





**Brighton & Hove  
City Council**

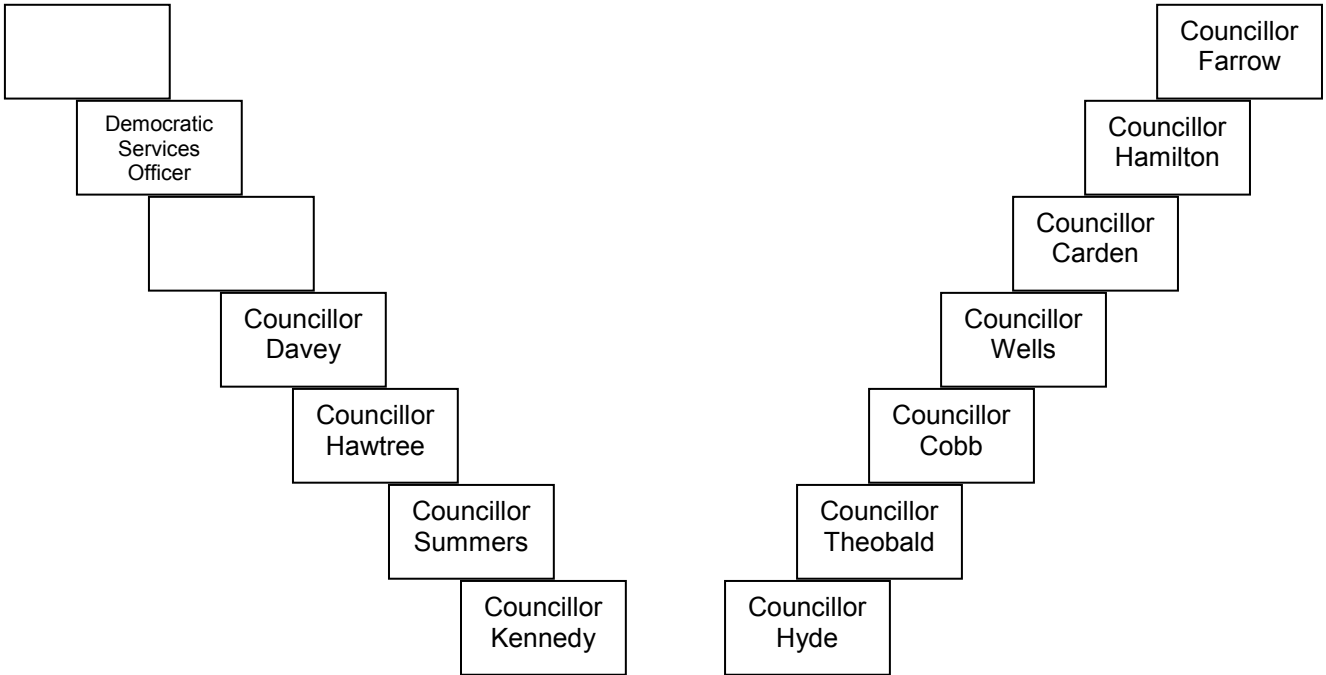
# Planning Committee

Title:	<b>Planning Committee (Special Meeting)</b>
Date:	<b>27 January 2012</b>
Time:	<b>2.00pm</b>
Venue	<b>Council Chamber, Hove Town Hall</b>
Members:	<p><b>Councillors:</b> MacCafferty (Chair), Hyde (Deputy Chair), Carden (Opposition Spokesperson), Cobb, Davey, Farrow, Hamilton, Hawtree, Kennedy, Summers, C Theobald and Wells</p> <p><b>Co-opted Members:</b> Mr Graham Towers (Conservation Advisory Group)</p>
Contact:	<p><b>Ross Keatley</b> Democratic Services Officer 01273 291064 ross.keatley@brighton-hove.gov.uk</p>

	The Town Hall has facilities for wheelchair users, including lifts and toilets
	An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter and infra red hearing aids are available for use during the meeting. If you require any further information or assistance, please contact the receptionist on arrival.
	<p><b>FIRE / EMERGENCY EVACUATION PROCEDURE</b></p> <p>If the fire alarm sounds continuously, or if you are instructed to do so, you must leave the building by the nearest available exit. You will be directed to the nearest exit by council staff. It is vital that you follow their instructions:</p> <ul style="list-style-type: none"> <li>• You should proceed calmly; do not run and do not use the lifts;</li> <li>• Do not stop to collect personal belongings;</li> <li>• Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions; and</li> <li>• Do not re-enter the building until told that it is safe to do so.</li> </ul>

# Democratic Services: Meeting Layout

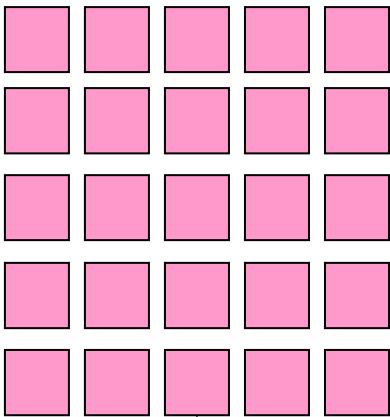
Senior Solicitor      Chairman      Head of Development Control



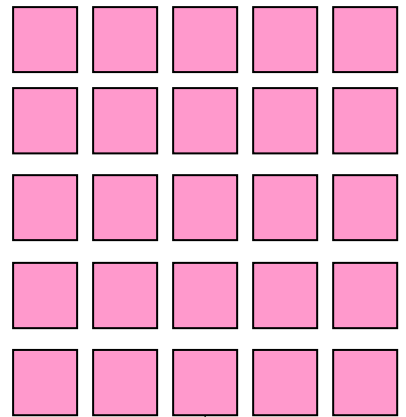
Chairman of CAG

Officers      Officers

Press



Public Seating



Public Seating

## AGENDA

### 124. PROCEDURAL BUSINESS

- (a) Declaration of Substitutes - Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.
- (b) Declarations of Interest or Lobbying - All Members present to declare any personal interests in matters on the agenda, the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct, and to declare any instances of lobbying they have encountered regarding items on the agenda.
- (c) Exclusion of Press and Public - To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

*NOTE: Any item appearing in Part 2 of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.*

*A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls.*

### 125. CHAIR'S COMMUNICATIONS

### 126. TO CONSIDER AND DETERMINE PLANNING APPLICATIONS FOR ROYAL SUSSEX COUNTY HOSPITAL, EASTERN ROAD, BRIGHTON (3TS)

1 - 208

- (A) BH2011/02886 Full Planning;
- (B) BH2011/02887 Listed Building Consent;
- (C) BH2011/02888 Listed Building Consent.

## PLANNING COMMITTEE

The City Council actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public. Provision is also made on the agendas for public questions to committees and details of how questions can be raised can be found on the website and/or on agendas for the meetings.

The closing date for receipt of public questions and deputations for the next meeting is 12 noon on the fifth working day before the meeting.

Agendas and minutes are published on the council's website [www.brighton-hove.gov.uk](http://www.brighton-hove.gov.uk). Agendas are available to view five working days prior to the meeting date.

Meeting papers can be provided, on request, in large print, in Braille, on audio tape or on disc, or translated into any other language as requested.

### WEBCASTING NOTICE

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You should be aware that the Council is a Data Controller under the Data Protection Act 1988. Data collected during this web cast will be retained in accordance with the Council's published policy (Guidance for Employees' on the BHCC website).

Therefore by entering the meeting room and using the seats around the meeting tables you are deemed to be consenting to being filmed and to the possible use of those images and sound recordings for the purpose of web casting and/or Member training. If members of the public do not wish to have their image captured they should sit in the public gallery area.

If you have any queries regarding this, please contact the Head of Democratic Services or the designated Democratic Services Officer listed on the agenda.

For further details and general enquiries about this meeting contact Ross Keatley, (01273 291064), email [ross.keatley@brighton-hove.gov.uk](mailto:ross.keatley@brighton-hove.gov.uk) or email [democratic.services@brighton-hove.gov.uk](mailto:democratic.services@brighton-hove.gov.uk).

Date of Publication - Thursday, 19 January 2012

**BRIGHTON & HOVE CITY COUNCIL  
ENVIRONMENT**

**PLANS LIST  
PLANNING COMMITTEE  
Date: 27<sup>th</sup> January 2012**

**MAJOR APPLICATIONS**

	Application Number	Area	Ward	Address	Proposal	Recommendation	Page
<b>A</b>	BH2011/02886 Full planning	East	East Brighton	Royal Sussex County Hospital, Eastern Road, Brighton	Demolition of existing hospital buildings located to the north of Eastern Road and to the south of the existing children's hospital building and Thomas Kemp Tower. Addition of a helicopter landing pad and associated trauma lift on top of Thomas Kemp Tower. Erection of new hospital buildings incorporating Stage 1: Part 10, 11 and 12 storey building including reinstatement of the interior of the Chapel; Stage 2: 5 storey building; and Stage 3: Service yard with single storey building. Site wide infrastructure including substation, energy centre and flues, 2 floors of underground parking (390 spaces) with new access from Bristol Gate and associated highway works. Cycle parking, external amenity spaces including roof gardens and landscaping on Eastern Road. (Amended Description for change in number of underground car parking spaces. Amended and additional information received relating to the Environment Assessment, Transport Assessment and Helipad Report.	Minded to Grant	<b>5</b>

<b>B</b>	BH2011/02887 Listed building	East	East Brighton	Royal Sussex County Hospital, Eastern Road, Brighton	Amended landscaping and underground car parking layout plans). Demolition of the Bristol Gate Piers.	Grant	<b>191</b>
<b>C</b>	BH2011/02888 Listed building	East	East Brighton	Royal Sussex County Hospital, Eastern Road, Brighton	<b>Demolition</b> of hospital chapel.	Minded to Grant	<b>199</b>

This report is lengthy so pages have been inserted to guide you through the sections.

Members should note that the order of the report is the same order as usual.

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<b><u>No:</u></b>	<b>BH2011/02886</b>	<b><u>Ward:</u></b>	<b>EAST BRIGHTON</b>
<b><u>App Type:</u></b>	<b>Full Planning</b>		
<b><u>Address:</u></b>	<b>Royal Sussex County Hospital, Eastern Road, Brighton</b>		
<b><u>Proposal:</u></b>	<p><b>Demolition of existing hospital buildings located to the north of Eastern Road and to the south of the existing children's hospital building and Thomas Kemp Tower. Addition of a helicopter landing pad and associated trauma lift on top of Thomas Kemp Tower. Erection of new hospital buildings incorporating Stage 1: Part 10, 11 and 12 storey building including reinstatement of the interior of the Chapel; Stage 2: 5 storey building; and Stage 3: Service yard with single storey building. Site wide infrastructure including substation, energy centre and flues, 2 floors of underground parking (390 spaces) with new access from Bristol Gate and associated highway works. Cycle parking, external amenity spaces including roof gardens and landscaping on Eastern Road.</b></p>		
<b><u>Officer:</u></b>	<b>Kathryn Boggiano/Mick Anson, tel: 292138/292354</b>	<b><u>Valid Date:</u></b>	<b>17/10/2011</b>
<b><u>Con Area:</u></b>		<b><u>Expiry Date:</u></b>	<b>06 February 2012</b>
<b><u>Listed Building Grade:</u></b>			
<b><u>Agent:</u></b>	<b>BDP, 16 Brewhouse Yard, Clerkenwell, London,</b>		
<b><u>Applicant:</u></b>	<b>Brighton &amp; Sussex University Hospitals NHS Trust, c/o BDP, 16 Brewhouse Yard, Clerkenwell, London</b>		

**SECTION 1**

**RECOMMENDATION**

## 1 RECOMMENDATION

That the Committee has taken into consideration and agrees with the reasons for the recommendation set out below and the policies and guidance in section 7 of this report and resolves that that it is **MINDED to GRANT** planning permission subject to the completion of a Section 106 planning obligation in accordance with Heads of Terms set out below and the following Conditions and Informatives:

### Section 106 Agreement – Heads of Terms

1. A Construction Phasing Plan to include the following information and timeframes:
  - a) Timeframe for construction of the helipad:
  - b) Timeframes for demolition and construction of Stages 1, 2 and 3
  - c) Timeframes for demolition and reconstruction of Listed Chapel and Bristol Gate Piers
  - d) Information regarding the on-site and off-site car, motorcycle and cycle parking provision during demolition and construction of Stages 1 and 2.
  - e) Timeframes, locations and specifications for; the temporary and permanent relocation of bus stops, pedestrian crossing points, passenger transport service drop off facilities; during the demolition and construction of Stages 1 and 2.
  - f) Timeframes for; the public realm and pedestrian improvements on the north side of Eastern Road (between Upper Abbey Road and Bristol Gate), the south side of Eastern Road (between Abbey Road and Sudeley Place) to include the Eastern Road side road entry treatments at Paston Place, Upper Sudeley Street and Sudeley Place.
  - f) Timeframes for the junction alterations at Bristol Gate/Eastern Road junction, Arundel Road/Eastern Road junction and Freshfield Road/Eastern Road junction.
  - g) On-site access arrangements for construction vehicles during helipad construction and demolition and construction of Stages 1, 2 and 3.
  - h) On-site service arrangements for vehicles during helipad construction and demolition and construction of Stages 1, 2 and 3.
2. A Construction Environmental Management Plan (CEMP) which will include the provision of the following information:
  - (i) The phases of the Proposed Development including the forecasted completion date(s)
  - (ii) A commitment to apply to the Council for prior consent under the Control of Pollution Act 1974 and not to Commence Development until such consent has been obtained
  - (iii) A scheme of how the contractors will liaise with local residents to

ensure that residents are kept aware of site progress and how any complaints will be dealt with reviewed and recorded (including details of any considerate constructor or similar scheme)

- (iv) A scheme of how the contractors will minimise complaints from neighbours regarding issues such as noise and dust management, vibration, site traffic and deliveries to and from the site
- (v) A plan showing construction traffic routes;
- (vi) A Dust and PM<sub>10</sub> Monitoring and Mitigation Scheme
- (vii) An Asbestos Management Plan

On receipt of written confirmation from the Council stating approval of the CEMP the Developer shall use all reasonable endeavours to implement the commitments set out in the CEMP during the construction period.

3. Fourteen days prior written notice of commencement of development.
4. Contribution towards Sustainable Transport of £556,190.
5. Employment of Travel Plan Coordinator for a period of at least 5 years from the first occupation of the Stage 2 Building as a medical facility.
6. Provision of Framework Travel Plan prior to commencement of development (Stage 1), provision of Full Travel Plan within 3 months of occupation of Stage 2. Both Plans subject to bi-annual review.
7. Commitment to enter into a S278/S38 agreement to carry out off site works to the highway, to include the following:
  - a) junction capacity improvements at Bristol Gate/Eastern Road, Freshfield Road/Eastern Road and traffic signalisation at Arundel Road/ Eastern Road;
  - b) non standard lighting on Eastern Road;
  - c) relocation and upgrade of three bus stops on Eastern Road;
  - d) new pedestrian crossing;
  - e) public realm and pedestrian improvements on the north side of Eastern Road (between Upper Abbey Road and Bristol Gate);
  - f) pedestrian and cycle improvement to include signage, Eastern Road side road entry treatments at Paston Place, Upper Sudeley Street and Sudeley Place;
  - g) Conditions Survey for Eastern Road (between Upper Rock Gardens and Arundel Road) together with any necessary reinstatement.
  - h) Public realm and pedestrian improvements on south side pavement of Eastern Road between Abbey Road and Sudeley Place.
8. Agreement to fund the necessary Traffic Regulation Orders (TROs) for the highway works, including restricting use of the Patient Transfer Drop Off Zone to patient transfer services only.
9. Residents/Transport Liaison Group to be set up to include a list of invitees with transport interest. Shall meet 4 times a year throughout the

construction period and for a limited period following full occupation.

10. Employment Strategy to be submitted aimed at employing a minimum 20% of local construction workers from within Brighton & Hove City boundary.
11. Artistic component to be provided in accordance with the Trust's Public Art Strategy at a cost of not less than £421,000 index linked to 2012 costs.
12. Off site consolidation centre to be operational prior to commencement of demolition works on Stage 1.
13. Updated Wind Assessment and Mitigation Scheme.
14. Peregrine falcon relocation measures and exclusion works at Thomas Kemp Tower.

#### Conditions

1. The development hereby permitted shall be commenced before the expiration of three years from the date of this permission.  
Reason: To ensure that the Local Planning Authority retains the right to review unimplemented permissions.
2. The development hereby permitted shall be carried out in accordance with the approved drawings no. BDP-AR-HE-A00-GA-L15-0201 F01 THOMAS KEMP TOWER HELIPAD - LEVEL 15 PLAN +101.800; BDP-AR-HE-A00-GA-L16-0201, F01 THOMAS KEMP TOWER HELIPAD - LEVEL 16 PLAN +106.020; BDP-AR-HE-A00-GA-L18-0201 F01 THOMAS KEMP TOWER HELIPAD - LEVEL 18 PLAN +118.020; BDP-AR-ST3-A00-EL-00-0223 F01 ELEVATION 3A - EAST ELEVATION - BRISTOL GATE / SUDELEY PLACE BDP-AR-ST1-A00-EL-00-0251 F01 STAGE 1 SOUTH ELEVATION - WEST FINGER & MAIN ENTRANCE BAY; BDP-AR-ST2-A00-EL-00-0251 F01 STAGE 2 SOUTH & WEST ELEVATIONS WEST WING AND ROTUNDA BAYS BDP-AR-ST1-A00-EL-00-0252 F01 STAGE 1 SOUTH ELEVATION - EAST FINGER & PLINTH; BDP-AR-ST1-A00-EL-00-0253 F01 STAGE 1 EAST ELEVATION - EAST FINGER & SPINE WALL; BDP-AR-ST1-A00-SE-00-0239 F01 Section Jx-Jx - Stage 1 & Stage 3 Showing Temporary Car Park Access (*drawings required for validation*); BDP-AR-ST2-A00-SE-00-0201 F01 SECTION N-N STAGE 2 TO AUDREY EMERTON BUILDING TO RESTAURANT (NORTH-SOUTH); BDP-AR-ST2-A00-SE-00-0206 F01 SECTION T-T STAGE 2 UPPER ABBEY ROAD TERRACES (EAST-WEST); BDP-AR-ST1-A00-SE-00-0204 F01 Section D-D - Stage 1 & TKT Helipad To Eastern Road Terraces/ West Elevation Of East Finger (*drawings required for validation*); BDP-AR-ST1-A00-SE-00-0202 F01 Section B-B Stage 1 & TKT Helipad To Eastern Road Terraces/West Elevation Of Middle Finger (*drawings required for validation*); BDP-AR-ST1-A00-SE-00-0203 F01 Section C-C

- Stage 1 & TKT Helipad To Eastern Road Terraces/ East Elevation Of Middle Finger (*drawings required for validation*) and BDP-AR-ST1-A00-SE-00-0201 F01 SECTION A-A - STAGE 1 & TKT HELIPAD TO EASTERN ROAD TERRACES (NORTH-SOUTH) **received on 23<sup>rd</sup> September 2011** and ARB-LS-SW-A00-GA-ZZ-0201 F01 TREE CONSTRAINTS PLAN; BDP-AR-HE-A00-EL-00-0201 F01 ELEVATIONS 1D - NORTH ELEVATION THOMAS KEMP TOWER/HELIPAD; BDP-AR-HE-A00-EL-00-0202 F01 ELEVATIONS 2E - SOUTH ELEVATION - THOMAS KEMP TOWER/HELIPAD & ROYAL ALEXANDRA CHILDREN'S HOSPITAL; BDP-AR-HE-A00-EL-00-0221 F01 ELEVATION 1A - NORTH ELEVATION – TKT; BDP-AR-HE-A00-EL-00-0222 F01 ELEVATION 2G - SOUTH ELEVATION - THOMAS KEMP TOWER/ROYAL ALEXANDRA CHILDRENS HOSPITAL; BDP-AR-HE-A00-EL-00-0223 F01 ELEVATION 3D - EAST ELEVATION - THOMAS KEMP TOWER; BDP-AR-SB-A00-EL-00-0202 F01 ELEVATION 2H: SOUTH ELEVATION SUBSTATION; BDP-AR-SB-A00-EL-00-0203 F01 ELEVATION 3E: EAST ELEVATION SUBSTATION; BDP-AR-SB-A00-GA-L05-0201 F01 SUBSTATION LEVEL 5 PLAN +60.300; BDP-AR-SB-A00-SE-00-0201 F01 SECTION Z-Z: SUBSTATION [EAST/WEST]; BDP-AR-ST1-A00-EL-00-0201 F01 ELEV 1B-NORTH ELEVATION - STAGE 1 & STAGE 3 SERVICE ROAD/ROSAZ HOUSE; BDP-AR-ST1-A00-EL-00-0202 F01 ELEV 2D-SOUTH ELEVATION - STAGE 1 & STAGE 3 EASTERN ROAD; BDP-AR-ST1-A00-EL-00-0203 F01 ELEV 3C-EAST SECTIONAL ELEVATION - STAGE 1 & TKT/HELIPAD FROM STAGE 3/SUDELEY PLACE/A&E; BDP-AR-ST1-A00-EL-00-0204 F01 ELEV 4B-WEST SECTIONAL ELEVATION - STAGE 1 & TKT HELIPAD FROM STAGE 2; BDP-AR-ST1-A00-EL-00-0222 F01 ELEVATION 2B - SOUTH ELEVATION - EASTERN ROAD; BDP-AR-ST1-A00-EL-00-0233 F01 Elevation 3Cx - East Sectional Elevation Showing Temporary Car Park Access (*drawings required for validation*) BDP-AR-ST1-A00-EL-00-0241 F01 NORTH ELEVATION TO CHAPEL; BDP-AR-ST1-A00-GA-B01-0201 F02 STAGE 1 & STAGE 3- LEVEL -1 PLAN +37.650 (*drawings revised as a result of design changes*) BDP-AR-ST1-A00-GA-B01-0231 F01 Stage 1 & Stage 3 Level -1 Plan +37.650 (Temporary Car Park Access) (*drawings required for validation*); BDP-AR-ST1-A00-GA-B02-0201 F01 STAGE 1 & STAGE 3- LEVEL -2 PLAN +31.800; BDP-AR-ST1-A00-GA-L01-0201 F01 STAGE 1, STAGE 3 & THOMAS KEMP TOWER LINK LEVEL 1 PLAN +41.500; BDP-AR-ST1-A00-GA-L02-0201 F01 STAGE 1, STAGE 3 & THOMAS KEMP TOWER LEVEL 2 PLAN +45.600; BDP-AR-ST1-A00-GA-L03-0201 F01 STAGE 1, STAGE 3 & THOMAS KEMP TOWER LEVEL 3 PLAN +49.700; BDP-AR-ST1-A00-GA-L04-0201 F01 STAGE 1, STAGE 3 & THOMAS KEMP TOWER LEVEL 4 PLAN +53.900; BDP-AR-ST1-A00-GA-L05-0201 F01 STAGE 1 & THOMAS KEMP TOWER LEVEL 5 PLAN (INCL. LINK TO TKT) +58.100; BDP-AR-ST1-A00-GA-L06-0201 F01 STAGE 1 & THOMAS KEMP TOWER LEVEL 6 PLAN (INCL. LINK TO TKT) +62.300; BDP-AR-ST1-A00-GA-L07-0201 F01 STAGE 1 & THOMAS KEMP TOWER LEVEL 7 PLAN (INCL. LINK TO TKT) +66.500; BDP-AR-ST1-A00-GA-

PLANS LIST – 27 JANUARY 2012

L08-0201 F01 STAGE 1 & THOMAS KEMP TOWER LEVEL 8 PLAN +70.700; BDP-AR-ST1-A00-GA-L09-0201 F01 STAGE 1 & THOMAS KEMP TOWER LEVEL 9 PLAN +74.900; BDP-AR-ST1-A00-GA-L10-0201 F01 STAGE 1 & THOMAS KEMP TOWER LEVEL 10 PLAN +79.100; BDP-AR-ST1-A00-GA-L11-0201 F01 STAGE 1 & THOMAS KEMP TOWER LEVEL 11 PLAN +83.300; BDP-AR-ST1-A00-GA-L12-0201 F01 STAGE 1 & THOMAS KEMP TOWER LEVEL 12 PLAN +87.500; BDP-AR-ST1-A00-GA-L13-0201 F01 STAGE 1 & THOMAS KEMP TOWER LEVEL 13 PLAN +92.670; BDP-AR-ST1-A00-SE-00-0207 F01 SECTION G-G - STAGE 1 & TKT/HELIPAD TO EASTERN ROAD TERRACES THROUGH EAST FINGER (NORTHSOUTH); BDP-AR-ST1-A00-SE-00-0209 F01 SECTION J-J - STAGE 1 & STAGE 3/ EASTERN ROAD TERRACES - (EAST-WEST); BDP-AR-ST1-A00-SE-00-0212 F01 SECTION M-M - STAGE 1 ATRIUM & HERITAGE SPACE/EASTERN ROAD TERRACES (EAST/WEST); BDP-AR-ST2-A00-EL-00-0201 F01 ELEVATION 1C - NORTH ELEVATION STAGE 2 SERVICE ROAD; BDP-AR-ST2-A00-EL-00-0202 F01 ELEVATION 2C - SOUTH ELEVATION STAGE 2 EASTERN ROAD; BDP-AR-ST2-A00-EL-00-0203 F01 Elevation 3F - East Sectional Elevation Stage 2 & Royal Alexandra Children's Hospital (*drawings required for validation*); BDP-AR-ST2-A00-EL-00-0204 F01 ELEVATION 4C - WEST ELEVATION STAGE 2 UPPER ABBEY ROAD; BDP-AR-ST2-A00-EL-00-0222 F01 ELEVATION 2A - SOUTH ELEVATION - EASTERN ROAD; BDP-AR-ST2-A00-EL-00-0224 F01 ELEVATION 4A - WEST ELEVATION - ABBEY ROAD/ UPPER ABBEY ROAD/ WHITEHAWK HILL ROAD; BDP-AR-ST2-A00-GA-B02-0201 F01 STAGE 2 - LEVEL -2 PLAN +35.200; BDP-AR-ST2-A00-GA-L01-0201 F01 STAGE 2 - LEVEL 1 PLAN (INCL. LINKS TO STAGE 1 ) +42.000; BDP-AR-ST2-A00-GA-L02-0201 F01 STAGE 2 - LEVEL 2 PLAN (INCL. LINKS TO STAGE 1 ) +46.100; BDP-AR-ST2-A00-GA-L03-0201 F01 STAGE 2 - LEVEL 3 PLAN (INCL. LINKS TO STAGE 1 ) +50.200; BDP-AR-ST2-A00-GA-L04-0201 F01 STAGE 2 - LEVEL 4 PLAN (INCL. LINKS TO STAGE 1 ) +54.400; BDP-AR-ST2-A00-GA-L05-0201 F01 STAGE 2 - LEVEL 5 PLAN (INCL. LINKS TO STAGE 1 ) +58.600; BDP-AR-ST2-A00-GA-L06-0201 F01 STAGE 2 - LEVEL 6 PLAN (INCL. LINKS TO STAGE 1 ) +63.200; BDP-AR-ST2-A00-GA-L07-0201 F01 STAGE 2 - LEVEL 7 PLAN (INCL. LINKS TO STAGE 1 ) +68.820; BDP-AR-ST3-A00-EL-00-0203 F01 ELEVATION 3B - EAST ELEVATION - STAGE 1 TKT/ HELIPAD & STAGE 3 BRISTOL GATE/ SUDELEY PLACE; BDP-AR-ST3-A00-EL-00-0204 F01 Elevation 4D West Elevation Stage 3 Service Yard Building (*drawings required for validation*); BDP-AR-SW-A00-EL-00-0202 F01 ELEVATION 2F - SOUTH ELEVATION - STAGE 1, STAGE 2 & STAGE 3 EASTERN ROAD; BDP-AR-SW-A00-GA-00-0201 F01 SITE LOCATION PLAN (RED LINE); BDP-AR-SW-A00-GA-00-0211 F01 EXISTING SITE PLAN (BLOCK PLAN); BDP-AR-SW-A00-GA-00-0212 F01 EXISTING SITE CAR PARKING PLAN; BDP-AR-SW-A00-GA-00-0241 F01 PROPOSED SITE PLAN; BDP-AR-SW-A00-GA-00-0251 F01 PHASING PLAN - REMOVAL WORKS; BDP-AR-SW-A00-GA-00-



0261 F01 PHASING PLAN STAGE 1; BDP-AR-SW-A00-GA-00-0271 F01 PHASING PLAN STAGES 1 & 2; BDP-AR-SW-A00-GA-00-0281 F01 PHASING PLAN STAGES 1 & 2 & 3; BDP-AR-SW-A00-GA-00-0291 F02 KEY PLAN TO SITE SECTIONS & ELEVATIONS (*drawings revised as a result of design changes*) (*drawings required for validation*); BDP-AR-SW-A00-GA-L10-0201 F01 EXISTING BUILDINGS LEVEL 10 PLAN; BDP-AR-SW-A00-GA-L1-0201 F01 EXISTING BUILDINGS LEVEL 01 PLAN; BDP-AR-SW-A00-GA-L11-0201 F01 EXISTING BUILDINGS LEVEL 11 PLAN; BDP-AR-SW-A00-GA-L12-0201 F01 EXISTING BUILDINGS LEVEL 12 PLAN; BDP-AR-SW-A00-GA-L13-0201 F01 EXISTING BUILDINGS LEVEL 13 PLAN; BDP-AR-SW-A00-GA-L14-0201 F01 EXISTING BUILDINGS LEVEL 14 PLAN; BDP-AR-SW-A00-GA-L15-0201 F01 EXISTING BUILDINGS LEVEL 15 PLAN; BDP-AR-SW-A00-GA-L16-0201 F01 EXISTING BUILDINGS LEVEL 16 PLAN; BDP-AR-SW-A00-GA-L2-0201 F01 EXISTING BUILDINGS LEVEL 02 PLAN; BDP-AR-SW-A00-GA-L3-0201 F01 EXISTING BUILDINGS LEVEL 03 PLAN; BDP-AR-SW-A00-GA-L4-0201 F01 EXISTING BUILDINGS LEVEL 04 PLAN; BDP-AR-SW-A00-GA-L5-0201 F01 EXISTING BUILDINGS LEVEL 05 PLAN; BDP-AR-SW-A00-GA-L6-0201 F01 EXISTING BUILDINGS LEVEL 06 PLAN; BDP-AR-SW-A00-GA-L7-0201 F01 EXISTING BUILDINGS LEVEL 07 PLAN; BDP-AR-SW-A00-GA-L8-0201 F01 EXISTING BUILDINGS LEVEL 08 PLAN; BDP-AR-SW-A00-GA-L9-0201 F01 EXISTING BUILDINGS LEVEL 09 PLAN; BDP-EL-SW-A00-GA-ZZ-0201 F01 EXTERNAL LIGHTING LAYOUT TO PUBLIC REALM ON EASTERN ROAD AND COURTYARDS; BDP-EL-SW-A00-GA-ZZ-0202 F01 EXTERNAL LIGHTING LAYOUT TO ROOF TERRACES AND SOUTH SERVICE ROAD **received on 17 October 2011** and BDP-LS-SW-A00-GA-L01-0201 F02 EASTERN ROAD FRONTAGE (*drawings revised as a result of design changes*); BDP-LS-SW-A00-GA-ZZ-0201 F03 LANDSCAPE MASTERPLAN WITH PHASING (*drawings revised as a result of design changes*); BDP-LS-ST1-A00-GA-ZZ-0201 F02 STAGE 1 AND 3 ROOF TERRACES AND COURTYARDS (*drawings revised as a result of design changes*); BDP-AR-ST2-A00-GA-B01-0201 F02 Stage 1 & Stage 3 – LEVEL -1 Plan +37.650+; BDP-AR-ST2-A00-GA-B01-0201 F02 STAGE 2 - LEVEL -1 PLAN +38.150 (*drawings revised as a result of design changes*); BDP-LS-ST2-A00-GA-ZZ-0201 F02 STAGE 2 ROOF TERRACES AND COURTYARDS (*drawings revised as a result of design changes*) **received on 12<sup>th</sup> December 2011**.

**Reason:** For the avoidance of doubt and in the interests of proper planning.

3. Noise associated with plant and machinery incorporated within the development shall be controlled such that the Rating Level, measured or calculated at 1-metre from the façade of the nearest existing noise sensitive premises, shall not exceed a level 5dB below the existing L<sub>A90</sub> background noise level. Rating Level and existing background noise levels to be determined as per the guidance provided in BS 4142:1997. In accordance with BS7445:2003, there shall be no low frequency tones



produced by the plant.

**Reason:** To safeguard the amenities of the occupiers of adjoining properties and to comply with policies SU10 and QD27 of the Brighton & Hove Local Plan.

4. Apart from patient transfer, no vehicular movements nor any loading or unloading of vehicles shall take place in the Stage 3 service yard or on the northern and southern service roads and the Eastern Road patient drop off zone, all of which locations are shown on the approved plans.

**Reason:** To safeguard the amenities of the occupiers of adjoining properties and to comply with policies SU10 and QD27 of the Brighton & Hove Local Plan.

5. All hard surfacing hereby approved shall be made of porous materials and retained thereafter or provision shall be made and retained thereafter to direct run-off water from the hard surface to a permeable or porous area or surface within the curtilage of the property.

**Reason:** To reduce the risk of flooding and pollution and increase the level of sustainability of the development and to comply with policy SU4 of the Brighton & Hove Local Plan.

6. No works of construction shall take place (save for construction of the helipad), until a tree planting scheme, including a 5 year management and maintenance plan, for Bristol Gate and Upper Abbey Road has been submitted to and approved in writing by the Local Planning Authority. The scheme shall include details of the timeframe for such planting. The scheme shall be fully implemented in accordance with the approved details and retained as such thereafter.

**Reason:** To enhance the appearance of the development in the interest of the visual amenities of the area and to comply with policies QD1 and QD15 of the Brighton & Hove Local Plan.

7. Any trees which are planted as required by condition 6, that die within 5 years of being planted, are removed or become seriously damaged or diseased shall be replaced in the next planting season with others of similar size and species, unless the Local Planning Authority gives written consent to any variation.

**Reason:** To enhance the appearance of the development in the interest of the visual amenities of the area and to comply with policies QD1 and QD15 of the Brighton & Hove Local Plan.

8. Use of the underground car parking hereby approved shall be for patients and visitors only and shall not be used by staff (including staff who are parking permit holders) at any time.

**Reason:** In order to retain an acceptable number of dedicated patient and visitors car parking spaces on site and to restrict the number of staff parking spaces available and to comply with policy TR1 of the Brighton & Hove Local Plan.

9. Unless otherwise agreed in writing by the Local Planning Authority, the dedicated parking spaces marked on the approved plans for cancer patients, motorcycle parking, disabled bays, short stay parking bays and the dedicated underground drop off zone shall be permanently retained for these purposes and no other purpose.

**Reason:** In order to retain an acceptable number of dedicated patient and visitors car parking spaces on site and to restrict the number of staff parking spaces available and to comply with policies TR1, TR18 and TR19 of the Brighton & Hove Local Plan.

10. No works shall take place on the Stage 3 development site hereby approved until details of a swept path analysis for HGV and larger delivery vehicles has been submitted to and approved in writing by the Local Planning Authority (in respect of the Stage 3 service yard). The scheme shall be implemented fully in accordance and approved as such thereafter.

**Reason:** Insufficient detail of arrangements for access and egress into and out of the site for deliveries, servicing, loading and unloading at the service yard and has been submitted with the application and to ensure compliance with policies TR7 and QD27 of the Brighton & Hove Local Plan.

11. The development hereby permitted shall not be commenced until details of secure and covered cycle parking facilities at the North Access Road as indicated on the approved plans for the occupants of, and visitors to, the development have been submitted to and approved in writing by the Local Planning Authority. Prior to the erection of construction site hoardings or fencing around Stage 1, these facilities shall be fully implemented and retained for use at all times.

**Reason:** To ensure that satisfactory facilities for the parking of cycles during the construction phase and post occupation of the development hereby approved are provided and to encourage travel by means other than private motor vehicles and to comply with policies TR1 and TR14 of the Brighton & Hove Local Plan.

12. Notwithstanding the details shown on the drawings hereby approved, the Bristol Gate Piers shall be rebuilt within the landscaped areas adjoining Bristol Gate, in locations submitted to and approved in writing by the Local Planning Authority.

**Reason:** To ensure the satisfactory preservation of these listed structures and their setting and to comply with policies HE1, HE3 and HE4 of the Brighton & Hove Local Plan.

#### **Helipad Conditions**

13. Not less than 3 months prior to the commencement of construction of the helipad hereby approved, details of the final verified design of the helipad including details of the finished height measured Above Ordnance Datum (AOD) and the associated plant, lifts and staircases shall be submitted to and approved in writing by the Local Planning Authority. The details submitted shall include confirmation from a suitably qualified person that the final design to be implemented would meet the requirements of the Civil Aviation Authority and all other necessary safety requirements. The helipad shall be implemented fully in accordance with the approved details and retained as such thereafter.

**Reason:** In order that the Local Planning Authority can be satisfied that the final design is acceptable in terms of its visual impact, in particular its

effect on the setting of adjoining Conservation Areas and Listed Buildings and complies with policies QD1, QD2, QD4, HE3 and HE6 of the Brighton & Hove Local Plan.

14. The construction of the helipad shall not commence until details of external lighting of the helipad have been submitted to and approved in writing by the Local Planning Authority. The external lighting shall be installed in accordance with the approved details and thereby retained as such unless a variation is subsequently submitted to and approved in writing by the Local Planning Authority.  
**Reason:** To safeguard the amenities of the occupiers of adjoining properties and to comply with policies QD25 and QD27 of the Brighton & Hove Local Plan.
15. The helipad hereby approved shall not be used other than by Sussex Air Ambulance, HM Coastguard or Sussex Police, for Major Trauma Medical Emergencies, and shall not be used for any other journeys whatsoever including visitors, personal or pleasure use.  
**Reason:** To safeguard the amenities of local residents and to comply with policies SU10 and QD27 of the Brighton & Hove Local Plan.
16. The helipad shall only be used in daylight hours between 0700 and 1900 hours and not during the hours of darkness except in the case of a Major Incident. A Major Incident is defined within the NHS Emergency Planning Guidance (2005), or any subsequent update to this Guidance.  
**Reason:** To safeguard the amenities of local residents and to comply with policies SU10 and QD27 of the Brighton & Hove Local Plan.
17. The number of helicopter flights landing on the helipad hereby approved shall be limited to 64 per annum plus a tolerance of 10 %.  
**Reason:** To safeguard the amenities of local residents and to comply with policies SU10 and QD27 of the Brighton & Hove Local Plan.
18. All lighting on the helipad shall only be in use temporarily in connection with an impending helicopter landing or departure for the minimum period required for operational or safety reasons. An exception to this will be any steady red aviation warning lighting required at night by the Civil Aviation Authority on tall buildings or structures.  
**Reason:** To safeguard the amenities of local residents and to comply with policies SU10 and QD27 of the Brighton & Hove Local Plan.
19. The helipad hereby approved shall not be used for carrying out routine repairs and maintenance to helicopters including leaving engines idling.  
**Reason:** To safeguard the amenities of local residents and to comply with policies SU10 and QD27 of the Brighton & Hove Local Plan.
20. Following the commencement of use of the helipad, annual monitoring reports shall be submitted to the Local Planning Authority for a period of 5 years following occupation of the Stage 2 Building. The reports shall include details of:
  - a) Total number of landings and departures in previous 12 months.
  - b) Total number of daytime (0700-1900 hours) and night time flights in previous 12 months
  - c) Details of the number of flights carried out by each operator permitted to use the helipad in condition 15.

- c) Trauma level and degree of medical emergencies (using the medical definition of a Major Trauma as having a New Injury Severity Score of 15 or above) for which the helipad was used in daytime and night time.
- d) A log of the number of complaints in the previous 12 months received by the Trust concerning all operations (including flights) of the helipad.
- e) Prior to the receipt of the annual monitoring report, the Council may at any time request the latest monitoring information for the annual period, which should be submitted in writing within 7 days of the request.

**Reason:** In order to monitor and minimise the levels of activity associated with the helipad and to safeguard the amenities of local residents and to comply with policies SU10 and QD27 of the Brighton & Hove Local Plan.

21. Post completion of the helipad and during use of the helipad, a study shall be carried out to assess the degree of light spill from the helipad and a report prepared. The report shall make reference to Civil Aviation Authority standards for lighting of helipads and also make reference to guidance prepared by the Institute of Lighting Engineers. The report shall identify who is impacted by the lighting scheme and what mitigation measures if any need to be implemented, including their timescale for implementation. The report shall be submitted to the Local Planning Authority within 3 months of the helipad being first brought into use and approved in writing by the Local Planning Authority. The scheme shall be implemented fully in accordance with the approved details and retained as such thereafter.

**Reason:** To safeguard the amenities of the occupiers of adjoining properties and to comply with policies SU10 and QD27 of the Brighton & Hove Local Plan.

22. No development of the helipad or additional lifts or Energy Centre flues shall take place until samples of the materials (including colour of render, paintwork and colourwash) to be used in the construction of the external surfaces of this part of the development have been submitted to and approved in writing by the Local Planning Authority. Development shall be carried out in accordance with the approved details.

**Reason:** To ensure a satisfactory appearance to the development and to comply with policy QD1 of the Brighton & Hove Local Plan.

### **Energy Centre Conditions**

23. The Energy Centre shall not be brought into use until details of the Fluid Modelling Assessment and Mitigation Scheme for emissions from the chimney servicing the Energy Centre on the top of the Thomas Kemp Tower have been submitted to and approved in writing by the Local Planning Authority. The Fluid Modelling Assessment and Mitigation Scheme shall include details of the Emission Limit Value (ELV  $\text{mg}/\text{m}^3$ ), and demonstrate that the Emission Limit Value would result in an  $\text{NO}_2$  level at all receptors within wards at the Thomas Kemp Tower which is less than  $40 \mu\text{g}/\text{m}^3$  over a worst-case annual mean and is less than 200

$\mu\text{g}/\text{m}^3$  for the 19<sup>th</sup> highest hour in the year. The scheme shall also include details of mechanical ventilation systems and the specification and maintenance of NO<sub>x</sub> filters for the Thomas Kemp Tower. The scheme shall be implemented fully in accordance with the approved details and retained as such thereafter.

**Reason:** To protect local air quality and the health of patients, staff and visitors within the Thomas Kemp Tower and to comply with policy SU9 of the Brighton & Hove Local Plan.

**Stage 1 Conditions**

24. (i) No works shall take place on the Stage 1 development site until a detailed scheme for remedial works and measures to be undertaken to avoid risk from contaminants and/or gases when the site is developed and proposals for future maintenance and monitoring has been submitted to and approved in writing by the Local Planning Authority. The scheme shall be implemented fully in accordance with the approved details.

(ii) A competent person shall be nominated to oversee the implementation of the works required by (i). The Stage 1 development hereby permitted shall not be occupied or brought into use until there has been submitted to the Local Planning Authority verification by the nominated competent person that any remediation undertaken on site for each stage has been fully implemented (unless varied with the written agreement of the Local Planning Authority in advance of implementation). Unless otherwise agreed in writing by the Local Planning Authority such verification for each phase shall comprise:

- a) built drawings of the implemented scheme;
- b) photographs of the remediation works in progress;
- c) certificates demonstrating that imported and/or material left in situ is free from contamination.

Thereafter the scheme shall be monitored and maintained in accordance with the scheme approved under (i).

**Reason:** To safeguard the health of future occupiers of the site and to comply with policy SU11 of the Brighton & Hove Local Plan.

25. If, during development of the Stage 1 site, contamination not previously identified is found to be present at the site then no further development (unless otherwise agreed in writing with the Local Planning Authority) shall be carried out until the developer has submitted, and obtained written approval from the Local Planning Authority for a method statement to identify, risk assess and address the unidentified contaminants.

**Reason:** To safeguard the health of future occupiers of the site and to comply with policy SU11 of the Brighton & Hove Local Plan.

26. No development shall commence at Level 1 of the Stage 1 Building, until a scheme for the fitting of odour control equipment to the building has been submitted to and approved in writing by the Local Planning Authority. The measures shall be implemented in strict accordance with the approved details prior to the occupation of the development and shall thereafter be retained as such.



**Reason:** To safeguard the amenities of the occupiers of adjoining properties and to comply with policy QD27 of the Brighton & Hove Local Plan.

27. No development shall commence at Level 1 of the Stage 1 building until a scheme for the sound insulation of the odour control equipment referred to in condition 26 has been submitted to and approved in writing by the Local Planning Authority. The measures shall be implemented in strict accordance with the approved details prior to the occupation of the development and shall thereafter be retained as such.

**Reason:** To safeguard the amenities of the occupiers of adjoining properties and to comply with policies SU10 and QD27 of the Brighton & Hove Local Plan.

28. No development shall commence at Level 1 of the Stage 1 building until details of external lighting have been submitted to and approved in writing by the Local Planning Authority. The external lighting shall be installed in accordance with the approved details and thereafter retained as such unless a variation is subsequently submitted to and approved in writing by the Local Planning Authority.

**Reason:** To safeguard the amenities of the occupiers of adjoining properties and to comply with policies QD25 and QD27 of the Brighton & Hove Local Plan.

29. An acoustical survey shall be carried out post completion and occupation of the Stage 1 building to demonstrate that all plant and machinery is capable of running cumulatively at 5dB(A) below existing LA90 background noise level background, as per BS4142:1997, 1-metre from the façade of the nearest existing noise sensitive premises. The survey shall make reference to BS7445:2003 to ensure that there are no tonal features of the various plant. The report shall be submitted to the Local Planning Authority within 3 months of the first occupation of the Stage 1 building, and approved in writing by the Local Planning Authority.

**Reason:** To safeguard the amenities of the occupiers of adjoining properties and to comply with policies SU10 and QD27 of the Brighton & Hove Local Plan.

30. Within 6 months of the date of commencement of Stage 1 development, the applicants shall provide:

- a) evidence that the Stage 1 development is registered with the Building Research Establishment (BRE) under BREEAM (either a 'BREEAM Healthcare' scheme or a 'bespoke BREEAM') and a Design Stage Assessment Report showing that the development will achieve a BREEAM rating of 60% in energy and water sections of relevant BREEAM assessment within overall 'Excellent'
- b) a BRE issued Design Stage Certificate demonstrating that the development has achieved a BREEAM rating of 60% in the energy and water sections of the relevant BREEAM assessment within overall 'Excellent' has been submitted to, and approved in writing by, the Local Planning Authority.

A completed pre-assessment estimator will not be acceptable.

**Reason:** To ensure that the development is sustainable and makes

efficient use of energy, water and materials and to comply with policy SU2 of the Brighton & Hove Local Plan and Supplementary Planning Document SPD08 Sustainable Building Design.

31. Unless otherwise agreed in writing by the Local Planning Authority, none of the Stage 1 development hereby approved shall be occupied until a Building Research Establishment issued Post Construction Review Certificate confirming that the development built has achieved a BREEAM rating of 60% in energy and water sections of the relevant BREEAM assessment within overall 'Excellent' has been submitted to, and approved in writing by, the Local Planning Authority.

**Reason:** To ensure that the development is sustainable and makes efficient use of energy, water and materials and to comply with policy SU2 of the Brighton & Hove Local Plan and Supplementary Planning Document SPD08 Sustainable Building Design.

32. No works on the Stage 1 development site shall take place until details of the means of foul water disposal have been submitted to and approved in writing by the Local Planning Authority. The scheme shall be implemented fully in accordance with the approved details and retained as such thereafter.

**Reason:** To ensure the existing infrastructure can facilitate the development and to reduce the risk of flooding as a result of this development and to comply with policy SU15 of the Brighton & Hove Local Plan.

33. No works on the Stage 1 development site shall take place until details of the proposed water infrastructure has been submitted to and approved in writing by the Local Planning Authority. The scheme shall be implemented fully in accordance with the approved details and retained as such thereafter.

**Reason:** To ensure the existing infrastructure can facilitate the development and to reduce the risk of flooding as a result of this development and to comply with policy SU15 of the Brighton & Hove Local Plan.

34. No works on the Stage 1 development site shall take place until a scheme detailing the surface water drainage system for the site, based on sustainable drainage principles and an assessment of the hydrological and hydrogeological context of the development, has been submitted to and approved in writing by the Local Planning Authority. The submitted scheme shall be in accordance with the principles within the submitted document, the 'Conceptual Surface Water Strategy' (WSP-CI-SW-RP-0012 dated September 2011), with regard to the Sustainable Urban Drainage System techniques. The scheme shall also include details of how the scheme shall be maintained and managed after completion. Prior to the occupation of the Stage 1 Building, the scheme shall be implemented fully in accordance with the approved details and retained as such thereafter.

**Reason:** To reduce the increased risk of flooding, to improve and protect water quality, to ensure the future maintenance of the surface water drainage and to comply with Policies SU4 and SU5 of the Brighton &

Hove Local Plan.

35. No development shall commence at Level 1 of the Stage 1 building until there has been submitted to and approved in writing by the Local Planning Authority a scheme for landscaping of the Stage 1 site, including a 5 year management and maintenance plan, which shall include hard surfacing, means of enclosure, planting of the development, indications of all existing trees and hedgerows on the land and details of any to be retained, together with measures for their protection in the course of development.  
**Reason:** To enhance the appearance of the development in the interest of the visual amenities of the area and to comply with policies QD1 and QD15 of the Brighton & Hove Local Plan.
36. All planting, seeding or turfing comprised in the approved scheme of landscaping for the Stage 1 site shall be carried out in the first planting and seeding seasons following the occupation of the building or the completion of the development, whichever is the sooner; and any trees or plants which within a period of 5 years from the completion of the development die, are removed or become seriously damaged or diseased shall be replaced in the next planting season with others of similar size and species, unless the Local Planning Authority gives written consent to any variation. All hard landscaping and means of enclosure shall be completed before the development is occupied.  
**Reason:** To enhance the appearance of the development in the interest of the visual amenities of the area and to comply with policies QD1 and QD15 of the Brighton & Hove Local Plan.
37. No development at Level 1 of the Stage 1 Building shall take place until samples of the materials (including colour of render, paintwork and colourwash) to be used in the construction of the external surfaces of the development hereby permitted have been submitted to and approved in writing by the Local Planning Authority. Development shall be carried out in accordance with the approved details.  
**Reason:** To ensure a satisfactory appearance to the development and to comply with policy QD1 of the Brighton & Hove Local Plan.
38. No development at Level 1 of the Stage 1 Building shall take place until detailed plan sections at Scale 1:10 have been submitted to and approved in writing by the Local Planning Authority, and which shall show all jointing details between each type and combination of cladding material including jointing and reveals with windows, curtain walling and entrances and doorways.  
**Reason:** To ensure a satisfactory appearance to the development and to comply with policy QD1 of the Brighton & Hove Local Plan.
39. The Stage 1 development hereby permitted shall not be occupied until details of secure and covered cycle parking facilities at the front of Stage 1 as indicated on the approved plans for the occupants of, and visitors to, the development hereby approved have been submitted to and approved in writing by the Local Planning Authority. These facilities shall be fully implemented and retained for use at all times.  
**Reason:** To ensure that satisfactory facilities for the parking of cycles are



provided and to encourage travel by means other than private motor vehicles and to comply with policy TR14 of the Brighton & Hove Local Plan.

40. The Stage 1 Building shall not be occupied until details including locations of one Real Time Information and one REACT facility have been submitted to and approved in writing by the Local Planning Authority. The facilities shall be implemented fully in accordance with the approved details prior to the Stage 1 Building being first occupied and shall be retained as such thereafter.

**Reason:** To ensure that the development incorporates the agreed sustainable transport contribution measures and complies with policy TR1 of the Brighton & Hove Local Plan.

41. A signage strategy shall be submitted to and approved in writing by the Local Planning Authority prior to the occupation of Stage 1 to include details of the location of informational, warning and directional signage around the perimeter of the development hereby approved as follows:
- a) information, location and availability of visitor car parking spaces hereby approved and staff car parking in the multi storey car park.
  - b) information signage at Bristol Gate access to underground car parking
  - c) warning signage for cars emerging from underground car park.
  - d) information on location and availability of all staff and visitor cycle parking facilities serving the RSCH campus.
  - e) directional signage of main entrances to Stages 1 and 2.
  - f) directional signage for location of bus stops.
  - g) implementation of the Council's Wayfinding signs in the vicinity of the site.

The strategy shall include details of the timeframe for the implementation of a to g above. The scheme shall be implemented fully in accordance with the approved details.

**Reason:** To ensure efficient wayfinding around the site and to comply with policies TR7 of the Brighton & Hove Local Plan.

42. A non-clinical waste and recycling strategy to cover the whole development hereby approved shall have been submitted to and approved in writing by the Local Planning Authority prior to the occupation of Stage 1. The strategy shall include details of separation at source of all waste within the public areas of the hospital to include all public reception and waiting areas, shops, cafes, restaurants, staff management and teaching areas together with the Stage 3 service yard area. The Strategy shall include targets for reduction in waste and for increasing recycling with annual monitoring. The scheme shall be implemented fully in accordance with the approved details and retained as such thereafter.

