

Minutes of the Hospital Liaison Group Meeting
Held on Monday 22nd August 2011 (7pm to 9pm) in the Audrey Emerton Building,
Royal Sussex County Hospital, Brighton

Present:

Cllr Warren Morgan, Mrs Jackie Nowell (Vice-Chair), Cllr Craig Turton (Chair), 31 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

Laing O'Rourke Supply Chain:

Mark Elton, WSP Group

Jessamy Funnell, WSP Group

Karen Hicks, Laing O'Rourke

1. Welcome & Introductions

Cllr Turton welcomed everyone. He noted that this was the 16th meeting since the group re-formed in November 2009 and he felt that much had been achieved since then.

2. Minutes of Last Meeting

The minutes of the last meeting (25th July) were agreed with one amendment: under Consolidation Centre (item 3.3), the final sentence of the first paragraph should read: *'Sheepcote Valley remains a potential location however it is no longer the preferred option and other locations outside the city boundary are also being explored.'*

3. Matters Arising

3.1 Filming

At the June meeting a resident asked whether meetings could be filmed and web-streamed live and/or made available for download following the meeting. Nick reported that he had investigated this and discussed it with Cllr Turton and Jackie. There are three principal concerns:

- meetings would need to be conducted more formally, eg. questions would need to follow the agenda more strictly, and attendees would only be able to speak when handed the microphone;
- being filmed might dissuade residents from attending or from asking questions; and
- the cost (c. £6,000 a year) might not represent best use of taxpayers' money, given that detailed minutes are produced and all presentations are published on the website.

There were different views about the benefit and priority of this proposal. Key comments from the discussion:

- a webcast might reach a different and wider audience, however residents would need to know that it is available and have internet access to watch it;

- filming could be made cheaper by having a single camera pointed at the screen/presenter rather than a second camera for the audience, or by having only the presenter wired for sound rather than also having a roving microphone for audience questions. However this could reduce the benefit of filming meetings;
- information about the meetings and about any webcasts could be put in community magazines aimed at local residents. (A resident reported that notice of this meeting had appeared in that day's edition of *The Argus*).

There did not appear to be a consensus either for or against the proposal. Nick agreed to follow up with City Council officers about the practicalities of attendees' giving consent to be filmed.

Action: Nick

3.2 Views from Stage 2 Building

At the last meeting residents had asked whether sample views could be produced from the upper floors and roof of the Stage 2 building towards Upper Abbey Road. Duane confirmed these are in production.

Action: BDP

3.3 Stage 2 Dimensions

In response to a question at the July meeting, Karen presented a plan showing the outline of the existing Barry Building and immediately adjacent/connected buildings (eg. Data Centre, former Nigel Porter Breast Screening Unit, Supplies Department) and the outline of the planned Stage 2 building. In addition, two architectural sections have been posted on the website¹ to show how far back from Upper Abbey Road and the South Service Road the Stage 2 building will be set above ground level.

There was general agreement that the plan and architectural sections were not as clear or easy to understand as they could be. Duane agreed that clearer versions would be posted on the website.

Action: LO'R/BDP

4. Timetable Update

Duane reported that the aim is to submit the application for Full Planning Consent to the City Council on 23rd September, which would therefore be before the next HLG meeting (26th September). A determination is expected just before Christmas or in early January. If the application is successful, there is a further process of internal NHS approvals. Again, assuming these are successful, moving services off the Stage 1 construction site ('decant') would take about a year, from June/July 2012 to June/July 2013.

Duane explained that on this basis, demolition and construction on the Stage 1 site would start around Summer 2013, for completion in Summer 2017. Demolition and construction on the Stage 2 site would start shortly afterwards, for completion in 2020. The Stage 3 development, which includes the Service Yard at the eastern end of the South Service Road, would then be complete in 2021/22.

