

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*¹] 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

¹ www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/

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 website².

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

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<http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/3t-documents/?assetdetesct14036720=194663>

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 development³ (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 agreement⁴. 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).

³ http://www.edwardstreet.co.uk/Amex_Exhibition.pdf

⁴ <http://www.idea.gov.uk/idk/core/page.do?pageld=71631>