**Reason:** To ensure that the development would include the re-use of limited resources, to ensure that the amount of waste to landfill is reduced and to comply with policies WLP11 of the East Sussex and Brighton & Hove Waste Local Plan and SU13 of the Brighton & Hove Local Plan

**Stage 2 Conditions**

43. (i) No works shall take place on the Stage 2 development site until a detailed scheme for remedial works and measures to be undertaken to avoid risk from contaminants and/or gases when the site is developed and proposals for future maintenance and monitoring have been submitted to and approved in writing by the Local Planning Authority. The scheme shall be implemented fully in accordance with the approved details.
- (ii) A competent person shall be nominated to oversee the implementation of the works required by (i). The Stage 1 development hereby permitted shall not be occupied or brought into use until there has been submitted to the Local Planning Authority verification by the nominated competent person that any remediation undertaken on site for each stage has been fully implemented (unless varied with the written agreement of the Local Planning Authority in advance of implementation). Unless otherwise agreed in writing by the Local Planning Authority such verification for each phase shall comprise:
- a) built drawings of the implemented scheme;
  - b) photographs of the remediation works in progress;
  - c) certificates demonstrating that imported and/or material left in situ is free from contamination.

Thereafter the scheme shall be monitored and maintained in accordance with the scheme approved under (i).

**Reason:** To safeguard the health of future occupiers of the site and to comply with policy SU11 of the Brighton & Hove Local Plan.

44. If, during development of the Stage 2 site, contamination not previously identified is found to be present at the site then no further development (unless otherwise agreed in writing with the Local Planning Authority) shall be carried out until the developer has submitted, and obtained written approval from the Local Planning Authority for a method statement to identify, risk assess and address the unidentified contaminants.

**Reason:** To safeguard the health of future occupiers of the site and to comply with policy SU11 of the Brighton & Hove Local Plan.

45. No development shall commence at Level 1 of the Stage 2 building until details of external lighting have been submitted to and approved in writing by the Local Planning Authority. The external lighting shall be installed in accordance with the approved details and thereafter retained as such unless a variation is subsequently submitted to and approved in writing by the Local Planning Authority.

**Reason:** To safeguard the amenities of the occupiers of adjoining properties and to comply with policies QD25 and QD27 of the Brighton & Hove Local Plan.

46. An acoustical survey shall be carried out post completion and occupation of the Stage 2 building to demonstrate that all plant and machinery is capable of running cumulatively at 5dB(A) below existing LA90 background noise level background, as per BS4142:1997, 1-metre from the façade of the nearest existing noise sensitive premises. The survey

shall make reference to BS7445:2003 to ensure that there are no tonal features of the various plant. The report shall be submitted to the Local Planning Authority within 3 months of the first occupation of the Stage 2 building, and approved in writing by the Local Planning Authority.

**Reason:** To safeguard the amenities of the occupiers of adjoining properties and to comply with policies SU10 and QD27 of the Brighton & Hove Local Plan.

47. The Stage 2 building shall not be occupied until a rainwater recycling scheme for the irrigation of the Stage 2 roof terrace, has been submitted to and approved in writing by the Local Planning Authority. The rainwater recycling scheme shall also include details of the necessary safeguards to protect public health. The scheme shall be implemented fully in accordance with the approved details and retained as such thereafter.

**Reason:** In order to ensure that the rainwater recycling scheme would not cause harm to public health and to comply with policies SU2 and SU9 of the Brighton & Hove Local Plan.

48. Within 6 months of the date of commencement of Stage 2 development, the applicants shall provide:

- a) evidence that the Stage 2 development is registered with the Building Research Establishment (BRE) under BREEAM (either a 'BREEAM Healthcare' scheme or a 'bespoke BREEAM') and a Design Stage Assessment Report showing that the development will achieve a BREEAM rating of 60% in energy and water sections of relevant BREEAM assessment within overall 'Excellent'
- b) a BRE issued Design Stage Certificate demonstrating that the development has achieved a BREEAM rating of 60% in the energy and water sections of the relevant BREEAM assessment within overall 'Excellent' has been submitted to, and approved in writing by, the Local Planning Authority.

A completed pre-assessment estimator will not be acceptable.

**Reason:** To ensure that the development is sustainable and makes efficient use of energy, water and materials and to comply with policy SU2 of the Brighton & Hove Local Plan and Supplementary Planning Document SPD08 Sustainable Building Design

49. Unless otherwise agreed in writing by the Local Planning Authority, none of the Stage 2 development hereby approved shall be occupied until a Building Research Establishment issued Post Construction Review Certificate confirming that the development built has achieved a BREEAM rating of 60% in energy and water sections of the relevant BREEAM assessment within overall 'Excellent' has been submitted to, and approved in writing by, the Local Planning Authority

**Reason:** To ensure that the development is sustainable and makes efficient use of energy, water and materials and to comply with policy SU2 of the Brighton & Hove Local Plan and Supplementary Planning Document SPD08 Sustainable Building Design.

50. No works on the Stage 2 development site shall take place until details of the means of foul water disposal have been submitted to and approved in writing by the Local Planning Authority. The scheme shall be

implemented fully in accordance with the approved details and retained as such thereafter.

**Reason:** To ensure the existing infrastructure can facilitate the development and to reduce the risk of flooding as a result of this development and to comply with policy SU15 of the Brighton & Hove Local Plan.

51. No works on the Stage 2 development site shall take place until details of the proposed water infrastructure has been submitted to and approved in writing by the Local Planning Authority. The scheme shall be implemented fully in accordance with the approved details and retained as such thereafter.

**Reason:** To ensure the existing infrastructure can facilitate the development and to reduce the risk of flooding as a result of this development and to comply with policy SU15 of the Brighton & Hove Local Plan.

52. No works on the Stage 2 development site shall take place until a scheme detailing the surface water drainage system for the site, based on sustainable drainage principles and an assessment of the hydrological and hydrogeological context of the development, has been submitted to and approved in writing by the Local Planning Authority. The submitted scheme shall be in accordance with the principles within the submitted document, the ‘Conceptual Surface Water Strategy’ (WSP-CI-SW-RP-0012 dated September 2011), with regard to the Sustainable Urban Drainage System techniques. The scheme shall also include details of how the scheme shall be maintained and managed after completion. Prior to the occupation of the Stage 2 Building, the scheme shall be implemented fully in accordance with the approved details and retained as such thereafter.

**Reason:** To reduce the increased risk of flooding, to improve and protect water quality, to ensure the future maintenance of the surface water drainage and to comply with Policies SU4 and SU5 of the Brighton & Hove Local Plan.

53. No development shall commence at Level 1 of the Stage 2 building until there has been submitted to and approved in writing by the Local Planning Authority a scheme for landscaping on the Stage 2 site, including a 5 year management and maintenance plan, which shall include hard surfacing, means of enclosure, planting of the development, indications of all existing trees and hedgerows on the land and details of any to be retained, together with measures for their protection in the course of development.

**Reason:** To enhance the appearance of the development in the interest of the visual amenities of the area and to comply with policies QD1 and QD15 of the Brighton & Hove Local Plan.

54. All planting, seeding or turfing comprised in the approved scheme of landscaping for the Stage 2 site shall be carried out in the first planting and seeding seasons following the occupation of the building or the completion of the development, whichever is the sooner; and any trees or plants which within a period of 5 years from the completion of the

development die, are removed or become seriously damaged or diseased shall be replaced in the next planting season with others of similar size and species, unless the Local Planning Authority gives written consent to any variation. All hard landscaping and means of enclosure shall be completed before the development is occupied.

**Reason:** To enhance the appearance of the development in the interest of the visual amenities of the area and to comply with policies QD1 and QD15 of the Brighton & Hove Local Plan.

55. The Level 6 roof terrace of the Stage 2 building shall be made available for use within 6 months of first occupation of the Stage 2 Building.

**Reason:** To ensure the roof terrace facilities are made available to the public and to comply with policies Qd17 and QD27 of the Brighton & Hove Local Plan.

56. Prior to re-construction of the existing brick boundary wall at the Upper Abbey Road/Eastern Road junction, a sample panel shall be constructed on site for approval by the Local Planning Authority to include details of the brick sample and mortar colour and jointing details. The wall shall be implemented fully in accordance with the approved details prior to the occupation of the Stage 2 Building.

**Reason:** To ensure a satisfactory appearance to the development and to comply with policy QD1 of the Brighton & Hove Local Plan.

57. The Stage 2 development hereby permitted shall not be occupied until details of secure and covered cycle parking facilities at the front of Stage 2 as indicated on the approved plans for the occupants of, and visitors to, the development hereby approved have been submitted to and approved in writing by the Local Planning Authority. These facilities shall be fully implemented and retained for use at all times.

**Reason:** To ensure that satisfactory facilities for the parking of cycles are provided and to encourage travel by means other than private motor vehicles and to comply with policy TR14 of the Brighton & Hove Local Plan.

58. No development at Level 1 of the Stage 2 Building shall take place until samples of the materials (including colour of render, paintwork and colourwash) to be used in the construction of the external surfaces of the development hereby permitted have been submitted to and approved in writing by the Local Planning Authority. Development shall be carried out in accordance with the approved details.

**Reason:** To ensure a satisfactory appearance to the development and to comply with policy QD1 of the Brighton & Hove Local Plan.

59. The Stage 2 Building shall not be occupied until details including locations of one Real Time Information and one REACT facility have been submitted to and approved in writing by the Local Planning Authority. The facilities shall be implemented fully in accordance with the approved details prior to the Stage 2 Building being first occupied and shall be retained as such thereafter.

**Reason:** To ensure that the development incorporates the agreed sustainable transport contribution measures and complies with policy TR1 of the Brighton & Hove Local Plan.



**Stage 3 Conditions**

60. (i) No works shall take place on the Stage 3 development site until a detailed scheme for remedial works and measures to be undertaken to avoid risk from contaminants and/or gases when the site is developed and proposals for future maintenance and monitoring have been submitted to and approved in writing by the Local Planning Authority. The scheme shall be implemented fully in accordance with the approved details.
- (ii) A competent person shall be nominated to oversee the implementation of the works required by (i). The Stage 1 development hereby permitted shall not be occupied or brought into use until there has been submitted to the Local Planning Authority verification by the nominated competent person that any remediation undertaken on site for each stage has been fully implemented (unless varied with the written agreement of the Local Planning Authority in advance of implementation). Unless otherwise agreed in writing by the Local Planning Authority such verification for each phase shall comprise:
- a) built drawings of the implemented scheme;
  - b) photographs of the remediation works in progress;
  - c) certificates demonstrating that imported and/or material left in situ is free from contamination.

Thereafter the scheme shall be monitored and maintained in accordance with the scheme approved under (i).

**Reason:** To safeguard the health of future occupiers of the site and to comply with policy SU11 of the Brighton & Hove Local Plan.

61. If, during development of the Stage 3 site, contamination not previously identified is found to be present at the site then no further development (unless otherwise agreed in writing with the Local Planning Authority) shall be carried out until the developer has submitted, and obtained written approval from the Local Planning Authority for a method statement to identify, risk assess and address the unidentified contaminants.

**Reason:** To safeguard the health of future occupiers of the site and to comply with policy SU11 of the Brighton & Hove Local Plan.

62. No development shall commence at Level 1 of the Stage 3 building until details of external lighting have been submitted to and approved in writing by the Local Planning Authority. The external lighting shall be installed in accordance with the approved details and thereafter retained as such unless a variation is subsequently submitted to and approved in writing by the Local Planning Authority.

**Reason:** To safeguard the amenities of the occupiers of adjoining properties and to comply with policies QD25 and QD27 of the Brighton & Hove Local Plan.

63. An acoustical survey shall be carried out post completion and occupation of the Stage 3 building to demonstrate that all plant and machinery is capable of running cumulatively at 5dB(A) below existing LA90 background noise level background, as per BS4142:1997, 1-metre from the façade of the nearest existing noise sensitive premises. The survey

shall make reference to BS7445:2003 to ensure that there are no tonal features of the various plant. The report shall be submitted to the Local Planning Authority within 3 months of the first occupation of the Stage 3 building, and approved in writing by the Local Planning Authority.

**Reason:** To safeguard the amenities of the occupiers of adjoining properties and to comply with policies SU10 and QD27 of the Brighton & Hove Local Plan.

64. Within 6 months of the date of commencement of Stage 3 development, the applicants shall provide:
- a) evidence that the Stage 3 development is registered with the Building Research Establishment (BRE) under BREEAM (either a 'BREEAM Buildings' scheme or a 'bespoke BREEAM') and a Design Stage Assessment Report showing that the development will achieve a BREEAM rating of 60% in energy and water sections of relevant BREEAM assessment within overall 'Excellent'
  - b) a BRE issued Design Stage Certificate demonstrating that the development has achieved a BREEAM rating of 60% in the energy and water sections of the relevant BREEAM assessment within overall 'Excellent' has been submitted to, and approved in writing by, the Local Planning Authority.

A completed pre-assessment estimator will not be acceptable.

**Reason:** To ensure that the development is sustainable and makes efficient use of energy, water and materials and to comply with policy SU2 of the Brighton & Hove Local Plan and Supplementary Planning Document SPD08 Sustainable Building Design

65. Unless otherwise agreed in writing by the Local Planning Authority, none of the Stage 3 development hereby approved shall be occupied until a Building Research Establishment issued Post Construction Review Certificate confirming that the development built has achieved a BREEAM rating of 60% in energy and water sections of the relevant BREEAM assessment within overall 'Excellent' has been submitted to, and approved in writing by, the Local Planning Authority

**Reason:** To ensure that the development is sustainable and makes efficient use of energy, water and materials and to comply with policy SU2 of the Brighton & Hove Local Plan and Supplementary Planning Document SPD08 Sustainable Building Design.

66. No works on the Stage 3 development site shall take place until details of the means of foul water disposal have been submitted to and approved in writing by the Local Planning Authority. The scheme shall be implemented fully in accordance with the approved details and retained as such thereafter.

**Reason:** To ensure the existing infrastructure can facilitate the development and to reduce the risk of flooding as a result of this development and to comply with policy SU15 of the Brighton & Hove Local Plan.

67. No works on the Stage 3 development site shall take place until details of the proposed water infrastructure has been submitted to and approved in writing by the Local Planning Authority. The scheme shall be

implemented fully in accordance with the approved details and retained as such thereafter.

**Reason:** To ensure the existing infrastructure can facilitate the development and to reduce the risk of flooding as a result of this development and to comply with policy SU15 of the Brighton & Hove Local Plan.

68. No works on the Stage 3 development site shall take place until a scheme detailing the surface water drainage system for the site, based on sustainable drainage principles and an assessment of the hydrological and hydrogeological context of the development, has been submitted to and approved in writing by the Local Planning Authority. The submitted scheme shall be in accordance with the principles within the submitted document, the 'Conceptual Surface Water Strategy' (WSP-CI-SW-RP-0012 dated September 2011), with regard to the Sustainable Urban Drainage System techniques. The scheme shall also include details of how the scheme shall be maintained and managed after completion. Prior to the occupation of the 76. Stage 3 Building, the scheme shall be implemented fully in accordance with the approved details and retained as such thereafter.

**Reason:** To reduce the increased risk of flooding, to improve and protect water quality, to ensure the future maintenance of the surface water drainage and to comply with Policies SU4 and SU5 of the Brighton & Hove Local Plan.

69. No development shall commence at Level 1 of the Stage 3 building until there has been submitted to and approved in writing by the Local Planning Authority a scheme for landscaping of the Stage 3 site, including a 5 year management and maintenance plan, which shall include hard surfacing, means of enclosure, planting of the development, indications of all existing trees and hedgerows on the land and details of any to be retained, together with measures for their protection in the course of development.

**Reason:** To enhance the appearance of the development in the interest of the visual amenities of the area and to comply with policies QD1 and QD15 of the Brighton & Hove Local Plan.

70. All planting, seeding or turfing comprised in the approved scheme of landscaping for the Stage 3 site shall be carried out in the first planting and seeding seasons following the occupation of the building or the completion of the development, whichever is the sooner; and any trees or plants which within a period of 5 years from the completion of the development die, are removed or become seriously damaged or diseased shall be replaced in the next planting season with others of similar size and species, unless the Local Planning Authority gives written consent to any variation. All hard landscaping and means of enclosure shall be completed before the development is occupied.

**Reason:** To enhance the appearance of the development in the interest of the visual amenities of the area and to comply with policies QD1 and QD15 of the Brighton & Hove Local Plan.

71. No development of the Stage 3 site shall take place until a scheme for



the storage of refuse and recycling has been submitted to and approved in writing by the Local Planning Authority. The scheme shall be carried out in full as approved prior to first occupation of the development and the refuse and recycling storage facilities shall thereafter be retained for use at all times.

**Reason:** To ensure the provision of satisfactory facilities for the storage of refuse and to comply with policies SU14 and QD27 of the Brighton & Hove Local Plan.

72. No works shall take place on the Stage 3 development site until a servicing and delivery strategy has been submitted to and approved in writing by the Local Planning Authority. The objective of the strategy shall be to minimise use of the service road exit onto Upper Abbey Road and to minimise congestion, noise and disruption to adjoining residents. The strategy shall include details of the type and size of delivery vehicles that may use the service yard and arrangements for access and egress to and from the public highway and the service yard. The scheme shall also include details of a swept path analysis for HGV and larger delivery vehicles. The scheme shall be implemented fully in accordance with the approved details and retained as such thereafter.

**Reason:** To safeguard the amenities of the occupiers of residential properties and to minimise congestion on Upper Abbey Road and to comply with policies SU10 and QD27 of the Brighton & Hove Local Plan.

#### **Substation Conditions**

73. No development of the substation site shall take place until there has been submitted to and approved in writing by the Local Planning Authority a scheme for landscaping on the substation site, including a 5 year management and maintenance plan, which shall include hard surfacing, means of enclosure, planting of the development, indications of all existing trees and hedgerows on the land and details of any to be retained, together with measures for their protection in the course of development.

**Reason:** To enhance the appearance of the development in the interest of the visual amenities of the area and to comply with policies QD1 and QD15 of the Brighton & Hove Local Plan.

74. All planting, seeding or turfing comprised in the approved scheme of landscaping for the substation site shall be carried out in the first planting and seeding seasons following the occupation of the building or the completion of the development, whichever is the sooner; and any trees or plants which within a period of 5 years from the completion of the development die, are removed or become seriously damaged or diseased shall be replaced in the next planting season with others of similar size and species, unless the Local Planning Authority gives written consent to any variation. All hard landscaping and means of enclosure shall be completed before the development is occupied.

**Reason:** To enhance the appearance of the development in the interest of the visual amenities of the area and to comply with policies QD1 and QD15 of the Brighton & Hove Local Plan.

Informatives:

1. This decision to grant Planning Permission has been taken:
  - (i) having regard to the policies and proposals in the Brighton & Hove Local Plan set out below, including Supplementary Planning Guidance and Supplementary Planning Documents:  
(Please see section 7 of the report for the full list); and
  - (ii) for the following reasons:-

The application is accompanied by an Environmental Statement, which addresses impact. It is considered to be complete and has been used as part of the overall assessment of this application.

The proposed development would replace existing hospital accommodation which is in a poor condition and does not meet current modern healthcare standards. The development would provide a teaching, trauma and tertiary care centre for the Region which would have considerable public health benefits for Brighton & Hove and the wider region. The principle of the development is considered acceptable in land use policy terms.

The proposal would result in the loss of the Barry Building (locally listed) and the Grade II listed Chapel with the Bristol Gate piers being relocated. It is considered that the loss of the Barry Building is justified and the proposed replacement Stage 2 building is of a high quality design. The interior of the Chapel would be replicated with the proposed Stage 1 Building, and the piers would be rebuilt and restored. The design, scale and massing of the proposed buildings and helipad is considered to be appropriate and overall the impact on important views is considered to be acceptable.

The proposal includes a range of transport provision as part of the redevelopment, including a net increase of 297 car parking spaces, increase of 188 cycle parking spaces, new bus-stop infrastructure on Eastern Road and a contribution for off-site provision through the Section 106 Agreement, and patient transfer drop off/pick up facilities. These are considered to be acceptable.

The proposal would significantly reduce daylight levels received by 6 terraced properties to the south of the site on Eastern Road, two of these properties are in the ownership of the trust, given that this impact is limited to a small number of properties and the recognition of the overall significant public health benefits of the proposal, the impact on amenity whilst regrettable is considered to be acceptable. The final scheme together with the proposed highway works, public realm improvements and mitigations is considered to be acceptable. It is considered that construction impacts such as noise, dust and vibration can be adequately controlled, managed or mitigated through the Section 106 Agreement.

Operation noise will arise from the use of the helipad, however, it is considered that this will mainly be restricted to day-time landings. The scheme would not have a significant impact on local air quality levels. Conditions are proposed regarding the contaminated land remediation and disposal. The scheme is predicted to meet a BREEAM healthcare rating of excellent and provides ecological enhancements.

2. Formal applications for both the connection to the public sewerage system and to requisition water infrastructure, are required in order to service this development, please contact Atkins Ltd, Anglo St James House, 39A Southgate Street, Winchester, SO23 9EH (Tel: 01962 858688 or [www.southernwater.co.uk](http://www.southernwater.co.uk)).
3. The applicant is advised that the conditions on land contamination have been imposed because the site is known to be or suspected to be contaminated. Please be aware that the responsibility for the safe development and secure occupancy of the site rests with the developer. It is strongly recommended that in submitting details in accordance with this condition the applicant has reference to Contaminated Land Report 11, Model Procedures for the Management of Land Contamination. This is available on both the DEFRA website ([www.defra.gov.uk](http://www.defra.gov.uk)) and the Environment Agency website ([www.environment-agency.gov.uk](http://www.environment-agency.gov.uk)).
4. The applicant is advised that the details of external lighting required by the conditions should comply with the recommendations of the Institution of Lighting Engineers (ILE) 'Guidance Notes for the Reduction of Light Pollution (1995)' for Zone E or similar guidance recognised by the council. A certificate of compliance signed by a competent person (such as a member of the Institution of Lighting Engineers) should be submitted with the details. Please contact the council's Pollution Team for further details. Their address is Environmental Health & Licensing, Bartholomew House, Bartholomew Square, Brighton, BN1 1JP (telephone 01273 294490 email: [ehlpollution@brighton-hove.gov.uk](mailto:ehlpollution@brighton-hove.gov.uk) website: [www.brighton-hove.gov.uk](http://www.brighton-hove.gov.uk)).
5. The applicant should be aware that it is their responsibility to ensure compliance with any other regulatory regimes including food safety, permitting and licences under the Licensing Act 2003. The provision of planning permission does not provide any guarantees or assurances of other permissions being automatically granted under different legislation.
6. Additionally, the holding of a planning consent, does not guarantee against the Council receiving and being required to investigate complaints of noise or light nuisance. The Council has a statutory duty to investigate such matters under the Environmental Protection Act 1990 and if deemed to be a statutory nuisance, to serve an abatement notice to remedy the matter accordingly.

7. With regard to the information required by condition 23 the applicant should be aware of the information contained within Environmental Protection UK Draft Combined Heat and Power and Air Quality Guidance for Local Authorities (England and Wales) 2011, and any subsequent adopted Guidance.
8. The applicant is advised that details of the BREEAM assessment tools and a list of approved assessors can be obtained from the BREEAM websites ([www.breeam.org](http://www.breeam.org)). Details about BREEAM can also be found in Supplementary Planning Document SPD08 Sustainable Building Design, which can be accessed on the Brighton & Hove City Council website ([www.brighton-hove.gov.uk](http://www.brighton-hove.gov.uk)).
9. With regard to condition 15, a Major Trauma Medical Emergency is defined as having an Injury Severity Score of 15 or more, using the Association for the Advancement of Automotive Medicine's global Abbreviated Injury Scale.
10. With regard to condition 16, the NHS Emergency Planning Guidance (2005) defines a Major Incident as *'any occurrence that presents serious threat to the health of the community, disruption to the service or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance trusts or primary care organisations.'*

## **SECTION 2**

### **THE SITE**

## **2 THE SITE**

This application relates to the Royal Sussex County Hospital (RSCH) on Eastern Road which is bounded by Eastern Road on its south side, Bristol Gate to the east, Upper Abbey Road to the west and Turton Close and the Bristol Estate to the north.

The application site within the red line mainly comprises all of the buildings south of the southern access road and north of Eastern Road. These include the Barry Building and Grade II Listed Chapel, Jubilee Building, Latilla Building and Annex, Stephen Ralli Building and the Sussex Cancer Centre. There are a number of modular buildings within the application site which are temporary in nature, however the majority of these buildings have been in situ for some time. These include Nuclear Medicine, Fracture Clinic, Ear Nose and Throat Clinic, Trust Headquarters, Nigel Porter Unit, IT & Data Centre and the Linen Store. The permanent buildings on the site are either 3 or 4 storey in height. Surface level car parking for 93 vehicles is present within the site accessed direct from Eastern Road. The main entrance for the hospital is at the front of the Barry Building.

There are two Grade II Listed gate piers at the junction of Bristol Gate and Eastern Road either side of the road which are proposed to be demolished and rebuilt as part of the application are within the red line of this application. A separate listed building application on this agenda (BH/2011/02887) refers.

The application site also extends to the north of the access road, as there would be underground anchors required as part of the construction to the Stage 1 and 2 buildings proposed in this location.

The red line of the application site also includes a small area adjacent to the northern access road and the western end of the Multi Storey Car Park (MSCP) where a new sub-station is proposed.

All of the buildings detailed above would be demolished as part of the proposal. The Barry Building was built in 1824-26 and is locally listed. Within the structure of the building is a Grade II listed chapel built in 1856. Part of its northern elevation is visible. The Victoria and Adelaide wings were added to the Barry Building in 1839-41 and the separate Jubilee Building was added in 1887.

The existing 13 storey Thomas Kemp Tower on the north side of the southern service road is also included within the application site as a helipad is proposed on top of it.

To the north of the southern service road are the Children's Hospital (8 storey), the Thomas Kemp Tower and the 4 storey Pathology and A & E

Building. To the north of the Northern access road are the 7 storey multi-storey car park and Sussex Kidney Unit and the 5 storey Millennium Wing.

The RSCH site rises up steeply north of Eastern Road and there is a difference in levels of approximately 18 metres from Eastern Road to the northern boundary of the whole hospital site.

There are other RSCH buildings on the south side of Eastern Road including Outpatients, the Audrey Emerton Building and the Sussex Eye Hospital. These buildings are outside of the application site. Also in the ownership of the Trust are Nos.178 and 180 Eastern Road opposite the Latilla Building which are in use as accommodation for medical staff, Rosaz House on the east side of Bristol Gate and the former St Mary's Hall School further east along Eastern Road. Glen Court is a 4 storey block of flats also owned by the Trust at the corner of Abbey Road and Eastern Road. It used for overnight accommodation for relatives of patients.

Rosaz House and Cottage (Nos. 2 and 4 Bristol Gate) is to the east of the site. This is currently used as parking for cancer patients and the building is used as training facilities and on-call doctors accommodation. Planning permission has recently been granted for a three storey Macmillan Cancer Centre on this site (BH2011/02181). Residential properties on Bristol Gate are mainly two and three storeys.

Upper Abbey Road consists of two storey Victorian terraced properties with Courtney King House, which is a 10 storey residential block to the south at the junction with Eastern Road.

Two and three storey residential properties are present to the south of the site on Eastern Road, east of the Eye Hospital. To the east of Bristol Gate on the north side of Eastern Road are a block of four storey terraced dwellings.

Further to the east is St Mary's Hall (former school) and to the north of the playing field is the former Junior School which is now in use by Brighton College.

To the north of the main RSCH is the Bristol Estate, which comprises a number of blocks of flats ranging from 3 to 9 storeys in height. These flats are set in spacious open grassed amenity grounds and are in an elevated position overlooking the hospital site. The residential blocks at Turton and Chadbourn Close are closest to the hospital site. Nos. 1 -24 Turton Close is a 6 storey block and Nos. 2 - 4 Chadbourne Close are 3 storeys.

The East Cliff Conservation Area runs along the southern side of Eastern Road omitting the hospital buildings to the south of Eastern Road and extends down to the seafront including the beach. The north east part of the conservation area nearest the hospital comprises tightly knit streets of two storey Victorian terraced dwellings of more simple designs but with a variety

of individual features.

The College Conservation Area to the west of the site is much smaller and comprises mainly the Brighton College School site and the terraced residential streets on its east and north side. The front of the College on Eastern Road comprises Grade II Listed buildings in red brick with Caen stone and terracotta dressings.

The Kemp Town Conservation Area adjoins East Cliff to the east and comprises Arundel Terrace, Chichester Terrace and the set pieces of Sussex Square and Lewes Crescent. The grand four storey white rendered residential properties here are Grade I Listed although many of them have had a variety of roof extensions and alterations carried out.



**SECTION 3**

**RELEVANT HISTORY**

### 3 RELEVANT HISTORY

#### RSCH, Eastern Road

**BH2011/02887:** Listed Building application for demolition of the Bristol Gate Piers. Under consideration

**BH2011/02886:** Listed Building Consent for demolition of the hospital chapel. Under consideration.

**BH2011/01558:** Erection of a six storey modular building for a period of seven years with alterations to vehicle access on Eastern Road. Approved 03/10/2011.

**BH2011/00921:** Erection of two storey modular building for a period of 10 years. Approved 20/05/2011.

**BH2011/00827:** Refurbishment of existing building including external alterations and new roof. Approved 06/05/2011.

**BH2011/00556:** Refurbishment of existing building including external alterations to the southern façade and internal alterations to create ancillary office and storage space. Approved 15/04/2011.

**BH2008/02880:** Construction of a temporary two storey modular building. Approved 27/11/2008.

**BH2005/05688:** Urgent care centre, extension to existing A & E Department. Approved 09/03/2006.

**BH2004/00514/FP:** 2 storey – 18 bay portacabins to be situated in Stephen Ralli car park for a period of 10 years. Approved 23/07/2004.

**BH2004/00135/FP:** Extension to existing restaurant, creation of new children's garden, including demolition of existing doctor's mess. Formation of 4 parking spaces.

**BH2003/03499/RM:** Reserved matters application to demolish old renal building with new multi-storey hospital building for paediatric care. (Following outline approval BH2002/00880/OA). Approved 15/01/2004.

**BH2003/02636/FP:** Erection of new theatre 7 and refurbishment of existing theatres and accommodation on levels 4 and 5. New roof to plant area located on level 6. (Amendments sought to scheme approved under reference BH2002/01598). Approved 06/10/2003.

**BH2003/02288/FP:** 4 storey chemotherapy unit including clinical research and investigation facilities, with physical link to Block B over existing service road. Approved 06/11/2003.

**BH2003/00724/FP:** Two storey office accommodation to east elevation of main block. Approved 17/04/2003.

**BH2003/00364/FP:** Erection of 2 temporary portacabins in the A & E car park. Approved 20/03/2003.

**BH2003/00339/FP:** Siting of temporary steel storage container 2.7 x 3 x 10 metres to be sited adjacent to the Nuclear Medicine Building. Approved 26/02/2003.

**BH2002/02965/FP:** Temporary cabins plus enclosure for breast care services. Approved 09/12/2002.

**BH2002/02779/FP:** Re-organisation and refurbishment of existing xray suite.

To provide new MRI examination room and ancillary facilities. New façade to existing single storey elevation. Approved 21/11/2002.

**BH2002/01598/FP:** Erection of a new theatre 7 and refurbishment of existing theatres/accommodation on levels 4 and 5. New roof to plant located on level 6. Approved 09/10/2002.

**BH2002/01419/FP:** Siting of portacabin to house renal unit for temporary period. Approved 15/07/2002.

**BH2002/00880/OA:** Outline application to demolish old renal buildings and replace with new multi-storey hospital for paediatric care. Approved 09/10/2003.

**BH2001/00149/FP:** Construction of new renal department comprising 2 floors of clinical accommodation together with plant space contained within the rooftop plantroom, above existing multi-storey car park. Approved 17/10/2001.

**BH2000/02111/FP:** Installation of portacabin on western car park for temporary period of 2 years (retrospective). Approved 01/06/2001.

**BH2000/01378/FP:** Provision of 12 car parking spaces and motorcycle/bicycle parking area on former pathology laboratory. Approved 27/06/2000.

**BH1999/01998/FP:** Form 20 space car park (including 8 disabled spaces) together with landscaping on site of former pathology laboratory. Approved 05/10/1999.

**BH1999/01762/FP:** Temporary landscaping and to permit parking on top level of multi-storey car park from 7am to 6pm. Approved 03/02/2000.

**BH1998/01986/FP:** Demolition of existing workshops and associated excavation to provide a concrete bunker housing 2 new linear accelerators and 1 simulator together with associated counselling and treatment rooms, offices and consultant bases. Approved 28/10/1998.

**BH1998/00972/FP:** Installation of demountable office building for temporary period of 60 weeks. Approved 18/06/1998.

**BH1998/00849/FP:** Installation of 2 stacked modular buildings on south side of main service road for temporary period of 5 years. Approved 18/06/1998.

**BH1997/01722/FP:** Infill and extension to existing undercroft of Oncology block fronting Eastern Road. Approved 21/01/1998.

**96/0888/FP:** Erection of a multi-storey (3) car park. Amendment to lift tower approved under BN/96/0001/FP. Approved 24/10/1996.

**96/0631/FP:** Erection of two portacabins (stacked up) behind main building to provide temporary changing facilities. Approved 13/08/1996.

**96/0519/FP:** Relocation of 2 (stacked up) portacabins and provision of two new portacabins (one raised above ground level) on land adjoining service road to include temporary kitchen facilities. Approved 27/06/1996.

**96/0001/FP:** Erection of a multi-storey (4) car park to provide 364 spaces. Amendment to previous proposal (BN94/1200/FP) involving elevational alterations and exclusion of clinical blocks. Approved 12/03/1996.

**95/1429/FP:** Temporary use of emergency access off Whitehawk Hill Road by construction traffic and other vehicles using new car park at north west corner of site. Approved 08/08/1996.

**95/0292/FP:** Erection of a temporary portacabin for display of public

information for a period of 5 years. Approved 21/ 04/1995.

**94/1200/FP:** Erect 6 storey clinical ward block, refurbish and erect 2 storey extension to A & E department, 4 storey post grad education centre, 4 storey car park for 360 cars with clinical block over and extension to out-patients department. Approved 31/05/1996.

**93/0448/FP:** Erection of a temporary portacabin north of nurses home fronting Bristol Gate. Approved 06/09//1993.

**92/0918/FP:** Erection of two storey building adjacent to Latilla Building and relocation of existing portacabin on site to car park adjacent to out patients department. Approved 10/11/1992.

**92/0893/FP:** Erection of a single storey extension to the Physics Department. Approved 16/09/1992.

**92/0758/FP:** Provision of one way service road system involving demolition to bridge to canteen, raising canopy to access stair and toilets to canteen and provision of high level walkway. Approved 20/10/1992.

**91/1160/FP:** Siting of single storey building to provide temporary office accommodation. Approved 15/10/19914.

**91/0792/FP:** Erection of 2 storey demountable building, behind main building for storage of records. Approved 19/07/1991.

**91/0391/GD:** Proposed 3 storey infill between main ward block and Jubilee block. No objections raised by LPA. 19/07/1991.

### **History of related sites**

#### **St Mary's Hall, Eastern Road**

**BH2010/01833:** Change of use from class D1 education to class B1 office use with residential accommodation and retention of swimming pool and tennis courts. Approved 18/10/2010.

#### **Rosaz House, 2 and 4 Bristol Gate**

**BH2011/02181:** Demolition of Rosaz House and Rosaz Cottage and erection of a three storey building to accommodate the Sussex Macmillan Cancer Support Centre incorporating new vehicular accesses off Bristol Gate, 25 parking spaces and landscape works. Approved 21/10/2011.

**BH2005/02097/OA:** Renewal of outline planning permission BH2002/01059/OA for the retention of a medical unit with parking spaces below, including retention of existing access and seven parking existing parking spaces. Approved 16/01/2006.

**BH2002/01059/OA:** Outline application for the erection of a medical unit with parking spaces below, including retention of existing access and seven existing parking spaces. Approved 03/07/2002.

**BH1999/01985/FP:** Formation of car park at rear with 23 parking spaces and landscaped areas. Approved 05/04/2000.

**SECTION 4**

**THE APPLICATION**

#### **4 THE APPLICATION**

Planning permission is sought for the demolition of all of the existing buildings on the southern half of the Royal Sussex County Hospital (RSCH) site which lies north of Eastern Road and the erection of 3 new buildings. Due to the need to maintain an operational hospital, the development would be phased. The two main new buildings are referred to as Stage 1 and Stage 2 with Stage 3 comprising the construction of a service yard with an entrance from Bristol Gate. The application also seeks consent for a helipad on top of the Thomas Kemp Tower.

An Environmental Statement has been submitted with the application as required under the Town and Country Planning (Environmental Impact Assessment) Regulations 2011.

The Stage 1 development is at the eastern end of the site and would include demolition of the Jubilee block, Latilla building and its annex and nuclear medicine, some temporary buildings at the rear and the front car park which includes 93 parking spaces. Stage 2 will comprise the demolition of the Barry Building including the Grade II Listed Chapel, the temporary fracture clinic and the IT data centre. Stage 3 of the development will involve the demolition of the existing Cancer Centre which fronts Bristol Gate following the transfer of facilities into Stage 2.

The Stage 1 building comprises three distinct 'fingers' at its eastern end with internal courtyards and roof terraces. These fingers are set above a 3 storey podium level at Levels 1-3 (where Level 1 is the ground floor) but these fingers are set back from the Eastern Road frontage. The western and middle fingers are the tallest up to Level 11 (54.3m) at the western end and the eastern finger rises to Level 10. The eastern finger is slightly lower at Level 11. These fingers are splayed out to allow light in between and to break down their massing. At the rear of Stage 1 is a block known as the spine which extends behind the fingers and is also at Level 12. Level 1 includes the reception, a retail unit and café area, an internal courtyard and the site for the proposed relocated Listed chapel currently in the Barry Building. The Rheumatology and Ear, Nose and Throat departments are on this floor as well. Rising up through the floors are Cardiology and Nuclear Medicine (Level 2), Neurophysiology (Level 3), Imaging and Fracture (Level 4), Ambulatory Care and Oncology wards (Level 5), Critical Care (Level 7), Neurosurgery (Level 9) and other wards at Levels 6, 8, 9 and 10.

There are areas providing opportunities for outdoor amenity at Level 4 where there is an outdoor terrace and another outdoor terrace at Level 6 accessed from another café. At Levels 10 and 11 there are two terraces on the flanks of the west and middle fingers. Level 10 would provide an outdoor rehabilitation area for the wards and Level 11 is for meeting and teaching space.

The Stage 1 building backs onto the existing southern service road whilst at

its eastern end, the ramp down to the underground car park is accessed off Bristol Gate. The courtyard and void above rises to Level 13 and between the middle and eastern finger, there is a public atrium also rising to Level 13. There is one level of car parking in Stage 1 at Level -1 linking (extending through underneath Stage 2) with plant rooms at Level -2.

The front elevations of Stage 1 are predominantly curtain walling on the lower floors underneath the atrium with terracotta coloured solar shading. The fingers are framed in a smooth white reconstituted stone with large areas of glazing on the fingers. The glazing is interspersed with random coloured panels either copper coloured or yellow and the transoms are in a “biscuit” coloured reconstituted stone (Type 1) with a horizontal profile. The east and west elevations (the east and west fingers) are mainly in the white smooth stone with the lower floors and the spine in a different (Type 2) “biscuit” coloured reconstituted stone with a rough texture. Panels around the windows are blue coloured. The north elevation is mainly “biscuit” coloured panels using both Types of panel with a mix of blue, yellow and copper coloured panels adjacent to windows.

The Stage 2 building is 5 storeys (26.6m) in height and is principally for the new Cancer Centre. It would be built on the site of the current Barry Building. The building will include radiotherapy and medical physics services at Level 1, electric and biomedical engineering, Trust HQ, private patients and plant rooms at Level 2, the Medical School and clinical investigation research unit at Level 3, oncology day care at Level 4 and oncology wards at Level 5. The roof of the building would feature a large and extensive roof garden across the whole roof for use by patients and visitors. The rear of the building will be sunken underground into the hill enabling space to be used for plant and the radiotherapy bunkers. The front of the building features a central rotunda above the main entrance. Level 2 has a roof terrace on the south west corner adjacent to the Trust Headquarters which rises to Level 3 at the rear. At Level 5, the ward rooms would have access to balconies on the West facing flank. There are two levels of car parking at Level -1 and -2. The Stage 2 north and west elevations are predominantly clad in the smooth white reconstituted stone with the Type 1 “biscuit” coloured panels on the transoms. The front (south) elevation is similarly clad on the wings with large areas of curtain walling in the centre including the rotunda.

The Stage 3 building comprises a service yard accessed from Bristol Gate via the existing Southern Service Road which currently services the majority of the RSCH site. The service yard will enable deliveries to the rear of the Stage 2 building and would be able to accommodate two articulated HGV’s and a waste collection vehicle at any one time. The storage buildings on the site would be single storey clad in the same “biscuit” coloured panels as the main buildings.

**Access, circulation, car and cycle parking.**

The main entrance for the hospital would be in Stage 1 opposite the Eye



hospital. This is where most visitors and outpatients would enter the new development. The Stage 2 building will have its own separate main entrance. The Stage 1 and 2 buildings will be linked internally at all levels with some of those links accessible to the public at Level 1 (the entrances) and Level 6 (the roof garden). The public will be able to link to the Thomas Kemp Tower at Level 1 at its base. At Levels 5 and 7 there are key links for staff only to the Thomas Kemp Tower whilst at Level 6 there is a public link which completes a full circuit for the public from the Stage 2 roof garden to the café and roof terrace in Stage 1 and across to the Thomas Kemp Tower and onto the Millennium Wing at the north of the whole RSCH site.

Access to the underground car parking would be via Bristol Gate and initially until Phase 2 is complete there will be parking under Stage 1 only at Level -1. Access through to two storeys of parking under Stage 2 will be available after the completion of Stage 2. The total number of car parking spaces proposed will be 390 including 10 short stay parking spaces, 21 disabled parking spaces (net gain 5) and 40 dedicated cancer patient parking spaces under Stage 2. This represents a net gain of 292 car parking spaces on the site as a whole; there will be 37 motorcycle spaces in the underground car park which is a net gain of 27.

The application proposes a lay-by in front of Stage 2 which is required for Patient Transport Services. The lay-by would be 60m in length as it is required to accommodate up to 5 patient transport vehicles at once. The vehicles are 7.5m in length and need an additional 3.5m for ramps for wheelchairs. The lay-by would not be used as a general drop off for the public to use. The basement car park will provide short stay parking spaces for visitors to drop off passengers close to the lifts up to the main receptions of Stage 1 and 2. There will be a second temporary drop off lay-by in front of Stage 1 which will be used during construction works. The southern service road will continue to provide a drop space for Cancer patients but under the proposals this will be provided in a discreet lay-by at the rear of the Stage 2 building.

The proposal now includes 132 cycle spaces (66 racks) in two groups on the frontage. A group of racks is proposed in front of Stage 2 between the main entrance and the corner of Upper Abbey Road whilst a larger row of racks is located in front of Stage 1 between the main entrance and the relocated Chapel. The application was amended by the Trust proposing to provide 92 (net 86) additional covered cycle spaces with lighting and CCTV monitoring on the northern service road by demolishing some temporary buildings accommodating the Dorothy Robinson Resus unit which will be decanted to St Mary's Hall. Overall therefore 224 new cycle spaces are proposed with this development which represents a net gain of 188 due to the displacement of cycle spaces which occupy the existing front car park area and the Resus Unit.

Part of the access proposals include widening the Bristol Gate/Eastern Road

junction to enable left and right turns in two lanes of traffic exiting onto Eastern Road as well as widening the entry into Bristol Gate with a rumble strip. A pedestrian refuge is proposed at the mid point for pedestrians crossing Bristol Gate. The widened junction is to allow for an increased volume of vehicles mainly leaving the underground car park which is 20 metres from the junction. The junction will also enable delivery vehicles to enter and exit the junction more easily for the proposed service yard as part of Stage 3. Widening the junction has been possible as the Trust own a strip of land on the east side of Bristol Gate which includes two lock up garages which will be demolished. A planting scheme is proposed adjacent to No. 185 Eastern Road to help screen the rear garden which is overlooked from pavement level. The junction is also the access point for A&E vehicles.

### **The Chapel and Gate Piers**

The Grade II Listed Chapel currently in the Barry Building will be relocated into the south east corner of the Stage 1 building at Levels 1, 2 and 3. Detailed considerations of the demolition of the Chapel are considered under the Listed Building application on this agenda (ref: BH/2011/02888). This application will consider its replication. The floor area allocated is 10 x 12.5m with a small projecting area for the altar. The void would be 12m in height which is illustrated on the sections as being more than adequate to accommodate the existing chapel including its stained glass windows in the lantern within the current floor to ceiling height of the chapel. The chapel is designed to receive borrowed light in its new location so that the original stained glass windows will be naturally backlit by external glazing located on the east elevation fronting Bristol Gate at levels 1 and 2 and tall windows fronting Eastern Road at levels 1 to 3. The north and south elevation would also be naturally lit at Level 3 by high level windows.

The relocated Grade II Listed Gate Piers are proposed to be re-positioned approximately 1 metre south of their current location but also further apart due to the widening of the Bristol Gate access. The western pier is shown to be positioned in a small recessed corner created by the south east corner of Phase 1 whilst the eastern pier will be sited directly opposite on the back of the proposed new pavement 2 metres in front of the building line of the corner property, No.185 Eastern Road. Detailed considerations of the demolition are considered under the Listed Building application on this agenda (ref: BH/2011/02887). This application will consider their replication.

### **Helipad**

The proposed helipad would be on the top of the Thomas Kemp Tower. Viewed from the West (where it has the most open aspect), the helipad would be 12 metres above the main roof of the TK Tower but would be 6.5m above the highest part of the lift tower. The helipad requires two escape routes (ramp and flight of stairs) in case of fire as well as a service lift and a Trauma lift. The lifts open out onto a new Level 16 below the pad as they cannot emerge onto the helipad itself due to the turbulence and the need to keep the helipad free from obstructions. A ramp then would rise two floors emerging

onto the helipad itself at new Level 18. The helipad is required as part of the requirement for the hospital becoming a Level 1 Trauma Centre as part of the Trauma network for the South East.

### **Proposed Phasing**

A key constraint to the 3Ts development is the need to keep the hospital operational during demolition and construction. This has led to a 3 phased approach for future building work being developed. It has also shaped the design of the development, for example, the existing cancer centre had to be retained in situ during the redevelopment of Phase 1 pending its relocation into Phase 2. The costs of moving the large and very sensitive nuclear medical infrastructure in the cancer centre meant that this could only be moved once so a temporary re-location was not a realistic option on practical and cost grounds. The site of the Stage 1 building would include the current Jubilee Building, Stephen Ralli Building, the Trust headquarters and the Latilla Building and its Annex. A small section of the Cancer Centre would also need to be demolished in order to facilitate a temporary access into the basement car parking below the Stage 1 building during Stage 2 redevelopment.

Another factor that has influenced the scale and design of Stage 1 has been the need to achieve clinical adjacencies which stem for the provision of a Level 1 Trauma Centre.

Much of the provision of services requires that specialist trauma theatres need to be located close to the Emergency Department adjacent to the Thomas Kemp Tower and in order for rapid diagnosis, the x-ray and scanning departments need to be nearby. It was decided also that non-emergency facilities for similar departments such as neurosurgery would be more efficiently placed nearby to avoid duplication of staff and facilities. For these reasons, the scale of Stage 1 was designed to be a much larger building than Stage 2 where medical facilities would include those where the vast majority of care is planned including elective surgery for cancer patients.

A number of clinical and non-clinical services would need to be decanted prior to the demolition of buildings required to make way for Phase 1. Priority had to be given to maintaining clinical services on the site as a whole. Planning permission was granted at Planning Committee on the 21<sup>st</sup> of September 2011 for a 6 storey modular build (Ref: BH2011/01558) which will accommodate the MRI scanners which are currently in the Barry Building and Jubilee Building and nuclear medicine and medical physics which are currently in the Nuclear Medicine Buildings to the east of the Latilla Building and the Sussex Cancer Centre. It is anticipated that this modular build would be on site in May 2012. However, the fit out and decommissioning of medical equipment could take approximately 12 months. Planning permission has also been granted for a two storey modular build in the Thomas Kemp Courtyard.

The following is an indicative timeframe for the various stages of development

which were submitted within the draft Construction and Environmental Management Plan (CEMP).

- Diversion of existing services and pre-commencement work for decant and Stage 1 construction (5 months).
- Decant activities: mainly erection and fit out of modular 17 months.
- Helipad construction: 16 months.
- Stage 1: Demolition and construction: Total: 4 years 7 months. The Energy Centre will be operational prior to handover of Stage 1.
- Stage 2: Demolition and construction: Total: 3 years 6 months.
- Stage 3: Demolition and construction: Total: 13 months.

During development of all stages, there would be limited space on site and every currently available area has already been allocated and permission granted for temporary buildings as part of the decanting process. This has included the purchase of St Mary's Hall by the Trust and a permanent change of use to B1 offices for administrative functions. An off-site consolidation centre would also be required during the construction stage.

A Consolidation Centre would be likely to include :

- HGV parking - A logistics holding zone and a logistics centre to allow vehicles carrying construction materials to wait until the hospital site can accommodate them. Therefore the flow of traffic to the redevelopment site would be controlled and managed.
- A waste transfer and crushing facility - This would enable construction waste to be crushed away from the hospital site.
- Parking for construction workers - The construction workers would be transferred to the redevelopment site in minibuses. This would minimise traffic and parking on streets around the hospital.
- Site offices and welfare facility - These cannot be accommodated at the hospital site during the initial stages of redevelopment.

The chosen site for the Consolidation Centre is not yet known but the Trust has stated that it will be outside of the administrative boundary of Brighton & Hove. Assuming that this is the case, there may be the need for a smaller Consolidation Centre within Brighton & Hove which would be primarily for car parking for local construction workers in order to avoid doubling back on their journey to work. The Consolidation Centre is not part of this application and nor is any possible smaller centre for parking.

### **Pre-application Discussions and Petition**

The final form of this application has, in part, been shaped by the pre-application discussions and negotiations, which took place for a period of about 2 years prior to the application being submitted.

Regular meetings between the Trust and their representatives, Council officers and English Heritage have taken place since early 2008. The design of the scheme has evolved significantly over this time as a result of feedback from Council officers and English Heritage. At an early stage the key views

where identified which form the Landscape and Visual Impact Assessment Chapter of the ES. Options have been evaluated to consider how the buildings and the helipad can be designed to provide a distinctive development whilst minimising its impact but meeting all of the clinical needs of the hospital and modern standards for healthcare. The most recent designs prior to the submission of the planning application included the relocation of the helipad from an elevated position above the Stage 1 Building to the Thomas Kemp Tower, in order to reduce its impact on townscape views and the nearby conservation areas/listed buildings.

Discussions considered all other aspects of the evolving scheme most notably transport. For some time, the Trust held monthly Hospital Liaison Group meetings in order to consult with the local community. The Trust also made two presentations to Members and to the Conservation Advisory Group. The Trust have submitted a Consultation Statement setting out a full report on its consultation with stakeholders.

Councillor Bennett presented a petition with 1,745 signatures to Full Council on 24<sup>th</sup> March 2011 which read as follows:

*“We the undersigned petition the council to relax their parking policies and work with the hospital trust to ensure that the amount of on site parking for all Royal Sussex County Hospital patients and their visitors is greatly increased.”*

It was resolved:

“That the petition is referred to the Environment Cabinet Member Meeting for consideration, about how to improve access to the hospital for everyone, in particular in light of the proposed 3Ts development. This will include making public transport more accessible through ensuring the hospital promotes bus routes and working with bus and taxi companies to make sure they can both stop in or very near the hospital as well as making it easier to access the hospital by foot or bike. This will help to ease congestion and improve air quality around the hospital and ensure that emergency vehicles can reach the hospital more quickly and safely”.

The recommendations from Full Council asked that four specific matters be considered, prompted by the proposed planning application for future development at the hospital, which were:

1. Ensuring that parking provision took into account additional staff numbers.
2. Actively encourage the Trust to increase the frequency and capacity of the 40X bus.
3. An area-wide feasibility study to see if through-traffic can be diverted away from the hospital in accordance with the council’s agreed LDF Core Strategy document.
4. The council to work with the hospital Trust and other large employers in the city to provide genuine sustainable travel modes and choices for their

workforce.

The petition was heard at the Environment Cabinet Member Meeting on the 26 May 2011, where it was resolved that the petition be noted.

**SECTION 5**

**CONSULTATIONS**



## 5 CONSULTATIONS

### External

**Neighbours:** 108 representations have been received from residents. The full list of addresses are detailed in the appendix to this report.

