

# HAMPSHIRE COUNTY COUNCIL

## Decision Report

<b>Decision Committee:</b>	Health and Adult Social Care Select Committee
<b>Date:</b>	Report submitted 8 February 2024
<b>Title:</b>	A new hospital to replace Frimley Park Hospital
<b>Report From:</b>	Frimley Health NHS Foundation Trust

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### Purpose of this Report

1. The purpose of this report is to update the committee on the recent public engagement undertaken by Frimley Health NHS Foundation Trust and the Frimley Integrated Care System (known as NHS Frimley) on the criteria to evaluate a shortlist of possible sites for a new hospital.
2. This report serves as an update to the previous report presented to the committee by the Trust and NHS Frimley on 21 November 2023.

### Recommendation(s)

3. Note the key findings in the new hospital public engagement report.

### Executive Summary

4. The previous report presented on 21 November 2023 sought the committee's views on the criteria that Frimley Health will use to evaluate a shortlist of possible sites for a new hospital, and the committee's feedback on the Trust's approach to comprehensive engagement with patients, public, and staff. It also outlined why Frimley Park Hospital needs to be replaced by 2030, why building a hospital on the current site is not a viable option and that a period of initial public engagement would be undertaken. It also recommended establishing a joint overview scrutiny committee which is subject to a separate report on this agenda.

5. The Trust opened its initial public engagement period on Thursday 24 November 2023 and closed it midnight on Sunday 7 January 2024.
6. Recognising that the location and/or time of in-person events may not be convenient for everyone, particularly those who travel further to visit the hospital, virtual Q&A events were arranged. In addition, communications activities throughout the engagement period directed people towards an online survey to provide their views and feedback, which were also captured during in-person engagement events. A total of **3,399** online responses were received.
7. The majority of people responding to the online survey were members of the public (72%), followed by staff at Frimley Health NHS Foundation Trust (25%). There was a good cross section of demographics responding to the survey, broadly representative of the local area.
8. The Trust commissioned a local research agency to produce an independent report on the findings of the public engagement and to highlight key themes. The full report is in Appendix A: The *New hospital public engagement report*.
9. Information about how the feedback has been considered and influenced the site evaluation criteria and new hospital project will be summarised in a public document.

### **Promoting the engagement**

10. Throughout the engagement period, the Frimley Health and the NHS Frimley communications and engagement teams rolled out a thorough engagement plan to promote the engagement opportunities. This plan was shared with Scrutiny Members in Appendix A of the Trust's paper to the Committee on 21 November 2023.
11. This included use of the full range of core networks and channels (such as press release, websites, social media, emails), as well as WhatsApp promotional messages and voice notes to community and faith leaders. Partner organisations and MPs were requested to promote the engagement through their channels, and information was emailed to Frimley Health's membership. Collateral (flyers, posters and pull-up banners) was circulated within the local community - in Frimley Health site locations, community centres and local shops.
12. To ensure engagement activities were equitable, demographics that were less responsive to the survey were targeted with paid for social media adverts, and further engagement was undertaken with local community groups.

### **Engagement activities**

13. An online survey on the draft criteria was developed to ensure the Trust heard from as many patients, communities, and staff as possible.

This comprised 16 questions in total – with 10 specifically about the criteria, which itself included seven free text questions.

The survey, information, FAQs and an online exhibition were hosted on an online portal provided by the NHS Frimley. It was also available on the Trust's website and internal intranet.

14. Various public in-person and virtual listening events were held:

Two in-person engagement events were held (one during the afternoon and one in the evening). Participants were given the opportunity to find out more about the project and join facilitated breakout sessions with scribes to note down all discussions related to the criteria.

Two virtual events (one at lunchtime and one in the early evening) were held with a presentation followed by a Q&A with the new hospital project's senior responsible officer (SRO) and director of communications and engagement.

An in-person drop-in session was also held in an evening, providing a chance for the public to find out more about the plans and draft criteria and ask questions, or raise concerns, directly with the project team.

15. The Trust engaged with existing groups and forums and ran pop-up information stands in key community locations:

The Trust attended existing groups and forums to provide relevant and accessible information for discussion and dissemination, and to ensure opportunities to engage with the work was provided in key meetings.

Eight pop-up information stands were set-up in foyers across NHS sites and in community hotspots (such as shopping centres, garden centres and leisure centres) in Bracknell, Surrey and Hampshire, providing opportunities to discuss the project and promote the online survey. The Trust's communications and engagement team was supported by governors at some of these pop-ups.

16. Two all staff events were held by the Trust and the project team joining numerous existing internal meetings:

Frimley Health staff were invited to attend in-person and virtual events to support the development and refinement of the criteria and to hear more about the project. This included the opportunity to vote online on various aspects to do with the criteria using 'Mentimeter', an online platform that allows for real-time feedback.

The project team joined numerous existing internal meetings and events to discuss the new hospital and to encourage people to complete the online survey.

## **Responses and findings: Online survey**

17. The Trust commissioned a local research agency to produce an independent report on the findings of the public engagement and to highlight key themes. The

report is shown in Appendix A: *The New hospital public engagement report*.

18. A total of **3,399** online responses were received between Friday 24 November 2023 and Monday 8 January 2024.

- The majority of people responding were members of the public (72%), followed by staff at Frimley Health NHS Foundation Trust (25%).
- There was a good cross section of demographics responding to the survey, broadly representative of the local area.
- Two-fifths of respondents lived in North East Hampshire and Farnham (39%), with three in 10 living in Surrey Heath (31%). One in five respondents lived in Bracknell (19%) and 3% in Royal Borough of Windsor and Maidenhead (RBWM). The remaining respondents lived elsewhere (8%).
- These proportions closely reflect the population that Frimley Park served in 2023: Hampshire: 41%, Surrey: 37%, Bracknell Forest: 17%, RBWM: 4%
- The majority of respondents were white (94%). Recognising the importance of engaging all segments of the community, the Trust and NHS Frimley communications and engagement teams implemented targeted efforts to engage ethnic minorities. Proactive measures, such as reaching out to community and faith leaders via WhatsApp and engaging Chaplaincy teams, were employed. These leaders were asked for their support in sharing the online survey within their networks.
- In light of the feedback and recognising the imperative to further enhance equity in engagement, the Trust and NHS Frimley are dedicated to creating more opportunities for underserved communities to participate in the project. A set of guiding principles designed to guide the communication and engagement processes for equality, diversity and accessibility is currently in development. Comprehensive local population health data, encompassing factors such as ethnicity, gender, geography, deprivation, and health status, forms the basis of our data driven approach. This ensures that our engagement efforts are tailored to the unique needs of the diverse Frimley population.
- Future initiatives include inviting community and faith leaders to one-to-one briefings, fostering a deeper and more personal connection with these communities and working with well-established community groups and charities. This commitment underlines ongoing efforts to ensure that the voices of all members of our community are not only heard but actively incorporated into the development of the new Frimley Park Hospital.

19. Site location – key findings include:

Respondents from all areas said that access by car was the most important criteria when considering site location. This was followed by distance from the current site and access by public transport. One quarter said that all criteria listed were equally important. For NE Hants/Farnham, access by public transport (33%) was more important than distance from the current site (31%).

The main reasons given for saying each of the listed site location criteria were important centred mainly around accessibility. When asked what site location criteria was missing from the list provided, the main ones were about car parking – even though it was part of the criteria listed, respondents thought it was worth mentioning as its own separate entity.

20. Planning and restrictions – key findings include:

Half of respondents from all areas (47-51%) said that all the listed criteria were equally important when considering planning and restrictions around the new site. Of those providing a specific criterion, most from all areas said the expansion potential (35% - 45%).

The main reason why criteria was mentioned as most important regarding planning and restrictions concerned the thought of future proofing the new site given population demands.

Car parking was thought to be missing from the list of key criteria when considering planning and restrictions for the new site, followed by the availability of appropriate land.

21. Purchasing the site – key findings include:

Two-thirds of respondents from all areas thought that all the site purchase criteria listed were equally important.

When asked for reasons why they had rated specific purchase criteria important, the main reason from all areas was to consider appropriate land.

## **Responses and findings: Engagement sessions**

22. A number of formal and informal engagement sessions were conducted with staff and stakeholders, members of the public and the local community. We have listed the key points and themes that arose from those sessions.

23. 562 people joined the all-staff engagement sessions, and 106 joined the public online and in-person sessions.

24. Key themes from the engagement with members of the public include:

**Access to key highways:** Distance from the site for both ambulance access and the impact the surrounding area may have on journey times, therefore the distance from key highways to improve access and journey times is key.

**Parking:** People want to see more investment in parking and car parking flow /circuits; bus companies should be partnered with to improve park and ride if parking nearby is an issue.

**Road infrastructure:** The road infrastructure needs to be considered to ensure that accessing the hospital does not cause excessive traffic for residents and the surrounding area.

**Sustainability:** Consideration on the impact of pollution by the new hospital; this included pollution from increased traffic in the area, and increased noise/light pollution from more traffic in the area.

**Building structure:** Questions on the height of the building; some were concerned that the hospital may be built too high and would like to see more clarity on the proposed plans.

25. Key themes from the engagement with staff members include:

**Sustainability:** Ensuring the new site will focus on being sustainable in terms of net zero and its transportation links and active travel.

**Parking:** There should be a park and ride to reduce traffic, but adequate staff parking should also be reiterated as it should be available for all staff, not just a proportion.

**Access:** multiple access points so that delivery trucks, ambulances, staff and patients are not utilising the same access point.

## Next steps

26. Information about how the feedback has been considered and influenced the site evaluation criteria and new hospital project will be summarised in a public document.

27. As previously stated in the report to the HASC on 21 November 2023, the Trust and ICB will support the Joint Health Overview and Scrutiny Committee, that is being proposed elsewhere on this meeting's agenda, to ensure it is able to begin scrutinising the new Frimley Park hospital processes and plans as soon as feasible.

## Conclusions

28. Potential sites are being identified based on the final evaluation criteria.

29. The Trust will continue to engage with the public, patients and staff to ensure its communities remain up-to-date with the latest news and updates on the new hospital project.

30. Recognising the Trust needs to move forward with plans to identify a preferred site swiftly, it will continue to engage with overview and scrutiny committees

separately until the Joint Health Overview and Scrutiny Committee has been formed, as previously stated in the report to the Committee on 21 November 2023.

