local and strategic impact of the design, including views from a number of points across the city.

A resident said that unless the hospital relocates to another site then a helipad is likely to be a fact of life. However he hoped that the architects are able to design it as an interesting landmark rather than a 'sore thumb'.

A resident asked how the sea fog would affect use of the helipad. Duane replied that the helicopters are fitted with radar and other imaging equipment so a sea fog would not necessarily prevent landing or take off. However if landing was not possible then patients would be taken to Southampton or London. Martin added that the Civil Aviation Authority is an important statutory consultee so will formally be consulted on the plans. A resident added that helicopters operate 24/7 in the North Sea.

4.5 Green Roofs

A resident asked whether the terraces are shown in green for a reason. Duane confirmed that the intention is to have roof/terrace gardens for the benefit of patients and staff and as part of the project's commitment to sustainability. As discussed at the meeting on 15th March (item 3.9 in the minutes), careful attention will need to be given to the type of vegetation.

Martin noted that the City Council places considerable emphasis on sustainability in both design and construction. He added that the industry does not yet have a settled view about what 'sustainability' means in practice but it is more than just green roofs. He felt positive from early discussions with the Trust that the sustainability agenda is being taken seriously and that the Trust shares the City Council's high aspirations. He also commented that it was good practice for designs to be shared at an early stage, as the Trust has done.

4.6 Conservation

A resident noted that the hospital campus is adjacent to five conservation areas and asked about plans for the Grade II listed chapel (within the Barry Building) and Grade II listed gate piers (at the corner of Bristol Gate / Eastern Road). Duane replied that the intention is to preserve and reconstruct the chapel elsewhere on site; he added that the chapel is not an original feature of the Barry Building. Martin reported that the Council has asked for an inventory of the contents of the chapel and, as the regulatory authority, will be in dialogue with the Trust about its proposals.

Duane noted that the Bristol Gate piers had been discussed at the meeting on 15th March (item 3.6 in the minutes) and that there is nothing further to report at this stage.

4.7 Local Wildlife

Residents reported that there are badger sets on the Trust's premises. Duane thanked them for this information and confirmed that he would relay this to the organisation that will be undertaking the badger survey.

4.8 Landscaping

A resident of Upper Abbey Road asked whether trees could be planted to block their view of the hospital. Martin noted that the planning approval process includes consideration of the landscape plan. Duane confirmed that he would be happy to discuss landscaping options at a future meeting.

4.9 Local Disruption

A resident of Upper Abbey Road said she remained concerned about the noise, dust and vibrations from the construction and the impact on house prices. She said she emails the Trust on a weekly basis with complaints and that these emails go unanswered. Duane apologised if emails had not been answered and asked the resident to email him directly. Jackie noted that Upper Abbey Road residents' suggestions for minimising disruption during the construction phase appeared later on the agenda.

4.10 Outpatient Services

Cllr Mitchell asked whether the traffic associated with the Outpatient clinics within the redevelopment had been factored into the Traffic Impact Assessment. Duane explained that the scheme includes the following Outpatient services:

- Cancer - replacement of existing facilities from the Sussex Cancer Centre;
- Neurosciences - transfer from Hurstwood Park (Princess Royal Hospital);
- Ear, Nose & Throat (ENT) / Audiology / Oral & Maxillofacial Surgery (OMF) - replacement of accommodation in the Stage 2 build area;
- Clinical Infection Service (Infectious Diseases, HIV) - transfer from the Main Outpatients Building (Eastern Road);
- Rheumatology - replacement of accommodation in the Stage 1 build area;
- Fracture clinic - replacement of temporary accommodation in the Stage 2 build area.

The only additional Outpatient services therefore are neurology and neurosurgery from Princess Royal Hospital. Duane confirmed that these had been included in the initial Traffic Impact Assessment. He added, however, that Brighton & Hove Primary Care Trust's strategy is to move Outpatient services from acute hospital sites into GP surgeries and other community locations where this is appropriate, so there may be an overall reduction of Outpatient traffic to the Royal Sussex County Hospital campus.

4.11 Train Line

A resident asked whether consideration had been given to reinstating the rail line from Brighton Station to the Gala Bingo on Freshfield/Eastern Road as a way of improving access to the hospital campus. Duane replied that this had previously been discussed but would be unaffordable.

4.12 Contractor Parking

A resident suggested that the Sussex Cancer Centre be demolished first and that contractors use this site for parking/site offices for the first two stages of construction until work on the car park starts. Duane explained that because there is nowhere to relocate the Cancer Centre, which includes concrete-shielded radiotherapy bunkers, this can only be moved once the Stage 2 development is complete. (Please refer to the minutes of 1st February, item 4.1). He confirmed that alternatives to contractors' parking on and immediately adjacent to the site are being explored.

Martin added that construction is a process that the City Council will regulate through the Construction & Environmental Management Plan, which requires formal approval. This will include where contractors park.

4.13 Timetable for Approval

A resident asked about the key stages and timescales for approval of funding for the redevelopment. Duane replied that the Department of Health and Treasury would formally consider the scheme shortly after consideration of the Full Planning Application (ie. early 2011) and again before commencement of the main construction on site (ie. May 2011).

4.14 Affordability

A resident asked whether a smaller development wouldn't be more appropriate in light of the UK's financial position and the new Government's intention to reduce the cost of the public sector. Duane explained that each element of the scheme is necessary and that building to modern NHS space standards requires considerable additional floor area:

- replacing the Barry and Jubilee Buildings (c. 7,750m²) to modern standards and with an increase in the proportion of single rooms (to 70% overall) requires c. 32,000m²;
- replacement of the Regional Centre for Neurosciences (c. 3,000m²) requires c. 9,000m²;
- the initial study on the Sussex Cancer Centre showed that it would not be feasible to extend the existing accommodation to include additional radiotherapy bunkers and chemotherapy places and that it would be more cost-effective to rebuild it.

A resident asked why modern standards require approximately three times as much space as builders needed when the Barry Building was erected in 1828. Duane explained that the Barry Building did not conform to spacing between beds that Florence Nightingale later introduced and that modern standards are greater still. Modern wards also include support accommodation such as clean and dirty utilities, bed pan washers and treatment rooms for patient privacy and dignity and for infection prevention and control. Jackie noted that this is one of the rationales for the redevelopment.

Duane explained that expenditure on the scheme is phased over the 10 year construction period. The average expenditure is £42m/year; the maximum is £100m in one year. To set this in context, he noted that the Department of Health's current capital budget is c. £4.5bn/year. To his knowledge, only one other hospital development scheme is requesting public capital and 3Ts is the only scheme that involves partial redevelopment of an existing site; this is part of the rationale for requesting public rather than private capital funding.

Duane noted that as reported at the meeting on 1st February (item 6.3), the financial and activity modelling underpinning the business case for the 3Ts redevelopment continues to be refined to ensure that it reflects Primary Care Trusts' commissioning intentions and remains affordable. The number of additional beds has been reduced in the Full Business Case to reflect planned reductions in inpatient lengths of stay, for example.

4.15 Catchment

A resident asked about the catchment areas for the various services included in the 3Ts development and whether Brighton & Hove is the best location for a regional service. Duane replied that the catchment areas are broadly as follows:

- neurosurgery - all but the most western part of Sussex plus small areas in the SE of Surrey and SW of Kent;
- cancer - Hastings & Rother, East Sussex Downs & Weald, Brighton & Hove plus West Sussex as far west as Worthing Hospital;
- major trauma - this is under discussion but the current catchment (based on equidistance by road ambulance between the Royal Sussex County Hospital and the next nearest Major Trauma Centre) is all but the most western part of Sussex plus potentially the south of West Kent and the SW of Eastern & Coastal Kent;
- local acute services - principally for Brighton & Hove and SW East Sussex Downs & Weald;
- as a University Teaching Hospital, the Trust serves the South East Coast area (Kent, Surrey and Sussex).