46 representations of support were received. The grounds for support are summarised below.

- The existing buildings are in a poor state and are out of date. The new buildings will provide more privacy, comfort and dignity for patients particularly those currently within the Barry Building and when transporting patients to and from it.
- The proposal would provide better care, better infection control, easier accessibility for staff and patients with mobility problems and will enable RSCH to take more referrals from other hospitals in Sussex for services which are not available there.
- The new modern facilities are urgently needed and will provide Brighton and Sussex with a teaching hospital it needs and deserves for its residents and visitors.
- Development will create new jobs and a boost to the local economy.
- Increase in on site parking welcomed and will provide a safer environment for cyclists and pedestrians.
- Helipad will save lives and won't disturb residents.
- Must not turn down the opportunity of £450m of funding and this is a superb opportunity to modernise the hospital.
- Support but suggest use of glass lifts and avoid garish colours. City needs a modern hospital for its population and many visitors.
- Support the relocation of neurology services to the site which would have better room and a modern facility.

56 representations of objection were received. The grounds of objection are summarised below.

- The scheme does not represent good value for money at this time.
- The costs to the community outweigh the benefits.
- The Trust should make more use of the Brighton General site. Do not want the area to become a hospital campus.
- Extending hospital on a single carriageway is preposterous.
- Enormous costs for just 100 more beds and to only use helipad twice a week.
- The scheme exceeds the floorspace defined in the Core Strategy. There needs to be clarity on the actual increase in floorspace.
- The A&E Dept should be re-sited as part of proposals to front of hospital.
- Location of consolidation centre unknown.
- Site is too small for development. Parking and housing problems from extra workers. Buildings too tall. Eastern Road already at a stand still. Home based care and smaller hospital units should be the future.
- Property prices will fall. No attempt to assess damage to houses.

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- The scheme is a massive overdevelopment.
- Object to demolition of Barry Building which is a gem of Victorian architecture. The Barry Building has important links to St Peter's Church, St Andrew's Church and the Pepper Pot.
- The Barry Building should be used for non-clinical purposes. Should keep façade of Barry Building.
- The loss of the Chapel is unnecessary.
- The new buildings would be out of character with the adjacent Conservation Area. No need for more high rise buildings near the seafront.
- Poor non-cohesive unoriginal design especially 60's towers in contrast to Children's Hospital. Should be a beacon of good design.
- Concerns over noise, traffic disruption, vibration, air quality, excavation and damage to properties. This has not been properly assessed.
- Unsuitable location to serve the County. Access poor, traffic appalling, difficult access for ambulances, patients and public safety would be at risk during construction, and there is no room for further expansion. The main roads to the hospital are already choked with traffic.
- Relocating south side bus shelter will be more constricted by boundary wall and could obscure windows in Audrey Emerton Building and the new shelter may not meet Council criteria. Real Time Indicators inside hospital will only benefit passengers using infrequent services.
- Eastbound bus stop should have extra seating. Bus passengers waiting at bus stops could be affected by funnelled pollution effect by development.
- This is a once in a lifetime opportunity to encourage bus usage.
- South pavement should be widened by pushing building back.
- Traffic should be reduced on Eastern Road.
- Local Bus User Group should have been consulted pre-application stage. Extended 40X service could impact on regular 40 service. The waiting 40X bus could cause more congestion for other services. Concern about bus service delays during construction.
- Concern about queues to car park extending into Eastern Road and blocking ambulance access.
- Concern that EA only refers to average impacts.
- Concern about construction traffic using Eastern Road. Wear and tear on road infrastructure.
- Concern over parking impacts in Sutherland Road area where there are no restrictions.
- Insufficient car parking is provided which should be doubled in spaces.
- Transport statement did not account for 4 schools in the area, increase in staff, increased traffic seeking on-street parking.
- More dangerous for children to cross road to bus stop opposite Bingo Hall. Sutherland Road/Eastern Road junction already dangerous.
- Pavements will be too narrow for increased pedestrian flows.
- Transport Assessment does not account for increase in traffic before development complete. Impact on junctions will be over capacity which is admitted by the TA.
- Concern over pedestrian delays due to road traffic.

- Inconsistent details of car parking spaces. Application contradicts itself by claiming to reduce car users but provides large increase in parking and admits that 95% of existing car parks are taken up by staff.
- No details of proposals to re-route traffic away from Eastern Road.
- Stage 3 of development has not been assessed in terms of impact on traffic.
- No plan for replacing cycle racks during construction.
- Landing helicopters in densely populated area is hazardous. The helipad will have an unacceptable impact 24 hours a day on residents in terms of noise.
- Helicopters won't stop flying when limits on flights are reached. Residential properties are on the flight path of the helicopter.
- Helipad report states that it will be used 50 times but states that it will be able to treat 400 additional trauma cases. There is no clear evidence of anticipated use of helipad. No cap on helipad use.
- Large institution will have a de-humanising effect.
- Residents have already had to suffer a loss of view and noise impact over the last 20 years, due to other developments at the hospital site.
- A lot of elderly people live near the site at Courtney King House and Danny Sheldon House which would suffer severe disruption over many years.
- Concern about effect on health from particulates from increased lorries.
- Neighbouring properties will suffer from unacceptable overlooking, overshadowing, loss of light and light pollution. The scheme would also result in wind turbulence and funnelling and ground and surface water problems.
- Construction noise will be unbearable due to nearby residents shift patterns.
- Hospital should pay for secondary glazing for residents and window cleaning.
- Health Impact Assessment did not include local residents on steering committee, separate assessments of noise, air quality, etc, and did not account for cumulative impact of all of these factors.
- EA only assessed average impacts over time and not peak impacts.
- History of hospital development has never been very sensitive to effects on residents.
- Trust should assess residents most affected by construction and take positive action to avoid undue consequences from construction and post construction.
- Construction will result in 85 x 40 tonne lorries a day.
- Concern about impact of emissions from the Energy Centre.
- Southern frontage encroaches too closely and height will be oppressive.
- Construction noise described as temporary which is wrong over a ten year period. Construction noise does not take account of properties without double glazing. CEMP should have a noise and vibration control plan.
- Planting alongside Bristol Gate on east side should be reinstated.

In addition **6** letters have been received which state they do not wish to object to the scheme, however they raise concerns which are included above.

There is a current **petition** which closes on 23 January 2012 on the Council website from Friends of the Earth which reads:

*We the undersigned petition the council to We, the undersigned, welcome the redevelopment of the Royal Sussex County Hospital but believe that it should not be approved until the proposals are modified to reduce the traffic impact. The hospital trust should be required to invest at least the same amount of money as it is spending on the new underground car park, on walking, cycling and public transport measures. Only by doing this will visitors and staff be given a real choice of travel, and congestion and air pollution will be minimised.*

On the last day of writing this report (17/01/12) the **petition** had **118 signatures**.

**Brighton & Hove Bus and Coach Company:** Would like to see the drop off lay-by to the west of the pedestrian crossing (to the east of Paston Place) used instead as a bus stop capable of taking three buses and which would replace the proposed on-road bus stop just east of the pedestrian crossing which should therefore be removed. A decent architecturally designed shelter to blend in with the development should be incorporated at this location and provide a undercover walkway right to the main entrance.

Suggest the drop off lay-by instead be located at the eastern end of the site just west of the Bristol Gate junction and indeed where a temporary facility is being provided during the building works.

Would like to see more bus stops facilities on the south side of the road for westbound buses. This bus stop is currently one of the busiest in the City (outside of the City Centre) and within the expectation that more people will be travelling by public transport to and from the extended hospital, then more facilities needs to be provided than currently proposed.

The currently proposed bus stop to the west of the pedestrian crossing should be extended closer to the junction with Paston Place to create space for three buses. This would be used for bus services to the City Centre, Brighton Station and Hove. An iconic shelter to fit in with the development should be provided across the full width of the pavement. A further bus stop facility with space for two buses needs to be provided immediately to the east of the pedestrian crossing (immediately south of the proposed eastbound stop which we suggest moving as explained above). This bus stop would be used by buses on route 40X to Haywards Heath and the 37 to Bristol Estate. It also needs to have an iconic full pavement width shelter.

Real time signs need to be provided at all three aforementioned bus stops as

well as throughout the development, where there are waiting areas. Suggest in such a large development there would be appropriate locations for at least a dozen signs and request more information regarding this.

To ensure buses can travel in free flowing traffic along Eastern Road and Edward Street and therefore provide an attractive alternative to the car for visitors and out-patients, we would ask that all on-street parking be removed along Eastern Road. This is particularly important in the section between Sutherland Road and Upper Abbey Road as well as at the eastern end towards Arundel Road.

Suggest a westbound bus lane be provided in Eastern Road and Edward Street from Freshfield Road to Pavilion Parade and an eastbound bus lane in Eastern Road from Egremont Place to Freshfield Road. As bus frequencies increase on this corridor in response to rising demand it is important to ensure buses gain priority along this important access route.

Also suggest that a 'bus gate' arrangement at the end of the southbound Valley Gardens bus lane on the approach to the Edward Street junction so that the increased capacity can be provided for the expected increase in bus frequencies.

In view of the significant cost of this development at the Royal Sussex County Hospital and in particular the huge costs involved in providing the increased car parking facilities underground, these relatively modest amendments to the public transport proposals will ensure buses play the part the developers claim they do.

**Brighton Society:** Support the scheme. Have witnessed the unacceptable conditions for staff and patients. Grateful that Trust have been prepared to accept some of the changes submitted by CAG. Accept that it is not possible to retain the remnant of the Barry Building and have no objection to its demolition. Some concern about the increase in parking spaces as it will lead to congestion in Eastern Road. Society urges Planning Committee to give this application permission as soon as practicable to provide a modern teaching hospital.

*Follow up comments (materials):*

Very unhappy with the choice of some materials. Would like to know how colours were chosen and the basis for choice. Too much brown colour not cheering. Blue panels on east elevation jump out of large white building and bring it forward. Colour is fussy and jumpy. West façade is best with a band of colour which sets windows back and is more subdued in shadow of the balcony. Understand attempt to relate to Children's Hospital. Different colours should be more closely related. Use of colours will only allow entrance to be seen walking from the west. Entrance colours appear different on different elevations. Specifically the brown biscuit colours and the bright panelling.



The entrance needs to look more important and visible to people walking from the car park and from Kemp Town in the east

**Conservation Advisory Group:** The group wish to see the project proceed, however regret the loss of the Barry Building especially the significant contribution it makes to the townscape of Paston Place, and would urge that during the detailed design of Phase 2 further consideration be given to retain or restore key parts of the original building. The group support the principal of the helipad being located on top of the Kemp Tower. The group were unhappy with the sample panels produced with particular concerns over the biscuit coloured re-constituted stone and the colour of the plastic panels (developers should consider using the colours to push the building back as opposed to bringing it forward with the dark colours suggested), and also the appropriateness of western red cedar and how the materials will weather in the future. It was stressed that any choice of products should be very durable.

**Civil Aviation Authority (CAA):** None of the new structures, due to their height, would constitute an aviation en-route obstruction. However, the following issues are worthy of consideration:

- **Aerodrome Operations:** The Council will need to consider any safeguarding agreements it may have with local aerodrome licensees/operators as appropriate. Note the relatively close proximity of Shoreham Airport and would anticipate the need for Airport consultation.
- **Lighting:** Notwithstanding the provision of lighting associated with the operation of the helicopter landing site, the associated documentation does not appear to consider any requirement for the new structures to be equipped with aviation warning lighting (i.e. associated with warning off aircraft operating locally). Whilst, given the height of the new structures, the CAA would not in isolation make a case for any such lighting, it would be sensible to seek a related Shoreham Airport perspective.
- Due to the unique nature of associated operations in respect of operating altitudes and potentially unusual landing sites, it is important to establish the viewpoint of local emergency services air support units in respect of the new structures.
- The helipad would not be a CAA licensed facility. The CAA would therefore have no role in the regulation of the helicopter landing site itself. Pilots would still have to comply with the Rules of the Air Regulations (the Highways Code for pilots).
- Typically such helicopter landing sites are managed by the hospital trust usually through an aviation consultant. Good practice for helipad design would be in accordance with Department of Health, Health Building Note 15:03 Hospital Helipads.
- The air space over Brighton & Hove up to several thousand feet is Class G airspace, which is uncontrolled air space. This can be compared in laymans terms to the public highways, in that, providing pilots are suitably licences and they operate in accordance with the Rules of the Air, they can operate in Class G without special permission.

**County Archaeologist:** Although the site is situated within an Archaeological Notification Area, does not believe that any archaeological remains are likely to be affected by these proposals. Any pre-19<sup>th</sup> century archaeological remains that may have existed on this site would have been completely destroyed by the building work that has taken place on this site since the mid 19<sup>th</sup> century. The potential for deeper archaeological deposits of early prehistoric date has been discounted through review of the geotechnical survey of the site, which shows the underlying geology at bedrock chalk, with no evidence for quaternary deposits relating to the Black Rock raised beach.

The historic buildings have been subject to a very detailed analysis and recorded survey and it will not be necessary for any further buildings archaeological mitigation.

**East Sussex Fire and Rescue Service:** At this stage, are satisfied that the requirements of Section B5 of Approved Document B to the Building Regulations and performance required by HTM05-02 are satisfied. However, raise issues regarding the provision of fire hydrants and the provision dry rising mains only, and any contingency plans for the helipad, needs to be resolved as part of the Building Regulation Consultation.

**English Heritage:** No objection subject to the conditions to secure the mitigation to the heritage assets on the site being included.

Locating what is essentially a large new hospital within an existing densely developed urban environment is going to be difficult, especially when the site and setting for that development is as sensitive in heritage terms as the Royal Sussex County Hospital. The site of the existing hospital itself is historic with a number of designated and undesignated assets on it, but it is also very closely positioned in relation to other assets some of which rank with the best examples of their kind in the country. It is inevitable that, as a consequence, there will be negative impacts on the assets and on the historic environment as a whole, some of which will be serious and which we would ordinarily strongly resist. It has been made clear to us that in this case, that the 3Ts hospital project is offered as a package and that removing one or more elements, even the most damaging such as the helipad, was not an option for the Trust and that the funding on which the scheme is predicted on the whole project proceeding. Therefore have made an assessment on the understanding of this point.

In light of the detailed and prolonged discussions that have taken place (at pre-application stage), the positive responses made to many of English Heritage's previous concerns; the evolution of a scheme that is arguably the least detrimental that could be achieved while providing the essential medical and operational package; and the high design quality of the proposed new buildings, have come to the conclusion that the scheme has achieved an overall form and design expression that outweighs the degree of harm that



may be caused to designated heritage assets in proximity to the site and in the wider urban area. Have not come to this decision lightly and recognise that some people will be disappointed that we are not objecting to the proposal especially given the serious harm that will be caused to some heritage assets. However, it is consistent with current national planning policy advice that on the historic environment that harm to heritage interest must be balanced against the benefits that development will bring to the communities within which it is sited, and that the provision of a major new state of the art hospital campus for Brighton & Hove and the wider sub-region is a powerful counter-weight to the loss of heritage significances. Ultimately it is for the people and representatives of Brighton & Hove to decide if the undoubted costs to the City's historic environment is outweighed by the benefits that the modern hospital will bring to its communities.

The scheme as submitted, reflect the refinements and improvements to the scheme discussed over a considerable period of time (at pre-application stage). Accept that this is the best outcome that can be achieved that meets the brief for the project while mitigating the impacts on the heritage assets; the impacts remain harmful in some respects, notably the effect of the helipad in views of the Kemp Town terraces, but the extent of the harm is less substantial in view of the existing intrusion into the view by the existing Thomas Kemp Tower. Alongside this, there is a strong justification provided in support of the proposed development, and a clear and unquestionable substantial public benefit arising from it in the provision of a major new public health facility for the City and sub-region. The key tests against which the proposal should be judged for their effects on the historic environment, set out in Policy HE9.4 of PPS5, have been met.

**Environment Agency:** No objections subject to conditions regarding contaminated land and surface water drainage.

**Friends of the Earth:** Object to the scheme as it does not meet national and local planning policy in terms of sustainable transport provision and provides too high a level of car parking. The high levels of parking will encourage people to drive rather than travel by more sustainable means. This will be exacerbated by the poor design of the Eastern Road layout, lack of bus facilities in the right places, poorly sited western pedestrian crossing and the lack of cycle parking for staff throughout the site. The location of the car drop off lay-by compromises sustainable transport. Lack of substantial walking, cycling and public transport improvements along Eastern Road/Edward Street is also undermining improving transport choice. Additional car trips will lead to congestion and delays for buses along this corridor. The Travel Plan targets for the future are not ambitious enough however these may not be achieved without investing more heavily in walking, cycling and public transport. There is a bias towards investing in car based infrastructure as the new basement car park is likely to cost over 10 million.

Make the following suggestions for sustainable transport improvements. In

order to achieve these suggestions the drop off lay-by would need to be moved to outside the Stage 1 building.

*Public transport Infrastructure:*

- Eastbound buses to stop in the lay-by with provision for 3 buses.
- Westbound buses to stop in a bus stop for 3 buses beyond the crossing and a bus stop for 2 buses before it (all between Paston Place and Upper Sudeley Street).
- Build iconic bus shelters the full pavement width and full length of bus stops. Westbound shelter should also cover pedestrian crossing and eastward shelter should extend to main entrance.
- Real-time bus information should be provided at bus shelters, main entrances, outpatients, café and bottom of Thomas Kemp Tower etc. Real-time train information should be provided at the main entrances.
- Build bus and cycle priority measures both east and westbound along Edward Street/Eastern Road up to/from Freshfield Road.
- Improve Grand Parade/Edward Street junction to increase bus capacity and improve bus priority measures.

*Cycle infrastructure*

- Provide substantial numbers of secure, sheltered cycle parking for staff at key convenient locations around the site (including the new car park) in cages for greater security and with CCTV coverage.
- Electric charging points for electric bikes to be provided;
- Re-design cycle parking at front of development to accommodate car drop off point being moved to east of main entrance.

*Pedestrian Infrastructure*

- Move western crossing east as close to Paston Place as possible.
- Place a wide table across top of Paston Place and other neighbouring side roads should be treated as appropriate.
- Increase width of pavement on southern side of Eastern Road, particularly between Paston Place and Upper Sudeley Street.
- Minimise huge sweep into Bristol Gate which makes it difficult for pedestrians to cross.

*General*

- Make Eastern Road between Sutherland Road and to beyond Bristol Gate a 20 mile per hour zone.
- Install electric charging points.
- Raise concerns over large amount of spoil and construction traffic.
- Proposed junction improvements should not take place, money instead should go towards public transport improvements.

Support the following elements of the proposal:

- The developer's approach to improving energy efficiency, reducing energy demand and the consequent BREEAM 'excellent' rating for the design.

- Solar panels on one of the roofs and making the other roofs ready for fitting solar panels in the future.
- The number of green roofs with some access for patients along with other green pockets and tree planting throughout the development, However, disappointed that a large number of other roofs within the site have not been designed as 'green' or 'brown' roofs.
- The new public space on the Stage 2 building, level 6 which will be open to the public, although BHFOE would like to see real plants used for the 'lawn' areas instead of the proposed synthetic turf.
- The improved public realm in front of the main buildings.

**Highways Agency:** No objection.

**HM Coastguard:** Solent Coastguard has one helicopter covering the coastline and adjacent sea area from the Hampshire / Dorset Border eastwards as far as Kent. A second helicopter operates from Portland in an area to the west.

The tasking authority nationally for Search & Rescue Helicopters is the Air Rescue Coordination Centre (ARCC) at RAF Kinloss, Scotland. Once the request by the NHS has been received by ARCC and agreed, a local Maritime Rescue Coordination Centre (MRCC) will be delegated the coordination role to ensure liaison is maintained with the appropriate organisations and the helicopters safety and communications are kept up.

In 2010 the Coastguard helicopter transferred 92 rescued patients to hospitals within the catchment area (above). The primary function of Coastguard Helicopters is Search and Rescue, but there are additional roles referred to as secondary tasks, which involve hospital to hospital transfers, attendance at Road Traffic Accidents and a variety of major incidents on behalf of the NHS or other responders. It is estimated that there may be annually 10 – 15 occasions when the proposed helipad might get used by the Coastguard.

Of the 92 rescues in our area of operation during 2010 we believe that it's a 1/2 and 1/2 split by day and night. In terms of the secondary tasking, notably hospital to hospital its more like 2/3 by night and 1/3 by day, with Coastguard sorties reduced primarily because the Air Ambulances are a preferred option for daylight hours.

However, with due consideration to the changing requirements of the NHS with the introduction of Trauma Centres, it may be that after consultation with the medical coordinator as to where to take casualties for treatment Coastguard helicopters will be more commonly directed to the Trauma Centres rather than other hospitals in between, this would see an uplift of casualties transferred to RSCH.

Chichester Hospital is used for patients who need decompression facilities

such as sport divers.

The helicopters are capable of attending night time incidents and potentially could be requested to attend an incident by the NHS for delivery to a hospital where the air ambulance could not operate at night.

Under the Government's proposed Harmonisation Project, tasking authority may transfer in years to come from the ARCC at RAF Kinloss in Scotland to another organisation, potentially HM Coastguard.

Coastguard on the South Coast use the Augusta Westland 139 helicopter with a top cruising speed of 150 knots and a range of 200 nautical miles.

**South East Air Support Unit (Sussex Police):** The helipad seems ideal for use by the Unit. The Unit, for many years operated in a joint Police / Helicopter medical Emergency Service (HEMS) role and carry a paramedic from the South East Coast Ambulance Service as part of the crew at all times. The Police are tasked for the medical role by the same desk in Ambulance Control that tasks the air ambulances at Dunsfold and Marden.

The Unit differ from the dedicated Air Ambulances as we don't carry a doctor but we do have the capability to conduct medical work at night which they don't, due to the extra equipment we have fitted to our aircraft.

The Unit anticipate using the proposed helipad as no changes to the service are planned and the Unit was unaware that they may not be using the new helipad. Last year, the unit carried 58 medical emergencies in Sussex including 10-15 at night. Not all of them came to the RSCH but it is the preferred destination as it is the largest hospital around. They currently use the landing area in East Brighton Park.

The South East Coast Ambulance Service does not have the equipment fitted to the aircraft to be able to land safely at night at an incident where the terrain and features are unknown and locating a safe place to land is difficult. The Police do have the equipment however. Air Ambulance could do night time transfers from another hospital as the landing pad is a known landing point. It is unlikely that other Police units would use Brighton as Sussex support Surrey which have no medical kit and Essex support Kent.

Helicopters approach helipads at a standard angle which varies slightly between types of helicopter. At the final approach, the helicopter aims to be 100 feet above the helipad at a 1000m away known as the 'Landing Decision Point' where a decision is made whether it is safe to proceed to the pad. On take off, the helicopter will lift upwards and backwards and would be 100 feet above the pad at 300 feet away where a decision is made whether it must return to the pad for safety reasons.

**Kemp Town Society:** Proposed development is an overdevelopment of the

site taking account of its size in relation to adjacent properties and local road system. Accept no possibility of relocation to outskirts of Brighton. Principal concern is height of helipad which adversely affects skyline of Grade 1 Listed Kemp Town Estate and suspect also Royal Crescent and other seafront Listed Buildings. Not seen latest photomontages of increased height but trust there will be no more increases. Opposed to demolition of the Barry Building façade but accept it is no longer original. Overall design of new buildings is much improved on the original. Deplore loss of view up Paston Place but accepts that replacement acknowledges its location and style of surrounding buildings. Concerned that the long construction period will mean that modifications not considered by the Committee are needed which are forced upon the Council. Would be better to grant permission in stages to take account of changing circumstances. Not seen a realistic transport assessment. Construction routes cannot be known. Concerned about impact of heavy construction vehicles causing damage to limited foundations of Thomas Kemp's houses and seafront properties. Other future developments at Black Rock and the Marina will need to be assessed for traffic as Eastern Road is already slow moving and the streets in between will become congested rat runs. Environmental Health assessment does not seem to take account of resultant stress and pollution this will create. Query if funding is limited, will each stage be viable on its own?

**Kingscliffe Society:** Recognise the need for improvements and alterations to the existing accommodation of health care facilities at this hospital. Appreciate the extensive consultation by the project team and opportunities provided for residents and representatives to make their views known. Acknowledge that some enhancements of the design proposals, sympathetic to the character of the locality have resulted directly from the consultation process.

Consider the site to be already overdeveloped and object to the enormity of proposed volume of structures on this constrained site. Long duration of construction will cause prolonged and intense disturbance in the area. ES recognises the moderate to major negative impacts on conservation areas due to visual impacts and residential properties may be particularly affected by the cumulative impact of dust during construction phase. Attach extreme importance to the CEMP as service to residents. Concerns about traffic and pedestrian congestion during construction. TA does not refer to residential streets south of Eastern Road. Predicts that traffic will cause greater severance of communities from facilities. Concern about overbearing impact of development on properties on Upper Sudeley Street and Sudeley Place. Fear that podium is insufficient to alleviate satisfactorily the impact of the buildings above it on those houses and streets opposite. Latest increase in height of helipad of the pad is in our view unfortunate but siting of helipad on Thomas Kemp Tower is less troubling than earlier proposals.

Fervently regret the loss of the Barry Building. Historic and architectural importance has been understated by English Heritage. Hoped that a means of



integrating a part retention could have been integrated into development but have been unable to identify an expert proposed alternative solution so cannot insist on its retention. Many of the problems of retention outlined by the Trust stem from a retrospective fitting of the façade into a design at the outset which presumed the removal of the building. These problems might not have been insurmountable if the building had been Listed. Together with St Peter's and St Andrew's Churches is one of only three surviving major building products of Sir Charles Barry. Accept the gradual improvements in design proposals for a frontage that would replace the Barry.

**NATS (National Air Traffic Services) Limited:** No objection. The scheme does not conflict with safeguarding criteria.

**Regency Society:** No objection. Welcome the benefits of the proposed new hospital development, which will bring much needed modern medical facilities for the City and its environs. Have some criticism of the proposed redevelopment and the attendant loss of the façade of the historic Barry Building, but are strongly of the view that the benefits the City would derive from the new hospital facilities outweigh these concerns. In particular, the scale, form and mass of the proposed buildings represents an overdevelopment of the site, to which the Society would normally object, so this intensity of development should not be viewed as a precedent. Regrettably decisions taken many years ago meant the hospital redevelopment would inevitably require demolition of the Barry Building and an overdevelopment of the site. Commend the quality of the pre-application consultation process undertaken by the applicant and have appreciation for the amendments made to the proposed development in response to criticisms voiced by interest parties.

**SAVE Britain's Heritage:** Object to the loss of the Barry Building, listed Chapel and Listed Bristol Gate Piers.

The context of Barry's hospital is an important consideration in this case. The façade currently terminates a significant vista from the seafront, looking up Paston Place in the East Cliff Conservation Area. The Victorian additions are also important and are worthy of preservation. Although English Heritage advised against statutory listed this does not mean that the hospital is not a significant heritage asset. The Barry Building is a City landmark and is locally listed by the Council. Dispute the assertion by English Heritage that in their listed report that 'the Barry Building does not demonstrate architectural flair'.

The Chapel was built to the rear of the hospital but today its rendered façade is still visible from the north and partially from the east. It has an attractive interior which is said to be largely the product of a late-Victorian restoration by John Oldrid Scott and a light and spacious quality aided by a tall central lantern. Handsome wall panelling and arched windows with stone surrounds give the interior of the building a distinguished atmosphere. Disagree with the submitted Heritage Statement which states that the 'key significance of

the Chapel lies in the symbolic and spiritual values inherent in its interior’.

The applicant has set out the need for a new hospital in the area. This is not disputed and is fully supported by Save. However, we are confident that the Barry Building and historic wings could be adopted and included in the redevelopment scheme to provide a state of the art hospital which meets the criteria of the applicant. Appreciate that this option would be less economical for the applicant than the demolition of the historic buildings, however, the long term benefits of retention and inclusion in the new hospital should be considered. The quality and status of the development would be enhanced and a local landmark would be secured. The demolition of the listed chapel is also of considerable concern. Note that the historic fabric is to be retained as much as possible and that the chapel will be reinstated in a different location in the replacement hospital. If approval is given it is imperative that the historic material is carefully itemised and salvaged in a safe secure store prior to reinstatement. This also applied to the gate piers. Urge the Council to refuse the planning application.

**Shoreham Airport:** No comments received.

**Southern Gas Networks:** No objection.

**South Downs National Park Authority:** No objection. Due to the location of the site and the distance from the boundaries of the National Park, in this instance it is considered that the proposed development would not have a direct or detrimental impact on the National Park or the outlook from key locations within the National Park.

**Southern Water:** No objections. Recommend conditions to require the proposed means of foul and surface water drainage.

**Sussex Police Architectural Liaison Officer:** The proposal is committed to the principles of the Secured by Design scheme. There are also further mentions of additional crime prevention measures within the Design & Access Statement which we approve.

**UK Power Networks:** No objection.

**Victorian Society:** Two letters of objection have been received. Object to the loss of the Barry Building and the Listed Chapel.

The central pedimented section of the Barry Building falls outside their period of interest. However, the wings of the Barry Building and the Chapel are Victorian. The Barry Building is important to Brighton in the wider sense of its social and cultural heritage as well as its architectural presence in the town. Architecturally Brighton is a Regency and Victorian seaside resort. Its defining characteristics are its elegant terraces and residential suburbs with their white stucco facades. Brighton is not a town for tall buildings; it has



been built with a view to the sea and is best appreciated from the Pier where the horizontality of the town is clearly visible. The hospital buildings are characteristic in their classicising stuccoed appearance. The proposed buildings are much taller and although refer to their architectural surroundings are not comparable with the existing. The hospital buildings terminate one of the views from the seaside front and although excluded from the surrounding conservation area the buildings are an integral historic feature of the town. The hospital has, like many NHS owned buildings, undergone many changes over the years. These compromise its appearance and make appreciating its significance more challenging but do not mean that it would not be a fairly straightforward task to remove many of the unattractive twentieth-century accretions from the exterior. The extent of what remains of the historic fabric internally is not obviously clear due to the amount of modern fabric that has been overlaid. The Barry Building clearly retains a couple of handsome staircases which are of high quality and significance.

The Chapel stands out as the most pleasant and attractive room and is used by patients and visitors for contemplation. The quality of the interior is quite unlike the rest of the site for the reason that it doesn't feel like a hospital. The quality of the fittings is much higher and the interior is decorative rather than functional. There is also the very tangible sense that it is old and has been a place for solace and prayer for over 100 years. The supporting documents dissect the significance of the chapel and conclude that it does not have much historic value since many of the fittings are not original. Despite this, some of the fabric is original and much of it is considerable age and by the important architect John Oldrid Scott. Perhaps in the gazetteer of historic hospital chapels this is not in the 'top 5' most important but in the context of Brighton and the Royal Sussex County Hospital it is significant and of value.

Therefore, remain unconvinced by the arguments that retaining this listed building comes at too high a price financially and logistically.

Do not argue that the facilities at the Royal Sussex County Hospital do not need updating. However the argument is not a simple one of retaining the historic buildings or building the necessary facilities. The question is whether the existing buildings have sufficient merit that they are worth going to the trouble of retaining. Believe that the Listed Chapel and the Barry Building have great value and their incorporation would result in a scheme that was rooted in the history and architecture of Brighton. The creation of a heritage space is no substitute for the existing Chapel. PPS5 states that although recording heritage is of value it does not mitigate its loss.

External Consultees following re-advertising of amendments and addendum to Environmental Assessment

**Councillors Pete West and Stephanie Powell** have submitted letters which support the comments made by the Brighton & Hove Sustainability Partnership. These letters are attached to the committee report.

2 further neighbour letters of objection have been received. Grounds of objection are related to increased noise and disturbance, traffic and parking, insufficient infrastructure to support the development, and as the hospital should be relocated on an alternative site.

3 further neighbour letters of support have been received, which support the proposal on the grounds that the facility is much needed will provide a modern and sustainable health care and an improved neighbourhood for local residents.

**Brighton & Hove City Sustainability Partnership (CSP):** The CSP is keen to see the hospital redeveloped and not to delay approval or jeopardise the hospital's funding. However, has serious concerns regarding transport which should be examined further.

#### *Zero Carbon*

Supportive of the Trust's approach to the design of the buildings to minimise carbon emissions. However, the overall carbon emissions of the hospital buildings are likely to grow and suggest that the scheme should place more emphasis on using low energy lighting technologies and techniques. The other two photo-voltaic ready roofs should be fitted with solar panels now rather than later. Other roof space could be fitted with PV panels. 100% renewable energy should be purchased for any electricity that has to be imported.

The transport amendments are welcomed, the development does not conform to national, regional and local planning policy on transport. Investment should be made in a sustainable transport corridor along Edward Street/Eastern Road. Part of Eastern Road should be turned into a 20 mph shared space and pavements increased in width. Electric bikes should be invested in. The bus stops are not in the right locations. The 40x and 37 bus stop should be located outside the Outpatients Building. The capacity of the bus stops is inadequate and all bus stops should be large enough for 3 buses. The eastward bound bus stop should be placed in a lay-by to the east of the crossing. The pavement on the southern side should be improved of Eastern Road.

The additional cycle parking is welcomed, however, it is too far away from the development. More cycle parking needs to be provided in or close to the existing multi-storey car park and the proposed car park. The SPG Cycle parking target should be applied to staff within the new development as a whole not just the net increase in staff. More improvements should be made for pedestrians including entry treatments for side roads. Travel Plan targets are minimal.

#### *Local and sustainable food*

Raise questions regarding procurement of local food, minimisation of food miles and supporting the local economy. Sufficient space needs to be

provided so food can be cooked on site.

*Sustainable materials and zero waste*

Raise concerns that spoil from the excavations will go to landfill. Would like to see a zero waste to landfill objective as part of the development. Food should be grown on the roof garden.

*Biosphere*

The development would lead to an improvement in biodiversity and people's access to nature in the area. However, the environment of Eastern Road needs to be improved and more of the roof areas made into green or brown roofs.

*Health and Happiness*

The development is likely to increase congestion and air pollution. The current proposals will lead to a rise in car use which could increase obesity levels.

**Brighton & Hove Bus Company:** Note that the drop-off is now only for Patient Transport Services only. Need to be confident that motorists don't use the frontage on Eastern Road to park which would cause conflict with the bus stop. Re-iterate original concerns over congestion on Eastern Road and the need for bus infrastructure improvements on Eastern Road/Edward Street.

**Internal**

**Arboriculturalist:** No objection subject to a landscaping condition requiring replacement planting. There are several trees on site all of which will be lost should planning consent be given to this proposal.

No arboricultural report has been submitted with the application, however, the trees on site are of low amenity value and the Arboricultural Section would not object to their loss. The trees to be lost are detailed below:

- 1 x Elm – in decline, ivy clad, jammed between two walls.
- 1 x Elm – ivy clad.
- 1 x Holm Oak – juvenile.
- 5 – 6 multi-stem Sycamores – ivy clad, poor form, on slopes.
- 2 x shrubs in tubs.
- 1 x Sycamore – multi-stem at 1 m, juvenile, poor form.

**Building Research Establishment Limited (BRE):** The BRE were appointed by the Local Planning Authority to independently assess the **daylight, sunlight and overshadowing chapter and the wind environment chapter of the ES.**

Comments on the **daylight, sunlight and overshadowing chapter** are summarised below:

178-188 Eastern Road: Loss of light to all of the windows at the front of the houses would exceed the BRE guidelines, and the VSC would be reduced to well under the BRE recommendation of 0.8 times the existing value. With the new development in place, the VSCs would range from one third of the existing value (for the ground floor of Nos.178 and 180) to just over half the existing value (for the second floor of Nos.186 and 188). The assessments within the ES of a minor negative effect are inappropriate given the large loss of light. An assessment of a major negative effect would be more appropriate.

Loss of sunlight is not an issue for these windows as they all face within 90° of due north.

Courtney King House: All windows analysed would easily meet the BRE guidelines for loss of daylight (VSC). Therefore the ES assessment of a negligible impact is justified.

A small number of windows on Courtney King House would be impacted by loss of sunlight. However, given that only a small number of windows are affected, and that loss of sunlight only just exceeds the guidelines, and that the design of Courtney King House is itself partly responsible for the lack of sunlight these windows receive, the assessment in the ES of a minor negative effect on sunlight is reasonable.

Upper Abbey Road: Window locations for these properties have not been identified in the ES. Provided all of the relevant windows have been analysed, the ES assessment of a negligible impact is justified.

185 – 193 Eastern Road: It is not clear in the ES which windows have been assessed. No.185 has a partly hidden kitchen window directly facing the new development, and it is not clear whether this window has been included within the assessment. However, the data does show that daylight to all windows would be well within the BRE guidelines. Provided all the relevant windows have been analysed, the ES assessment of a negligible impact is justified.

No. 15 Sudeley Place and Nos. 10 – 12 Sudeley Terrace should be included within the daylight assessment (VSC). Nos. 1-24 Turton Close should be included in both the daylight (VSC) and the sunlight assessments (APSH).

The nearest garden which would be affected by the proposed development is that to the rear of No.185 Eastern Road. In late afternoon, particularly in summer, the shadow of the new development could come in his direction. However, the sun will be low in the sky by then, and the garden has a high wall to the side of it, so the new development is not likely to cause much extra shadowing. The flats to north in Turton Close and Chadborn Close are surrounded by grassy banks. The proposed helipad may cast a shadow on some of these areas in spring, autumn and winter. However any shadowing is likely to be transient, and someone wanting to sit in the sun could easily

move to another area. Therefore, the impact on the new development on sunlight in open spaces outside the hospital site is expected to be negligible.

Comments on the amended **Wind Environment Chapter** (submitted 09/12/11) are summarised below:

- The Computational Fluid Dynamics (CFD) method used appears to be based upon best practice. However, have concerns about the subsequent interpretation of the CFD results.
- The RANS (wind turbulence) CFD method predicts mean (time-averaged) wind conditions. Hence this method identifies locations perceived as being windy, with the pedestrian being subjected to (more or less) constant velocity winds. The RANS CFD method does not predict the effects of gusts, which are random velocity fluctuations superimposed upon the mean wind pattern. With regards to the perception of pedestrian wind conditions, the effect of gusts is as important as the effect of the mean winds. A location that has unpleasant gusty wind conditions would be identified by CFD if that location also had high mean wind speeds. However, this is not always the situation. There are often locations around a scheme where the worst-case perceived wind conditions result from the effects of gusts; such locations would not be identified using the CFD method. By contrast a properly conducted wind tunnel study would have measured the effects of both gusts and the mean winds.
- The summarised wind effect results presented in the ES Addendum Chapter were obtained using methods that are, in my opinion, suspect.
- The analysis undertaken is based upon the use of yearly wind data. This means that the worst-case season wind conditions have not been considered in this study. Furthermore the monthly safety exceedence criteria (which forms part of Lawson's methods) have not been determined. If the monthly comparison is made, there may be more locations of exceedence than are presented.
- There are locations around the Royal Sussex Hospital site that are identified as (even after mitigation) having moderate negative permanent direct effect. Based upon the CFD results presented I agree with this general assessment, notwithstanding all of the concerns raised about the methods used.
- In my opinion the mitigation measures proposed are unclear, untested, and therefore their effectiveness unproven.

Recommended Action Points:

- Evidence that the long-term Met Office wind data should be translated to the RSCH site. Such translations affect the ground level wind conditions everywhere around the site, and therefore all of the wind impact results would need to be re-assessed if this translation has not occurred.
- The results need to be related more clearly to the intended pedestrian usage of the site. In particular the assessment should take into account the wind impact upon existing and proposed entrances, amenity areas and areas identified for long-term sitting. If areas are intended to be used for a

given purpose throughout the year, the worst-case season (winter) results should also be considered.

- The mitigation works need to be described clearly, and the method by which they reduce the ground winds described. The efficiency of physical devices depends on their orientation with respect to the approaching local wind. Therefore, when such measures are proposed as part of a development, it is essential that the local wind directions are taken into account.
- The incorporation of wind mitigation measures does not guarantee that suitable wind conditions will be created at a given location. When possible hard test evidence (not just an opinion, professional or otherwise) should be provided by the developer to demonstrate that such measures do create the desired wind conditions.

### **Design and Conservation Manager:**

#### Summary

The tall 'fingers' in stage 1 close to the street edge are overbearing, but generally the appearance, scale, form, and layout of the development and the disposition of uses have been carefully considered and adjusted to good effect, taking account of the site's complex and constrained urban setting. Subject to conditions regarding matters of detail, finishes and external landscaping, the overall development is considered to be of an acceptable design quality.

The development will impact on the city skyline from various strategic view points but in a manner consistent with the council's tall buildings guidance. It is accepted that alternative low to medium rise options for the site's development are neither deliverable nor would they meet the hospital's clinical requirements.

The wider visual impact of the development is not considered so significant as to cause serious harm to the City's heritage assets.

The loss of the various heritage assets on site is regrettable, but it is considered that a case for their loss has been made, and their loss justified. Their retention would seriously compromise the hospital's plans for the expansion of its various medical services. The public benefits are accepted as outweighing the loss of the onsite heritage assets. The stage 2 development is a positive replacement. The recreation of the chapel interior within the stage 1 development, the rebuilding of matching boundary walls, and the restoration and relocation of the gate piers are welcome.

The helipad is appropriately sited, and subject to detail, its design will create an appropriate silhouette for the Thomas Kemp Tower.

#### Statement of Significance

The site has been in use as a hospital since 1828. The original building, designed by architect Charles Barry, was constructed as a free-standing villa



on open land away from the town. The development included a new road to the sea. This building (central 7 bays) was later extended either side (1839 & 1841) in a similarly symmetrical fashion, then a chapel (1854) added to the rear. Later still in 1861, the frontage was altered to provide easier access from the street through a new 2 storey entrance building, necessitating the demolition of the original entrance porch and flight of steps. The impression is of a substantial historic hospital building, in part neo classical / part Italianate style, and simply designed in the fashion so typical of 19<sup>th</sup> Century Brighton. It has been physically altered to its visual detriment; the interior even more so.

There was then further expansion and alterations, including acquisition of the Latilla building and construction of the Jubilee block. Taken together with the listed Bristol Gate piers and the site's brick and flint boundary walls, these have some historical and aesthetic value. The following however have the greater significance.

The chapel is grade 2 listed, has social significance and as a listed building is considered to have significant heritage value. Its loss should be exceptional. The original Barry Building is included on the council's list of buildings of local architectural or historic interest. It is considered to be a heritage asset of low to moderate heritage value, and having sufficient significance to merit consideration in any planning decision. English Heritage recently considered a request to add the Barry Building to the statutory list. However it was considered to have suffered extensive alteration and loss of architectural interest. The request was rejected. Nevertheless its designation as a non designated heritage asset requires that every reasonable effort should be made to secure its retention. It makes a positive contribution to the wider historic townscape, especially when viewed along Paston Place.

The Barry Building's appearance is consistent with that of the wider area to the south and makes a positive contribution to the setting of the East Cliff Conservation Area (ECCA).

The Thomas Kemp Tower is also prominent from further afield including from the Palace Pier in the Valley Gardens CA, and from parts of both the Kemp Town CA and the East Cliff CA. It (with other towers) has a harmful effect on the terraced skyline of East Cliff, when viewed from Palace Pier, and on the more formal landscape and skyline of the Kemp Town Estate. In such instances, account should be taken of the desirability of enhancing the setting of the conservation area through development. The TKT is also glimpsed from within the Queens Park and College Conservation Areas, but to negligible effect.

In terms of urban context the area is mixed in use and built form and set on a hill side. It is of mixed quality deserving enhancement. The hospital straddles Eastern Road, with modest street blocks to the south, historic buildings of similar scale to the north set within poor quality ill defined spaces, weak in



architectural cohesion, and larger blocks and tower on the higher ground to the back of the site. Access to the site and circulation within and between the departments lacks legibility.

### The Proposal

A phased comprehensive development is proposed for a significant part of the hospital, more particularly the older part fronting Eastern Road. It requires the demolition of several heritage assets, including the Barry Building, and the construction of tall buildings, including a roof top extension to the Thomas Kemp Tower, to provide a helicopter landing pad (helipad).

The exact height of the helipad is set having regard to acceptable levels of predicted turbulence around the tower and helipad structure.

The development includes landscape works to create a new street edge to Eastern Road, an enclosed service yard, the rebuilding of the Bristol Gate piers and flint boundary walls, a new multi-faith centre and recreated chapel, retail uses and pharmacy in the main foyer and public access to roof gardens. Taken as a whole, the development will be tall, compact, and dense and its character urban. Public access will be provided to all parts of the site (existing and proposed) from the main entrance and public foyer.

### Assessment of conservation and design impacts

#### *Loss of Heritage Assets*

##### *Chapel and Barry Building*

These are best considered as one building, since the chapel is accessed from the half landing of the original Barry staircase. They have significant local architectural interest, and their potential retention and re-use has been fully investigated and assessed.

The retention of these buildings, in whole or part, would be feasible but challenging. Their retention would require substantial extension on all four sides to meet the stage 2 clinical requirements, and substantial structural intervention to support the historic building during construction. The resultant development would seriously compromise both the setting of the Barry Building, and the quantity and standard of clinical accommodation within the stage 2 cancer centre building.

It is not judged feasible to restore the frontage of the Barry Building to its original appearance; thus the original façade's disconnected relationship with the street would remain. Also the opportunity to create a strong coherent identity for the hospital will be lost.

The retention of the chapel, without the Barry Building, will appear incongruous. Its value relates primarily to the interior and its symbolic and spiritual connections. Its retention would require many compromises and adverse effects on the proposed development.

The loss of these buildings is regrettable. The community benefits that will arise from the proposed hospital development are however considered sufficiently exceptional to justify demolition.

*Latilla and Jubilee blocks*

These buildings have low heritage value; their retention would mean a significantly smaller hospital on the site, with little room to expand.

*Walls and Piers*

The retention of these assets would have a disproportionate effect on the shaping of the development, having regard to their heritage value. Nevertheless they are to be rebuilt and will thus continue to make a similar contribution.

*Impact on heritage setting*

The applicant's heritage assessment regarding the setting of the conservation areas adjoining or nearby is thorough and carefully considered. Where harm is identified it is agreed that the impact is generally low to moderate.

The proposed helipad consolidates harm on an already intrusive element, and should read as a natural and appropriate extension to the tower and is considered the least harmful option, when viewed from long views from the east and west and from the Kemp Town estate. It will require careful detailing and finishes so as to sit harmoniously atop the Thomas Kemp Tower.

Wider visual impact

The Thomas Kemp Tower (TKT) and to a lesser extent the Royal Alexandra Children's Hospital (RACH) are landmark buildings on the city skyline, locating the hospital from afar. The RACH is an attractive building that helps alleviate the TKT's sense of detachment and dominance. The TKT was not designed to have such individual prominence. The intention had originally been for two more additional towers to the south.

From the Palace Pier the TKT reads as one of several tall buildings that provide a visually disruptive backdrop to the sea front developments and urban terraces in the foreground. The additional development has been designed to provide a more fitting back drop to the foreground urban terraces. From the coast to the east the development will merge with the city's other tall buildings including Marine Gate in the foreground.

From the Downs the change will be slight by virtue of the distances involved and the large number of other features visible.

From the sea the overall scale of the development will be apparent and appear as a significant place rising high above the dense low rise foreground, and contrasting with the horizontal lines of the historic terraces.

## Design Quality

### *Layout and massing*

The development has been designed with regard the local urban design characteristics and its impact on significant places, but the primary driver for the overall shape and form is the need to maintain the existing services on site during construction. The development has to meet very particular clinical requirements and clinical adjacencies appropriately connected, including with the existing A & E unit, for the efficient operation of the hospital. In this context, the chosen form and layout is considered appropriate.

Its height is a consequence of the required quantum of development necessary in each of the three stages. The undergrounding of the required parking and plant has reduced the height. The length of the fingers is driven by the requirements of the wards to maximize the number of single rooms; an appropriate balance has been reached between the height and spread of the development.

The development of the Eastern Road / Bristol Gate corner and the ground floor uses provide the desired active frontages and strength to the street corner. The reconstruction of high walls along Upper Abbey Road in traditional materials will reflect the site's former appearance and provide a strong and positive means of enclosing the site where the adjacent horizontal low rise development meets the sloping street.

The design is coherent in its form; a particular strong and positive feature is the projecting eaves lines to both the roof of the stage 2 building and to the roof above the 3 storey plinth to the stage 1 building.

Each frontage addresses the street in an appropriately positive manner. The front elevation design to Stage 2 terminates the view along Paston Place satisfactorily. The forward projection of Stage 1 will emphasize the hospital's main entrance, and provide an appropriate active frontage.

Materials have been carefully chosen, so as to reflect local tradition, to help reduce the development's apparent bulk and to impart identity. Samples are necessary to settle upon choice of colour and texture.

The external landscaping will provide generous and attractive spaces with sufficient shelter and protection to encourage their use for rest, meeting and reflection.

Overall the design will provide the hospital with a strong civic presence and has the required quality. It addresses the failings of the site's existing urban structure and will provide the hospital with a strong sense of place, and a visual identity appropriate to the city.

### Scale and height of development

The stage 1 development will create a step change in building height and

scale. This will reflect the hospital's city wide significance as a key destination.

It will however contrast strongly with the domestic scale of the residential terraces immediately opposite, so as to bear down on the street. It is disappointing that a more progressive stepping of the stage 1 block could not have been achieved and this will cause some harm to the appearance of the near eastern part of the East Cliff conservation area. That said, the 'fingers' have been modelled as separate buildings on top of the podium, which helps break up the continuity of mass and diminish their dominance. Moreover in all other respects, when viewed in near oblique views from east and west the blocks are articulated in a manner that sits comfortably in its surroundings.

#### *Architectural detailing*

The elevations are well proportioned. The design typology is appropriate to the use and its surroundings. Features have been introduced which break down the mass of the buildings, add interest, depth and focus at key points and an appropriate street rhythm.

The jointing and detailing of the pre cast panels will need to be carefully considered to create texture and depth to the facades. The desired effect cannot be achieved simply by colour contrast of materials on a uniform plane. The feature 'rotunda' to the stage 2 cancer care building will require curved rather than faceted glazing and panelling for best effect. The helipad will require careful attention to detail and finishes with regard cladding and screens to the helipad; more particularly to the stairs, ramps, skeletal structure, lifts and flues, in order to achieve the desired lightness and permeability and create an appearance that complements the tower.

**Ecologist:** The existing biodiversity value of the site is low. The one exception to this has been the use by nesting Peregrines of the Thomas Kemp Tower.

#### *Peregrine*

Peregrine is listed on Schedule 1 of the Wildlife and Countryside Act 1981. It is a criminal offence to intentionally or recklessly disturb any wild bird listed on Schedule 1 while it is nest building, or at a nest containing eggs or young, or disturb the dependent young of such a bird.

Peregrine are known to have attempted to breed in the vicinity of the proposed helipad on the Thomas Kemp Tower in recent years. Therefore steps should be taken to ensure Peregrine do not nest on the tower, if works to the roof are planned to take place at any time during the nesting season. The Peregrine nesting season would normally be from the end of February to mid June, but for the purposes of ensuring adequate mitigation for this planning application, recommend assuming fledging by the end of July.

In order to ensure conformity with policy QD18 of the Local Plan 2005, an

alternative nest site for Peregrine should be provided before the birds are dissuaded from nesting at the Thomas Kemp Tower. Recommend providing a Peregrine nest box (not a nesting tray), allocated away from the hospital itself (but within a circa 1km radius of the hospital) and on a building where appropriate nesting conditions can be met.

Further to earlier Ecology comments of 21<sup>st</sup> December 2011, the applicant has subsequently submitted a 'Peregrine Falcon Mitigation Statement' dated January 2012.

The Statement explores various options for the design and siting of an artificial nesting structure and recommends the use of netting to prevent Peregrine from nesting at the Thomas Kemp Tower. However firm proposals are lacking and it seems highly unlikely that a suitable alternative nest site will be established before the commencement of the 2012 breeding season.

If works are proposed for the Thomas Kemp Tower in spring 2012, there is a window of opportunity between now and the end of February 2012 to locate a suitable site (agreed by the council), fabricate the box to agreed specifications, obtain agreement from the landowner and erect the box. It will also be necessary to ensure periodic access to the box is possible for maintenance purposes. These requirements should be addressed as part of the planning application.

Recommend a S106 agreement which ensures that an off-site artificial Peregrine nesting site is established. The agreement should oblige the applicant to:

1. Locate a suitable artificial nest site, agreed with the land owner and the council.
2. Provide a suitable nest box, the design and precise location to be agreed with the land owner and the council.
3. Ensure the nest box is installed at least within the first nesting season following the proposed Peregrine exclusion works at the Thomas Kemp Tower
4. Monitor the nest box for use by Peregrine and carry out appropriate maintenance (to be defined) for a period of no less than 5 years following its provision.

An agreement should also be imposed to ensure adequate measures are put in place to prevent Peregrine from nesting at the Thomas Kemp Tower during construction.

