

3Ts Hospital Redevelopment Programme

Full Business Case

Strategic Case: Consultation & Engagement



February 2016, v2

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Introduction

1. The 3Ts redevelopment has a range of stakeholders/interested parties, including:
 - patient and carers, and their representatives;
 - staff, Trust Council and Staffside/Trade Union representatives;
 - local residents (in particular those immediately adjacent to the site, or living near potential construction traffic access routes);
 - members of the public, community groups and public representatives (Local Councillors, MPs);
 - local and national special interest groups (eg. architecture, design, heritage); and
 - other health and social care partner organisations, including Brighton & Hove City Council, Clinical Commissioning Groups and NHS England, academic and research partners, Care Quality Commission and other regulators.
2. Stakeholder engagement has been a high priority for the programme since its inception in 2008. The philosophy of shared decision-making is now enshrined in the NHS Constitution's commitment to involving patients in *'the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.'* It also reflects the aspiration set out in *Liberating the NHS*¹ that shared decision-making become the norm: 'no decision about me without me'.
3. This section summarises the impact of the redevelopment on stakeholders, including the reconfiguration 'four tests', issues raised through patient and public engagement, impact on neighbouring healthcare providers and the Due Regard (Equality) Impact Assessment. It covers:
 - the programme of engagement with stakeholder to Outline Business Case (OBC) stage;
 - work undertaken since OBC approval as part of the ongoing programme of communication and engagement; and
 - plans for communication and engagement during the decant, demolition, construction and commissioning stages – as part of the overall Management Control Plan (MCP).

'Four Tests'

4. The 'four key tests' for reconfiguration were originally set out by the Department of Health in 2010². They have been updated through the Health & Social Care Act³ and Mandate⁴ and are reflected in *Planning and Delivering Service Changes for Patients*⁵ and recent guidance⁶ to Local Authorities on their scrutiny role. The four tests are:
 - support for proposals from clinical commissioners;
 - clear clinical evidence base;
 - consistency with current and prospective need for patient choice; and
 - strong public and patient engagement.
5. It is important to note that only one of the 3Ts investment objectives potentially constitutes service reconfiguration: the transfer of the Regional Centre for Neurosciences from the Trust's Haywards Heath site to the Royal Sussex County Hospital. However the Trust has used the 'four tests' as a benchmark to assess all five investment objectives.

¹ Department of Health (2010) *Equity & Excellence: Liberating the NHS*

² Department of Health (2010) Letter on Service Reconfiguration (Gateway ref. 14543)

³ NHS England (2013) The Functions of Clinical Commissioning Groups

⁴ Department of Health (2013) *The Mandate: a Mandate from the Government to NHS England – April 2014 to March 2015*

⁵ NHS England (2013) *Planning and Delivering Service Changes for Patients: a good practice guide for commissioners on the development of proposals for major service changes and reconfigurations*

⁶ Department of Health (2014) *Local Authority Health Scrutiny: Guidance to support Local Authorities and their Partners to Deliver Effective Health Scrutiny*

6. Evidence for an assessment against the ‘four tests’ is set out in the Full Business Case as follows:
- i) **Commissioner Support**
 - Continuing alignment with national and local commissioning priorities is summarised in the Strategic Case.
 - Letters of support from NHSE, CCG commissioners and Brighton & Hove City Council are appended (Strategic Case).
 - ii) **Clinical Evidence**
 - The clinical case is summarised in the Case for Change.
 - The underpinning research is detailed in the Benefits Realisation plan. This also shows the alignment of the intended outcomes/benefits of the investment with the NHS and Public Health Outcomes Frameworks.
 - iii) **Patient Choice**
 - The investment will maintain and extend patient choice (this is set out in more detail in the Case for Change).
 - iv) **Patient & Public Engagement**
 - General communications and engagement with stakeholders (including local residents, patients/patient groups and members of the public) is summarised below.
 - Formal public consultation on the application to Brighton & Hove City Council for Full Planning Consent in 2011 is described in the Commercial Case (Legal & Commercial Issues).
 - Consultation undertaken on the transfer of the Regional Centre for Neurosciences to the Royal Sussex County Hospital is set out in the Case for Change. Consultation on the interim Site Reconfiguration programme is set out in the Strategic Case.

Communication & Engagement Programme

Introduction

7. Communication and engagement with a wide range of stakeholders has been a continuous programme of work from initial Strategic Outline Case/scoping stage to concept and design development at OBC stage and detailed design and planning at Full Business Case (FBC) stage. The programme aligns with Trust-wide Values & Behaviours framework and *Communication Strategy* (appended). Although it has evolved as the programme has progressed, it has three core principles:
- inclusivity – running a broad engagement programme but with events targeted at specific interest groups and groups traditionally identified as ‘hard to reach’;
 - accessibility – providing stakeholders with a choice of how they engage with the programme; and
 - sensitivity – bringing the opinions and perspectives of stakeholders into the redevelopment process by listening and giving serious consideration to ideas and issues.
8. The programme has also benefitted from continuity of staff in the 3Ts Programme Office, who have become the ‘recognised faces’ of the redevelopment; investment in a dedicated 3Ts Communication & Engagement Manager and Programme Office team, who are themselves predominantly local residents or live within the Trust’s catchment; and a shared commitment to meaningful engagement.