## **Appendix A: *The New Hospital Public Engagement Report***

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Prepared for:



**Frimley Health**  
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# New Hospital Public Engagement

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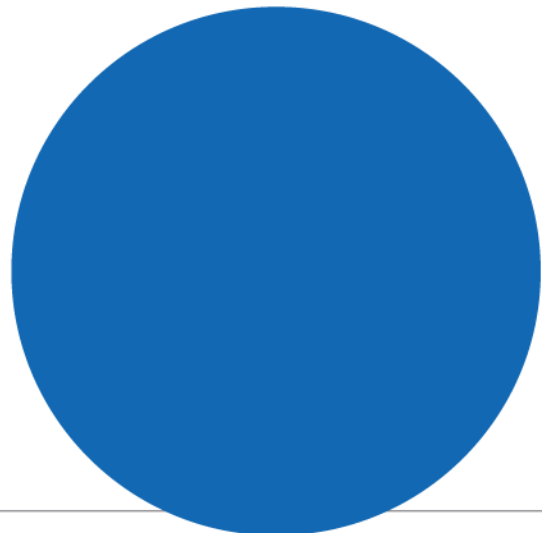
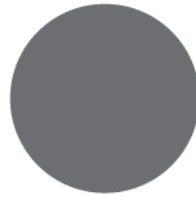
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# Introduction



In this section we provide details of the background, objectives and methodology used in the engagement survey.

## **Background**

Frimley Health NHS Foundation Trust (the Trust) is delighted to have been given the green light to build a new Frimley Park Hospital by 2030 as part of the government's New Hospital Programme.

Frimley Park Hospital needs to be replaced on a new site by 2030 because the current hospital was built using Reinforced Autoclaved Aerated Concrete (RAAC). RAAC deteriorates over time and the NHS is required to stop using buildings made from it.

Over recent months, the Trust has been identifying potential sites for the location of the new hospital and has ruled out sites that are not viable.

The Trust is developing the criteria it will use to assess potential sites – and has sought the views of patients, staff, volunteers, local communities and other stakeholders on what is important about the site for the new hospital, and why.

## **New hospital engagement period**

Frimley Health is committed to working with patients, staff, volunteers, local communities and other stakeholders throughout its work to deliver a new Frimley Park hospital and to involve as many people as possible in all stages of its development.

The Trust opened its initial engagement period on Thursday 24 November 2023 and closed it midnight on Sunday 7 January 2024. The purpose of the engagement period was to invite people to have their say about what is important to them in a new Frimley Park Hospital site. The Trust wanted to know what people thought of the criteria it is planning to use to assess the sites - for example, how appropriate they were, if any needed further refinement, if there were criteria that people thought were missing, and if any were particularly important to them, and why.

The engagement period focussed on engaging all Frimley Health staff and local communities that make up the majority of patients at Frimley Park Hospital – from Surrey, Hampshire, Bracknell and the Royal Borough of Windsor and Maidenhead (RBWM).

The communications and engagement activities throughout this period were led by Frimley Health with support from the Frimley Integrated Care System (ICS) communications and engagement team.

This report summarises the feedback gathered from various activities that took place throughout the engagement period.

## **Approach**

The full approach to engagement was set out in the Communications and Engagement Plan in Appendix A.

The aims of the engagement period were to:

- Ensure people are aware and understand why staying on the current site is not a viable option
- Allow people to contribute to the development and refining of evaluation criteria that will be applied when assessing possible sites for a new hospital
- For people to tell the Trust which evaluation criteria are most important to them and why

## Promotion and advertisement

Throughout the engagement period, Frimley Health and the Frimley ICS promoted the engagement period via the following core networks and channels:

- NHS system-wide corporate communications channels - websites, social media and internal communications via newsletters, CEO briefings, Team Brief (staff cascade document) intranets and SharePoint sites
- Frimley Health social media accounts - organic and paid for social media campaigns
- Frimley Health membership - monthly newsletter (including bespoke email to members)
- Partner communications - using trusted communications channels to raise awareness via:
  - Frimley ICS Communications and Engagement Network
  - Local Healthwatch
  - ICS NHS Partners
  - Borough and Parish Council newsletters
  - GP practices
  - Health-related voluntary organisations
- Emails and WhatsApp promotional messages and voice notes - to community and faith leaders
- Media - press release to key media outlets
- MP's - actively engaged to promote and include in their socials and newsletters
- Collateral (flyers, posters and pull-up banners) - within the local community - in Frimley Health site locations, community centres and local shops.

To ensure engagement activities were equitable, demographics that were less responsive to the questionnaire were targeted with paid for social media ads, and further engagement was undertaken with local community groups.

## Activities

### Online questionnaire

- An online questionnaire on the draft criteria was developed to ensure the Trust heard from as many patients, communities, and staff as possible.
- It had 16 questions in total - 10 around the criteria, which itself included seven free text questions.

- Recognising that the location and / or time of the in-person events may not be convenient for everyone, particularly those who travel further to visit the hospital, virtual Q&A events were arranged (see below), and communications activities throughout the engagement period directed people towards the online questionnaire to share their views.
- The questionnaire was hosted on an online portal provided by the Frimley ICS, which also included information, FAQs and an online exhibition. It was also available on the Trust's website and internal intranet.
- The full questionnaire is in Appendix B.

#### **Public listening events**

- Two in-person engagement events were held where people were invited to find out more about the project and support the development and refinement of the evaluation criteria.
- They included facilitated breakout sessions with scribes to note down all discussions related to the criteria.
- Two virtual events were held with a presentation followed by a Q&A with the new hospital projects senior responsible officer and director of communications and engagement.
- In-person drop-in session was also held, providing a chance for the public to find out more about the plans and draft criteria and ask questions, or raise concerns, directly with the project team.
- All events were held across a range of dates, times and mediums to ensure they were as accessible as possible to our staff and communities.

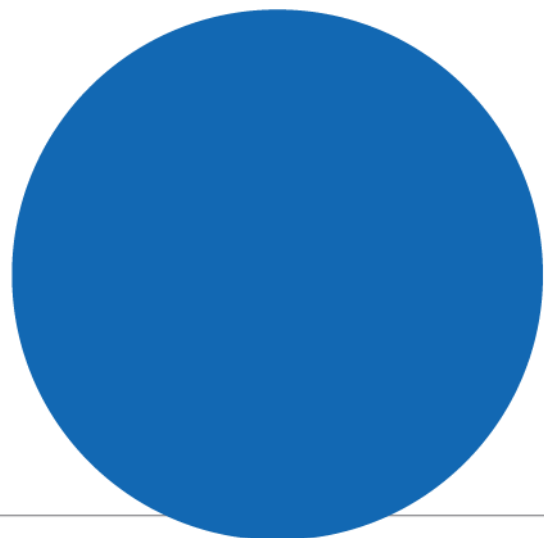
#### **Community engagement**

- The Trust attended existing groups and forums to provide relevant and accessible information for discussion and dissemination, and to ensure opportunities to engage with the work was provided in key meetings.
- Eight pop-up information stands were set-up in foyers across NHS sites and in community hotspots in Bracknell, Surrey and Hampshire, providing opportunities to discuss the project and feedback on the criteria.

### **Staff events and stakeholder meetings**

- Frimley Health staff were invited to attend in-person and virtual events to support the development and refinement of the criteria and to hear more about the project.
- This included the opportunity to vote online on various aspects to do with the criteria using 'Mentimeter', an online platform that allows for real-time feedback.
- The project team joined numerous existing internal meetings and events to discuss the new hospital and to encourage people to complete the online questionnaire.
- The Trust is also working with relevant county council and unitary authority overview and scrutiny committees, producing presentations and papers, and offering site tours for priority stakeholders. These engagement activities are not tied to this engagement phase as they have taken place before, during and after this time period.

# Demographics



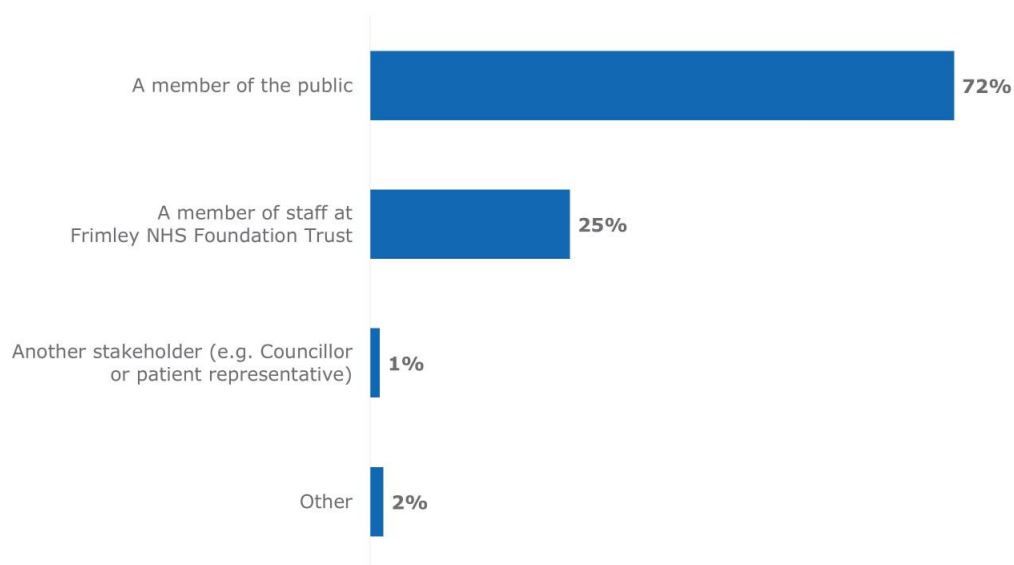
## This section details the key demographics of those responding to the online engagement survey.

A total of **3,399** online responses were received between Friday 24<sup>th</sup> November 2023 and Monday 8<sup>th</sup> January 2024. Not every respondent answered every question so base sizes will vary.

The majority of people responding were members of the public, followed by staff at Frimley Health NHS Foundation Trust.

Others mainly included volunteers of the Trust or another linked organisation.

**Chart 1: Respondent type**

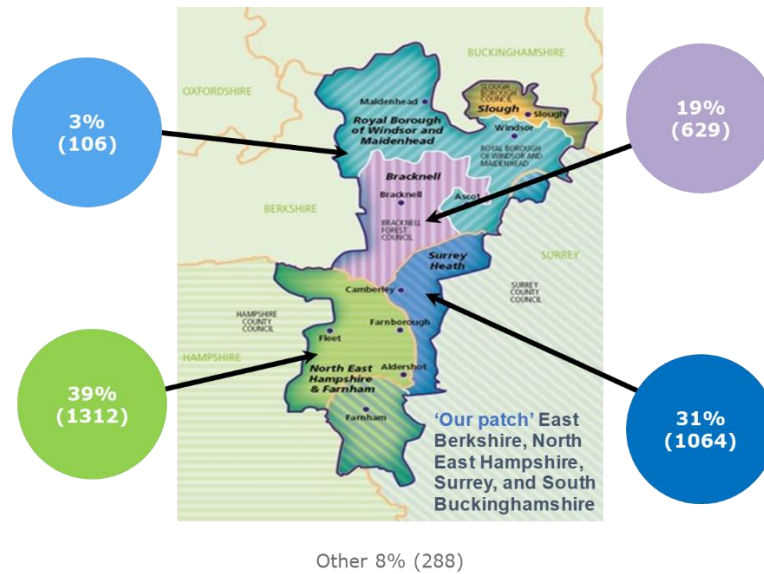


**Q:** Are you...?  
**Base:** All responding (n=3,372)



## Area

Two-fifths of respondents lived in North East Hampshire & Farnham (39%), with three in ten living in Surrey Heath (31%). One in five respondents lived in Bracknell (19%) and 3% in RBWM. The remaining respondents lived elsewhere (8%).