#### *Biodiversity Enhancement*

Despite the low biodiversity value of the existing site, the development should nevertheless provide nature conservation enhancements in order to conform with planning policy. National planning policy, set out in PPS 9, states that planning authorities should maximise opportunities to integrate biodiversity

into development (paragraph 14). Policy QD 17 of the Local Plan, 2005 similarly requires new nature conservation features as part of development schemes. Annex 6 of SPD 11 quantifies the amount of new biodiversity developments should provide.

The planning application includes a submission by WSP, dated December 2011, which takes account of the requirements of Annex of SPD 11 in proposing biodiversity enhancement measures. Agree with findings of this report, that the development provides adequate urban greening, mostly in the form of green roofs and balconies. Agree with the choice of species proposed, which although not confined to native species, would attract wildlife as well as providing an attractive setting for people to experience nature at this urban location.

The development meets planning policy requirements regarding biodiversity conservation, provided adequate steps are taken to safeguard Peregrine in the vicinity.

**Economic Development:** Support the application and recommend that an Employment and Training Strategy be requested through a Section 106 agreement in accordance with the Local Employment Scheme and the developer agrees to using 20% of local employment during the construction phase.

The supporting information provided by the applicant in both the Planning Statement and also the Socio Economic (and Community Effects), Chapter 17 of the Environmental Assessment provide detailed information about the development proposal and employment generation which are fully supported. The proposal will provide additional space to accommodate increased staffing levels, some of which will be transferred from other hospitals however it is stated that approximately 281 new staff positions will be created as a result of the proposal which is welcomed.

**Environmental Health:**

Final comments received on 23/12/11

This is a major application that will be undertaken in three main phases over approximately ten years. It involves large scale excavation, demolition and construction and the use of a consolidation centre (the position of which is yet to be determined, but is likely to be outside of Brighton & Hove). It also includes the construction of a helipad on top of the Thomas Kemp Tower at the existing hospital. It has been proposed that this helipad will be used predominantly during the day and very occasionally at nights. The hospital will be in use 24 hours a day.

Therefore it is critical that local residents and hospital users are protected from excessive noise, vibration and other associated disturbances during both the development and operation phases of this Hospital. Consequently, this application has benefited from an extensive pre-application stage, where



various questions were raised by the local authority in order to ensure the protection of public health. Whilst it is inevitable that there will be some disturbance from a demolition and construction project of this size, noise and other impacts should be managed effectively by the developers: suitable standards and practices should be followed.

#### Construction Noise and Vibration

Preliminary assessments undertaken by the consultant, (without exact details of construction equipment to be used) indicate that the worst case noise impacts on dwellings surrounding the hospital will be medium (depending on the stage of development). Similarly, their worst case assessments for vibration impacts have been assessed as low. Measures to reduce and manage these impacts (and others such as dust) should be outlined in a detailed Construction and Environment Management Plan (CEMP) that could be submitted as part of a Section 106 agreement.

Controls of these potential impacts will be outlined in the Construction Environment Management Plan (CEMP) that will form part of a Section 106 agreement (below). Additionally, as identified in the ES, there are concerns about free fibre asbestos present in the made ground at the site. The application involves a large scale excavation and measures need to be in place to ensure that any excavation is carried out in accordance with the relevant legislation and guidance relating to handling of asbestos.

It should be noted, that although the consultants' noise assessments were focussed mostly on the impact to local residents, they have confirmed that the internal standards that will be applied to the hospital are for the Trust to manage (including the Thomas Kemp tower during construction of the helipad). The standards that will be applied will be those in the Technical Design Manual 4032:0.3 (formally Health Technical Memoranda). It is clear that the Trust will want to conform to these standards so that the normal functioning of the hospital continues.

A Construction Environmental Management Plan should be required through a Section 106 Agreement which should contain details of how dust, noise and vibration from this construction site will be adequately controlled. Also recommend that a specific condition to require, prior to commencement, a scheme containing details of how the developer proposes to deal with asbestos risk specific to the construction and removal phases.

Regarding vibration monitoring, the applicant state that any vibration limits adopted during construction will be irrespective of the baseline vibration conditions. They also confirm that if baseline vibration does prove to be of concern when assessing vibration during construction, they will then be able to establish a baseline level during breaks in the works. However, baseline vibrational monitoring will be included in the invitations to tender for the construction works. Details about vibration monitoring will be included in the CEMP provided with the development.



Operational Noise

Noise from the helipad: It should be noted that aircraft noise is specifically exempt from the provisions of the Environmental Protection Act 1990 and statutory noise nuisance legislation. For this reason, the Trust will handle any noise complaints concerning the use of helipad on the Thomas Kemp Tower. The Trust estimates that there will be approximately 64 flights a year. It is recommended that a condition be applied that requires the Trust to monitor the number, the service using the facility and the nature of the case once the helipad is operational. Any condition shall require a record of noise complaints received and actions taken by the Trust accordingly. The results of this monitoring should be reported back to the Local Planning Authority. The planning condition relating to noise impact from the helipad should require the submission of the monitoring results and restrict the number of flights to 64 per year plus 10% additional threshold. In addition, it is important that any condition includes the restriction that only Coastguard, Air Ambulance and Sussex Police can use the helipad and that the patients coming in only be trauma patients. I understand that a definition of trauma will be included as part of the condition.

Noise from plant: Recommend conditions to control noise from plant.

Noise associated with deliveries: Recommended that a planning condition be imposed restricting delivery times.

Potentially Contaminated Land

As part of the planning application, a contaminated land desk top and site investigation study was undertaken by the consultants WSP (outlined in Chapter 10 of the ES). This also incorporated information from historic studies and/or sources of potential localised contamination on the site. Additionally, information was gathered about the radioactive materials that had been used by the hospital and the half lives of such elements. Obtaining such information was important given that the hospital has been practicing nuclear medicine.

As part of the development, extensive excavations will form two very large basement spaces which in certain areas will be up to 19 metres below ground level. These excavations will effectively self remediate the majority of the site. However, the consultant's reports have identified the presence of free fibre asbestos within the made ground. Similarly, as the buildings are removed and demolished, further asbestos may be encountered. It should be accepted that there is always an element of the unknown in such works which needs to be accounted for. Therefore, there is not only a requirement to control such materials to prevent contaminants being released but also a need to have a discovery strategy in place if previously unknown contamination is uncovered.

Consequently, conditions may be used to secure a contaminated land strategy that will include: dealing with the excavated waste, incorporating a watching brief for the site, instigating a discovery strategy and the provision of a comprehensive validation/verification report which will detail exactly what

has been undertaken, where it was undertaken and when it was undertaken. Essentially, the validation/verification will show that the site is fit for its intended end use.

Given the protracted nature of this build (10 years) and that different stages (buildings) of the development may want to be used as the project progresses, it may well be appropriate that the applicant/agent wishes to consider a phased validation protocol rather than a standard condition requiring the whole site to be signed off prior to its occupation/use.

Finally, through discussions with the applicant, it is noted that the finished site will be predominantly hard standing with very limited soft landscaping. It has been stated that any soft landscaping will not incorporate any edible fruit trees or produce.

#### Odour

To ensure that odour from any kitchens or cafés within this development do not cause a Statutory Nuisance to local residents, a suitable condition will be recommended.

No objections subject to conditions requiring further details regarding plant and soundproofing, control of plant noise 5db below background, external lighting details, remediation/removal of ground contamination and odour control. Recommend that a CEMP is required through the Section 106 Agreement.

#### External Lighting

General Hospital Lighting: With respect to the perimeter lighting for the new hospital buildings, it is shown that 5 out of the 7 points assessed, are well below the recommended 2% post curfew value. With respect to the remaining two positions above the post curfew value, subtle changes in the lighting design in these areas would bring the calculated values down to the required levels. Therefore, recommended a condition for general lighting which includes a specific comment relating to an assessment of the site post completion and normal operation/occupation. Additionally, any complaints about lighting post installation may be investigated under Statutory Nuisance legislation.

Helipad Lighting: The applicant outlines that the helipad is subject to lighting requirements as defined by UK civil aviation law and that the perimeter lights should not be visible from below the level of the helipad. It has also been suggested by the applicant in their submission that the lighting from the helipad is likely to be exempt from statutory nuisance provisions. It should be noted that the helipad is only to be lit when actually in use, either at night or in poor light conditions. It is noted that the helipad is predominantly for use in the daytime only (during daylight hours). Any exceptions outside of these hours would be defined by clinical need. According to the information within the application, the landing of a helicopter, patient handling and subsequent take

off, is estimated to last no longer than six minutes. Therefore, suitable conditions have been recommended with respect to helipad lighting.

#### Grey water

There are concerns that the re-use of grey water has the potential to produce a hazard to health, especially with receptors being immuno-compromised and as such susceptible to easily acquiring infection/s. Therefore a suitable condition has been recommended below to safeguard public health.

#### Cumulative Impacts

The consultants WSP have raised the possibility that there may be cumulative impacts on residents (and hospital users) if the Rosaz House development overlaps with this development. However, the consultants do not currently have the construction equipment details to complete a meaningful quantitative assessment of these impacts. They suggest suitable measures should be agreed between the relevant contractors and the Council when sufficient information is known. Therefore, I recommend that both sets of contractors are made aware that they will need to work together to ensure that cumulative impacts are kept to a minimum and within the required standards. Additionally, in such a situation all stakeholders should be kept properly informed. This could form part of the CEMP for the site.

**Air Quality Officer:** No objections subject to necessary conditions and Section 106 obligations.

The Royal Sussex Hospital and Eastern Road along the southern site boundary are within the BHCC Air Quality Management Area (AQMA) declared in 2008. A number of routes that are likely to be used by construction traffic during the ten-year build are also within the AQMA. The 2010 monitoring record (the last complete year) can be used to represent the current air quality situation in the vicinity. Diffusion tube monitoring suggests that the NO<sub>2</sub> limit value 40 µg/m<sup>3</sup> (annual mean) exceeds at a few properties opposite the hospital for example 52 µg/m<sup>3</sup> was recorded by diffusions tubes located outside 188 Eastern Road during 2010. The annual but not the hourly limit value for NO<sub>2</sub> exceeds at worse-case residences adjacent to the site.

Based on past and current monitoring for Particulate Matter (PM<sub>10</sub>) concentrations are not considered to be above the limit value for the protection of public health at the hospital and its surroundings including Eastern Road. BHHC has not declared an AQMA for PM<sub>10</sub>.

The ES contains details of a very detailed assessment of air quality impacts of the development due to; traffic, fixed combustion, construction and demolition. The results of dispersion modelling and baseline dust monitoring are included within the ES.

#### Future Particulate Matter

The assessment is likely to have under-estimated PM<sub>10</sub> levels in and around

the development. That said levels are likely to be < 70% the national limit during construction and operation.

The developer shall contribute to on site monitoring during the active phases of outdoor construction and demolition. The monitoring shall be for dust  $\text{mg}/\text{m}^3$  and  $\text{PM}_{10}$   $\mu\text{g}/\text{m}^3$  and be linked to an air alert service, that is currently exemplified by the monitoring strategy carried out at the Bart's hospital redevelopment in London; now halfway through its ten year build programme.

The air alert service utilises multi media such as; text, telephone, world wide web, i-phone and android to notify members (usually people with respiratory difficulties, could be hospital staff) of episodes of higher concentrations of particulate. Continuous monitoring (hour by hour) is validated and used to determine episodes or higher than normal concentrations at the monitor location that is correlated with other monitors in a regional network.

Future dust monitoring will be compared to on-site 2010/11 baseline results already submitted as part of the Environmental Assessment. The monitor duration and locations will be agreed. Fine particulate monitoring should aim to capture whole calendar years so results can be compared with air quality limit value for  $\text{PM}_{10}$ .

The mitigation strategy should aim for particulate and dust to be as low as possible in order to avoid any addition above existing levels. London council guidance recommends that dust levels will not be twice the baseline. The 2010/11 baseline is an average of three sample periods that show considerable deviation between them.

Recommend a condition to require that there shall be no crushing of hard-core or concrete on site and that there will be no power provision during demolition and construction phases from on site diesel generators.

#### NO<sub>2</sub> Predictions

At worse-case ground level the ES predicts imperceptible or minor adverse impacts due to changes in traffic in vicinity of Bristol Gate and Eastern Road. Moderate impacts and NO<sub>2</sub> exceedence are predicted due to the proposed energy centre at upper storeys of the hospital. The final design phase (next three months) will investigate how predicted impacts at height at the hospital can be estimated with greater certainty, be mitigated and reduced.

Flue discharges on top of the Thomas Kemp Tower will be a short distance (9m vertical) from ventilation intakes at sensitive wards at the hospital, therefore regular changes of NO<sub>x</sub> ventilation filters is essential.

That said the new energy centre will replace many older boilers at the hospital and the development is likely to introduce a beneficial change for air quality at some parts of the development site close to the ground and adjacent to Eastern Road residences.

Ground level predictions of NO<sub>2</sub> exceedences in the year of operation are deemed to be slightly above the limit value near to 43-46 µg/m<sup>3</sup> at worse-case receptors along Eastern Road. The contribution from the development is negligible or small from traffic associated with the development. In the year of full operation the concentrations are expected to be lower than the current situation.

The ES states that NO<sub>2</sub> impacts from construction traffic (2014 and 2018) will be minor to negligible adverse. This has been assessed at a number of addresses including select points on London Road, Beaconsfield Rd, Preston Rd and Grand Parade. The assessment does not target worse-case addresses adjacent to Preston Rd and Lewes Road and uses the design manual for roads and bridges. At some locations this is likely to be an under estimation of NO<sub>2</sub> in the peak year impact from construction lorries.

Therefore, every effort should be made for heavy construction traffic to avoid the Lewes Road A270 in and out of Vogue Gyrotory and the A23 in and out of Preston Circus. Extra contribution to NO<sub>2</sub> should also be avoided at the tributary road links to these junctions. Vehicle movements should be timed to avoid peak hours when road flow is better and hourly congestion less likely.

Dwellings adjacent to narrower city centre main roads (not wide open road links such as Kingsway or New Church Road Hove) are likely to be worse-case for exposure to airborne pollution 2012 to 2021. There may be limitation in how a Construction Environment Management Plan (CEMP) can assist air quality as the overall plan is to direct construction traffic to main road corridors. A significant number of permanent residents live in housing adjacent to these roads. In Brighton airborne pollution is not a priority for control away from enclosed streetscapes and busy roads.

Recommend conditions to secure the following:

- Mitigate NO<sub>x</sub> emissions arising from the proposed Energy Centre through flue gas scrubber abatement technology;
- Demonstration of best available techniques for the Energy Centre emission and dispersion for; two gas fired boilers and two CHP;
- Prediction with greater certainty the likely NO<sub>2</sub> impact from the Energy Centre on the hospital ventilation intakes especially those leading to the neonatal unit on the 14<sup>th</sup> floor.
- NO<sub>x</sub> and particulate filters on hospital ward ventilation to be changed in accordance with 2009 Healthcare Technical Memorandum (HTM), the frequency of changes and the method used shall be agreed with the council;
- A significant proportion of the new staff and visitor parking areas should have in-situ wiring ready for future plug-in charging of electrical vehicles.

Other measures which would improve air quality in the vicinity of the hospital include the investigation of alternatives to diesel fuel for bus services following completion in 2022 and travel plans for the site will encourage that use of

walking, cycling, electrical vehicles, car club and lift share.

**Landscape Architect:** The landscape scheme has been thoroughly and extensively considered, and clearly and attractively presented. Although there are no detailed planting plans provided, the intentions behind the design of the various areas are reasonably clear.

Ever since Roger Ulrich's American research in 1984 which attributed faster recovery times to a view of trees from a hospital window, awareness of the value of high quality outdoor design and external spaces for patients and staff to use and to experience has grown. Mental and physical benefits have been demonstrated by further research, which also confirms that where patients are exposed to gardens and natural landscapes, hospital stays are often shorter, and drug requirements are often less, leading to budget savings. Further savings to increasingly stretched budgets are often made also due to lower staff turnover and fewer days off sick. The intended quality and range, extent and accessibility of the outdoor spaces is welcomed. The design appears to respond to all the current thinking and best practice in therapeutic landscape design.

More variety would be welcomed, especially to extend and vary the season of interest through flowers, fruit, and seasonal foliage effects. The worst effects of the weather will be in the winter when many plants are dormant anyway.

It is suggested that the production of a detailed planting scheme be subject to condition and that it should be commented upon by a suitably qualified person once it has been produced to confirm the suitability and quantity of the plants chosen to their locations. Details such as suitable or otherwise positions for plants with spines, berries etc. may be commented upon at that time.

No specifications for hard or soft landscape elements are provided at this stage. The success or otherwise of the planting scheme will rely heavily upon the depth and make up of growth substrates and the specifications of the plants themselves, along with other details such as mulches and support structures. It is recommended that these specification details are conditioned and subject to comment as above.

Sedum roofs often dry out after 2 to 3 years so there is a concern that they may be short lived and not be fully fit for purpose. It is vital that a sufficiently deep root run is provided if this feature is to be successful.

A maintenance programme for soft landscape elements until establishment should be conditioned to ensure that the planting scheme reaches maturity and fulfils the decorative and functional aims of the designer in a timely fashion.

Although not necessarily a planning matter beyond the first 5 years of the scheme's existence, a plan for the long term maintenance of the soft



landscape of this scheme is vital for its on-going development, and ideally a management and maintenance plan should be conditioned.

**Planning Policy:** The proposed expansion of the hospital services on the site is supported in principle by the policy framework. It is considered that the proposal complies with policies related to the principle of the use of the RSCH site, notably policies HO19 and HO20 of the Local Plan. Where there are areas of concern related to the impact of the development respect of the quality of the environment and sustainable transport these should be addressed and if necessary mitigated via a s106 agreement and conditions. Subject to these details being addressed, the proposal is supported in principle.

The 3T's proposal involving the redevelopment of the southern portion of the Royal Sussex County Hospital (RSCH) site is a replacement of and expansion of an existing community facility, providing substantial improvements to the quality of care and delivery of clinical healthcare services at a regional level.

PPS1 states that the improved access to health and community facilities forms part of the general approach to sustainable development. In the broadest sense, the proposed enhancements to the cohesiveness of the site and provision of health care in line with modern standards in a highly accessible urban location, accords with the general approach to sustainable development in PPS1.

Policy HO19 of the Local Plan supports the development of new community facilities provided certain criteria are met. The proposal will also deliver new community facilities within the redevelopment as well as the re-provision of the Grade II listed chapel, currently within the Barry Building, making it more accessible than in its current location. Whilst some residential amenity issues are raised in more detail below, the proposal broadly accords with policy HO19 and is considered to fully comply with policy HO20.

The draft National Planning Policy Framework (NPPF) points to the creation of healthy communities through the provision of adequate infrastructure which reflects community needs, such as hospitals and community facilities. Although the NPPF is still in draft and should be accorded limited weight in assessing the proposal, the expansion and consolidation of RSCH services is supported in principle.

Whilst the expansion of the RSCH site has been supported through the 1995 Local Plan and the Preferred Options Core Strategy policy DA5, the site does not form a strategic allocation in the 2005 Local Plan against which the current proposal is predominantly assessed. However, the 2005 Local Plan acknowledges changes and restructuring within health services through policies HO19 and HO20 as well as the release of the Brighton General Hospital through policy HO25.



Policy SU2 of the Local Plan sets out expectations for the efficient use of energy, water and materials in developments. The Energy Statement submission document takes a sequential approach to making the proposed development more environmentally sustainable and sets out a three strand approach to meeting policy SU2 and ensuring the development meets sustainability standards set out in SPD08 such as designing in energy efficiency, the use of low and zero carbon technologies and provision of renewable energy.

The DAS proposes integrating public art with the wayfinding strategy to create a strong visual identity throughout the development. Artists are involved in enhancing several aspects of the new buildings such as public realm, interiors, reception areas, gardens and facades. The Public Art Officer has provided separately a total anticipated contribution for public art on the RSCH site, to be secured through the S106.

The Design and Access Statement (DAS) indicates that the Trust are at an advanced stage in devising a public art strategy and it is understood the Trust have engaged early with the council's Arts and Creative Industries Officers. This approach is welcomed. However, the Trust is encouraged to submit a cost estimate of their current overall proposals to facilitate discussion with the local planning authority to help inform the level of public art contribution in accordance with policy QD6.

It is considered that the proposed retail outlet and café at ground floor level in stage 1 fall outside of an existing established shopping centre and is therefore subject to assessment against policy SR2.

The proposal makes provision of 127sq m of retail space and 520sq m of restaurant and café space in stage 1, forming less than 1% of the overall total floor space for the entire proposal. Due to the small number and size of A1 and A3 use on offer, it is considered ancillary to the main use. It is anticipated that the A1 and A3 uses will serve the needs of the hospital predominantly staff, visitors and outpatients and is considered to have a relatively minimal presence fronting the street. Given the above, undertaking a sequential test in line with policy EC15 of PPS4 would not be appropriate.

**Planning Policy Waste Comments:** Construction and demolition waste is predominantly covered by other legislation and contained in a Site Waste Management Plan (SWMP). The CEMP should aim to reduce waste at source and provide the appropriate guidance on how to manage waste and recyclables throughout the construction and demolition process.

#### Operational waste

Most of the policy references and guidance about waste seem to be addressed. The difficulty of estimating the volume of operational waste based on limited datasets and comparative data is appreciated. However, given the lead-in time of the development, indicative data could have been collected and a methodology devised to produce a data set before the production of the

Environmental Statement (ES) and the submission of the proposal to the Local Planning Authority.

A more detailed set of data should be collected from current operations on the development site and services to be integrated from Haywards Heath site, to provide indicative information of operational waste arising, and to facilitate a better understanding of the environmental impact of the development. This could be addressed through the use of a condition.

It is understood that the amount of operational waste generated is dependent on the Trust's operating systems, which may be subject to contracts. However, case studies indicate a durable system (re-use of medical equipment as opposed to disposable) is more cost effective and has less impact on the environment (source: The stakeholders guide to the Waste guide [www.wasteonline.org.uk](http://www.wasteonline.org.uk)). The Trust is encouraged to provide information about how their operating system influences waste arising.

The proposed storage of waste for bulk collection seems appropriate. However, whilst the Design and Access Statement (DAS) shows space for operational activities, the ES is not explicit in explaining whether ease of segregation has been addressed at ward/outpatient/visitor level to ensure effective and efficient recycling and waste for final disposal by staff in line with policy WLP 11. This links with the Trust's operational arrangements and the applicant should provide clear information that demonstrates compliance with WLP11.

The Trust should outline how their operating system will meet operational waste objectives in line with BREEAM standards and policies in WLP 12 which requires 'source separation and storage of waste for collection or on-site re-use or composting'.

Whilst PAN 05 doesn't cover hospital uses, it does provide guidance on waste storage and collection for retail, food outlets and education uses, of which the hospital will have an ancillary element.

The ES states that a separate assessment for non-clinical use is deemed not necessary. However, a total combined floor space of 2379 sq m of retail, café, offices and teaching space will be accommodated at the hospital together with the waste generated by outpatients and visitors which numbered 421,000 visits (Transport Assessment) or 495,000 (Planning Statement) last year although no predicted numbers are provided. This needs to be addressed. PAN05 provides guidance on storage volumes for each type of floor space and storage methods. Chapter 13 of the ES does not detail how smoking related litter will be managed once the hospital is operational and if left unmanaged, could result in public outdoor areas looking untidy and unappealing.

PAN05 provides guidance on smoking related waste. This, in addition to

waste from ancillary uses is most likely to be an issue on the perimeter of the buildings arising once the hospital is operational and the applicant should provide more detail in the ES, including mitigation measures to manage such waste. Mitigation measures can be met through the use of an appropriately worded condition.

With regard to food waste, it is positive to see that the design includes room for food waste collections. If off-site composting for landscaping material is being accommodated it raises the question why the collection and processing of food waste cannot be addressed in the same way. It would be desirable for the applicant to provide indicative volume of food waste currently produced from in-patients, outpatients and staff facilities to understand why food waste could not be collected alongside landscaping compost.

#### Construction and Demolition waste

Although legislation does not require the SWMP at the planning application stage, some broad indicative figures should be provided in the tables, such as in the pre-demolition audit. This also includes indicative information on re-use and recycling actions which could have been sourced from comparative schemes. This would go some way to reassuring those assessing the project that construction and demolition waste has been evaluated in a holistic way.

More detailed justification for the volume of excavation material and where it will go is needed as only 2.7% is to be reused on site. The draft CEMP states that a small proportion of excavated material will go to land fill as it is made ground known to be contaminated. It is disappointing that there is no information indicating how the remainder of the clean excavated material will be used or indicative data regarding the volumes to go to landfill.

It is appreciated that the consolidation centre needs to go off site in order for hardcore and rubble to be crushed to reduce noise, dust and vibration on site and also to enable it to be separated appropriately for either re-use, recycling or waste disposal. At the point when a proposal for the consolidation centre is prepared, the council would welcome further discussions as the council is working has links with industry organisations already regarding tackling construction waste which may be of interest to this project.

The draft CEMP gives indicative waste targets arising from the construction process including up to 80% diverted from landfill. It is noted that the CEMP does not consistently use the same unit of measurement to express the waste arising. Whilst waste generation benchmarks are given, their source is unclear and ideally waste recovery benchmarks should also be provided.

WLP11 seeks to ensure that the use of raw materials in construction processes are minimised alongside the maximisation of secondary aggregates. This is addressed in the 'Materials' (Life Cycle Impacts) section of the BREEAM pre-assessment. It is not clear from Chapter 13 in the ES the proportion of raw materials to be used in the construction process and this is

where the source data from BREEAM assessment should link with the ES to provide more information about raw materials and secondary aggregates.

The approach in the ES indicating that most demolition material will be used on site is a welcome one but it is disappointing that no indicative calculations are provided for waste arising through comparative data.

The approach to using NISP (National Industrial Symbiosis Programme), off site pre-assembly and encouraging suppliers to reduce packaging to minimise overall waste is a positive waste management approach. The applicant's attention is drawn to WLP11 to minimise the amount of raw materials in production and construction and further information is required to demonstrate how the proposal will meet the objectives in WLP 11.

Additional comments on Waste addendum

The issues raised in my original policy comments regarding waste arising from demolition and excavation have been addressed but it has been made clear that all figures, if any, are indicative until either the buildings are empty or a contractor has been appointed. The Site Waste Management Plan should be updated and conveyed to the Local Planning Authority as soon as this additional data become available.

Operational waste – A more positive approach has been taken in adopting BS standards to give general indications of non-clinical waste arising per annum. No information about recycling targets for non-clinical waste is apparent in the addendum or the original chapter in the ES and it is considered good practice to provide this information.

Policy SU14 of the Local Plan states that “applicants proposing large-scale developments that employ or attract a large number of people...will be required to provide appropriately designed facilities for the recycling or re-use of waste that they, their customers and staff generate”. It is considered therefore that a non-clinical operational waste strategy covering the public areas, visitors and outpatients should be required by condition or S106 agreement with some waste reduction targets built in to reduce annual volumes.

**Planning Policy Flood Risk Comments:** The comments regarding flood risk focus predominantly on the risk of fluvial and tidal flooding and the likelihood of the development increasing flooding elsewhere. The general approach to the Flood Risk Assessment seems appropriate for the scale and use of the proposed development and the key aspects and policy issues have been covered.

It is noted in Chapter 9 of the ES that the Environment Agency (EA) is satisfied that information and approach to address drainage and potential contamination to ground water is satisfactory. The control of surface water runoff to prevent localised flooding and storage and drainage for usage of

water during construction have been adequately addressed but it is anticipated that colleagues in Highways and the EA will comment more fully.

The (Flood Risk Assessment) FRA and Drainage Strategy carries out a site specific sequential test against the criteria in table D1 in PPS25 which categorises land into zones according to the probability of flooding from the sea or river. As carried out in line with the Sequential Test in PPS25, the site lies in Flood Zone 1 (low probability) and as such an Exception Test is not required.

Policy SU4 in the Local Plan seeks to reduce the risk of flooding from surface water runoff and minimise flood risk. Currently 97% of the site is made up of impermeable surfaces. The scheme design has improved the amount of water being intercepted by permeable surfaces and the Sustainable Urban Drainage Scheme (SUDS) approach sufficiently illustrates how surface water runoff will be reduced by intercepting water on green roofs, storage tanks and soakaways. Currently 75% of surface water runoff goes to sewer, but under new scheme only 56% will be discharged to sewer, the remaining going to soakaways.

**Policy Comments Health Impact Assessment Comments:** A Health Impact Assessment (HIA) document is not a statutory requirement. However, policy CP4 of the Revised Preferred Options Paper of the Core Strategy requires a HIA on all strategic developments across the city.

The scope, methodology, findings and recommendations of the HIA are considered to meet with the requirements of the Local Planning Authority and provide a detailed dataset on the positive and negative health impacts arising from the 3T's development. The HIA has taken a holistic approach to integrate with and inform other documents forming part of the 3T's planning application, and in this regard it is recommended that the mitigation strategy arising from the recommendations is supported.

The 3T's development will produce some positive health outcomes arising from improvements to the physical environment, environmental performance and enhanced clinical treatment facilities. Like with most major developments, there are some negative health impacts, although these are mostly confined to construction activities over the short to medium term and are addressed in the recommendations section of the HIA.

There are some outstanding issues, reliant on information in the Environmental Statement (ES) that require further assessment, to determine the full extent of the impacts on health on defined populations. The outstanding issues are air quality arising from the proposed CCHP boiler system and potential disturbance from the helipad on neighbouring properties and the patient environment.

**Public Art Officer:** Approve with inclusion of the following Section 106

agreement schedule.

Local Plan Policy QD6 states that the provision of public art will be sought from 'non-residential development occupying a prominent position with construction costs of around 1 million pounds or more'.

The type of public art and level of contribution vary depending on the nature of the development proposal, the characteristics of the site and its surroundings.

The council's preferred approach is for applicants to engage as early as possible as experience suggests that this can be more cost-effective to applicants and achieve more efficient results.

The relevance of Adopted Local Plan Policy QD6 for this application is acknowledged in paragraphs 4.200 – 4.203 (pages 62-63) of the Planning Statement that accompanies the application.

For the past 18 months (pre-application stage) a member of the council's Arts & Cultural Projects Team has been engaging with the Steering Group for the Public Art Programme related to this development and actively involved with the programme development, recruiting consultants, compiling a strategy and commissioning artist for particular projects. The Public Art Strategy resulting from this process and submitted as part of this application is welcomed. To safeguard the implementation of this strategy, it is important that instances in which approval/sign off from the council is needed is clearly identified and secured.

The value of the public art element is based upon the following calculation: The internal gross area of the development (in this instance approximately 93,632sqm) multiplied by a baseline value per square meter of construction arrived at from past records of public art contributions for this type of development in this area. This includes average construction values taking into account relative infrastructure costs and a reduction given to community services.

It is suggested that the public art element for this application is to the value of £421k.

It is useful to note that as far as the LPA is aware this level is not far from the cost estimates detailed in page 96 of the Public Art Strategy. As ever, the final contribution will be a matter for the case officer to test against requirements for S106 contributions for the whole development in relation to other identified contributions which may be necessary.

To make sure this and other requirements of Policy QD6 are met at implementation stage, it is recommended that an 'artistic component schedule be included in the Section 106 agreement to require that the developer



covenants with the Council to provide an Artistic Component to the value of £ 421,000 including installation costs in accordance with the Council's Public Art Policy. It should be integrated as agreed by the Developer as part of the building/development design or located elsewhere at the discretion of the Council. The Artistic Component must bear a relationship to its surroundings and any particular characteristics of the locality and should be robust.

**Sustainability Officer:** Within the application, the Sustainability Statement sets out commitment to meet or exceed all standards expected through SPD08 and SU2. Details provided indicate that these will all be met. These include BREEAM (Healthcare) 'excellent and 60% score in the energy and water sections.

Local Plan Policy SU2 has also been well met in relation to carbon reduction and energy efficiency. There has been detailed work undertaken on the most robust options. Newly installed Combined Cooling Heat and Power (CCHP) plant is proposed for the existing energy centre in the Thomas Kemp Tower which will deliver low carbon heating, cooling and electricity to the scheme in addition to exporting heat to the existing estate. In this way the surrounding buildings will benefit in terms of reductions in primary energy use, and carbon emissions. Renewables will be provided in the form of a 290m/sq solar photovoltaic array.

The scheme goes beyond policy requirements in several aspects which include export of heat to surrounding site; post occupancy evaluation; future proofing by anticipating future potential energy improvements to site approach.

Approve with conditions:

- BREEAM 'excellent' with 60% scored in water and energy sections: use standard model conditions but allow the Design Stage Certificate to be submitted up to 6 months after commencement of development
- Standard model condition for 'Sustainability Measures set out in the application' including reference to proposed CCHP, PV array, rainwater harvesting.

Follow up Comments on Addendum to Sustainability Statement:

The developer has confirmed that the PV array as proposed in the application would still be installed on the eastern 'finger' despite the Government's announcements on the reduction of the Feed in Tariff for electricity generating installations commissioned after December 12<sup>th</sup>. Whilst this is strongly welcomed, the developer has indicated that a larger array that was discussed as an aspiration for the entire available roof area will only be viable subject to further life cycle analysis once there is certainty from Government on future FIT rates. In anticipation of potential future installation, the developer intends to prepare the roof so that it can be installed 'without major intervention'. This approach is welcomed.



The scheme still fully addresses policies SU2 and SPD08 and no additional conditions should result from this addendum.

This submission verifies that now the ‘Water calculator’ for the 2011 version of BREEAM has been published, the proposals are still on track to meet the 60% score within the Water Section of the BREEAM assessment. The achievement of this standard now that a slightly more stringent standard is required has meant that an additional water conservation device has been specified in bathrooms, and a more user friendly flush control on WCs. The bath device automatically stops the flow from the taps when the bath’s maximum capacity is reached, and the flushing control for each WC must be suitable for operation by patients with frail or infirm hands or activated by electronic sensors. These are additional requirements specific to healthcare facilities.

**Sustainable Transport:** Would not wish to restrict grant of consent of this planning application, subject to the inclusion of the conditions and informatives.

Trip Generation

The redevelopment of the new hospital would result in significant changes to the way that the current healthcare services are provided, with a new mix of facilities and support services and an additional provision for parking within the redevelopment. Therefore, the applicant has stated that the current modal and trip patterns are not comparable to the future proposals, and has used data from the nationally recognised TRICS database, which includes a database of trip patterns of hospitals across the UK. Section 8.5 of the TA sets out the criteria which have been used to extract the trip generation profiles for the differing land uses proposed on site. In this case, a general hospital with casualty facilities and a private hospital. In addition a teaching hospital assessment has been included, but this is more for comparison purposes only.

In Sections 8.2 to 8.10, the TA includes a set of peak hour trip generations for all vehicles. In principle, the predicted level of increased vehicle trips (excluding public transport, or goods vehicles (referred to as OGVs – other goods vehicles)) in the peak hours of 8-9 am and 5-6 pm are set out below.

Additional Trips	In	Out	Two Way
AM Peak	158	36	194
PM Peak	39	116	155

In principle, this increase is anticipated to be distributed on the basis of the current demand. This equates to 40% from the east via the Arundel Road/Eastern Road junction, and 30% from the west via the Edward Street/Pavilion junction. The remaining 30% is predicted to approach and leave the Eastern Road/Edward Street corridor via the multiple north/south side roads.

Section 8.11 of the TA explains the predicted person trip increases that the proposed redevelopment of the hospital will generate. The estimates have been calculated using data from the TRICS database to forecast the increase in movements associated with the General and Private hospital elements of the development. The available data from TRICS is for 15 to 17 hours of activity per day. However the proposed RSCH site operation is to be for 24 hours. As such the TRICS data have been factored up to account for this, The factor that has been used is considered to be acceptable by the Highway Authority..

It is estimated that the proposed development will increase person trips by approximately 4,400 person trips per day. This includes patients, staff and visitors.

#### Car Parking

The council's parking standards (SPG 4) for a new hospital development (use class C2) provides the following guidance :-

Standard parking - 1 Space per bed plus 1 space per 2 staff (maximum provision)

Disabled driver parking - 5 spaces per establishment up to 100 beds, then 1 additional space per 20 beds (minimum provision).

The hospital currently has 629 beds and 4,250 staff. The hospital operates a permit system for staff, which uses a range of criteria for allocation. The current on-site parking provision is 508 spaces as set out below.

Existing		
Location	Number	Users
Multi-storey car park	352	Shared
Barry and Jubilee Buildings	49	Patient and Visitors
Latilla Building	12	Disabled
Nuclear Medicine Building	10	Staff
Sussex Cancer Centre	22	Staff
Sussex House	38	Staff
St Mary's Hall	23	Staff
A&E	2	Disabled
<b>Total</b>	<b>508</b>	

The allocation of these spaces is that 11% are dedicated to patients and visitors;18% are for staff only, 7% are for disabled drivers and 64% are shared use. However, the applicant's surveys show that due to differences between employee shift patterns and patients/ visitors arrivals and departures, the shared spaces are predominantly occupied by staff before 8.30am. Therefore, there are few spaces available for patients or visitors. The car parking is generally 95% occupied between the hours of 9am and 4.30pm.

## PLANS LIST – 27 JANUARY 2012

The provisional proposals for the development as set out in the TA are an increase of 100 beds, 450 staff and 312 parking spaces (of which 297 are standard spaces and 15 are for disabled drivers). This amounts to an overall site provision of 820 spaces, as follows:-

<b>Location</b>	<b>Number</b>	<b>Users</b>
Multi storey car park	352	Shared
Sussex House	38	Staff
St Mary's Hall	23	Staff
A&E	2	Disabled
Basement Car Park	405	Patients
<b>Total</b>	<b>820</b>	

Based on the guidance in SPG4, this level of increase (312 spaces) is within the maximum that could be provided (equates to an additional 325 spaces). The additional 312 spaces equates to a 64% increase in parking on-site.

Since the TA submission, additional information has been provided in response to officer queries following more detailed assessments and revisions to the basement parking areas. The result has been a reduction in the amount of additional parking proposed on-site from 820 spaces to 805 spaces. Therefore, an additional 297 spaces are now proposed (90% of the maximum level indicated by SPG4) of which 292 are standard spaces and 5 are for disabled drivers. These are allocated as follows:-

<b>Location</b>	<b>Number</b>	<b>Users</b>
Multi storey car park	352	Shared
Sussex House	38	Staff
St Mary's Hall	23	Staff
A&E	2	Disabled
Basement Car Park	390	Patients
<b>Total</b>	<b>805</b>	

The changes in parking are that an additional 390 spaces will be accommodated in the basement car park, but 93 of these are replacement which will be lost due to the development, therefore the new provision on site is 297 spaces. The 93 spaces are made up of 45 staff/visitor spaces, 16 disabled and 32 staff bays.

This increase also results in the following changes in parking allocations between staff and patients, and seeks to provide dedicated patient parking areas which are not to be used by staff. In addition, the revised layout of the basement parking area, includes 9 passenger drop-off spaces for the public, and a drop off/pick up area for both Stage 1 and 2 of the core development areas.

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	<b>Existing</b>	<b>Proposed</b>
Patient and Visitor	11%	47%
Disabled	7%	5%
Staff	18%	47%
Shared	64%	0%
Trust Pool Cars	0%	1%
	<b>100%</b>	<b>100%</b>

In principle, the existing shared spaces in the multi storey car park predominantly have been used by staff mainly, even though they are allocated as shared, because the multi-storey car park will be managed with permits and pay & display tickets. It is expected that this car park will remain in all essence staff only.

The revisions to the new basement parking are in line with SPG4 and the re-allocation and management of spaces between different users is acceptable.

### Parking During Construction

The basement car park would have two levels and would be built in stages. Therefore during the construction, there will be periods when parking availability is reduced. Therefore the Trust proposes to lease between 80 to 100 spaces from the council to support the redevelopment proposals. These are likely to be in the London Road car park. As this is on the 40X bus route which directly serves the RSCH site, this service can then be used to gain access to and from the hospital.

The table below sets out a summary of the possible parking provision on- and off-site during construction.

<b>Location</b>	<b>Existing</b>	<b>Stage 1</b>	<b>Stage 2</b>	<b>Following Stage3</b>
Multi storey car park	352	352	352	352
Sussex House	38	38	38	38
St Mary's Hall	23	23	23	23
A&E	2	2	2	2
Other car parks	93	0	0	0
London Road car park	0	93	93	0
Basement car park	0	0	105	390
<b>Total Spaces</b>	<b>508</b>	<b>508</b>	<b>613</b>	<b>805</b>

### Disabled Driver Parking

The basement car park layout has been reconfigured at the request of the council as the plans submitted to support with the application did not meet with council or national policy guidance or Part M of the Building Regulations. The changes in the basement car park design have resulted in the provision of 21 disabled driver spaces for public use. The overall provision of disabled driver spaces on-site will be 39. This number complies with SPG4 which indicates that a minimum provision for a 729 bed hospital facility should be 37

spaces.

#### Cycle parking

The amount of cycle parking provisionally proposed met the SPG4 requirement, which is a minimum provision of 1 space per 10 staff, equating to an additional 45 spaces. The proposed development now seeks to increase the on-site provision by approximately 100 spaces, when considering spaces lost due to the development proposals.

However, the Highway Authority does not consider that the inclusion of Sussex House cycle spaces should be considered in respect of the main site due to their distance from it. In addition, the Highway Authority is concerned that the new provision is very likely to be used by cyclists who are currently locking their bikes to railings on the site.

Although the proposed provision of cycle parking stands at the main entrance is not within an enclosed and secure environment, it is within a covered area and overlooked from the building and passing traffic. The location is therefore considered to be acceptable for the provision of the 132 spaces that are proposed.

As a result of further consultations between the Trust and council, an increased level of cycle parking provision has been proposed by the Trust for a further 92 spaces to be provided along the northern service road within the site. Although these are located to the rear of the new buildings, they are on-site and offer a more convenient provision than those located at Sussex House.

Across the entire hospital campus, the existing provision is currently 285 cycle parking spaces. The proposed provision across the same area is now 473 spaces, amounting to a 66% increase in overall provision. The proposed increase is in line with SPG 4 when considering the whole hospital site (and not just the new build net increase) based on 1 space per 10 staff. For 4,700 staff, this would equate to 470 spaces.

#### Motorcycle parking

The inclusion of an additional 27 motorcycle parking bays within the basement car park is welcomed by the Highway Authority. This doubles the overall site provision to 54 spaces and is a significant improvement over the current provision on-site, and will promote and provide for the use of motorcycles as an alternative to car use for some staff and visitors to the hospital..

#### Basement Car Park Operation

The basement car park will not include any barrier operation as it has been concluded that this could have a negative impact on the access's junction with Bristol Gate and possibly Eastern Road in terms of queuing vehicles at busy times. The car park is therefore proposed to operate as "pay and display"

The basement car park incorporates the following facilities,

- patient drop off and pick up (9 short stay spaces)
- taxi drop off (pick up is retained at the taxi rank on Paston Place)

These areas are located in two locations adjacent to the principal service core for Stage 1 (lifts and stairs below the main entrance) and the secondary lift core provided to serve Stage 2 (lift and stairs below the western secondary entrance).

In addition, the drop off and drive-through areas maintain free flow within the car park to minimise any queuing back through the access, as shown on Plan BDP AR ST1 A00 GA B01 0201 F02.

#### Displaced parking

The possibility of increased demand for, and pressure on, parking in Controlled Parking Zone H as a result of the proposed development has given rise to local concerns. The Trust therefore proposed to increase the proportion of 'resident only' on-street spaces from 26% to 35% (an increase from 90 to approximately 120 spaces). This would have been achieved by converting shared pay & display spaces (which can be used by residents with a permit) to permit-only resident spaces.

The Highway Authority has considered this proposal but does not consider that it would offer any significant benefits as residents can already use the shared bays, and there is currently no waiting list for permits in the zone.

If these areas witness continued use, then as part of the future mitigation/incentives within the Travel Plan, the hospital has the opportunity to promote alternate modes within the Travel Plan to look at these areas specifically and address these issues by targeting staff through such directives as personal travel planning.

#### Site Vehicular Access

Bristol Gate remains as the site's main access. The new basement car park will be accessed from Bristol Gate via a new priority 'T' junction. There are 3 specific issues that have been raised by the Highway Authority with respect to the junction.

1. the limited visibility from the junction to Eastern Road
2. the potential for blocking back from the Bristol Gate/Eastern Road junction into the car park blocking the northbound lane on Bristol Gate which is the primary access route for emergency vehicles.
3. Potential queuing within the car park caused by barriers or poorly designed internal layout.

The proposed priority 'T' junction seeks to maintain the priority of Bristol Gate, as the principle blue light route and service access to the hospital to the north.



This junction is integral with the proposed improvements at the Bristol Gate/Eastern Road junction, as such points 1 and 2 have been addressed within the review of this junction. As to point 3, the car park will have no barrier control on the entry/exit and as such the link from the car park to Bristol Gate is considered to be satisfactory to accommodate queued vehicles waiting to exit the junction and enter Bristol Gate.

Eastern Road Site Frontage (based on Final Phase completion – 2022)

A significant level of discussion has taken place regarding the proposed layout and the Trust's operational requirements for the frontage of the hospital. The Highway Authority has sought to achieve an appropriate design in this area, taking into account the needs of different road users, including transport providers.

The proposed layout is shown in Figure 15 of the TA and includes a 60m lay-by area to the front of the Stage 2 building. This is for patient transport services (PTS) and ambulances only and is designed to accommodate up to 5 vehicles. The hospital operates a PTS between the hours of 7am to 11pm, and therefore this lay-by will be in operational use by the hospital during the key visiting and outpatient times during the day.

The use of this lay-by as an informal drop off and pick up location will be prevented through dual enforcement by the Trust and the council. The lay-by and the adjacent footway will remain within the council's control and be the subject of a Traffic Regulation Order [TRO] limiting its use to Trust-related vehicles only. It will be enforced by the council's parking enforcement officers. In addition the lay-by will be reinforced by appropriate traffic signs and lining. The detail of this is to be agreed as part of the associated Section 278 Agreement.

Consideration has been given to the use of the lay-by as a dual bus stop and PTS facility, but this was not considered practical given the expected high level of use by PTS vehicles. The Highway Authority has therefore worked with the Trust to seek to reconfigure the overall frontage along Eastern Road to maximise the level of bus provision and introduce a new pedestrian crossing directly opposite the new main entrance.

Despite the application plans originally showing 2 pedestrian crossings, recent negotiations with the Trust have concluded that the western crossing is not required and has been removed from the plans in order to help rationalise the separate and competing demands for access along the frontage.

The newly relocated bus stops have been positioned as set out below.

*Eastbound* = the provision of an extended bus stop area to the east of the crossing will provide for 2 buses to queue without impacting on the crossing.

*Westbound* = the provision of an extended bus stop area to the west of the crossing will provide for 2 buses to queue without impacting on the crossing.

In addition, there is a separate bus stop provided for the 40X and 37 services between Upper Sudeley Street and Sudeley Place.

As part of the layout of these new bus stops, the Trust will provide new upgraded bus passenger shelters (design to be agreed with the council), at all 3 locations, with a minimum of double length shelters at the two main stops and a new single length shelter at the separate, single bus stop. It is noted and agreed that the shelters on the southern side of Eastern Road will need to be of a cantilever design to maintain an adequate pavement width for east/west movement on the footpath. All the bus stops will include real time information displays.

The current pedestrian crossing will be upgraded to a 'puffin' crossing and relocated to between Paston Place and Upper Sudeley Street, opposite the new main pedestrian entrance to the hospital.

The Trust also proposes an improved area of public realm on the northern pavement across the frontage of the hospital. This will include wider pavement areas, significant cycle parking, benches and landscaping.

The proposals for the frontage on Eastern Road have been considered on the basis of achieving an appropriate and efficient mix of demands, including bus and passenger provision, upgraded bus facilities, improved pedestrian crossing and cycling facilities and east/west movement patterns, while still accommodating the PTS needs of the Trust. Negotiations have sought to secure the improvements outlined above whilst also seeking to manage and maintain movement along the Eastern Road corridor for different road users.

#### Eastern Road Frontage 2012 to 2021 (Stage 1 and 2)

Figures 19 and 21 in the TA, which address Stages 1 and 2 respectively, show that there will need to be interim schemes for relocating the bus stops during these stages of construction, in addition to alternative routes for pedestrians.

Both Stage 1 and 2 require the entire site area frontage up to the boundary with Eastern Road to enable the necessary demolition and building works. Therefore, the northern pavement will need to be partly or fully closed subject during each construction stage. Provisional layouts for new or temporary entrances for public access have been provided and agreed with the council.

The bus stops and shelters will be relocated to agreed temporary locations for the period of construction. The proposed relocation (specifically for the eastbound bus routes) will allow sufficient pavement width to be maintained to accommodate pedestrians and passengers using the bus stops, and an appropriate distance between the bus stops. The locations proposed also seek to minimise any potential conflict with construction traffic which will need to access the site.

### Highway Junction Improvements

The TA has considered future levels of traffic by assuming standard DfT (Department for Transport) growth estimates across the network and demonstrated that the 3Ts development would be expected to generate only a small proportion of increased traffic growth when compared to forecast growth. The DfT estimates of growth are considered to be a worst case for Brighton & Hove, where there is evidence that investment in measures taken to promote and provide for sustainable transport have resulted in lower traffic growth.

The TA proposed that three junctions along Eastern Road, designated as a Sustainable Transport Corridor and bus priority route (Local Plan policy TR5), would require alteration to address forecasted highway capacity issues as a result of the development proposals, and therefore proposed changes to these locations.

There are three off-site schemes proposed. Changes to made to these junctions will be sought by the Highway Authority via a Section 278 agreement and will be based on the principle that they are a requirement to mitigate the impact of the 3Ts development on the adjacent highway. As such they are additional to the Section 106 contribution which has been negotiated and will be utilised for sustainable transport. The 3 junctions and the works proposed by the Trust are :-

- a. Eastern Road/Bristol Gate (lane widening)
- b. Eastern Road/Freshfield Road (lane widening)
- c. Eastern Rd. /Arundel Rd (signalisation)

#### *A. Eastern Road/Bristol Gate (WSP Figure 43)*

This junction is interlinked with the new access to the basement car park. Therefore, its operation cannot be assessed alone, as a high proportion of the flows that pass through are linked directly with the use that car park.

It is proposed that the existing priority 'T' junction on Eastern Road is retained, but with the north west kerbline amended to provide a wider area for larger vehicles to turn from Eastern Road into Bristol Gate. This design provides the most efficient way of reducing any impact on movements in both the peak and off peak periods and retains priority for Eastern Road traffic, which is the main public transport corridor.

The proposed layout raises three issues that have been assessed and addressed as set out below,

1. Northbound movement in Bristol Gate, adjacent to the new basement car park access, needs to be maintained. To support this, "keep clear" markings are proposed and have been extended across the whole junction. This is acceptable to the Highway Authority.
2. The pedestrian crossing point at the mouth of the junction is wider due to

the increased road width required to accommodate turning vehicles. The crossing point has therefore been realigned and moved south to maximise pedestrian visibility. This is acceptable to the Highway Authority.

3. The basement car park access is located within 26m of the junction of Bristol Gate and Eastern Road. Although this design does not accord with design standards for a 30mph road in terms of driver visibility splays, the Trust has submitted supplementary information which has shown that the average speed northbound in Bristol Gate is 17mph and the 85<sup>th</sup> percentile is 20mph. Based on this information, the nationally recognised 'Manual for Streets' guidance suggests that the proposed visibility splays would be acceptable, and therefore the design is acceptable to the Highway Authority.

However, the Highway Authority still requires that a Stage 2 Safety Audit is completed on the detailed design plans, as the current scheme layouts are based on OS mapping and site observations which may need to be altered at or during the detailed design process.

This junction would be built as part of the Stage 1 works and include the new basement car park access.

An alternative signalised junction layout has been assessed, but this raises a number of issues, including potential congestion and queuing at the car park entrance and on Bristol Gate and associated additional delay and queues on Eastern Road. These impacts are considered to be too significant for this proposal to be agreed.

#### *B Eastern Road/Freshfield Road*

The widening of the Freshfield Road approach to this junction is proposed as a means of increasing the overall junction capacity in order to minimise expected delays on Eastern Road. Without this change, Freshfield Road could become congested or require additional 'green time' which would delay traffic on Eastern Road. These works are not proposed until Stages 2/3 of the development.

However, the Highway Authority is not persuaded that the proposed changes are essential and that potential impacts at this junction could be managed in a different way. Therefore, the Highway Authority may seek to consider alternative improvements such as the introduction of "MOVA" at this junction which will maximise the operation of the junction for all road users, rather than the proposed physical works.

#### *C. Eastern Road /Arundel Road*

This junction is currently a crossroads. The Trust's proposal to fully signalise it, and include 'green man' crossing facilities is in line with designs previously developed for the council's Coastal Transport System [CTS] proposals for this corridor. Coupled with the proposed HGV construction traffic routing proposed as part of the development, this improvement is considered to be not only a mitigation measure, but also a safety measure during the

construction period.

These works will be implemented before Stage 1 works commence on site, as these are inherent to the construction vehicle route agreed with the council.