5. Consolidation Centre

5.1 Update

In response to a number of questions, Duane provided an update:-

LO'R has explored a number of potential sites for the Consolidation Centre; these were presented to the June meeting² (Slides 21-35). Sheepcote Valley remains an option but is no longer preferred. Other sites outside the city limits are also now being explored.

¹ <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdetesct16333234=364978>

² <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdetesct16333234=360307>

A resident asked how far from the hospital the Consolidation Centre could be. Karen noted that for LO'R's One Hyde Park development in Knightsbridge, the Consolidation Centre was in Wembley (13 miles away). This does not affect the number of vehicles required, but the greater the distance between the Consolidation Centre and the construction site the more difficult it becomes to schedule vehicle movements accurately.

A resident of Wilson Avenue described a negative experience of the Marina Development, which produced a large amount of white dust. Duane noted that the Consolidation Centre would require its own planning application, including separate Environmental, Traffic and other impact assessments. These will include noise and dust assessments for their potential impact on the environment and health.

Duane reported that the preferred site will almost certainly not now be identified before the main planning application is submitted. The HLG will be kept abreast of developments.

Residents asked how the impact of construction traffic could be assessed if the location of the Consolidation Centre is not yet known. Duane replied that as discussed at the last meeting³, there is a limited number of possible construction routes within the city, as recommended by Council officers. These have been assessed as part of the Traffic Impact Assessment for the main scheme.

5.2 Sheepcote Valley

Residents asked about security and overnight parking if Sheepcote Valley is the chosen location.

Karen confirmed that whatever the location, the Consolidation Centre would likely require fencing and night-time security patrols. Construction vehicles would return to the manufacturing plant(s) at night and drivers would not stay overnight at the Consolidation Centre.

A resident asked whether LO'R is aware of the methane levels in Sheepcote Valley. Karen confirmed that Cllr Morgan had raised this at a previous meeting⁴.

A resident explained that over the last 24 years there have been nine or ten proposals for developments on the Sheepcote Valley site and residents have rarely felt fully informed. There is inevitably therefore some scepticism. A number of residents of Wilson Avenue felt that they should have been engaged in the hospital redevelopment plans at an earlier stage.

5.3 Shoreham Cement Works

Cllr Turton and a number of residents asked whether the former Cement Works in Shoreham had been considered^{5,6} as a potential location for the Consolidation Centre. They described a number of advantages, including space, proximity to the bypass and that this is not a heavily residential area. It was noted that Horsham District Council had previously declined development proposals on this site, however these concerned permanent residential housing on the flood plain.

Duane thanked Cllr Turton and residents for this suggestion and asked LO'R to follow up.

Action: LO'R

³ Minutes of 25th July 2011, item 3.4. See also the presentation to the June meeting (above) - Slide 36.

⁴ Minutes of 27th June 2011, item 5.5.2

⁵ 'The site is a disused cement works complex which has good road access as it straddles the A283. The site consists of a large chalk pit and derelict cement works buildings and kilns, on both sides of the A283. The overall site covers approximately 48 hectares, with roughly 45 hectares within Horsham District and the remainder in Adur District.'

⁶ <http://www.abandoned-britain.com/PP/shoreham/1.htm>

6. General Q&A

6.1 Depth of Excavation and Piling

A resident asked how deep the excavation and piling would be, in particular on the western side of the Stage 2 building.

Action: LO'R

Post meeting note:

The depth of excavation is estimated to be as follows:

Stage	Reference Point	Depth of Excavation (approx.)
1	Depth from Eastern Road	10m
1	Depth from South Service Road	18m
2	Depth from Eastern Road	7m
2	Depth from South Service Road	19m

The volume of cut/fill is estimated to be as follows:

Stage	Cut (m ³)	Fill (m ³)
1	74,689	0
2	100,342	0
3	1,277	4,801
Total	176,308	4,801

6.2 Vehicle Loads/Tolerances

A resident asked about the potential impact of fully-loaded 40-tonne lorries on local residences.