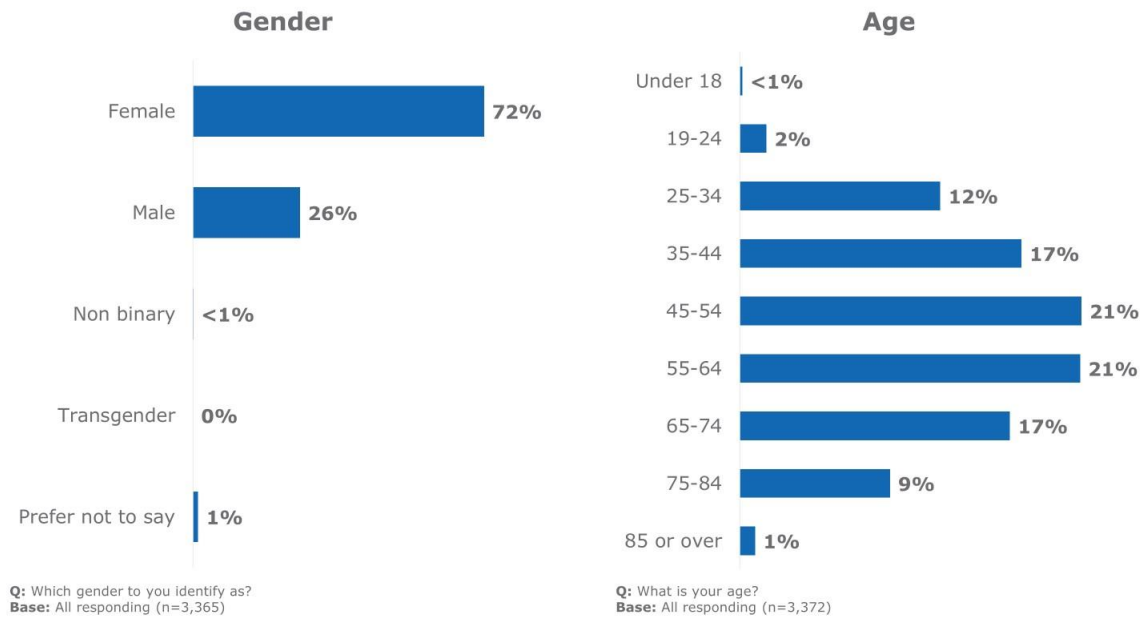
These proportions are not too dissimilar to the actual figures for the Frimley Park population in 2023:

- Hampshire: 41%
- Surrey: 37%
- Bracknell Forest: 17%
- RBWM: 4%

## Gender and age

The majority of respondents were female (72%), with one quarter male (26%). The age of respondents tended to be in the older age groups with just under half in the over 55 age brackets (48%) and just over half in the under 55 age brackets (52%).

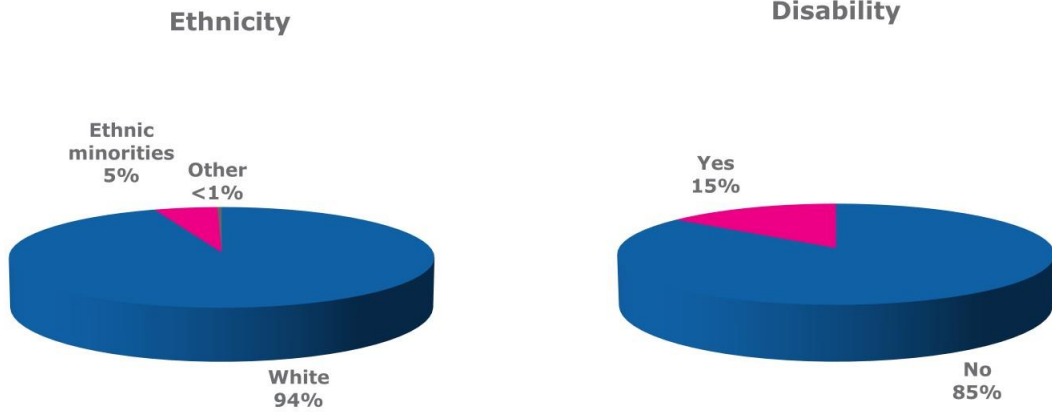
**Chart 2: Gender and age**



### Ethnicity and disability

The majority of respondents were white (94%). One in seven responding said that they considered themselves to have a disability that impacted on day to day life (15%).

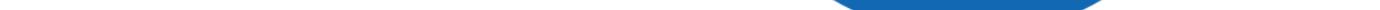
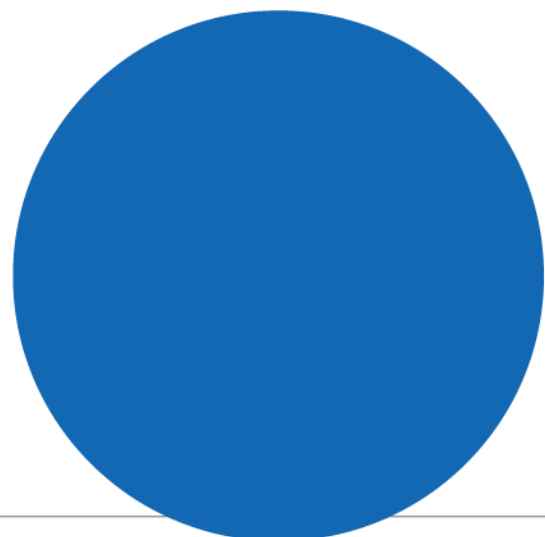
**Chart 3: Ethnicity and disability**



**Q:** What is your ethnicity?  
**Base:** All responding (n=3,333)

**Q:** Do you consider yourself to have a disability that impacts on day to day life?  
**Base:** All responding (n=3,259)

## Main findings – online survey



## Here we detail the responses to the questions within the online engagement survey.

The relevant criteria was detailed before each question to enable respondents to make an informed decision before responding. They were given an opportunity to say why they selected the option(s) and also whether there was anything missing from the list.

### Site location

These criteria are to do with the site location itself.

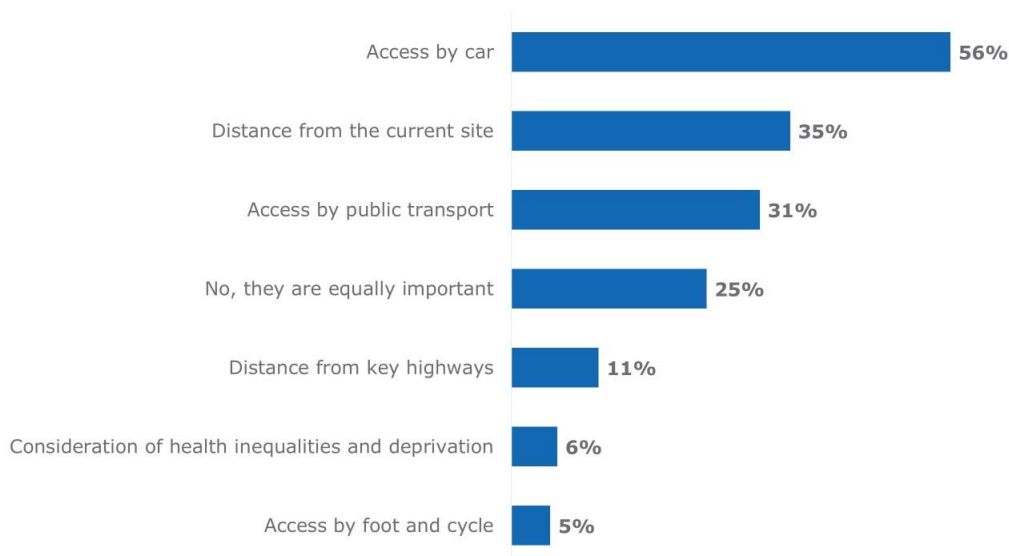
Evaluation criteria	Questions to test
<b>Distance from current site</b>	<ul style="list-style-type: none"> <li>• How much does this site option increase/reduce travel time and/or costs for patients to access specific services, compared to now?</li> <li>• Is the staff travel required for this site option acceptable?</li> <li>• To what extent does this site have an impact on neighbouring hospitals, for example if patients travel to them instead?</li> </ul>
<b>Access by car</b>	<ul style="list-style-type: none"> <li>• To what extent does this site option have existing access roads that could manage, with minor works, the volume of vehicles likely?</li> <li>• To what extent does this site option offer alternative routes to and from it for blue light and emergency situations?</li> <li>• To what extent does the site option's nearby road network mean that we can create sufficient parking spaces on the site?</li> </ul>
<b>Distance from key highways</b>	<ul style="list-style-type: none"> <li>• To what extent is the site option accessible from major junctions of key routes such as the M3 and A331?</li> </ul>
<b>Access by foot and cycle</b>	<ul style="list-style-type: none"> <li>• To what extent does the site option have existing path and bicycle routes to and from key transport points and town centres?</li> <li>• Is it a reasonable assumption that paths and routes could be added or adapted?</li> </ul>
<b>Access by public transport</b>	<ul style="list-style-type: none"> <li>• To what extent does this site option have existing bus routes?</li> <li>• To what extent does the site option offer reasonable bus routes from train stations?</li> </ul>

Evaluation criteria	Questions to test
<p><b>Consideration of health inequalities and deprivation</b></p>	<ul style="list-style-type: none"> <li>• To what extent is the site option in, adjacent to, or easily accessible from the more deprived areas of the hospital's catchment area? This is to reflect that there is greater incidence of ill-health and poorer access to transport in more deprived areas.</li> <li>• To what extent does the site option impact on health inequalities, those groups with certain protected characteristics (for example older people, or those with disabilities), or any other specific groups, for example carers.</li> </ul>

Respondents said that access by car was the most important criteria when considering site location, with over half citing this as one of the most important criteria (56%). This was followed by Distance from the current site (35%) and Access by public transport (31%). One quarter said that all criteria listed were equally important (25%).

Fewer respondents said that Distance from key highways (11%), Consideration of health inequalities and deprivation (6%) and Access by foot and cycle (5%) were most important when considering the location of the new site.

**Chart 4: Site location – importance of criteria**



**Q:** Of the above criteria, are any more important to you than the others? Please select up to two criteria.  
**Base:** All responding (n=3,376)

The main demographic differences are shown below.

