

Minutes of the Hospital Liaison Group Meeting
Held on Monday 25th July 2011 (7pm to 9pm) in the Audrey Emerton Building,
Royal Sussex County Hospital, Brighton

Present:

Cllr Gill Mitchell, Mrs Jackie Nowell (Vice-Chair), 18 members of the public [formally signed in, however c. 40 attended].

Brighton & Sussex University Hospitals:

Anna Barnes, AD, 3Ts Governance & Programme Office
Steve Gallagher, Operational Director, Estates & Facilities
Nick Groves, AD, 3Ts Service Modernisation

Trust Planning Advisors:

Tessa O'Neill, BDP Architects
Andy Watson, BDP Architects

Brighton & Hove City Council

Lydie Lawrence, Public Health Development & Improvement Manager

Laing O'Rourke Supply Chain:

Neil Cadenhead, BDP Architects
Karen Hicks, LO'R
Rhod MacLeod, WSP Group

Apologies:

Simon Kirby MP (Brighton Kemptown & Peacehaven), Cllr Warren Morgan, Cllr Craig Turton (Chair), Duane Passman (Director of 3Ts, Estates & Facilities, BSUH)

1. Welcome & Introductions

Jackie welcomed everyone to the meeting. In particular Lydie Lawrence (Public Health Development & Improvement Manager, Brighton & Hove City Council), who is a member of the Health Impact Assessment Steering Group.

Jackie explained that Cllr Turton had a work commitment and had therefore had to send his apologies.

2. Declaration of Interest

Cllr Mitchell noted that as a hospital employee, to avoid any potential conflict of interest she will withdraw from involvement with the redevelopment once the planning application is submitted. She will then refer any queries to Cllrs Turton and Morgan.

3. Matters Arising

3.1 Filming/Webcasting Meetings

Nick noted that at the previous meeting a resident had asked whether the meetings could be filmed and either live-streamed via the website, as City Council meetings are, or made available for download.

Nick reported that the cost would be c. £6,000 per annum. There are also information privacy/data protection issues: residents would need to agree to be filmed in order to participate in the meeting and this might dissuade people from attending or asking

questions. At Cllr Turton's suggestion, Nick is taking advice from Council officers about their protocols.

Action: Nick

3.2 Questionnaire

A number of residents who had not been at the previous meeting expressed concern that the short questionnaire would not meet academic standards.

Jackie repeated the commitments that Duane had given to the previous meeting¹: the focus of the questionnaire is the qualitative (ie. freetext box) rather than quantitative data. The survey is intended as a 'temperature check' rather than research. The results will not be used as a simplistic justification for the scheme. Specialist external consultancy will be commissioned to help design any questionnaire used at the public exhibitions in September and October; the residents offered their services in this regard.

One resident felt the questionnaire had been largely a promotional exercise and asked whether the Trust would give residents a similar budget to publicise their objections.

3.3 Consolidation Centre

In response to a question, Rhod confirmed that in discussion with City Council officers, a number of possible locations for the Consolidation Centre have been explored. These were set out in the presentation to the previous meeting² (slides 21-35). 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.

Rhod noted that the Consolidation Centre development would be subject to a separate planning application to the relevant Local Authority, which might not be Brighton & Hove. The local residents would be consulted as part of that process. Nick noted that the preferred location for the Consolidation Centre might be identified and the planning application submitted after the main scheme application. The HLG will be kept abreast of developments.

A resident asked whether LO'R is aware that the proposed location at Sheepcote Valley borders the South Downs National Park. Rhod confirmed that this had been noted at the last meeting³.

A resident asked whether the other potential locations are in residential areas. Rhod replied that these locations are currently under investigation.

3.4 Construction Route

Rhod noted that the options for the construction route, which were developed with City Council officers, would need to be revisited once a preferred location for the Consolidation Centre has been identified, and a Traffic Impact Assessment undertaken.

Key points from the discussion:

- i) Residents of Wilson Avenue expressed concern about the impact that the potential increase in traffic would have on them and on getting in and out of their driveways.
- ii) A resident was concerned that in the 'preferred' route, the right turn from Church Place onto Eastern Road would impact access to Sussex Mews and traffic exiting Rock Street.

¹ Minutes of 27th June 2011, item 4.2

² <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdetesct16226703=360307&p=1>

³ Minutes of 27th June 2011, item 5.5.1.

