

COMMUNITY CONSULTATION



Community Consultation

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5.1 The project team has undertaken extensive consultation with the local community as part of the design process. Details of the feedback received from consultation meetings are provided along with amendments to the design as a result of the comments received from the community and existing residents.

HOSPITAL LIAISON GROUP

5.2 The Hospital Liaison Group (HLG) was established to provide a mechanism for feedback between BSUH and local residents during the construction of the RACH.

5.3 The HLG was subsequently re-established in November 2009 as a mechanism for consulting local residents about the 3Ts proposal. Initial invitation letters were sent to 2,500 local residents asking for topics of discussion for the first meeting¹.

5.4 The first meeting of the re-established HLG was held on 10th November 2009 in the Audrey Emerton Building on the RSCH site from 7pm – 9pm. It was agreed that the HLG would be attended by a number of local councillors including Cllr. Turton who was appointed as Chair. Since being re-established new members have been encouraged to join, including through a contact form on the BSUH website, direct mail, email, and letter drops to every residence in a 250m radius of the site.

5.5 Meetings have been attended by the consultant team including the architects, contractors, transport consultants, heritage consultants,

¹ A full record of minutes from previous meetings is available at www.bsu.h.nhs.uk

sustainability consultants, and EIA consultants, who have given regular updates on the latest proposals through presentations followed by question and answer sessions. There have also been a number of meetings focussing on specific aspects of the proposals including design, transport, amenity, construction and the planning process.

5.6 There are approximately 280 people on the HLG mailing list. On average 45 residents attend each meeting in addition to Local Councillors, members of the 3Ts team and other invitees. In agreement with the three local councillors, invitations are targeted at residents living within 0.25 miles of the RSCH campus (see appendix A.2). The HLG agreed to meet monthly with effect from September 2010.

5.7 Since the HLG was established to consult on 3Ts there have been almost 20 meetings with local residents to discuss issues such as:

PRINCIPLE OF REDEVELOPMENT

- why the hospital is located on the current site;
- potential other locations for 3Ts;
- potential other service models which involved less development on site;
- need for trauma facilities;
- the construction programme, and timescales for the redevelopment.

DESIGN

- the scale and massing, particularly of Stage 1;
- visual impact of the proposed helipad, and its location on or off-site;
- impact on strategic views;
- impact on the setting of heritage assets, including Lewes Crescent and East Cliff CA;
- the treatment of the Stage 2 facade, as a termination of Paston Place;
- contextual relevance and appropriateness of materials;
- discussions on the design motifs being unique to Brighton;

HERITAGE

- potential to retain the Barry Building as part of a new proposal;
- potential to retain the facade of the Barry Building;
- proposals for relocating the Grade II Listed Chapel within the new scheme, in a museum, or on another site; and

- plans to relocate Bristol Gate Piers within the landscape and attempts to identify their origin.

CONSTRUCTION AND AMENITY

- length of construction programme;
- increase in building heights and potential impact on overlooking / privacy and daylighting;
- noise generated from plant, machinery and helicopters;
- potential wind impacts from the new buildings and helipad;
- potential light pollution;
- potential disruption caused by contractors including hours of operation;
- detailed construction traffic assessment;
- the extent that St. Mary's Hall can be used to decant services;
- amenity impacts including noise and vibration from construction and when built from plant and machinery including construction methods e.g. pile driving; and
- contractor parking arrangements

including contractors parking in the local area.

TRANSPORT

- quantity of traffic associated with the development, especially along Eastern Road and smaller residential streets in Kemp Town;
- concerns if current access arrangements are altered to Upper Abbey Road;
- presence of Heavy Goods Vehicles (HGVs) using the area during the construction process;
- number of parking spaces available for staff, visitors and patients;
- addressing the current parking and traffic problems;
- overspill parking in the local area;
- consideration of sustainable transport as part of the overall transport strategy;
- queries about what road works are required as part of the proposals.

MISCELLANEOUS

- whether consideration has been given to the peregrine falcon, which may periodically inhabit the TKT;
- the need for BSUH to keep local residents informed about the hospital redevelopment;
- concerns that the construction process would have a negative effect on house prices in the local area.

WIDER PUBLIC CONSULTATION

5.8 BSUH has undertaken a three stage process to community consultation which can be summarised as follows:

Stage 1 (publicise) – Information dissemination and feedback on early designs. The first stage of consultation was conducted to raise awareness about the redevelopment and make

sure the people of Brighton and Hove knew about the proposals.

Location	Dates and Times	Approximate Attendance
Health Bus (RSCH site) - held outside the Barry Building to publicise the redevelopment amongst staff and regular hospital users	30 th June – Friday 2 nd July 2010	362
Cancer Support Groups Event (Sussex House) – exhibition open to all hospital users but with a particular emphasis on Cancer users	2 nd August 2010	27
General information event (Sussex House) - held as an information awareness raising about the proposals	11 th August 2010	22
Brighton Gay Pride Event (Preston Park) - BSUH ran a stall during the Gay Pride event with the main intention of engaging with minority groups	7 th August 2010	700
Older people and Stroke Support Groups Event (Sussex House) - to engage with general user groups with a special focus on older people and stroke services	17 th August 2010	35
Churchill Square (Brighton City Centre) - to engage with the wider population of Brighton and Hove to ensure they are aware of the redevelopment proposals	19 th August 2010	400
Orchard Shopping Centre (Haywards Heath) - an opportunity to engage with health-users living in other parts of Sussex	4 th September 2010	250
World Food Fair Event (Hove Lawns) - organised to engage members of the local community who would be interested in the redevelopment but who would not necessarily attend a specific exhibition.	25 th September 2010	300
TOTAL		2096

Table 5.1: Schedule of stage 1 consultation events

Stage 2 (consult) – Detailed exhibition with questionnaires for feedback. The exhibition moved between a number of venues across Sussex including Hove Town Hall, Brighton Jubilee Library and the Audrey Emerton Building on the RSCH site. It continued in a series of roadshows around Sussex to publicise the latest plans for the hospital.