The redevelopment is supported by the Brighton & Hove Argus ‘Give Us Our Hospital’ campaign

Reach

9. To date the programme has reached a significant number of stakeholders through a range of media/approaches:

Activity	Programme Statistics
Face-face events	<ul style="list-style-type: none"> • 131 face-to-face events. • 26 events arranged as part of the formal application process for planning consent.
Meeting people	<ul style="list-style-type: none"> • More than 7,000 direct, face-to-face interactions with members of the public and other stakeholders at engagement events. • 1,627 people/recorded contacts as part of planning application.
Media	<ul style="list-style-type: none"> • More than 75 articles, adverts and broadcast pieces in local and regional media. • Supported by the Brighton & Hove Argus ‘Give Us Our Hospital’ campaign. • 3Ts Facebook page has 297 followers and an estimated extended reach in excess of 10,000. • 140,368 hits across the suite of 3Ts webpages. • Announcements via the general Trust Twitter feed. • Commissioned a short public information video, which is available on the 3Ts website, Youtube⁷ and is played at public events.

⁷ <http://www.youtube.com/watch?v=e991zeqp1N0>

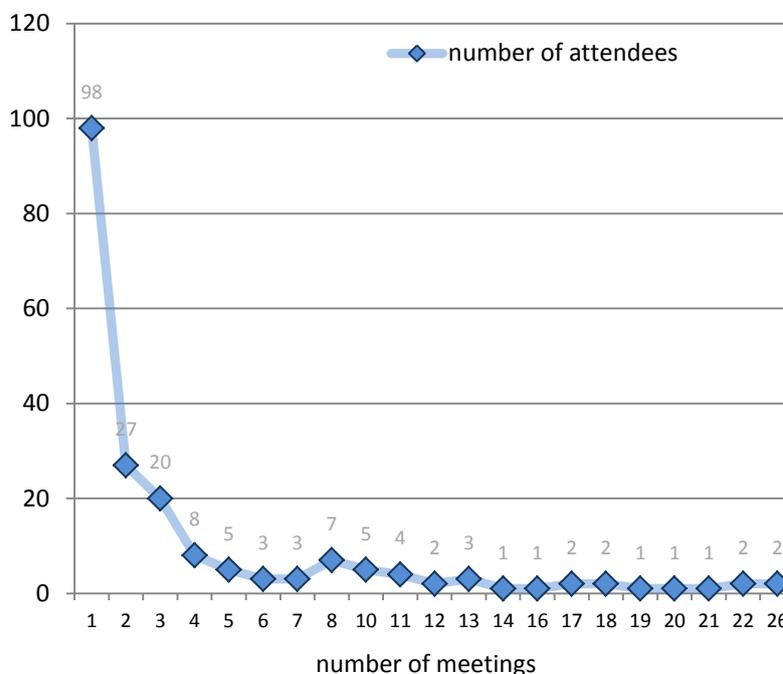
Activity	Programme Statistics
Suggestions & Comments	<ul style="list-style-type: none"> • Logged 705 formal requests, queries and suggestions, including through freepost replies handed out at public exhibitions. • Informal requests and queries are not recorded, but given the size of the face to face engagement programme is confidently estimated at 6,000+.
Community engagement	<ul style="list-style-type: none"> • Made direct contact with the 1,416 individuals, groups and businesses who have registered an interest in the redevelopment and asked to be kept in touch with progress. • Includes 280 members of the Hospital Liaison Group and 319 groups or organisations, including members of Black & Minority Ethnic (BME); Lesbian, Gay, Bisexual and Transgender (LGBT) and other disadvantaged and traditionally 'harder to reach' communities. • Mail-dropped over 84,000 hardcopy flyers/leaflets to 6,000 local residences (14 rounds of communication) within the immediate vicinity of the hospital. • Made contact with faith groups, across a spectrum of beliefs; heritage groups; business leaders and local business owners; environmental groups; and transport organisations. • In addition, as part of the application for Full Planning Consent, nearly 80 statutory and national bodies were formally consulted.
Patient groups	<ul style="list-style-type: none"> • Worked with specialist patient/user groups that have a particular association with the 3Ts redevelopment, including Neurosciences, Cancer Care, Elderly Care, Stroke, Respiratory Medicine and Critical Care.

Hospital Liaison Group

10. The Hospital Liaison Group (HLG) was re-established in October 2009 in discussion with the three East Brighton Local Councillors. The aim is to provide a forum for Trust management and local residents to work collaboratively to maximise the benefits and minimise the disruption/disbenefits associated with the 3Ts redevelopment. Meetings are chaired by one of the East Brighton Councillors, and the Vice-Chair is a local resident (elected by members, independent of the Trust). Their continuing involvement and advice is gratefully acknowledged.
11. The group's Terms of Reference (appended) were refreshed following the award of Full Planning Consent in 2011. Its aims are to:
 - keep local residents informed about the rationale for and clinical benefits of the redevelopment;
 - provide local residents with up-to-date information about the approvals process and timescales for each stage of the development (enabling works, decant, demolition, construction and commissioning/service transfers);
 - provide a forum to discuss 'considerate constructor' and other issues arising from the Section 106 Agreement, Planning Conditions and Construction Environmental Management Plan (CEMP), eg. ongoing monitoring of noise, dust, vibration, traffic management etc. during the demolition/construction phases; and
 - provide a forum for local residents to raise other issues of concern relating to the redevelopment.
12. Since 2009 the group has met 26 times and had 779 local residents attend at least one meeting. All local residents (loosely defined as those living within a 0.25 mile radius of the site) are invited to join the group and attend meetings. Invitations are made via local media, through direct maildrops and directly to all past and present attendees (via email or hardcopy mail). Brighton & Hove Local Councillors and local MPs are also invited to attend.
13. Attendance was higher in the first two years of the programme and currently averages 15-20 residents at each meeting. The majority of attendees come for one or two meetings, with a small, consistent core of residents who attend the majority of meetings. This pattern is considered to represent a successful forum: the majority of people attend to gain an understanding of the scheme, have their particular

questions answered within one or two meetings, and thereafter feel able to attend on an ad hoc basis, contact the Programme Office directly and receive regular hardcopy or electronic updates. It is anticipated that attendance will rise again during the next phase of the development as site enabling works begin.