Duane added that the catchment area maps are included in the Outline Business Case (June 2009) presentation posted on the 3Ts website¹.

4.16 Hospital Location

A resident asked why alternative locations for the hospital were not being considered. Duane explained that following 20 years of discussion the decision was made in 1991 that the hospital should continue in its current location. Since then the South Downs National Park has been established, the Falmer site that had been considered has been committed (for the community stadium, currently under construction), and rebuilding the whole hospital would be unaffordable (please refer to the minutes of the meeting of 10th November 2009, item 4.1).

Martin agreed that it was a legitimate part of the planning process to ask whether alternative sites had been considered. Having discussed the rationale with the Trust he was confident that alternatives had been explored; the challenge for the Trust is therefore to make the redevelopment work on the existing site with all its constraints. He added that

¹ <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=194663&type=full&servicetype=Attachment>

planning legislation does not favour greenfield sites and that the City does not have a legacy of brownfield sites; this is one of the factors that gives it its unique character.

A resident said that he remembered the discussions about the possible move of the hospital to an out-of-town location. He felt that these had been conducted admirably and with widespread community engagement. Brighton & Hove residents had decided that the current location would be more accessible than, for example, Falmer; views may have changed since but residents were consulted at the time.

4.17 UNESCO World Heritage Bid

A resident noted that the city's conservation groups are seeking UNESCO designation of a large section of the city as a world heritage site. He asked how this squared with the planned demolition of the Barry Building.

Martin noted that the Trust's application for full planning approval would need to provide a justification for the demolition of buildings. He had advised the Trust to take early soundings from English Heritage, which it has done. He added that the Council has a responsibility to balance the city and region's needs for a modern, fit-for-purpose hospital with *inter alia* environmental and heritage considerations. This needs to be considered in the run up to and as part of formal consideration of the planning application.

A resident asked whether the hospital campus could be added to one of the conservation areas it adjoins. Martin replied that an application would need to explain the merits of such an extension.

4.18 Barry Building Façade

A resident asked whether consideration had been given to retaining the façade of the Barry Building, in particular to preserve the views up Paston Place. Martin noted that the debate had not concluded and would run through the planning application process. Duane stated that if the conclusion is that the Barry Building should be demolished, it would be replaced with a building of the highest possible architectural quality. He also referred to the discussion about the façade at the previous meeting (item 3.3 on the minutes).

5. Planning Application Process

Martin invited any further questions. A resident asked whether the planning application for the hospital redevelopment would be decided locally or nationally. Martin replied that the City Council through its Planning Committee is the determining authority; if the application is refused it can be referred upwards by way of appeal.

A resident asked whether hospitals require planning permission. Duane confirmed that the NHS lost its Crown Immunity in 1990, so planning consent is required.

Jackie thanked Martin for attending and for his participation in the earlier discussion, which had been very helpful. Martin said it was important that residents know how and when to express their views as part of the formal planning application process and understand the procedural issues, for example when committees meet and how long contributors may speak. He said that he or members of his team would be pleased to attend the HLG on a regular basis to answer questions about this. Residents could also contact the Planning Department directly or via the HLG website.

6. Matters Arising from Previous Meeting

6.1 Future of Hospital Liaison Group

At the previous meeting residents had expressed concern that the HLG could be dissolved precipitously and had asked for a commitment that the group continue. Duane reported that he had raised this issue with the Trust Board. He and the Board have given their

complete assurance that the group will continue for the duration of the planning and construction stages of the 3Ts redevelopment.

Duane noted that during the next twelve months the Trust expects to become a Foundation Trust, which will have an elected Board of Governors. He encouraged residents to apply for membership and to consider standing for election to the Board. He suggested a future meeting discuss Foundation Trust status and its implications.

Jackie felt that residents would be happy with the Trust's commitment to continue the HLG during the critical phases of the redevelopment. The future of the group and its relationship with other structures could be revisited thereafter.

6.2 South Service Road Gates

Steve reported that the fault with the gates had been resolved; residents confirmed that the gates appear to be working properly. It appeared that both residents and the Trust had had oiled the gates, which residents reported had reduced the noise.

7. 'Considerate Contractors' Document

The document drafted by residents of Upper Abbey Road had been tabled at the previous meeting and posted on the HLG website. Martin said that the document was enormously helpful in discussing lessons learned from the previous construction and included a raft of good ideas for the 3Ts redevelopment. He noted that construction forms part of the planning application and would be included in the Construction & Environmental Management Plan that the City Council would then monitor as a condition of any planning approval.

The Chair of the local residents' group for the American Express development² (Edward Street) reported that his group was developing a 'community charter'. However this work had started much later in the development/construction process and he commended the Hospital Liaison Group's proactive approach. He felt it would be important for the plan to be agreed by the HLG, Trust and City Council.

Duane said that his intention was to finalise the 'considerate contractors' plan with the HLG during the pre-planning phase so that it would form part of the Section 106 agreement³. This could include other elements, eg. a commitment to local apprenticeships. Duane agreed that the Trust would draft an outline proposal for discussion at the next meeting and that the Trust and HLG would refine the detail over the summer as detailed planning for the scheme progresses.

Action: Duane & Team

8. Next Meeting

Monday 26th July 2010 from 7pm to 9pm in the Audrey Emerton Building (Eastern Road, next to the Sussex Eye Hospital).

² http://www.edwardstreet.co.uk/Amex_Exhibition.pdf

³ <http://www.idea.gov.uk/idk/core/page.do?pageId=71631>

Minutes of the Hospital Liaison Group Meeting
Held on Monday 15th March 2010 (19.00 - 21.00) in the Audrey Emerton Building,
Royal Sussex County Hospital, Brighton

Present:

Simon Burgess (Labour Parliamentary Candidate, Brighton Kemptown & Peacehaven), Simon Kirby (Conservative Parliamentary Candidate, Brighton Kemptown), Cllr Warren Morgan (East Brighton, Labour), Cllr Craig Turton (East Brighton, Labour), 55 local residents

Brighton & Sussex University Hospitals (BSUH) Trust:

Duane Passman, Director of 3Ts, Estates & Facilities

Steve Gallagher, Operational Director, Estates & Facilities

Nick Groves, Associate Director, 3Ts Service Modernisation

1. Welcome & Introductions

Cllr Turton (Chair) and Duane Passman welcomed everyone to the meeting and thanked them for attending.

2. Minutes of Last Meeting

The minutes of the last meeting (1st February 2010) were agreed.

3. Design Options: Presentation

Benedict Zucchi (BDP Architects)¹ presented the two new design options (Options A and B) and compared them with the original plans as at Outline Business Case stage. [The presentation has been posted on the Hospital Liaison Group website]. The revised options aim to address concerns raised by local residents, Brighton & Hove City planners and English Heritage about *inter alia* the height and massing of the redevelopment.

In particular, the Stage 2 building (Cancer Centre) on Upper Abbey Road/Eastern Road, which is common to both options, is one storey (c. 4.5m) lower than the original plans and is therefore almost the same height as the Barry building. The revised plans also include a curved South elevation stepped back from Eastern Road and a garden at the entrance to the building. The Spanish Steps between the Stage 2 and Stage 1 buildings have been reduced in width and the Western edge of the Stage 2 building has been reduced by several meters but retains the existing boundary wall - so the building follows the same line as the Barry Building does currently.