Stage 3 (inform and update) – The final exhibition will be held in October 2011 with a comments book to provide information about the event. Attendees will be provided with advice about the how they can comment on the application through the statutory consultation process.

Stage 4 (post-consent consultation)
- To keep residents up to date with progress on the construction process and address any issues that may arise.

Location	Dates and Times	Attendance
Hove Town Hall	10am – 7pm from 15 th – 22 nd October exclusive of Sunday 18 th October	233
Brighton Jubilee Library	10am – 4pm on Saturday 6 th November	301
Audrey Emerton Building (RSCH site)	10am - 8pm Monday 8 th November; and 10am - 5pm Tuesday 9 th Wednesday 10 th November	293
TOTAL		827

Table 5.2: Schedule of stage 2 consultation events

STAGE 1

5.9 The first stage of consultation (2009 - early 2010) was led by BSUH with the primary purpose of making the local population of Brighton and Hove aware of the need for redevelopment.

5.10 As the designs were in the early stages a computer generated image (CGI) of the OBC scheme was used to illustrate the planned redevelopment with respondents asked to comment on whether they liked the early-stage designs (refer to appendices A.3 - A.5 for information relating to the stage 1 consultation process).

5.11 It is estimated that attendance at these events was approximately 2,096 people. This figure is based on

the number of leaflets handed out at the event. Of those attending the events 301 people completed a questionnaire.

5.12 Generally, the proposals were well-received at these events with 91% of people stating that they support the redevelopment and 89% stating that they liked what they have seen of the designs so far (see appendix A.5 for a full set of results).

STAGE 2

5.13 The focus of the stage 2 consultation (late 2010) was on providing details about the draft scheme to the whole of Brighton and Hove and obtaining feedback which could influence the design. Three events were held at different locations around Brighton and Hove as listed in table 5.2.

5.14 The stage 2 events were open to the whole of the local community of Brighton and Hove and featured 18 x A1 exhibition boards and a physical scale model showing the site and local context. This event was staffed, and specific 'specialist' consultation days were organised to allow key stakeholders with specific interests to speak with specialists within the design team. These included transport, construction, heritage, design, clinical

planning, landscape, and sustainability.

5.15 The events were publicised through a variety of methods, including:

- advertisements in local papers -The Argus and The Leader (see appendix A.6 examples);
- mail drop to local residents and interest groups (see appendix A.8);
- invitations to all Brighton and Hove councillors;
- articles in local media; and
- advertisement on BSUH's website
- on the day, flyer distribution to encourage people to come to the library event;

Day	Focus
Friday 15th October	Heritage preview day
Saturday 16th October	Opening event / Launch day
Tuesday 19th October	Environment
Thursday 21st October	Transport
Thursday 21st October	Full Council Meeting

Table 5.3: Consultation focus days at Hove Town Hall

5.16 A number of local groups also publicised the consultation events through their websites.

5.17 During the events a counter was used to record visitor numbers at all of the exhibitions to record approximate visitor numbers. A number of representatives from the design team and BSUH were on hand during all of the events to answer questions and provide feedback on the proposals. A summary leaflet was also made available which people were encouraged to take away with them.

5.18 A sign-in sheet was provided to allow attendees to leave their contact details in order to be kept up to date with the redevelopment plans. The exhibition material was also uploaded to BSUH's website along with the online questionnaire for people to return their views.

5.19 Questionnaires were distributed which presented attendees with the opportunity to provide feedback on the proposals, and the questionnaire was posted on the BSUH website for further responses. Respondents were given a number of multiple choice questions to answer, and a section on general comments was included at the end of the questionnaire to capture any other comments people may have had. (A

copy of the questionnaire is included in appendix A.10).

5.20 Of the 827 people attending the event, a total of 96 questionnaire responses were received giving a response rate of 12%. Appendix A.12 gives a full breakdown of the results.

5.21 During the initial consultation week in Hove Town Hall, a number of focus days were held on specific topic areas (table 5.3).

CONSULTATION SOUNDBITES

5.22 A selection and commentary of feedback on the draft plans grouped by theme is presented below:

General Comments

"I am very pleased about the associated improvements to services such as the trauma unit, helipad, cancer care and teaching. I also like the idea of a healing garden for patients."

"Plans for redevelopment are very impressive and I think will improve hospital in a very positive way for both patients and staff."

"Very good proposal. Helipad very important. Good car parking necessary."

"Redevelopment is long overdue. This

is a difficult site in many respects but the current proposals seem to deal sensibly with needs of the community for first rate health care and the problems the site presents."

"Many thanks - very ambitious project. Good work."