#### Servicing and Deliveries

The TA (September 2011) and the development proposals update (December 2011) for the proposed redevelopment provides a new service yard (as shown on WSP Figure 15) to the east of the development which is accessed via Bristol Gate and the southern service road. The facility will accommodate 2 articulated vehicles and a waste collection area. It is proposed that the exit movements from the service yard will be via the south service road and Upper Abbey Road as currently occurs.

The council would seek to minimise the need for delivery vehicles to use Upper Abbey Road to exit the site, in order to address the concerns of local residents and maintain local amenity, while recognising the operational needs of the Trust. A number of possible options have been discussed with the Trust, including greater use of Bristol Gate for those vehicles using the new service yard.

At present, no final solutions have been agreed and therefore the Highway Authority seeks further consideration of this issue and additional information needs to be provided, in order that an appropriate management strategy for deliveries and servicing can be agreed.

#### Travel Plan

The initial Travel Plan [TP] submitted by the Trust in September 2011 was not considered to be sufficient in terms of promoting and delivering commitments in terms of targets and mitigation proposals following completion of the development, or during the construction phases.

In December 2011, the Trust submitted a revised TP, which sought to address the council's previous comments.

The hospital has been operating a TP through its Transport Bureau since 2007. The Bureau co-ordinates all transport related activity, such as PTS and existing/proposed sustainable transport for staff, patients and visitors. The extent of the current facilities being offered are summarised below. .

Transport Bureau	Intern Site 40x Service	Liaison with Operators
Pool Cars and City Car Club	Operating Parking Permit System	Salary Sacrifice Discount Bus Tickets
Discount Bus tickets	PTS	Liftshare
Travel Information Link (Journey On)	Staff Welcome Packs	Mileage for cycle use
Salary sacrifice cycle scheme	Management of the permit revenue	Local Consultation Group

The TP is funded in principle by visitor/patient parking charges or staff permit charges and therefore the TP has the means to financially support the implementation of current and future incentives and directives as highlighted within the TP and which would be amended through the monitoring process as appropriate.

Therefore, by reviewing yearly monitoring reports, the council and the Trust consider it possible to focus funding on measures that offer the optimum benefit for the hospital, council and city, through an enhancement of their existing Travel Management Group.

The revised TP now includes acceptable targets that have been linked to either existing incentives that can be improved/expanded, or new incentives that will help to achieve these objectives. These are set out in Table 9.1 as summarised below

- reduce by 5% the number of staff and visitors travelling by car 5 years after the redevelopment
- increase by 5% the number of staff and visitors travelling by bus to access the sites 3 years after redevelopment completion
- reduce by 5% the number of staff and visitors travelling to the site alone by car 3 years after the redevelopment completion
- increase by 3% the number of staff to car share 3 years after redevelopment completion.

The TP still provides limited information on the targets during the construction period, but this is a fluid situation that the Trust have agreed to work with the council on and seek to align any proposals with the council's own sustainable transport objectives/policies.

The revised TP also sets out proposed measures/incentives which are either new or enhancements of existing ones. These new measures are listed below,

Improved signage for walking/route finding	Provision of Car Sharing Spaces linked to the Lift Share scheme	Additional cycle parking
Pool Bike Scheme to be provided	Personnel Travel Planning for staff through the transport bureau	Reduce business miles and payment scheme
Promote better meeting organisations and timing within the Trust	Enhanced and increase use of tele conferencing	Walking buddy scheme to be considered similar to the car based lift share scheme
Re-establish the BUG Group	Cycle buddy scheme to be considered similar to	Additional Cycle training to be offered to



	the car based lift share scheme	staff
Guaranteed ride home for non car users		

The PTP (Personal Transport Plan) style exercise, as carried out in some residential areas of the city, is also currently being trialled by the Trust.

The Trust already has an operational TP, with appointed staff and a set of existing and possible future incentives in place and operational. The council is therefore satisfied that the Trust has met the policy objectives and that the bi-annual monitoring proposal is sufficient to allow the Trust to manage its on-site operations and provided sufficient information to assess the success of the incentives/measures and schemes against the allotted targets.

However, the council will expect that the monitoring exercise and TP initiatives will be maintained through the 10-year construction period, while recognising the difficulties that will be experienced during this period. This will assure the council that the Trust will seek to maintain the current sustainable nature of the development during and beyond the construction period.

Construction traffic/routes/works

The proposed construction routeing seeks to use Eastern Road as the main approach to the site with vehicles coming in from the west (A23) and exiting to the east via the Arundel Road junction and then travelling down to the A259 Marine Parade to travel west on the return journey. This option means that any dwelling on the route is only passed once by a vehicle (halving the impact) either by entering or exiting the site. This option does have a wider area of impact, although on Marine Parade the westbound trips will be furthest away from the adjacent properties. In addition, this distribution of vehicles across the network may also disperse any congestion.

The use of an off-site consolidation centre for both deliveries and construction worker parking is a direct requirement of the council, in order to ensure that the anticipated level of parking required by the applicant (in excess of 300 spaces for workers) does not cause major disruption to the city or local area. It is anticipated that the site will generate between 500 to 750 workers per day given the scale and construction period.

Any available spare land on the site is minimal and therefore the only means for parking will be off-site. If deliveries were not managed off-site they would significantly affect Eastern Road when accessing and exiting the site.

A 10-year construction programme is proposed and therefore the consolidation centre may need to be flexible in its location over this period and may be accommodated at multiple sites due to land leasing arrangements. Therefore, the Highway Authority would seek final approval on the location and routes to and from the site and any consolidation centre

location if relocated during the construction programme.

Section 106 Highways Contribution and Additional Section 106 Works

It is estimated that nearly £830,000 worth of new, sustainable transport infrastructure will be provided by the Trust, in addition to the cost of changes in the design of key junctions that will also contribute to creating a safer environment while enabling traffic and pedestrians to move efficiently. In total, it is expected that over £1 million will be invested in off-site transport measures in the local area to support the RSCH's activities, and movement to and from the site.

The applicant has committed to providing a Section 106 contribution for local off-site highway improvements that include bus/public transport improvements, public realm enhancements and walking and cycling improvements, primarily along the Eastern Road corridor.

The applicant has calculated the estimated increase in the number of person trips across a 24 hour period (in paragraph 8.11 of the TA). The applicant has clarified that the daily increase in the 24hr people generation from the TA include staff, patients and visitors as such the estimated number of additional trips will be 4,319 person trips per day. By applying the approved contributions formula for transport, at £200 per trip with a 25% reduction due to the site's location, this equates to a provisional Section 106 provision of £647,850 which is used as the starting point for negotiation with applicants. Through subsequent negotiation, the applicant has now agreed to make a £555,190 Section 106 contribution. This can be summarised as follows.

<b>Provisional Contribution</b>	<b>Items not to be included in Contribution</b>	<b>Section 106 Adjustment</b>	<b>Agreed Section 106 Contribution</b>
£647,850	Bus passenger shelters = £17,060 On-site Real Time Passenger Information displays = £10.6k Cycle Parking = £64,000	£91,660	£556,190

The items that would not be included in the contribution will still be funded and provided by the Trust, and will therefore further support the promotion and provision of sustainable transport use to and from the hospital.

The primary focus for the investment of allocation of the Section 106 contribution will be the Eastern Road/Edward Street corridor. Previous designs for the council's Coastal Transport System [CTS] proposal included measures to improve public transport priority and reliability and pedestrian and cycling facilities along the Edward Street/Eastern Road corridor. A

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summary of these measures is outlined below and will be considered for implementation using the agreed contribution.

Improvements could include the introduction of bus priority lanes, bus priority at junctions, bus gates, rationalisation/removal of on-street parking, improved junction layouts including signalisation of some key junctions, improvement to side road access points, additional bus stops and associated passenger facilities.

In addition to the financial contribution, the Trust is also including the following Section 106/Section 278 items in addition to the Section 106 Highways Contribution, these schemes are linked directly with the redevelopment of the hospital and as such, the Highway Authority does not accept that these items should be discounted from the financial contribution, however it does accept that some of these elements coupled with the Highways Contribution are part of their overall package provided by the Trust as set out below.

Item	Cost	Ne w	BHCC Comment
40X Bus Service	£94,000	No	The council does not accept that this is accredited to the 3Ts development but that this contributions serves the current hospital requirements prior to the redevelopment
Cycle Improvements	£2,700	Yes	As an alternative to Advance Stop Lines at the Edward Street/Egremont Place and Upper Rock Gardens junction, the council seeks that the applicant provides upgrades to the signals that include cycle detectors and include dedicated cycle phase request facilities for right turners.
Provision of Bus Shelters	£31,000	Yes	Minimum provision should be for 2 double shelters and 1 single shelter.
Pedestrian Infrastructure	£53,400	Yes	<p>The list of works provided by the applicant has been reviewed by the council. Any provision of pedestrian/cycle related infrastructure is a direct requirement of 3Ts and as such will NOT be removed from the contribution.</p> <p>The majority of the proposed improvements are related to tactile paving and new/renewed drop kerbs in the local area. The council is seeking a more focused set of improvements that are directly related to the site and which will create a safer and lower speed</p>

		<p>environment for all road users using the side roads along the Edward Street/Eastern Road corridor. Therefore, the council seeks to replace the majority of the proposed works with 3 side roads entry treatments for Paston Place, Upper Sudeley Street and Sudeley Place. The works will consist of a raised crossing point across the side road to create a level surface for pedestrians using the southern footway. It is anticipated that the works will cost in the region of £15,000 per each location. As such, the remaining budget of £8,400 will be used at some of those sites where new drop kerb and tactile paving is required and the works at the junction of Eastern Road/Abbey Road.</p>
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Through negotiations, two elements have been removed from the Section 106 discussions. These are the parking amendments to Controlled Parking Zone H and the second puffin crossing to the west of Paston Place.

In addition to the works directly linked to transport above, the Trust will also provide a contribution for urban realm improvements along the southern footway across the frontage of the hospital site.

Condition Survey

As the construction period is 10 years, the Highway Authority seeks to include a clause within the Section 106 Agreement that suggests that a current condition survey of Eastern Road (primarily road and footway surfaces), between Upper Rock Gardens and Arundel Road, is undertaken and the results agreed between the Trust and the Highway Authority. The Trust suggests that only the section at the hospital frontage is considered. This clause would offer some degree of protection of the council’s interests in terms of addressing any damage to the highway during the long construction period associated with this project, albeit it is recognised that such damage could be linked to other developments, utility companies, the current poor condition of the highway as well as being directly associated with the 3T’s operations.

Such clauses can be complicated, but seek to offer the council some level of redress if the proposed construction management plan for the site is not operating correctly and leads to damage of the highway by HGVs parked up and stacked along Eastern Road remote to the site, for example. The principal areas of concern would be damage to footway surfaces, kerbs and drainage channels, rather than the condition of the road surface.

The Trust is proposing that highway immediately adjacent to the hospital

frontage be considered only. However with all the works proposed in this area, the whole length will be resurfaced through the life of the project, as part of the development's Section 278 works. The council is seeking this clause to address issues that may occur across a wider area.

In principle, if the Construction Method Statement is adhered to then this clause is unlikely to be called upon, but given a 10-year construction programme the council needs a means of addressing any issues that can be accredited to the development directly.

#### Legislative Requirements including Traffic Regulation Orders

The proposed changes to the frontage of the hospital on the northern footway raise a specific issue in terms of land ownership and responsibility for its management. The proposed lay-by currently lies within highway land but its provision will require that over 60m of land that is currently within the ownership of the Trust will need to be dedicated as highway land to ensure the continuity and maintenance of the footway around the lay-by.

To address this issue, the Highway Authority will seek (through a hybrid Section 278/38 Adoption Agreement) to secure a minimum width of 2 metres of land that is currently within the Trust's control along the north of the lay-by, to provide a continuous footway along the northern kerbline. This land will become highway and therefore be maintained by the council. It is understood that the Trust has agreed to this approach, in principle.

Use of the lay-by will be controlled through a Traffic Regulation Order [TRO] in order to restrict its use to certain vehicles i.e ambulances and PTS vehicles. The council will enforce the TRO and work closely with the Trust in terms of ensuring that the area does not impact on the operation and safety of the highway. To facilitate this, the Trust will be required to meet the costs associated with the development, advertisement and implementation of a TRO.

#### **Travel Plan Officer:**

##### Surveying Travel Patterns

The commitment to survey staff bi-annually is welcome, however it concerns me that between 1999 and 2010 no surveys on staff or patient travel patterns were conducted. The developer must demonstrate the commitment in the Travel Plan to undertake appropriate travel surveys as part of a package of Travel Plan monitoring and evaluation.

##### 2011 Interview Survey Results

Pleased that previous comments for a more robust set of survey data was taken on board following previous discussions, and face-to-face surveys were undertaken. The developer must ensure that this form of survey is included as part of a package of Travel Plan monitoring and evaluation. Further comments are included in the Monitoring and Review section.

The Travel Plan states that an iTrace staff survey is currently being undertaken at the RSCH, I'm not aware of this and may be inaccurate. Further discussion is required to ensure that iTrace surveys can be promoted sufficiently to get a high response rate from staff and patients.

#### Travel Plan Targets

The inclusion of targets at this stage is welcome, however a target of a 5% decrease in sole car usage over five years is unambitious. The developer must put more thought into a staged increase in ambition for the targets over the course of the development and post completion. Alongside the implementation of additional measures, an improved and more challenging set of targets must be forthcoming.

The developer must also be clear at which point the baseline survey will be taken. In my view this should be within six months of completion.

Due to the scale of the development, the lifespan of the Travel Plan process for the RSCH should be ongoing. In view of this, I would expect the developer to present a range of proposals to ensure the hospital and Trust remain engaged in the process in perpetuity, with regular intervals for revisiting and ramping up the Travel Plan targets.

#### Proposed Additional Travel Plan Measures

##### *Bus Service 40X*

The increase in service provision on service 40X is welcome, but not a factor in the proposals for the redevelopment as the improvements have already taken place. Under the scope of the new Travel Plan, the developers must clearly show a commitment to improving public transport links from the East and West of the city, to bring them into line with the 40x service from Mid Sussex, improving access for staff, patients and visitors.

The developer should support the inclusion of the 40X service on the city's Real Time Information system, thus improving travel information for staff, patients and visitors. Over the next few years, the council will be upgrading the system to GPRS technology that will support multiple bus operators displaying real time on the existing screens. The developer must demonstrate a commitment to display the 40X on this new system, and any additional services that may be forthcoming from the redevelopment plans.

##### *Parking Permits*

In the current Travel Plan implemented by BSUH, it clearly states that any parking permit system should not be used as a subsidised form of car parking. It is regrettable that the new permit charges are still significantly lower than the equivalent annual season bus ticket for Brighton & Hove Buses. I welcome the link which has been made in relation to CO2 emissions and permit charges. The developer must demonstrate a mechanism for the cost of parking permits to be annually increased to above the cost of an equivalent annual bus season ticket – I would suggest over the course of a five year period. This will assist in a substantial incentive for modal shift away



from sole car usage to more sustainable modes.

*Business Miles*

The Travel Plan does not discuss the impact of business travel. The developer must explore and suggest mitigation measures to reduce the impact of business travel from the operations of the enhanced hospital facilities.

*Travel Plan Monitoring and Review Process*

I would suggest the following elements as part of an improved monitoring process:

- 1) Annual travel survey of staff and patients (Preferably utilising iTrace)
- 2) Bi-annual face-to-face surveys at all entrance points to the hospital to measure modal split for staff, patients and visitors.
- 3) Bi-annual traffic surveys around the development.
- 4) Bi-annual residents parking survey on identified roads to determine if there is a material impact from the development on residents ability to park.

The hospital must also commit to an annual review of the Travel Plan to be undertaken and submitted to the council to ensure the Travel Plan remains fit for purpose.

*Patient Transport*

There is no mention in the Travel Plan about the role of the patient transport service in transporting patients to and from the site. A section should be included that details how this contributes to trip generation, and for any future plans and developments of the service that may occur during the timescale of the redevelopment, and that could impact on the Travel Plan measures and targets.

The Travel Plan is not acceptable at this stage, and requires further provisions to be agreed in principle before final recommendation, with full details to be subject of a S106 agreement.

**SECTION 6  
MATERIAL CONSIDERATIONS**

**&**

**SECTION 7  
RELEVANT POLICIES & GUIDANCE**

## 6 MATERIAL CONSIDERATIONS

Section 38 (6) of the Planning and Compulsory Purchase Act 2004 states that “if regard is to be had to the Development Plan for the purpose of any determination to be made under the Planning Acts the determination must be made in accordance with the plan unless material considerations indicate otherwise.”

The development plan is the Regional Spatial Strategy, The South East Plan (6 May 2009); East Sussex and Brighton & Hove Minerals Local Plan (1999); East Sussex and Brighton & Hove Waste Local Plan (February 2006); Brighton & Hove Local Plan (21 July 2005).

The nature of the application requires an Environmental Statement (ES) to be submitted to the Local Planning Authority in compliance with the Town and Country Planning (Environmental Impact Assessment) Regulations 2011. Regulation 3.(4) of those Regulations stipulates that where development requires an ES the planning authority shall not grant planning permission pursuant to the planning application unless they have first taken the ES, representations by consultees and any representations regarding the environmental effects of the development into consideration.

## 7 RELEVANT POLICIES & GUIDANCE

### Planning Policy Statements (PPS):

PPS 1:	Delivering Sustainable Development
PPS 4:	Planning for Sustainable Economic Growth
PPS 5:	Planning for the Historic Environment
PPS 9:	Biodiversity and Geological Conservation
PPS 10:	Planning for Sustainable Waste Management
PPS 22:	Renewable Energy
PPS 23:	Planning and Pollution Control
PPS 25:	Development and Flood Risk

### Planning Policy Guidance Notes (PPGs):

PPG 8:	Telecommunications
PPG 13:	Transport
PPG 17:	Planning for Open Space, Sport, Recreation
PPG 24:	Planning and Noise

### Draft National Planning Policy Framework

Paragraph 38:	Health and Well being
Paragraph 86:	Transport Assessments
Paragraphs 88-90:	Support reductions in greenhouse gas emissions and congestion
Paragraphs 121-122:	Deliver high quality design
Paragraphs 169:	Minimise impacts on biodiversity and geodiversity
Paragraph 172-173:	Preventing unacceptable risks from pollution

Paragraph 178-186: Conserve heritage assets

The South East Plan

Policy S2 : Promoting Sustainable Health Services

Brighton & Hove Local Plan:

TR1	Development and the demand for travel
TR2	Public transport accessibility and parking
TR4	Travel Plans
TR5	Sustainable transport corridors and bus priority routes
TR7	Safe development
TR8	Pedestrian routes
TR14	Cycle access and parking
TR18	Parking for people with a mobility related disability
TR19	Parking standards
SU2	Efficiency of development in the use of energy, water and materials
SU3	Water resources and their quality
SU4	Surface water run-off and flood risk
SU5	Surface water and foul sewage disposal infrastructure
SU9	Pollution and nuisance control
SU10	Noise nuisance
SU11	Polluted land and buildings
SU12	Hazardous substances
SU13	Minimisation and re-use of construction industry waste
SU14	Waste management
SU15	Infrastructure
SU16	Production of renewable energy
QD1	Design – quality of development and design statements
QD2	Design – key principles for neighbourhoods
QD3	Design – efficient and effective use of sites
QD4	Design – strategic impact
QD5	Design – street frontages
QD6	Public art
QD7	Crime prevention through environmental design
QD15	Landscape design
QD16	Trees and hedgerows
QD17	Protection and integration of nature conservation features
QD18	Species protection
QD25	External lighting
QD27	Protection of Amenity
QD28	Planning obligations
HO19	New community facilities
HO20	Retention of community facilities
NC8	Setting of the Sussex Downs Area of Outstanding Natural Beauty
HE1	Listed buildings
HE2	Demolition of a listed building

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HE3	Development affecting the setting of a listed building
HE4	Reinstatement of original features on listed buildings
HE6	Development within or affecting the setting of conservation areas
HE10	Buildings of local interest
HE11	Historic Parks and gardens
HE12	Schedules ancient monuments and other important archaeological sites

### East Sussex and Brighton & Hove Waste Local Plan

WLP 11	Reduction, re-use and recycling during demolition and design, and construction of new developments
WLP 12	Recycling as part of major development

### Supplementary Planning Guidance:

SPGBH4	Parking Standards
SPGBH15	Tall Buildings

### Supplementary Planning Documents:

SPD03	Construction & Demolition Waste
SPD06	Trees & Development Sites
SPD08	Sustainable Building Design
SPD11	Nature Conservation & Development

**SECTION 8**

**CONSIDERATIONS**



## 8 CONSIDERATIONS

The main considerations in the determination of this application relate to the principle of the development, the replacement of out of date medical facilities, the development of a Level 1 Trauma unit for Sussex, the scale and height of the development, impact on the setting of the Conservation Areas and Listed Buildings including the replacement Grade II Listed Chapel and Bristol Gate Piers, other heritage assets, the impact of the operation of a new helipad on local residents, outlook and privacy, sustainability, transport impacts, noise and disturbance during construction period and operation of the new hospital buildings, impacts on air quality, local wind climate, archaeology, flood risk, ecology, energy consumption and emissions, daylight and sunlight of adjoining occupiers, artificial lighting, waste management, socio-economic considerations, cumulative impacts with other developments.

### **Environmental Impact Assessment**

An Environmental Statement (ES) has been submitted with this planning application. Prior to the submission of the planning application, a screening and scoping exercise was undertaken in accordance with the Town and Country Planning (Environmental Impact Assessment) (England and Wales) Regulations 1999 [superseded by the Regulations in August 2011.] The Environmental Statement has the component parts required by the 2011 Regulations and is considered robust. The following has been considered as part of the ES.

- Need for the development and the consideration of alternatives
- Planning Policy Context
- Landscape and Visual Impact Assessment
- Cultural Heritage
- Noise and Vibration
- Air Quality
- Flood Risk, Drainage and Water Resources
- Ground Conditions and Contamination
- Ecology and Nature Conservation Transport
- Waste Management
- Wind Environment
- Daylight, Sunlight and Overshadowing
- External Lighting
- Socio-Economic and Community Effects
- Telecommunications Reception
- Archaeology
- Cumulative Effects

### **Background**

Brighton & Sussex Universities Hospital NHS Trust (BSUH) provides general acute services to the population of Brighton & Hove and Mid-Sussex and specialist and tertiary/regional services for patients across Sussex and the

South East of England. Currently, this level of care is provided by two hospitals, The Princess Royal Hospital (PRH) in Haywards Heath and the RSCH. These two hospitals provide many of the same acute services for their local populations. PRH is the designated elective surgery centre for patients from Brighton & Hove and Mid-Sussex, whilst RSCH is the emergency and critical care centre for the same population.

Other services not located at these two hospitals include breast screening which operates from a new facility on Preston Road, some out-patient facilities at Brighton General Hospital, Hove Polyclinic and other community locations across Sussex.

The regional/tertiary care services that the Trust currently provides include neurosciences, cardiac, cancer, renal, paediatrics, infectious diseases, HIV care and in future major trauma. For specialist/tertiary services the population served is approximately 1.2 to 1.4 million, although the catchment areas differ slightly depending on each service.

The Princess Royal Hospital (PRH) would continue as the Trust's designated elective surgery site, as well as continuing to provide A&E and acute medicine services to the local population of Mid Sussex. The only change to elective surgery at PRH relating to the 3Ts redevelopment is neurosurgery: elective and non-elective surgery would move from PRH to RSCH. Surgery for cancer cases would continue to be performed principally at RSCH, where the Sussex Cancer Centre is based.

In 2010/11 about 734,000 patients were seen at the two main hospitals which comprises; 495,000 outpatients; 14,000 elective inpatients mostly at PRH and 34,000 non-elective day cases (planned operations and procedures); and 53,000 non elective inpatients (emergency admission) form part of the total of 138,000 A & E attendances.

The Trust has 900 beds (300 at PRH and 600 at RSCH) and 7,500 members of staff (full and part-time).

The population catchment area as a Major Trauma Centre (MTC) is different as it is determined by road travel times between major trauma centres rather than administrative boundaries but it is estimated that this Level 1 MTC would serve a population of 1.45m.

BSUH is also a University Teaching Hospital and works in close partnership with Brighton & Sussex Medical School and the Kent, Surrey & Sussex Deanery.

#### The 3Ts Development

The aim of the BSUH Trust with regard to the 3Ts Programme is to accommodate within the proposed development, a leading teaching, trauma and tertiary care centre for the region (3Ts). The Trust has submitted a

detailed statement accompanying the application which sets out the objectives with regard to the 3Ts. The main objectives are:

- To replace the old inpatient wards within the Barry Building with modern fit for purpose ward accommodation with an average of 65% single rooms (compared to 5% provision within the Barry Building).
- To relocate and expand the regional neurosciences centre within the Stage 1 building from PRH. 45 beds would transfer from PRH and an additional 42 would be created.
- To establish a Level One Major Trauma Centre for Sussex and the wider region, including a helipad for use primarily for the Kent, Surrey and Sussex Air Ambulance. The aim is to treat patients with severe and multiple injuries and to ensure patients with complex trauma receive treatment locally instead of being referred to London hospitals. The MTC would service a population of 1.45 million people. 16 additional intensive care and high dependency beds would be created and 10 trauma beds.
- To rebuild the Sussex Cancer Centre (Stage 2 building) to allow the development and expansion of cancer services with twice the number of beds by adding 26, additional radiotherapy bunkers and chemotherapy day case spaces to serve a population of 1.2 million.
- Overall a net additional 100 beds would be created after reductions elsewhere on the RSCH site following space efficiencies.
- The enhancement and expansion of teaching and training facilities for students and staff, in partnership with the Brighton & Sussex Medical School and the Kent, Surrey & Sussex Deanery.
- The Trust's Statement outlines their anticipated benefits of the 3Ts proposals in terms of hospital-user and clinical benefits as well as public benefits.

#### Quality of existing stock

Although PRH is a relatively new hospital only completed in 1992, the Hurstwood Park Centre (neurosciences) was completed in 1938 and was built as the acute admissions ward for the St Francis Asylum which previously occupied the site. The building fabric has deteriorated and the capacity of the unit (for surgery, intensive care and inpatients beds) is not sufficient to serve Sussex. It is too remote from other specialist services at RSCH.

The Barry Building was completed in 1826, and accommodates medical, care of the elderly, cancer, infectious diseases, HIV inpatients, main imaging department and the cardiac investigation service. The majority of patients are admitted through A&E, which is some distance away and patient transfer involves a number of different lifts and external transfer. There are poor standards of privacy and dignity and the ratio of patients to toilets is 4:1 which is well below current standards.

The Nuclear Medicine building was completed in 1975 as a temporary building. It falls below modern day standards for such a facility and the regulatory authorities who deal with its licence to operate are only prepared to continue to do so whilst a permanent solution is being sought through the

development of the 3Ts.

The Sussex Cancer Centre was completed in 1993. It does not have the capacity to deal with current and future cancer treatments. In-patient beds are in the Jubilee block so inpatients requiring radiotherapy have an external transfer.

In the Trust's most recent survey of its own estate, 65% of the estate falls below the required quality standards for the buildings occupied and much of this relates to the Barry and Jubilee Buildings and those at Hurstwood Park.

### **Principle of the development**

The site is currently used as a hospital having first opened in 1828 with various hospital buildings added during the remainder of the 19<sup>th</sup> Century and therefore the principle in Land Use terms of redeveloping the site for hospital buildings is acceptable. There are no allocations in the adopted Local Plan for the site but the Submission Core Strategy identified the RSCH site under policy DA5 for expansion and gave an indicative net additional figure of 30,000 sq m. The Submission Core Strategy has no weight in policy terms following its withdrawal in September 2011.

At various periods in recent history, consideration was given to relocating the hospital. In 1971 (two years after the Thomas Kemp Tower opened) planning permission was granted by Brighton Corporation for a new District General Hospital on 30-40 acres adjacent to the College of Education at Falmer. This was postponed and then in 1984 abandoned as being too costly. In 1986, an options appraisal to develop the RSCH site and the Brighton General site was approved in 1989 by the Regional Health Authority. In 1991, the option of a Greenfield site was revisited but voted against by Brighton Health Authority. In 1994 planning consent was granted for the redevelopment of the north part of the RSCH site which accommodated the closure of Hove General Hospital and the transfer of Acute beds from Brighton General. The Children's Hospital was completed in 2007 following the closure of the Royal Alexandra Hospital on Dyke Road.

It is evident that over the years, various decisions have been taken by previous Health Authorities which have led to hospital services in Brighton & Hove being centralised onto the RSCH site and the closure of other hospital sites. The decision not to pursue a greenfield option was finally taken in 1991 and this current proposal is seen by the Trust as the next stage of that process.

The EIA regulations require the consideration of alternatives as part of the EIA. This is covered in Chapter 3 of the submitted ES. When the Trust made their Outline Business Case (OBC) to the Strategic Health Authority in 2008, there were two options, A and B, for the design proposed in 2009 with the latter representing a major re-design of the scheme that was submitted for OBC approval. Option B was adopted which was preferred by residents, the

Council and other stakeholders. It involved reducing the height at the eastern end and reducing the overall height by having underground car parking. The helipad moved to the Thomas Kemp Tower under Option B1.

The 'Do nothing' option was considered but would have meant that the hospital did not meet a number of key national policy and strategic priorities. It would have meant that some services would have had to be provided elsewhere in Sussex.

Alternative locations were also considered over the last 30 years as set out in the Trust's Statement and reported above. The alternative sites considered were not suitable as whether they were in the City or outside, such as in Worthing, they would have been away from the main centre of the population in Brighton & Hove or Sussex and this would have resulted in greater journey distances for a larger proportion of the population and the Trust's operations. It is considered that there is no alternative location within the City that is feasible which meets the criteria above. It should be taken account that given the strategic decision taken years ago about retaining the RSCH in Kemp Town and subsequent redevelopment of this site in the 1990's of the Millennium Wing and Renal Unit and the Royal Alexandra Children's Hospital granted consent in 2004. The hospital must operate from one site and so alternate locations are not feasible given the relatively recent modern health facilities now on this site.

#### **Design, impact on heritage assets and Landscape Value Impact Assessment**

In considering the impact of the development on heritage assets, account has been taken of national planning policy guidance in PPS5 (Planning for the Historic Environment) as well as policies in the Quality of Design and Historic Chapters of the Local Plan. These are policy QD1 with reference to the scale and height and architectural detailing; policy QD2 related to key principles for neighbourhoods and policy QD4 also sets out the criteria for assessing the setting of developments in the wider strategic context including views of the conservation areas and listed buildings. The application has also been considered against policies HE1 governing alterations to Listed Buildings; HE2 related to demolition of Listed Buildings; HE3 development affecting the setting of a Listed Building; HE6 development within or affecting the setting of conservation areas; HE10 buildings of local interest; HE11 Historic Parks and gardens and HE12 scheduled ancient monuments.

SPG15 'Tall Buildings', sets out the Council's design guidance for considering proposals for tall buildings and to identify strategic areas where there may be opportunities for tall buildings. SPG15 requires that new tall buildings should be in an appropriate location, should be of first class design quality of their own right and should enhance the qualities of their immediate location and setting. The SPG also gives further guidance on the siting of tall buildings to ensure they have minimal visual impact on sensitive historic environments and that they retain and enhance key strategic views. Eastern Road has



been identified as an area which may be suitable for tall buildings. “The existing tall buildings particularly those at the County Hospital, provide unique opportunities to develop small clusters of tall buildings along the corridor, albeit of a significantly lesser height to those existing residential blocks in this area”.

In considering the impact on heritage assets, there are two accompanying Listed Building applications as identified in the Planning History (section 3 above) for the demolition of the Listed Chapel within the Barry Building and the demolition of Bristol Gate Piers. The assessment of these heritage assets will be carried out under those applications which are on the agenda for consideration at the same time as the main planning application. The replacement of these heritage assets however will be considered under this application in respect of the relocation and siting of these assets. The impact on other heritage assets is also considered under this application.

#### Barry Building and other heritage assets

The Barry Building is a locally listed building and therefore not statutorily listed. An application to List the building was declined by English Heritage in 2009. The original Barry Building was built in 1824-26 and was three storeys with its ground floor raised significantly above surrounding ground levels. The main entrance was accessed by narrow steps. The original Barry Building is 7 bays in width and is part neo-Classical, part Italianate style designed by Charles Barry. The original building is small in footprint when compared to the later extensions.

The four storey Victoria and Adelaide Wings were added in 1839-41 to the east and west of the original building. In 1853 the four storey Bristol Ward was added to the west of the building along with a similar extension to the east.

Balconies were added on the south elevation in 1912 and 1913 to the Victoria and Adelaide Wings. These balconies were later enclosed with external staircases added sometime after the Second World War. In 1929 a large casualty extension was added to the front of the original Barry Building which is mainly single storey with a smaller first floor. An ornamental porch was also added.

The three storey Jubilee Building was built in 1887, and was first used as a Sanatorium. A more modern single storey infill extension now links the Barry Building with the Jubilee Building.

There have been many more extensions to the north of the Barry Building. However, the extensions described above are the additions which are viewed from the street scene in Eastern Road.

Only the original Barry Building is locally listed and not the later additions nor the Jubilee Wing. In declining an application to list the Barry Building in 2009,



English Heritage stated that ‘the extensions of various periods, styles and quality hold little interest in themselves and are generally not aesthetically pleasing. The entrance porch in particular now obscures much of the ground floor façade of the main building at close quarters’.

English Heritage also commented that, ‘the central pediment of the original Barry Building façade, which is considered to be an important marker of the principle public entrance to the hospital site, is not visible until one is almost directly in front of the building. The pediment does make an important contribution to the axial view from up Paston Place, but this significant view is spoilt by the asymmetry of the 1929 extensions to the front and the various accretions at roof level.

There has been considerable debate and discussion over the retention of the Barry Building and some of the Conservation Societies and National conservation bodies have objected to its complete demolition notably, Kemp Town Society, Kingscliffe Society, SAVE, The Victorian Society and the Georgian Group. The Brighton Society and the Conservation Advisory Group whilst regretting its loss have not opposed it.

On two occasions, the Trust carried out a detailed assessment of the practicality of retaining the Barry Building including the Chapel whilst being able to fulfil their clinical objectives and not to compromise either. The applicant’s Heritage Statement and the Trust Statement sets out options for how the development could look if the original building was to be retained or just the façade only. In 2009 in preparing its Preferred Options, the Trust considered retaining the Barry Building and Chapel in 7 out of the 10 options analysed. A cost comparison was also made between refurbishment and redevelopment. The analysis showed that the size of the building would mean that more development would need to be built around it to meet the clinical needs. Options looked at meeting the 70% single rooms objective and compromising at the minimum requirements of 20% single rooms. To provide more than 20% would have meant even more new build around the Barry Building.

In January 2011, a further more detailed study looked at 3 options which were to either retain the Barry Building, retain the façade only or retain the chapel only.

Option A to retain the Barry Building would have resulted in a two storey basement being built around the footprint leaving it standing on a plinth. This would have reduced the parking to 99 spaces. Keeping the Adelaide and Victoria wings would have left no parking. There would have been a shortfall in medical accommodation despite constructing a 4 storey element on the West side and a 6 storey element behind to the north. The resultant development would have been a storey higher than Stage 2 and built hard up against the Upper Abbey Road frontage. The Barry Building would have effectively been wrapped around by new build compromising its setting. The

floor levels would not work either as the old floor to ceiling heights would be out of alignment with new modern clinical room heights in the new build elements and across into Stage 1. This would result in further inefficient use of space in order to provide additional lifts, ramps and stair cores. The clinical research and outpatient areas would have less natural daylight with no central atrium. Other clinical space would be compromised and ease of movement and circulation and co-location between related clinical areas.

Option B retaining the façade only was assessed. This looked at keeping the façade on its present frontage set back from Eastern Road which would have resulted in 3000 sq m of floorspace being lost. As with option A, an additional one and a half storey of new build would need to be built behind the façade thus compromising its appearance. Alternatively moving the façade forward by rebuilding it would have to be considered. A reduction of 20% of oncology day care and 10% outpatient space would result which was not acceptable to the Trust as it aims to meet the needs of all oncology care in Sussex. This option would have resulted in the need for two entrances to each ward due to the separation in the plan form for the wards. Stage 2 would need to be built closer to Stage 1 which would result in loss of daylight to clinical areas as well. The floor to ceiling heights would be different again so that the window openings in the façade would not align with the floor levels of the new building. It is also not clear if the façade could be kept in place whilst excavation for a reduced size car park took place.

Option C was to retain the Listed Chapel only by building around it. The exterior of the chapel would require considerable work as it has never really had an external elevation as the proposal would expose the external walls within an atrium. The chapel has always been an internal building not exposed to public view and was apparently not designed as such. As with the other options, floor levels are the impediment as well as requiring circulation for patients and staff around it. The difference in floor levels between the chapel and the floors around would be 2 metres thus requiring a ramp of approximately 30 metres to link them and thus taking up internal floor area. The proposal would require the private patients ward to be relocated onto the roof thus increasing the height and reducing the roof garden. The chapel would reduce the size of the internal courtyard as well thus reducing daylight to accommodation in the centre of the building.

An option for retaining the façade and building around it with illustrations has been submitted by a group of objectors. The illustration shows new buildings built around the original central Barry façade and extending forward to the frontage of the proposed Stage 2 building. An atrium for daylight would be retained in the centre of the new building. The retained façade would be a significant distance behind the new frontage and thus would be completely out of view in the Eastern Road street scene except when standing in front of it. The depth of the recessed façade would be so great that natural daylight to those windows would be severely compromised particularly as it is proposed that a secondary glazed screen behind the façade would provide a wall

behind which the accommodation would be built to modern standards to overcome floor level issues. In effect the accommodation would receive borrowed light from the openings in the retained façade further diluted by the internal screen. This would be likely to compromise the energy performance of the building by receiving reduced levels of natural daylight. In terms of achieving the objective of retaining the façade in views up Paston Place, it is considered that the façade would be set back so much that it would be overshadowed such that even on a bright day its presence would be significantly diluted and obscured particularly viewed from the seafront. The illustration demonstrates how difficult it would be to achieve a satisfactory solution to the design and meet the clinical needs by retaining elements of the Barry Building.

Policy HE10 states that the planning authority will seek to ensure the retention and continued use of buildings of local interest. Whilst not enjoying the full protection of statutory listing, the design and the materials used in proposals affecting these buildings should be of a high standard compatible with the character of the building. The supporting text refers to criteria for local interest being due to their use or former use, architectural style or which display physical evidence of periods of local significance which remain substantially unaltered and retain the majority of their original features. It includes buildings which may merit statutory listing or contribute to the character of a conservation area. The applicants have submitted a thorough and detailed historic assessment of the Barry Building as part of the Environmental Assessment

As outlined above, the original building which is outside of a conservation area has been added to over the years and in the 20<sup>th</sup> Century has suffered a number of very unsightly additions. Whilst these alterations could be reversed, this would be unlikely to occur unless it was part of a development proposal. The original main porch and front steps were removed in 1929. There are almost no surviving features of interest internally which has been severely compromised by alterations. The main interests inside the Barry Building are the plaques and memorials and paintings which could all be retained and used in a new development which is the applicant's intention. The building was originally a Sea Bathing Infirmary but this use was short lived and it has been in use for medical purposes and as this would continue, its historic links with the past in terms of its use would not be lost. The main historic interest lies in the architect Sir Charles Barry however the funding was raised by public subscription and its design was one of his most basic. English Heritage declined to List it in 2009 citing a number of reasons and it is considered that many of the criteria in the supporting text to policy HE10 are not applicable or have little weight. It is considered that the proposal to demolish the Barry Building has been justified by the applicants and meets the criteria set out in local plan policy and PPS5. The loss of its significance is justified in order to deliver substantial public benefits that outweigh the harm or loss caused. The nature of the heritage asset also prevents the reasonable use of the site for provision of modern hospital buildings.

The other main historic buildings on the site, Latilla, Jubilee Block and boundary walls have all been assessed by the applicants for their heritage value. Neither of them are statutorily or locally listed and do not retain any significant features of interest and have limited design interest as they copied the style of the Barry Building. Latilla was originally a Girls orphanage and not part of the hospital. None of the objectors have called for their retention. The boundary walls are brick built in two sections from the corner of Upper Abbey Road along part of the frontage and up the western boundary along Upper Abbey Road as far as Whitehawk Hill Road. This latter section would be rebuilt following the completion of Stage 2. Most of the original front boundary wall has been lost and relates more to when the original hospital was sited in isolation set back up the hill from the road frontage. It now acts as a barrier to the street scene and the entrance to the hospital.

#### Reinstatement of the Chapel and Piers

A related application on this agenda (BH2011/02888) considers the demolition of the Chapel within the Barry Building. The chapel would be reinstated in an area that has the same floor dimensions within the Stage 1 building at Levels 1-3 at the corner of Bristol Gate and Eastern Road to create an exact replica of the current chapel. The proposed floor to ceiling height will comfortably accommodate the current height of the chapel including the lantern light. All of the existing internal features including panelling, flooring, and stained glass windows which have been recorded already and laser scanned will be carefully lifted and relocated. The replacement chapel will be used as a heritage space as it is proposed to provide a separate multi-faith facility in Stage 1 at Level 6. The existing chapel receives natural light through its stained glass windows on the north and east elevations as well as the lantern light. The proposed replacement chapel would be contained within a 'shell' which has modern elevations on the north, south and east elevations. The design of the new building has had to take account of the need to provide natural daylight to the stained glass windows which would be done using borrowed light from high level windows and longer vertical windows on the external elevations as described in part 4 of this report. The west internal flank of the chapel will receive borrowed light from the south elevation cast along a narrow corridor on its west side. A consideration of the replicated chapel should be to ensure that the levels of daylight should at least match the existing daylight. This should be conditioned to require existing light levels to be recorded and calculated so that they are capable of being repeated in the replica. Whilst it appears that this is intended, there are no references to it in the main application.

The Listed Building application notes that it will be possible to salvage 80% of the existing chapel structure and features a replica of the plastered dome which would need to be constructed for the lantern lights. Conditions covering recording of the historic features, lighting levels, supervision, storage, reconstruction and restricting the timing of works to the appropriate Stages of development would be attached to Listed Building application.

The related application on this agenda (BH2011/02887) considers the demolition of the Bristol Gate Piers. Replication of the piers will involve salvaging as much material as possible before they are rebuilt. However, their current state of repair is very poor and the applicants note that some of the rebuilding may involve infilling brickwork with new to match as closely as possible. This will need to be secured by condition, together with recording the piers, supervision, storage, reconstruction and restricting works to the appropriate Stages of development. A further consideration is the best position for them to retain and enhance their setting. The new location of the west pier is tucked into a corner of the new Stage 1 building and in the perspective from the east, it appears to be somewhat engulfed and overwhelmed by the scale of Levels 1-3 with the canopy overhead. It is considered that further consideration should be given to whether an improved position slightly further up the hill which will expose the pier and enhance its setting would be better. The east pier could be moved up the hill the same distance and remain on the grass verge adjacent to No. 185 Eastern Road. Account would need to be taken however of sightlines to the junction of Eastern Road for the car park. A condition requiring detailed consideration of the final position would be required.

Proposed Design and appearance, setting of Conservation Areas and Listed Buildings, Landscape Value Impact Assessment

The Design and Conservation Manager has provided comprehensive comments on the proposals in respect of the design and appearance of the development including compliance with SPG15 Tall Buildings, the impact on heritage assets and the setting of listed buildings and conservation areas. The following considerations should be read in conjunction with the Design and Conservation Manager's comments.

The Design and Access Statement submitted sets out a chronology of how the scale and proposed design of the development was arrived at following lengthy pre-application negotiations with the Council and rounds of public consultation. Drafts of the Landscape and Visual Impact Assessment also assisted in shaping the proposed development by assessing its impact in short range views from within the adjoining Conservation Areas and in longer views across the City and from the South Downs National Park.

The Background section above in part 8 of this report sets out the clinical requirements which have shaped the scale and design of this proposal.

In accordance with policy QD1, in considering the development, account has been taken of its scale and height, architectural detailing, quality of materials, visual interest at street level and appropriate landscaping. The proposal should demonstrate a high standard of design and make a positive contribution to the visual quality of the environment.

Policy QD2 requires developments of take account of local characteristics including height scale and bulk, topography and impact on skyline, natural



and developed background, landmarks, layout of streets, linkages with surrounding areas, patterns of movement, natural landscaping.

Policy QD3 requires developments to make efficient and effective use of a site and incorporate an intensity of development which is appropriate to the locality, the needs of the community. Higher densities of development are appropriate where the site has good access to public transport. Developments should seek to retain open space and the provision of new open space.

Policy QD4 sets out the criteria for assessing the setting of developments in the wider strategic context including views of the sea, seafront, coastline, the Downs, across valleys, conservation areas, listed buildings, avenues and steeply rising streets.

In considering the proposals against Policy QD1, the height and scale of the Stage 1 building is one of the most significant features of the whole proposal but the creation of a “plinth” and canopy at Level 3 gives it a relationship to the 3 storey height of the other hospital buildings and the terraced houses opposite. There are many examples of tall buildings along or close to the Eastern Road corridor including residential blocks between St James Street and Edward Street between 15 – 19 storeys in height. Closer to the site to the north on the Bristol Estate are 5 blocks between 6-9 storeys in height which being sited on rising ground has an exaggerated impact. The building is modern in design but has taken account of its context on Eastern Road which is a mix of modern 20<sup>th</sup> Century development and older Victorian terraces. At street level, the proposals in respect of Stage 1 and 2 provide a substantial level of interest which is not apparent now. Whilst the current buildings are all fronted by elevated drop off zones and car parking obscured by boundary walls, the proposals will provide open street level frontages featuring landscaped areas with footpaths in front of Stage 2. The lower elevations feature extensive areas of curtain walling enabling visibility into the public areas/receptions of each building. By bringing the buildings forward, the proposal provides improved definition to the street and to frontage of the development and so in respect of the visual interest of the frontage, the proposal is considered to accord with policies QD1 and QD5. The level of landscaping has increased substantially across the whole site (refer to Ecology considerations below) on the frontage and on the Upper Abbey Road and Bristol Gate frontages together with the extensive roof gardens and terraces. The materials proposed are considered to be of a good quality in general although further detailed consideration of them would be required if planning permission was to be granted.

Policy QD2 sets out a number of criteria for considering neighbourhood impact of which height, scale and bulk are the first.

In terms of the impact of the development from close range, Phase 1 of the development undoubtedly has the greatest impact in terms of its context, the street scene and in its relationship with the adjoining development particularly



the residential terraces opposite.

The proposal for Stage 1 has been shaped as far as possible to mitigate this impact by reducing its height from earlier proposals and relocating accommodation either into Stage 2 or into St Mary's Hall which became available during the pre-application process. The impact of Stage 1 has also been mitigated by breaking up the frontage above the plinth with the "fingers" extending out towards the frontage. The upper levels of Stage 1 are set back from the edge of the plinth such that at pedestrian level the overbearing presence of the upper floors would be less apparent at close quarters. Due to the clinical needs of providing wards on the upper floors with greater space standards and providing mostly 1 or 2 bed rooms, it has not been possible to set or stagger Stage 1 back any further from the Eastern Road frontage.

Relocating accommodation from Stage 1 has enabled the height to be reduced below the height of the Thomas Kemp Tower which has had a substantially beneficial effect on the appearance of the proposal in longer views.

The Stage 2 building has been designed to be no higher than the existing Barry Building however it does extend forward of the main existing building but not of the existing entrance canopy. It has a satisfactory relationship with the medium scale hospital buildings on the south side of Eastern Road and is considered to meet policy QD2 in respect of bulk and scale. It is unfortunate that the quality of the west elevation will be obscured by the substantial presence in the foreground of Courtney King House at the corner with Upper Abbey Road which overrides any concerns about the scale of Stage 2. As identified in the Tall Buildings Statement, the local context for this proposal includes a number of tall and or large scale buildings not least on the RSCH site as a whole but including the hospital buildings opposite, the Bristol Estate, Gala Bingo Hall, Brighton College and Courtney King House.

Concerns about the height, scale and bulk of the development against policy QD2 should also be considered in the context of the whole of this policy. The impact on the topography, the natural and developed background and landmarks has been considered in detail in the Landscape Visual Impact Assessment (LVIA) to be commented on later in this report. The proposals have taken account of the layouts of streets and spaces and linkages with the surrounding areas and patterns of movement. The proposals provide a far more coherent frontage onto Eastern Road than is currently evident from the current sporadic mix of buildings and attention has been paid to how the proposal appears at the end of the different streets which run north-south between Eastern Road and St Georges Road. The impact will be to provide a visual link between the hospital and these two main thoroughfares and link to the St Georges Road retail parade and other community facilities and improve visual connections for their mutual benefit. The applicants are proposing a variety of measures in a S106 agreement which would add further to the improved patterns of movement including signage, improved pedestrian

surfaces and public transport facilities which will comply with this policy. Details of these measures are set out in the Transport section of Part 8 of this report. As referred to above, the proposal will provide a substantial landscaping scheme where almost no natural landscaping is in evidence on site. It is considered therefore that the proposal complies overall with policy QD2 and where there are concerns in respect of Stage 1 against QD2 a), the bulk and scale of the development have been mitigated by its design.

In respect of Policy QD3, the proposal would make full use of the site and in comparison to the current site, which features sporadic buildings fronted by open car parking; the proposed use would make considerably more efficient use of the site. The objective of the policy was to relieve pressure on Greenfield sites which is pertinent to some of the comments received which refer to the development being in the wrong location. Some objectors have suggested that an out of town site which could accommodate all of the development needed would be more appropriate. Whilst this may have resulted in a less dense scheme, it would have required a much larger area of land. The Trust's Statement and the Environmental Statement set out the alternatives and of how a strategic decision was taken around 20 years ago to remain on this Eastern Road site prior to the development of the newer buildings at the rear of the site. The site is well located for service by public transport and the applicants are proposing improvements to sustainable transport provision including a Sustainable Transport Contribution (STC) as part of a S106 agreement. The proposal would provide substantial new open space where almost none exists now and so it is considered that the proposal complies with policy QD3.

Policy QD4 is concerned with mainly larger scale developments which can have an impact on strategic views which could be at short range within a conservation area, for example, or across the City from Downland, for example. As part of the Environmental Assessment the applicants have submitted a Landscape Value Impact Assessment (LVIA) which includes 50 locations agreed with officers. Some of the images provided indicate the potential night time view of the development. The views provided cover all of the potentially significant views from which the proposed development could be seen and provide examples of all of the types of view which policy QD4 considers to be of strategic importance. It should be noted that in these considerations, the visual impact of the helipad becomes a significant factor as well as the effect of the proposal on the setting of the Kemp Town Estate featuring its Grade 1 Listed terraced dwellings. The LVIA has also assessed the cumulative impact of this proposal with other potential major developments which could take place over the next ten years which have permission or where an application could come forward. The sites are Brighton Marina, American Express on John Street and Rosaz House on Bristol Gate. These are illustrated in outline on the verified views.

In views along Edward Street looking east, the proposal would appear to add to the series of large bulky developments which line both sides of this wide

boulevard. At the site itself, the view is dominated by the Thomas Kemp Tower, the Children's Hospital with Courtney King House in the foreground. The College Conservation Area and Grade II Listed Brighton College in the foreground are already overwhelmed by these developments although the applicants omit to refer to them in their assessment and assess the impact of the proposal as minor positive. Officers consider it to be minor negative given the existing developments and more recent modern developments on this less important corner of the College. In closer views on Eastern Road taken from the Bingo Hall, the impact of Stage 1 is most visible and it is here that stepping it back on the upper elevations would have been most beneficial. The helipad appears briefly above Brighton College but more in context with the modern south west corner and not the set piece frontage. Stage 1 dominates this vista. The applicants have assessed this impact as minor negative which is defined as 'barely perceptible'. Officers would disagree with this and say it was 'moderately negative' but since the view is not an important one along this stretch of Eastern Road, the impact is considered to be acceptable.

The other important views which have been assessed by the applicants are from within the East Cliff and Kemp Town Conservation Areas including the Grade 1 Listed terraces of Sussex Square and Lewes Crescent. Policy HE3 of the Local Plan will not permit development where it would have an adverse impact on the setting of a listed building, through factors such as its siting, height, bulk, scale materials, layout, design or use. Policy HE6 of the Local Plan requires development within or affecting the setting of conservation areas to preserve and enhance the character and appearance of the area and should show, amongst other things:

- a high standard of design and detailing reflecting the scale, character and appearance of the area, including the layout of the streets, development patterns, building lines and building forms;
- the use of building materials and finishes which are sympathetic to the area;
- no harmful impact on the townscape and roofspace of the conservation area; and
- the retention and protection of trees, gardens, spaces between buildings and any other open areas which contribute to the character and appearance of the area.

The view from Sussex Square viewed along Eastern Road shows that the top two floors and roof plant of Stage 1 would be visible in the medium distance but not in context with the Sussex Square terrace so the impact is almost negligible.

