

**Minutes of the Hospital Liaison Group Meeting**  
**Held on Monday 8<sup>th</sup> 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 (11<sup>th</sup> 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 18<sup>th</sup> 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 8<sup>th</sup> 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 plans<sup>1</sup>, 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 Paper<sup>2</sup> 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.

<sup>1</sup> Copy posted on the HLG website: <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdetesctl5585334=333614>

<sup>2</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_117353](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 designs<sup>3</sup>, 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.

<sup>3</sup> Copy posted on the HLG website: <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdetesctl5585334=333612>

### 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 highlighted<sup>4</sup> 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.

<sup>4</sup> ...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.' -

<http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdetesctl5626174=302963&p=2> (p46/47)

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 Strategy<sup>5</sup> 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.

<sup>5</sup>

[http://www.brighton-hove.gov.uk/downloads/bhcc/ldf/REg\\_27Core\\_Strategy\\_Proposed\\_Submission\\_February\\_2010v2.pdf](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 meeting<sup>6</sup>.

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)<sup>7</sup> in December. He will present the updated design in the New Year.

### 6. Future Meetings

The next meetings will be held on Monday 6<sup>th</sup> 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 10<sup>th</sup> 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 7<sup>th</sup> February meeting].*

### 7. Close

Cllr Turton thanked everyone for attending and closed the meeting.

<sup>6</sup> Minutes of 24<sup>th</sup> May 2010, item 4.15.

<sup>7</sup> <http://www.cabe.org.uk/>