"I did not allow enough time to study the plans, unfortunately. I am delighted that the Neuroscience centre has such a prominent position."

Design and Amenity

"My main concern is that the main building on Eastern Road is very tall and might look very intrusive and also create a wind tunnel."

"Well designed and at last will provide services fit for 21st Century"

"My main concern is the visual impact of the proposed helipad on a raised platform on the new building. From almost all medium to far distance views it appears obtrusive and out of place with the Kemp Town area."

"Important to maintain easy wheelchair access to the Children's Hospital during redevelopment and throughout the new building."

"It is good to know that BHCC will have a state-of-the-art hospital by 2019 but I

feel that the noise and obvious confusion an disturbance during the rebuilding will affect patients and staff for many years. I hope that this effect will be minimised as much as possible within set guidelines re: working hours, dust, heavy machinery etc."

"I am very keen on local artists providing art work for inside the hospital. I also hope that some of the older boards (which display names) could be included."

Heritage

"I think it is vital to redevelop the Barry building to provide more modern facilities for patients. My father was in an elderly ward and it was appalling."

"I have great concern over the demolition of the Grade II listed Victorian chapel and its relocation in a characterless room which hasn't been designed for religious worship. It is not enough to re-hang some of the memorial plaques. This is merely an exercise in nostalgia, what will happen to the organ, the panelling and the stained glass windows?"

Transport

"Although it is very important to have good cycle access close to the site, it needs to be integrated within general

cycling provision. An off road cycle path on Marine Parade would encourage cycle use to and from.”

“Please ensure the transport impacts are carefully considered and managed.”

“Please ensure that wider cycle network system is considered. During consultation wider cycle network was identified but did not plan important detail, for example St. James Street is one-way so it is difficult for cyclists to make return journey back to the city centre.”

“PLEASE can you allow for MORE PARKING because 1) country people need the facilities 2) when you’re ill you’d rather use private transport 3) can you focus on drop in/pick up traffic systems e.g. one ways on roads around i.e. so TRAFFIC MANAGEMENT 4) I’d rather have another floor of parking and lose 15 feet more of sky space.”

“Car parking for staff and able bodied could park in a facility further away with transport to and from - Park & Ride.”

“Not enough attention to dealing with Eastern Rd traffic, much of which isn’t related to the hospital but separates the main site from related buildings to the south. Either have a separate ‘slip’ road for the hospital, perhaps below new buildings, and for both east and west

bound traffic; or an escalator fed bridge over Eastern Rd.”

Landscape

“Food growing opportunities should be a priority.”

“Food-growing spaces designed into the rooftop or ground landscape would provide an even more active healthy activity to long-term patients, and the potential to provide high quality produce in one of the food outlets. I appreciate the complexities of designing this in from the start, but please consider the opportunities and the ways of making it work, calling on local expertise and initiatives under way.

“The landscaping on Eastern Rd seems to have missed an opportunity to create a genuinely interesting treescape and interactions/blending of hard and soft areas. It has fallen into the trap of obvious lines of paving with regimented rows of trees. It is of course a hospital front and can’t be a jungle but still...”

DISCUSSION OF RESULTS

5.23 This section provides an analysis on the consultation responses received from the questionnaires and stakeholder comments.

Principle of Redevelopment

5.24 The majority of consultation responses acknowledge the need for the hospital to be redeveloped, from questionnaire responses received at the first stage of consultation 91% supported the redevelopment, and during the second stage of consultation 93% supported the redevelopment. This resonates with responses from other stakeholder consultation.

5.25 Notwithstanding, concerns remained about the choice of site, particularly questioning if the RSCH site is the most appropriate, and if due consideration has been given to alternative sites.

5.26 Significantly, 89% of people stated that they felt the redevelopment would have a positive impact on Brighton and Hove.

DESIGN AND VISUAL IMPACT

5.27 During Stage 1 consultation 89% liked the design, and 75% of respondents during Stage 2 of consultation liked the designs of the

new buildings. The proposed design of the buildings was however also cited as a concern by many respondents. In conjunction with detailed comments, and other consultation responses, the design has been significantly progressed in response to many of these initial concerns.

5.28 A number of responses raised concerns that the proposal may represent overdevelopment of the site, in relation to the proposed density, mass, height and form of the buildings. This particular concern has been addressed by reducing the height of the proposal since OBC, and relocating the helipad from Stage 1 Building to the TKT. However, the quantum of development has remained broadly the same, reflecting the clinical requirements of BSUH. The drivers for this, and the distribution of mass over Stage 1 and Stage 2 of the proposal relate to the required clinical adjacencies, the limited ability to decant facilities, the need to provide continuity of service during development, and the requirement for facilities to be timed on site (this is detailed in the Trust Statement, DAS, and Planning Statements).

5.29 These comments tied in with concerns regarding the potential visual impact from a number of different

locations around Brighton, notably from Roedean, Lewes Crescent and Palace Pier. Again, these have been substantially addressed in continued design changes, and in direct response to concerns raised.

HERITAGE

5.30 Concern regarding the Barry Building is split between those that favour the retention in full or just of the facade of the building, and those who feel a suitably high quality facade to the new Stage 2 can adequately mitigate the loss of the Barry Building given the medical benefit arising from the new development.

