

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?pagelId=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 is 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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