Hospital Liaison Group: Frequency of Attendance



14. Separate forums and processes exist for members of the public to contribute to the detailed internal planning, Interior Design and choice of artwork for the redevelopment. These are therefore outside the scope of the HLG.

Patient & Public Design Panel

15. The Patient & Public Design Panel was established in January 2010 to provide input to the design process from patient and public representatives with a particular interest in design, and to offer a sounding board for ideas/proposals from the 3Ts Programme Office and Supply Chain. The Panel has 39 members, actively recruited to bring a range of experiences and perspectives to bear, including:

- general and specialised hospital services (including elderly care, general medicine, cancer services and neurosciences);
- visual impairment;
- dual sensory loss;
- physical impairment (including wheelchair use);
- learning disabilities;
- caring for chronically ill patients;
- construction and design; and
- other patient experience forums.

16. The Panel has met 29 times and discussed and provided advice to the Programme Office on a range of issues, including:

- disability access;
- patient transport;
- patient/carer and visitor information requirements;

- single patient rooms;
- inpatient bathrooms/toilets and ‘stand alone’ toilets/baby change;
- patient waiting areas and reception;
- Outpatient Consult/Examination rooms; and
- ‘pass through’ changing rooms, eg. in the Imaging Department.

17. The Panel has made a significant contribution to the design development and enshrining principles of patient-centred care in the design solution. Members’ time and input is gratefully acknowledged. The Terms of Reference and a letter of support from the Panel are appended.

Commitment to Change

18. In 2008 the Trust and Black & Minority Ethnic (BME) Network jointly launched the *Commitment to Change* programme to address racial discrimination and promote racial equality across the Trust. This included the establishment of an internal ‘Race Equality Commission’ to provide practical advice and support to individual department in developing implementation plans.
19. The 3Ts team has actively participated in this programme, and its own Action Plan is reflected in the 3Ts Procurement Strategy and approach to leveraging Social Value through the redevelopment.