5.31 Interestingly, only 13% of respondents questioned in October 2010 felt the building is an important contributor of character to Brighton and Hove and 79% felt the replacement building shown in October was suitable. It is considered that design changes that have substantially progressed the appearance of Stage 2 since October has resulted in a building that suitably replaces the existing Barry, particularly in the important view up Paston Place.

5.32 The principle of relocating the Grade II listed chapel in the scheme was recognised by the majority of

consultees and strongly supported by BSUH. One of the key objectives of the redevelopment is to retain the internal arrangement and features of the chapel and make it more accessible to people.

CONSTRUCTION

5.33 Local residents understandably have a number of concerns over construction of the hospital in the local area. The potential construction impacts associated with the scheme is a common theme which residents living in close proximity to the application site are particularly concerned about. These include:

- traffic congestion (25%)
- parking (22%)
- visual impact of buildings during construction (12%)

5.34 BSUH recognise the potential for disruption to the local area as the hospital is rebuilt and are committed to managing and mitigating the construction process in order to minimise disruption. This includes a careful appraisal of the lessons learnt from the RACH redevelopment, and maintaining the HLG as a direct contact between the hospital management

(and its contractor) and local residents during the fill construction period.

5.35 A set of mitigation measures are also set out in the ES and summarised in table 5.5.

TRANSPORT AND PARKING

5.36 A number of issues have been raised in relation to transport and parking. Most notably, in relation to ensuring that sufficient parking capacity is provided to meet demand and address perceptions about the existing situation, and that traffic impact of the proposed development are acceptable.

5.37 Responses were divided on this issue, with a number of respondents believing that increasing parking provision is the key to resolving traffic and parking problems, whilst 69% of responses thought the hospital should be trying to reduce car dependency. There is also an acknowledgement of the fact that a large proportion of people (most notably patients), have a greater need to drive to hospital sites and therefore the use of cars is required. This is illustrated by the fact that 70% of people thought that providing an underground car park was a good idea.

5.38 The majority (50) of respondents stated that their preference would be to access the site by bus. The public considered the following would help achieve reduction in dependence on the car:

- more buses (22%);
- on-demand passenger transport (15%); and
- public transport information handed out with appointments (15%).

5.39 It is also worth noting that while BSUH does the utmost to encourage public transport, the RSCH is a regional hospital. Therefore, patients often travel from the wider Sussex area which can restrict the potential use of public transport.

STAGE 2A

5.40 After the second stage of consultation, BSUH continued to publicise the hospital redevelopment by hosting a number of roadshows for local communities. These presented broadly the same material as in the second consultation for the initial period, but were later amended as the design evolved. As a result, no questionnaires were handed out during these consultation events to ensure the responses were consistent with the material presented.

5.41 As part of the second stage of consultation BSUH has also produced a video to publicise the 3Ts proposal. This is available via the internet on the 3Ts website and YouTube.

Location / Event	Date	Attendance
Presentation to Brighton and Hove Health User Bank	Monday 1 st November 2010	not available
Presentation to Brighton and Hove Black and Minority Ethnic Community Partnership	Wednesday 24 th November 2010	not available
Whitehawk and Manor Farm, Manor Gym	Monday 13 th and Tuesday 14 th December 2010	41
Presentation to Brighton and Hove Link	Thursday 16 th December 2010	not available
PRH Hospital (main foyer)	Friday 10 th December 2010 Monday 24 th January 2011	not available
Presentation to City Sustainability Partnership	Monday 17 th January 2011	not available
Peachehaven Library	Thursday 17 th February 2011	91
St George's Church	Saturday 19 th February 2011	32
Haywards Heath Library	Wednesday 23 rd February 2011	49
LGBT History Month Event	Friday 25 th February 2011	28
Worthing Library	Wednesday 9 th March 2011	19
Chichester Council Hall	Thursday 10 th March 2011	8
Lewes Town Hall	Tuesday 29 th March 2011	15
Presentation to traffic partnership group	Tuesday 15 th March 2011	not available
Presentation to Bristol Estate Residents' Group	Monday 4 th April 2011	not available
Sussex Pituitary Foundation	Thursday 12 th May 2011	not available
District Branch of Arthritis Care	Monday 23 rd May 2011	not available
Kemp Town Carnival	Saturday 4 th June 2011	300

Table 5.4: Schedule of stage 2a consultation events

THE ROYAL SUSSEX COUNTY HOSPITAL 1828



GP / PRIMARY CARE ADVISOR

Brighton 3Ts - publicity video (available on YouTube)