In both new design options Stage 1 is three stories lower² than in the original plan. The Stage 1 building includes a number of landscaped terraces and green roofs, most of which would be accessible to patients/the public and staff. Under Option B the facade is set back from Eastern Road by 4-5m at the widest point and steps back in three tiers at the higher stories, up to 10m from the boundary line. The 'three finger' design aims to provide a more variegated feel to the massing to fit more comfortably with scale of the neighbouring architecture.

Revised proposals for the Stage 3 car park also now include a green roof.

¹ <http://www.bdp.com/>

² Assuming street level at Eastern Road is Level 1, the top floor is at Level 13, ie. one floor higher than the Royal Alexandra Children's Hospital (RACH), and the helipad is at Level 16.

Benedict noted that the revised designs focus on the height and massing of the buildings and are therefore still indicative at this stage; eight to nine months' further detailed work would be required before plans are ready to be submitted for planning consent.

Q&A

3.1 Height & Massing

Residents recognised that the revised plans do reduce the height of the buildings and step them back further from the street. However one resident suggested removing the 9-10m wide Spanish Steps between Stage 1 and Stage 2 to allow the buildings to be brought closer together and further back from the boundary lines.

Duane explained that the Steps provide pedestrian access from Eastern Road, which is the public transport node, to the Northern half of the site and allow windows/light into the departments abutting the Steps. The necessary phasing of the development also means that the Stage 1 building can only be built to the East of the existing Barry Building.

3.2 Distance from Trust Boundary

Residents asked whether the Stage 1 building could be set back further from the Trust's boundary line and stepped back ziggurat-style. Duane explained that Option B is stepped back as far as possible while maintaining the required internal floor area.

One resident expressed concern that the Stage 1 building would be directly opposite her house on Eastern Road and asked whether it could be built opposite the Sussex Eye Hospital (SEH) instead. Duane replied that under the revised options the centre of the Stage 1 tower is opposite Upper Sudeley Street. The Barry Building cannot be demolished until Stage 1 is complete so the tower can only be built to the East of the Barry Building.

3.3 Barry Building Facade

One resident asked whether consideration had been given to retaining the facade of the Barry Building. Duane confirmed that retaining the Barry Building as is, extending it and retaining the facade had all been considered as part of the initial design studies but that this had proved impractical. In particular, in order to provide the required amount of accommodation, the Stage 2 building line needs to extend further south than the existing Barry Building. This also has the advantage of reducing the height of stage 2. The floor-to-ceiling heights of the Barry Building are also at different heights to modern hospital standards and it would therefore be difficult to align new floor levels with existing window heights.

Duane noted that English Heritage had rejected the application to list the facade of the Barry Building. The interior of the chapel is listed, however, and Duane suggested discussing the preservation plans at a future meeting.

3.4 Helipad: Location

Residents asked whether a decision had been made to build the helipad on the 3Ts tower or on the existing Thomas Kemp Tower. Duane explained that a more detailed engineering and structural study had just been commissioned to assess whether the Thomas Kemp Tower could support the helipad and that the decision has therefore not yet been made. He hoped this study would be complete by June/July 2010.

A resident asked whether the helipad could be built on the Downs instead. Duane explained that the standard for Major Trauma Centres is to have an integral helipad rather than landing arrangements requiring secondary transfer by road ambulance. He also suspected that planning permission for a development in the South Downs National Park would not be entertained.

3.5 Helipad: Noise

Residents asked about the noise that the air ambulance would generate landing and taking off. Duane offered to take a group to the Royal London Hospital in Whitechapel or to Leeds General Infirmary, which have helipads on site, or to the Kent Air Ambulance base at Marden in Kent. Other residents said they were more concerned about the visual impact of the helipad than the noise. It was agreed that residents who would be interested in a visit should contact the 3Ts Programme Office.

3.6 Bristol Gate Piers

Duane noted that there are two Grade II listed gate piers on the corner of Bristol Gate/Eastern Road. The redevelopment plans include widening this junction so the proposal is to restore the gate piers and relocate them to a place of prominence on site. Investigation suggests that the piers were moved to their current location in the mid to late 1920s and were listed in the 1970s. Duane asked whether any residents or local societies would be able to provide further information - one resident said that the designs suggested they were erected in the 1880s but he was not sure of the original location.

3.7 South Service Road

Residents of Upper Abbey Road again expressed concern that the designs do not alter the flow of service traffic so that vehicles both enter and exit the site from Bristol Gate. Duane replied that unfortunately it has not been possible to achieve this change under any of the options due to the constrained nature of the site and limited space for a turning circle.

Residents also expressed concern that the gates have recently been left open for extended periods. Duane agreed to check this.

Action: Duane Passman & Team

3.8 Verified Views

The presentation included views of the Royal Sussex County Hospital campus from four locations that have been included in discussions with the City Council and English Heritage about the impact of the new development on the Brighton & Hove skyline. Duane reported that up to 40 verified view locations will be submitted as part of the Environmental Impact Assessment and that these viewpoints are currently being agreed with the City Council and English Heritage.

3.9 Green Roofs

Residents welcomed the inclusion of green terraces and roofs however Cllr Morgan cautioned that these have a mixed record of success locally and, if they fail, can be very ugly. Towards the Marina they have also encouraged seagulls. Benedict replied that BDP has had positive experiences of green roofs and that these would support both sustainability and provide residents who look over the site with more attractive views. He agreed that it would be important to research the microclimate thoroughly and investigate the local experience of similar developments.

3.10 Building Underground

Residents asked how many floors the new designs have underground and whether digging deeper could reduce the height of the building. Benedict noted that both Stage 1 and 2 buildings have substantial basements, including plant and most of the engineering. The Cancer Centre's radiotherapy bunkers are located in the basement of the Stage 2 building.

Duane said that he had not discounted the possibility of underground parking but wanted to have settled on a preferred design before exploring this in detail. He ruled out the suggestion from a local resident that major areas of accommodation could be built underground, particularly staff offices.

3.11 Cost of Two Options

A resident asked whether cost would be a factor in deciding whether to progress Option A or B. Duane replied that both options include the same internal floor area and are therefore of a broadly similar cost. Option B departs more radically from the original design and would therefore take a little longer to redesign internally.

Cllr Turton thanked Benedict for the helpful presentation and thanked Duane for allowing residents to see it as promised before the wider public. Cllr Turton asked for residents' views on the new design options. In a straw poll, residents overwhelmingly preferred Option B of the three design options presented.

4. Communication

Nick Groves said that he would email or mail all residents on the mailing list within the next two days to notify them that the presentation had been posted on the Hospital Liaison Group website. He asked that anyone who does not receive this please contact the 3Ts office - not all of the email and mailing addresses provided have been legible. He also asked that residents mention the mailing list to their neighbours.

One resident noted that some of the documents posted on the website have the print option disabled. Nick apologised for this error and said the document settings would be amended.

5. Transport Study

Duane confirmed that the full transport study had been posted on the website as requested. Cllr Turton invited questions:-

5.1 Adjacent Roads

A resident of Eaton Place asked that future more detailed studies give greater consideration to the impact of the construction on the roads running from Eastern Road to Marine Parade. She felt that the impact of the construction would be exacerbated by the Council's proposal to divert traffic around Kemp Town. Duane agreed that a more detailed study would be needed and that it would need to reflect the current iteration of the City's Core Strategy.

5.2 Scope

A resident asked whether the study had considered the impact of the construction and development on traffic throughout East Brighton. Duane said that he would review the document that had been posted on the website.

