

Minutes of the Hospital Liaison Group Meeting  
Held on Monday 7<sup>th</sup> February 2011 (7pm to 9pm) in the Audrey Emerton Building,  
Royal Sussex County Hospital, Brighton

**Present:**

Jackie Nowell (Vice-Chair), 37 members of the public

*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

*Laing O'Rourke Supply Chain*

Ben Cave, Ben Cave Associates

Ryngan Pyper, Ben Cave Associates

Steve Chudley, Design Manager, LO'R

Karen Hicks, LO'R

Tessa O'Neill, BDP Architects

Andy Watson, BDP Architects

Benedict Zucchi, BDP Architects

**Apologies:**

Cllr Craig Turton

**1. Welcome, Introductions & Apologies**

Jackie opened the meeting and thanked everyone for attending. She explained that Cllr Turton was ill and gave his apologies.

**2. Minutes of Last Meeting**

The minutes of the previous meeting (6<sup>th</sup> December 2010) were agreed with one amendment:

Under 4.5, 1<sup>st</sup> bullet point (Wilson Avenue), the final paragraph should read: 'A resident asked whether parking would be suspended along Wilson Avenue, which is too narrow for lorries to pass when there are parked vehicles, or whether the whole construction route would be red-routed?'

**3. Matters Arising**

**3.1 St Mary's Hall Senior School**

Duane reported that the Trust took possession of the Senior School site on 20<sup>th</sup> December. No injunction has been served against the Trust or Roedean.

In response to a question, Duane replied that the site would be used for temporary decant and permanent office accommodation and for residential accommodation for staff, subject to planning consent. As reported to the November meeting<sup>1</sup>, the requirements of the City Council's consent for change of use include maintenance of the tennis courts as a staff amenity and maintenance of the swimming pool (by a third party, which would be at no cost to the Trust).

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<sup>1</sup> Minutes of 8<sup>th</sup> November 2010, item 5.5.1

Duane noted that the site includes a Grade II listed building. Modifications will therefore be limited and will be subject to listed building consent. As a result, it will not be possible to provide full disabled access to all buildings.

### 3.2 St Mary's Hall Junior School

Duane reported that Roedean has indicated its intention to close the Junior School in June/July 2011. In response to a question at the December meeting<sup>2</sup>, Duane reported that he understands Roedean owns the site, although he has not seen the title deeds.

In answer to a question, Duane noted that the Grade II listed church on the corner of Church Place/Eastern Road was not part of Roedean's sale to the Trust.

### 3.3 Light Study

Duane reported that the study has been undertaken and the results are being analysed. These will be presented at a future meeting.

### 3.4 Macmillan Cancer Information Centre

Duane reported that Macmillan Cancer Support launched a fundraising appeal in June last year to build a £5.7m Cancer Information Centre on the Rosaz House site. A link<sup>3</sup> to their webpage will be posted on the HLG website shortly; this includes an image of the proposed design. Construction is expected to start in 2012.

**Action: Duane**

The Chair of the Conservation Advisory Group (CAG) asked whether, if the Trust were to buy the St Mary's Hall Junior School, a development on the Rosaz House site would make a link bridge between the Junior School site and the main hospital campus more difficult. Duane said that Roedean has yet to determine its future intention for the site; it is not yet for sale so he felt that it would be inappropriate to comment at this stage.

### 3.5 Tipper Filling Times

Steve reported that this would be covered in the presentation. *[The presentation was deferred to a future meeting but has been posted on the HLG website - slide 6 refers].*

### 3.6 Noise & Vibrations: British Standard

Duane reported that the British Standard Institute website does not list the history of the standards<sup>4</sup>. As requested, he has contacted the Royal National Institute for the Deaf. They were not aware of having undertaken any work on noise and vibration standards in this context but are investigating.

### 3.7 3Ts Exhibitions: Summary of Results

Jackie asked whether the feedback received through the various exhibitions has yet been collated. Duane replied that there are over 900 responses, from groups as well as individuals and members of the public. These are still being processed but he confirmed that the report would be posted on the HLG website once it is complete. Jackie said that it would be interesting to see what people from beyond the immediate neighbourhood feel about the plans.