CHANGES TO SCHEME AND HOW CONSULTATION HAS INFLUENCED DESIGN

5.42 Table 5.5 presents a summary of feedback from different stakeholders and how comments have been addressed.

Consultation Topic	Change Made / Response
Strategic Issues	
Potential alternative sites for development	<p>There are a number of reasons why an alternative site is not feasible for the 3Ts development. The decision to carry out the development on the RSCH site is a complex and long-running process which has been defined by numerous decisions taken throughout the history of the site, in detailed consultation with many stakeholders and governmental departments (including the Strategic Health Authority).</p> <p>The Trust Statement provides a full justification for why the RSCH site is the preferred option for redevelopment, revolving around the existing provision of services on site and the cost of relocation, and the central location serving the majority of the local population in Brighton & Hove.</p>
Potential for future expansion of the RSCH including integration with St. Mary's site	The existing location of clinical functions (centred around the Thomas Kemp Tower, A&E and the new Trauma facilities in 3Ts) drives the layout of any new facilities, including where future expansion can occur, such as St. Mary's and the Stage 3 service yard podium, and other areas of the campus.
Design	
Comments about the bulk, massing and visual impact of the OBC scheme	<p>The hexagonal massing of the building (OBC design) was redesigned to create three separate fingers with the aim of introducing visual permeability and breaking down the mass of the building (the 'three fingered' approach is known as Option B). The OBC scheme was also significantly reduced in height.</p> <p>The options appraisal contained in the DAS provides further detailed information on how the OBC scheme was modified in response to concerns about massing (appendix A.13).</p>
Comments about the visual impact of Option B in views from the east - particularly strategic approaches from Roedean, and over the listed terraces of Kemp Town and Lewes Crescent	<p>After reducing the height from OBC to Option B, a further height reduction was created as Option B was developed. The helipad was omitted from the Stage 1 building, which again further reduced the height. The tallest 'finger' was also moved from the east to the west, pushing the main massing away from this sensitive view. The northern spine block was altered in massing and materials to distinguish it from the main build, better articulating it as a separate element and reducing the appearance of bulk.</p>
Potential to extend the northern spine block both westwards and eastwards	Design studies have indicated that it is not possible to extend the northern spine block in a western direction without resulting in unacceptable impacts on the existing RACH, particularly the more sensitive areas such as wards. However, expansion eastwards of Stage 1 has been possible allowing for future development of the Stage 3 site above podium level linking to the existing facilities, and the St. Mary's School site.

Table 5.5: key consultation questions and design team response

Consultation Topic	Change Made / Response
<p>Comments regarding the scale, massing and form of Stage 1 building</p>	<p>Refinement of Option B has been ongoing throughout the design process, in response to comments received from consultees. The Stage 1 façade has been refined and evolved at the upper floors and roof level which greatly reduces the perception of mass, and helps to mediate between the greater scale of the existing hospital estate, and that of the historic East Cliff conservation area. In summary, the following key changes have been implemented:</p> <ul style="list-style-type: none"> ▪ 'gull wings' omitted from roof of Stage 1 building; ▪ helipad omitted from roof of Stage 1 building; ▪ reduction in overall height of Stage 1 building; ▪ removal of colonnade facing Eastern Road; ▪ eastward extension of podium level along Eastern Road to create a more active urban edge; ▪ upper floors of Stage 1 building significantly set back from the podium level to create distinction between ground floor and upper levels; ▪ the stepping back of the building creates a more active frontage at street level and better relationship with Eastern Road ▪ the podium level and set-back upper floors respect the urban grain of the local area and provide a better response to the lower scale surrounding buildings, most notably the terraces immediately to the east of the site; ▪ the main entrance to the building evolved to be a stronger focal point along Eastern Road; ▪ the extent of the canopy has been remodelled to refine the design.

Consultation Topic	Change Made / Response
Comments regarding the detailed design of Stage 1 Building, including materials and façade articulation	<ul style="list-style-type: none"> ▪ northern spine block modified through use of different materials and articulation to appear as a separate building; ▪ eastern façade amended including changes to window patterns, fenestration and materials to ensure a suitable design solution from longer views; ▪ southern façade refined with detailed modelling to provide a more vertical emphasis; ▪ glazing used on the upper levels of the Stage 1 building to give the building a lighter feel; ▪ stage 1 building differentiated in style to Stage 2 Building to create variety in architectural expression; ▪ the design and materials of the Stage 1 Sanctuary Space have been amended in order to refine the scheme design ▪ the ordering of windows on the south elevation has been regulated. ▪ the “biscuit colour” previously used as the infill colour for the Stage 1 central and eastern finger has been omitted.
Comments regarding the local distinctiveness of that Stage 1 building	<p>Materials refined to ensure they reflect local character prevalent in Kemp Town and Brighton and Hove (white/clotted cream concrete, coloured elements from RSCH);</p> <p>Use of stainless steel omitted as a potential material choice;</p>
Comments regarding the scale, massing and detailed design of the Stage 2 Building	<p>There has been a significant amount of design progression in the form and massing of the Stage 2 building. The height, massing and building line of the original Barry Building has been respected in the Stage 2 building. Its original OBC form as a strong linear ‘colonnade’ was refined.</p> <p>The design has looked at the following options; ‘fingers’, ‘sail’, ‘drum’, ‘helix’ and ‘rotunda’ concept. The options appraisal contained in the DAS provides further information in relation to how the Stage 2 building has been amended in response to comments received (refer to appendix A.13).</p> <p>These changes to the modelling of the façade have broken down massing of the building and provide a more cohesive facade.</p> <p>The Stage 2 Building has undergone detailed design changes in order to refine the design including replacement of the upper floor coloured panel system with glazing.</p>