5.3 Passenger Car Unit Counts

One resident suggested that Passenger Car Unit counts commence as soon as possible to give a baseline over a full year.

6. Reflections on Previous Development

6.1 UAR Document

Cllr Turton thanked residents of Upper Abbey Road (UAR) for producing a document that very helpfully summarises their experiences of the RACH development and makes suggestions for management of the 3Ts development. Duane confirmed that this had been posted on the Trust website and that hardcopies had been produced with the minutes.

Duane said that he would be happy to work through the document in detail at the next meeting to discuss and agree the key points. In the meantime he would ensure that in the next mailing residents are directed to the document on the website.

6.2 Activity Phases

A resident said it would be helpful to understand exactly how construction activity would be phased over the ten year build programme. Duane replied that this level of detail was not yet available. However once the contractor has been appointed it will be important to

review with local residents the proposed phasing of activity, the construction methodology and opportunities to minimise the disruption caused.

7. Election of Vice-Chair

Jackie Nowell, a resident of Upper Abbey Road, was nominated and elected by consensus as Vice-Chair. On behalf of the Hospital Liaison Group, Cllr Turton thanked her for agreeing to accept this role.

8. Any Other Business

8.1 Consultation Process

Residents asked a number of questions about the planning process, including the stage at which residents would be able formally to express their views, the nature of discussions to date between the Trust and the City Council planning officers, and opportunities to appeal the planning decision.

A former Vice-Chair of the Planning Committee summarised the process and the opportunity residents would have to express their views as part of the formal consultation that would follow submission of the Trust's application for planning consent. She explained that it is standard for planning officers to provide advice to major planning schemes on the Council's planning framework and other relevant policies. However Local Councillors, who are not involved in providing such advice, then make the decision. She added that conditions, such as hours of operation, could be added to the planning approval to ensure that disruption is minimised. Some residents noted that such conditions were not enforced with the building of the RACH.

It was agreed to invite Martin Randall (Assistant Director / City Planner, Environment Directorate) or a member of his team to attend the next meeting to explain the planning process.

Action: Duane Passman & Team

8.2 Future of the Hospital Liaison Group

Residents asked for a commitment from the Trust that the Hospital Liaison Group would continue for the life of the redevelopment and beyond. The group in its previous incarnation had been dissolved when the Trust felt that there were no ongoing issues to discuss. Duane agreed to take this proposal to the Trust Board for consideration.

Action: Duane Passman

9. Next Meeting

It was provisionally agreed to meet again on Monday 10th May, subject to the availability of Martin Randall and team. Duane confirmed that the date/venue would be notified to residents via the website, by email/mail (where residents have provided details for the database) and by flyer.

[Please note that the next meeting will now take place on Monday 24th May from 7pm to 9pm in the Audrey Emerton Building, with refreshments available from 6.45pm].

Minutes of the Hospital Liaison Group Meeting
Held on Monday 1st February 2010 (19.00 - 21.00) in the Boardroom,
Sussex House, Royal Sussex County Hospital, Brighton

Present:

Cllr Gill Mitchell (East Brighton, Labour and Leader of the Opposition), Cllr Warren Morgan (East Brighton, Labour), Cllr Craig Turton (East Brighton, Labour), Simon Burgess (Prospective Labour Parliamentary Candidate, Brighton Kemptown & Peacehaven), 45 local residents

Brighton & Sussex University Hospitals (BSUH) Trust:

Duane Passman, Director of 3T, Estates & Facilities

Sherree Fagge, Chief Nurse designate

Steve Gallagher, Operational Director, Estates & Facilities

Nick Groves, Associate Director, 3Ts Service Modernisation

1. Welcome & Introduction

Duane Passman welcomed everyone to the meeting and thanked them for attending.

2. Appointment of Chair & Vice Chair

Cllr Craig Turton said that as one of the three Local Councillors for East Brighton he had been invited by the Trust to chair meetings of the Hospital Liaison Group (HLG). He confirmed that he is not employed by the Trust and would seek to be an independent chair. Cllr Turton's appointment was agreed.

Cllr Turton suggested that the Vice-Chair be a local resident and called for expressions of interest. As no local resident present volunteered, Cllr Turton suggested that the proposal be discussed again at the next meeting. This was agreed.

3. Minutes of the Last Meeting

The minutes of the last meeting (10th November 2009) were agreed.

4. Matters Arising

4.1 Traffic Access Assessment

Duane confirmed that the June 2009 traffic access study had been posted on the 3Ts website¹ as requested. Residents asked why the study was not more detailed and did not cover broader issues of, for example, impact on traffic flows in the local area, impact on resident parking, the number of parking spaces required on site and use of those spaces by staff². A number of Upper Abbey Road residents hoped it would also be feasible to change site traffic flow so that delivery vehicles both enter and exit the site from Bristol Gate.

Duane replied that this was an initial assessment commissioned by the Trust from an external consultancy specifically to consider site access issues. A fuller assessment will be required as part of the planning application and this will be commissioned in due course. In

¹ [Traffic Assessment Report](#)

² There are currently 497 parking spaces on the RSCH campus: 20 are for pool cars and Trust vehicles (Sussex House), 59 are for staff only (Sussex House, Latilla), 66 are for patients and visitors only (main front car park), and 352 are shared between patients and staff (multi storey car park). Staff parking permits are allocated using strict eligibility criteria, which excludes staff who live in postcodes BN1, BN2 or BN3 other than in exceptional circumstances. There are 600 parking permits available for staff at RSCH, all of which have been allocated.

the meantime, he agreed to post the full transport assessment study on the website. Duane noted that this is a lengthy, technical study but does include an Executive Summary.

Action: Duane & Team

A resident asked about the phasing of the 3Ts development and what impact leaving the car park till last (due for completion in 2019) would have on local traffic flows and parking. Duane explained the necessary phasing of the development [*please refer to previous minutes, 3.2*] but noted that the plan would be to maintain the satellite car park [*please refer to previous minutes, 4.12*] at least for the duration of the construction.

In addition, the Trust is continuing to decongest the Royal Sussex County Hospital (RSCH) site where it is clinical safe and financially viable to do so, eg. the move of the Breast Care Unit to The Park Centre (177 Preston Road). Sherree Fagge (Chief Nurse designate) noted that planned care (eg. elective surgery) is already provided largely from the Trust's Princess Royal Hospital campus in Haywards Heath, which has significantly reduced the number of patient attendances at RSCH.

Cllr Mitchell referred to the City's draft *Core Strategy*³ (Feb 2010), which includes proposals to route more traffic onto the A259 and reduce the use of Kemp Town by through-traffic if this is feasible. Duane noted that NHS Brighton & Hove (the Primary Care Trust) is developing a city-wide Primary & Community Care Strategy, which will include a city-wide estates strategy.

4.2 Design Review

Duane apologised, as he had done in an email circulated to the HLG in advance of the meeting, that the architects are still working on the feasibility study for underground car parking and on options to reduce the height and massing of the building, to try to step the building back from the boundary of the Trust's property on both Eastern and Upper Abbey Roads, and to improve landscaping on Upper Abbey Road [*please refer to previous minutes, 4.15-4.17*].

Duane said he was confident that much of this could be achieved. He hoped that the height of the Stage 2 building could be reduced to broadly the same height as the current Barry Building and extend no further West.

Cllr Mitchell asked whether the development could be designed with the tallest part towards the back and centre of the site and the buildings graduated down towards the boundary. Duane confirmed that current design has the Stage 1 tower directly in front of the Thomas Kemp Tower towards the back and centre of the site. Duane explained that on Eastern Road the buildings would need to extend closer to the Trust's boundary but that the design should not be a sheer wall as some of the initial artist's impressions suggested.