Post meeting note:

Brighton & Hove City Council's website⁷ notes that 'the maximum permitted weight of vehicles was increased in February 2001 to 44 tonnes' and that 'the only bridge in Brighton & Hove which is not able to take 44 tonnes is Wilbury Road railway bridge, which has a 3 tonne restriction.'

6.3 Planning Application: Air Ambulance Helipad

In response to a question, Duane confirmed that the planning application would include construction of the air ambulance helipad on the Thomas Kemp Tower.

6.4 Seven Day Working

A resident asked whether the application would include weekend working. Duane noted that the City Council considers Saturday mornings (8am to 12pm) to be within normal working hours for construction, however to date the plans have assumed weekday working as standard with Saturday morning working by exception, ie. with the consent of the City Council and notice to residents. Hours of work are part of the planning conditions so are yet to be determined.

7. Environmental Impact Assessment

Mark Elton presented the draft Environmental Impact Assessment (EIA)⁸. Cllr Turton thanked him for the presentation and invited questions:-

7.1 Rodents

A resident suggested that demolition of buildings on site would displace rodents to adjacent properties and asked what preventative action is planned.

⁷ <http://www.brighton-hove.gov.uk/index.cfm?request=c1147943>

⁸ <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdetesct16333234=365431>

Duane replied that there is no evidence of large-scale rodent infestation on site. Karen advised that pest control monitoring will be undertaken during construction.

7.2 Vibration

A number of residents noted the EIA's assessment that the effect of vibrations would be 'negligible' with the exception of the c. 5 weeks of pile casings during construction of each of the Stage 1 and Stage 2 buildings. They expressed concern about potential damage to properties, some of which might already be weakened by previous developments, and given the widespread use of bungaroosh⁹ in Brighton and the minimal foundations in Regency properties. They asked how the potential effect of the vibrations could be evaluated without also assessing the stability of local properties.

Mark replied that individual properties have not been assessed: modelling of the vibration from the demolition/construction site indicates that it presents no risk to the structure of local properties whatever their form of construction.

Post meeting note from WSP Noise & Vibration Consultant:

BS 5228-2:2009¹⁰ states that 'vibration nuisance is frequently associated with the assumption that if vibrations can be felt then damage is inevitable. However, considerably greater levels of vibration are required to cause damage to buildings and structures.' BS 7385-2:1993¹¹ notes that the probability of damage tends towards zero at 12.5mm s⁻¹. Whilst the threshold of perception of vibration is generally taken as 0.3mm s⁻¹, nuisance-based limits are typically set at either 1 or 3mm s⁻¹. The highest predicted level at the nearest dwellings (Upper Abbey Road and Whitehawk Hill Road) is 0.84mm s⁻¹.

In terms of alternative criteria for particularly sensitive buildings, English Heritage recommends a limit of 4mm s⁻¹ for 'buildings with physical defects, cracks in masonry.' Even if neighbouring buildings met this definition, which is not considered to be the case, the vibration limit would still not be exceeded by the demolition and construction works.

Cllr Turton asked that this be monitored, particularly during the two five-week periods of pile casting using vibratory techniques, and that a structural engineer be available to liaise with residents if required. This was agreed.

Action: LO'R

7.3 Noise Levels

A resident expressed concern at the EIA finding (Slide 21) that noise levels during construction will exceed 70 decibels¹² (dB), albeit on a 'temporary and intermittent' basis.

Mark noted that some noise from construction works is inevitable. He felt that given the measures being put in place and the involvement of the Council's Environmental Health Department, residents and patients could be assured that the best practicable means would be adopted to minimise and monitor noise levels during construction.

7.4 Wind Noise

A resident asked whether the noise of the wind between/around buildings (Slides 40-44) is been included in the noise assessment.

Mark replied that wind associated with buildings would have been included in the noise survey if it was picked up as part of the overall noise environment, but noise levels from wind around buildings would not have been quantified specifically.