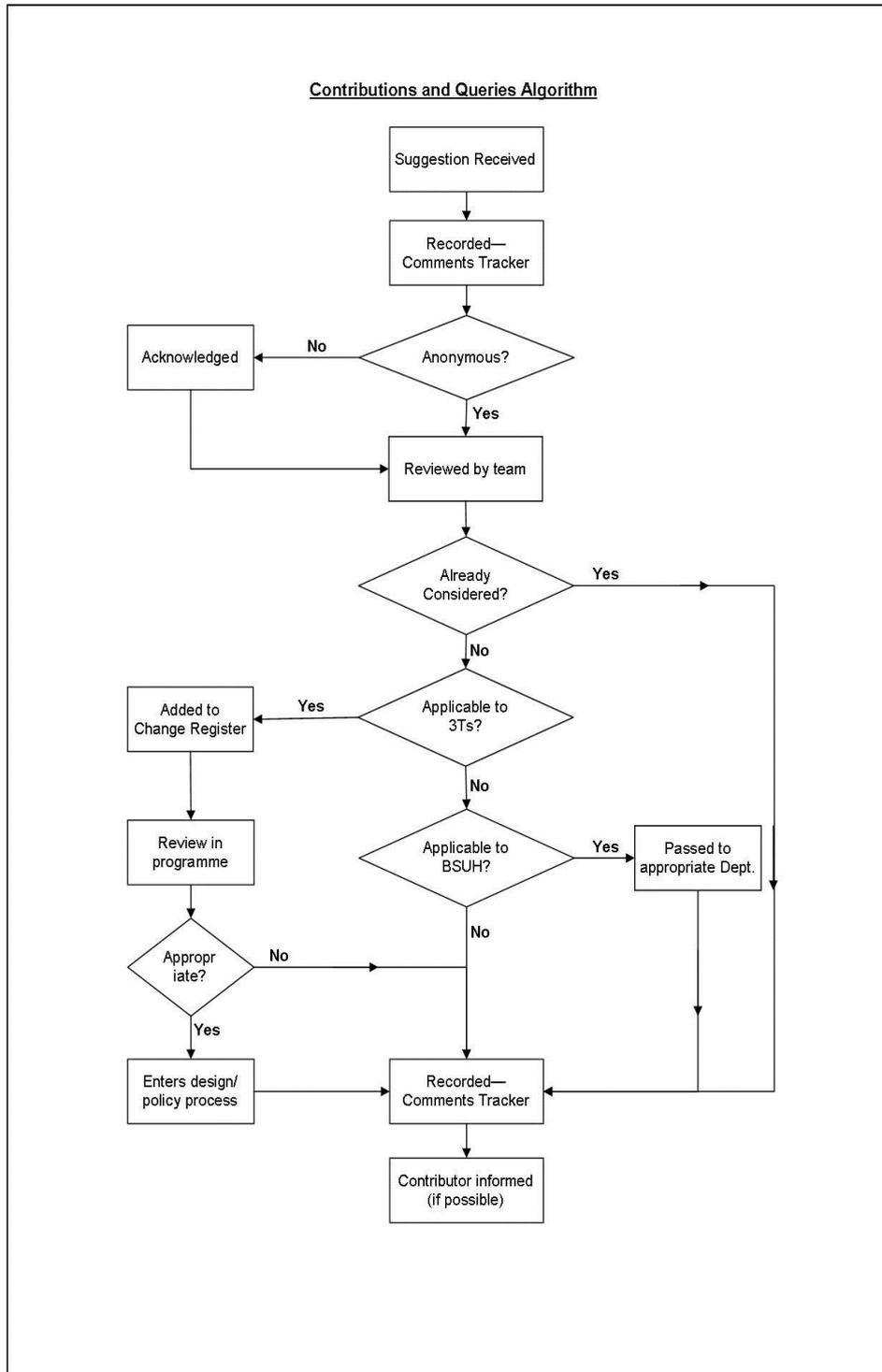
‘Harder to Reach’ Communities

20. The 3Ts engagement programme has been developed in partnership with the Trust Head of Equality, Diversity & Human Rights and has drawn on the experience of Brighton & Hove City Council’s engagement team to ensure that ‘harder to reach’/socially disadvantaged communities (including holders of protected characteristics) are involved. This approach also reflects the principles of the *Refreshed Equality Delivery System for the NHS*⁸ and the Trust’s statutory obligations under the public sector Equality Duty.
21. The targeted engagement programme has involved outreach events with community groups, liaison with individual ‘representative patients’ and patient representatives, and ensuring that communications materials/events are themselves accessible. A letter of endorsement from the Trust Head of Equality, Diversity & Human Rights is appended.

Principal Issues

22. The 3Ts Programme Office has operated a protocol to ensure a transparent, consistent and thorough approach to reviewing feedback – set out in the flowchart below.

⁸ NHS England (2013) *A Refreshed Equality Delivery System for the NHS: EDS2 – Making Sure that Everyone Counts*



Stakeholder Issues

- 23. Comments and suggestions from patients, members of the public, community/interest groups and staff members are logged and regularly reviewed to ensure that they are considered at the appropriate stage of the design process. Where it has not been possible to incorporate a suggestion, the Programme Office has aimed to provide a transparent explanation – these generally relate to feasibility and benefit/cost. The table below provides some examples of how stakeholder input has affected the planning and design of the redevelopment.

- 24. Of the 705 suggestions received and logged to date, 61 relate to the ongoing 1:50 design process or operational matters. These are considered ‘live’ and will be addressed in the next stage of design

development. A significant number of design decisions have already been directly informed by members of the public or staff, including:

- selecting the form of changing rooms to be used for treatment and exam/consultation areas;
- the design of single inpatient rooms;
- suggesting multiple-level reception desks to improve access for people in wheelchairs;
- acoustic baffling in large public spaces to assist those with hearing impairment;
- shelves in toilets to aid patients with colostomy bags; and
- developing the mobility scooter policy for the redevelopment.

Category	Concern / Query	Action
Local Residents		
Design	Residents of Upper Abbey Road and Whitehawk Hill Road were concerned about being overlooked.	<ul style="list-style-type: none"> Balconies on the west facing side of Stage 2 were removed. Limit of accessible roof garden on Stage 2 inset from the edge of the roof to prevent direct views down into houses to the west. Planting designed to prevent users of the garden overlooking neighbouring properties.
	Massing of Stage 1 building	<ul style="list-style-type: none"> 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.
	Massing of the Stage 2 building.	<ul style="list-style-type: none"> An undertaking was given to local residents that the Stage 2 building would not exceed the height of the highest point of the Barry Building. A planting scheme along the western side of Stage 2 will be undertaken to soften the visual impact of the building.
Construction	Traffic and Congestion During Construction	<ul style="list-style-type: none"> Commissioned site access and full traffic survey from WSP. Original Access Assessment shared with local residents. Full Traffic Assessment shared with local residents. Out-of-town Consolidation Centre will control the flow of construction vehicles to the site.
	Excessive on street parking	<ul style="list-style-type: none"> The proposed model of an out-of-town Consolidation Centre would act as a park & ride facility for construction staff to minimise extra parking on roads around the site.
Operation	Disturbance from the air ambulance	<ul style="list-style-type: none"> Operation of the air ambulance was included in the Environmental Impact Assessment for the redevelopment. The findings were presented to local residents on 22nd August 2011 and indicated that the noise levels 'would represent a minor negative to negligible effect for the majority of receptors.'
	Effect on traffic and road safety when the redevelopment is completed	<ul style="list-style-type: none"> Access to underground car park modified to introduce wider visibility displays 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 stops and pedestrian crossing realigned. A second pedestrian crossing will be added. Pedestrians and vehicles segregated along Eastern Road entrance. Foot path along Eastern Road widened.
Public (including hard to reach groups)		
Scope	Location of the redevelopment (possibility of out of town development)	<ul style="list-style-type: none"> Investment history of previous site developments explained, making the current site the only feasible option.