### 3.8 Construction Route: Marina Underpass

A resident asked whether an assessment had been undertaken of the suitability of the Marina underpass for construction traffic. Steve reported that the full proposed route for construction traffic will need to be tested but that has not yet been undertaken.

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<sup>2</sup> Minutes of 6<sup>th</sup> December 2010, item 6.2

<sup>3</sup>

[http://www.macmillan.org.uk/Fundraising/Inyourarea/England/Sussex/SussexAppeal/Local\\_news/HelpbuildsomethingspecialforpeopleaffectedbycancerinSussex.aspx](http://www.macmillan.org.uk/Fundraising/Inyourarea/England/Sussex/SussexAppeal/Local_news/HelpbuildsomethingspecialforpeopleaffectedbycancerinSussex.aspx)

<sup>4</sup> BS 5228 refers to the need for the protection against noise and vibration for anyone living near or working on a building site.

### 3.9 Tunnel Under Marine Parade

At the October meeting<sup>5</sup> a resident had noted that there is a tunnel running from the Kemptown Enclosures to the beach, which is near the surface and might not tolerate heavier construction vehicles. She reported that structural engineers have now been engaged to provide a view on this.

### 3.10 Representative Views from Local Streets

Duane report that these are still being developed.

### 3.11 Barry Building Façade

A resident asked Duane to clarify the status of the Trust's decision not to include the Barry Building façade in its evolving designs and asked whether the wording of the previous minutes<sup>6</sup> implies a fait accompli.

Duane noted that the designs have not included the Barry Building façade for some time. This is for four principal reasons:

- i) retaining the façade and accommodating the necessary volume of accommodation at modern space standards would necessitate a taller Stage 2 building, which residents have said they would not support;
- ii) floor-to-ceiling heights in the Barry Building are significantly smaller than the modern standard and floors are at different levels from the other hospital buildings. Retaining the façade would mean that windows would be in the wrong place and that steep connecting ramps into adjoining buildings would be required;
- iii) the Trust's assessment of the heritage value, informed by English Heritage's decision not to list the building, is that the disadvantages of a design including the façade outweigh the heritage benefit. (The scheme has always sought to retain the listed chapel and relocate it to a site of prominence elsewhere on the campus); and
- iv) although this a subjective assessment, the design team feels that retaining the façade within a modern building would be less attractive than an entirely new building of architectural merit.

Duane said that in light of concern expressed by some members of the HLG and CAG, the Trust is reviewing whether its original rationale and conclusion are reasonable; this will form part of the Heritage Assessment of the scheme. The Chair of the CAG noted that the desire to retain the façade is a minority view within the CAG.

A resident asked whether the Heritage Assessment and the Trust's review of its original decision would be made available to the HLG. Duane confirmed that this would be presented to the CAG (likely in March), and to the HLG before the planning application is submitted.

Jackie concluded that the minutes of the previous meeting accurately reflect the proceedings, however Duane agreed to add a note to the minutes to refer readers to the discussion at this meeting.

### 3.12 Transport Modelling

A resident asked whether the City Council had undertaken the transport feasibility study referred to at previous meetings. Duane replied that he understood some work is being undertaken but he has not had sight of it. The resident expressed concern about the impact that the delay might have on the Trust's traffic modelling. Duane agreed to pass on these concerns to City Council officers. Jackie noted that Cllrs Mitchell and Morgan had also expressed their views on this at previous meetings.

**Action: Duane**

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<sup>5</sup> Minutes of 11<sup>th</sup> October 2010, item 4.1 - 6<sup>th</sup> bullet point.

<sup>6</sup> Minutes of 6<sup>th</sup> December 2010, item 6.3

Another resident noted that local roads are currently congested and said he would be concerned if the redeveloped hospital generated additional traffic. Duane reported that the Trust is refining its Traffic Impact Assessment, which will be discussed with the City Council in the context of their city-wide plans. He referred new members to the transport presentation given to the October meeting<sup>7</sup>, which is posted on the HLG website. *[Item 6.1 below also refers].*

#### 4. Health Impact Assessment

Jackie welcomed Ben and Ryngan to the meeting to present the preliminary results of the Health Impact Assessment (HIA)<sup>8</sup>.