#### Respondent type

- Public and staff both said access by car is most important.
- For staff, distance from the current site was second, followed by people saying that all aspects are important.
- The public said distance from the current site and access by public transport were tied for second in importance, followed by people saying that all aspects are important.

**Table 1: Site location criteria by respondent type**

	Public (2439)	Staff (832)
Access by car	57%	50%
Distance from the current site	33%	41%
Access by public transport	33%	25%
No, they are equally important	24%	27%
Distance from key highways	11%	11%
Health inequalities and deprivation	5%	7%
Access by foot and cycle	4%	9%





## Area

- Respondents from all locations said that access by car was most important, with respondents from RBWM (62%) having the most responses agreeing that this is the most important criteria.
- Distance from current site was thought to be more important by respondents from Surrey Heath (47%), followed by North East Hampshire & Farnham (31%) and Bracknell (30%).
- Access by public transport was more important for respondents from RBWM (47%) compared to the other areas; Bracknell had 35% agree public transport access is important, followed by NE Hants/Farnham (33%).
- Around a quarter of respondents from NE Hants/Farnham (26%), Surrey Heath (25%), and Bracknell (25%) said that all criteria were equally important whereas 16% of those from RBWM agreed that all are important.

**Table 2: Site location criteria by postcode grouping**

	NE Hants/ Farnham (1311)	Surrey Heath (1062)	Bracknell (629)	RBWM (106)	Other (268)
Access by car	57%	49%	60%	62%	62%
Distance from the current site	31%	47%	30%	24%	29%
Access by public transport	33%	25%	35%	47%	31%
No, they are equally important	26%	25%	25%	16%	22%
Distance from key highways	11%	9%	12%	14%	15%
Health inequalities and deprivation	7%	4%	5%	8%	9%
Access by foot and cycle	3%	9%	1%	3%	4%

## Gender

- Overall, males said that access by car was most important (60%), followed by access by public transport (33%) and distance from current site (32%).
- Females also agreed that access by car was the most important criteria (54%), this was however followed by distance from current site being important (37%) and access by public transport (31%).

**Table 3: Site location criteria by gender**

	Male (891)	Female (2420)
Access by car	60%	54%
Distance from the current site	32%	37%
Access by public transport	33%	31%
No, they are equally important	20%	26%
Distance from key highways	18%	9%
Health inequalities and deprivation	5%	6%
Access by foot and cycle	7%	4%

## Age

- Similar proportions of young people responded as a member of the public or staff member. Between two-thirds and three quarters of respondents aged 35-64 were members of the public, with the proportion increasing dramatically for those 65 or over.
- Those aged between 18 and 54 all reported that they believe access by car is most important (62% - 50%), followed by distance from current site (46% - 37%) and access by public transport (28% - 19%).
- Whereas the respondents aged 55 and over had different priorities of importance; whilst they also agreed that access by car is most important (55% - 54%), the second most important criteria was access by public transport access (48% - 34%), followed by distance from current site (28% - 30%).

**Table 4: Site location criteria by age**

	<25 (60)	25-34 (414)	35-44 (583)	45-54 (706)	55-64 (702)	65-74 (559)	75+ (342)
Access by car	50%	58%	62%	52%	54%	55%	54%
Distance from the current site	43%	41%	46%	37%	30%	28%	28%
Access by public transport	28%	26%	19%	28%	34%	41%	48%

No, they are equally important	22%	19%	19%	26%	28%	29%	27%
Distance from key highways	8%	12%	12%	13%	12%	7%	9%
Health inequalities and deprivation	10%	8%	6%	6%	5%	4%	4%
Access by foot and cycle	8%	8%	6%	5%	4%	4%	1%

## Ethnicity

- Ethnic minority respondents said the most important criteria was distance from current site (45%), followed by access by car (43%) and access by public transport (33%). Very few said that distance from key highways is important (8%).
- Over half of white respondents said that access by car is most important (56%), followed by distance from the current site (35%) and access by public transport (31%). Very few said access by foot or cycle was important (5%), nor did they agree health inequalities and deprivation was most important (6%).

**Table 5: Site location criteria by ethnicity**

	Ethnic Minorities (187)	White (3140)
Access by car	43%	56%
Distance from the current site	45%	35%
Access by public transport	33%	31%
No, they are equally important	21%	25%
Distance from key highways	8%	11%
Health inequalities and deprivation	10%	6%
Access by foot and cycle	12%	5%

## Disability

- Of respondents saying they have a disability, over half said access by car is most important (53%), 32% said access by public transport is most important, followed by distance from the current site (30%).
- Of those without a disability, over half also agreed that access by car is most important (56%), 36% said distance from the current site and 31% said access by public transport.

**Table 6: Site location criteria by disability**

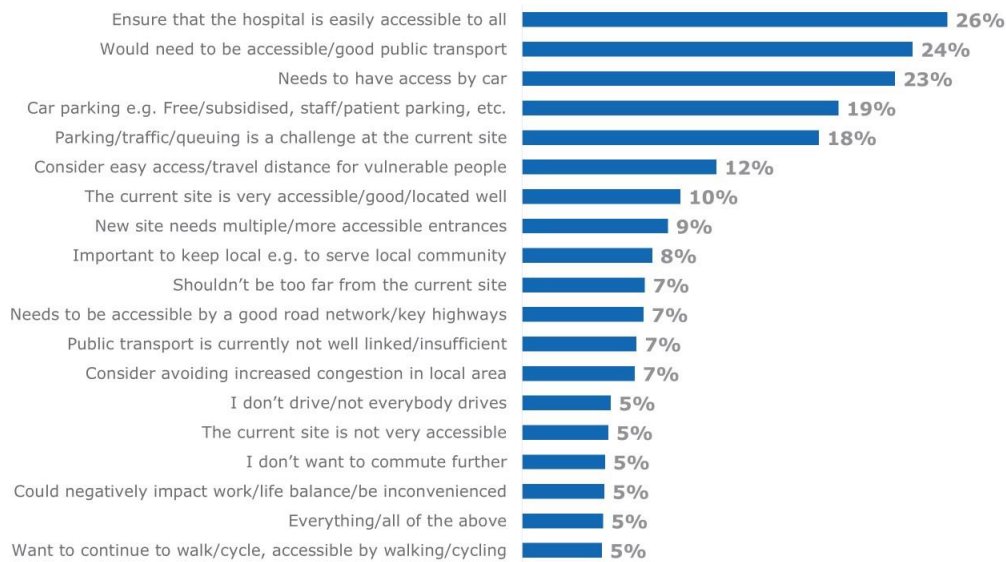
	Yes (473)	No (2781)
Access by car	53%	56%
Distance from the current site	30%	36%
Access by public transport	32%	31%
No, they are equally important	27%	24%
Distance from key highways	9%	11%

Health inequalities and deprivation	8%	5%
Access by foot and cycle	4%	5%

## Reasons why rated important

The main reasons given for saying each of the listed site location criteria were important centred mainly around accessibility – accessible to all (26%), good public transport (24%), car access (23%), followed by car parking – free/subsidised parking for both staff and patients (19%) and the issue of challenging parking at the current site (18%).

**Chart 5: Site location – reasons for importance**



**Q:** Please tell us why.  
**Base:** All responding (n=2,602)

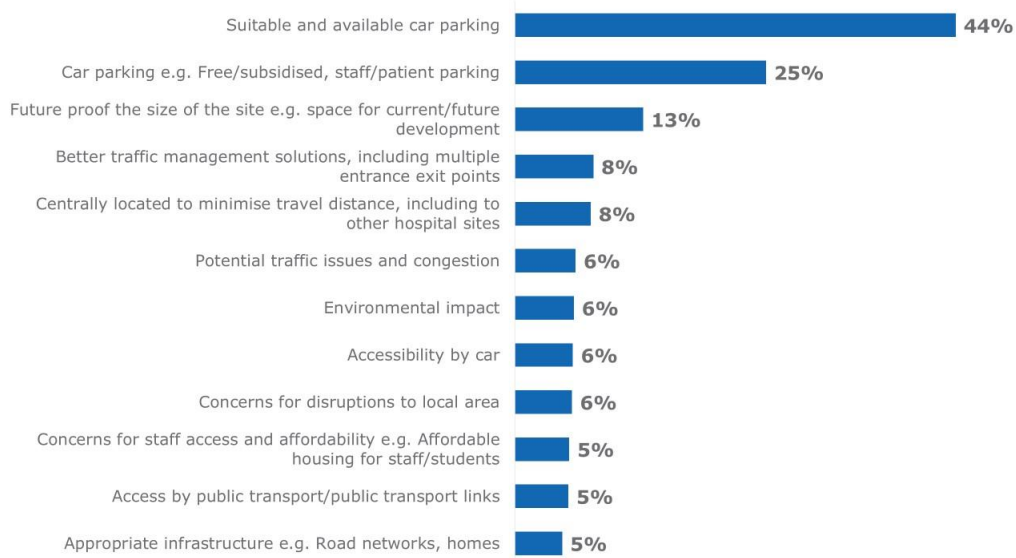
Other mentions below five percent included:

- I live close to the current site
- Cost considerations e.g. fuel/cost of living crisis/unaffordable for some to travel further etc
- Concern over patient missing appointments/delaying treatments due to inaccessibility
- Important to have the option of different routes/methods of accessing the hospital
- I currently walk to the hospital
- All site access issues need to be/are important
- I/many others rely heavily on public transport
- If the new site was further away I may look at other options for work (could negatively affect staff retention)/change the hospital I use
- I already travel a significant distance to the current site
- I/many people have relocated to be within proximity of the current site
- Safety concerns e.g. travel long distances after night shift/off-site parking dangerous at night/safe access in general
- Encourage people to cycle/walk/use public transport

## Missing criteria

When asked what site location criteria was missing from the list provided, the main ones were about car parking – suitable and available car parking (44%) and free or subsidised parking for staff and patients (25%). Although parking was a bullet point within the Access by car criteria, respondents thought it worth mentioning as its own separate entity.

**Chart 6: Site location – missing criteria**



**Q:** Are there any criteria you think are missing from this selection. If so, please tell us what.  
**Base:** All responding (n=1119)

Other mentions below five percent included:

- Disability access (including mental health and sensory) and parking including separate access point
- Separate access for emergency vehicles
- Park and ride
- Air ambulance access/Helipad
- A better drop off area, e.g. covered seating
- Green/nature spaces onsite
- All of it/everything/all of the criteria is important
- Walkable distance from train station

## Planning and restrictions

These criteria are about planning: the potential size of the hospital, and whether the site is close to noise or air pollution.