Consultation Topic	Change Made / Response
<p>Comments on the helipad design and visual impact</p>	<p>A long list of potential options (please refer to helipad report for further information) were tested against technical, health and safety, clinical and design / town planning objectives. A number of options which were preferred in clinical, design and planning terms were discounted due to technical requirements of the Computational Fluid Dynamic (CFD) testing assessing wind against landing criteria.</p> <p>The CFD testing has resulted in refinement from a long list of potential location options to a short list of technically feasible locations. In addition, concerns were raised relating to the location of the helipad on the Stage 1 building and the associated impact on views from conservation areas. The full list of options and their assessment is contained within the helipad report which accompanies this application, and a summary within the DAS options appraisal.</p> <p>All these options have responded to consultation comments, with the final option on top of Thomas Kemp Tower being the most widely acceptable technically feasible solution. This aimed to minimise the bulk of the Stage 1 building, limit its impact on the Conservation Area to the south, and to limit its impact on the listed terraces of Kemp Town and Lewes Crescent.</p> <p>Mesh and cladding has also been removed from around the helipad.</p>
<p>Comments regarding the buildings function as a public / civic building</p>	<p>The roof gardens, historic chapel space in the atrium, and variety of teaching, multifaith, café and small retail uses have been included to draw movement into the building. The interior design of the entrance atrium, its lighting, and treatment aim to extend the traditional external areas of 'public realm' into the main entrance space, seamlessly integrating these internal and external areas as one space. Furthermore, the Stage 1 Building has been extended along Eastern Road to provide a continuous, strong and active urban edge along this important public route.</p>
<p>Comments on the public art and public spaces</p>	<p>Staff and patient groups have been involved in public art strategy, including the location and scope of work to be commissioned. This is an ongoing commission and consultation will continue on these issues.</p>

Consultation Topic	Change Made / Response
Heritage Issues	
Loss of Barry Building, including reasons why façade cannot be retained	<p>A case has been made as to why the Barry Building cannot be retained (refer to Heritage Statement and DAS). In summary, the reasons for this are as follows:</p> <ul style="list-style-type: none"> ▪ the current facilities are not fit for purpose ▪ retention of Barry Building and / or its facade would unacceptably compromise the clinical functionality of the new building ▪ retaining Barry Building and / or facade but providing new development around it would greatly compromise heritage significance of the building
Proposed design mitigation measures to compensate loss of Barry Building	<p>In order to mitigate the loss of the Barry Building, the following design response has been implemented:</p> <ul style="list-style-type: none"> ▪ height, massing and building line of the original Barry Building respected in the Stage 2 building; ▪ southern façade of Stage 2 refined to include historically contextual rotunda in form and proportion; ▪ rotunda centred on Paston Place to terminate the historic view; ▪ design motifs from Brighton, in both form and proportion, have been used to provide a historically sensitive response via the rotunda; ▪ locally distinctive materials selected to respect context and character; ▪ re-location of listed chapel to Stage 1 building.
Comments regarding the demolition of Chapel and proposed mitigation measures	<p>A full and detailed assessment of the chapel has been carried out as part of the Heritage Statement (a full justification of why retention is not possible is contained within the Heritage Statement and the DAS). To mitigate the demolition of the building, the following measures have been taken:</p> <ul style="list-style-type: none"> ▪ the interior will be extensively photographed and documented in accordance with English Heritage guidance; ▪ the interior which is of historic significance will be retained and relocated to the Stage 1 building; ▪ the relocated chapel will be more accessible to staff and the public; ▪ the memorials currently located outside of the chapel building will be relocated to a new ante room.

Consultation Topic	Change Made / Response
Comments regarding the origin of the Bristol Gate Piers and their relocation	<p>Extensive research carried out on original location of Bristol Gate Piers including article in The Evening Argus, consultation with English Heritage and primary research;</p> <p>Bristol Gate Piers will be relocated within the landscape scheme as close to current location as possible.</p>
Landscape Design	
Comments regarding the existing flint wall	A facsimile of the pebble wall be created and integrated within the scheme
Comments regarding potential pedestrian and vehicular conflict on Eastern Road	<ul style="list-style-type: none"> ■ the Eastern Road lay-by has been omitted in place of a kerbside lay-by. This will help to reduce conflict between pedestrians and vehicles and allow a more generous public realm; ■ bus stops have been located in the most convenient and safe locations for access to the hospital and for road safety; ■ pedestrian crosswalks have been provided in the most convenient and safe locations for access to the hospital and for road safety.
Comments regarding the form and function of the landscape amenity spaces including the arrival spaces and roof gardens	<ul style="list-style-type: none"> ■ the arrival space in front of the Stage 2 building has been modified to create a more welcoming environment with seating and planting; ■ break out spaces have been provided for cafe and other active uses to introduce vitality into the landscape design and public realm; ■ roof top gardens have been refined to better define spaces for users, including staff and patients; ■ wind and saline resistant species to be used in roof top gardens to provide natural shelter for garden-users; ■ ecologically diverse local species, and improved opportunities for biodiversity included within landscaped areas; ■ trees have been introduced along Bristol Gate to soften façade at street level and improve public realm; ■ extensive consultation carried out with user groups to ensure understanding of the spaces and help define them e.g. Rehabilitation Gardens; ■ entrance area has been expanded to better articulate arrival space and entrance location; ■ internal / external paving has been integrated to make entrance atrium part of the public space.