Rhod noted that whatever the location of the Consolidation Centre, construction vehicles would need to travel back and forth to the hospital. Council officers have confirmed that construction traffic needs to use A roads, so Rhod reported that the only options appear to be the A27 and Wilson Avenue or the A23 and through the centre of the city. He added that there are currently no weight restrictions on any of these roads.

Rhod confirmed that the construction routes into Brighton and the assessed impact on the local highways infrastructure are contained in the Construction Environmental Management Plan (CEMP)⁴ and the Traffic Impact Assessment. The separate planning application for the Consolidation Centre will need to be cognisant of these and, depending on location, may need to consult Brighton & Hove City Council at the time of submission.

A resident asked whether the construction route would change on race days at the Brighton Racecourse. Rhod agreed that if Wilson Avenue is the construction route, race days would need to be factored into the plans.

3.5 Decant Buildings

A number of residents expressed concern that they had learnt about the plans for the 'Front Car Park' building through the planning notice on a local lamppost.

Nick explained that the application is for a six storey temporary building for the Imaging Department, to be located in front of the Barry Building (to the east of the main entrance). This was included in the construction logistics presentation⁵ (slides 10-14) given to the June meeting, along with a number of other temporary structures on the RSCH site earmarked for decant. Nick apologised however that this element had not been drawn to residents' particular attention.

Nick noted that as soon as the team realised residents were unaware of the plans, a detailed briefing note⁶ was posted on the website and HLG members were emailed with details and an apology. Nick thanked Jackie for drawing this issue to the team's attention.

Jackie added that residents are also able to express a view on the proposal through the formal planning process - details on the lamppost.

4. Design & Planning Update

Neil gave the presentation⁷ made to Council members on 15th July summarising the aims of the redevelopment, arrangements for phasing and decanting, design and heritage considerations (including the Chapel and Bristol Gate Piers), key views, and transport, construction and sustainability issues.

Jackie invited questions.

4.1 Scale Drawing

A resident suggested that the images show Upper Abbey Road to be wider - and therefore Courtney King House further away from the Barry Building - than is the case.

Neil replied that the images have all been constructed from detailed topographical surveys using Computer-Aided Design (CAD) and are not therefore just artist's

⁴ Minutes of 27th June, item 5.

⁵ <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdetesct16226703=360307&p=1>

⁶ <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdetesct16226703=362107&p=1>

⁷ <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdetesct16226703=363005>

impressions. Jackie added that the parked cars may make the road feel narrower than it is.

4.2 Stage 2 Building

A resident was disappointed that the front of the Stage 2 building appears slab-like and asked whether bow fronts could be incorporated to reflect the local architectural vernacular.

Neil replied that the design has sought to find a harmony with the local architecture without mimicking it, which can appear jarring and unnatural in a contemporary building. In light of feedback from residents, the City Council, English Heritage and others, the view up Paston Place has been one of the key drivers for the redesign.

4.3 Roof Gardens

A resident asked about choice of planting on the roof terraces given weather conditions and, in particular, high winds.

Neil confirmed that the landscape architect is working with local ecologists and Wakehurst Place to select appropriate planting.

4.4 Stage 2 Footprint

A resident noted that the footprint of the Stage 2 building extends further north than the current Barry Building, which brings the roof terrace into more direct view of the houses at the south end of Upper Abbey Road. He asked whether the additional floor space is critical.

Neil confirmed that the Stage 2 building does extend further into the site than the Barry Building. He agreed to confirm the dimensions at the next meeting. The Cancer Centre's facilities have been sized using NHS Estates guidance and national building standards, and this has defined the floor area required. A reduction in the footprint would therefore necessitate an increase in the height of the building, which residents and others have been keen to avoid.

Action: BDP

4.5 Overlooking

A resident shared the concern that the roof terraces would overlook local residences and asked whether having two terraces on the Cancer Centre building is necessary.

Neil explained that the garden is designed in two halves: one, which will provide additional privacy, specifically for Cancer Centre patients, and the other for use by visitors, patients and staff. The design and choice of planting will aim to keep users away from the edge of the terrace.

Jackie asked whether it would be possible to have views from the upper floors and roof terrace of the Cancer Centre towards Upper Abbey Road. Nick agreed to discuss with Duane whether this would be possible, given current workloads.