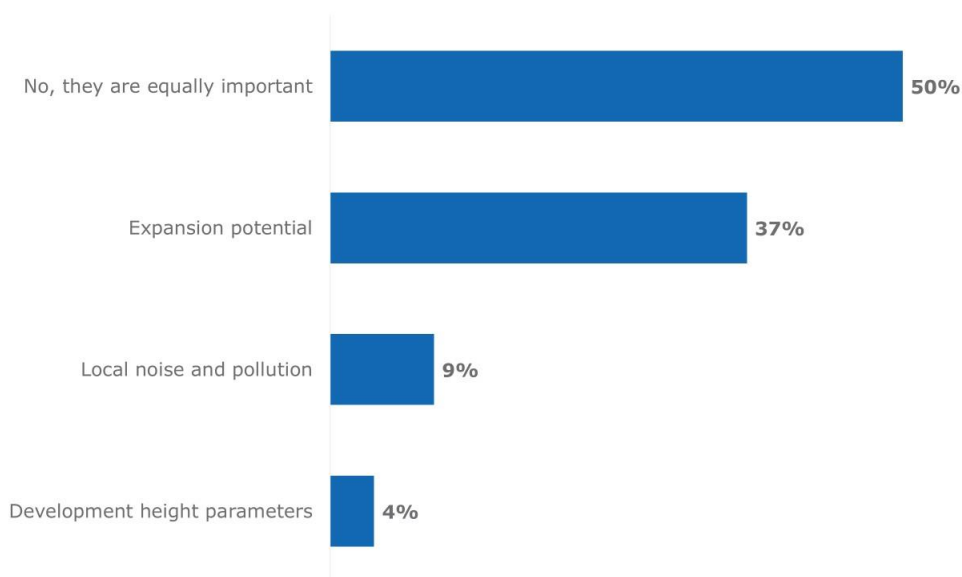
Criteria	Definition / detail
<b>Expansion potential</b>	<ul style="list-style-type: none"><li>• To what extent does the site option have the potential to expand, ideally adjacent or within the very local area?</li></ul>
<b>Local noise and pollution</b>	<ul style="list-style-type: none"><li>• To what extent does the site option have sources of significant local noise and / or polluting industries or is it in an area known for high levels of noxious gases?</li></ul>
<b>Development height parameters</b>	<ul style="list-style-type: none"><li>• What are the likely parameters for the site option development height?</li></ul> <p>Ideally for the new hospital, at least three-storey height must be achievable, with a preference for up to five storeys.</p>



Half of respondents said that all the listed criteria were equally important when considering planning and restrictions around the new site. Of those providing a specific criterion, most said the expansion potential (37%).

Fewer than one in ten considered Local noise and pollution (9%) or Development height parameters (4%) to be most important when thinking about planning and restrictions.

**Chart 7: Planning and restrictions – most important criteria**



Q: Of the above criteria, are any more important to you than the others?  
 Base: All responding (n=3,246)

The main demographic differences are shown below.

**Respondent type**

- 49% of the public and 54% of staff think that all aspects were equally important.
- Both groups thought that, individually, expansion potential was most important, followed by local noise and pollution, and development height parameters.

**Table 7: Planning and restrictions criteria by respondent type**

	Public (2334)	Staff (809)
No, they are equally important	49%	54%
Expansion potential	39%	30%
Local noise and pollution	9%	10%
Development height parameters	3%	6%

## Area

- Around half of respondents from all areas said that all criteria were equally important (47% - 51%), followed by expansion potential (35% - 45%), local noise and pollution (13% - 6%) and development height parameters (5% - 2%).

**Table 8: Planning and restrictions criteria by postcode grouping**

	NE Hants/ Farnham (1251)	Surrey Heath (1019)	Bracknell (608)	RBWM (106)	Other (262)
No, they are equally important	51%	48%	51%	47%	54%
Expansion potential	37%	35%	38%	45%	34%
Local noise and pollution	8%	13%	7%	6%	8%
Development height parameters	4%	4%	5%	2%	3%

## Gender

- Overall, males said that expansion potential is most important (48%), followed by 41% saying that all criteria are equally important. Just 7% of males said that local noise and pollution is important and 4% said development height parameters were important.
- Females were more likely to say that all criteria is equally important (54%), followed by 33% saying Expansion potential is important.

**Table 9: Planning and restrictions criteria by gender**

	Male (855)	Female (2326)
No, they are equally important	41%	54%
Expansion potential	48%	33%
Local noise and pollution	7%	10%
Development height parameters	4%	4%

## Age

- Overall, all age groups agree that all criteria is equally important (55% - 47%), followed by expansion potential (40% - 34%), local noise and pollution (12% - 5%) and development height parameters (6% - 2%).

**Table 10: Planning and restrictions criteria by age**

	<25 (58)	25-34 (398)	35-44 (568)	45-54 (683)	55-64 (673)	65-74 (534)	75+ (322)
No, they are equally important	55%	49%	48%	47%	53%	53%	52%
Expansion potential	34%	34%	36%	36%	35%	40%	39%
Local noise and pollution	7%	12%	12%	11%	8%	5%	5%
Development height parameters	3%	5%	4%	6%	3%	2%	4%

### Ethnicity

- Overall, both ethnic minority and white respondents agreed that all criteria are equally important (49% and 50% respectively), followed by expansion potential (31% and 37% respectively), local noise and pollution (13% and 9%) and development height parameters (7% and 4%).

**Table 11: Planning and restrictions criteria by ethnicity**

	Ethnic minorities (182)	White (3016)
No, they are equally important	49%	50%
Expansion potential	31%	37%
Local noise and pollution	13%	9%
Development height parameters	7%	4%

### Disability

- Overall, both respondents with or without a disability agreed that all criteria is equally important (55% and 49% respectively), followed by expansion potential (33% and 37% respectively), local noise and pollution (8% and 9%) and development height parameters (both 4%).

**Table 12: Planning and restrictions criteria by disability**

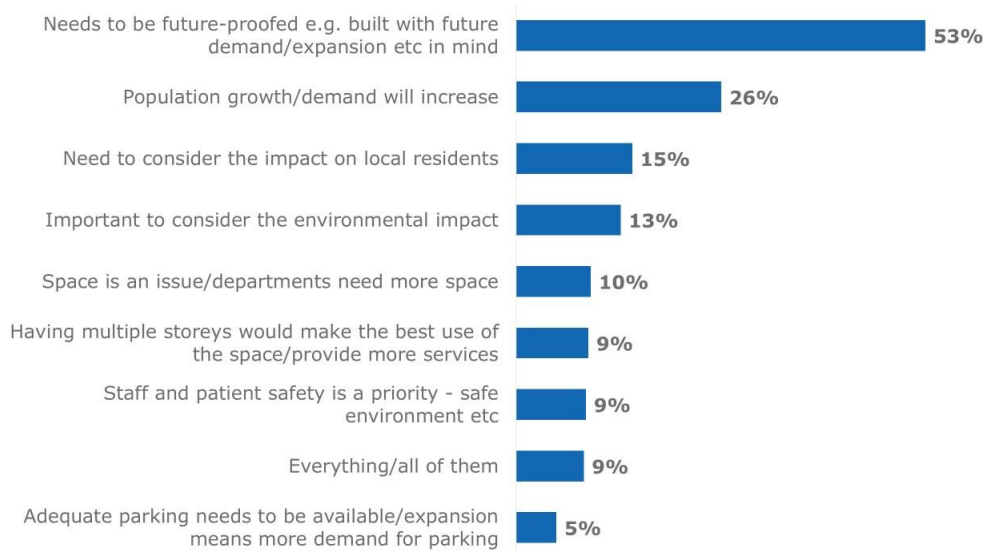
	Yes (454)	No (2676)
No, they are equally important	55%	49%
Expansion potential	33%	37%
Local noise and pollution	8%	9%
Development height parameters	4%	4%



## Reasons why rated important

The main reason why criteria was mentioned as most important regarding planning and restrictions concerned the thought of future proofing the new site given population demands.

**Chart 8: Planning and restrictions – reasons**



**Q:** Please tell us why.  
**Base:** All responding (n=1,881)

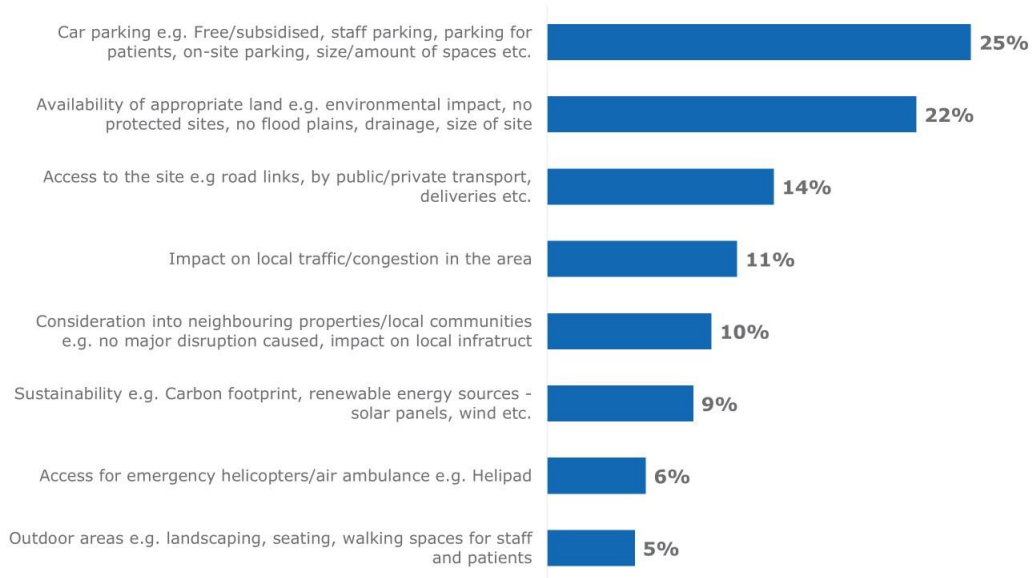
Other mentions of less than five percent included:

- They are equally important/should not focus on one over the other
- Meet/cover service demands

## Missing criteria

Car parking was thought to be missing from the list of key criteria when considering planning and restrictions for the new site, followed by the availability of appropriate land (considering the environmental impact, flood plains, drainage, size, etc).