Ben explained that HIAs are relatively new. The World Health Organisation defines them as 'a means of assessing the health impacts of policies, plans and projects in diverse economic sectors using quantitative, qualitative and participatory techniques. HIAs help decision-makers make choices about alternatives and improvements to prevent disease/injury and to actively promote health.'<sup>9</sup>

Brighton & Hove City Council advises that 'any development requiring an Environmental Impact Assessment (EIA) should consider health of the existing community by incorporating a HIA as part of an EIA'<sup>10</sup>. The Trust has therefore agreed with the Council and Primary Care Trust (PCT) that it will undertake an HIA for the hospital redevelopment.

In summary, the assessment has identified a number of potentially negative health effects for local residents (including air quality from operational traffic, dust exposure from demolition and construction, noise and vibration from demolition and construction, and parking) and includes a number of recommendations to mitigate them. The HIA also identifies a number of positive benefits related to the new buildings.

Jackie invited questions:-

##### 4.1 Source Material

A resident asked how the HIA had been compiled. Ben replied that the preliminary assessment had drawn on the health-related concerns raised at previous HLG meetings, the available research evidence, experiences of similar redevelopment schemes elsewhere and the Trust's Traffic Impact Assessment. It had also been discussed with Cllr Turton, the 3Ts Patient & Public Design Panel, City Council officers, the PCT and, by way of comparison, the Chair of the American Express Residents' Association. Ben explained that residents' views from this meeting would also be incorporated in the next iteration of the report.

A resident, who said his partner is a nurse, felt that Trust staff would not recognise the benefits listed. Duane replied that although the assessment would not be true for every member of staff, extensive consultation has been undertaken with staff, both face-to-face and in writing. The list of issues (eg. parking, quality of facilities, access to green/outdoor space, natural light) is consistent with the HIA list.

##### 4.2 Methodology

A resident asked how the positive and negative health impacts had been quantified, in particular those that are more subjective, eg. quality of facilities, visual impact, work environment. Ryngan replied that quantitative assessments have been undertaken where possible and that the report details the basis for any qualitative assessments. However the key purpose of the HIA is to identify the potential negative health effects and recommend mitigating actions to address them.

<sup>7</sup> Minutes of 11<sup>th</sup> October 2010, item 5.

<sup>8</sup> <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liason-group/>

<sup>9</sup> <http://www.who.int/hia/en/>

<sup>10</sup> <http://www.brighton-hove.gov.uk/index.cfm?request=c1174415>

The resident asked whether details of the methodology would be made available. Duane confirmed that the full report, including the methodology, would be made available on the HLG website once it has been discussed with the City Council and PCT.

A resident asked for it to be noted that he did not agree with the allocation of health impacts between 'positive' and 'negative'.

#### 4.3 Definition of 'Local' Resident

A resident asked why 'local residents' is defined only as those living within a 0.25 mile radius of the hospital, and which point on the large campus this was measured from. Duane replied that when the HLG was re-established in 2009 the East Brighton Local Councillors had advised that it should be targeted at the three local wards, which roughly equates to a 0.25 mile radius from the hospital. The definition of 'local resident' in the HIA has mirrored this.

#### 4.4 City-Wide Transport Modelling

A resident asked how the health effects of increased traffic could be properly assessed if the City Council has not yet completed its city-wide modelling. Ben replied that the HIA has used the Trust's Traffic Impact Assessment<sup>11</sup> and has drawn on the City Council's *Full Local Transport Plan 2006/7 to 2010/11*<sup>12</sup>.

#### 4.5 'Modal Shift'

A resident asked how realistic it is to assume that patients, visitors and staff can be encouraged to switch from private cars to public transport. Ben noted that the City's current *Sustainable Transport Strategy*<sup>13</sup> prioritises road safety and sustainable modes of travel and suggested that this work would need to be undertaken city-wide.

A resident asked whether a 'shift away from private car use' would be exclusively positive; it may be considered a negative aspect by patients and visitors who are ill and infirm. Ben replied that the benefits are necessarily assessed at group level.