⁹ <http://en.wikipedia.org/wiki/Bungaroosh>

¹⁰ BSI British Standards: Code of practice for noise and vibration control on construction and open sites. Part 2: Vibration - http://www.persona.uk.com/A1elkesley/DD_docs/DD-176.pdf

¹¹ BSI British Standards: Evaluation and measurement for vibration in buildings. Part 2: Guide to damage levels from groundborne vibration.

¹² <http://www.sengpielaudio.com/TableOfSoundPressureLevels.htm>

7.5 Baseline Noise Assessment

A resident asked how the impact of construction, traffic and other noise could be properly assessed without testing noise levels from inside a range of local residences, some of which would have double-glazing but others would not. The resident felt that residents would be willing to cooperate with sound checks from inside their properties.

Mark explained that baseline noise readings were taken at the facade of a number of properties using hand-held monitors, which is the methodology set out in the EIA guidance. The locations (Slide 16) were agreed with City Council officers.

He noted that the construction and air ambulance helipad noise assessments are based on the presumption that windows are opened for ventilation. Whether residences have single- or double-glazing would not therefore be relevant; they both perform similarly when open. Similarly noise insulation of different buildings is not relevant to the assessment of traffic noise since this is based on the change in external noise levels. Although the resultant internal noise levels might be lower with closed double-glazed windows, the *change* in noise levels would be the same.

Karen added that the proposed construction methodology is screw-augured piling rather than pile-driving, which would reduce noise and vibration.

7.6 Explosives

A resident, who has previous experience in the construction industry, asked whether there is any intention to use explosives in the demolition. Karen confirmed that there is not. Duane added that in addition to concern for local residents, there will also continue to be inpatients and outpatients on the hospital site.

7.7 Air Quality

A resident noted the report's finding that changes in air quality from construction traffic are predicted to have a 'minor negative to negligible' effect. She was concerned, however, that as the report notes there is already an air quality problem along Eastern Road, so the actual quantity of nitrogen dioxide (NO₂) is more of a concern than the relative change.

Duane said he recognised this concern. The purpose of the EIA, however, is to assess the relative change in air quality, and the effect of the construction traffic has been factored into this analysis. The overall Air Quality Strategy/Action Plan¹³ is managed by the City Council.

7.8 Dust Monitoring

A resident asked where and how frequently dust levels would be monitored. Mark replied that monitoring on-site and off-site will be undertaken around the particular area being demolished/constructed, so the locations would change. Details of monitoring arrangements will be set out in the Construction Environmental Management Plan (CEMP¹⁴).

Post meeting note from WSP Air Quality Vibration Consultant:

The dust monitoring requirements and locations will be agreed with the Council and may include along the site boundaries and at locations within the hospital that are sensitive to increases in dust deposition. The monitoring locations may vary according to the different stages of construction.

Current guidance with respect to dust considers 200m from the source to be the threshold distance for dust, with a limited amount of dust travelling beyond this point. In an urban setting such as the hospital site, the presence of buildings will also act as a physical barrier

¹³ <http://www.brighton-hove.gov.uk/index.cfm?request=c1001183>

¹⁴ <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdetesctl6333234=360307&assetdetesctl6372984=360307&p=2>

to dust; dust deposition beyond 200m from the site is therefore likely to be extremely limited.

7.9 External Lighting During Construction

A resident questioned whether the impact of construction lighting would be 'negligible' (Slide 38) given Health & Safety requirements.

Mark replied that the local area has been assessed as having a 'high to medium' level of brightness/lighting currently, so the effect of lighting on the construction site is expected to have a negligible effect. He added that that construction would only be undertaken during the day so the site would not need to be fully lit at night.

7.10 Quantitative Data vs Qualitative Experience

A resident expressed two concerns about the EIA methodology. Firstly, the impacts are averaged over time, eg. the noise of the air ambulance (Slide 23) during the short landing and take-off is averaged over the course of the day, so the finding is that the effects are 'minor negative to negligible' overall. Secondly, the impacts are assessed individually whereas some residents will experience the aggregate effect of increases in noise, dust, vibration, air pollution etc.