**Chart 9: Planning and restrictions – missing criteria**



**Q:** Are there any criteria you think are missing from this selection. If so, please tell us what.  
**Base:** All responding (n=459)

Other mentions of fewer than five percent included:

- Staff facilities e.g. security/safety, canteens, showering facilities etc.
- Accommodation on-site e.g. for staff, family stay overs
- Meet/cover service demands
- Multi-storey building/car park
- Utilise the space better e.g. less cafes

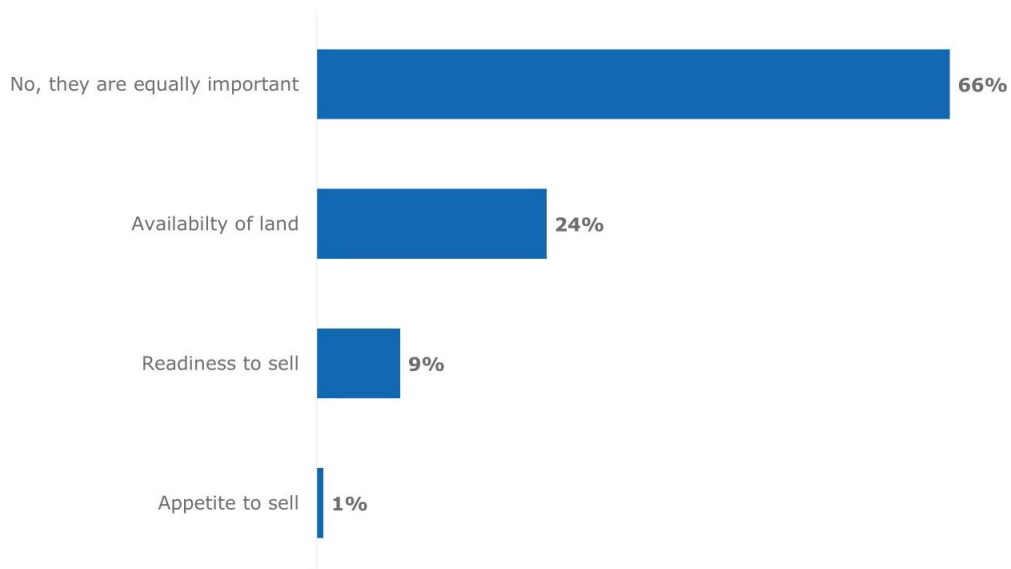
## Purchasing the site

These criteria are about buying the site itself, and any barriers we may need to overcome.

<b>Availability of land</b>	<ul style="list-style-type: none"> <li>To what extent are we sure that the site option land is available for sale?</li> </ul>
<b>Appetite to sell</b>	<ul style="list-style-type: none"> <li>How interested is the owner of the site option in selling?</li> </ul>
<b>Readiness to sell</b>	<ul style="list-style-type: none"> <li>How ready is the site option for sale? Are there planning, ownership, or tenancy issues that need to be overcome?</li> </ul>

Two-thirds of respondents thought that all the site purchase criteria listed was equally important (66%). Of those mentioning a specific criterion, Availability of land (24%) was most prevalent. Fewer than one in ten said that Readiness to sell (9%) or Appetite to sell (1%) were most important when purchasing the site.

**Chart 10: Purchasing the site – most important criteria**



**Q:** Of the above criteria, are any more important to you than the others?  
**Base:** All responding (n=3,209)

The main demographic differences are listed below.

### Respondent type

- 

**Table 13: Purchasing the site criteria by respondent type**

	Public (2313)	Staff (795)
No, they are equally important	66%	68%
Availability of land	25%	21%
Readiness to sell	8%	11%
Appetite to sell	1%	0%

### Area

- Respondents from all locations said that all purchasing criteria is important (67% - 65%), followed by availability of land being important (26% - 21%). This is followed by readiness to sell (11% - 7%) and appetite to sell (1%).

**Table 14: Purchasing the site criteria by postcode grouping**

	NE Hants/ Farnham (1239)	Surrey Heath (1012)	Bracknell (600)	RBWM (101)	Other (257)
No, they are equally important	67%	66%	65%	67%	68%
Availability of land	23%	26%	25%	21%	22%
Appetite to sell	1%	1%	1%	1%	0%
Readiness to sell	9%	7%	9%	11%	10%

### Gender

- Overall, both males and females said that all criteria are equally important (65% and 67%, respectively). Similar proportions were seen for all criteria; 27% of males and 23% of females think availability of land is important, followed by readiness to sell (7% and 10%, respectively) and appetite to sell (1%).

**Table 15: Purchasing the site criteria by gender**

	Male (862)	Female (2283)
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No, they are equally important	65%	67%
Availability of land	27%	23%
Appetite to sell	1%	1%
Readiness to sell	7%	10%

## Age

- Similar trends of agreement were seen across all ages; around two-thirds of all age groups said that all criteria is equally important (63% - 70%), this was followed by availability of land (28% - 18%), readiness to sell (14% - 7%) and appetite to sell which had some age groups without any agreement (1% - 0%).

**Table 16: Purchasing the site criteria by age**

	<25 (56)	25-34 (387)	35-44 (552)	45-54 (676)	55-64 (666)	65-74 (533)	75+ (329)
No, they are equally important	66%	70%	68%	65%	64%	69%	63%
Availability of land	20%	18%	22%	26%	26%	23%	28%
Appetite to sell	0%	1%	0%	0%	1%	1%	1%
Readiness to sell	14%	11%	10%	8%	9%	7%	8%

## Ethnicity

- Over two-thirds of both ethnic minority and white agree that all criteria is important. 30% of ethnic minority and 24% of white respondents said availability of land is important, followed by readiness to sell (5% and 9%, respectively) and appetite to sell (0% and 1%, respectively).

**Table 17: Purchasing the site criteria by ethnicity**

	Ethnic minorities (173)	White (2991)
No, they are equally important	65%	67%
Availability of land	30%	24%
Appetite to sell	0%	1%
Readiness to sell	5%	9%

## Disability

- Of respondents saying they had a disability, 65% said they think all criteria is important, as did 67% of respondents without a disability. This was followed by availability of land (26% and 24%, respectively), readiness to sell (9% and 1%, respectively) and appetite to sell (0% and 1%, respectively).

**Table 18: Purchasing the site criteria by disability**

	Yes (446)	No (2649)
No, they are equally important	65%	67%

Availability of land	26%	24%
Appetite to sell	0%	1%
Readiness to sell	9%	9%

## Reasons for importance

Respondents thought that everything was important when considering the purchase of a new site, specific reasons concerned minimising delays and managing timescales and to not waste time considering land which wouldn't be available or have restrictions.

**Chart 11: Purchasing the site – reasons**



**Q:** Please tell us why.  
**Base:** All responding (n=1,369)

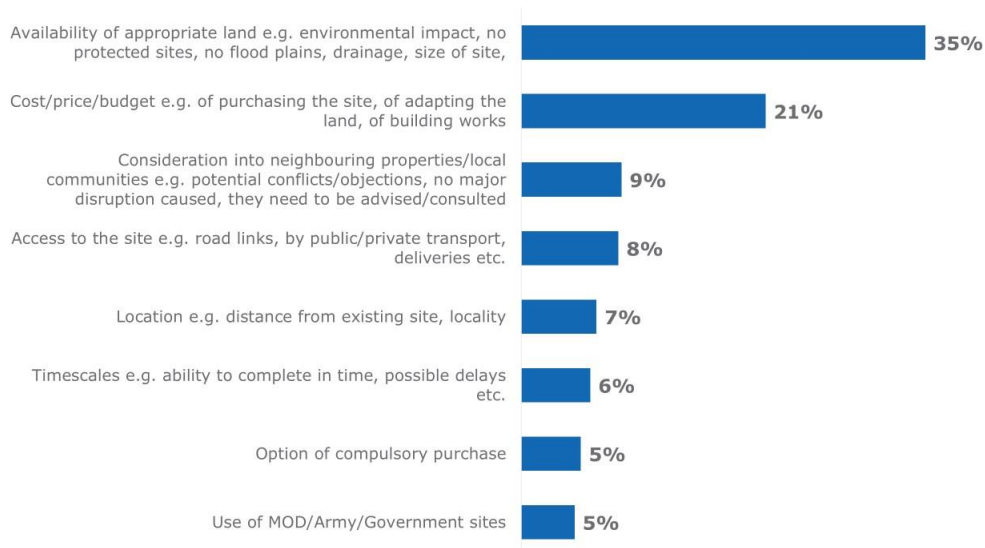
Mentions fewer than five percent included:

- Option of compulsory purchase
- It could be difficult to find a suitable site
- Common sense/self-explanatory
- Shouldn't use green space/consider impact of losing more green space
- To proceed without problems all these criteria need to be met
- Use of MOD/Army/Government sites
- Not an area I know much about
- Needs to be researched thoroughly before proceeding
- Land is at a premium/expensive

## Missing criteria

When asked for reasons why they had rated specific purchase criteria important, the main reason was to consider appropriate land – e.g. the environmental impact, no flood plains, site size, etc, followed by cost – cost/price/budget of purchasing the land and adapting it.

**Chart 12: Purchasing the site – missing criteria**



**Q:** Are there any criteria you think are missing from this selection. If so, please tell us what.  
**Base:** All responding (n=368)

Mentions fewer than five percent included:

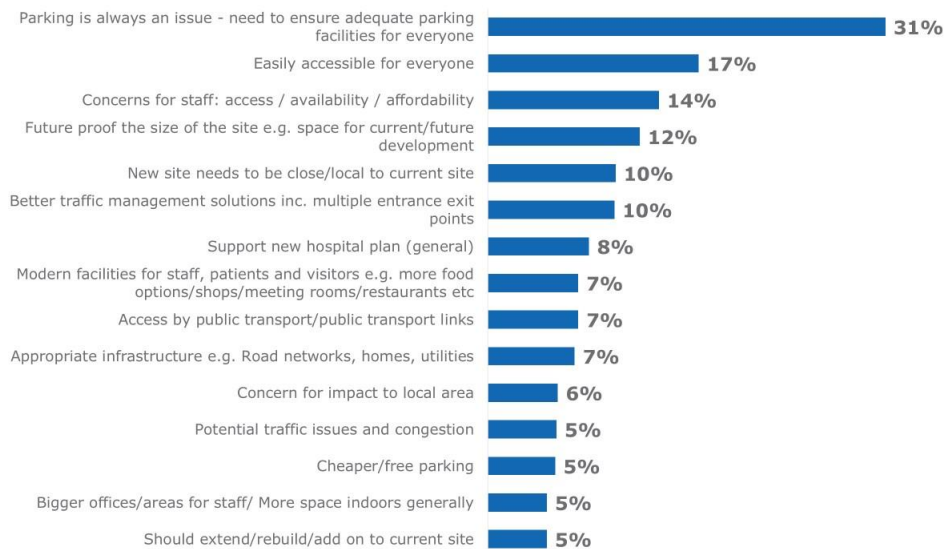
- Impact on local traffic/congestion in the area
- Car parking e.g. Free/subsidised, staff parking, parking for patients, on-site parking etc.

## Any further comments

Respondents were given one final opportunity to add comments to the online survey if it hadn't been covered elsewhere in the survey.

We have grouped these comments together into themes and the main theme concerned parking – to ensure that there is adequate parking facilities for everyone.