Another resident suggested distinguishing between residents of Brighton & Hove, which has good public transport options, and the Trust's regional catchment, where public transport is more difficult.

#### 4.6 Design-Related Health Impacts

A resident asked how the design-related impacts (eg. sunlight, visual impact) have been assessed given that the design is still evolving. Ryngan replied that the assessment assumes that whatever the final design it will meet current NHS design standards, which will be a significant improvement for staff, patients and visitors over the current accommodation. This is sufficient to identify these as positive effects for these groups.

#### 4.7 Visual Impact

A resident said that he disliked the emerging external design and that for him this is therefore a negative impact. Ben replied that 'visual impact' in the HIA refers to interior design; it is listed as a positive benefit for patients and staff but no health effect has been identified for local residents. The visual impact of the exterior is not considered primarily a health impact and is instead considered in the EIA.

#### 4.8 Asbestos

A resident asked whether any of the buildings slated for demolition contain asbestos. Duane replied that the Occupational Health building is known to contain asbestos. Health & Safety legislation prescribes how asbestos needs to be encapsulated, removed and

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<sup>11</sup> Posted on the HLG website: <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/>  
<sup>12</sup> <http://www.brighton-hove.gov.uk/index.cfm?request=c1146323>  
<sup>13</sup> Para 10.10, p. 103: [www.brighton-hove.gov.uk/downloads/bhcc/ltp/Chapter\\_10\\_Indicators,\\_Targets\\_and\\_Monitoring.pdf](http://www.brighton-hove.gov.uk/downloads/bhcc/ltp/Chapter_10_Indicators,_Targets_and_Monitoring.pdf)

disposed of. Intrusive surveys have been undertaken across the site and no other asbestos has been identified.

#### 4.9 Road Safety

A resident suggested that the potential impact of construction vehicles<sup>14</sup> on road safety should appear as a negative health effect. Ben replied that the HIA has not undertaken a separate road safety study; road safety issues will be identified through the Transport Assessment and EIA and these will feed into the HIA. Any health effects and appropriate mitigation will be identified at that stage.

#### 4.10 Helipad

A resident suggested that the noise associated with the helipad would be a negative health impact for local residents, even if there is only one take off/landing per week<sup>15</sup>. Ben confirmed that the EIA will include noise modelling from all sources. The HIA will then assess these level against the thresholds identified in the literature as having potential health effects.

Jackie thanked Ben and Ryngan for their presentation. Duane confirmed that this will be posted on the HLG website once it has been discussed with the City Council and PCT.

### 5. Design Update

Jackie invited Benedict to update the meeting on the latest iteration of the design.

Benedict presented the latest designs. *[This presentation has been posted on the HLG website]*. He reported that the design has continued to evolve following the most recent round of meetings with external bodies (including English Heritage (EH), the Commission for the Built Environment (CABE) and Brighton & Hove City Council planning officers) and a series of six detailed internal design reviews with each of 18 clinical user groups (involving c. 100 clinical staff).

Jackie invited questions:-

#### 5.1 EH and CABE Feedback

A resident asked about the feedback received from the most recent meetings with EH and CABE.

Benedict noted that the design team has been meeting with EH and the City Council over the last two years, with more frequent meetings as the designs have become more detailed. At the meeting with CABE before Christmas, two of the five commissioners appeared very positive about most aspects of the design; one appeared neutral; and two had concerns about the scale and massing and would prefer a more evenly-massed building across the site - this would involve a Stage 2 building of approximately twice the height of the existing plans, which would not work operationally. The team's presentation had been limited to 20 mins and Benedict noted that none of the commissioners had visited the hospital site or the surrounding area.

Benedict reported that EH's concern is principally with the townscape and in particular the view of the development from Lewes Crescent.

A resident asked about the massing of the development and whether all the accommodation planned is necessary. Duane replied that the Stage 1 building is c. 59,600m<sup>2</sup>: it replaces the Barry and Jubilee Buildings to modern space standards and includes both the Major Trauma Centre and the Regional Neurosciences Centre, which is being transferred from the Princess Royal Hospital. The purchase and conversion of the St Mary's Hall Senior School for office accommodation *[see 3.1 above]* means that only c. 1%

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<sup>14</sup> Minutes of 6<sup>th</sup> December 2010, item 4.4.