Duane explained that the architects need more time to complete their work, which includes internal reorganisation of the building to ensure that key service adjacencies can be maintained. He expected that this work would be complete and ready to share with the HLG by mid March. It was agreed that the next meeting of the HLG would be timed accordingly.

4.3 Single Point of Contact during Construction

Duane agreed that this would in principle be a good idea. This will be one of a number of practical issues to address with the construction company once it has been appointed [*please refer to previous minutes, 4.20*].

³

<http://www.brighton-hove.gov.uk/index.cfm?request=c1148443>

5. Reflections on Previous Developments

Cllr Turton invited residents and fellow Councillors to reflect on their experience of previous developments on the site, eg. Royal Alexandra Children's Hospital (RACH) and Thomas Kemp Tower. Key issues included:

- The effect on local streets and houses of heavy goods vehicles (HGVs) delivering building materials to the site and removing spoil from it. Residents said that this was noisy, dirty and disruptive and felt it had contributed to cracks in their buildings and other damage, eg. a crushed drain and occasional damage to parked cars.
- The effect of re-routing local busses, which residents in the adversely affected streets found noisy and intrusive.
- Contractors or the regular delivery vehicles trying to access the site outside the agreed hours, which then resulted in HGVs' queuing to enter the site or trying to reverse into the site from Upper Abbey Road.
- Smaller ('white van') contractors parking, eating their lunch, dropping litter and smoking on neighbouring streets.
- Some residents noted that they work from home or would like to be able to use their gardens during the day, both of which are disrupted by the on-site noise even during the agreed daytime construction hours.
- One resident said panels had blown off a care home on Sudeley Street in the storms during its recent redevelopment. Although the care home is not connected with the Trust, she was concerned about similar safety issues during the 3Ts construction.
- In spite of attempts to clean HGVs' wheels before leaving the site and keep roads clean during the construction, residents said that Bristol Gate, Eastern Road and some of the neighbouring streets were turned into 'chalk slides' and houses were covered in chalk dust.

Cllr Morgan, who was a member of the previous HLG, said that the RACH construction company, Kajima, and the Trust had tried to be helpful but the subcontractor structure meant that the offending workers were often at some remove from the parent company and that in practice there was no one to call in the early hours of the morning when the problems occurred. He felt that the focus should be on issues at the boundary of the Trust's premises, on proactive management of problems and on providing a sufficient number of Trust frontline estates managers to monitor the site. He also suggested financial penalties for contractors who fail to meet the agreed 'considerate contractor' standards.

Cllr Turton thanked the meeting for the helpful examples. He invited everyone to reflect on the key problems and to email or mail⁴ possible solutions [*please see footnote below for contact details*], for review at the next meeting.

Action: All

Cllr Turton also suggested a section on the Trust HLG website for residents to post their 'best practice' suggestions. Duane and team agreed to investigate whether this is technically feasible with the configuration of the website.

Action: Duane Passman & Team

6. General Q&A Session

6.1 Introduction

Duane thanked everyone who had raised issues/concerns or asked questions through the two freepost mailings, in person, by email or by phone. These returns have all been collated and the most common issues listed on the agenda, in order of frequency of mention.

⁴ Please write to: 3Ts Programme Office, Royal Sussex County Hospital, Eastern Road, Brighton BN2 5BE, email hospital-redevelopment@bsuh.nhs.uk or phone (01273) 523 395.

6.2 Trust Site Strategy

A resident asked about the future of the Sussex Eye Hospital (Eastern Road/Sudeley Terrace) and the main Outpatient Building (Eastern Road/Abbey Road); Duane referred to the minutes of the previous meeting [*please refer to 4.10*]. The resident also asked about the future of the Audrey Emerton Building (Eastern Road). Duane noted that this is owned by Brighton & Sussex Medical School but said that he was not aware of any plans to redevelop or sell it.

6.3 Activity Modelling

A resident noted the national drive to move NHS services closer to patients' homes and asked whether this had been factored into the modelling for future activity at RSCH since this will presumably affect the size of the development. Duane confirmed that this and the Local Authority's projections for population growth have been factored into the model and that the model will continue to be updated in light of emerging national and local strategies. He added that the model has been aligned with PCTs' commissioning plans. It also assumes that lengths of inpatient stay are at least as short as the top 25% of hospitals in England, which therefore impacts on the number of beds required.

6.4 Affordability

A resident asked whether the £420m development will be affordable given the current economic climate. Duane confirmed that the business case, which includes a number of 'worst case' scenarios, indicates that the development is affordable.

6.5 Emergency Vehicles

One resident asked how many additional emergency vehicles would be coming to the site as a result of the development. Duane replied that he would check this and report back to the next meeting.

Action: Duane and Team

6.6 Effect on House Prices

Residents expressed concern that it would be more difficult to sell their houses during the lengthy construction phase and that house prices would be adversely affected during and as a consequence of the development. A number of residents asked whether the construction phase could be shortened and whether the Trust would consider financial compensation for any lost value of their properties.

Duane rehearsed the phasing and timing of the development [*please refer to previous minutes, 3.2*], which is driven largely by the need to have a building available (Stage 1) into which to move the Barry Building inpatient wards and other clinical accommodation before the Stage 2 building can begin. Cllr Mitchell asked whether the wards could be moved to Brighton General Hospital (BGH) or whether the site's ownership by a different NHS Trust prevented this. Duane replied that the Trust is working closely with South Downs Health Trust, which owns the BGH site, on the decant plans for outpatient services. The key issue is that it would not be safe or practical to split medical cover and other clinical support services between two sites to service inpatient wards at BGH and RSCH, which was the rationale for moving inpatient services off the BGH site in 2005.

On the issue of house values, Duane said it would not be possible to disaggregate the effect of the development from any other national or local factors affecting house prices. He noted that there is no clear evidence from other hospital development schemes about the effect on house prices, either positively or negatively. He confirmed that it is therefore not the Trust's intention to compensate residents for any reduction in house values (nor to seek a share of any increase in house values as a result of the development). Cllr Mitchell noted that although development has been undertaken on the RSCH site throughout the last 15 years, local house prices have risen overall.

6.7 Staff Numbers

A resident referred to the 'studentification' of the local area, ie. the subdivision of houses to create multiple occupancy dwellings often attractive to students. Duane replied that although the Trust would wish to support its staff who move into the area for work, it is not the Trust's ambition to become a large-scale landlord.

7. Ongoing Communication

A number of residents expressed concern that they had only received the flyer inviting them to the meeting relatively recently and had not received the email invitation. Duane confirmed that details of the meeting had been posted on the Trust's website, hand-delivered by a local distribution company and emailed to those on the circulation list. He agreed to consider putting a notice in *The Argus* and the *Kempton Rag* for future meetings.

Nick Groves said that he would email everyone who had given their address for the first time that evening, so he asked that if residents did not receive the original email invitation or a confirmation that they had been added to the mailing list, they should contact him directly by email, mail or phone. *[There are currently 98 people/residences on the HLG mailing list, of whom 72 have asked for information by email and 26 by mail].*

Action: All

8. Next Meeting

The next meeting of the HLG will be on **Monday 15th March** from 7pm in the Lecture Theatre, Audrey Emerton Building (opposite the RSCH), Eastern Road. It was agreed that this should focus on:

- presentation of the new designs by the architects
- construction problems/solutions (see 5 above)
- transport queries (following publication of the full transport assessment on the website)
- selection/election of a local resident as Vice-Chair.