In views up Paston Place, the rotunda of Phase 2 replacing the entrance to the Barry Building is considered to have a moderate positive impact by the applicants due to the limited sensitivity of the view. The lower floors of the Barry Building have been extended and altered and some of the buildings on either side of Paston Place in the view are modern and of no discernible

quality. The Children's Hospital dominates the background and therefore the modern rotunda provides a suitable end for this vista which does not have a harmful impact on the setting of the Conservation Area. The view from the eastern pavement may enhance the view of the rotunda more given that it is off centre as is the entrance to the Barry Building. Given the above, it is considered by officers that the impact would be at worst minor negative but this depends on the importance given to the front of the Barry Building despite its various unfortunate additions.

The view from St Georges Church front garden is already harmed by the Thomas Kemp Tower which would be obscured by Stage 1 but its impact is no worse and is considered to be negligible by officers. The view from Upper Sudeley Street is currently dominated by the blank south elevation of the Thomas Kemp Tower but the Stage 1 central "finger" would become the dominant feature with glimpses of the other two fingers. Stage 1 would be more bulky than the Thomas Kemp Tower but its design is considered to be an improvement providing breaks and variety in materials. Its impact has been assessed as moderate negative by the applicants. It is here that the overbearing impact of the Stage 1 building would be felt but for reasons given before, this is unavoidable and its impact should be assessed in the context of the overall impact of the development in this part of East Cliff. The applicant's assessment is agreed and the impact is therefore considered to be acceptable by officers.

From Sudeley Place, the eastern finger would obscure the Thomas Kemp Tower and at street level the new building would replace the unsightly modern buildings on the site visible in this vista. The impact has been assessed as minor negative which officers agree with and is an acceptable change.

At the final pre-application meeting with the Trust's architects in June 2011, the helipad had been assessed by officers and English Heritage at a verified height of 115m above datum levels which was 13 metres above the existing plant level of the Thomas Kemp Tower. The new plant required and the staircase, ramps and lift motor engine room would be screened by a porous mesh screen. Early indications of the Computational Fluid Dynamics (CFD) studies indicated that this height and arrangement would be acceptable and meet CAA safety requirements. However, once the precise nature of the existing plant was established and the necessary re-arranging of existing and new plant designed, the CFD analysis was revisited and was found to be unsatisfactory. A series of testing of alternative layouts with and without the mesh screening and the raised parapet to hide the new plant, and even a parapet with large openings in it and then raising the height by 1.5m and 3m respectively, regrettably concluded in August 2011 that the only acceptable means of the helipad operating safely was at a height of 118m AOD (3 metres higher than before) with no parapet or mesh screening.

The Landscape and Visual Impact Assessment was then re-assessed by the applicants prior to submission. The helipad study however was not re-

assessed prior to submission and officers requested this be carried out and this was received in December prior to the public re-consultation. Officers also requested a detailed analysis of why the helipad operation was only acceptable at 3 metres higher than previously assessed. This assessment was submitted as described above by the architects. The CAA guidelines indicate that the helipad should have at least a 3 metre clearance underneath the deck from any obstructions such as plant to enable winds to pass underneath and minimise turbulence for the helicopters when landing. The taller the building the greater the clearance should be. The re-arranged roof plant and the mesh fencing showed up as unacceptable obstructions and only at 118m AOD was the helipad assessed as acceptable and then only marginally so.

This has increased the visibility of the helipad in a number of views. However in longer views the helipad would have been quite visible and given its location on top of the Thomas Kemp Tower the increased height did not have a significantly greater detrimental impact. In short range views within the Conservation Areas, the increased height of the helipad has not had a significant impact as it would be mostly obscured by the Stage 1 building. It is in mid range views near the seafront and in the Kemp Town Conservation Area where the increased height does make a difference as described below.

Verified assessments have been carried out at intervals from the seafront in the context of Lewes Crescent. The increase in height of the helipad has resulted in some visibility in selected views however the re-siting of the helipad on top of the Thomas Kemp Tower has minimised its impact compared to some of the viewpoints taken when it proposed on the Stage 1 building. From closer range in front of the Kemp Town Enclosures, the top of the helipad is just visible above a couple of roof lines. The visibility of the helipad depends upon whether an individual property has had a mansard roof extension built previously. The most prominent views of the proposal are seen from in front of Chichester Terrace and the eastern arm of Lewes Crescent but in this context, the Thomas Kemp Tower already has a detrimental impact on the setting of the Conservation Area. In these series of viewpoints, the top of the Stage 1 building is mostly obscured behind the ridgelines of Lewes Crescent properties and in one instance by virtue of a substantial double storey height roof extension on a Listed dwelling. The late increase in height of the helipad by 3 metres has accentuated its impact from the lower eastern arm of Lewes Crescent which has a negative impact but this is partially mitigated by its translucent appearance. It must be taken into account that views of the helipad from here are limited and transient in nature. Given the extent of Lewes Crescent, those views that are briefly impaired should be seen in the context of the wide range of views of the whole terrace seen from all directions. As a pedestrian walked north towards Sussex Square, the helipad would become obscured by the western terrace. All of these views are seen as having a minor negative impact on the setting but are acceptable. The proposals are viewed from a number of points within the conservation areas but there are considerably more locations where the proposals would



not be visible or where only fleeting glimpses of the development would be seen. In choosing viewpoints for the applicants to assess, more account was taken of where the proposal might be seen even briefly and therefore these selected views show some of the worst impacts. Given the scale of the development its impact is potentially more widely felt however, it is considered that those viewpoints where there is an impact are limited in the context of the whole extent of a number of conservation areas and therefore it is considered that on balance the proposal would accord with policies HE3 and HE6 of the Local Plan and where its impact is negative, it is mitigated by other factors and minimised.

The Trust have stated in their explanation of the increase in height that as the helipad scheme progresses towards final design, there will be a need for further testing to check the suitability so it would be appropriate to attach a condition to any consent requiring details of the results of these tests be submitted together with any subsequent alterations to the final design for approval by the Local Planning Authority.

In their comments, English Heritage state that given the location, it is inevitable that there will be negative impacts on the heritage assets and on the historic environment as a whole some of which will be serious and which they would ordinarily strongly resist. English Heritage's view is that given that the scheme has been moderated to take on board their concerns the scheme is arguably the least detrimental that could be achieved whilst providing an essential medical and operational package and conclude that the scheme has achieved an overall form and design expression that outweighs the degree of harm that may be caused to designated heritage assets. English Heritage have commented upon the most recent changes to the scheme notably the increase in height of the helipad and accept that it is the best outcome that can be achieved but recognise that the impacts remain harmful in some respects notably the effect of the helipad in views of the Kemp Town terraces but the extent of that harm is less than substantial in their assessment in view of the existing intrusion into the view by the Thomas Kemp Tower. English Heritage's viewpoint as set out in their letter is consistent with the applicant's assessment of the impact on the important heritage assets as described above with which officers concur. English Heritage refer to PPS5 (Policy HE9.4) in reaching their final conclusions that there is strong justification provided in support of the development and a clear and substantial public benefit arising from the proposal which meet the tests set out in PPS5.

In relation to sea views, images from the Palace Pier, Whitehawk Hill and along the cliff tops from Saltdean were considered. From the Pier, the Stage 1 building now resembles a cluster of buildings seen in context with the Children's Hospital and the Thomas Kemp Tower layered above the 5/6 storey seafront terraces on Marine Parade. This has been achieved by reducing the height of Stage 1 and the introduction of the 3 fingers which resemble individual blocks. The creation of a "cluster" of tall buildings is also in accordance with SPG 15 Tall Buildings. A benefit of the proposal seen from



the Pier is considered to be the almost total obscuring of the Thomas Kemp Tower by the spine block however the helipad would be visible but as a lightweight translucent structure. The night time view is considered by officers to have a negligible impact set against the more brightly lit seafront. In views from Whitehawk Hill, the top of the Thomas Kemp Tower and a residential building are already visible on the skyline. The helipad would be visible here at shorter range but the view of the sea has been harmed already and the helipad would have a moderate negative impact perhaps since the rest of the panoramic view is still open. In views from the East along the cliff tops, the development is almost lost amongst the rooftops in the foreground on the upper slopes of Rottingdean and from closer range by Marine Gate opposite Brighton Marina. If developments at the Marina were to be built as approved or proposed there would be more visible and taller buildings in the view.

In views from Queens Road the impact is considered to be negligible despite the applicant not taking account of the required demolition of AMEX House by 2016. There are a number of very tall residential blocks of flats in the foreground which would still dominate this view.

In views from Downland, the proposal would have the greatest impact seen from Roedean and on footpaths now within the National Park. However, Stage 1 is now more subservient to the tower and at the same time has the added benefit of reducing the impact of this single isolated, inelegant tall building which has harmed the City skyline for many years. The decision to provide the helipad on top of the Thomas Kemp Tower also enabled the bulk and height of Stage 1 to be reduced in height as it does not have to be the tallest building. The impact of the proposal on the skyline viewed from opposite Roedean School has been minimised by providing a further step down from the Thomas Kemp Tower from the taller blocks on the Bristol Estate and then continues to step down to Marine Gate on Marine Parade. Viewed from the junction of Roedean Road and Wilson Avenue (close to the National Park), the reduction in height of Stage 1 and the addition of the helipad onto the Thomas Kemp Tower makes Stage 1 appear relatively lower in height. It is considered by officers that this impact is minor negative but still acceptable. Viewed from other points in the National Park to the north and west in Woodingdean or from Warren Road, the proposal becomes more obscure and the restricted angle of viewpoint reduces the impact making it minor negative again but acceptable. From Mount Pleasant west of Woodingdean, the helipad does peak above the ridgeline but seen with the BBC Tower at Whitehawk Hill is considered to be minor negative by officers and is acceptable.

In views from the Bristol Estate, the Thomas Kemp Tower is visible from certain viewpoints. From Whitehawk Hill Road, the helipad would add to the height of the TK Tower but would be glimpsed at intervals between the range of blocks of flats. In this particular view a 6 storey block of flats still dominates the viewpoint in the foreground. Viewed from Bowring Way, the Thomas Kemp Tower is dominated by the same block of flats and in the context of the

flats and Thomas Kemp Tower, the impact of the helipad is agreed to be minor negative in these views.

As the viewpoints become more and more distant such as from Hollingbury Golf Course, Foredown Tower or Copse Hill in Withdean, the proposal is barely perceptible against the Thomas Kemp Tower even on a clear day and its impact would be negligible.

It is considered that the proposal has been assessed by the applicants and considered in great detail against Policy QD4 and that overall the impact on important strategic views has been found to be acceptable. It should be borne in mind that the 50 viewpoints selected by officers are those where the most harmful impact could potentially manifest itself. There will be many areas within closer range where the development would not be visible at all. Whilst there are a limited number of viewpoints where there would be a minor or moderately harmful impact, most of these are considered to be acceptable and on balance the overall impact on settings would be acceptable.

### **Helipad operation**

The proposed helipad as described above in this report would enable the RSCH to become a Level 1 Major Trauma Centre in conjunction with the neuroscience and neurosurgery facilities transferring from PRH for the treatment of major chest and head injuries to be treated in Sussex rather than have to be transferred to London by air. The Trust Statement states that there are currently 100 major trauma cases per year treated at the RSCH or PRH. There is a medical definition of a Major Trauma as having a New Injury Severity Score of 15 or above but this is obviously scored retrospectively. At present on rare occasions they can arrive by helicopter and are treated at RSCH but have to be transferred from East Brighton Park by road. Most of those patients requiring air lifting have to be taken straight to London at present although parts of West Sussex are served by Southampton and more recently Portsmouth hospital has a helipad. In response to queries from officers, this figure has been updated to 180 cases per year but all treated at RSCH. The new facilities at RSCH would enable an additional 270 cases in Sussex that would be treated at RSCH to bring a total of 450 cases.

The majority of the emergencies would be carried by the Surrey and Sussex Air Ambulance although the helicopters used by them are only capable of flying in daylight hours and are not licensed to fly at night as they do not have the necessary equipment. HM Coastguard and the Sussex Police Helicopter can also carry patients but also have a night time capability. This capability refers to, for example, being able to land in a rural area where there may be unmapped obstacles such as telegraph poles and wires. It is considered by the Trust that at night time, road transfer can be as quick as by air when traffic levels are lower. The helipad has been designed to be capable of accommodating the larger helicopter used by HM Coastguard.

The Trust originally estimated that the helipad would be used approximately

50 times a year almost all in daylight carried by the Air Ambulance with night flights being a very rare exception. This was based upon the known annual number of trauma cases within the catchment area that would be served by the new helipad and national evidence gathered in 2006 about the proportion (12%) of trauma patients carried by air. 12% of 450 trauma cases carried by air would give a figure of 54 per annum. National guidance is that patients within 45 minutes of a MTC should be carried to it, by-passing nearer hospitals where the patient may not be able to be treated. The 12% figure is not considered to be up to date and given that there is a national strategy to provide a network of MTC's this percentage may have changed. The increasing number of Level 1 Trauma centres with helipads may enable more air transfers to take place but also may result in less cases coming to any one hospital. The Portsmouth hospital helipad is not referred to in the Trust's submission or the helipad addendum, for example.

As advised by the Civil Aviation Authority, other users of the helipad were consulted by the Local Planning Authority and provided statistics to officers on actual numbers of patients carried by them last year. HM Coastguard based at Lee-on-Solent cover an area from East Dorset to the Kent border and could expect to carry a proportion of the 92 medical transfers carried out last year to RSCH if a helipad was built. Due to its night time capability, the Coastguard are sometimes called in to carry patients from inland if the medical team on the ground decides it is necessary. More than half of the Coastguard's medical transfers are at night as the Air Ambulances can only carry in daylight. The larger faster Augusta Westland 139 helicopter they use is capable of travelling at 100 knots or approximately 115 mph which would be considerable quicker than road travel even at night over a longer distance. The Trust now estimates that about 12 transfers by the Coastguard a year could occur including 6 at night. Sussex Police do not carry a doctor on board but routinely carry a paramedic and can also fly at night. Last year in Sussex they carried 58 medical emergencies with about half of them at night. The Trust now estimates that about half of these (23) could come to RSCH including 5 at night.

Following these responses, the Trust updated their estimates to allow for up to 64 flights per year (including 11 at night) as a precaution but still contend that 50 flights is a more likely figure. Within the national figure of 12% trauma cases being transferred by air, a proportion of these could have been carried by non-air ambulances and they do not differentiate between day or night flights so estimates are difficult.

For these reasons and following consultation with the Environmental Health team, it is recommended that a condition be applied limiting the number of flights to the Trust's estimate of 64 with a 10% tolerance. As requested by the Trust, planning conditions will also be limited to day time only except for a Major Incident. Annual monitoring will be required to be carried out by the Trust with results provided to the Local Planning Authority. Flight statistics are required to be kept anyway and were instantly available from HM Coastguard

and Sussex Police to officers so this will not be onerous on the Trust. If there is a trend away from these estimated figures or complaints are received then the situation will be reviewed but the decision to use the helipad should be a clinical decision in the primary instance and should not be governed by planning restrictions. The Trust has confirmed that an emergency would never be turned away if it was based upon clinical need. Officers have been keen however to establish as evidential an estimate as possible based upon recent trends.

Helicopters arriving at the helipad would transfer the patients and then depart in a period of about 6 minutes. Before arrival and until departure, it would be necessary to switch the landing lights on the helipad and there would need to be spotlights on the pad to enable medical staff to transfer the patient. These lights would only be on during the transfer. The landing lights are required by the CAA and comprise green coloured static deck lights which mark the perimeter of the helipad. The wind sleeve will also need to be illuminated for the pilots. The spotlights are mounted at 250mm and would shine downwards onto the deck. Detailed considerations of the potential impacts of the helipad lighting are covered in the lighting assessment section later in this report.

In terms of noise and disturbance, the ES found that as might be predicted, noise levels for the nearest residents to the helipad during the final approach and landing would be 'significant and harmful'. This assessment was taken using the largest Coastguard helicopter. In mitigation, it has been taken into account that the noise is short-lived (6 minutes between landing and take off) the majority of flights would be in daytime and on average may only occur once a week. The rotor blades are switched off within 2 minutes of landing and take 2 minutes to start up before departure. Those residents most affected are likely to be the closest to the helipad and the advice of the Chief Sussex Police Pilot at Shoreham is helpful. Within a kilometre, the helicopter pilot aims to be 100 feet in the air before deciding on its final descent. Residents within this range would be likely to be aware of a helicopter passing overhead. On departure, the helicopter reverses up and away and is back up to 100 feet high within a 300 feet distance away from the helipad. Landings which must be more precise are therefore likely to be noisier and more prolonged than a take off.

Helicopters approach helipads at a standard angle which varies slightly between types of helicopter. At the final approach, the helicopter aims to be 100 feet above the helipad at a 1000m away known as the 'Landing Decision Point' where a decision is made whether it is safe to proceed to the pad. On take off, the helicopter will lift upwards and backwards and would be 100 feet above the pad at 300 feet away where a decision is made whether it must return to the pad for safety reasons. The noise and disturbance impacts from the use of the helipad are considered in more detail in the noise section of this report.

**Impact on amenity**

Policy QD27 requires the Local Planning Authority to endeavour to protect the amenity of an area.

Stage 1 Building: Outlook and Privacy

The Stage 1 building would result in a considerable increase in the height, bulk and massing on the buildings on this part of the site which are currently medium rise (2/3 storeys) set back from Eastern Road. The buildings comprise the Latilla Building and its Annex, the Nuclear Medicine Building, Stephen Ralli Building, Trust's headquarters and the Jubilee Building.

The three storey plinth of the Stage 1 building would extend from its main entrance being at Level 1 (adjacent to the current Barry Building) to the relocated chapel at the junction of Eastern Road and Bristol Gate. Above this the western and middle fingers would be 11 storeys in height with the eastern finger being 10 storeys in height. The area in between the eastern and middle finger would also in-filled with accommodation to a height of 7 storeys. The fingers and the in-fills would all set back to varying depths from the three storey plinth. A glass walkway is proposed between the middle and western fingers also to a height of 7 storeys. The northern spine block is 12 storeys in height, however this would be behind the fingers some distance back from Eastern Road and Bristol Gate.

Directly to the south of the proposed Stage 1 building are nos. 178 to 188 (even) Eastern Road, which are a block of six terraced properties. The two end dwellings are three storey in height (178 and 188) with the middle four dwellings (nos. 180-186) being two storey in height with accommodation in the roof spaces with dormer windows. Directly to the south of the Stage 1 building is 15 Sudeley Place. The side elevation of this property has windows and fronts Eastern Road.

Due the angle of the frontage, the three storey section would be between 14.5 – 15 metres from the front elevation of 178 to 188 Eastern Road with the canopy approximately 13 metres away. The eastern finger would be between 23 to 26 metres from nos. 184 to 188 Eastern Road. The first infill element between the eastern and middle figures would be 21 – 22 metres from nos. 178 to 182 Eastern Road, with the second infill being approximately 29 – 31 metres away (although at a much higher level).

The interface distance between the three storey section of the building and the terraces (14.5 – 15 metres), is generally considered to be acceptable and not untypical for urban areas of the City. In addition, apart from a small section of the second floor below the middle finger (level 3 neurosciences), the majority of the three storey glazed element opposite nos. 178 to 184 Eastern Road would be a three storey height space or public atrium. This atrium therefore prevents the potential for direct overlooking from Levels 2 and 3.



Directly opposite nos. 186 and 188 Eastern Road, a retail space is proposed at the ground floor, nuclear medicine at the first and neurosciences at the second floor. There are windows at each floor in this section of the proposed building. However, as discussed previously the interface distances are considered to be acceptable.

On top of the three storey plinth an area of roof terrace is proposed opposite nos. 178 to 184 Eastern Road. The three storey canopy and roof terrace above would be the same height as the ridge height of the two taller end terraces (nos. 178 and 188) and would be 2.5 metres higher than their eaves height. The canopy and roof terrace would be 2.8 metres higher than the ridge of the roof of the 4 lower terraces (nos. 180 to 186) and 5.5 metres higher than their eaves height. The difference in height above the roofs opposite and the angle of view between the roof terrace and the windows opposite would significantly reduce the degree of overlooking to the windows on the front elevations of these terraces. It is therefore considered that the roof terraces would not result in significant overlooking to these terraces and would not significantly impact on their privacy levels.

The café roof terrace at the fifth floor would be set back a further 8 metres from the lower roof terrace and would be 14 metres higher. The terrace would be able to take advantage of sea views. As such, the height above and angle of view would prevent any overlooking to the windows of the terraces below.

The side elevation of 15 Sudeley Place faces towards the three storey base and would be approximately 14 metres away. The windows on the side elevation of 15 Sudeley Place are all minor windows or secondary windows to habitable rooms. There are limited windows proposed on this section of the Stage 1 building which would accommodate the relocated Chapel.

The outlook of residential properties to the south would be completely altered by the proposal, and the Stage 1 building would represent a significant increase in bulk and massing to the existing situation. The building has been designed to try and break up this mass and bulk by the introduction of the three fingers above the three storey base to break up a continuous building line, and by setting back the fingers from the Eastern Road building line.

Nos. 185 to 193 Eastern Road are located to the east of the site opposite the Bristol Gate junction. The three storey corner section of the Stage 1 building would be approximately 24 metres from the side elevation of No.185. It is not considered that this section would adversely impact on the outlook or privacy of residents of 185, Eastern Road, due to the separation between the two buildings, the lower height of the three storey section and its limited projection beyond the rear elevation of 185, and the mainly blank eastern façade.

The angled eastern finger is ten storeys in height and would be between 41 and 49 metres from the boundary with the rear garden of 185, Eastern Road. There are a number of windows proposed on the side elevation at each floor,



which would serve mainly wards and clinical accommodation. At the top floor there is also a rehabilitation roof terrace on the eastern side. Due to the orientation of the block of terraces (Nos. 185 to 193 Eastern Road) to the Stage 1 building, and the distances between them, direct overlooking between the buildings would not be possible. In addition, it is not considered that the outlook from these windows would be adversely impacted. However, the windows on the side elevation of the finger would face towards the rear gardens of these terraces.

The garden of No. 185 is currently overlooked by pedestrians on Bristol Gate as the boundary wall is small in height. This will be improved by the introduction of a heavier belt of planting behind the pavement. The existing Sussex Cancer Centre also has windows on the eastern elevation which are nearer to the gardens than the proposed Stage 1 building, although this section of the Cancer Centre is only two storeys in height. As a result of the height and number of windows on the eastern finger, there may be an increase in the perceived sense of overlooking in these gardens, however, it is considered that the interface distance between the gardens and the Stage 1 building is acceptable, and would not unduly impact on the use and enjoyment of these gardens. It is also considered that given the clinical nature of the wards and rooms, it is unlikely that patients or staff would ever be taking prolonged observation from these windows.

#### Stage 2 Building: Outlook and Privacy

The bulk and massing of the five storey Stage 2 building would be similar to that of the existing Barry Building. However, the proposed balconies and roof terraces of the Stage 2 building introduce an additional potential for overlooking to neighbouring properties.

The main bulk of the western elevation of the Barry Building has a width of 26.8 metres on the Upper Abbey Road street scene and has a varying height of 13.8 to 17.2 metres above pavement level (AOD 63.1 metres). The set back from Upper Abbey Road is approximately 14.5 to 15 metres. In between the Barry Building and Upper Abbey Road is currently a two storey modular building which houses the Fracture Clinic. To the north of the Barry Building are other smaller buildings (also proposed to be demolished) which house the Nigel Porter Unit and the IT & Data Centre. A flint panelled wall is present on the western boundary which has an average height of 3 metres above pavement level.

Courtney King House is directly opposite the western elevation of the Barry Building with a separation of between 31 – 32 metres. Terraced properties on Upper Abbey Road are also located nearby, although they do not directly face the Barry Building.

The main west flank of the Stage 2 building would be sited on the same building line as the Barry Building. However, at the ground floor (Level 1) the Stage 2 building would project to back of pavement edge on Upper Abbey

Road. Level 1 would accommodate the radiotherapy bunkers, however these are located below the pavement level of Upper Abbey Road. Roof terraced areas are proposed above the bunkers adjacent to the pavement. There is a minimum distance of 16 metres between the nearest part of the roof terrace and Courtney King House. The roof terraces would also be screened by a replacement flint panelled wall at an average height above the pavement of 3 metres. The roof terrace on the most southern side is more exposed as the wall incorporates railings at this point. However, this roof terrace directly fronts the grassed area to the south of Courtney King House.

On the western elevation, balconies are proposed at Levels 4 and 5. These balconies would be approximately 27.5 to 29 metres from nearest windows on Courtney King House. It is considered that this separating distance is acceptable and would not result in overlooking nor a lack of privacy for residents at Courtney King House.

A glass balustrade and screening in the form of trees are proposed along the western and southern sides of the roof top terrace which will aid screening. The main area for walking/circulation is set back at least 5 metres from the western and southern boundaries. This main area for walking/circulation would therefore be over 30 metres way from Courtney King House and the nearest residential properties on Upper Abbey Road. These distances are considered to be sufficient, and together with the planting will also prevent overlooking.

The corner of the Stage 2 building (not including the sunken radiotherapy bunkers at the ground floor), would be approximately 25 metres from the nearest terraced property on Upper Abbey Road (No.27). The balconies would be sited at an angle to the front elevation of No.27 and would be approximately 26 metres from this property. Again, these separating distances are considered to be acceptable in terms of privacy.

Due to the topography of the site, when viewed from the northern end of Upper Abbey Road, the Stage 2 building would have the appearance of a three storey rather than a five storey building. The bulk of the Stage 2 building would extend further to the south and north than the existing western wing of the Barry Building. However, the above ground bulk would not project past the front or outlook of 27 Upper Abbey Road. The height above pavement level of the Stage 2 building (not including balustrade) would be between 13.2m (northern end) to 20.2 metres (southern end). The AOD height would be 63.5 metres compared to existing AOD height of the Barry Building of 61.3 metres.

It is considered that the bulk and massing of the Stage 2 building is similar to the existing Barry Building, and in terms of the impact on neighbouring amenity, would not be over-bearing and would not adversely impact on the outlook or privacy of residents at Courtney King House and Upper Abbey Road.

Stage 3 Building: Outlook and Privacy

The proposed Stage 3 service yard building would have the height of a single to two storey building on the Bristol Gate frontage with windows proposed on the south or east facing elevations. It is not considered that this building would result in any adverse impacts on privacy or outlook.

**Daylight/Sunlight/Overshadowing**

As part of the environmental assessment, studies were undertaken regarding the impact the development would have on the levels of daylight and sunlight received by windows of properties adjacent to the site. The Building Research Establishment (BRE) were commissioned by the Local Planning Authority to assess the findings of the ES with regard to the impact on surrounding residential properties. An amended daylight, sunlight and overshadowing assessment was submitted on the 13th December 2011, which included a daylight assessment for 15 Sudeley Place and 10 and 12 Sudeley Terrace, and both a daylight and sunlight assessment for 1 – 24 Turton Close. Clarification was provided on the location of windows assessed for 20 and 27 -35 Upper Abbey Road and 185 – 193 Eastern Road.

Daylight

The BRE guidelines state that where the Vertical Sky Component (VSC) to a window is less than 27% and there would be more than a 20% reduction in levels of daylight received, the loss of light would then be noticeable to that room. The guidelines are intended to be used for adjoining properties and any existing non-domestic uses where the occupants would have a reasonable expectation of daylight. This would normally include schools, hospitals, hostels, small workshops and most offices.

The ES has included an assessment of the impact of the proposal on the daylight received by surrounding residential properties. Properties which have been assessed include 1 - 24 Turton Close, 20 and 27 – 35 Upper Abbey Road, 178 – 188 and 185 - 193 Eastern Road, 10 – 12 Sudeley Terrace and No.15 Sudeley Place.

The properties which are most adversely affected are six buildings directly to the south of the Stage 1 building on Eastern Road (178 – 188). Two of these properties are owned by the Trust and are used as accommodation for medical staff. The remaining four terraced properties are in residential use. Daylight to these properties would not meet the BRE guide for daylight (VSC) and the loss of daylight would be significant.

178 and 180 Eastern Road are owned by the Trust. There are six windows on these two properties which would suffer a reduction in VSC of between 58% to 67%.

182 and 184 Eastern Road are in use as single dwellings and both have three main windows (living room and bedrooms) which would suffer a reduction of between 51 % to 65% in VSC.

186 Eastern Road has been subdivided into two flats. The ground floor flat has one main window (living room or bedroom) which would suffer a reduction of 60% in VSC. The flat on the upper floors has two main windows (living room and bedroom) which would suffer a reduction of 51% and 58% in VSC.

No.188 Eastern Road has been subdivided into three flats (one on each floor). Each flat has one main window which would suffer a reduction of between 48% to 51%.

The reduction in VSC to all of these properties is well in excess of the BRE guideline of 20%. The loss of daylight to these properties is considered to be significant and would be noticeable to residents of these dwellings, and could adversely impact on the living conditions of these residents.

The original ES included an assessment of the Average Daylight Factor (ADF) for the rooms in these Eastern Road properties. The ADF is a measure of the amount of daylight within an interior and is dependant on the room and window dimensions, the reflectance of interior surfaces, the type of window glass as well as the obstructions outside. The VSC is a measure of light received by a window and is concerned only with any obstruction. The use of ADF tends to play down the impact on a room with good daylighting in an existing building, as a bigger and closer obstruction may still not reduce the daylight to below the minimum ADF defined in the British Standards (BS 8206 Part 2). The BRE does not therefore support the use of ADF in calculating the loss of light to existing buildings.

The assessment found that 14 of these windows would meet the British Standard for ADF and therefore the loss of daylight to these properties was considered by the applicants to be minor negative. Notwithstanding the opinions of the BRE regarding the use of ADF, when assessing the way in which the ADF had been calculated by the applicants, the BRE considered it to be flawed for a number of reasons. No survey data was available, so the size of the rooms was unknown and the ADF calculation used unusually high reflectance and the analysis assumed that all of the rooms affected are bedrooms which have a lower ADF requirement.

The BRE could not support the findings of the assessment that this impact would only be 'minor negative' and considered the impact on these properties to be '*major negative*'. The amended assessment submitted has included a survey of rooms in the two properties which are in the Trust's ownership (No. 178-180). The assessment found that 4 out of the 6 windows would be below the relevant ADF value. The assessment concludes that the impact on these windows is a moderate negative impact. Given that the other concerns raised by BRE about the inappropriateness of using AFD as an assessment methodology for loss of daylight to rooms, it is considered that the impact on 178 – 188 Eastern Road would be major negative.

Given the required volume of development needed by the Trust to meet its

clinical requirements, the impact on daylighting was taken into account during the evolution of the development in order to minimise or mitigate its impact. The bulk of the scheme was concentrated towards the middle and eastern end of the site as it would impact on fewer residential properties. Stage 2 was built on the same building line as the Barry Building fronting Upper Abbey Road and the eastern finger of Stage 1 and the service yard step down in height and so would reduce the impact as well. Further mitigation included reducing the tallest elements of Stage 1 by 3 storeys and locating the helipad on top of the TK Tower. It is extremely difficult to implement any other mitigation measures against loss of daylight.

No.15 Sudeley Place which flanks Eastern Road has 4 windows on its north side elevation which would all suffer a reduction in VSC of between 26% to 40%, again more than the BRE guide of 20%. However, one of these windows is a secondary window to the lounge, with two serving the stairs, and one window which has obscure glazing probably serving a bathroom. Therefore, all of these windows are considered to be non-habitable and therefore the loss of daylight is considered to be acceptable in this case. The 2 windows of this property which front onto Sudeley Place, were found to have their VSC reduced by 20% or just under so were acceptable.

Properties to the east of the site on Eastern Road (Nos. 185-193), were also included within the assessment. All of the windows on the rear elevations would meet the BRE standards, apart from a lower ground west facing window in the rear addition at 185 Eastern Road. This is a minor window below the level of the pavement and would suffer a reduction in VSC of 40%. However, given that all other windows on this property would be within the BRE guidelines, this impact is considered to be acceptable.

Properties to the west of the site on Courtney King House and Upper Abbey Road and to the north at Turton Close would not be adversely affected in terms of loss of daylight. The ES states that the loss of daylight to these properties would be negligible and the BRE agrees with these findings.

Overall in terms of daylight assessments to neighbouring properties, those in Upper Abbey Road, Sudeley Terrace, the north side of Eastern Road and Sudeley Place would not have any unacceptable impact due to loss of light. Harm would be limited to Nos. 178-188 Eastern Road (Even) of which two are Trust owned. It is considered that the substantial public health benefits which would arise from this proposal and the provision of a regional hospital, would outweigh the negative impacts on a small number of properties, and the impact of the development on loss of daylight to these properties is considered to be acceptable.

The existing hospital buildings would also suffer a loss of daylight as a result of the proposal. These buildings include the Children's Hospital, Pathology, Accident and Emergency Building, the Sussex Eye Hospital, and the Audrey Emerton Building. The Trust may need to mitigate for this loss of daylight, for



example by artificial lighting, changing the use of rooms, and altering internal layouts where possible. However, it is considered that this is a matter for the Trust and not an issue which should be assessed as part this planning application.

### Sunlight

In accordance with the BRE guidance standard access to sunlight should be checked for the main window of each room which faces within 90 degrees of due south. If the window can still receive more than one quarter of annual probable sunlight hours, including at least 5% of annual probable sunlight hours during the winter months, then the room should still receive enough sunlight. If the available sunlight hours are less than this and have decreased by more than 20% of their former value, then the occupants of the building will notice the loss of sunlight. The BRE guidance states that these guidelines are purely advisable and that local authorities may wish to use different criteria for sunlight based on particular types of development in particular areas. The BRE guidance advises that kitchens and bedrooms are less important than living rooms.

Courtney King House which is to the west of the site on Eastern Road, would be most affected by the scheme in terms of loss of sunlight in the morning/early afternoon. On the east facing elevation, the ES found that two windows on the ground floor would not meet the BRE guide for annual probable sunlight. In addition, 12 windows (including the two on the ground floor mentioned above) would not meet the BRE standard for winter probable sunlight hours.

In their assessment of the ES, the BRE consider the impact on this block to be of minor significance. This is due to a number of reasons. Only three of the windows impacted are living rooms. All of the windows impacted are in the northern part of Courtney King House (facing eastwards), which has a projecting wing to the south of it. This projecting wing blocks much of the southern part of the sky, and makes the windows to the north of the wing much more vulnerable to loss of sun. Therefore, the sunlight received by these windows is already limited, and the absolute loss of sunlight as a result of the development is not large. In addition, the BRE Guidance has been recently updated in 2011 which includes an additional criterion for sunlight loss to be significant. This is the year round loss should be more than 4% in order for the impact to be significant. Only three of the twelve windows would experience a loss which is greater than 4%. Again, these are the three living rooms mentioned above, and they are found on the northern section (facing eastwards) of the building at the ground, first and second floor serving three different flats. The BRE have also commented that the loss of sunlight to these windows only just exceeds the guidelines. Therefore, it is considered that the loss of sunlight would not have a significant adverse impact on the living conditions of these residents.

Loss of sunlight to residential properties to the south on Eastern Road,



Sudeley Terrace and Sudeley Place is not an issue as the development is to the north. Loss of sunlight to residential properties to the east on the north side of Eastern Road (185 – 193) is also not an issue as the rear windows face due north. Loss of sunlight to Upper Abbey Road properties is well within the BRE guidelines and the BRE concur with the findings of the ES that the impact on these properties is negligible.

The helipad structure would only have a negligible impact on sunlight to windows on 1 to 24 Turton Close and would be within the BRE guidelines.

With regard to the existing hospital buildings which would be affected, sunlight received by windows is less important than daylight, and can actually be considered a hindrance in some circumstances. Therefore, the existing hospital buildings were not included within the loss of sunlight assessment in the ES and this is considered to be an acceptable approach.

#### Overshadowing of gardens and open spaces

The BRE also recommend that in order for open spaces to receive adequate sunlight, no more than two fifths and preferably no more than a quarter, of such area should be prevented by buildings from receiving any sunlight at all on 21 March (the equinox). Although the ES refers to the BRE guidelines, the only spaces that have been analysed in detail are three courtyard areas within the new hospital itself, and outdoor areas in the immediate surrounding areas have not been analysed.

The nearest garden that could be affected by the proposed development is that to the rear of 185 Eastern Road. In the late afternoon, particularly in summer, the new development could cast a shadow in the direction of this garden. However, the BRE have commented that the sun would be low in the sky then, and as the garden already has a high boundary wall to the side of it, the proposed development is not likely to cause significant extra shadowing to this garden.

The flats to the north of the hospital within the Bristol Estate, particularly Turton Close and Chadborn Close, are surrounded by open grassy banks which offer no private amenity space. The proposed helipad may cast a shadow on some of these areas in spring, autumn and winter. However, the BRE have commented that any shadowing is likely to be transient, and someone wanting to sit in the sun could easily move to another area.

It is therefore considered that the impact of the development, on the sunlight received by nearby open spaces, would be negligible.

The ES has identified three courtyards within the proposed development which would receive limited or no direct sunlight. The courtyard within the Stage 2 building and the courtyard in-between the middle and western finger of the Stage 1 building, would both receive no direct sunlight on the 21 March. 70% of the courtyard in between the Stage 1 and Stage 2 building would be in

constant overshadowing on the 21 March. These are well below the BRE guideline of that no more than 40% and preferably no more than 25% should be constant shadow.

The ES considers that there will be periods during summer months when these courtyards would benefit from sunlight. Whilst this is probably true, information to support this in the form of shadow diagrams have not been submitted. However, the large roof terrace on top of the Stage 2 building and other terraces on the Stage 1 building will be available for sitting out, and it is considered that the lack of sunlight to these internal courtyards is acceptable. Since the courtyards are proposed there is no *loss* of sunlight and they are not an amenity requirement of the development in policy terms. It should also be noted that they have not been included in any calculation of the ecological enhancement of the scheme which is acceptable in any case. Care will need to be taken through the landscaping scheme to ensure that shadow tolerant plants are used however.

### **Sustainability Considerations**

The policy basis for sustainable design is policy SU2 of the adopted Local Plan. SPD 08 Sustainable Building Design offers guidance on achieving this. The policy permits developments which achieve high standards in the reduction in the use of energy, water and materials. Proposals are required to demonstrate measures to reduce fuel use and greenhouse emissions, the incorporation of renewable energy resources, reduction of water consumption, reuse of grey or rain water, and minimising energy use from use of raw materials. The annexe to SPD 08 requires major non-residential developments to achieve 60% reduction in energy and water sections of the relevant BREEAM and to achieve overall BREEAM 'excellent' as well as take measures to minimise the Heat Island effect and to be part of the Considerate Constructors scheme.

The proposed development would achieve all of these standards and in some cases exceed them.

The buildings have been designed to firstly provide improved U values with good air-tightness and high levels of insulation. The use of Design for Manufacture (DfMA) processes have been employed in respect of off site manufacture of materials which helps with the energy performance, makes the building more air tight and reduces construction waste. The design of the building has paid close attention to occupancy patterns, enabling design of air change, heating and cooling provision to be tailored specifically to local needs, thus minimising energy consumption. The building will also be smart metered. The layout of the building has sought to ensure that those areas which will be inhabited the most such as wards will have good south facing aspects whilst store rooms for example are in the centre of the building. Use of artificial lighting will be minimised by the use of presence detection and daylight sensors.

A centralised Combined Cooling, Heating and Power (CCHP) energy centre will be the primary mechanism for reducing CO2 emissions, providing heating and cooling at source and generating some electricity. A strategy has been developed for the site so that the surplus heat generated can be used for a heating network thus further reducing CO2 emissions of the building and the Trust's wider estate. By providing energy to the rest of the Estate (15% of CCHP output), the CCHP can be run longer and more efficiently. It will provide pre heated water to existing boilers enabling them to reduce energy consumption.

A Photovoltaic array of 290 sq m will be installed on the eastern 'finger' of Phase 1 whilst the other two 'fingers' will be future proofed such that PV provision can be increased according to the Trust when circumstances allow it.

Water saving features are being implemented where practicable relating to fixtures and fittings. It will not be possible for the Trust to install grey water/recycling due to the need for infection control in a clinical environment and high maintenance costs. Rain water harvesting is also an issue for these reasons however rainwater from the roof of Stage 1 will be used for irrigation on the Stage 2 roof garden. Composting of green waste from the roof garden will be able to be re-used on the roof gardens. Further issues around waste will be dealt with in a separate Waste section of this report.

A BREEAM Healthcare 2008 assessment has been conducted resulting in a preliminary score of 75% surpassing 'Excellent' rating with 66% in the Water section and 66% in Energy. A preliminary assessment under the more stringent BREEAM 2011 has been undertaken which shows that the targeted BREEAM excellent and 60% in energy and water will be achieved though the fine details still need to be confirmed with the Building Research Establishment (BRE) who have developed a new assessment methodology. The BREEAM assessment will encompass Stages 1 and 2 and the post construction assessment will be completed on final completion of the development. A Design stage assessment will be done but due to the timescales involved with a scheme of this scale, the applicants have asked that a more flexible timescale be conditioned whereby the Design Stage certificate could be submitted within 6 months post commencement rather than before commencement. This is considered to be acceptable.

Landscaping proposals would create green spaces for users, visitors and staff. Substantial planting will deliver 135 trees and a series of roof gardens and planting at ground level. The green and brown roofs will extend over 5,605sq/m contributing urban heat island mitigation together with street trees planted on Bristol Gate and Upper Abbey Road and additional trees around the proposed Sub Station at the northern access road. Further comments on the ecological contributions will be provided in the Ecology section of this report under the Environmental Assessment.

The Council's Sustainability Officer has commented that policy SU2 is well met and the development goes beyond the standards required in the SPD08 and recommends that approval, subject to conditions as discussed above.

### **Transport**

The planning application was accompanied by a Transport Assessment (TA) and a Transport Chapter was included within the Environmental Assessment. The TA included an updated Travel Plan for the Trust which would build on an existing Travel Plan that was published in 2007 and are both included as appendices to the TA. The proposals include a comprehensive range of transport provision as part of the redevelopment.

The transport proposals have been tested against relevant policies and guidance in PPG13 (Transport) as well as Local Plan policies including TR1 relating to the demand for travel; TR4 on travel plans, TR5 relating to development along transport corridors, TR7 (safe development); TR8 (pedestrian routes); TR14 relating to cycle parking and access and TR15 the cycle network; TR18 parking for people with mobility related disability and TR19 parking standards.

### Car parking

The largest construction element of the transport proposals is the underground car parking proposed accessed from Bristol Gate south of the Stage 3 service yard. Following revisions to ensure that the parking spaces for blue/orange badge holders were accessible, the total number of parking spaces underground would be 390 (reduced from 405) including 21 disabled spaces. These spaces are intended for use by visitors and outpatients and not for staff who would use the existing Multi Storey Car Park (MSCP - 352 spaces) accessed from the North Service road. With the displacement of 93 spaces currently at the front of the hospital, there would be a net increase of 297 parking spaces including 5 disabled bays.

Within the parking underneath Stage 2 there would be 40 spaces reserved and marked out for oncology patients which could not be used by others. This would replace and add to the car parking for oncology currently on the Rosaz House site on Bristol Gate. There would also be 37 motorcycle spaces underground including 10 displaced spaces. There are no standards for motorcycle provision but the total provision would be doubled from existing to 54 spaces across the RSCH. On the whole RSCH site and including Sussex House and St Mary's Hall there would be 805 parking spaces in total for staff and visitor use.

SPG4 Maximum Parking Standards in respect of hospital developments are 1 space per bed and 1 space per 2 staff. The proposal would result in an additional 100 beds over the existing and 450 staff above current levels which would allow a maximum of 325 spaces excluding disabled bays. The total of 297 additional spaces is therefore below the maximum. The basement car park layout has been reconfigured at the request of the council as the plans

submitted did not meet with council or national policy guidance or Part M of the Building Regulations. The changes in the basement car park design have resulted in the provision of 21 disabled driver spaces for public use. The overall provision of disabled driver spaces on-site will be 39. This number complies with SPG4 which indicates that a minimum provision for a 729 bed hospital facility should be 37 spaces.

PPG13 (para 54) however does state that “It should not be assumed that where a proposal meets the local parking standard it is automatically acceptable in terms of achieving the objectives of this guidance”. Those three objectives are to promote more sustainable transport choices for people, to promote accessibility to jobs....and services by public transport, walking and cycling and thirdly to reduce the need to travel, especially by car.

The separation of staff and visitor parking should greatly improve facilities for a visitor which has been a concern and criticisms arising out of the pre-application process as there are currently few spaces for visitors and long queues develop at the MSCP. The reason for this is that most staff generally arrive for work before the first visitors and outpatients and take up the vast majority of car parking in the MSCP including permit holders. Permit holders will not be permitted to use the proposed underground parking and other staff will also be discouraged from using the pay on exit underground parking by the charging tariff which will penalise people who park for the whole of the working day. This is similar to the current charging tariff in the MSCP. Parking attendants would also patrol the proposed underground car park to ensure that Trust staff would not attempt to use this car park and are turned away.

#### Cycle provision

In order to provide a more balanced provision of transport provision, negotiations have focussed on the proposed cycle provision and elements of the proposed Travel Plan. Cycle parking standards are expressed as a minimum based upon staff numbers at 1 per 10 additional staff which equates to 45 spaces. The Trust wished to meet the BREEAM requirements for cycle provision for this development which require 125 covered cycle spaces close to the main entrance and so as originally proposed 132 cycle spaces are shown on the Eastern Road frontage. This included 30 cycle spaces which would be displaced from Latilla and the Sussex Cancer Centre by the development i.e. an increase of 102 spaces (or more than double the minimum standard) however it was noted on various site visits by officers that approximately 60 bikes mostly around the front car park are chained to handrails and railings suggesting that the proposed spaces would very quickly be taken up by this current over demand and leave no room for encouraging further cycle transport. This informal cycle parking is taking place despite the Trust having recently installed 118 cycle spaces in the Sussex House car park granted permission (under ref: BH2010/02737) but which do not at this stage appear to be very popular probably due probably to their distance from the main RSCH buildings.



The Trust have now agreed to provide 92 (net additional 86) covered cycle spaces adjacent to the North Service road by demolishing some temporary buildings known as the Dorothy Robinson Resus centre. This is now considered to be an acceptable provision of 188 additional cycles spaces related to the development which on top of the existing provision of cycle spaces including at Sussex House and St Mary's Hall would result in a total of 467 spaces. Across the entire hospital campus, the existing provision is currently 285 cycle parking spaces. The proposed provision across the same area amounts to a 66% increase in overall provision. The proposed increase is in line with SPG 4 when considering the whole hospital site (and not just the new build net increase) based on 1 space per 10 staff. For 4,700 staff, this would equate to 470 spaces.

#### Public transport, lay-byes and pedestrian crossings

The site is well served by bus services however the facilities for bus users would need to be upgraded as this very busy destination point is characterised by narrow pavements, inadequate bus shelters and poorly located bus stops.

There are 3 existing bus stops between Upper Abbey Road and Bristol Gate. The most westerly is located at the corner of Eastern Road and Abbey Road outside the Outpatients building and serves the No.37 (westbound) and the Trust's 40X service which carries staff and patients between the Princess Royal Hospital in Haywards Heath and the RSCH. This stop will be relocated to between Upper Sudeley Street and Sudeley Place. At present it has no bus shelter nor a Real Time Passenger (RTP) Information displays. The main existing eastbound bus stop is located in front of the Jubilee building and needs to be relocated for the Stage 1 construction works. It will be located temporarily in front of the Barry Building at the corner of Upper Abbey Road. Its permanent location will be re-sited about 5 metres west of its current position close to the main entrance to Stage 1. The westbound bus stop needs to be relocated from in front of the Eye Hospital to in front of the Audrey Emerton building to make way for the relocated pedestrian crossing which will be upgraded to a 'puffin' crossing and will be located at the entrance to Stage 1.

As part of the layout of these new bus stops, the Trust will provide new upgraded bus passenger shelters (design to be agreed with the council), at all 3 locations, with a minimum of double length shelters at the two main stops and a new single length shelter at the separate, single bus stop. It is noted and agreed that the shelters on the southern side of Eastern Road will need to be of a cantilever design to maintain an adequate pavement width for east/west movement on the footpath. All the bus stops will include RTP Information displays.

The Trust also proposes an improved area of public realm on the northern pavement across the frontage of the hospital. This will include wider pavement areas, significant cycle parking, benches and landscaping.



The existing crossing is required to be moved eastwards from in front of the Barry Building in order to create space for the Trust's proposed Patient Transport Services (PTS) lay-by which is off road and extends to 60 metres in length. This length is required to be able to accommodate up to 5 vehicles which have ramps for trolleys and wheelchairs. The use of this lay-by as an informal drop off and pick up location will be prevented through dual enforcement by the Trust and the council. The lay-by and the adjacent footway will remain within the council's control and be the subject of a Traffic Regulation Order [TRO] limiting its use to Trust-related vehicles only. It will be enforced by the council's parking enforcement officers. In addition the lay-by will be reinforced by appropriate traffic signs and lining. The detail of this is to be agreed as part of the associated Section 278 Agreement. It is intended that the general public dropping off relatives will be able to use the underground car park where there are 9 short stay parking bays and a drop off zone by the lifts which could be used free of charge.

Representations received including those from Brighton & Hove Bus and Coach Company and Friends of the Earth concerned with provision of additional bus infrastructure and use of the lay-by as a bus stop. It was not clarified earlier that the Patient Transport drop off was an official Trust service for Trust vehicles only and not private vehicles. The relatives drop off area would be in the underground car park. As described above, there would be additional upgraded bus shelters provided by the applicants and where possible such as the westbound the bus stop length will be extended to the maximum allowable without affecting site lines from Paston Place. The additional Real Time Information Displays also responds to the representations.

Consideration has been given to the use of the lay-by as a dual bus stop and PTS facility, but this was not considered practical given the expected high level of use by PTS vehicles. The Highway Authority has therefore worked with the Trust to seek to reconfigure the overall frontage along Eastern Road to maximise the level of bus provision and introduce a new pedestrian crossing directly opposite the new main entrance.

It is considered therefore that Officers and the Trust have sought to ensure that the proposal has sought to address as many points as possible that have been raised by the Bus Company in relation to bus stop provision as is practicable.

During the Stage 2 construction works, a temporary PTS lay-by is required in front of the new Stage 1 building opposite Upper Sudeley Street. The re-located pedestrian crossing will be moved to the Stage 1 entrance and the two main bus stops will be moved to their final locations either side of the new crossing. The original application proposed a second pedestrian crossing in front of the Outpatients building but this was considered by the highway authority not to be necessary for the benefit of the public as it is away from the main entrances and bus stops and desire lines. It was viewed as more of

a benefit to the Trust's staff and therefore should not be considered as a contribution to be deducted from the Sustainable Transport Contribution. The Trust have therefore decided that they no longer wish to install a second crossing and the Council has no objection to this. Since the relocated bus stops and crossings are necessary as a result of the layout of the development or the requirements of the Trust, the highway authority do not consider them to form part of the Sustainable Transport Contribution and should be carried out at the Trust's expense. This has been agreed.

#### Travel Plan

The Trust has a well established Travel Plan and employs a part time travel plan co-ordinator. As part of the Travel Plan, the Trust recently upgraded the staff 40X bus service in response to demand so that it now runs more than once an hour and provides a double decker bus. However this limited service which was free before September now charges for tickets except for outpatients with an appointment letter so is available to the public. The service upgrade is subsidised by a recent increase in staff parking permits (the first since 2007). Since the upgrade passenger numbers have increased significantly and so it is considered to be a viable commercial service. Other features which exist already are: pool cars, parking permits, discounted bus season tickets, Patient Transport Services (PTS), lift share scheme, travel information, staff welcome packs, mileage for cycle work journeys, salary sacrifice scheme for bicycle purchases.

The criteria for obtaining a permit relate to ease of using alternative transport instead, work requirements and other personal circumstances. The increase in staff permits has been significant in percentage terms and compared to the previous charges has introduced a third band related to salaries which are now: <25K; <37K; >45K. Charges are also related to the CO2 emissions from the vehicle with lower charges for lower emissions however only those cars in the highest (emissions) Vehicle Excise Duty bands (Bands K-M) do not get any discount with 15% being the highest discount for Bands A-F. The revised permit charges can however be discounted a further 30-40% by salary sacrifice. The cheapest annual permit is only £157 for somebody on a salary of less than £25K. With a salary sacrifice discount on top the cost of parking would still be about 50 pence per working day. The highest permit charge for a salary over £45K with the salary sacrifice would be £360 p.a. or £1.60 per day. There are concerns that these costs bear little relationship to the alternative cost of public transport. Whilst it is accepted that some staff will have logistical problems in using public transport, it is considered that the cost of parking should not appear to be subsidised compared to parking all day on street or using public car parks. The Council's Travel Plan Co-ordinator notes that the current Travel Plan states that permits should be a subsidised form of parking and regrets that the new charges are still significantly lower than an annual bus permit and seeks that the charges are brought into parity over a 5 year period.