<sup>15</sup> Minutes of 6<sup>th</sup> September 2010, item 4.19.

of the Stage 1 building will be for general management accommodation. Duane reported that a detailed justification for the inclusion of each department in the redevelopment is being produced for the City Council and will be shared with the CAG and HLG.

Action: Duane

## 5.2 Timetable for Planning Consent Application

A resident asked when the Trust now plans to submit its application for planning consent. Benedict replied that the designs are continuing to evolve and that the application will not be made for some months. Duane added that since the design development is an iterative process any timetable is inevitably a best estimate.

## 5.3 Stage One Building Height

A resident asked about the height of the Stage 1 building and helipad. *Post-meeting note: it is 65m above Eastern Road.*

## 5.4 Coloured Panels

A resident asked whether the designs will include coloured panels, as the Children's Hospital does. Benedict replied that the aim would be to differentiate the three 'fingers' in some way but that the plans for the exterior treatment are still evolving.

## 5.5 Parking Spaces

A resident asked how many parking spaces are included. Duane replied that the plans currently include 200 new and 80 replacement spaces<sup>16</sup>. He confirmed that it would be possible to include additional spaces at concomitant cost by creating a further basement level.

Duane noted that Brighton & Hove City Council's Supplementary Planning Guidance (SPG4)<sup>17</sup> sets out the maximum number of parking places for new developments. For hospital developments in parking control areas, the standards are: 1 car space per bed space plus 1 car space per 2 staff; 5 Blue/Orange Badge parking spaces per establishment up to 100 beds then 1 additional space per 20 beds; and 1 secure cycle parking space per 10 staff.

A resident asked whether the plans include increased staff parking. Duane reported that at this stage the plan is to extend the current apportionment of spaces; this was detailed at the February meeting<sup>18</sup>. Staff living in BN1, BN2 and BN3 are not given parking permits in order to encourage public transport use, however the Trust is not able to prevent them parking in legitimate parking spaces off the hospital campus. Duane added that he is however exploring alternative staff parking options with the City Council.

A number of residents indicated that they would welcome an increase in the number of parking spaces being planned.

A resident suggested that the City Council increase the number of residential parking spaces locally and reduce the number of pay & display parking spaces. Duane agreed to pass on this suggestion to Council officers.

Action: Duane

<sup>16</sup> Minutes of 6<sup>th</sup> September 2010, item 4.9. Minutes of 11<sup>th</sup> October 2010, items 3.2, 5.1

<sup>17</sup> <http://www.brighton-hove.gov.uk/downloads/bhcc/localplan2001/SPGBH04ParkingStandards2000.pdf>

<sup>18</sup> Minutes of 1<sup>st</sup> February 2010, item 4.1: There are currently 497 parking spaces on the RSCH campus: 20 are for pool cars and Trust vehicles (Sussex House), 59 are for staff only (Sussex House, Latilla), 66 are for patients and visitors only (main front car park), and 352 are shared between patients and staff (multi storey car park). Staff parking permits are allocated using strict eligibility criteria, which excludes staff who live in postcodes BN1, BN2 or BN3 other than in exceptional circumstances. There are 600 parking permits available for staff at RSCH, all of which have been allocated.

## 5.6 Use of Stage 1 Car Park

A resident asked when the car park under the Stage 1 building would be brought into use. Benedict replied that the plan is to relocate some Outpatient accommodation within the Sussex Cancer Centre and create a temporary entrance to the Stage 1 car park before the Stage 2 building is completed and the Cancer Centre relocated. The Stage 1 car park would therefore be available when the construction of Stage 1 is complete.

## 5.7 Sea Views & Natural Light

A resident asked what proportion of inpatient rooms have a sea view and whether the rooms facing one another on the inner side of the 'fingers' will have sufficient light.