Consultation Topic	Change Made / Response
Comments regarding the proposed use and maintenance of the Stage 3 Pocket Park	<p>Stage 3 Pocket Park omitted and replaced by extension of Stage 1 building line to the east to create a more active urban edge;</p> <p>Small landscaped area and tree planting retained to soften the edge to the Conservation Area and residential neighbours.</p>
Concerns about highway safety	<ul style="list-style-type: none"> ▪ extensive safety audits completed; ▪ access to underground car park modified to introduce wider visibility splays to make entry and exit from the car park safer; ▪ junction of Bristol Gate / Eastern Road widened to make left and right turn on to Bristol Gate safer; ▪ bus stop and pedestrian crossing realigned; ▪ pedestrians and vehicles segregated along Eastern Road entrance; ▪ foot path along Eastern Road widened.

Consultation Topic	Change Made / Response
Transport	
<p>Comments regarding car parking capacity on site and traffic and sustainable transport mitigation measures</p>	<p>A number of measures have been introduced to respond to concerns about the lack of car parking capacity available on the site, including:</p> <ul style="list-style-type: none"> ▪ the original idea for surface car parking was omitted in favour of underground car parking in response to local residents' concerns; ▪ the number of underground car parking spaces has increased over the course of the pre-application consultation process; ▪ the underground car park has been designated exclusively for use by patients and visitors; <p>In order to mitigate the impact of the development in transport terms a draft Travel Plan is submitted as part of the planning application, which includes the following measures:</p> <ul style="list-style-type: none"> ▪ provision of new bus stops on Eastern Road and inclusion of Real Time Passenger Information; ▪ improvements in frequency of 40X bus; ▪ personal journey planning information sent out with appointments; ▪ improvements to cycle parking facilities along Eastern Road between the hospital and Marine Parade; ▪ enhancement to the pedestrian environment along Eastern Road; ▪ increase in cycle parking capacity; ▪ encourage staff to travel by public transport.
<p>Comments about overspill parking in the local area and traffic flows along Eastern Road</p>	<p>Potential to increase the number of resident only spaces in local Controlled Parking Zones (CPZ).</p>

Consultation Topic	Change Made / Response
Amenity	
Overlooking issues with adjoining properties	Tree screening provided on Stage 2 roof garden to prevent overlooking to Courtney King House
Construction Impacts	
Comments about the impact of construction traffic	<p>A Construction Environmental Management Plan (CEMP) will be agreed as part of the planning application to ensure that construction impacts are minimised. In order to manage and minimise the construction impact, the following measures are proposed:</p> <ul style="list-style-type: none"> ▪ the HLG will continue to run throughout the construction process, providing local residents with a direct line of communication to the hospital so they can report any construction problems; ▪ a large proportion of building will be 'pre-fabricated', and constructed off site, minimising construction work and time on-site; ▪ a consolidation centre will be set up to maximise the amount of off-site construction thereby minimising on-site construction impacts; ▪ the consolidation centre will be located along arterial A-routes to minimise impact on local roads; ▪ temporary off-site car parking will be provided for construction workers to avoid them parking in the local area; ▪ vehicle movements to and from the site will be carefully managed to avoid queuing on to the site; ▪ the contractor will be part of the "Considerate Contractor's Scheme" which is a recognised code of conduct to encourage Contractors to go beyond statutory requirements in respect of minimising construction impacts like noise, dust, construction waste and traffic.
Comments about noise, vibration and dust resulting from the construction process	<ul style="list-style-type: none"> ▪ the off-site pre-fabrication process will be used to reduce noise, vibration and dust on the site; ▪ wheel washing will be used for vehicles accessing the site;

STAGE 3

5.43 The final stage of consultation is due to be held in October 2011 after the application has been submitted. This event will provide an opportunity to update the local community on the final design.

5.44 The final exhibition will also include an appraisal of comments received and how they have been addressed and influenced the design.

5.45 Importantly, the exhibition will also provide information as to how people can comment through the formal planning application process. A comments book will also be made available at the final consultation event for people to provide their views to the design team.

STAGE 4

5.46 After the submission of the planning application it is BSUH's intention to continue to consult and engage with local residents throughout the construction process.

5.47 This is a direct response to the lessons learnt through the RACH development, and the also the nearby American Express redevelopment. The post-consent consultation process will be used to ensure that any construction issues are addressed as early as possible.

5.48 There will also be a programme of information sharing via BSUH's website to ensure the wider community is kept up to date with how the construction process as it evolves.

5.49 The HLG will continue to operate as a forum for discussing construction and operation issues. In addition, BSUH has committed to appointing a full time member of staff during the construction period who will be available to answer queries and respond to construction issues that local residents may have.

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Modernising the Royal Sussex County Hospital

An exhibition of the latest plans and designs for the hospital

Saturday 6th November
10am - 5pm
Jubilee Library Brighton

All Welcome



event publicity



PALACE THEATRE

PALACE THEATRE

FREE ADMISSION / FREE DECK CHAIRS

COME ON DOWN
TO THE SHOPS BELOW
FRIGHTON ROCK ICE CREAM
KILNISH CANDY FLOSS

BEACH CAFE
Smoothie
£5

HOSPITAL USER GROUP
CONSULTATION



Hospital User Group Consultation

INTERNAL SPACE PLANNING

6.1 As part of the redevelopment process there has been an extensive amount of consultation between BSUH and hospital users to ensure the optimal and most efficient layout of clinical and non-clinical uses within the building. This has been joined up with the wider design team to ensure that the internal and external environment relate well to one another.

6.2 The clinical consultation stream of the consultation process took the form of interactive design sessions, attended by BDP health care architects and BSUH design managers, with a discussion around the proposed floor plans.