Action: Nick

[Post meeting note: two architectural sketch sections have been posted on the HLG website⁸. These show the distance that the Stage 2 building will be set back from Upper Abbey Road and the South Service Road, and the location of the planting/landscaping.]

4.6 Main Outpatients Building

A resident noted the poor state of the Main Outpatients building (on Eastern Road) and asked whether this could be included in the redevelopment.

⁸ <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdetesct16333234=364978>

Nick replied that this had been considered as part of the initial scoping but was rejected because it would have added significantly to the height/massing. The national direction of travel is also to move Outpatient services from hospitals into GP practices and other community settings. At the November meeting Geraldine Hoban (NHS Brighton & Hove) set out the PCT's plan to move 61,000 Outpatient 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 away from the RSCH site and into other settings. She said at the time that the new Clinical Commissioning Groups would likely want to accelerate this change.

4.7 Air Ambulance Helipad Structure

A resident asked about the change from the exoskeleton structure around the Thomas Kemp Tower to an internally-supported structure.

Neil replied that more extensive structural surveys have concluded that the existing structure of the TKT can support the additional weight of the air ambulance helipad. This is also the less visually obtrusive option.

4.8 Air Ambulance Noise

A resident asked how the noise of the air ambulance would be dampened.

Neil replied that the Environmental Impact Assessment will include the noise of the air ambulance. No specific additional design measures have been included to dampen the sound. As discussed at previous meetings, the Kent, Surrey & Sussex Air Ambulance is not currently licensed to fly at night. Unlike the police helicopter, it does not hover. The current best assessment is that the helipad will be used one to two times per week.

Post-meeting note⁹. Leigh Curtis (Director of Operations for Kent, Surrey & Sussex Air Ambulance): 'The time it takes to drop off a patient can be quite variable and is dependant on a number of factors including patient need and hospital logistics, but we aim for 20 minutes. However we never load or unload with rotors running so within a minute of landing the engines will be stopped and will only be re-started when ready to depart. The take-off procedure requires a period of ground running first; the engines will therefore be started approximately two to three minutes prior to take off.'

4.9 Generator Noise

A resident asked about the Combined Cooling, Heat & Power¹⁰ (CCHP) development (Slide 47) and the noise it would produce.

Neil noted that the CCHP would be located at the bottom of the Thomas Kemp Tower and confirmed that it would not be audible beyond the Trust site.

4.10 Additional Parking Spaces

In response to a question, Neil confirmed that the designs include 405 underground car parking spaces: 312 additional and 93 replacement.

4.11 Staff Parking

A resident expressed concern at the planned increase in dedicated staff parking on site from 18% of 508 spaces to 47% of 828 spaces (Slide 42) - in effect a quadrupling of provision.

Rhod noted that staff numbers are projected to rise by 450. However 21% of staff working at the RSCH commute by bus and only 42% come by car; this is considered to be

⁹ Minutes of 7th March 2011, item 5.1.3

¹⁰ <http://www.carbontrust.co.uk/emerging-technologies/technology-directory/pages/combined-heat-power.aspx>

one of the best performing existing travel plans for a hospital in the UK outside central London.

Steve added that the figures for on-site staff parking are considered a 'worse case'. The preferred option is to use an offsite location, eg. spare capacity in the London Road car park, for staff parking and introduce a 'park & ride'. However this is still under discussion with the City Council and other options are also under review.

4.12 Construction Traffic

A resident asked how many construction vehicles would be accessing the site each day.

Rhod replied that at the peak of construction (currently estimated to be 2014-2015), c. 80 vehicles would need to access the site each day: approximately 25 of the 40-tonne vehicles, 40 HGVs and 15 transit vans. This equates to approximately one vehicle every six minutes between 9am and 5pm on weekdays. Managing traffic flow to/from the site is part of the rationale for a Consolidation Centre.

4.13 Delivery Hours

A resident asked whether construction deliveries would continue throughout peak traffic hours.

Rhod noted that peak hours along Eastern Road are 8-9am and 5-6pm on weekdays. He envisaged that the City Council would expect construction vehicles to avoid these hours, however the hours of work and delivery have not yet been set.

4.14 Effect of Construction Traffic on Buses

A resident asked whether the Brighton & Hove Bus Company has concerns about the impact of the construction traffic on the movement of its vehicles.

Rhod replied that the team has discussed the plans with the Bus Company and continues to engage with them. He was confident that construction traffic between the site and Consolidation Centre could be managed without a significant impact on bus movements.