Category	Concern / Query	Action
Operational	Car parking and access from car parks to hospital as disabled bays will be lost at the front of the hospital	<ul style="list-style-type: none"> Originally conceived as a multi-storey car park on the east side of the project, additional parking was placed underground in part to facilitate direct access to the reception areas of the new buildings. With the reception area of Stage 1 acting as the initial way finding hub this addressed concerns about movement through the hospital. Disabled bays will be located closest to the lifts to ensure easy access for people with disabilities. Following enquiries at the Patient & Public Design Panel measures were taken to ensure that the entrances to the underground car park would be high enough to accommodate adapted motorability vehicles.
Design	Members of the public and specialist groups wishing to get more closely involved with the design of the hospital.	<ul style="list-style-type: none"> The Public & Patient Design Panel was set up in 2009 to allow individuals with a more in-depth interest in the design to have a voice in the process. The group includes current and former patients, a dual sensory loss expert, individuals requiring the assistance of mobility aids including a wheel chair, a representative of Blind Veterans UK, an individual with learning disabilities and their carer, a former professional from the building industry and a landscape gardener.
Patient Groups		
Design	Way-finding and accessibility around new buildings and across site	<ul style="list-style-type: none"> The way-finding strategy for the redevelopment will consider pathways through the entire site from arrival points to destination. Advice on the needs of people with sensory impairment, restricted mobility, learning disabilities, dementia and those who do not have English as a first language are informing the way-finding strategy and accessibility decisions. A workshop was run with the Federation for Disabled People to discuss access issues. Disabled toilets on each floor have been altered to PAMIS rooms following feedback from the federation for disabled people. Workshops on flagship rooms (eg. pass through changing rooms) and accessibility have been held as part of the design process. Adult change facility incorporated into ground floor toilets for carers who need to change someone with complex physical disabilities.
	Suitability for the care of older people	<ul style="list-style-type: none"> Same handed single room design to avoid confusion if a patient has to move rooms. Continuous hand rails from the bed to the en-suite bathroom in single rooms. Dementia appropriate colour schemes and lighting approaches as part of the interior design policy. Dedicated dementia ward integral to the design.
	Concern about access to exterior space for neuroscience patients in the redevelopment	<ul style="list-style-type: none"> Rooftop rehabilitation garden located adjacent to neurology / stroke departments.
	Concerns about isolation of patients in single rooms.	<ul style="list-style-type: none"> Combination of single en-suite rooms and four bedded bays available. Each ward has a day room where patients can socialise and take meals if desired. These are

Category	Concern / Query	Action
		separate from the rooms available on wards for discussions with relatives or to act as a quiet area for visitors or others requiring privacy.
Heritage Groups		
Design	Loss of the Barry Building and the Façade	<ul style="list-style-type: none"> Workshop organised to review the options and discuss the challenges of keeping the building or the façade
	Loss of canopy and front view of the original Barry Building up Paston Place.	<ul style="list-style-type: none"> The convex 'bow' on the front of the Stage 2 Building was designed to be sympathetic with the architectural themes of the buildings south of the hospital site where Paston Place runs. The bow is set off centre in the building so as to be clearly visible from the sea up Paston Place.
	Concerns about the redevelopment being 'in keeping' with the local built environment.	<ul style="list-style-type: none"> Materials refined to ensure they reflect local character prevalent in Kemp Town and Brighton & Hove (white/clotted cream concrete, coloured elements from RSCH). Use of stainless steel omitted as a potential material choice.
Design / Operation	How the interior of the Chapel will be preserved and used	<ul style="list-style-type: none"> Agreement was reached with the heritage organisations and Brighton & Hove City Council that keeping the Chapel in situ would require an unreasonable loss of utility in the Stage 2 building. The predominantly Christian décor made it unsuitable for use as a multi-faith centre in a new hospital building. The interior of the Chapel will be recreated on the ground floor of Stage 1, to be used as meeting/teaching, exhibition and performance area (community space).
Local Business / Economy		
	Employing local people / benefit to local economy	<ul style="list-style-type: none"> The retail space in the reception area will be designed to accommodate smaller, independent retailers as well as larger outlets. The supply chain lead will look to employ staff and sub-contractors from within the local area where practicable. The locality of artists is considered in the selection process for commissions within the strategy for arts, although quality is the over-riding consideration. Two out of the five main commissions have gone to local artists.
Social Care Fund / Better Care Fund / Public Health		
Design / Operation	How can the promotion of public health be integrated into the design?	<ul style="list-style-type: none"> The use of 'design with intent' principles will nudge building users towards healthier choices, such as taking the stairs rather than the lifts. The procurement strategy for the public areas will promote healthy options, eg. food and retail outlets. Design Council principles adopted to minimise stress/anxiety and violence in waiting spaces.
Local / Regional Health Economy Partners		
Operation	Initial concern from primary care practitioners that too much focus was	<ul style="list-style-type: none"> Engagement programme for primary care including pieces in the GP newsletter to reassure primary care colleagues of the benefits to the local population requiring DGH care facilities.

Category	Concern / Query	Action
	placed on tertiary care at the expense of DGH functions.	
	How downside scenarios would be managed within the 3Ts programme (primary care commissioners)	<ul style="list-style-type: none"> Downside scenarios have been modelled and mitigations planned. These were shared with the commissioners, who acknowledged the same in their letter of support dated March 2011.
	Staffing loss from neighbouring acute Trusts	<ul style="list-style-type: none"> The workforce plan identifies the staffing template requirements of the new environments. This allows Forward planning with our academic partners to fill anticipated staff shortages. Preparation of a recruitment programme to run over a longer time scale and a wider geographical area to recruit staff without disadvantaging other service providers. The Trust's internal training programme to develop staff into roles where there is a local or national shortage. Alternative staff mixes to be considered to reflect the available talent pool during the long term recruitment period.
Academic Partners / HEKSS		
Operation	Growing need for PGME within the region (KSS Deanery)	<ul style="list-style-type: none"> Expanded teaching and meeting facilities within the redevelopment. The inclusion of a simulation suite within the project. Improved, larger clinical environments equating to improved teaching environments for undergraduates, postgraduates and staff.
	A marked improvement in student experience within the redevelopment (BSMS, University of Brighton).	
Brighton & Hove City Council		
Design	Impact of design as seen from heritage viewpoints, particularly those of Lewes Crescent and Roedean.	<ul style="list-style-type: none"> The helideck was moved from the top of the Stage 1 building to the top of the Thomas Kemp Tower to minimise its visual impact above the Grade 1 listed terrace. The tallest 'finger' of the Stage 1 building was 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.
	Height of Stage 1 Building	<ul style="list-style-type: none"> The Council's request for a reduction of height in the Stage 1 building was accommodated, in part, by the purchase of St Mary's Hall to act as a permanent administration and management building for the hospital and the wider Trust.
	Environmental sustainability of the project.	<ul style="list-style-type: none"> Measures for sustainability within the project include: <ul style="list-style-type: none"> accessible roof gardens will be planted with wind and saline resistant species to give natural