The commitment to a bi-annual review of the Travel Plan is welcomed and a

follow up face to face staff survey but the Trust's target of a reduction of 5% in sole car usage in 5 years is not especially ambitious. This is evidenced by the Trust's own staff survey which revealed that 47% travel to work by car which is very high. A more ambitious stepped target should be sought and a baseline for any targets should be from the commencement of the development and be reviewed during the construction process and post occupation. It is considered that the Trust should engage in the process in perpetuity with regular intervals for stretching the targets.

At this stage, it has been agreed with the Trust to continue to monitor the Travel Plan in the long term given the length of the construction period this can be carried out before the development is completed. The Trust has also agreed to include regular liaison with residents and interested parties on transport as part of its current Resident Liaison Group (RLG) meetings.

#### Junction alterations and drop off

Following amendments, the proposed junction arrangements at Bristol Gate are considered to be acceptable in principle subject to safety testing and approvals under highway legislation. This junction is integral with the proposed development and the alterations at the Bristol Gate/Eastern Road junction are designed to address issues of visibility and to avoid queuing cars backing up into Eastern Road. The long entrance ramp and absence of entry barriers is part of this consideration as well. Dedicating this car park to outpatients and visitors should also help by staggering arrivals and departures and avoid the peaks generated by staff at the Multi Storey Car Park. The pedestrian desire line across the junction has been catered for by moving the refuge closer to the Eastern Road pavement. The box junction in front of the car park exit has been amended to a 'Keep Clear' box across both sides of the road to avoid cars emerging from the car park blocking the road especially for ambulances on a blue light. Warning signage for vehicles and pedestrians will be critical and a signage strategy to cover all vehicle and pedestrian movements around the site will be required as part of a planning condition to include the car park entrance/exit. It is not intended to signalise this junction as it is thought to be undesirable in view of it being on a blue light route and the need to avoid queuing traffic in the vicinity that could block access. It is intended that the works to the junction would be carried out during Stage 1 of the development in order to be ready for use of part of the underground car park when Stage 1 is complete.

Further junction alterations have been proposed by the applicants at the Eastern Road/Arundel Road junction and at the Eastern Road/Freshfield Road junction. The former involves signalisation of this junction mainly to manage this junction as a construction route and would be implemented prior to works commencing on site. The signalisation would be retained thereafter and would include pedestrian crossing signals and tactile paving for all four sides of the crossing. There would be two lanes provided at the junction for Arundel Road northbound and Eastern Road eastbound to enable left turns to be made. The Freshfield Road junction would include widening the junction to

increase its capacity and avoid congestion. These works would be carried out during Stage 2/3 of the development. However, the Highway Authority is not persuaded that the proposed changes are essential and that potential impacts at this junction could be managed in a different way. Therefore, the Highway Authority may seek to consider alternative improvements such as the introduction of “MOVA” at this junction which will maximise the operation of the junction for all road users, rather than the proposed physical works.

Changes made to these 3 junctions will be secured by the Highway Authority via a Section 278 agreement and will be based on the principle that they are a requirement to mitigate the impact of the 3Ts development on the adjacent highway. As such they are additional to the Section 106 contribution which has been negotiated and will be utilised for sustainable transport.

The applicant has proposed other pedestrian improvements in the vicinity of the site which have been reviewed by the council. Any provision of pedestrian/cycle related infrastructure is a direct requirement of 3Ts and as such will NOT be removed from the contribution. The majority of the proposed improvements are related to tactile paving and new/renewed drop kerbs in the local area. The council is seeking a more focused set of improvements that are directly related to the site and which will create a safer and lower speed environment for all road users using the side roads along the Edward Street/Eastern Road corridor. Therefore, the council seeks to replace the majority of the proposed works on Eastern Road with 3 side roads entry treatments for Paston Place, Upper Sudeley Street and Sudeley Place. The works will consist of a raised crossing point across the side road to create a level surface for pedestrians using the southern footway. It is anticipated that the works will cost in the region of £15,000 per each location. As such, the remaining budget of £8,400 will be used at some of those sites where new drop kerb and tactile paving is required and the works at the junction of Eastern Road/Abbey Road. These works will not be taken from the Sustainable Transport Contribution however but will be carried out at the Trust's own expense.

#### Construction route

The applicants have proposed using Edward Street/Eastern Road as the main approach and departure from the site for construction vehicles. Lorries would only be permitted to approach and leave the site on the main trunk roads (A23/A27/A259) and then enter Edward Street. Lorries are unable to approach from the A259 East because of an HGV ban in Peacehaven along the A259 and this highway authority would not permit Wilson Avenue to be used. It is considered that in the interests of minimising congestion that lorries should arrive and depart in an easterly direction to avoid manoeuvring across Eastern Road. Upon departure, lorries would turn left onto Eastern Road and left again onto Arundel Road and then take three successive right turns to get onto the A259 at the Marina interchange and back to the Aquarium roundabout and onwards. However, an alternative option of lorries returning along Eastern Road in a westerly direction could be kept open if it is thought

to be better.

The Trust hope to be able to advise the Committee on the location of the Consolidation Centre for construction workers which will be outside the City boundary. Wherever it is located the local construction route will be as described above. If the centre is a long way from the site, then it may be necessary to apply to have a site for workers own vehicles to avoid doubling back of local workers. Given the length of time of the construction as noted by the Highway Authority, this may need to be flexible in its location and may need to accommodate up to 300 vehicles.

#### Condition Survey

As the construction period is 10 years, the Highway Authority has sought to include a clause within the Section 106 Agreement that suggests that a current condition survey of Eastern Road (primarily road and footway surfaces), between Upper Rock Gardens and Arundel Road is undertaken and the results agreed between the Trust and the Highway Authority. The Trust had suggested that only the section at the hospital frontage is considered. This clause would provide some degree of protection of the council's interests in terms of addressing any damage to the highway during the long construction period associated with this project, albeit it is recognised that such damage could be linked to other developments, utility companies, the current poor condition of the highway as well as being directly associated with the 3T's operations.

Such clauses can be complicated, but seek to offer the council some level of redress if the proposed construction management plan for the site is not operating correctly and leads to damage of the highway by HGVs parked up and stacked along Eastern Road remote to the site, for example. The principal areas of concern would be damage to footway surfaces, kerbs and drainage channels, rather than the condition of the road surface.

However with all the works proposed in this area, the whole length will be resurfaced through the life of the project, as part of the development's Section 278 works. The council is seeking this clause to address issues that may occur across a wider area.

In principle, if the Construction Method Statement is adhered to then this clause is unlikely to be called upon, but given a 10-year construction programme the council needs a means of addressing any issues that can be accredited to the development directly.

#### Sustainable Transport Contributions

It has been demonstrated that the development would only cause a small proportion in the overall increase in the traffic growth expected in the future assuming standard DfT growth estimates. It is predicted that there would be an additional 194 Peak AM two way trips and 156 Peak PM two way trips per day which would be split roughly as they are now; 40% from Arundel Road,



30% from Edward Street and 30% through Kemp Town. There is also evidence of success in reducing traffic growth in the City as a result of the promotion of sustainable transport measures so the rates are a worst case scenario. Following the Highway Authority's initial comments and based upon the predicted increase of 4,319 trips per day arising from the development, the contribution towards sustainable transport measures which would be sought is £647,850. Following negotiations, there have been some deductions agreed to acknowledge measures which the Trust have proposed which would go beyond the minimum requirements under the Council's transport policies. The first item relates to the later provision of 86 additional cycle spaces for which an allowance of £64,000 has been made and it was agreed that the applicant's proposal to install Real Time Passenger (RTP) Information inside both main entrances would be a sustainable benefit. The cost of £10,600 has been deducted for this. This would not be applicable to any bus stop RTP Indicators which should be provided as standard with new or relocated bus stops.

As set out in the section above on bus stops and crossings, those works are considered to be necessary measures as a result of the development or as a result of the Trust's operational requirements. As standard, these relocated bus stops will require RTP Indicators and Kassel kerbs the cost of which would be borne by the Trust. The Trust will provide 2 larger double shelters and 1 No. single shelter. However the Council has sought upgrades to bus shelters and the difference in cost between the standard and the higher specification is £17,060 and so it is agreed that this additional cost can be deducted from the sustainable transport contribution.

In total, therefore there would be a STC of £556,190. This contribution could be put towards sustainable transport measures to improve facilities along the Eastern Road corridor including those envisaged as part of the Coastal Transport Scheme (CTS).

### **Noise and Vibration**

Policy SU9 and SU10 seek to ensure that development is not permitted which would cause a noise disturbance to occupiers of adjacent or proposed buildings. The ES includes an assessment of the impacts arising from noise and vibration during the construction phase and when the site would be operational. Noise measurements were taken in order to establish the baseline noise levels at a number of locations within the RSCH site and at various locations on Eastern Road, Bristol Gate, Chadborn Close, Whitehawk Hill Road and Upper Abbey Road. Predominant sources of noise vary at the different monitoring locations but include road traffic noise, building services plant at Courtney King House and at the hospital site and service vehicles within the hospital site.

Background vibration levels were not taken as part of the ES, as there was not considered to be any significant sources of vibration in the vicinity.



### Construction Impacts

Residents living near to the site boundary along with patients and staff of the hospital would be exposed to construction noise. Although the total build period would span some 10 years, there would be various phases of the demolition and construction which would be noisier than others. The exact type and numbers of construction plant which would be used, their location and the length of time they are in operation, are not known at this stage, as a contractor has yet to be appointed. However, an estimation of the likely effects of noise from the various stages of site clearance and construction has been included within the ES.

The noisiest periods related to each of the main 3 stages of development, would arise from the demolition and site clearance and then the excavation, piling and construction of the retaining walls of each of the respective buildings. During the Stage 1 construction, dwellings to the south of the site on Eastern Road and Sudeley Place would be most impacted upon with predicted noise levels at the façades being 72 to 74 dB  $L_{aeq, T}$ . Noise levels during the construction of the main part of the Stage 1 building are predicted to be less (65 – 67dB  $L_{aeq, T}$ ) at these residential properties.

During Stage 2 demolition, site clearance and the excavation, piling and construction of the retaining walls, dwellings which would be most impacted upon are located at Courtney King House and on Upper Abbey Road. Predicted noise levels would be between 70 to 74dB  $L_{aeq, T}$ . During the construction of the rest of the building, noise levels are predicted to be lower (64 to 66 dB  $L_{aeq, T}$ ).

During demolition, site clearance works and excavation, piling and construction of the retaining walls for the Stage 3 building, dwellings to the east on the corner of Bristol Gate and Eastern Road and dwellings to the south on Eastern Road and Sudeley Place would be the most affected (65 to 74 dB  $L_{aeq, T}$ ).

Noise would also arise from construction traffic, with the peak being anticipated in 2014 and 2018 when there would be 80 HGVs per day (160 trips). Within the ES this figure has been used to predict the worst case scenario. The predicted noise increases, as a result of an additional 160 trips on construction routes, would be between 0.3 to 1 dB ( $L_{A10,1hr}$ ) along the majority of the roads, with the exception of Arundel Road. On Arundel Road the predicted increase would be more at 2.1 dB ( $L_{A10,1hr}$ ). This is the worst case scenario, based on 160 trips, when in reality, if the one way system for construction routes is used, the trips would be 80 HGVs in the worst case scenario. In addition, numbers of HGVs will vary depending on the particular construction phase, with the average number of HGVs per day anticipated to be 40. The use of the consolidation centre would reduce the number of trips to those which are essential and would ensure that vehicles are fully loaded in order to reduce un-necessary trips. It is proposed to agree and control the delivery times of the construction vehicles through the CEMP.

During construction, the main sources of ground borne vibration are likely to arise from percussive breakers used during demolition of the existing buildings and the removal of hard material during excavation; material/rubble striking the ground during demolition; tracked excavators; piling works; and the use of vibratory rollers for reinstatement of road surfaces following utilities diversion works. The ES predicts the impacts on the nearest residential properties to be between negligible to low, and would only occur during certain periods of the demolition and construction work detailed above. Baseline vibration monitoring could be secured through the CEMP.

There would be a noise and vibration impact during all phases of demolition and construction, on the existing hospital buildings. In addition, the construction of Stages 2 and 3 would impact on the completed Stage 1 building. Details of this impact have been included within the ES. However, it is considered that it is primarily the Trust's responsibility to ensure that this impact is managed effectively in order to protect their staff, patients and visitors, and in order to protect the operation of important medical equipment (for example MRI scanners which are susceptible to noise and vibration).

The Council's Environmental Health Officers have commented that whilst it is inevitable that there will be some disturbance from a demolition and construction project of this size, noise and other impacts should be managed effectively by the developer and suitable standards and practices should be followed. The off-site consolidation centre would mitigate on site impacts. A noise and vibration management plan is recommended to be secured through the CEMP, along with the requirement for the contractor to enter into a Section 61 Agreement with the Council that specifies appropriate noise and vibration limits and control measures. The pre-fabricated nature of the buildings would also reduce the construction noise. Proposed hours of construction are 7am to 7pm Monday to Friday (it is anticipated that noisy work would commence at 8am and end at 6pm). Working on Saturdays is expected to happen rarely for unforeseen circumstances. The CEMP and Section 61 Agreement would define the hours of construction for different time periods or construction events. The proposed Community Liaison Officer and Hospital Liaison Group will allow a forum for residents to voice any concerns with aspects of the construction process.

Subject to the CEMP, it is considered that the noise and vibration impacts of the development can be effectively controlled, managed and mitigated as appropriate.

#### Operational Impacts

Operational noise would arise from additional road traffic to the hospital site, new building services plant, deliveries to the Stage 3 service yard and the use of the helipad.

The ES predicts that the increase in road traffic noise as a result of the development would be low. The most affected road would be Bristol Gate, as

a result of the proposed car parking entrance. However, the additional noise is not considered to be significant.

The exact building services plant is unknown at this stage. The Council's Environmental Health Officers have recommended that details regarding the specific plant and methods of sound insulation are secured by condition. In addition, a condition is recommended to ensure that plant noise will remain at 5dB below background levels at the nearest sensitive receptors. It is therefore considered that plant noise can be controlled and would not adversely impact on the amenity of neighbouring residents.

The Stage 3 service yard would be located at the eastern end of the site and would be accessed via Bristol Gate and the existing hospital southern service road. Two articulated HGVs and one waste collection vehicle could be accommodated within the open service yard at any one time. Proposed delivery hours (linen, procurement, waste and post) are 7am to 7pm seven days a week.

The service yard would be enclosed on the eastern and southern boundary by the service yard building. Nearest residential properties are located to the north east on Bristol Gate and to the south east at the corner of Bristol Gate with Eastern Road. A direct line of sight from these properties to the service yard is not possible due to the difference in ground levels and also as a result of the proposed service yard building. It is considered appropriate in this case for deliveries to be permitted from 7am to 7pm seven days a week, given the operational needs of the hospital.

### **Air Quality**

Policy SU9 of the Local Plan will only permit development which may cause pollution, when human health is not put at risk and it does not reduce the Local Planning Authority's ability to meet the Government's air quality targets.

The RSCH site and Eastern Road are within the Air Quality Management Area (AQMA) which was confirmed in 2008. In addition, a number of the construction routes are also within the AQMA. The AQMA was declared due to existing and predicted exceeding of the national objective limit value for Nitrogen Dioxide (NO<sub>2</sub>) concentrations (hourly and annual mean) as defined within the 2007 National Air Quality Strategy.

The 2010 AQ monitoring results show that that the Nitrogen Dioxide (NO<sub>2</sub>) limit value 40 µg/m<sup>3</sup> (annual mean) was exceeded at properties opposite the hospital on the south side of Eastern Road. For example, 52 µg/m<sup>3</sup> was recorded by diffusion tubes at No. 188 Eastern Road. The existing and predicted hourly mean limit value for ground level NO<sub>2</sub> concentrations at the hospital and Eastern Road is within national limit values. Past and current estimates for Particulate Matter (PM<sub>10</sub>) both at the hospital and Eastern Road and on major routes in the City are within the nationally set limits. The Council did not declare an AQMA due to the concentrations of PM<sub>10</sub>.

The ES has included an assessment of the impact on local air quality which would arise both during construction and when the scheme is operational. The impacts would arise from traffic (construction and operational), demolition and construction processes and fixed combustion.

#### Construction impacts

During construction, dust is likely to be created through demolition, excavation works, materials handling, construction processes and external finishing. Due to the relatively large particle size of dust, it is only ambient for short periods of time and is normally deposited close to the source of emission. Therefore, dust is unlikely to cause long-term or widespread changes to local air quality. However, the ES has identified deposition on property and cars as a potential impact which could cause 'soiling' and discolouration.

Particulate matters (PM<sub>10</sub>) are smaller airborne size fractions than dust. These only represent a tiny proportion of total dust released, and are linked more to any construction power generation and HGV's rather than mechanical demolition and construction processes. PM<sub>10s</sub> remain in the atmosphere for longer periods than dust, due to their smaller size, and can therefore be transported by wind over a larger area. There are health impacts on humans as PM<sub>10s</sub> are small enough to be drawn deeper into the respiratory track or the blood stream.

Depending on local wind conditions, the ES predicts that the majority of dust generated by demolition and construction activities will be deposited in the immediate area (up to 200 metres away). The prevailing winds would result in receptors to the north east and south of the site being most likely to experience an increase in dust deposition. Uncommon wind directions from the south and east can bring dryer more dusty conditions.

An off site consolidation centre is proposed which would reduce dust in and around the application site, as this is where the waste transfer station (materials sorting and crushing) and materials storage would take place. It is considered that the off-site consolidation centre could significantly reduce the amount of dust in the local area. Sections of the proposed buildings would also be constructed off site which would reduce the amount of on site construction work and therefore local dust deposits.

Additional mitigation measures proposed include site hoardings; sheeting of vehicles carrying dusty materials; design controls for construction equipment and vehicles and use of appropriately designed vehicles for materials handling, wheel cleaning; use of dust suppression tools; the covering of completed earthworks, minimisation of surface areas of stockpiles and the use of windbreak netting/screening; and the dampening down of exposed surfaces and stockpiles. Another proposed mitigation measure is the regular inspection and if necessary cleaning on local highways and site boundaries.

Baseline dust monitoring has taken place, and the Trust propose further dust

monitoring during the construction phases with the aim of ensuring that dust levels along the site boundary do not exceed twice the current baseline levels. A dust monitoring and mitigation scheme is proposed to be secured through the Section 106 agreement. It is also proposed that the dust monitoring and PM<sub>10</sub> monitoring is service is linked to an 'air alert service', similar to the system that has been used during the Bart's Hospital redevelopment in London. Continuous monitoring (hour by hour) would be validated and used to determine episodes or higher than normal concentrations in the monitor location. Multi-media such as text, telephone, internet, I-phone and android phones would be used to notify members, who are usually people with respiratory difficulties, or hospital staff of episodes of higher than normal concentrations.

The Council's Air Quality Officer has commented that there should be no crushing of hardcore or concrete on site and that there must be no power provision during demolition and construction by use of on site diesel fuelled generators. The use of the Consolidation Centre should prevent crushing of materials on site. Power provision on site would be dealt with through the Dust Monitoring and Mitigation Strategy and the CEMP.

The applicant is also proposing that a Community Liaison Officer is appointed who would act as a single point of contact for local residents regarding complaints and concerns during the construction process.

Emissions from construction vehicles are also identified as having a potential impact on local air quality at the application site and also along the construction routes. Emissions which were modelled in the ES are PM<sub>10</sub> and NO<sub>2</sub>. When vehicles are carrying demolition waste, dust could also be an issue along construction routes if the vehicles are not sheeted correctly.

A number of receptors have been assessed along potential main routes (A23/A27/A259) to the site including London Road, Beaconsfield Road, Preston Road, Lewes Road and Grand Parade. However, the assessment has not included some worst case receptors, for example close to Preston Circus and Lewes Road. In addition, the impacts arising from congested traffic may have been under estimated along these routes. However, the Council's Air Quality Officer agrees with the findings of the ES that the impact on PM<sub>10</sub> concentrations as a result of construction traffic is likely to be negligible.

The ES concludes that the impacts of construction traffic on NO<sub>2</sub> concentrations would be negligible adverse to minor adverse and would result in an increase of 0.4 – 0.8 µg/m<sup>3</sup> (annual mean). The Council's Air Quality Officer has commented that at some locations, in the peak years of construction (2014 and 2018) the ES is likely to have underestimated the contribution construction vehicles could make to NO<sub>2</sub> roadside concentrations. However, it is important to note that these impacts are not permanent and the number of vehicles will vary each year.



The Air Quality Officer has commented that every effort should be made through the CEMP, for heavy construction traffic to avoid the Lewes Road A270 in and out of the Vogue Gyratory and the A23 in and out of Preston Circus. Whilst this is noted, this may not be possible for highway safety and other amenity reasons, given that construction traffic is normally directed along the main A roads in the City.

The construction traffic would increase NO<sub>2</sub> levels along construction routes where the national objective limit would be exceeded. However, this breach would occur without the construction traffic, and the emissions from construction traffic are temporary in nature (albeit it is a long construction period of 10 years). Whilst the impacts from construction traffic are regrettable, the development cannot be constructed without these trips. Mitigation through the CEMP and the use of a consolidation centre will aim to manage the number of trips (routes, times and frequency etc.), in order to reduce these impacts where possible.

#### Operational

When the scheme is operational, emissions from the traffic generated could also have an impact on local air quality. Again, local levels of PM<sub>10</sub>s and NO<sub>2</sub> would be affected. The proposed Energy Centre would have a potential impact on local air quality in the vicinity as a result of NO<sub>2</sub> emissions.

Modelling results within the ES show that in 2011 the national limit value for NO<sub>2</sub> was exceeded in areas close to Eastern Road and Bristol Gate and in the majority of open areas on the hospital site. These breaches close to Eastern Road and Bristol Gate are likely to be due to vehicle emissions, with existing boilers also contributing to NO<sub>2</sub> levels on the hospital site. Air Quality has been modelled for 50 different receptors, which include areas directly adjacent to the hospital site and also on the main road network.

#### *Traffic*

In 2022 (anticipated year of completion) the ES has predicted that traffic associated with the development would cause an imperceptible change at the majority of receptors with regard to the annual mean NO<sub>2</sub> concentration. A small increase is predicted at nine receptors. The greatest change has been predicted for Rosaz House, where it has been estimated that traffic would contribute 0.7 µg/m<sup>3</sup> resulting in an overall concentration of 36.1 µg/m<sup>3</sup>. However, this would still be well within the national objective limit of 40 µg/m<sup>3</sup>. The largest concentration is predicted for 188 Eastern Road at 47 µg/m<sup>3</sup>, of which development traffic is expected to contribute 0.4 µg/m<sup>3</sup>. 2011 modelling shows this current concentration to be 55 µg/m<sup>3</sup>. However, this figure includes the contribution from the existing boilers at the hospital. Traffic and background concentrations are expected to decrease by 2022 as a result of fuel and vehicle improvements and this assumption has been deemed acceptable by the Council's Air Quality Officer.

In 2022, with the traffic development, the national objective for NO<sub>2</sub> along



Eastern Road would be exceeded, however, these breaches would occur anyway without the development. The contribution that the development traffic would make to NO<sub>2</sub> concentrations is small and is not considered to be significant.

#### *Energy centre*

The Energy Centre will include two gas fired Combined Cooling Heat and Power (CCHP) plants, and four gas fired boilers, operating on natural gas with diesel fuel as an emergency back up. Under normal operating conditions only two of the gas fired boilers and two of the CHP units will be operational at any one time.

There are currently 40 older boilers serving the hospital which are located in a number of different buildings. These currently contribute to the local air concentrations of NO<sub>2</sub>. Some boilers will remain located at the Audrey Emerton building, Outpatients, Sussex Eye Hospital, Sussex Kidney Unit and Sussex House. However, there are a number of boilers within existing buildings on the development site and at the Thomas Kemp Tower, which will be replaced by the proposed Energy Centre. The Energy Centre would use more modern boilers and more advanced abatement technology, and would therefore be likely to result in an improvement in local air quality at ground level.

The NO<sub>2</sub> levels (annual mean) for the existing situation and the proposed situation in 2022, have been modelled in the ES. A decrease in concentrations is predicted at 11 receptors which are mainly located on Eastern Road and Upper Abbey Road. An imperceptible change is predicted at 31 receptors with increases at six receptors. The most significant changes are predicted to the north of the site at Turton Close and Chadborn Close which would both increase by 2 µg/m<sup>3</sup> to 38 µg/m<sup>3</sup> and 38.6 µg/m<sup>3</sup> respectively. However, these concentrations would still be within the national limit of 40 µg/m<sup>3</sup>.

#### *Cumulative impact*

The cumulative impact of the operational traffic, the new Energy Centre and the removal of the old boilers, has also been modelled within the ES. 16 receptors were predicted to exceed the national limit value for NO<sub>2</sub> (annual mean) for 2022. However, these breaches would have occurred without the development, and at 5 of the 16 receptors (Eastern Road) the NO<sub>2</sub> level would actually decrease as a result of the new Energy Centre and the removal of the old boilers. At the other receptors, (all on Eastern Road), the increase as a result of the development is small ranging from 0.2 to 0.7 µg/m<sup>3</sup>. It is therefore considered that the contribution the new development would make to NO<sub>2</sub> concentrations is small, and is therefore acceptable.

#### Existing Hospital Buildings

The flues of the new Energy Centre discharge approximately 3 metres above the helipad and would only be a short distance from ventilation intakes at

sensitive wards at the hospital within the Thomas Kemp Tower. The ES has predicted that levels of NO<sub>2</sub> (annual mean) will be exceeded at the top floors of the Thomas Kemp Tower. Particularly sensitive wards are on the Trevor Mann ward (premature baby unit), as patients' underdeveloped lungs would be more susceptible to pollution. In addition the NO<sub>2</sub> limit objective for hourly mean (60 µg/m<sup>3</sup>) could be exceeded at the discharge level on the Thomas Kemp Tower.

The majority of hospital buildings which are to be retained are served via mechanical ventilation systems. All of the proposed buildings would be mechanically ventilated. The Trust has a duty to ensure that their patients are protected from the air pollution they generate. The Trust is investigating further options to ensure that any air drawn through the ventilation systems does not exceed national limit for hourly mean and annual mean NO<sub>2</sub> concentrations. This could include scrubber abatement technology at the flue and filters on the mechanical ventilation systems. Further detail regarding this is recommended by condition.

A fungus called Aspergillus, which in rare circumstances can be found within buildings, especially in air conditioning systems and hospitals, has also been identified as a potential issue during demolition stages. Immuno-compromised patients present at the hospital are at risk from inhaling this fungus which can cause infections. The Trust has a responsibility to ensure that patients are not adversely affected during construction and would implement an Aspergillus Management Plan.

It is considered that the proposed development would not significantly affect air quality levels around the hospital site and would not be of detriment to human health. Subject to the recommended conditions regarding the Energy Centre, it is considered that the impact of the flue emissions on patients and staff can be controlled and would not represent a risk to health.

### **Flood Risk, Drainage and Water Resources**

As commented by the Planning Policy Officer for flood risk, a sequential approach to site selection shows that the site lies in an area of low risk flooding (Flood Zone 1). The introduction of roof top gardens and terraces and other tree planting would reduce the volume of surface water run-off from the site significantly from 75% to 56% and therefore the proposal would have a positive benefit in reducing surface run off to the drains and sewers. The Environment Agency has no objections and has asked for standard conditions to be applied. The proposal is considered to comply with policies SU3 and SU4 of the Local Plan.

### **Ground Conditions and Contamination**

Policy SU11 of the Local Plan states that proposals for the development of known or suspected polluted land or premises will help to ensure effective and productive use is made of brownfield sites. However, such proposals must ensure that an increase in contamination does not occur and remediation must be effective to ensure there is no harm to the environment

and human health.

A contaminated land desk top study and a site investigation study were submitted within the ES. This included information from historic studies and sources of localised contamination of the site. In addition, as nuclear medicine has been practiced at the hospital, information was also gathered regarding the radioactive materials that had been used and their half lives. Other potential sources of contamination include a former laundry and electrical sub-stations. Localised sources of contamination were identified within the made ground, in addition to the presence of free fibre asbestos. The site lies above a principal aquifer.

Stages 1 and 2 of the development would result in extensive excavations in order to form a large basement with two levels. These excavations would effectively self remediate the majority of the site, as the made ground would be removed from the site. Environmental Health Officers have commented that as buildings are demolished further asbestos may be discovered. However, they recognise that there is always an element of the unknown with such works and recommend that a contaminated land discovery strategy is in place in order to deal with any unknown contamination which may be discovered during the demolition and construction phases. Environmental Health Officers have also recommended a remediation contaminated land condition to deal with the excavated waste, incorporate a watching brief for the site, and the provision of a comprehensive validation/verification report which will detail exactly what has been undertaken, where it was undertaken and when it was undertaken. Essentially, the validation/verification will show that the site as redeveloped, is fit for its intended end use. Contaminated land remediation conditions are therefore proposed for each stage of the development along with a contaminated land discovery condition. An asbestos management plan is also proposed to be secured through the CEMP, in order to ensure that the asbestos is dealt with effectively on site and also when it is being transported along the construction routes.

During construction works, all fuels, oils and chemicals should be stored in appropriate containers within a bunded compound which would prevent pollution of the exposed chalk when the made ground has been removed from the site.

Subject to conditions, it is considered that any contamination on the site can be disposed of safely, and would not cause a health risk to receptors which include construction workers, existing hospital staff and patients, local residents along with future staff and patients.

### **Ecology Considerations**

Policy QD17 of the Local Plan requires development to minimise the impact on existing nature conservation features on site and also that new nature conservation features be provided as part of the design of the scheme. SPD 06, Nature Conservation & Development provides further guidance regarding

this.

A full assessment of the existing ecological value of the development site and its surroundings has been carried out by the applicants as well as background research on existing databases. The site was found to have very little in the way of existing ecological value which comprises a small area of amenity grassland and scrub behind the Latilla Building, along the edges of Bristol Gate and on the west side of the Multi Storey Car Park around the proposed sub station. There are scattered trees mostly out of public view with little amenity value within and around the site. Those trees on Whitehawk Hill Road of most value planted on the highway will be retained. There is past evidence of nesting wildlife on the site and the applicants have committed to providing alternative nesting arrangements elsewhere to be agreed with the Council and taking measures to ensure that wildlife does not attempt to use the site for nesting in the spring of 2012 prior to any construction works commencing on site.

The application proposes a comprehensive array of ecological and amenity space on site as part of the proposals. A schedule of proposed species of planting has been submitted with the planning application. The main ecological benefits of the proposals are provided by the roof gardens on the top floor of the Stage 2 Cancer Centre which will provide a total area of 4690sq metres of green roof 388 sq metres of brown roof planting, green space, footpaths and landscaping. The area included in the landscaped plan which is of no ecological value is 9310 sq m. On Stage 1 there are additional areas provided including internal courtyards, at Level 1, terraces at Level 4 for staff and patients, as well as some visual, amenity areas. The brown roofs proposed are at Level 4 as well as on top of the Stage 3 Service yard buildings and mounded tree planting on top of the proposed re-sited chapel at the corner of Bristol Gate and Eastern Road.

Additional areas of Ecological value which are proposed are tree planting around the northern side of the Stage 2 building, at Level 2/3 terraces of Stage 2 fronting Upper Abbey Road and the additional planting of trees around the Sub Station. Tree planting is also proposed alongside the service yard on the west side of Bristol Gate and due to the need to mitigate wind impacts up Bristol Gate, the landscaping will be significantly enhanced on the east side of lower Bristol Gate adjacent to No. 185 Eastern Road.

Following agreement reached on those areas which contributed to the ecological value and the replacement of an artificial lawn with grassed area on Stage 2 roof, the area of landscaping and planting which will contribute to the ecological value was re-assessed. Against policy QD17 and SPD06 it has been found to be more than sufficient to meet the standards for enhancement of ecology as part of development sites. The Council's Ecology Officer has confirmed this in his updated comments and has not been necessary for the Council to seek a commuted payment.

There is evidence of previous occupation of the site by Peregrine falcons and the applicants were requested in good time to provide details of an alternative location for occupation nearby. These details are required to be implemented in advance of any nesting season preceding the commencement of works and measures taken to discourage re-occupation. The Council's Ecologist advised on the importance of these facilities being implemented before March however the most recent report submitted on 11<sup>th</sup> January does not provide any specific details. Given the proximity of the next spring-summer season, this is a concern. The Council's Ecologist has updated his comments requiring details of suitable nesting facilities and an alternative location to be submitted to the Council. This would be secured through the Section 106 Agreement along with the provision of measures to discourage re-occupation prior to the nesting season be put in place.

### **Waste Management**

Policies SU13 and SU14 of the Local Plan are concerned with the minimisation and re-use of construction industry waste and waste management. Further guidance is also contained within SPD 03 Construction & Demolition Waste.

Construction and demolition waste is covered by other legislation and would be contained in a Site Waste Management Plan (SWMP). The Construction and Environmental Management Plan (CEMP) should aim to reduce waste at source and provide guidance on how to manage waste and recyclables throughout the construction and demolition stage. The Trust cannot provide detailed figures on construction waste until a contractor has been appointed.

The Trust is required to keep operational waste data for submission to the national Educational Resources Information Centre (ERIC) database. The ES included figures for waste at the hospital for the last 3 years which indicate mixed trends in volumes. Recycling percentages are up from 9% to 23% in the last 3 years but volumes of waste requiring treatment is similar and landfill waste has been significantly reduced overall from over 1000 tonnes but went up again in 2010/11 to 618 tonnes. Approximately 122 tonnes of food waste is produced per annum across the whole hospital on top of the landfill figures above. Given that figures are required to be kept, it is not necessary to require further monitoring by the local Planning Authority as well as the national database. Clinical waste should be a matter for the Trust to manage according to best clinical practice but the Trust does encourage suppliers to reduce and remove packaging before supplies arrives.

In terms of operational waste, the Environmental Statement did not explain in more detail how recyclable waste is separated at source in ward/outpatient/visitor areas. This has now been addressed in the addendum in a more positive manner, indicating that the Trust have containers for incineration, alternative treatment, domestic waste, mixed recycled waste, glass and confidential waste. This is not considered to address the main concerns as the public would not expect to generate waste for incineration, for



example. The Trust has also indicated that they cannot be responsible for cigarette waste and have suggested that as there is a ban on smoking on Trust property that they are not responsible. It is evident from site visits and neighbour representations however that Trust staff are seen regularly smoking on the perimeter of the site to the annoyance of some residents. The Trust have now estimated waste generation figures for non-clinical waste covering the retail, café management offices and teaching areas. These areas are estimated to be likely to generate 80.6 tonnes per annum in an area totalling 2,379 sq m. The Trust has stated that they will be provided with clearly marked waste collection points to avoid cross contamination. These areas do not include the considerable areas of outpatient reception and waiting areas and circulation areas that will be spread around the new buildings. The Trust's current numbers of 734,000 outpatient visits per year plus the additional visits expected following occupation of the development is considered to be likely to generate considerably more waste by outpatients, ward visitors and staff than is estimated.

Policy SU14 states that “applicants proposing large-scale developments that employ or attract a large number of people...will be required to provide appropriately designed facilities for the recycling or re-use of waste that they, their customers and staff generate”. The ES and B&H Waste Local Plan policy WLP12 requires all development proposals employing, attracting or accommodating a large number of people shall have regard to the extent to which the proposals include as an integral part of the development facilities for the recycling/composting of waste and facilities within individual or groups of properties or premises for the source separation and storage of waste for collection or on site re-use or composting. It is considered therefore that a non-clinical operational waste strategy covering the public areas, visitors and outpatients should be required by condition with some waste reduction targets built in to reduce annual volumes. A further condition should be required indicating those areas of the proposed development where waste storage facilities will be located.

### **Wind Environment**

Policy QD2 of the Local Plan seeks to ensure that spaces created around buildings should be satisfactory enclosed and should be functional and attractive to the intended users. The functionality of a development is related to the microclimate created by the development relative to the desired pedestrian use within and around the buildings proposed. The construction of new buildings has the potential to alter local air movement and cause adverse wind conditions, including turbulence and funnelling which can affect both pedestrian comfort and safety.

A wind assessment has been submitted which considered the impact of the development on the local wind climate. Most importantly it considered the potential impacts of wind on pedestrian comfort and safety around the development and in the surrounding streets and open spaces around the development. The pedestrian comfort assessment includes factors sitting and



standing such as at entrances to buildings.

The assessment also predicted the wind environment for the open spaces within the development itself such as the roof terraces and balconies.

The Council appointed the British Research Establishment (BRE) to comment on the Wind Assessment and recommended that the assessment be carried out using the Lawson criteria which is recognised as the most comprehensive and accurate means of predicting the effects as set out above. Following concerns by the BRE regarding the original wind assessment an addendum was submitted containing an amended wind assessment.

#### Surrounding streets/areas

It is noted that the existing conditions on the site are windy and that the recognised limits in pedestrian safety and comfort criteria are currently exceeded on some parts of the surrounding streets and Bristol Estate. It should be noted that for pedestrian safety the findings are measured where the wind speeds are likely to be exceeded for 0.01% of the year. The BRE have commented that following re-testing, the assessment only tasks an average of wind effects for the year and does not consider peak periods such as in winter nor does it consider extreme gusts of wind that may last a few seconds.

At present the area surrounding the hospital and in between hospital buildings can be quite windy. These areas are on Eastern Road in between the Eye Hospital and Jubilee Building, in between the Children's Hospital and the Multi Storey Car Park, areas behind the MSCP and the Bristol Estate flats.

However, following the development, the criteria for pedestrian safety is predicted to still be exceeded for part of Eastern Road near to the new main entrance of Stage 1, and the areas at the corner with Bristol Gate and up as far as Rosaz House, Upper Abbey Road near to Courtney King House down to the corner of Stage 2 and on the Bristol Estate there are new areas which will now exceed the criteria. Part of the area in front of the Barry building would be improved or have a negligible change which will become the entrance to Stage 2.

The pedestrian comfort assessment for entrances and standing are predicted to be exceeded for lower Bristol Gate up to Rosaz House, parts of Eastern Road that pass the two main entrances, Bristol Gate and Upper Abbey Road near to the Courtney King House and a larger area of the Bristol Estate. Most of these areas already exceed the standard but lower Upper Abbey Road, lower Bristol Gate and parts of Bristol Estate are currently acceptable. The upper part of Bristol Gate north off Rosaz House would actually be improved and would fall within acceptable limits.

The pedestrian comfort assessment for walking would improve in areas on Eastern Road in front of Stage 1 which currently exceed comfort criteria but

the areas north of the Children's Hospital, the South Service road, the corner of Bristol Gate up to Rosaz House and parts of the Bristol Estate will exceed the comfort criteria as a result of the proposal.

Proposed roof terraces/balconies

The wind conditions of all roof terraces on both the Stage 1 and 2 Buildings and balcony spaces on the western and southern elevations of the Stage 2 Building were modelled.

The Lawson Criteria for pedestrian safety is predicted to be exceeded for areas of the Stage 2 roof terrace and the roof terraces at level 4 and 6 on the Stage 1 building. These spaces are exposed to the south-westerly and southerly high velocity winds. The criteria would be exceeded for 0.01% of the year on average. In terms of pedestrian comfort for sitting almost the whole of the Stage 2 roof would exceed the comfortable sitting criteria but this only would be for 1% of the year on average. The assessment states that the access to these areas would be limited when there are periods of high winds.

The Lawson Criteria for pedestrian comfort for standing is predicted to be exceeded for a large area of the Stage 2 roof terrace and for some areas of the Stage 1 roof terraces at levels 4, 6 and 11. For walking around the roof terrace, the comfort criteria would be acceptable on almost the entire roof except where wind speeds are likely to be exceeded 4% of the year in a very small portion of the roof.

The applicants have proposed some potential mitigation measures for those areas which exceed the criteria for acceptable wind effects. These include additional tree planting on the Bristol Estate, Upper Abbey Road and Bristol Gate, enhanced bus stops on Eastern Road, entrance canopies, signage and handrails. During very windy periods it is not anticipated that the roof terraces will be available for use by members of the public and patients.

The mitigation measures have not been modelled in terms of their impact on improving the local wind conditions and have not been tested. In addition, the BRE still has some concerns over the way in which some of the information has been presented in terms of the pedestrian safety and comfort results. Therefore the mitigation measures proposed need to be tested to include other factors including wind direction and wind gusts. Despite the concerns about the methodology used, the BRE have stated that from the information presented they agree with the general assessment notwithstanding their concerns. The BRE conclude that the effectiveness of the methodology is unproven.

It is therefore considered necessary to require an updated wind assessment and mitigation scheme in accordance with the recommendations of the BRE through the Section 106 Agreement. This wind assessment should include more information on wind direction and winter and monthly modelling. The scheme should also contain further information on the exact mitigation

measures proposed for each area and evidence that these would be successful in achieving the desired wind conditions.

### **External Lighting**

Policy QD25 of the Local Plan will not permit lighting units which would emit over-intense light in the context of the use of the building or space to be illuminated and which could cause detriment to amenity, highway safety, or cause light pollution.

The applicants have provided an assessment of external lighting and of any potential impact on local residents. External lighting includes construction lighting, helipad lighting, and external lighting to the proposed buildings including their main entrances, service yard area, the southern access road, pedestrian routes and proposed landscaped areas on Eastern Road and the main roadway on Eastern Road. The internal lighting of the proposed buildings has not been assessed, as internal lighting standards and break out from the hospital buildings will be determined and managed by the Trust. The internal lighting of buildings is not something which is normally controlled by planning conditions.

### Construction lighting

Construction would take place between 7am to 7pm Monday to Friday with working on Saturdays only in exceptional circumstances. During winter there would be the need to illuminate the construction site in the early mornings and evenings and there may also be the need for some security lighting. However, specific details related to construction lighting are not available at this time, as this would be determined by the future contractor. For mitigation, where possible, lighting should be designed so it is mounted within the site hoarding and directed onto the working area and should only be operational during construction hours. It is recommended that construction lighting be controlled through the Construction Environmental Management Plan (CEMP), primarily with the aim of preventing any adverse impact on neighbouring properties.

### Operational lighting

A detailed study 'Description of Exterior Lighting for Planning' document has been submitted which gives details of the proposed external lighting of the proposed buildings, service yard, pedestrian and landscaped areas on Eastern Road, main road area on Eastern Road and the southern access road. This document includes calculations regarding the chosen luminaries, and states that the lighting will have an upward light ratio (ULR) of less than 5%, which is within the required standard defined by the Chartered Institute of Engineers (CIE 126).

It is considered that the lighting could be controlled effectively and would not give rise to light pollution to nearby residents. The lighting details submitted are indicative so it is recommended that exact details should be required to be submitted for approval by a planning condition.

As described in the helipad section above, the helipad also requires lighting and wind sleeve lighting. This lighting would only be switched on when the helipad is in use and would primarily be during periods of poor visibility during the day and when at night. The green coloured upward perimeter lights would be spaced 3 metres apart and have a low luminance of 60 candelas at a 10 degree angle as set out by the helipad consultant in lighting assessment. The lighting assessment addendum provided further information. In addition to the deck lighting, white floodlights would be mounted at a height of not more than 250mm on all four sides, at equal intervals not exceeding 7m and directed at a depressed angle of 5 degrees at the surface of the helipad to illuminate the surface texture in order to provide better depth perception to pilots. The lighting of the ramp and evacuation routes in case of emergency should be standard domestic type lighting. On the ramp, the lights should be located on the side safety rails facing inwards to illuminate the ramp surface. The lights will be white and should not cause any dazzle to pilots approaching or departing from the helipad. The wind sleeve is down lit from above, or inside the wind sleeve itself so that it can be seen by pilots from 500 feet above the helipad.

Those residents who could possibly be affected are those whose dwellings are closest to the helipad in the taller blocks of flats on the Bristol Estate but this would only be for very short periods. The proposed helipad would have an AOD height of 118.2 metres. The nearest residential properties on the Bristol Estate (1 to 24 Turton Close) have an estimated AOD ridge height of just under 89m. There is a difference in height of almost 30m between the ridge and the proposed helipad, with there being a greater height difference between the top floor windows on the Turton Close building. There is an interface distance between the helipad and the Turton Close Building of some 50 metres. The potential for downward 'spill' of lighting required when a helicopter is landing or taking off and the deck lighting is switched on is therefore considered to be negligible.

The use of the helipad lighting would be infrequent and, subject to control, it is not considered that the lighting would cause harm by reason of light pollution or nuisance to nearby residents. The lighting impacts have been considered by Environmental Health officers who have nevertheless asked for post installation assessments to be carried out so that adjustments can be made if necessary to avoid harmful effects on nearby residents. Conditions will be required indicating full details including specifications, locations and luminance of the helipad lighting and to control the times when the lighting is used.

### **Socio-Economic Benefits**

Policy EC10 of PPS4, 'Planning for Economic Sustainable Growth', requires Local Planning Authorities, in determining planning applications, to adopt a positive and constructive approach for economic development provided the development meets relevant considerations related to sustainability, accessibility, design, regeneration and local employment.

During the construction stage, it is anticipated that there would be significant number of construction jobs created. Stage 1 will employ 480 workers over a 7 year period, whilst Stage 2 will employ 200 workers over 30 months and Stage 3 would require 40 workers for a year. The costs are expected to total £200-244m and the economic impact has been assessed as minor positive for Stages 1 and 2. There will also be a minor positive benefit on the very local economy in terms of indirect employment and additional business to the local shops and businesses and a district benefit in terms of supply chains. The Trust have agreed to a target of employing a minimum of 20% local labour (Brighton & Hove) during the construction period which will be required under the S106. This employment target will be managed and monitored by the Trust in consultation with the Council's Local Employment Scheme Coordinator.

There would be a moderate negative impact on the local area due to the noise and disruption which is acknowledged and this would be mitigated by measures set out in the Construction and Environmental Management Plan.

In the operational stage of the hospital, it is considered that there would be a major positive benefit on the health and well being of the population at local, district and regional levels due to the significant improvement in health services, facilities including 100 extra beds, improved trauma, neurological and cancer treatments. The Trust would employ 450 Whole Time Equivalent additional staff on site following the opening of the facilities which will have a direct benefit to local employment. Of these 169 would transfer from PRH but in time these may become local employment. There would be a moderate positive impact on permanent employment as a result. As with construction work, the additional employees in the area would have a positive impact on local and district services and businesses.

It is considered that the proposal would conform with one of the key aims of the government in PPS1 which is social progress which recognises the needs of everyone.

### **Telecommunications**

National planning policy on telecommunications (PPG8) states that significant and irremediable interference with other electrical equipment of any kind can be a material planning consideration. The ES has included an assessment of the impact of the proposed development on TV (analogue and digital) radio and satellite signals received by local residential properties.

The proposed development is planned to be completed after Digital Switchover in 2012 and digital transmissions do not suffer reflection effects or ghosted image generation. Shadowing as a result of the new buildings and helipad would be less significant for digital television than analogue transmission due to the greater signal strengths available following Digital Switchover.



The nearest TV transmitters are at Brighton Central, Heathfield, Whitehawk Hill and Rowridge. The proposed development could result in broadcast shadow being cast from the Heathfield transmitter, over properties to the south west on Eastern Road, Sudeley Terrace, Sudeley Place, Paston Place, Chapel Terrace, Seymour Square, Seymour Street, Portland Place and Marine Drive. The shadow cast by the development on the signal from the Whitehawk transmitter would cover a lesser area and would include Upper Sudeley Street, Sudeley Terrace, Millfield Cottages and St George's Road. However, the existing signal strengths are strong and there are alternative transmitters available. The impact on digital TV signals is therefore considered to be acceptable.

With regard to satellite TV signals, the proposed development would only result in a short shadow being cast which would affect a small number of properties on Upper Abbey Road and St John's School. Therefore this impact is not considered to be significant.

Cable TV would not be affected by the development.

Radio transmissions are less affected by broadcast shadowing from tall buildings as lower frequency radio signals can more easily diffract around buildings. In addition, there are residents who can access analogue and digital radio signals from more than one transmitter. There are no policies in the adopted Local Plan which regulate how a development may affect television and radio signals and it is therefore considered that the impact of the development on signals would be negligible and therefore acceptable.

### **Archaeology**

The archaeological assessment has taken account of the excavation works required to construct the underground parking, new structures and basements, infrastructure construction, ground works associated with cranes and service installation. The Study area has undergone considerable disturbance in the post Medieval period and removed all archaeologically significant deposits from the site. The assessment concluded that the impact would be negligible. The development itself is almost a kilometre away but the helipad would be visible from the Whitehawk Camp Scheduled Ancient Monument (SAM) in views to the south. Due to the topography the main development would be hidden by the crest of the hill, however the helipad would be visible from closer range in the context of the top of the TK Tower and a dwelling house on Whitehawk Hill Road. It would appear as a lightweight frame with the background visible so its impact would be minor negative. The effect on the setting of the SAM is negligible from distant views from Warren Road where the TK tower is already prominent. The use of the helipad would have an impact on the noise levels at the SAM however this would only be on the occasions that it needed to fly over it due to the wind direction and the effect would be short lived. Its impact would be minor negative as well.



The County Archaeologist has no concerns or recommendations and does not require any conditions in mitigation for works. The proposal therefore complies with policy HE12 of the Local Plan and national guidance in PPS5.

### **Cumulative Effects**

The applicants have assessed the cumulative impact of this development with other known developments with permission or which may come forward or are under construction known as in-combination effects. There are also impact interactions where the effects combined may have a more significant effect on a receptor. It was agreed which developments to include with the applicant which were Amex House (under construction), Inner and Outer Harbour developments at Brighton Marina, the McMillan Centre at Rosaz House which has planning permission and the Coastal Transport System. Although refused, the inner harbour scheme has been used and assumed as a matter of precaution. The impact of these other developments was considered as to how they might impact on the same receptors such as residents or heritage assets affected by the 3Ts development.

The Landscape Value Impact Assessment covered the effect on views of all of the developments built together. In all of the views they were assessed as being negligible. In many views the other schemes would not be seen in context with this proposal. In some views from the East, this proposal would not be seen in context but where they would be seen in the view with the Marina developments, officers consider that the proposal would have a resultant negligible effect. In the view from Church Street would probably still be negligible although account was not taken about the required demolition of the existing Amex House by 2016 prior to the completion of Stage 1. Post construction, where developments are more than 100 metres apart there is unlikely to be a cumulative impact on noise, disturbance or air quality. In the case of Rosaz House and this proposal, there may be some overlap with impacts on construction traffic and dust. This would require close cooperation between sites but given the much smaller scale of the Rosaz House redevelopment the cumulative impact would be short lived and minor negative.

In terms of transport, during construction, AMEX office would be completed and the Marina schemes would need to use the same main A roads for access. As there is no timetable for the other schemes it is difficult to assess but it is anticipated that the cumulative construction traffic would add 2.7% to overall levels but only if they overlap particularly during the excavation stages. The other cumulative impacts with other completed developments were found to be negligible or minor negative except for socio-economic which were found to be minor positive.

### **Health Impact Assessment**

A Health Impact Assessment (HIA) document has been submitted. This is not a statutory document. The HIA states that the 3T's development would produce some positive health outcomes arising from improvements to the

physical environment, environmental performance and enhanced clinical treatment facilities. Negative health outcomes are predicted mainly as a result of the construction activities and would not be permanent. The impacts contained within the HIA have been assessed through the ES.

**Substation**

The impact of the substation on the character and appearance of the area is considered to be insignificant given that it is not highly visible from surrounding street scenes. The noise from the substation would be controlled by condition.

**SECTION 9  
CONCLUSION**

**&**

**SECTION 10  
EQUALITIES IMPLICATIONS**

## 9 CONCLUSION

The application is accompanied by an Environmental Statement, which addresses impact. It is considered to be complete and has been used as part of the overall assessment of this application.

The proposed development would replace existing hospital accommodation which is in a poor condition and does not meet current modern healthcare standards. The development would provide a teaching, trauma and tertiary care centre for the Region which would have considerable public health benefits for Brighton & Hove and the wider region. The principle of the development is considered acceptable in land use policy terms.

The proposal would result in the loss of the Barry Building (locally listed) and the Grade II listed Chapel with the Bristol Gate piers being relocated. It is considered that the loss of the Barry Building is justified and the proposed replacement Stage 2 building is of a high quality design. The interior of the Chapel would be replicated with the proposed Stage 1 Building, and the piers would be rebuilt and restored. The design, scale and massing of the proposed buildings and helipad is considered to be appropriate and overall the impact on important views is considered to be acceptable.

The proposal includes a range of transport provision as part of the redevelopment, including a net increase of 297 car parking spaces, increase of 188 cycle parking spaces, new bus-stop infrastructure on Eastern Road and a contribution for off-site provision through the Section 106 Agreement, and patient transfer drop off/pick up facilities. These are considered to be acceptable.