**Chart 13: Any other comments**

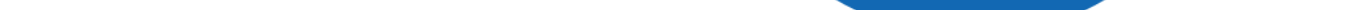
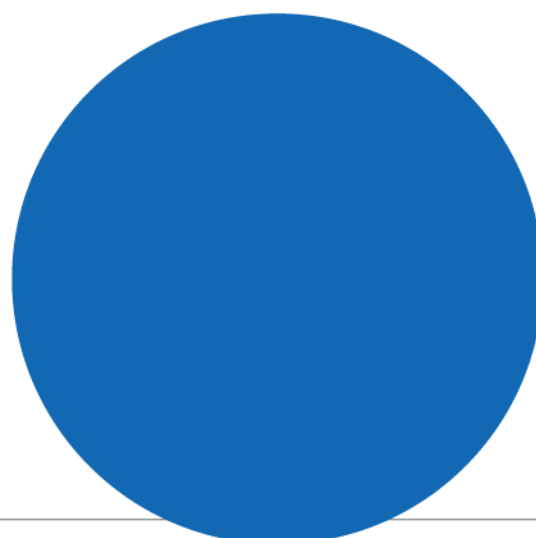
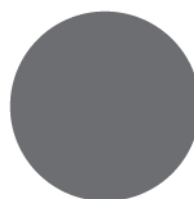
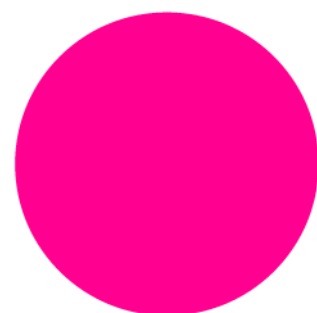


**Q:** Do you have any further comments that you have not already made?  
**Base:** All responding (n=1,050)

Mentions of fewer than five percent included:

- Environmental impact needs to be considered
- Continue with consultations, open discussions and communication
- Consider staff, patients and visitors (general)
- Disability friendly site (inc. mental health and sensory)
- Space for support services e.g. pathology/sterile services/training etc.
- Involve clinicians/staff in design decisions
- Use of MOD/Army/Government sites
- What will happen to the current/old site after new hospital is built?
- Park and ride
- Use local buildings at Siemens and Johnson Wax Frimley Green
- Adequate storage
- Green/nature spaces onsite
- Cardiology/Clinical Investigations needs to be closer to main entrance

# Public, staff & stakeholder events



A number of formal and informal engagement sessions were conducted with staff and stakeholders, members of the public and the local community. Here we detail the summarised findings of these sessions.

## **Members of the public**

### **Access to key highways**

Distance from the site for both ambulance access and the impact the surrounding area may have on journey times, therefore the distance from key highways to improve access and journey times is key. People also note that those coming from areas with limited public transport routes are more reliant on key highways and major roads so easy access to and from these is imperative. The access to the hospital needs to be quick and easy for both patients and staff. Some were also curious about the proximity of the new site to the current site. From the in-person discussions, some were curious about whether the proposal needs to name the specific roads affected.

### **Parking**

People also want to see more investment in parking and car parking circuits; bus companies should be partnered with to improve park and ride if parking nearby is an issue. However, individual accessibility needs to be considered such as those who may struggle with using the bus. The option also needs to be available to park nearby for those with disabilities, etc. Public transport needs to be accessible for all, therefore bus terminals need to be on site for links to park and ride and other parts of the county. A well set up drop-off area would also be beneficial to the area. Further recommendations included transport between sites such as shuttle buses, consideration for different patient abilities and their access to and from the site.

### **Road Infrastructure**

The road infrastructure needs to be considered to ensure that accessing the hospital does not cause excessive traffic for residents and the surrounding area. Wide roads should be built to ensure travel at any time of the day is reliable. Furthermore, the access of ambulances in and around the area needs to be considered, therefore wider roads will improve access for emergency services as well as improving the flow of traffic.

Another suggestion for consideration was the impact the development will have on local businesses; will new road infrastructures take away access from local businesses, or will it increase traffic which may negatively affect businesses? Similarly, will redistribution of traffic take business away from local amenities?

### **Sustainability**

Questions were raised about the impact on pollution by the new hospital; this included pollution from increased traffic in the area, and increased noise/light pollution from more traffic in the area. Therefore, people would like to see more consideration for transport links such as bus, train and shuttle services. Safety measures should also be considered when providing access via foot/cycling to encourage more environmentally friendly modes of transportation without compromising safety of residents/patients. People would like to see some consideration for net zero plans such as including solar panels and a focus on reducing carbon emissions. From the discussions, people would also like



to see consideration for the noise pollution for locals created by the hospital; many believe this needs to be discussed with regards to location suitability and the impact on residents, whilst others agreed that this topic may be more important than others.

### **Building Structure**

Another concern raised was the height of the building; some were concerned that the hospital may be built too high and would like to see more clarity on the proposed plans. Other concerns included the proposed site and its current uses and how the building will affect the Army or Air Force that currently use this site. Furthermore, people were questioning the availability of land in the surrounding area for extra needs or developments further down the line. People also raised the concern of whether the site is on a floor plane and how this will affect the viability of the building.

### **Key themes**

- Parking
  - “Good parking for people with disabilities and possibly park and ride with bus stops on site. Parking needs a lot of investment.”
  - “Parking needs to be big enough for all staff and patients. Also needs a better drop off area.”
- Access
  - “Be mindful as to where the ambulances access the site. Needs to have good public transport access and accessible parking.”
  - “Need to have different entry points for ambulances and patients.”
  - “Wide routes for ambulances and good transport routes with good proximity to main highways, could park and ride be an option?”
  - “The hospital needs to link with bus companies to ensure regular buses run through the site and ensure multiple modes of transportation are available to suit varying needs and disabilities.”
  - “There should be hospital transport. This will impact patients who are currently close enough to walk to the hospital.”
- Effect on the current locality
  - “Ensure added traffic to area doesn’t impact schools, businesses and locals.”
  - “We haven’t thought about the Army and Airforce who currently use this facility. What do they want in terms of a facility?”
  - “How will the increase in traffic affect the nearby apartments and houses?”
- Development height
  - “Height should not be a problem going up or doing down. Look at rail, road and transport links to ensure enough area space.”
  - “How high can the hospital be? We don’t want stories.”
- Carbon footprint
  - “Should consider ways to be net zero such as solar panels. Also consider the proximity to Farnborough airport.”
- Other points to consider

“Flexibility to expand and be future proof.”

## Staff comments

### Sustainability

Comments from staff related to wanting to ensure the new site will focus on being sustainable in terms of net zero and its transportation links and active travel. Bike racks and safe walking access should be a focus for reducing traffic and providing greener options. There were questions about the amount of space available, not only for adequate parking, but also for solar/wind power or other renewable energy sources. People also questioned whether the new site will be “future proof” and will have expansion potential as many people have worked in previous hospitals that grew exponentially over the years to accommodate more and more patients. Furthermore, some staff would like to consider the other hospitals nearby and their lifespan and whether this new site could take on their capacity, should they need to.

### Parking

Parking was of concern; in particular, people think there should be a park and ride to reduce traffic, but adequate staff parking should also be reiterated as it should be available for all staff, not just a proportion. Parking should be better supervised and organised including cheaper parking costs so that surrounding roads are not full of parked cars which will impact safety and access for staff, patients, and residents. Parking should be free to all staff, with recognition that staff on lower pay grades should also receive free parking.

### Access

There needs to be multiple access points so that delivery trucks, ambulances, staff and patients are not utilising the same access point. Similarly, bus access should not interfere with car traffic and vice versa and should have suitable turning spaces. Access concerns also related to the impact on the local infrastructure and how this will affect schools, residents, patients, and ambulances. Access needs to be adequate to avoid queuing to get onto the site.

### Hospital Infrastructure

More specific comments related to the implementation of single patient rooms, hospital planning related to palliative care, and some specific improvement ideas for wards. A suggestion also included having more green spaces accessible to patients, particularly if the hospital is built to be wider so more people can have a view.

The debate of whether the hospital should be built multi-storey or over more area space received some discussion; some believed it can be more efficient in a multi-floor as it removes needing to travel miles of corridors, whereas the previous point reiterates the access to green space. Specific comments related to keeping diagnostics on the ground floor for efficiency, as well as ensuring the design of the building can accommodate the heavy equipment and movement of such equipment. There also needs to be sufficient storage spaces across the clinical areas.

### Staff responses key themes

- Sustainability

“All sustainability aspects of net zero and the new travel and transport directives need to be taken account of and applied in full. This includes active travel. But air pollution is a big aspect.”

“We need to look at the community model and new clinical pathways to what needs to be included in planning the new hospital.”

“Future proof! I worked for a trust that built a new hospital with a department for a 3k patient throughput, by the time it was built, we'd expanded to 15k throughput.”

“Space for future development/additional buildings etc where parking etc will not have to be impinged upon.”

“We also have to consider the ecological impact, is there space/scope for solar, wind power, renewable energy sources etc.”

- Access

“Multiple points of access, so that delivery trucks, ambulances, staff are not utilising the same access point.”

“Impact on local infrastructure regarding accessibility i.e. schools/ residents/ambulance/patient/staff access to and from the site.”

“Easy access to staff accommodation. Medical Students, International Nurse and Medical Graduates. Many of our staff and trainees are highly transient and need a place to stay whilst they are with us.”

“Not too far from the current site - a lot of our teams have moved to the area specifically to be close to this site.”

- Parking

“Parking for all staff not just a proportion.”

“To curb the parking shortage situation we could we perhaps consider a Park and Ride?”

“Parking and access for all service users is imperative and makes the whole process and satisfaction of staff and patients better, reduces DNA, attendance and sets the patients parents in a better frame of mind.”

“Adequate bike storage racks; preferably under cover.”

“Good access to the site for public transport, for patients and staff.”

- Hospital organisation

“Single rooms however do bring challenges with staffing.”

“Mental health and support of patients to other patients in the form of care and love will be lost with single rooms.”

“We need a hospice wing for palliative care which allows for appropriate bed allocation in acute sites. But also, the right to die in a suitable setting.”

“Door widths to accommodate bariatric wheelchairs as currently OPD clinic room doors do not.”

- Building height

“Plenty of multi-floor hospitals elsewhere, especially internationally. Can be more efficient rather than travelling miles of corridors.”

“Going wider also allows all patients to have a view and being able to access green spaces which can reduce medication and reduce blood pressures etc in some instances. Very much a sustainability directive.”

“Just needs to be well designed to be able to accommodate the heavy equipment.”

“Keep diagnostics on ground floor.”

- General feedback unrelated to specific phases of engagement

“Will there be a training/education centre included in the plans?”

“Might seem a trivial point, but in the new hospital can we please have adequate staff toilet facilities, and also consideration be given to being a Menopause friendly organisation with some relevant spaces/facilities available.”