Category	Concern / Query	Action
		shelter for garden-users and to provide an ecologically diverse environment for local species; - the installation of a combined heat and power unit to supply both the redevelopment and some of the older buildings on the estate in the most energy efficient manner possible; - photovoltaic cells on the roof of the Stage 1 building; and - increased cycle parking distributed around the site as part of the green transport policy.

Equality Act 2010

25. The Equality Act 2010⁹ introduced a single equality duty requiring public authorities to give ‘due regard’ to the need to promote equality of outcome and eliminate discrimination related to a range of personal (‘protected’) characteristics¹⁰. The NHS Constitution also reiterates that the NHS:
- *‘provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status...’*
 - *[and in addition] has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.’¹¹*

Equality Impact/Due Regard Assessment

26. A ‘Due Regard’ Assessment assesses whether an existing or proposed policy/development is likely to have a disproportionate impact on a particular group. These therefore assist public authorities in fully understanding the relevance and effect of policies and in identifying the most proportionate and effective responses.
27. In 2011 the Trust (through the 3Ts Principal Supply Chain Partner) commissioned an external, specialist consultancy to undertake an Equality Impact (now referred to as ‘Due Regard’) Assessment on the 3Ts redevelopment. The brief was to:
- identify any disproportionately negative effects that the redevelopment is likely to have on any equality group(s) and recommend evidence-based actions to mitigate such effects;
 - identify any disproportionately positive effects that could potentially be further enhanced; and
 - assess the extent to which the Trust has met its statutory obligations under the Equality Act 2010 in relation to the proposed 3Ts redevelopment.
28. The scope covered the range of 3Ts programme activities:
- decant, demolition, construction and provision of services once the buildings are brought into use;
 - the Trust’s role as both employer and service-provider; and
 - potential impact on patients and visitors (from the local and regional catchments served by the services in 3Ts) and staff.
29. At the Trust’s request, in addition to the groups (characteristics) protected in legislation, the assessment also considered potential impact on:
- staff with different working patterns (eg. part-time, night time and shift workers), in line with the Trust Equality Impact Assessment Toolkit; and
 - the ‘social inclusion’ groups defined by Brighton & Hove City Council¹²: homeless people; unemployed people; people employed on a part-time, temporary or casual basis; lone parents; people with caring responsibilities; people with mental health needs; people with substance misuse issues; people with HIV; refugees & asylum seekers; ex-offenders and people with unrelated convictions; people experiencing domestic violence.

Methodology & Findings

30. The external consultants analysed data and interviewed 40 Trust and external stakeholders in person (one submitted responses by e-mail). Some stakeholders identified as being members of more than one equality group, and five people had a professional remit that covered all equality groups.

⁹ Equality Act 2010

¹⁰ UK Government (2013) *Equality Act 2010: Guidance*

¹¹ NHS England (2013) *The NHS Constitution: the NHS belongs to us all*

¹² Brighton & Hove City Council, *Equality & Inclusion Policy 2012-2015*

31. The rationale for the redevelopment was outside the scope of the assessment but all issues raised were logged to provide the Trust and partner organisations with broader data to inform planning. The Due Regard recommendations and updated Action Plan are summarised below. (The full report is appended).
32. The assessment found that the engagement undertaken by the Trust was welcomed by many of those who were interviewed. In considering the Trust's statutory obligations, the assessment was that the 3Ts redevelopment will significantly improve the quality and accessibility of services for the various equality groups and that the Trust *'is undertaking proper action as regards the proposals for the 3Ts development in line the Equality Act 2010.'*

Equality Impact Assessment: Recommendations & Action Plan

Recommendation	Action	Status
1. Take forward the EqIA.	1.1 The draft EqIA was mailed to each interviewee for review prior to publication. 1.2 The EqIA was published on the HLG website and will be appended to the 3Ts FBC.	Complete
2. Undertake engagement targeted at equality and social inclusion key groups.	2.1 The 3Ts engagement programme has included exhibitions/roadshows and meetings targeted at equality and social inclusion groups. (These are set out in the Consultation Statement ¹³ submitted to Brighton & Hove City Council in support of the Trust's application for Full Planning Consent). 2.2 Local equality and social inclusion groups are included on the 3Ts contact database so are invited to engagement events.	Ongoing
3. Improve analysis of equality data currently collected.	3.1 Following any staff recruitment, the 3Ts Programme Office requests the equality monitoring data from HR to assess whether applicants with protected characteristics are proportionately shortlisted and appointed. 3.2 It has not been considered appropriate to seek equality monitoring data from local residents, patients and other stakeholders.	Ongoing
4. Monitor the impacts on equality groups of the implementation of the proposed development.	4.1 A plan to monitor the impact of the redevelopment (both Decant and Main Scheme) will be developed as part of the Post-Project Evaluation.	To follow
5. Ensure new buildings are fully accessible to people with disabilities, including those with sensory impairments.	5.1 The scheme architects will ensure that the designs meet statutory regulations for access. 5.2 In addition, the Trust is working with specialist disability access consultants, patient/user groups and patient representatives to ensure that access is incorporated into the design.	Ongoing
6. Ensure adequate and consistent internal and external signage that meets the needs of walkers, wheelchair users and people with sensory impairments.	6.1 This will be addressed in the wayfinding/signage strategy, which will include the whole Royal Sussex County Hospital campus rather than solely the new buildings.	To follow
7. Ensure the design of the new building takes account of the physical requirements of providing accessible and appropriate services.	Please refer to 5. above.	Ongoing
8. Ensure the Interior Design Strategy includes providing positive images of people from	8.1 This will be addressed in the wayfinding/signage and arts strategies.	Ongoing

