

**Minutes of the Hospital Liaison Group Meeting**  
Held on Monday 4<sup>th</sup> 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 (7<sup>th</sup> March 2011) were approved.

3. **Matters Arising**

3.1 **St Mary's Hall Junior School Proposal**

The Chair of the Conservation Advisory Group (CAG)<sup>1</sup> reported that he had written to Duane proposing use of the St Mary's Hall Junior School site for the air ambulance helipad<sup>2</sup>. 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 16<sup>th</sup> May.

**Action: Neil**

3.3 **3Ts Exhibitions: Results**

Duane reported that between 15<sup>th</sup> October and 10<sup>th</sup> November 2010, 827 members of the public and representatives of community/interest groups had visited the exhibition. Of

<sup>1</sup> [http://www.roundhill.org.uk/main.php?sec=about&p=Conservation\\_Advisory\\_Group](http://www.roundhill.org.uk/main.php?sec=about&p=Conservation_Advisory_Group)

<sup>2</sup> Minutes of 7<sup>th</sup> March 2011, item 5.1.10

these, 96 (12%) completed the questionnaire. [*The write-up is now available on the HLG website<sup>3</sup>*]. 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 website<sup>4</sup>*].

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.

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<sup>3</sup> <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdetescst15956569=352264>  
<sup>4</sup> <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdetescst15956569=351509>

#### 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 meeting<sup>5</sup>, 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 meeting<sup>6</sup>, he would email/write to members of the HLG and publish the information on the HLG/3Ts website<sup>7</sup>. He hoped that *The*

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<sup>5</sup> Minutes of 24<sup>th</sup> May 2010, item 4.4

<sup>6</sup> Minutes of 26<sup>th</sup> July 2010, item 5.3

<sup>7</sup> <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 April<sup>8</sup>) and the Trust included an article in the December/January edition of *Citynews*<sup>9</sup>, 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.

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<sup>8</sup> <http://www.bsuh.nhs.uk/EasySiteWeb/GatewayLink.aspx?allId=351217>

<sup>9</sup> <http://content.yudu.com/Library/A1pzxk/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 24<sup>th</sup> March 2011<sup>10</sup>, and the Brighton & Hove Health Overview & Scrutiny Committee has also expressed concern about parking<sup>11</sup> (September 2010).

As discussed at the February meeting<sup>12</sup>, the Council's Supplementary Planning Guidance<sup>13</sup> 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.

CIr 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.

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<sup>10</sup> <http://present.brighton-hove.gov.uk/ieListDocuments.aspx?Cid=117&Mid=2580> item 84.1-84.15

<sup>11</sup> <http://present.brighton-hove.gov.uk/mgConvert2PDF.aspx?ID=23578>

<sup>12</sup> Minutes of 7<sup>th</sup> February 2011, item 5.5

<sup>13</sup> <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 service<sup>14</sup> (Brighton to Haywards Health). He also commended the City's 'Journey On' website<sup>15</sup>, 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 amendments<sup>16</sup> 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 S106<sup>17</sup> '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 Assessment<sup>18</sup>) would begin once the geometry of the building has been frozen.

## 7. Next Meetings

The next meeting will be **Monday 16<sup>th</sup> May** from 7pm (refreshments from 6.45pm) to 9pm in the Audrey Emerton Building.

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<sup>14</sup> <http://www.countryliner-coaches.co.uk/admin/pages/upload/docs/CL%2040X.pdf>

<sup>15</sup> <http://www.journeyon.co.uk/>

<sup>16</sup> <http://present.brighton-hove.gov.uk/mgConvert2PDF.aspx?ID=28744>

<http://present.brighton-hove.gov.uk/mgConvert2PDF.aspx?ID=28745>

<sup>17</sup> <http://www.idea.gov.uk/idk/core/page.do?pageId=71631>

<sup>18</sup> <http://www.communities.gov.uk/publications/planningandbuilding/environmentalimpactassessment>