

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 <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/>

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 *Kemptown 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.