¹³ http://ww3.brighton-hove.gov.uk/index.cfm?request=c1199915&action=showDetail&application_number=BH2011%2F02886

Recommendation	Action	Status
equality groups.		
9. Undertake a transport study.	9.1 A Transport Assessment was undertaken as part of the application for Full Planning Consent. This included considering provision for disabled users. 9.2 The Trust has a Green Travel Plan, which considers the needs of disabled staff and patient/visitors, and Travel Plan Coordinator. Specific targets for modal shift are included as part of the City Council’s Planning Conditions.	Ongoing
10. Work with [Clinical Commissioning Groups] on action to improve access to primary care.	10.1 It was felt that this recommendation is outside the scope of the 3Ts redevelopment. However the Trust is continuing to work with partner organisations to improve access to primary care services.	Ongoing
11. Ensure physical access is protected during the construction process.	11.1 This has been a key consideration in planning the decant and construction phases of the redevelopment. It will be assessed as part of the Post-Project Evaluation.	To follow
12. Explore opportunities for other groups to be co-located to offer support to patients.	12.1 This recommendation was considered, however it was not considered feasible to provide rented or gratis accommodation to user groups as part of the redevelopment.	Declined
13. Ensure equality and diversity training for staff is regularly refreshed and that agency and temporary staff also received training.	13.1 It was felt that this recommendation is outside the scope of the 3Ts redevelopment. However Equality & Diversity training is planned and uptake monitored Trust-wide.	Ongoing (Trust-wide)

Staff Involvement & Communication

33. Staff engagement has focused on three aspects:
- general communications and engagement to ensure all Trust staff are kept up-to-date and have opportunities to suggest ideas for the redevelopment (eg. incorporating specific quality and safety measures into the design);
 - communication with staff affected by the redevelopment (including those decanting out of buildings in the construction area and those who will be working in the new buildings); and
 - detailed design work with staff groups (including frontline clinical staff) from the services to be included in the redevelopment and those with a direct interest (eg. clinical support services).
34. Updates have been made available to staff through a range of face-to-face and electronic channels:
- the 3Ts website. In addition to information available on the public-facing website (eg. Programme Board and Hospital Liaison Group minutes), the intranet site includes minutes of all 3Ts Core Team (operational) meetings;
 - Trust-wide *All Staff Infomail*;
 - monthly Team Briefings; and
 - face-to-face events on both main hospital sites, and presentations to individual departments.
35. The Programme Office has encouraged staff feedback of ideas and concerns through the website, through line managers, and by email and questionnaires directly. Two questionnaires have been distributed to all Trust staff inviting ideas for the redevelopment to improve patient experience, safety, staff working experience and/or overall design. Examples of the feedback and resulting are listed below.

Suggestion	Action
Include security and relaxation facilities for patients with dementia	<ul style="list-style-type: none"> • Undertook a review of best practice in design for the care of patients with dementia. Will consider the needs of dementia patients as part of the interior design and will re-provide a specialist dementia unit within the redevelopment.
Don't put fluorescent lights in as they give staff headaches	<ul style="list-style-type: none"> • The lighting provision within the redevelopment will be designed to ensure staff and patients are not adversely affected by the artificial lighting.
Fixed seating to reduce trip hazards	<ul style="list-style-type: none"> • Undertook an evidence review. There was no evidence to suggest that fixed seating reduces trips, and fixed seating would significantly reduce the flexibility within the rooms. This suggestion has therefore not been progressed.
More windows for natural light and sea views where possible.	<ul style="list-style-type: none"> • All inpatient rooms in 3Ts will have direct or partially oblique sea views. • The design of Stage 2 uses a large central atrium to bring natural light into rooms at the centre of the building.
Better signs	<ul style="list-style-type: none"> • Wayfinding within the redevelopment and across the entire site will be improved and harmonised as part of the interior design process.
Plan fire evacuation so that patients are moved to similar clinical areas	<ul style="list-style-type: none"> • Adjacencies within the redevelopment will co-locate a number of associated services and departments. Flexibility of design will allow for changes in use of areas over the lifetime of the building, and operational decisions about evacuations are based primarily on fire safety. However the initial layout of the building will make it possible to take this point into consideration when planning fire evacuation routes for some departments.
More car parking for patients, visitors and staff	<ul style="list-style-type: none"> • 3Ts includes 164 additional cycle spaces (exceeding the Local Authority Special Planning Guidance requirement) and 300 additional car parking spaces (plus 105 replacement spaces). • Parking allocation will be rearranged so the car parks in 3Ts will be used exclusively by patients/visitors rather than staff.

Directly Affected Staff & Services

36. Communication and engagement with staff directly affected by the redevelopment has been undertaken through a variety of channels.