4.15 Available Bus Capacity

A resident asked whether the plans to encourage more staff, patients and visitors to use public transport rather than come by car would require more buses.

Rhod noted that there are c. 26 busses an hour passing the hospital in each direction (53 busses per hour in total). The Bus Company's assessment is that there is sufficient spare capacity on these buses and it does not have plans for additional services.

4.16 Dust

A resident asked what action the constructor would take to minimise dust from the site.

It was noted that moving sorting and compaction to the offsite Consolidation Centre is one of the measures to reduce on-site dust. Other measures include water-spraying.

4.17 Window Cleaning

A resident asked whether the Trust would pay for window cleaning during the construction.

Nick replied that this was one of a number of suggestions made through the Considerate Constructor discussions. Duane is planning to bring a paper to the August meeting responding to each of these, as previously agreed.

Action: Duane

4.18 Weekend Working

A resident asked about deliveries and site working on Saturday mornings.

Rhod noted that LO'R is likely to request permission for Saturday morning working. Longer hours likely mean a shorter and more cost-effective build period overall. However hours of work are set by the City Council.

4.19 Timescale

A resident asked about the timetable for the various stages of the development.

Neil replied that assuming works start in 2012, the Stage 1 building would be complete in 2016/17, the Stage 2 building in 2020/21 and the Stage 3 element (service yard etc.) in 2022.

Nick noted that although the timetable remains fluid, a current summary would be posted on the HLG website.

Action: Nick

Jackie thanked Neil for his presentation.

5. Health Impact Assessment: Draft Mitigations

Anna noted that the draft HIA¹¹ had been presented to the February meeting. The final report will be available in September, following completion of the Environmental and Traffic Impact Assessments.

Anna presented¹² the draft mitigation strategy, which focused solely on potential negative impacts on local residents and the proposed mitigations. She explained that the full HIA identifies potential positive as well as potential negative health impacts. It also assesses the impact on the health of the population as a whole rather than just local residents, however it recognises that local residents are disproportionately affected by the construction and the development.

Jackie thanked her and invited questions.

5.1 Demolition & Construction Noise

A resident of Courtney King House¹³, a sheltered housing development at the South end of Upper Abbey Road, expressed concern about the effect of the construction noise on residents' health.

Neil noted that the Stage 2 construction is shorter (c. 3 years) than for Stage 1 (c. 5 years). He agreed that there would be site noise but said that LO'R is a member of the Considerate Constructor scheme¹⁴, has developed considerable experience from working on constrained sites in London and has won multiple industry awards for its work. The construction would therefore be managed as considerately as reasonably possible.

Nick referred to the considerate contractor presentation given to the July 2010 meeting, which included One Hyde Park as a case study (slides 17-26)¹⁵.

¹¹ <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdetesct16226703=344279&p=3>

¹² <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdetesct16226703=363006>

¹³ <http://www.southernhousinggroup.co.uk/Documents/Renting%20a%20home/Housing%20for%20older%20people/Sheltered%20schemes/SHGCourtneyFINAL.pdf>

¹⁴ <http://www.ccscheme.org.uk/>

¹⁵ <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdetesct16226703=322034&p=5>

Rhod added that the impact of noise would be assessed in the Environmental Impact Assessment, however construction noise is expected to remain within standard limits. The resident remained concerned about the extent to which the noise would affect residents' health and quality of life, particularly those who are house-bound.

Anna reported that she had previously met with residents of Courtney King House to discuss the plans and would be pleased to do so again.

5.2 Background 'Hum'

A resident said there is a noticeable hum from the site, which from inside his house can be as loud as the noise of the central heating. He was concerned that the new buildings would add to this.

Anna noted that baseline site noise will be measured as part of the Environmental Impact Assessment and assessed in the Health Impact Assessment. However this is unlikely to breach the threshold for a deleterious effect on human health.

5.3 Seagulls

A resident expressed concern that the roof gardens would attract more seagulls, which are noisy and, especially when nesting, can dive-bomb pedestrians.

Anna replied that the HIA not identified this as a significant health risk but that the issue would need to be considered as part of the landscaping strategy.

5.4 Infection Control

A resident asked about asbestos and any additional health risks associated with the demolition of a hospital building, eg. viruses/bacteria in the walls.