The proposal would significantly reduce daylight levels received by 6 terraced properties to the south of the site on Eastern Road, two of these properties are in the ownership of the trust, given that this impact is limited to a small number of properties and the recognition of the overall significant public health benefits of the proposal, the impact on amenity whilst regrettable is considered to be acceptable. The final scheme together with the proposed highway works, public realm improvements and mitigations is considered to be acceptable. It is considered that construction impacts such as noise, dust and vibration can be adequately controlled, managed or mitigated through the Section 106 Agreement. Operation noise will arise from the use of the helipad, however, it is considered that this will mainly be restricted to day-time landings. The scheme would not have a significant impact on local air quality levels. Conditions are proposed regarding the contaminated land remediation and disposal. The scheme is predicted to meet a BREEAM healthcare rating of excellent and provides ecological enhancements.

**10 EQUALITIES IMPLICATIONS**

Accessibility and wayfinding within the existing site is extremely poor. The scheme will provide modern accessible healthcare facilities for the local community of Brighton & Hove and the wider region.

## Appendix A - Letters of Objection

Flat No	Property Name	Street	Town	Postcode
	18	Turton Close	Brighton	BN2 5DA
	44	Great College Street	Brighton	BN2 1HL
	46	Laines Farm Cottages		RH17 5AA
	19	Withdean Crescent	Brighton	BN1 6WG
10b	118	Marine Parade	Brighton	BN2 1DD
	25	Chichester Place	Brighton	BN2 1FF
	9	Seymour Square	Brighton	BN2 1DW
	14	Sudeley Street	Brighton	BN2 1HE
	3A	Sudeley Terrace	Brighton	BN2 1HD
	62	Chichester Place	Brighton	BN2 1FE
		Millfield Cottages	Brighton	
	18	Bute Street	Brighton	BN2 0EH
	24	St marys Square	Brighton	BN2 1FZ
3	20	Belle Vue Gardens	Brighton	BN2 0AA
	4	Queens Park Rise	Brighton	BN2 9ZF
	6	Sudeley Street	Brighton	BN2 1HE
	29	St marys Square	Brighton	BN2 1FZ
	31	Bute Street	Brighton	BN2 0EH
2	12a	Marine Square	Brighton	BN2 1DL
	6	Chichester Place	Brighton	BN2 1FE
	3a	Sudeley Terrace	Brighton	BN2 1HD
	45	Eaton Place	Brighton	BN12 1EG
	20	Upper Abbey Road	Brighton	BN2 OAD
	35	Upper Abbey Road	Brighton	BN2 OAD
	27	Upper Abbey Road	Brighton	BN2 OAD
	76	Maresfield Road	Brighton	BN2 5ER
	Not Given			BN25 5DA
	4b	Sudeley Place	Brighton	BN2 1HF
	55	Rochester Street	Brighton	BN2 OEJ
	49	Rochester Street	Brighton	BN2 OEJ
	28	Eaton Place	Hove	BN3 1EG
	6	Chichester Place	Brighton	BN2 1FE
	114	Donald Hall Road	Brighton	BN2 5DE
	37	Chesham Road	Brighton	BN2 1NB
	8	Sudeley Terrace	Brighton	BN2 1HD
	70	Cowcross Street	Brighton	EC1m 6EM
	139	Hollingdean Terrace	Brighton	BN1 7HF
	139	Hollingdean Terrace	Brighton	BN1 7HF
	9	Portland Place	Brighton	BN2 1DG
	21	Brunswick Road	Hove	BN3 1DG
	17	Sudeley Place	Brighton	
	13	Turton Close	Brighton	BN2 5DA
	187	Eastern Road	Brighton	BN2 5BB



	187	Eastern Road	Brighton	BN2 5BB
	16	Sudeley Place	Brighton	BN2 1HF
	4	Chapel Terrace, Mews	Brighton	
	58	Ingrams Way		BN27 3NX
	18	Turton Close	Brighton	BN2 5DA
	44	Great College Street	Brighton	BN2 1HL
	44	St Georges Road	Brighton	BN2 1EF
	18	Turton Close	Brighton	BN2 5DA
	23	Wish Road	Hove	BN3 4LL
	10	Sussex Mews	Brighton	BN2 1GZ
	11	St marys Square	Brighton	BN2 1FZ
	10	Sussex Mews	Brighton	BN2 1GZ
	128	Edward Street	Brighton	BN2 0JL
	4b	Sudeley Place	Brighton	BN2 1HF

#### **Additional - Letters of Objection**

<b>Flat No</b>	<b>Property Name</b>	<b>Street</b>	<b>Town</b>	<b>Postcode</b>
	4b	Sudeley Place	Brighton	
	4	Chapel Terrace Mews	Brighton	

## Appendix B - Letters of Support

Flat No	Property Name / Number	Street	Town	Postcode
	8	Paston Place	Brighton	BN2 1HA
	51	Victoria Road	Southwick	BN42 4DJ
	51	Victoria Road	Southwick	BN42 4DJ
	212	Upper Shoreham Road		BN43 6BG
	4000	Parkway	Hants	PO15 7FH
	16	Foredown Drive	Brighton	BN41 2BB
	40	Hove Street	Hove	BN3 2DH
				BN6 8JQ
2	3	Cissbury Road	Hove	BN3 6EN
	Barn Cottage	Great Wapses Farm		BN5 9BJ
12	Royal Crescent Mansions	100 Marine parade	Brighton	BN2 1AX
	Moatfield Surgery	St Michael's Road	East Grinstead	
	Queen Victoria Hospital			RH19 2LA
1	6	Belle Vue Gardens	Brighton	BN2 OAA
	45	Canning Street	Brighton	BN2 OEF
	20	South Avenue	Brighton	BN2 0BP
	5	Seymour Square	Brighton	BN2 1DP
	55	Florence Road	Brighton	BN1 6DL
6	4	Chesham Place	Brighton	BN2 1FB
	17	Princes Terrace	Brighton	BN2 5JS
	166	Donald Hall Road	Brighton	BN2 5DJ
J3	Trust head Quarters, Btn General Hospital	Elm Grove	Brighton	BN2 3EW
	29	Chichester Drive East	Brighton	BN2 8LD
	313	Kingsway	Hove	BN3 4LT
	18	Bedford Place	Brighton	BN1 2PT
	10	Clermont Road	Brighton	BN1 6SG
	77	Albion Hill	Brighton	BN2 9NX
	2	Glynde Avenue	Brighton	BN2 8QR
	14	Warren Way	Peacehaven	BN10 7JD
2	52	Cambridge Road		BN3 1DF
	5	Glynde Avenue	Brighton	BN2 8QR
	24	Gladstone Place	Brighton	BN2 3QD
42	Hereford Court	Hereford Street	Brighton	BN2 1LF
	4	Crescent Place	Brighton	BN2 1AS
	7	Newlands Crescent	East Grinstead	RH19 1LF
	111	Freshfield Road	Brighton	BN2 0BR

GFF	74	Trafalgar Road	Portslade	BN41 1GR
	72	Cobden Road	Brighton	BN2 9TJ
4	12	Salisbury Road	Hove	BN3 3AD
	93	Queen Victoria Avenue	Hove	BN3 6XB
	56	Havelock Road	Brighton	BN1 6GF
	29	Havelock Road	Brighton	BN1 6GL
	10	Greyfriars Close		BN13 2DR
	74	Fort Road		BN9 9EJ
PO Box 123				BN51 9BP
12	100	Marine Parade	Brighton	BN2 1AX

1 email received no address given.

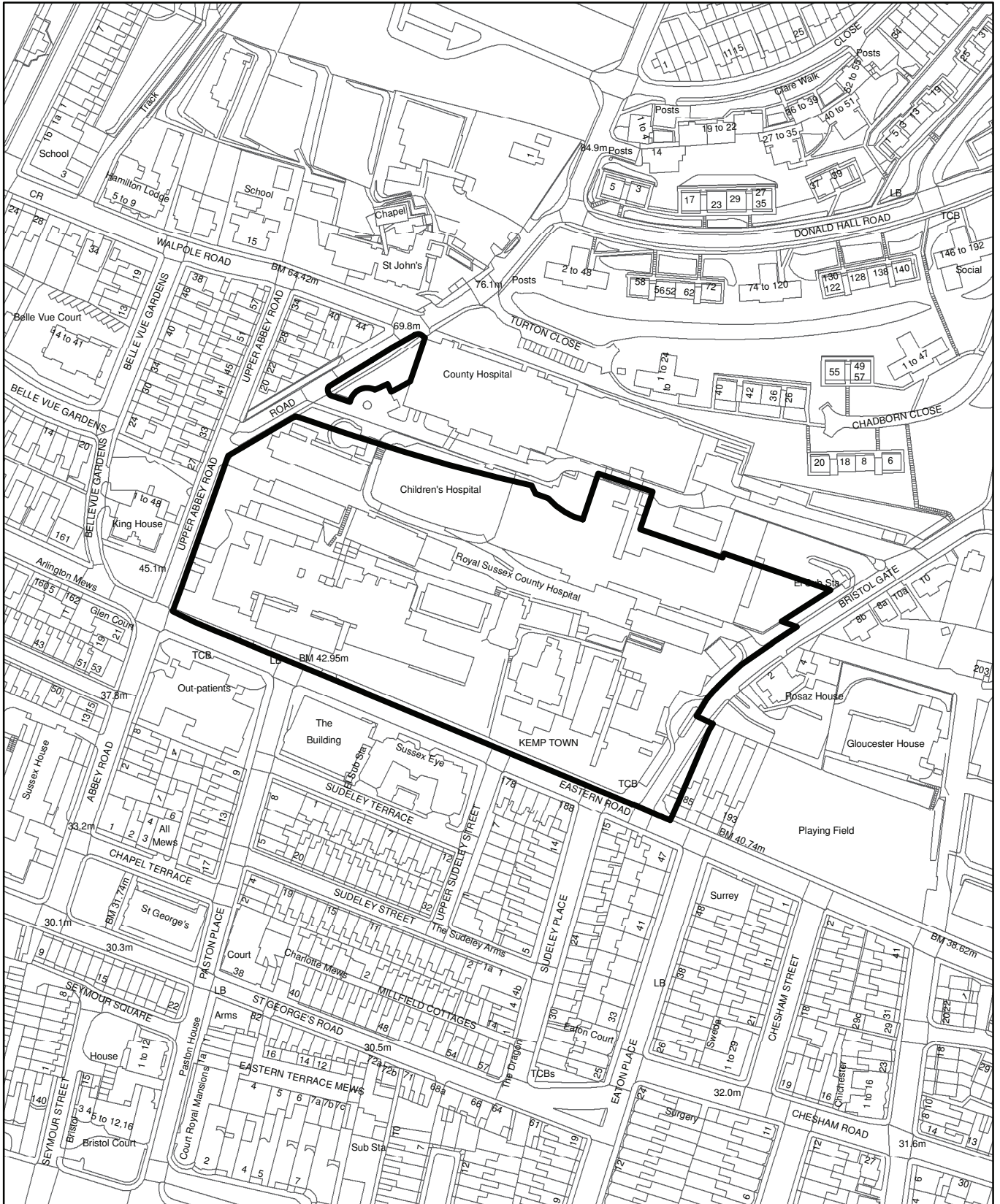
#### **Additional - Letters of Support**

<b>Flat No</b>	<b>Property Name / Number</b>	<b>Street</b>	<b>Town</b>	<b>Postcode</b>
	7	Newlands Crescent	East Grinstead	
		Hereford Court, Hereford Street	Brighton	
	4	Crescent Place	Brighton	

### Appendix C - Letters of comment

<b>Flat No</b>	<b>Property Name / Number</b>	<b>Street</b>	<b>Town</b>	<b>Postcode</b>
	3	Clarendon Place	Brighton	BN2 1JD
	33	College place	Brighton	BN2 1HN
	13	Sudeley Place	Brighton	BN2 1HF
	5	Seymour Square	Brighton	BN2 1DP
	29	Upper Abbey Road	Brighton	BN2 0AD
	20	Upper Abbey Road	Brighton	BN2 0AD

# BH2011/02886 Royal Sussex County Hospital, Eastern Road, Brighton



**Brighton & Hove  
City Council**

N



**Scale: 1:2,500**



**Brighton & Hove  
City Council**

PLANS LIST – 27 JANUARY 2012

COUNCILLOR REPRESENTATION

-----Original Message-----

From: Stephanie Powell

Sent: 09 January 2012 14:23

To: Jeanette Walsh; Pete West

Cc:

Subject: In Support of the Royal Sussex County Hospital Feedback report

Dear Jeanette,

I am writing in support of the exceptional piece of work which Chris Todd has put together, as Chair of the CSP, in response to the 3Ts planning application for the RSCH.

It is important to highlight from the very start, that the CSP has adopted the 'One Planet Framework'. The priorities of low carbon transport and buildings are absolutely key here, especially with a planning application of this magnitude. As Mr Todd has stated, the CSP is in the main, very supportive of the plans, but there is still some way to go if this planning application is to meet acceptable sustainability standards - certainly if we as a council, are committed to helping Brighton & Hove become the greenest city in the UK.

Mr Todd has made some very cogent points in relation to: cycles and buses, in terms of talking about (amongst other things): the need for an Edward St/Eastern Rd 'corridor', and 'Real Time' to be displayed in public areas of the hospital & in bus shelters. He also highlights the equality issue in relation to enough spaces for staff, as well as visitors and patients.

In regards to the design of the building, Mr Todd has equally made some logical suggestions around low energy lighting, and the importance of PV panels to be installed sooner rather than later, as well as the option of exploring or providing off-site renewable energy generation.

Additionally, he has presented a very logical argument regarding food. I must say, at the original 3T presentation last year for councillors, I was shocked to learn that food is both cooked AND transported across the country on a daily basis for patients. A terrible waste of money, as well as totally unappealing to anyone I should imagine, ill or not, when the obvious thing would be to have the food sourced locally, and cooked onsite. I note Mr Todd has added at this point, a link from the Soil Association, which clearly states that 29% of people did not rate the food or rather 'slops' they were being given, preferring to have food brought in to them. What a terrible waste of money this is! Kitchens on site would provide healthy, nutritious local food, which in turn would provide local jobs, and support the local economy. Brompton Hospital, and North Bristol NHS are clearly good examples of where this has worked so much better all round for everyone.



Such a lot of thought has gone into the 3Ts planning application, and in the main, the plans are very good indeed. I just feel that with a project as large and lengthy as this, as expensive as this, and as important as this, EVERY point needs to be looked at thoroughly, as goodness only knows when an update on this scale will ever be done again. It needs to be right now, because any change will naturally incur much cost in the future. It is a fact that the NHS is the largest emitter of CO2 within the public sector, hence the "NHS Carbon Reduction Strategy". It would be wonderful if Brighton & Hove's RSCH could lead the way on this, and fulfil the aims of that strategy in this city within this planning application.

In the light of this email, I hope that the points made will be taken on board, and the logical recommendations looked at as an immediate priority.

Regards,

Cllr Stephanie Powell  
Green Councillor for Queens Park Ward  
Brighton & Hove City Council  
stephanie.powell@brighton-hove.gov.uk

Chair of Children & Young People's Overview & Scrutiny Committee  
Disability Champion

-----Original Message-----

From: Pete West  
Sent: 08 January 2012 19:57  
To: Jeanette Walsh  
Subject: 3Ts planning application

Dear Jeanette,

As a member of the City Sustainability Partnership, can I register my endorsement of objection to the 3Ts planning application submitted by Chris Todd.

As Chris has noted there are very many welcome aspects to the application, and I would like to point out my in principle support for the application. But as Chris has set out extremely well, some aspects of the scheme are very concerning and these flaws must be addressed to ensure the hospital and the wider city get the very best long-term outcome possible.

Best regards

Pete West

Cllr Pete West

Green City Councillor for St Peter's & North Laine Ward. Cabinet Member for Environment and Sustainability, member of Licensing Committee, South Downs National Park Authority, City Sustainable Partnership, B&H Conservation Trust, Race Course Trust, LGA Rural Commission

<b><u>No:</u></b>	<b>BH2011/02887</b>	<b><u>Ward:</u></b>	<b>EAST BRIGHTON</b>
<b><u>App Type:</u></b>	<b>Listed Building Consent</b>		
<b><u>Address:</u></b>	<b>Royal Sussex County Hospital, Eastern Road, Brighton</b>		
<b><u>Proposal:</u></b>	<b>Demolition of the Bristol Gate Piers.</b>		
<b><u>Officer:</u></b>	Kathryn Boggiano/Mick Anson, tel: 292138/292354	<b><u>Valid Date:</u></b>	05/10/2011
<b><u>Con Area:</u></b>	N/A	<b><u>Expiry Date:</u></b>	30 November 2011
<b><u>Listed Building Grade:</u></b>	Grade II		
<b><u>Agent:</u></b>	Purcell Miller Tritton LLP, 9 The Precincts, Canterbury, Kent		
<b><u>Applicant:</u></b>	Brighton & Sussex University Hospitals NHS Trust, Director of 3Ts Estates & Facilities, 3rd Floor, Sussex House, 1 Abbey Road, Brighton		

## 1 RECOMMENDATION

That the Committee has taken into consideration and agrees with the reasons for the recommendation set out below and the policies and guidance in section 7 of this report and resolves to **GRANT** listed building consent subject to the following Conditions and Informatives:

### Conditions:

1. BH01.05 Listed Building Consent
2. The works of demolition hereby permitted shall not be begun until a detailed record of the gate piers, including photographs, drawings, sections and materials have been submitted to and agreed in writing by the Local Planning Authority.  
**Reason:** To ensure the satisfactory record of these listed structures and their preservation when relocated and to comply with Policy HE2 of the Brighton & Hove Local Plan.
3. The works of demolition hereby permitted shall not be begun until a schedule of works for the removal and reconstruction of the gate piers shall have been submitted to and approved in writing by the Local Planning Authority, which schedule shall include details of their storage prior to relocation, a method statement for their removal and reconstruction and supervision arrangements for the works. The removal, storage and reconstruction of the gate piers and supervision thereof shall be carried out in accordance with the approved schedule of works.  
**Reason:** To ensure the satisfactory record of these listed structures and their preservation when relocated and to comply with Policy HE2 of the Brighton & Hove Local Plan.
4. The works of demolition hereby permitted shall not be begun until documentary evidence is produced to the Local Planning Authority to show that contracts have been entered into by the developer to ensure that building work on the site the subject of this consent is commenced within a period of 6 months following commencement of demolition in accordance with the development authorised by planning application

BH2011/02886. Should the development authorised by planning application BH2011/02886 not commence within the aforesaid 6 month period, the gate piers shall be rebuilt in their location existing at the date of this consent within a further 6 months in accordance with the method statement for reconstruction contained in the schedule of works approved by the Local Planning Authority under condition 3 above.

**Reason:** To prevent premature demolition of these listed structures and to comply with Policy HE2 of the Brighton & Hove Local Plan.

5. The gate piers shall be rebuilt in full accordance with the scheme approved by the Local Planning Authority under Condition 2 above prior to the occupation of Stage 1 of the development authorised by planning application BH2011/02886.

**Reason:** To ensure the satisfactory preservation of these listed structures and to comply with Policies HE1 and HE4 of the Brighton & Hove Local Plan.

Informatives:

1. This decision is based on drawing nos. 232112/07B, 232112/08A and 232112/09A received on 5 October 2010.
2. This decision to grant Listed Building Consent has been taken:
  - (i) having regard to the policies and proposals in the Brighton & Hove Local Plan set out below, including Supplementary Planning Guidance and Supplementary Planning Documents:  
(Please see section 7 of the report for the full list); and
  - (ii) for the following reasons:-

The demolition of the listed piers is outweighed by the substantial public health benefits for the community in the provision of a new major hospital facility on the site. The piers will be rebuilt and fully restored in new landscaped areas on the site close to their current location. In these circumstances the exceptional loss of these Grade II listed piers is acceptable.

**2 THE SITE**

The two Grade II listed gate piers are situated each side of Bristol Gate, at its southern end close to the junction with Eastern Road. The piers are not located within a conservation area. The boundary of the East Cliff Conservation Area runs along the southern side of Eastern Road opposite Bristol Gate.

**3 RELEVANT HISTORY**

None relating to the Bristol Gate piers.

Royal Sussex County Hospital

**BH2011/02886:** 3Ts redevelopment includes reinstatement of the listed Bristol Gate piers – currently undetermined but with a full report on the

agenda for Planning Committee on 27 January 2012.

**4 THE APPLICATION**

Listed Building Consent is sought for the demolition of the two gate piers and the adjoining wall to the eastern pier in connection with the 3Ts redevelopment proposals for the southern part of the Royal Sussex County Hospital. The 3Ts planning application includes the reinstatement of the piers in landscaped areas at the southern end of Bristol Gate.

**5 CONSULTATIONS**

**External:**

**Neighbours:** Occupier of **37 Chesham Road** objects in principle to the demolition of these listed buildings and requests careful consideration before they are demolished.

**English Heritage:** No objection subject to a condition being attached requiring the piers are recorded in detail and re-positioned as proposed in the associated planning application for the hospital redevelopment. Recommend that this application be determined in accordance with national and local policy guidance, and on the basis of the Council's expert conservation advice.

**Ancient Monuments Society:** No comments received.

**Victorian Society:** No comments received.

**Georgian Group:** No comments received.

**Society for the Protection of Ancient Buildings:** No comments received.

**Council for British Archaeology:** No comments received.

**Twentieth Century Society:** No comments received.

**SAVE Britain's Heritage:** Object to the proposal to demolish the Bristol Gate Piers. These attractive structures are Grade II listed and constructed from brick with stone facing. Their architect and date are unknown, although they are believed to probably be mid-19<sup>th</sup> century.

SAVE is concerned that demolition would mean the loss of an important local heritage asset. Refer to appropriate national planning policies in PPS5 and Local Plan policies.

If approval is given, it is absolutely imperative that the historic material is carefully itemised and salvaged in a safe secure store prior to reinstatement.

**Kemp Town Society:** No objection if the piers are to be reconstructed on the new flanks of Bristol Gate.

**CAG:** No comments about the demolition of the gate piers.

**Internal:**

**Design & Conservation:** The loss of the various heritage assets on site is regrettable, but it is considered that a case for their loss has been made, and their loss justified. Their retention would seriously compromise the hospital's plans for the expansion its various medical services. The public benefits are accepted as outweighing the loss of the onsite heritage assets. The restoration and relocation of the gate piers are welcome.

**6 MATERIAL CONSIDERATIONS**

Section 38 (6) of the Planning and Compulsory Purchase Act 2004 states that "if regard is to be had to the Development Plan for the purpose of any determination to be made under the Planning Acts the determination must be made in accordance with the plan unless material considerations indicate otherwise."

The development plan is the Regional Spatial Strategy, The South East Plan (6 May 2009); East Sussex and Brighton & Hove Minerals Local Plan (1999); East Sussex and Brighton & Hove Waste Local Plan (February 2006); Brighton & Hove Local Plan (21 July 2005).

**7 RELEVANT POLICIES & GUIDANCE**

Planning Policy Statement

PPS 5 Planning for the Historic Environment

Brighton & Hove Local Plan:

HE1 Listed Buildings

HE2 Demolition of a listed building

HE4 Reinstatement of original features on listed buildings

Supplementary Planning Guidance:

SPGBH13 Listed Building – General Advice

**8 CONSIDERATIONS**

The consideration in the determination of this application relates to the demolition of the Grade II listed piers assessed against relevant planning policy.

**Planning Policy**

Local Plan Policy HE2 states:

*Demolition involving the demolition or major alteration of a listed building will not be permitted save in exceptional cases where all of the following criteria can be met:*

- a. *clear and convincing evidence has been provided that viable alternative uses cannot be found, through, for example, the offer of the unrestricted freehold of the property on the market at a realistic price reflecting its condition and that preservation in some form of charitable or community*



- ownership is not possible;*
- b. the development would produce substantial benefits for the community which would decisively outweigh the resulting loss from demolition of major alteration; and*
  - c. The physical condition of the building has deteriorated, through no fault of the owner / applicant for which evidence can be submitted, to a point that the cost of retaining the building outweighs its importance and the value derived from its retention. A comprehensive structural report will be required to support this criterion.*

*Demolition or major alteration will not be considered without acceptable detailed plans for the site's development. Conditions will be imposed in order to ensure a contract exists for the construction of the replacement building(s) and / or for the landscaping of the site prior to the commencement of demolition.*

*Before any demolition or major alteration takes place, applicants may be required to record details of the building by measured drawings, text and photographs, and this should be submitted to and agreed by the planning authority.*

PPS5 Policy HE7 sets out a number of policy principles to guide the determination of this application. In particular, Policy HE7.1 requires the local planning authority to identify and assess the significance of these listed buildings. Policy HE7.2 requires the local planning authority to take into account the particular nature of its significance.

PPS5 Policy HE7.6 requires LPAs to disregard the deteriorated condition of the building as a material consideration where there has been '*deliberate neglect of or damage to a heritage asset*'

PPS5 Policy HE9 also sets out additional policy principles specifically relating to listed buildings. Policy HE9.1 sets out a presumption in favour of the retention of listed buildings and states that the loss of a Grade II listed building should be exceptional.

With specific reference to the loss of a listed building, Policy HE9.2 (i) states that the local planning authority should refuse consent unless it has been demonstrated that the loss of significance is necessary to deliver substantial public benefits that outweigh the harm.

### **Assessment of the Piers**

The Bristol Gate piers are constructed of brick and stone facing with a flint rubble core. Each pier has a Tuscan fluted stone pilaster on every face set on a moulded stone base and is capped by a stone entablature, with a metal lamp standard above.

The piers are connected to low walls. That attached to the west pier is

modern and not included in the listing. The east pier is attached to a low brick wall with a moulded stone coping to the north and east included in the listing.

Little is known about the history or purpose of the piers. The information supplied by the applicants indicate it is likely that, judging by their construction, architectural detail and scale, the piers were originally built in a different location, to flank an opening smaller in width than Bristol Gate. It is likely the piers were moved to their current location between 1898 and 1911.

The condition of the piers is described in the 1999 listing description:

*The stone on each pier is partly worn away on the south and east faces. The pier on the west corner is in poor condition. Not only has the stone worn away on the north and east faces, but the south-east brick corner is almost completely gone, exposing the rubble core.*

The condition of the piers has not improved since this date.

To assess the significance of the piers, the applicant's agents have undertaken a Historic Building Appraisal which indicates that they have little relevance to the overall context of the site, appear to have no historic or other link to the hospital and their provenance is unknown. The Appraisal summarises that the piers have little evidential value in terms of their past; some historical value in their setting; some aesthetic value in their design; and little communal value as their provenance is unknown. The Appraisal concludes the overall heritage value is medium, but only in relation to the grade II designation of the piers. The Appraisal is considered to be robust.

#### **Demolition and Relocation of Listed Piers**

The demolition of the piers is proposed to enable the 3Ts redevelopment proposals for the Royal Sussex County Hospital to be implemented. These proposals include the widening of the southern end of Bristol Gate and its junction with Eastern Road to provide vehicular and pedestrian access to the RSCH site. This will be the sole vehicular access to the site for emergency, patient, staff, visitor and service vehicles.

In addition, the current location of the west pier would be in close proximity to the new building on the south east corner of the site and would hamper its construction and could be damaged if not removed.

As part of the 3Ts redevelopment it is proposed to rebuild the piers within the landscaped areas either side of Bristol Gate. The piers would be fully restored in accordance with Local Plan Policies HE1 and HE4.

In accordance with Local Plan Policy HE2 b. and PPS5 Policy HE9.2 (i), the 3Ts redevelopment will provide substantial public health benefits for the local and regional community in providing a new major hospital facility including a Trauma Unit and Level One Trauma Centre with helipad and the expansion of the Sussex Cancer Centre and Sussex Medical School. This would outweigh

the loss of the listed piers.

In accordance with Local Plan Policy HE2 c. and PPS5 Policy 7.6 it is considered that any neglect to the piers has occurred over a considerable number of years and there is no evidence to suggest that the current owner has deliberately neglected or damaged the piers.

To comply with Local Plan Policy HE2, a condition is recommended to ensure that a contract exists for the construction of the 3Ts development prior to the commencement of the demolition of the piers. In addition, further conditions are recommended requiring the detailed recording of the piers and their reconstruction.

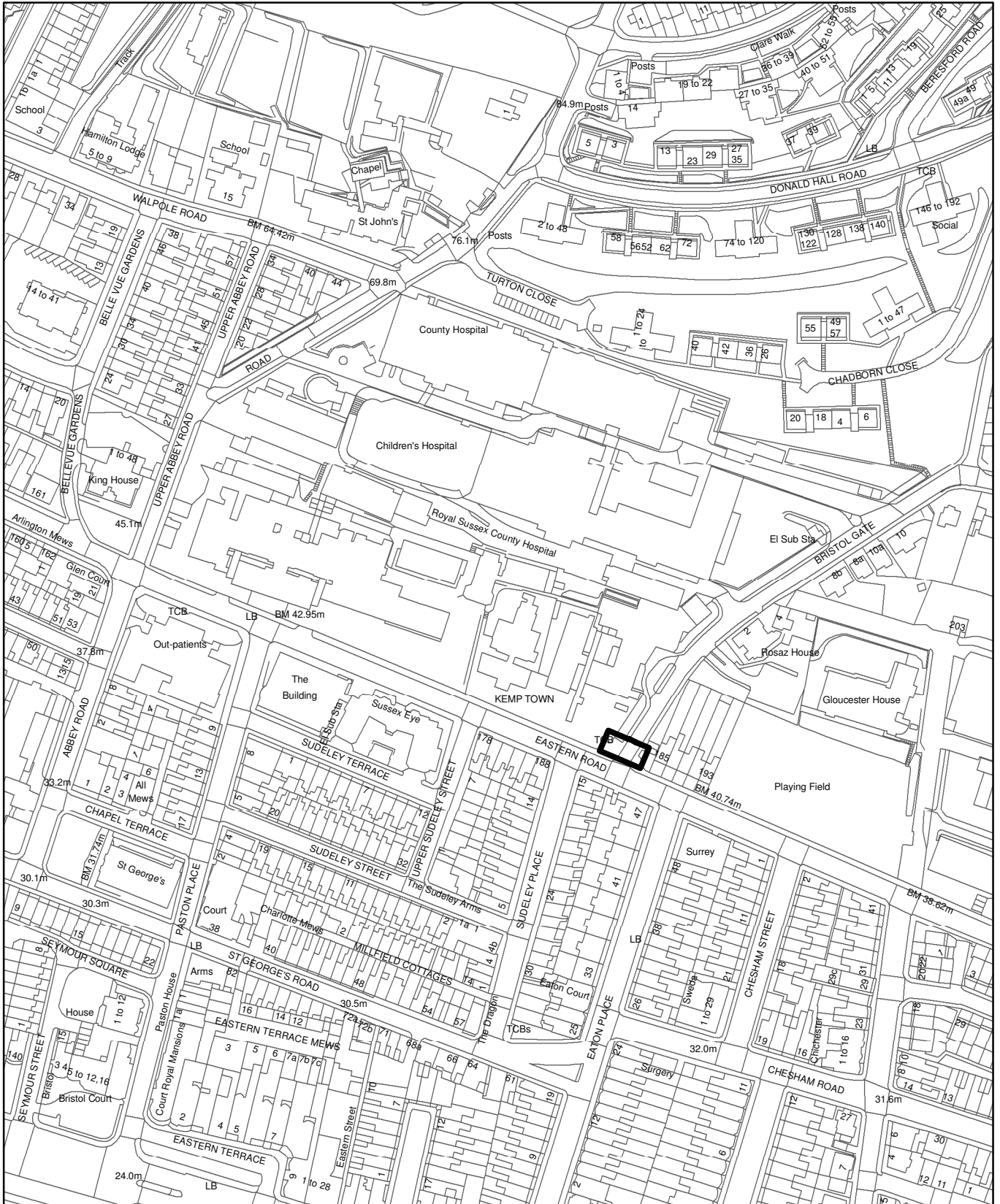
**9 CONCLUSION**

The demolition of the listed piers is outweighed by the substantial public health benefits for the community in the provision of a new major hospital facility on the site. To mitigate the loss of the piers, they will be rebuilt and fully restored in new landscaped areas on the site, close to their current location. In these circumstances the exceptional loss of these Grade II listed buildings is acceptable.

**10 EQUALITIES IMPLICATIONS**

None identified.

# BH2011/02887 Royal Sussex County Hospital, Eastern Road, Brighton



**Brighton & Hove  
City Council**

N



**Scale: 1:2,500**



<b><u>No:</u></b>	<b>BH2011/02888</b>	<b><u>Ward:</u></b>	<b>EAST BRIGHTON</b>
<b><u>App Type:</u></b>	<b>Listed Building Consent</b>		
<b><u>Address:</u></b>	<b>Royal Sussex County Hospital, Eastern Road, Brighton</b>		
<b><u>Proposal:</u></b>	<b>Demolition of hospital chapel.</b>		
<b><u>Officer:</u></b>	Kathryn Boggiano/Mick Anson, tel: 292138/292354	<b><u>Valid Date:</u></b>	05/10/2011
<b><u>Con Area:</u></b>	N/A	<b><u>Expiry Date:</u></b>	30 November 2011
<b><u>Listed Building Grade:</u></b>	Grade II		
<b><u>Agent:</u></b>	Purcell Miller Tritton LLP, 9 The Precincts, Canterbury, Kent		
<b><u>Applicant:</u></b>	Brighton & Sussex University Hospitals NHS Trust, Director of 3Ts Estates & Facilities, 3rd Floor, Sussex House, 1 Abbey Road, Brighton		

## 1 RECOMMENDATION

That the Committee has taken into consideration and agrees with the reasons for the recommendation set out below and the policies and guidance in section 7 of this report and resolves that it is **MINDED TO GRANT** listed building consent subject to confirmation from the Secretary of State and the following Conditions and Informatives:

### Conditions:

1. BH01.05 Listed Building Consent.  
The works hereby permitted shall be commenced before the expiration of three years from the date of this consent.  
**Reason:** To comply with Sections 18 (as amended) and 74 of the Planning (Listed Buildings and Conservation Areas) Act 1990.
2. The works of demolition hereby permitted shall not be begun until a detailed record of the features in the existing chapel (“the features”), including photographs, drawings, sections and materials, and details of existing natural light levels to the windows and lantern have been submitted to and agreed in writing by the Local Planning Authority.  
**Reason:** To ensure the satisfactory record of this listed building and its preservation when relocated and to comply with Policy HE2 of the Brighton & Hove Local Plan.
3. The works of demolition hereby permitted shall not be begun until a schedule of works for the removal and reconstruction of the features shall have been submitted to and approved in writing by the Local Planning Authority, which schedule shall include details of their storage prior to relocation, a method statement for their removal and reconstruction, supervision arrangements for the works and proposed lighting to the windows and lantern. The removal, storage and reconstruction of the features, and supervision thereof, shall be carried out in accordance with the approved schedule of works.  
**Reason:** To ensure the satisfactory record of this listed building and its preservation when relocated and to comply with Policy HE2 of the

Brighton & Hove Local Plan.

4. The works of demolition hereby permitted shall not be begun before the commencement of Stage 1 of the development authorised by planning application BH2011/02886.

**Reason:** To prevent premature demolition of this listed building and to comply with Policy HE2 of the Brighton & Hove Local Plan.

5. The features, shall be reconstructed in the location shown on the drawings hereby approved in full accordance with the method statement for reconstruction contained in the schedule of works approved by the Local Planning Authority under Condition 3 above prior to the occupation of Stage 1 of the development authorised by planning application BH2011/02886.

**Reason:** To ensure the satisfactory preservation of this listed building and to comply with Policies HE1 and HE4 of the Brighton & Hove Local Plan.

Informatives:

1. This decision is based on drawing nos. 232112/01B, 232112/02B, 232112/03C, 232112/05B and 232112/06A received on 5 October 2011 and Purcell Miller Tritton Chapel Gazetteer dated September 2011 received on 23 September 2011.
2. This decision to grant Listed Building Consent has been taken:
  - (i) having regard to the policies and proposals in the Brighton & Hove Local Plan set out below, including Supplementary Planning Guidance and Supplementary Planning Documents:  
(Please see section 7 of the report for the full list); and
  - (ii) for the following reasons:-

The demolition of the listed chapel is outweighed by the evidence produced that it is unviable to retain the building in situ within a new rebuilt hospital and by the substantial public health benefits for the community in the provision of a new major hospital facility on the site. To mitigate the loss of the building, the internal features of the chapel will be relocated and reinstated in a facsimile chapel within the new hospital on the site. In these circumstances the exceptional loss of this Grade II listed building is acceptable.

**2 THE SITE**

The Grade II listed chapel is situated at first floor level at the rear of the Barry Building, which itself is not listed. There is a ground floor plant room below. The Barry Building is located within the Royal Sussex County Hospital complex and fronts onto Eastern Road. The chapel is not located within a conservation area.

**3 RELEVANT HISTORY**

None relating to the chapel.



Royal Sussex County Hospital

**BH2011/02886:** 3Ts redevelopment includes reinstatement of the listed chapel – currently undetermined but with a full report on the agenda for Planning Committee on 27 January 2012.

**4 THE APPLICATION**

Listed Building Consent is sought for the demolition of the chapel in connection with the 3Ts redevelopment proposals for the southern part of the Royal Sussex County Hospital site. The 3Ts planning application includes the reinstatement of the high value heritage features from the chapel in the new development.

**5 CONSULTATIONS**

**External:**

**Neighbours:** Occupiers of **37 Chesham Road, 4 Queens Park Rise and address unknown** object on the following grounds:

- The demolition of the listed buildings should not be permitted and requests careful consideration before it is demolished.
- The chapel should be retained.
- Noise and disruption during demolition and construction works.

**English Heritage:** No objection subject to a condition being attached to require detailed recording of it and its re-erection as proposed in the location indicated in the application for the redevelopment of the hospital. Recommend that this application be determined in accordance with national and local policy guidance, and on the basis of the Council's expert conservation advice.

**Ancient Monuments Society:** Dealing with the application as a stand-alone proposal, leaving aside the matter of the loss of the rest of the hospital, we raise no concerns of principle over the projected facsimile reconstruction of the listed hospital chapel. Indeed, we welcome it as an alternative to destruction.

However, we comment in addition:

- a) We are unclear whether any of the, admittedly greatly altered, William Hallett exterior is to be repeated in the facsimile.
- b) Are the windows, particularly the east Window, to be lit with natural light?
- c) The Gazetteer promises the resiting of all internal features of interest, which is welcome. However it seems to be ambiguous as to whether all the memorial tablets are to be resited. We trust that they will be.
- d) We note that the facsimile is to be used as a Heritage Centre and not as a chapel. What does that mean in terms of the present lack of internal clutter – also for the wellbeing of the fine Black and White pavior floor? Chapel use has the advantage of being non-intensive.
- e) Will some party be seeking the relisting of the reconstructed chapel in its new guise, after completion of the works?

**Victorian Society:** Object. On our comprehensive tour around the hospital the chapel stood out as the most pleasant and attractive room. Even during our short visit it was being used by patients and visitors for contemplation. The quality of the interior is quite unlike the rest of the site for the reason that it doesn't feel like a hospital. The quality of the fittings is much higher and the interior is decorative rather than functional. There is also the very tangible sense that it is old and has been a space for solace and prayer for over 100 years. The supporting documents dissect the significance of the chapel and conclude that it does not have much historic value since many of the fittings are not original. Despite this some of the fabric is original and much of it is of considerable age and by the important architect John Oldrid Scott. Perhaps in the gazetteer of historic hospital chapels this is not in the 'top 5' most important but in the context of Brighton and The Royal Sussex County Hospital it is significant and of value.

No-one has argued that the facilities at The Royal Sussex County Hospital do not need updating, there is no doubt that they do. However the argument is not a simple one of retaining the historic buildings or building the necessary facilities. The question is whether the existing buildings have sufficient merit that they are worth going to the trouble of retaining.

The Society believes that the listed chapel and the Barry Building have great value and their incorporation would result in a scheme that was rooted in the history and architecture of Brighton. The creation of a heritage space is no substitute for the existing chapel. PPS5 states that although recording heritage is of value it does not mitigate its loss.

**Georgian Group:** Object to this application and the demolition of the Barry Building in principle. No detailed comments about the demolition of the chapel.

**Society for the Protection of Ancient Buildings:** No comments received.

**Council for British Archaeology:** No comments received.

**Twentieth Century Society:** No comments received.

**SAVE Britain's Heritage:** Object to the proposal to demolish the Barry Building and hospital chapel.

The hospital chapel is Grade II listed and was built in 1854 to a design by William Hallett. It was built to the rear of the hospital but today its exterior is partially masked by alterations to the main hospital. However, its rendered façade is still visible from the north and partially from the east. It has an attractive interior, which is said to be largely the product of a late-Victorian restoration by John Oldrid Scott, and a light and spacious quality aided by a tall central lantern. Handsome wall panelling and arched windows with stone surrounds gives the interior of the building a distinguished atmosphere. Some

windows have leaded lights and some stained glass. SAVE disagrees with the heritage Statement which states that the ‘key significance of the Chapel lies in the symbolic and spiritual values inherent in its interior’.

SAVE is concerned that demolition would mean the loss of an important local heritage asset. Refer to appropriate national planning policies in PPS5 and Local Plan policies.

We note that as much historic fabric is to be retained as possible and that the chapel will be reinstated in a different location in the replacement hospital. If approval is given, it is absolutely imperative that the historic material is carefully itemised and salvaged in a safe secure store prior to reinstatement.

**Kemp Town Society:** The preservation of the listed interior of the chapel, albeit in a different location within the site, is important. Kemp Town Society believes the Council should insist it is re-consecrated and used as a chapel in its new location as a condition of the removal permission.

**CAG:** Wish to see the project proceed, however regret the loss of the Barry Building. No specific comments about the demolition of the chapel.

**Internal:**

**Design & Conservation:** The loss of the various heritage assets on site is regrettable, but it is considered that a case for their loss has been made, and their loss justified. Their retention would seriously compromise the hospital’s plans for the expansion its various medical services. The public benefits are accepted as outweighing the loss of the onsite heritage assets. The stage 2 development is a positive replacement. The recreation of the chapel interior within the stage 1 development is welcome.

**6 MATERIAL CONSIDERATIONS**

Section 38 (6) of the Planning and Compulsory Purchase Act 2004 states that “if regard is to be had to the Development Plan for the purpose of any determination to be made under the Planning Acts the determination must be made in accordance with the plan unless material considerations indicate otherwise.”

The development plan is the Regional Spatial Strategy, The South East Plan (6 May 2009); East Sussex and Brighton & Hove Minerals Local Plan (1999); East Sussex and Brighton & Hove Waste Local Plan (February 2006); Brighton & Hove Local Plan (21 July 2005).

**7 RELEVANT POLICIES & GUIDANCE**

Planning Policy Statement

PPS 5 Planning for the Historic Environment

Brighton & Hove Local Plan:

HE1 Listed Buildings

HE2	Demolition of a listed building
HE4	Reinstatement of original features on listed buildings

Supplementary Planning Guidance:

SPGBH11: Listed Building Interiors

SPGBH13 Listed Building – General Advice

**8 CONSIDERATIONS**

The consideration in the determination of this application relates to the demolition of the Grade II listed chapel assessed against relevant planning policy.

**Planning Policy**

Local Plan Policy HE2 states:

*Demolition involving the demolition or major alteration of a listed building will not be permitted save in exceptional cases where all of the following criteria can be met:*

- a. clear and convincing evidence has been provided that viable alternative uses cannot be found, through, for example, the offer of the unrestricted freehold of the property on the market at a realistic price reflecting its condition and that preservation in some form of charitable or community ownership is not possible;*
- b. the development would produce substantial benefits for the community which would decisively outweigh the resulting loss from demolition of major alteration; and*
- c. The physical condition of the building has deteriorated, through no fault of the owner / applicant for which evidence can be submitted, to a point that the cost of retaining the building outweighs its importance and the value derived from its retention. A comprehensive structural report will be required to support this criterion.*

*Demolition or major alteration will not be considered without acceptable detailed plans for the site's development. Conditions will be imposed in order to ensure a contract exists for the construction of the replacement building(s) and / or for the landscaping of the site prior to the commencement of demolition.*

*Before any demolition or major alteration takes place, applicants may be required to record details of the building by measured drawings, text and photographs, and this should be submitted to and agreed by the planning authority.*

PPS5 Policy HE7 sets out a number of policy principles to guide the determination of this application. In particular, Policy HE7.1 requires the local planning authority to identify and assess the significance of the listed building. Policy HE7.2 requires the local planning authority to take into account the particular nature of its significance.

PPS5 Policy HE9 also sets out additional policy principles specifically relating to listed buildings. Policy HE9.1 sets out a presumption in favour of the retention of listed buildings and states that the loss of a Grade II listed building should be exceptional.

With specific reference to the loss of a listed building, Policy HE9.2 (i) states that the local planning authority should refuse consent unless it has been demonstrated that the loss of significance is necessary to deliver substantial public benefits that outweigh the harm.

### **Assessment of the Chapel**

The chapel was built in 1854 as an extension to the Barry Building (built 1828) and initially designed by William Hallett. The building is rectangular in plan and two storeys, with the chapel on the first floor accessed by a link from the central staircase in the Barry Building and a plant room at ground floor.

Major alterations were carried out in 1904 by John Oldrid Scott. These resulted in changes to the external and internal layout, including the insertion of a roof lantern, stained glass windows, organ, chequered flooring, pews and pulpit. Further subsequent alterations include American Walnut panelling. The chapel also contains a number of memorial plaques.

Currently, only the north elevation and part of the west is exposed, the rest having been obscured and incorporated into more recent extensions to the Barry Building. The exposed elevations are covered by unsympathetic additions, including flues, air conditioning units and wiring. These alterations have reduced the value of the chapel's external architectural features.

To assess the significance of the chapel, the applicant's agents have undertaken a Historic Building Appraisal. The Appraisal summarises that the chapel has little evidential value remains of the original plan although the 1854 building is well documented; low historical illustrative value given the lack of surviving original fabric; some aesthetic design value in the early 20<sup>th</sup> century restoration and craftsmanship of alteration work; and high symbolic and spiritual communal value given it is an important part of the social history of the hospital. The Appraisal concludes the overall heritage value is medium and commensurate with its Grade II designation. The significance of the listed chapel as a heritage asset relates more to the internal fixtures of the second floor, including the 22 memorial plaques to former workers that reflect its communal value, rather than its external appearance. Officers consider the Appraisal to be robust.

### **Demolition and Reinstatement of Listed Chapel**

The demolition of the chapel is proposed to enable the 3Ts redevelopment proposals for the Royal Sussex County Hospital to be implemented. These include the demolition of all of the existing buildings on the southern part of the site.

As part of the 3Ts redevelopment it is proposed to relocate the listed chapel and reinstate it as a facsimile in the south east corner of the Phase 1 hospital building at level 01 (ground floor Eastern Road frontage). It is proposed to carefully remove, restore where necessary, and reinstate into the facsimile the existing floor, wood panelling, roof lantern, windows and surrounds, doors, organ, pulpit, pews, lectern, choir stalls, chancel balustrade, light fittings and memorials. The only feature that cannot be removed and reused is the plaster from the walls and ceilings, which will be reproduced in the facsimile. The reinstated chapel would be used as a heritage space. The provision of a facsimile chapel incorporating the features outlined above would appropriately mitigate the heritage impact of the loss of the listed chapel. The reinstatement of the chapel would be in accordance with Local Plan Policies HE1 and HE4.

In accordance with Local Plan Policy HE2 and PPS5 Policy HE9.2, the applicants have set out a justification for the demolition of the chapel on grounds of exceptional circumstances.

In response to Local Plan Policy HE2 a., the applicant's agents have produced a study on the retention of the chapel as part of Stage 2 of the 3Ts redevelopment. The study indicates that retention of the chapel would have a negative impact on the clinical needs and efficiency of the new hospital and the visual impact on the surrounding townscape. Major alterations would be required to ensure new workable access arrangements and impacts on construction would increase the build period and require complicated engineering solutions. As a result, the applicant has concluded that the retention of the chapel would preclude the hospital's clinical needs.

The 3Ts redevelopment will provide substantial health benefits for the local and regional community in providing a new major hospital facility including a Trauma Unit and Level One Trauma Centre with helipad and the expansion of the Sussex Cancer Centre and Sussex Medical School. This would outweigh the loss of the listed chapel and comply with Local Plan Policy HE2 b. and PPS5 Policy 9.2 (i).

To comply with Local Plan Policy HE2, a condition is recommended to ensure that the demolition of the chapel will not begin until commencement of Stage 1 of the 3Ts development. In addition, a further condition is recommended requiring the detailed recording of the features and their reinstatement in the facsimile.

#### **Other Issues**

The issue of noise and disturbance during demolition has been raised. This issue is not material to the determination of this application.

## **9 CONCLUSION**

The demolition of the listed chapel is outweighed by the evidence produced that it is unviable to retain the building in situ within a new rebuilt hospital and



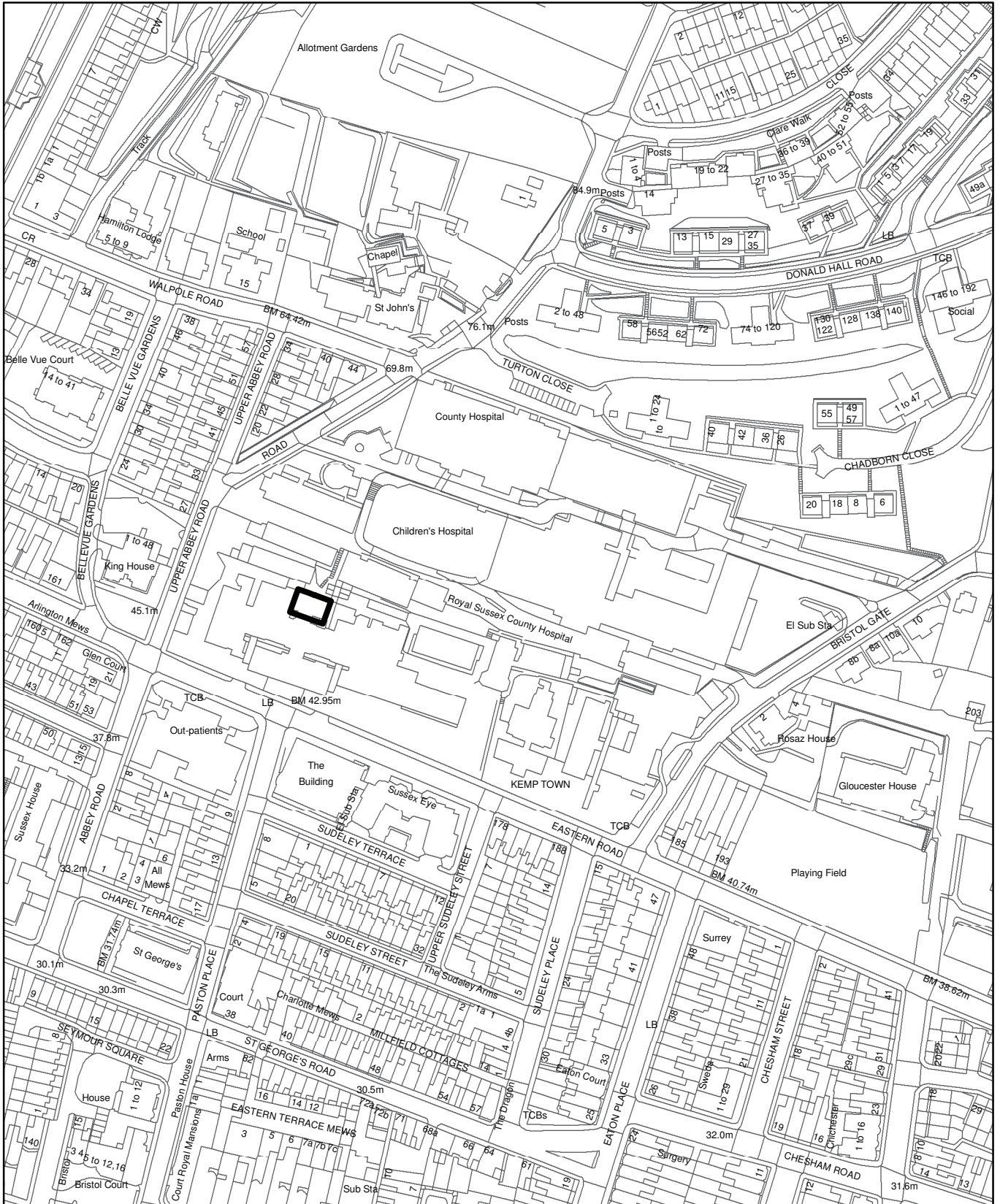
by the substantial public health benefits for the community in the provision of a new major hospital facility on the site. To mitigate the loss of the building, the internal features of the chapel will be relocated and reinstated in a facsimile chapel within the new hospital on the site. In these circumstances the exceptional loss of this Grade II listed building is acceptable.

As objections to the application has been received from the Victorian Society and Georgian Group, which are National Amenity Societies, the Secretary of State is required to be notified under the provisions of the Notification to the Secretary of State (England) Direction 2009.

**10 EQUALITIES IMPLICATIONS**

None identified.

# BH2011/02888 Royal Sussex County Hospital, Eastern Road, Brighton



**Brighton & Hove  
City Council**

N



**Scale: 1:2,500**