Activity	Examples
Face-to-face briefing/meetings and 'walkabouts'	<ul style="list-style-type: none"> • Three rounds of visits to wards and departments in the Barry and Jubilee Buildings to discuss the construction of the Front Car Park clinical decant building. • Two visits to Pathology to discuss the construction of the Courtyard clinical decant building. • Two visits to each of the 29 departments ahead of the move to the St Mary's decant location (in addition to the space planning and logistics meetings held with department leads). • Regular visits to departments in the newly opened St Mary's immediately after teams moved.
Project involvement & governance	<ul style="list-style-type: none"> • Inviting the leads for all departments decanting to St Mary's to a regular project meeting. • Encouraging feedback on the decant and engagement process through the distribution of post-move evaluation questionnaires to staff involved in the decant to St Mary's. • Ensuring each department had a named contact person throughout the decant process so that problems and queries could be addressed efficiently.
E-communication	<ul style="list-style-type: none"> • Dedicated staff intranet pages for each element of the decant project.
Written material	<ul style="list-style-type: none"> • The circulation of a welcome pack for all staff moving to St Mary's.

37. This approach will continue throughout the decant and the main scheme demolition, construction and commissioning programmes, and as part of Post-Project Evaluation.

Staff Engagement in Design Process

38. 29 user groups, each representing a team or specialty included in the 3Ts development and including frontline clinicians, have worked to support the planning and design process. These groups have been supported by the 3Ts Programme Office (Change Consultants) and by the external health planning consultants where required.
39. To support clinical/frontline staff in preparing for their role in the process, the Programme Office developed training packs and provided a series of training workshops. This drew on the experience of the Royal Alexandra Children's Hospital development and other major capital investment projects: few staff had previously been involved in a development of this scale or could readily interpret or visualise 1:500 or 1:200 drawings.
40. The purpose of the workshops was to help staff understand how the discussions they would have with the scheme designers/architects then translated into planning and eventual design, and the process of consultation, engagement and sign-off. Over 70 staff attended, with an information cascade to colleagues.
41. To date, there have been over 90 meetings and more than 200 staff have been involved (details appended). All significant changes to the design of departments involve discussion and formal sign-off with the clinical users using an agreed design protocol (appended). This process is continuing throughout the finalisation of the 1:50 plans. It is estimated that by final sign-off, the redevelopment team will have met with clinical representatives 880 times and spent 400 hours in reviewing and agreeing the clinical design. This therefore represents a significant engagement programme.

Ongoing Communication & Engagement

42. The 3Ts communication/engagement programme will continue to evolve to meet the changing needs of the redevelopment programme as it progresses from planning to construction and commissioning and Post-Project Evaluation, and will need to reflect the needs of both internal and external stakeholders in these stages.
43. The recent Care Quality Commission inspection¹⁴ found that staff are *'excited about the recent announcement of the £420m redevelopment of the Royal Sussex County Hospital site, which was described as a "huge boost".'*
44. The Trust is committed to working with the Hospital Liaison Group throughout design and construction as the programme's principal external engagement forum (subject to local residents' continuing wish for the group to be maintained). Face-to-face engagement will continue on an ad hoc basis with other community groups and stakeholders.

¹⁴ Care Quality Commission (August 2014) *Brighton & Sussex University Hospitals NHS Trust: Quality Report*

Summary

Summary Points	
1.	<p>The redevelopment has a large number and wide variety of stakeholders. These include:</p> <ul style="list-style-type: none"> • patients, carers and their representatives; • Trust clinicians and Trade Unions; • local residents; • members of the public, community groups and public representatives (Local Councillors, MPs etc.); • local and national special interest groups (eg. architecture, heritage, design); and • other health and social care partners, including commissioners (Clinical Commissioning Groups, NHS England).
2.	<p>Stakeholder engagement is a high priority. Over 700 queries, suggestions and ideas have been logged – this provides an audit trail to demonstrate that all suggestions are formally considered, and that many have impacted planning and design. Key statistics on the engagement programme to date:-</p> <ul style="list-style-type: none"> • 131 face-to-face events; • more than 7,000 direct interactions with members of the public; • more than 75 articles, adverts and broadcast pieces in local and regional media; • over 140,000 hits on the 3Ts Facebook page; • in excess of 84,000 hardcopy flyers mail-dropped locally; • more than 1,400 individuals and groups/businesses have asked to be kept up-to-date through regular mailings; • the Hospital Liaison Group has met 26 times since 2009; and • the 3Ts Patient & Public Design Panel met 29 times since 2010.
3.	<p>In addition to the general communications and engagement programme with staff, to date there have been over 90 design meetings, involving more than 200 staff. It is estimated that once the 1:50 designs are completed, the team will have met with clinical representatives 880 times and spent 400 hours in design meetings.</p>
4.	<p>The programme has invested in engaging traditionally under-represented/harder-to-reach communities, including Black & Minority Ethnic (BME) and Lesbian, Gay, Bisexual & Transgender (LBTG) groups. An Equality Impact ('Due Regard') Assessment has also been commissioned from an independent, specialist consultancy.</p>
5.	<p>Only one of the investment objectives (transferring Hurstwood Park to the Brighton campus) potentially constitutes 'service change'; this has been extensively consulted on through a series of reviews since 1996. The Trust believes that all the investment objectives meet the 'four tests' for service change:</p> <ul style="list-style-type: none"> • support for proposals from clinical commissioners; • clear clinical evidence base; • consistency with current and prospective need for patient choice; and • strong public and patient engagement.