Neil noted that as discussed at the March meeting¹⁶, the buildings scheduled for demolition have been surveyed for asbestos. Health & Safety legislation prescribes how any asbestos needs to be encapsulated, removed and disposed of.

Post-Meeting Note:

The Lead Nurse for Infection Prevention & Control notes that 'there is no increased risk of infections (due to the building having been used as a hospital) to local residents or on-site workers. There may be potential risk of infections to some of our neutropaenic patients (associated with the dust and types of fungus), but this will be managed with dust control when the building is demolished.'

5.5 Air Quality

A resident asked whether the baseline air quality survey had been undertaken along the 'preferred' construction route.

Karen confirmed that the monitoring had been undertaken. She confirmed that the EIA will note exactly where the air quality monitoring stations were located.

5.6 Dust

Anna noted that dust levels on site would be subject to continuous monitoring. A resident asked about proactive measures to avoid breaching the agreed thresholds.

Karen replied that the mitigation measures would be undertaken proactively (see 4.16 above). Nick noted that Duane has agreed to publish the monitoring data. Once the construction is underway, LO'R will respond as rapidly as reasonably possible to any problems identified.

¹⁶ Minutes of 7th March 2011, item 4.5

5.7 Vibration

Residents expressed concern about the potential impact of vibration (drilling, piling etc.) on local buildings and residents' health. One resident asked why the presentation had not included any specific mitigations for vibration, other than complying with the relevant British Standard¹⁷.

Anna replied that the HIA has not assessed vibration as a likely risk to health. She confirmed that it would, however, be assessed as part of the EIA¹⁸.

Jackie thanked Anna for the presentation.

6. Any Other Business

6.1 Planning Consultation

A resident asked how residents would know that the planning application had been submitted and how to express a view.

Cllr Mitchell said she understands the Trust is currently planning to submit its application towards the end of September. Nick referred residents to previous minutes¹⁹ for the more detailed explanation of the Council's public consultation process.

6.2 Planning Summary

A resident asked whether the Trust would summarise the issues of particular relevance to local residents arising from the various impact assessments, eg. HIA, EIA, TIA.

Tessa confirmed that as the developer, the Trust is required to provide a 'non-technical summary' of the Environmental Statement as part of its planning application. (See **Appendix A** for summary/scope of the various impact assessments).

6.3 Local Awareness

A resident expressed concern that a large section of the public locally seemed unaware of the development plans.

Nick felt that the team had undertaken all reasonable action to engage local residents; Martin Randall's comments to the April meeting²⁰ supported this. Nick recognised that there is a difficulty with the reliability of local maildrops, and the Trust is currently using its fifth contractor to try to address this. However the plans have now received widespread coverage in local media over a sustained period, as well as through information stalls at a number of local events.

Nick said that he and Richard (3Ts Head of Engagement) would welcome suggestions. In the meantime he would be pleased to provide flyers if residents were willing to pass them on to their neighbours.

7. Next Meetings

The next meeting will be **Monday 22nd August** from 7pm (refreshments from 6.45pm) to 9pm in the Audrey Emerton Building.

¹⁷ BS 5228-2:2009 *Code of practice for noise and vibration control on construction and open sites: Vibration*

¹⁸ <http://www.legislation.gov.uk/ukxi/1999/293/schedule/4/made>

¹⁹ Minutes of 26th July 2010, item 3,1; minutes of 4th April 2011, item 4.8; minutes of 16th May 2011, item 8.

²⁰ Minutes of 4th April 2011, item 4.8.3

Description/Scope of Impact Assessments

1. Environmental Impact Assessment

The EIA assesses the potential impact on the local environment of the proposed development, including during construction and when operational. It covers noise and vibration; air quality; flood risk, drainage and water resources; ground conditions and contamination; ecology and nature conservation; transport; waste management; wind environment; daylight, sunlight and overshadowing; external lighting; telecommunication reception; socio-economic and community effects; landscape and visual effect; cultural heritage.

2. Traffic Impact Assessment

The TIA assesses the impact of the development on pedestrian, cycle, car and public transport journeys and associated highways infrastructure. National and local policy documents govern the methods used to assess impacts and to establish car parking and cycle parking numbers to be included in the Planning Application.

3. Health Impact Assessment

The HIA assesses the potential impact of the development on health indicators, including during construction and when operational. It responds to some of the outcomes of the EIA and TIA.