Mark replied that the standards/best practice methodologies used for each of the technical assessments do vary from topic to topic but they are based on fully outlined regulations and justified criteria and in light of experience on similar projects elsewhere in the UK.

He noted that the EIA does include a chapter¹⁵ on cumulative impacts both from previous and other projects with planning permission in the area, together with cumulative effects from different types of impact that affect a single 'receptor' (such as local residents).

7.11 Delivery Vehicles

A resident expressed concern that once the redevelopment is complete there will be more delivery vehicles, which might increase the risk of damage to properties, drain covers etc.

Duane noted that the EIA covers the operational period as well as the demolition/construction phases. He confirmed that as agreed at previous meetings, the HLG will continue to be the conduit for concerns during the construction period and the group will then reflect on its role in light of other organisational structures, eg. the Foundation Trust membership and Board of Governors.

Karen noted the plans for the new Service Yard at the eastern end of the South Service Road (Stage 3 of the redevelopment). Once complete, the intention is that most delivery vehicles will enter and leave the site via Bristol Gate, which would reduce both noise and traffic on Upper Abbey Road.

7.12 Lay Audience

A resident expressed concern that the language used in the EIA presentation was too technical to be readily understood by a lay audience.

Duane replied that it is always difficult to strike the balance between providing too much and too little technical information. The presentation tries to cover the range of issues and concerns raised at previous HLG meetings. The language mirrors the phrasing in the EIA Regulations and guidance. The presentation will be made available on the website for members to review in more detail and can be made available in hardcopy to those who do not have internet access [please contact the 3Ts Programme Office].

¹⁵ cf. <http://ec.europa.eu/environment/eia/eia-studies-and-reports/guidel.pdf>

It was agreed that in addition WSP would provide a short (1-2 page) summary of key issues, which will also be posted on the website.

Action: WSP

Post meeting note: this has now been posted on the HLG website¹⁶.

7.13 EIA Terminology

A resident said he objected to being described in the presentation as a 'sensitive receptor'. Duane agreed that this was an unfortunate phrase however it is the wording used in all EIA guidance and is shorthand for the more cumbersome 'patients, staff, visitors, local residents, hospital buildings, conservation areas' etc. (as set out in Slide 10).

8. Considerate Contractor Issues

Duane confirmed that the Trust still intends formally to respond to the Upper Abbey Road residents' 'Considerate Constructor' document¹⁷ and to the suggestions that have been made subsequently. A number of the issues have been addressed through the draft CEMP and the EIA. Duane explained that he wanted to wait until these documents had been produced in order to identify which points were therefore outstanding.

Action: Duane

9. Any Other Business

9.1 Courtney King House Residents

A resident of Courtney King House (CKH), a sheltered housing development at the bottom of Upper Abbey Road, expressed concern that the City Council is increasingly placing bed-bound residents in CKH rather than in nursing homes, which he attributed to budget cuts. He expressed concern that the hospital redevelopment would therefore have a disproportionate effect on these residents, who are unable to leave the building.

CLlr Turton replied that he was not aware this is Council policy but asked Nick to contact the Housing Office to raise the issue.

Action: Nick

Nick confirmed that Richard Beard (3Ts Head of Engagement) is arranging a follow-up meeting with CKH residents, and Nick will ask him to liaise directly with the resident over the arrangements. CLlr Turton also agreed to attend.

Action: Nick

Post-meeting note: This meeting was held at 2pm on 7th September.

9.2 Smoking

A resident of Upper Abbey Road/Whitehawk Hill Road again raised concerns about Trust staff smoking outside their house, which they find intrusive, noisy and smoky.