6.3 This process commenced with an initial space planning of department adjacencies and gross floor areas, at a 1:500 scale. This was followed by 1:200 departmental and room layouts, followed by 1:50 room layouts and design. These consultations followed a similar format, whereby draft plans are drawn up in accordance with the initial brief. These plans are presented to the by the architects to the clinical team leads, known as Change Managers. The Change Managers then present the plans to the clinical teams, and selected staff / patient representatives

as appropriate. The Change Managers then take these comments back to the architects, and agree amendments.

6.4 The design process was broken down into three design teams, colour-coded: red, blue and yellow.

- the blue team is responsible for acute care for the Stage 1 building and has involved consultation on the following areas: trauma, theatres, critical care, neurosciences, fracture and imaging;
- the yellow team is responsible for consulting on all other clinical areas including: wards, outpatient departments, radiotherapy and non-invasive cardiology.
- the red team is responsible for consulting on non-clinical areas in the Stage 1 and Stage 2 buildings which includes areas such as facilities management (FM), office space, Trust HQ and Medical School.

6.5 Where necessary BSUH Change Managers have also consulted with patient groups who have provided feedback on the designs. The internal space planning process can be summarised:

- review of 1:500 plans - this process involved a strategic level review of departmental adjacencies, including how the proposed clinical uses would link with one another and also the existing clinical uses on the northern half of the site.
- review of 1:200 plans - once the departmental layouts had been agreed, the next stage in the process was to agree the room adjacencies.
- review of 1:50 plans - the final stage of the internal consultation process is to agree the layout of equipment within the rooms.

6.6 Each of the internal space planning consultations have involved a series of design reviews and iterations to the design. These discussions have been a key informant of the internal hospital environment but have also influenced the external environment. Appendix A.14 provides a sample of a marked-up plan to show how they have informed the design.

PATIENT PUBLIC DESIGN PANEL

6.7 The Patient Public Design Panel (PPDP) was established in January 2008 to provide a direct line of communication between patients and BSUH primarily to influence the internal design of the new hospital buildings¹.

6.8 The 1 ½ hourly meetings consist of a group of 20 members who meet on a monthly basis. The primary aims of the PPDP is to provide feedback and advice on:

- single patient rooms and en suite bathrooms / toilets;
- stand alone toilets / baby change;
- patient waiting areas and reception;
- outpatient / consulting / examination rooms; and
- pass through changing rooms.

6.9 A number of issues raised during public consultation have been reiterated through the PPDP including concerns about the scale of the building, the challenging programme, logistical issues during construction and the potential for the project to cause congestion.

¹ A full record of minutes from previous meetings is available at www.bsuh.nhs.uk

6.10 The group has discussed a number of issues including:

- the problems with signage and way-finding within the existing building which means the building is not legible and can be difficult to navigate;
- the lack of privacy in wards and the need for some single rooms;
- the need for toilets to contain fixtures and fittings for different patients;
- the need to improve reception areas in terms of the information on offer and provide a welcome space for people arriving at the hospital;
- the need to ensure that infection can be controlled and rooms easily cleaned and maintained with good access to hand sanitisers;
- measures to ensure high quality waiting rooms;
- disability awareness in 3Ts including the need to be DDA compliant including features such as rest-stops in corridors, easily accessible lifts, amply sized changing rooms; and
- discussions on the most appropriate forms of public art and how they can be used to enhance the hospital.

6.11 The feedback received as a result of the PPDP has provided a useful overview of the experience of regular hospital users as well as a steer to the design process. The information provided by the PPDP will be a key informant of BSUH's internal planning of the hospital.

STAFF DESIGN PANEL

6.12 The Interior Design Strategy in response to the 3Ts Design Philosophy, sets out the vision and values of BSUH and the aspirations for the 3Ts proposal.

6.13 To feed into this decision-making process, the Staff Design Panel and other consultees (e.g. technical advisors, Patient & Public Design Panel) are shown the design proposals in advance of the review workshops.

6.14 After the workshop, the architects produce a "Design Intent Solution" for that component of the overall Interior Design Strategy, which will be shared with the Staff Design Panel and other consultees.

6.15 The Design Intent documents do not specify the actual fixtures and fittings, materials or colours to be used when the building is being fitted out, but agree the specification and cost envelope for these items to guide subsequent procurement during the construction phase.

6.16 The key aims of the Staff Design Panel are as follows:

- to review the design proposals for key components of the Interior Design Strategy, discussing whether they meet the aspirations outlined in the 3Ts Design Philosophy;
 - to provide a staff perspective on the proposals based on their clinical or non-clinical professional experience of working in the hospital environment;
 - to provide advice on how the budget should be prioritised as part of the value management process to create an interior design which meets the 3Ts Design Philosophy;
 - panel representatives at Review Workshops are to reflect the view of the Panel in relation to the 3Ts Design Philosophy. Members of the Panel will be responsible for consulting their colleagues about the proposals to maximise breadth of staff input into the interior design process.
 - the Staff Design Panel will not discuss 1:200 or 1:50 layouts or design issues, as these are considered via separate design processes.
- the Panel is not a decision-making body but a consultative forum to feed into the Review Workshops and inform the refinement of the Design Intent solutions within the Interior Design Strategy.



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BEACH CAFE
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COME ON DOWN
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