Benedict replied that c. 2/3rds of the rooms will face East, South or West and, because of the design of the rooms and window bays, will have a sea view. He confirmed that the V-shaped 'fingers' are c. 7.5m wide at the narrow end and c. 17.5m at the wide end. The wards will be on the top three floors, which will enhance the available light. A detailed daylight assessment will also be undertaken to ensure that the rooms meet the appropriate standards.

The Chair of the CAG asked whether he could receive a cross-section showing the exact dimensions. This was agreed.

**Action: Benedict**

## 5.8 Roof Garden

A resident asked whether Brighton's windiness and in particular the wind tunnel created by Paston Place would render the roof gardens unusable. Benedict noted that this had been discussed at the March meeting<sup>19</sup> and felt that the effects of the wind could be mitigated through design and choice of planting. He reported that an assessment of the wind dynamics has been undertaken and this has produced initial guidance on use of the amenity spaces within the design.

## 6. General Q&A

### 6.1 NHS Reconfiguration

A resident asked how the planned changes to the NHS would affect the sizing of the redevelopment. Another resident noted that the NHS Brighton & Hove (PCT) had given a presentation on this to the November meeting<sup>20</sup>. Duane added that the presentation, *Moving Services to Community Settings*, is posted on the HLG website; Cllr Turton had particularly welcomed the PCT's planned reduction of 90,000 Outpatient attendances at the hospital by April 2013 and the consequential impact on traffic to the site.

Duane noted that the activity assumptions used to size the redevelopment are regularly refreshed to ensure they are consistent with commissioners' planning assumptions and actual activity.

### 6.2 Breakdown of Construction Costs

A resident asked about the costs of the various elements of the redevelopment scheme. Duane reported that this had been discussed recently with the Brighton & Hove Clinical Commissioning Executive / GP Commissioning Consortium and he agreed to provide the breakdown in the minutes.

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<sup>19</sup> Minutes of 15<sup>th</sup> March 2010, item 3.9.

<sup>20</sup> Minutes of 11<sup>th</sup> October, item 5.3. Minutes of 8<sup>th</sup> November 2010, item 4.

Post-meeting note. The breakdown of current capital costs is as follows:

	Cost (£m)	%
Barry/Jubilee Replacement	192	48
Neurosciences	78	19
Major Trauma Centre	27	7
Sussex Cancer Centre	92	23
BSMS/Teaching	12	3
<b>Total:</b>	<b>401</b>	<b>100</b>

Like-for-like replacement of accommodation across the whole scheme accounts for c. 71% of the capital cost; service development and expansion of Imaging, Neurosciences and Cancer accounts for c. 18%; and providing facilities for staff (changing etc.) and other modern requirements for healthcare facilities accounts for c. 11% of the cost.

### 6.3 Public Transport Information

A resident expressed concern that the Trust's website lists private cars and 'parking in the vicinity' ahead of public transport options.

Post-meeting note:

- The Trust 'Welcome Booklet'<sup>21</sup> currently lists public transport options on p8-9 and parking on p15. It advises that 'car parking is very difficult so please use other forms of transport if possible'.
- The hospital webpage<sup>22</sup> lists public transport options ahead of private cars/parking. It notes: 'Limited pay and display on-site car parking is available. There is limited short term on-street car parking in the vicinity of the hospital. Please allow extra time for parking.'
- Outpatient letters state: 'The Trust's sites... have limited pay & display parking and the surrounding areas have parking controls. We recommend that you allow plenty of time to find the department if travelling by public transport or for parking if coming by car.'

Duane thanked the resident for highlighting this issue. He reported that work is underway to provide further advice to visitors and patients about public transport options for its sites, including on the website and in Outpatient letters.

### 7. Construction Logistics Update

Because the meeting was overrunning Jackie proposed that this item be deferred. This was agreed. [The presentation has been posted on the HLG website].

### 8. Next Meeting

The next meeting will be held on Monday 7<sup>th</sup> March in the Audrey Emerton Building (on Eastern Road, next to the Sussex Eye Hospital) from 7pm to 9pm, with refreshments available from 6.45pm.

<sup>21</sup> <http://www.bsuh.nhs.uk/patients-and-visitors/>

<sup>22</sup> <http://www.bsuh.nhs.uk/hospitals/our-hospitals/royal-sussex-county-hospital/>