Minutes of the Hospital Liaison Group Meeting
Held on Tuesday 10th November 2009 (19.00 - 21.00) in the Boardroom,
Sussex House, Royal Sussex County Hospital, Brighton

Present:

Cllr Craig Turton
40 local residents

Brighton & Sussex University Hospitals (BSUH) Trust:
Duane Passman, Director of 3T, Estates & Facilities
Steve Gallagher, Operational Director, Estates & Facilities
Nick Groves, Associate Director, 3Ts Service Modernisation
Amelia Lyons, 3Ts Head of Communications & Engagement
Ali McKinlay, 3Ts Change Consultant
Caroline Mills, Trauma Audit Lead

1. Welcome & Introduction

Duane welcomed everyone and thanked them for attending. He explained that following discussion and agreement with the Local Councillors from the three neighbouring wards, the Trust would like to re-establish the Hospital Liaison Group (HLG). The aim is to provide a forum for the Trust and local residents to discuss plans for the 3Ts ('teaching, trauma & tertiary care') hospital redevelopment and to give residents an opportunity to be updated on progress, ask questions and make suggestions.

Residents asked that the HLG also be used to engage residents proactively, eg. making use of their experience and local knowledge in making plans to avoid problems rather than only reacting to them after the fact. Duane agreed.

2. Governance

Duane explained that invitations to attend the HLG had been hand-delivered to 2,500 local residences. He thanked everyone who returned the freepost reply, emailed or telephoned suggesting questions/topics for discussion. Duane reported that the issues raised by the most people were (in order):

- parking - during and after the development
- disruption during construction
- traffic flow on Eastern Road
- helipad - noise and use
- demolition of the Barry building
- size/massing of the proposed new building
- integration of the new development into the existing cityscape
- communication with residents.

Duane suggested that the HLG meet initially every two to three months to allow enough time between meetings to consider any suggestions made, although the frequency could be increased if the scheme is approved. Duane said that he would also try to arrange meetings to coincide with the publication of new designs by the architects and would likely ask the architects to attend future meeting where relevant.

Duane confirmed that the minutes of the meeting would be mailed or emailed to all residents who have provided their contact details. The minutes and presentation will also be posted on the Trust website¹, which includes other background information.

3. Presentation

3.1 Content & Rationale

Duane presented the rationale for the redevelopment and the five key objectives:

i) Replacing the Barry & Jubilee Buildings

The Barry and Jubilee buildings house the general medical, elderly care, HIV, Infectious Diseases and Oncology wards as well as other clinical departments such as X-ray. These buildings are almost 200 years old and were erected before Florence Nightingale started nursing. Patient privacy and dignity is a key concern:

- only 5% of inpatient beds are in single rooms; the modern NHS standard is at least 50% and the 3T plans are for 70% single rooms overall;
- there are too few toilets and bathrooms: on average 1 toilet per 4 patients now; the new building has 1 toilet per 1.5 patients, so every single room and every multi-bed bay have single-sex/en suite bathrooms and toilets;
- wards are cramped: there is currently 1.7m between beds (a standard from the Crimean War); the modern standard is 3.4m;
- access to the Barry Building is poor so patients still need to be taken outside and across the service road to access other parts of the hospital. Getting patients from A&E to the Barry Building requires four lift journeys.

ii) Regional Centre for Neurosciences

Duane explained that the location at the Princess Royal Hospital (PRH) in Haywards Heath is an accident of history: the Hurstwood Park building was erected in 1938 as an acute admission unit for the St Frances Asylum until the National Hospital for Neurology & Neurosurgery (Queen Square) was evacuated there during the War.

The National Hospital moved back to London after the War but some of its services remained. The Regional Centre for Neurosciences has now outgrown its accommodation; as a result, a significant number of Sussex residents have to travel to London for their treatment. There are also too few bathrooms and toilets in Hurstwood Park, wards are cramped and there are too few single patient rooms.

The decision to move the Regional Centre to Brighton was taken in 2005 following the *Best Care, Best Place* consultation and three previous reviews. Duane explained that neurosurgery is an important part of the Major Trauma Centre so also needs to be on the Royal Sussex County Hospital (RSCH) site.

iii) Major Trauma Centre

Duane explained that relatively few Sussex residents sustain severe multiple injuries ('polytrauma') each year. However there is now strong international research evidence that treating these patients on a single site with all the specialties they require significantly improves their chances of survival and their level of disability in the longer-term.

Because Sussex does not currently have a Major Trauma Centre, patients are taken by road or air ambulance to London. Having this service in Brighton will allow patients from Sussex and the South East of England to be treated more locally and with shorter travel times. The RSCH is the only hospital in the region with the full range of clinical services available for patients with major trauma.

¹ <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/>

Duane confirmed that the hospital redevelopment includes a helipad. Having a helipad on the building means that patients can be taken rapidly to resuscitation and surgery without needing a road ambulance to transport them the remaining distance to the hospital; this is a requirement of the extant NHS standards for Major Trauma Centres.

Duane reported that Sussex Air Ambulance, which operates the helicopter, is a charity and is currently only permitted to operate during daylight hours. National data suggest that fewer than 12% of major trauma cases arrive at hospital by air ambulance; on this basis the RSCH helipad would be used for one takeoff/landing per week.

iv) **Sussex Cancer Centre**

The hospital redevelopment includes expanding and rebuilding the Sussex Cancer Centre:-

- The Sussex Cancer Network's analysis of the number of patients with cancer and future changes in population suggest that by 2012 ten Linear Accelerators² will be needed to provide radiotherapy treatment: six at the Royal Sussex County Hospital (an increase of two), two in West Sussex and two in East Sussex.
- The plans include additional inpatient beds for patients with cancer. This will mean, for example, that patients who require an inpatient stay while they receive radiotherapy treatment can stay on the same site rather than have to travel from Worthing or Eastbourne Hospitals each day.
- The plans also include additional day case places for patients undergoing chemotherapy³ treatment, again to keep pace with the increase in cancer in the local population.

v) **Research, Teaching & Training**

The hospital redevelopment includes a number of facilities for Brighton & Sussex Medical School (BSMS) as well as for strengthening collaborative teaching, training and research. Duane explained that BSMS accepted its first cohort of medical students in 2003. The Trust and BSMS work in close partnership and have a shared aspiration to become a leader among UK University Teaching Hospitals. As well as attracting staff of the highest calibre, teaching hospitals are also at the 'leading edge' of introducing new patient treatments.

3.2 Phasing

Duane explained that the plan is to redevelop the site in three phases over the next ten years:-

- Stage 1 will include the wards and other functions of the Barry and Jubilee buildings, together with the Regional Centre for Neurosciences and the Major Trauma Centre. This building will provide a new front entrance for the hospital and will be connected to existing buildings to make wayfinding easier for visitors. This stage is due to be complete in 2014. The Jubilee building will need to be demolished first.
- Once Stage 1 is complete and services are moved from the Barry building, work will start on Stage 2. This building will include the Sussex Cancer Centre and BSMS Centre for Innovative Therapies. It is due to be complete by 2017 and will replace the Barry building.

² <http://www.sussexcancer.net/testtreat/treatments/radiotherapy/index.asp>

³ <http://www.sussexcancer.net/testtreat/treatments/chemotherapy/index.asp>

- Once Stage 2 is complete and the Sussex Cancer Centre moved from its current location, the Stage 3 car park will be erected in its place. The plans include 200 additional car parking places.