As discussed at previous meetings, Duane noted that the Trust provides on-site smoking shelters, although these are now relatively little used and the direction of NHS policy is towards a complete on-site smoking ban for staff, patients and visitors. The Trust regularly reminds staff to be courteous towards neighbours and there are security patrols, including of the area to the west of the South Service Road on Whitehawk Hill Road. However Trust policy does not currently prevent staff from leaving the site in their breaks and smoking on the public highway.

¹⁶ <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdetesctl6372984=367992>

¹⁷ <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdetesctl6333234=307208&p=6>

Cllr Turton noted that in some Trusts it is a disciplinary offence for staff to smoke while in uniform. Nick agreed to raise this with the Trust Director of Human Resources.

Action: Nick

Post-Meeting Note

The Associate Director of HR replies that the new Uniform policy, which is due to be implemented shortly, states that 'staff must not smoke or drink alcohol whilst wearing a uniform in public houses or clubs, or other public places, or within the hospital grounds' and that 'failure to comply... may result in disciplinary action being instigated.'

This policy is completing its formal approval process. It applies to 'medical, nursing staff, health professionals, porters, nursery staff, and domestic staff, in fact anyone who wears a uniform (including scrubs) in the delivery or support of patient care. It includes all permanent and temporary staff, volunteers and those on work experience placements, and applies to all settings in which healthcare takes place and for any clothing worn when undertaking patient treatment and care.'

9.3 On-Site Parking

A resident asked how many car parking spaces there are on site and how these are allocated between staff, patients and visitors. Duane agreed to provide these figures in the minutes [see **Appendix A**]. He also referred to the discussion at the previous meeting¹⁸.

9.4 Design of Stage 2 Building

A resident suggested that the Stage 2 building be redesigned with a smaller footprint, with the gardens at ground level rather than on the roof and with smaller or no windows on the top floor to minimise the impact on and overlooking of residences at the south end of Upper Abbey Road. Since the resident had emailed the team in detail earlier that day, it was agreed that Duane would reply in writing.

Action: Duane

10. Next Meetings

The next meeting will be held on Monday 26th September from 7pm to 9pm in the Audrey Emerton Building.

Cllr Turton noted that the next meeting would be after the Trust submits its planning application. It was agreed that the September meeting should therefore refresh the Council Members' briefing given to the July HLG meeting and including the final design. It was agreed to decide at that meeting whether to meet again before determination of the planning application in December/January, but that the HLG should meet if there is material news about the location of the Consolidation Centre in the meantime.

RSCH Car Parking Provision: Information from Trust Transport Bureau

1. Car Parking Spaces

There are currently 497 car parking spaces on the Royal Sussex County Hospital (RSCH) campus. These are distributed as follows:

Location	Spaces	Notes
Multi-storey car park	352	Shared between patients, visitors and staff. Includes: <ul style="list-style-type: none"> • 16 disabled spaces • 7 spaces for Renal Unit patients • 3 spaces for Renal Unit/Oncology patients
Barry/Jubilee Building	60	Patients and visitors only. Includes: <ul style="list-style-type: none"> • 4 disabled spaces, near the main entrance.
Latilla Building	41	Shared between patients, visitors and staff. Includes: <ul style="list-style-type: none"> • 12 disabled spaces (for patients and visitors only) • 29 spaces for staff only.
Sussex House	44	Trust use only. Comprises: <ul style="list-style-type: none"> • 25 spaces for staff • 19 spaces for Trust vehicles.
Total:	497	Comprises: <ul style="list-style-type: none"> • 72 dedicated patient spaces • 73 spaces for Trust staff and vehicles • 352 shared spaces

There are a further 25 dedicated spaces for oncology patients in the Sussex Cancer Centre car park; these are operated by the Macmillan Cancer charity.

2. Parking Permits

For the RSCH campus, the Trust has:

- a *maximum* of 395 staff car parking permits (not all available permits are currently issued)
- 58 visitor permits currently in use
- 4 volunteer permits currently in use (there is no cap on the number that can be issued).