Duane explained that the current plan is to conclude construction in 2019 however the timetable includes approval by the Strategic Health Authority, Department of Health and Treasury so is not fully within the Trust's control.

3.3 Designs

Duane presented the proposed designs [*available on the Trust website*]. He explained that although the overall floor area is correct for the services included in the redevelopment, the designs are only 'working designs' at this stage and will be refined over the next 9-12 months. Duane confirmed that there is therefore scope for residents and the HLG to influence the designs.

A number of residents explained that they had not felt their comments and concerns had been addressed during the construction of the Royal Alexandra Children's Hospital (RACH), eg. being woken early by the sound of contractors' working, and so were somewhat sceptical that things would be different with the 3T development. Duane replied that working with patients, patient representatives (eg. the Sussex Local Involvement Networks) and staff on the plans to date had generated hundreds of suggestions. Some of these (eg. making green space available for patients and staff) will be achievable; others (eg. having a large flatscreen TV in every patient room) will not. Duane said his commitment is that he will always give serious consideration to serious suggestions and will always explain without spin why something is not achievable if it is not.

4. Q&A Session

Approval & Planning

4.1 Greenfield Site

A number of residents asked why the hospital is being redeveloped on the RSCH site, which is now surrounded by residential accommodation, rather than at Brighton General Hospital, on the St Mary's Hall site or out of town?

Duane explained the history. Between 1971 and 1991 the local Health Authorities, the then Regional Health Authority and the Department of Health had protracted discussions about the best location for the hospital. Between 1986 and 1991 various alternative sites were considered. However in 1991 the organisation that ran the hospital, the local Health Authority and the Department of Health decided jointly that the current site should be developed. This was for two principal reasons:-

- i) by 1991 there were already more services on the RSCH site than at Brighton General Hospital (BGH)⁴ and transferring them to BGH was considered unaffordable. It would now not be feasible to split the acute services based at RSCH between two sites, even if the land were available and affordable;
- ii) finding a greenfield site of 30 to 40 acres in Brighton was considered - and remains - impractical. It is not economically viable (a sufficiently large site, plus the cost of building an entirely new hospital, would exceed c. £1bn) and compulsory purchase orders would be difficult and expensive even if a site were available.

Following this decision, various phases of construction began: the Millennium Wing, the RACH etc. The Thomas Kemp Tower was originally planned as three towers but

⁴ Duane noted that South Downs NHS Health Trust has owned the Brighton General Hospital site since 2001, although this would not necessarily be a barrier to development.

construction did not progress beyond the first⁵. The Trust's financial position then meant that the Phase 3 development (the RACH) took place before Phase 2 because it was more affordable.

A resident asked whether the decision in 1991 means that further redevelopment of the RSCH site is a foregone conclusion and residents have no say in the matter? Duane agreed that the decision to redevelop the RSCH site had already been taken through a number of previous public consultations:-

- *Best Care, Best Place* (2004/5) concluded that the Regional Centre for Neurosciences should transfer from Haywards Heath to Brighton. It also concluded that the Trust should centralise most of its elective surgery at PRH and its major emergency services at RSCH;
- *Fit for the Future* (2007) concluded that RSCH should be the Critical Care Hospital for Sussex. This was followed by *Healthier People, Excellent Care* (2008), which concluded that the RSCH should become the Major Trauma Centre for Sussex and the wider Region.

Duane explained although the decision to remain on the RSCH site has been taken, the Trust is seeking to re-establish the HLG to ensure that residents have a voice in the planning and design of the redevelopment and to provide a channel of communication during the construction phase.

A resident said he remained surprised that the NHS has taken a series of decisions over a number of years that has left a hospital in a built-up residential area with future development plans to include a helipad. Duane noted that this is an issue for all major urban areas, eg. the Royal London Hospital in Whitechapel, which also has a helipad.

4.2 Future Service Moves

Residents asked about any plans to move other services off the RSCH site? Duane replied that nationally outpatient services are being moved off acute hospital sites and into community settings, where this is clinically appropriate, as the Trust and NHS Brighton & Hove have done with the Breast Care service, which is now at 177 Preston Road. NHS Brighton & Hove is due to publish its plan for primary and community care services in the next few months.

A resident asked for assurance that the Trust will not sell the outpatient site a few years after construction. Duane replied that he could not give absolute guarantees about the future of the existing outpatient department site, but it would seem unlikely that the Trust would want to constrain future flexibility.

4.3 Consultation

On the more general point, a number of residents expressed concern that previous NHS consultations have not been inclusive of local residents and were not brought to the HLG.

Cllr Turton noted that local residents have been asked to endure a number of years' inconvenience and disruption during the various hospital construction works. The HLG was disbanded by the previous hospital administration before the *Best Care, Best Place* consultation started. He felt that the current hospital administration should be credited for having re-established the HLG meetings and that the Trust staff at the meeting seem genuinely committed to open and honest dialogue.

4.4 Approval & Planning Process

Residents asked whether the plans have yet received planning consent. Duane replied that there is a three-stage approval process for business cases of this size: the Strategic Outline

⁵ *Brighton's County Hospital 1828-2007*, Harry Gaston (1991)

Case (SOC) for 3Ts was approved in July 2008; the Strategic Health Authority approved the Outline Business Case (OBC) in November 2009 and this is now with the Department of Health and Treasury for review; the third and final stage (Full Business Case) is expected to take a further 9-12 months to complete.

Duane explained that formal planning consent is required⁶ and will be sought from Brighton & Hove City Council during FBC stage, ie. likely during 2010. In the meantime the Trust is working closely with the Council and English Heritage.

4.5 Funding Route

A resident asked whether the scheme would be funded as a Private Finance initiative (PFI)⁷. Duane replied that the Trust is seeking public funding for the scheme from the Treasury: £420m over a 10 year building programme is a relatively small amount year on year in the context of the overall capital resources of the NHS. The PFI funding route, assuming private capital were available, would add another 3½ to 4 years to development process; the need to redevelop the RSCH site is more pressing.

4.6 'Plan B'

Residents asked what the Trust would do if Brighton & Hove City Council does not approve the application for planning consent or if the Department of Health does not approve the redevelopment? Duane replied that neither the Trust nor the Strategic Health Authority has the £420m capital monies to fund the scheme so it will not happen. This would have a significant impact on patient services, eg. patients would need to travel further afield for cancer care and there is a risk that neurosurgery would be absorbed into a London hospital rather than remaining a Sussex-based service.

4.7 Statutory Listing

One resident asked whether the Barry building is listed? Duane replied that it is not. However the contents of the chapel are Grade II listed⁸ so the current plan is to dismantle the chapel's contents and reconstruct them in the new development.

4.8 Traffic Impact

Residents asked what assessment has been made of the impact of the planned development on traffic flows? Duane replied that traffic and environmental impact assessments will be undertaken and discussed with the City Council. There is a facility within planning legislation (the Section 106 agreement⁹) to mitigate traffic and other impacts, eg. the introduction of the 40x bus between RSCH and PRH. Duane hoped that the HLG meetings would identify the key issues locally.

Residents asked whether the initial traffic impact assessment could be made available on the Trust's website? Duane agreed. He noted that the report is fairly long (c. 200 pages) but that Council officers will distil this and other information as part of the formal planning application process.

Action: Duane & Team

⁶ In response to a question from a resident, Duane explained that the NHS lost Crown Immunity from planning consent in 1991. Buildings on the RSCH site that predated this would not have required planning consent.

⁷

http://www.dh.gov.uk/en/Procurementandproposals/Publicprivatepartnership/Privatefinance/initiative/DH_4120015

⁸

<http://www.heritage.co.uk/apavilions/glstb.html>

⁹

<http://www.idea.gov.uk/idk/core/page.do?pagelD=71631>

Scheme Contents

4.9 Staff Facilities in the Development

One resident asked whether administrative staff's offices are included in the development and hoped that these would be reasonably sized. Duane confirmed that the plans include facilities for the administrative staff who support the clinical services being provided from the new buildings.

4.10 Outpatients & Sussex Eye Hospital

A resident asked whether the Sussex Eye Hospital and Main Outpatients buildings will be sold for private development?

Duane replied that there were discussions in 2007 about including outpatients in the 3T redevelopment, which would have released the current Main Outpatients building for sale or re-use. However in light of the emerging national strategy to move outpatient services into community settings (see 4.2 above), the Trust took the decision to leave this service in its current location pro tem. Duane noted that the site is currently worth c. £2m so would not make any significant contribution to the cost of the main scheme even if it were available for sale.

Duane reported the Sussex Eye Hospital is not currently included in the 3T building programme. However a group has been established to review redevelopment options; at this stage refurbishment of the existing building seems most likely.

4.11 Regional Centre for Neurosciences

One resident noted that Neurosciences is a regional service so asked why it has been included in the redevelopment at RSCH rather than at an alternative location? Duane referred to the earlier presentation (see 3.2iii above) and the rationale for moving Neurosciences to the RSCH. He noted that there are only a very small number of (if any) stand-alone Neurosciences Centres in the UK apart from Queen Square, which is very close to and part of University College London Hospital, and the Walton Centre for Neurology & Neurosurgery, which is close to Aintree University Hospitals.

Transport & Parking

4.12 Parking Provision

Residents asked a number of questions about car parking: the number of additional spaces planned, the location of the car park and whether it could be underground, access in and out of the car park and whether parking will be free?

Duane replied that RSCH currently has 497 car parking spaces. A greenfield site for a hospital the same size as the RSCH would need about four times as many spaces, however it is generally accepted that urban sites have limited parking. The redevelopment includes a car park of 280 spaces (an overall increase of 200). Duane said that whether the car park is free will depend on NHS policy in force at the time.

Duane said that the current plan is to build the car park to the East of the site with an entrance/exit off Bristol Gate, however location and access are subject to the traffic impact assessment and overall planning consent. He noted that underground car parking may be unaffordable but at residents' request agreed to review this again.

Action: Duane & Team

Duane reported that discussions are underway with Brighton Race Course about the feasibility of the Trust's leasing land could for a 'park & ride' scheme, at least during the construction period and possibly on a longer-term basis. This would require planning consent from the City Council.

Decant Arrangements

4.13 St Mary's Hall

Residents asked whether the Trust is planning to purchase or lease the St Mary's Hall (senior school) site on Eastern Road? Duane replied that Roedean School has offered the site on a 10 year lease and that the Trust is one of a number of organisations that has submitted an offer. The junior school site immediately adjacent to the hospital is in use and has not been offered for lease.

Duane noted that the senior school includes a Grade II listed building so scope for redevelopment would be limited; the principal reason for bidding for the site it to enable appropriate services to be decanted off the RSCH site during the construction, eg. outpatients, administration.

A resident asked whether the Sussex Cancer Centre could be moved to the St Mary's Hall site. Duane replied that national guidance is to locate radiotherapy bunkers (Linear Accelerators) on acute hospital sites; the oncology inpatient wards also need to be on the main acute campus so patients are near other specialist services and staff.

4.14 Rosaz House Site

A resident asked about the Rosaz House site, which is off Bristol Gate. Duane replied that the Trust owns this site and is in discussion with Macmillan Cancer Support about the development of a Cancer Information Centre there.

Building Design

4.15 Green Space at Street Level

Residents noted that the designs include green space along Eastern Road but not along Upper Abbey Road. They asked whether this could be considered. Duane agreed (see 4.17 below).

4.16 Height & Massing

Residents asked about the height and massing of the development and the impact on local residents, in particular on views, light and privacy (being overlooked).

Duane replied that the height of the new tower is the same as the existing Thomas Kemp Tower but agreed that its massing is significantly greater because of the size of the footprint and the number of clinical services to be included. He explained that the designs try to address the necessary phasing of the construction, ie. because there is nowhere on site to decant the Barry building, it needs to be retained until the Stage 1 development is complete; this necessarily makes the Stage 1 building significantly larger than the Stage 2 building. He also noted that the architects have tried to preserve views from the RACH.

Duane said that English Heritage and Brighton & Hove City Council have expressed similar concerns about the height and massing so this will inform the next iteration of the designs. Residents suggested that some compromise on preserving views from the RACH in order to minimise the loss of views for residents of Upper Abbey Road would feel more reasonable. Duane agreed to revisit this with the architects.

Action: Duane & Team

4.17 Proximity of the Development to the Boundary

Residents asked about the proximity of the development to the boundary of the Trust's property on both Eastern Road and Upper Abbey Road, which again they felt would affect their light, views and privacy. They asked whether the building could be both set back and stepped up from the roads.

Duane replied that the current designs include building to the boundary of the Trust's property however he agreed to revisit this as well as the landscaping at street level on Upper Abbey Road.

Action: Duane & Team

4.18 Developing to the North of the Site

One resident asked whether developing to the North of the site would be feasible and could allow the development on Eastern Road and Upper Abbey Road to be smaller? Duane replied that the Trust does not own the Bristol Estate land and that compulsory purchase orders would be almost impossible and would rightly be resisted by the local residents there.

Building Construction

4.19 Contractor Hours of Work

A resident asked whether the contractors will have agreed hours of work, which appeared not to be the case when Kajima was building the RACH. Duane replied that locally agreed hours of work would normally be included in a construction contract and that he planned to do so with this development.

4.20 Shared Responsibility

A resident asked about the Trust's 'moral' responsibility for the construction process, eg. vibrations from the construction of the RACH were very disruptive but the Trust said this was the contractors' responsibility. He suggested that the Trust provide a single point-of-contact/helpline for all queries. Duane said he could see the benefits of a single point-of-contact and agreed to reflect on the practicalities of establishing this.

Action: Duane & Team

Other Issues

4.21 Trust Board

A resident asked whether members of the Trust Board¹⁰ could attend future meetings. Duane replied that he is the Trust Director with responsibility for the hospital redevelopment programme and as such makes a regular monthly report to the formal meetings of the Trust Board.

5. Conclusion

A number of residents explained that they understand the rationale for the various components of the 3T scheme are in favour of developing health services locally. However they are concerned about the height and massing of the building and the impact on the local streetscape and their properties. They are anxious therefore to have a forum for genuine debate and an opportunity to influence the plans before the designs are finalised.

Duane replied that the aspiration of the local NHS is for Brighton & Hove to have a thriving University Teaching Hospital that offers modern care in modern facilities, is sensitive to its place in the local cityscape and is considered a good neighbour by its local residents.

6. Close & Next Steps

Duane thanked everyone for attending the meeting and for the questions and suggestions. It was agreed to hold the next meeting in January or early February 2010 to give the Trust time to consider the issues raised at the meeting - in particular the feasibility of underground parking, the height/massing of the development and the impact on residents' views, and the integration of the development with the cityscape at street level.

¹⁰ <http://www.bsuh.nhs.uk/about-us/the-trust-board/board-members/>

In the meantime Duane said that he would respond individually to questions/concerns submitted where the resident had provided contact details. He suggested that residents address any other questions to Amelia Lyons (Head of Communications & Engagement) in preparation for the next meeting.

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