“Simple things like enough electric sockets /data lines should be future proofed. Elm block does not seem to have enough sockets and use of extension leads is not ideal.”

“Ensure that wards and departments are designed in user friendly way. Service users always get lost in the hospital as the maps and signs are confusing to all services users.”

“Ensure we have therapy gardens and safe spaces for all ages.”

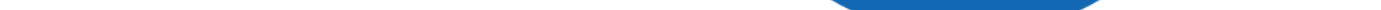
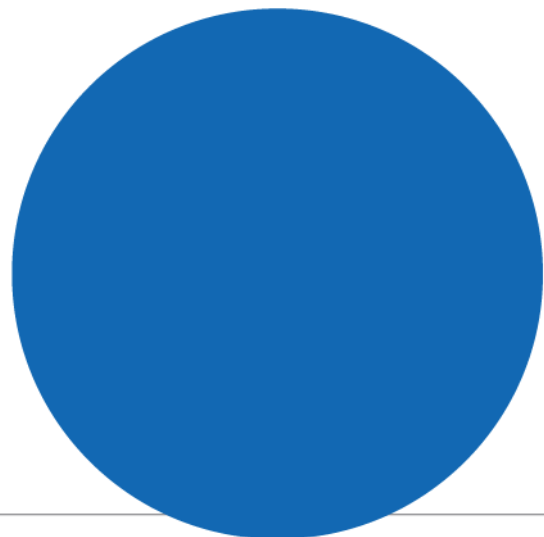
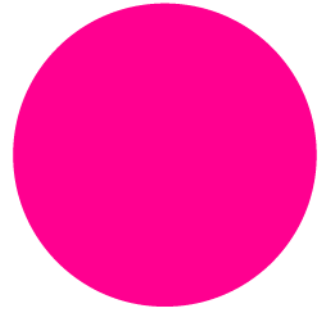
“The new building to offer an adequate storage space across the clinical areas.”

“Hubs still need a lot of space as people come back to it.”

“Better areas / facilities for our patients with additional needs.”

“Will there be staff support facilities e.g. onsite nursery facilities?”

# Appendices



## **Appendix A: Communications and engagement plan**

### **DEVELOPING A REPLACEMENT FOR FRIMLEY PARK HOSPITAL**

#### **COMMUNICATIONS AND ENGAGEMENT PLAN FOR DEVELOPING THE CRITERIA WITH WHICH TO EVALUATE POTENTIAL NEW SITES**

**NOVEMBER 2023 v8.0**

## **1 INTRODUCTION**

Frimley Health NHS Foundation Trust has been granted funding approval for a new state-of-the-art replacement for Frimley Park Hospital through the government's New Hospital Programme.

The hospital needs to be replaced because around 65 per cent of the current hospital is made of Reinforced Autoclaved Aerated Concrete (RAAC).

RAAC deteriorates over time and is now at the end of its life, posing a potential safety risk to patients, visitors, and staff. Our RAAC is constantly monitored and safety works undertaken to ensure that we maintain a safe environment. The Department of Health and Social Care requires the NHS to stop using hospital buildings constructed from RAAC by 2035 but has set a deadline of 2030 for the seven most affected hospitals, which includes Frimley Park.

The Trust has assured stakeholders that a range of opportunities will be created for patients, staff, the local community, and others to be involved and engaged in all stages of the new hospital development.

## **2 CONTEXT AND CASE FOR CHANGE**

Alongside our clinical teams and advisors, we have considered whether attempting to build a new hospital on our current site is a viable option, as part of a strategic outline case (SOC).

However, this would require a phased demolition and rebuild on a site which is already congested, causing significant disruption to our patients, staff, and hospital services. Most importantly, however, it would be impossible to complete a phased build by 2030.

Our current site is also too small to deliver modern healthcare standards, and we cannot adequately cater for our growing and ageing population with our current buildings.

NHS capacity and demand modelling shows that the replacement for Frimley Park Hospital will need to have more beds and a footprint twice as large as the current hospital – developing a new hospital on a new site also allows for growth in the future, and would enable us to improve integrated working by potentially bringing some of our partners on site.

As a result, we are actively looking for potential locations for the replacement for Frimley Park Hospital.

This document sets out how Frimley Health NHS Foundation will work with patients, carers, local communities, staff, partners, and stakeholders to develop, refine, and agree the criteria we will use to evaluate potential sites for a new hospital.

### **3 INVOLVING OUR COMMUNITIES, STAFF AND STAKEHOLDERS IN DEVELOPING THE CRITERIA TO EVALUATE POSSIBLE HOSPITAL SITES**

We are committed to making sure that our patients, staff, volunteers, our local communities, Foundation Trust governors, and other stakeholders will all have an opportunity to be involved in how we evaluate possible sites for a new hospital.

Between late 2023 and early 2024, we will be asking people about what is important to them in a new Frimley Park Hospital site and we will be giving them the chance to contribute to the criteria that will be used when evaluating possible viable locations.

One of our guiding principles is that we are keen for a new site to be located close to the current Frimley Park Hospital site.

During this period of engagement, it will not be possible for us to engage people on their preference for which site the hospital should be located on. This is because we have a duty to ensure we obtain the best value for money from any transaction to purchase a new site, and there are commercial considerations of confidentiality we will need to take into account.

### **4 COMMUNICATIONS AND ENGAGEMENT APPROACH**

We are, however, committed to engaging with our patients, staff, communities, stakeholders, and partners widely and comprehensively.

As such, we will bring people together to discuss the case for change for a new hospital site and the criteria we are planning to use to evaluate potential sites. They will have opportunities to:

- find out why staying on our current site is not a viable option
- contribute to the development and refining of evaluation criteria that will be applied when assessing possible sites for a new hospital
- tell us which evaluation criteria are most important to them and why

The way we involve people will include:

### **Involving our patients, governors, staff, and communities**

We will look to establish patient, public, and staff reference groups for the life of the new hospital project. We are also setting up a communications and engagement 'steering group' – which will include patient representatives and others – to assist in developing and facilitating effective communications and providing valued guidance.

By providing us with expert advice and sharing their lived experiences of using and working in our health services, the groups will be invaluable in guiding the development of the replacement for Frimley Park Hospital throughout the programme, from now until the doors open on a new hospital.

We will also seek views and support from our Council of Governors, who will have opportunities to provide feedback on our plans for engagement and discuss any support they would like to be involved in our work, as well as feedback on the evaluation criteria.

We will also be engaging with our Foundation Trust membership to similarly provide feedback on the criteria.

### **Priority stakeholder site tours of the current Frimley Park Hospital site and engagement meetings**

Opportunities to demonstrate to priority stakeholders the case for change and discuss the draft evaluation criteria will be created. Priority stakeholders might include, for example, HOSCs, MPs, Healthwatch, governors, staff side representatives, organisations delivering services on site, local authority planning departments, council leaders and chief executives.

### **Virtual and in person listening events**

We will run virtual and in person listening events where members of the public, those in patient and health-related voluntary organisations, and staff will be invited to find out more about the case for change and support the development and refinement of the criteria.

### **Community engagement**

In addition to hosting events, we will actively engage community groups, including offering to attend existing groups and forums, provide relevant and accessible information for discussion and dissemination, and ensure opportunity to engage with the work is provided in key meetings and briefings.

We will also investigate information stands, with opportunities to discuss the project, in foyers across NHS sites and in community locations.

### **Online questionnaire**

We also recognise that some of our patients travel from further afield to access specialist services which are commissioned nationally. At the same time, we provide community services to people locally who may not need to come to hospital for their care.



To ensure we hear from as many of our patients, communities, and staff as possible, we will also engage people online, such as through an online questionnaire on the criteria.

### **Working with our health overview and scrutiny committees**

We will work with relevant county council and unitary authority overview and scrutiny committees to explain that staying on our current site is not an option to deliver a new hospital by 2030 and agree our process for selecting a new site for Frimley Park Hospital.

We will also agree with them the engagement we are planning with local people on the criteria we will use to evaluate potential viable sites, and seek the committees' feedback on our draft evaluation criteria.

## **5 AUDIENCES**

### **External audiences – to be informed**

- HM Treasury
- Department of Health and Social Care
  - Programme lead
  - Communications lead
- NHS England New Hospital Programme
  - Programme Lead
  - Communications lead
- Care Quality Commission
- NHS England South East
  - Regional Director
  - Regional lead
  - Communications lead

### **Internal audiences – to be informed and engaged**

- Board
- Governors
- Frimley Park staff and volunteers
- Defence Medical Group South East
- Wider FHFT staff and volunteers

### **External audiences – to be informed and engaged**

- NHS Frimley (ICB)
- Frimley Health and Care Integrated Care Partnership and Integrated Care System partners (not otherwise listed):

- Berkshire Healthcare NHS Foundation Trust
- Surrey and Borders NHS Foundation Trust
- South Central Ambulance Service NHS Foundation Trust
- South East Coast Ambulance Service NHS Foundation Trust
- Sussex Partnership NHS Foundation Trust
- Berkshire Primary Care Ltd
- East Berkshire Primary Care Out of Hours
- Surrey Heath Community providers
- The Federation of Windsor, Ascot and Maidenhead Practices
- Salus Medical Services Ltd
- Virgin Care
- NHS Leadership Academy South East
- Hart Voluntary Action
- Involve
- Slough CVS
- Voluntary Action South West Surrey
- Rushmoor Voluntary Services
- Neighbouring integrated care boards:
  - NHS Hampshire and Isle of Wight ICB
  - NHS Surrey Heartlands ICB
  - NHS Buckinghamshire, Oxfordshire and Berkshire West ICB
- Neighbouring and partner NHS acute hospital trusts:
  - Ashford & St Peter's Hospitals NHS Foundation Trust
  - Hampshire Hospitals NHS Foundation Trust
  - King's College Hospital NHS Foundation Trust
  - Royal Berkshire NHS Foundation Trust
  - Royal Surrey NHS Foundation Trust
  - St George's University Hospitals NHS Foundation Trust
  - University Hospital Southampton NHS Foundation Trust
- Other NHS partner providers, including:
  - Southern Health NHS Foundation Trust
  - Solent NHS Foundation Trust
  - Buckinghamshire Healthcare NHS Foundation Trust
  - North Hampshire Urgent Care
- Other GP Federations, including:

- Farnham Integrated Care Services
- Primary Care Networks [DN: Federations and private providers listed in the above]
  - Surrey Heath PCN
  - East Berkshire PCNs
  - North East Hants and Farnham PCNs
- County Councils
  - Surrey County Council
  - Hampshire County Council
- Unitary authorities
  - Bracknell Forest Council
  - RBWM Council
  - Slough Borough Council
  - Wokingham Borough Council
- Borough and district councils
  - Surrey Heath Borough Council
  - Guildford Borough Council
  - Hart District Council
  - Runnymede Borough Council
  - Rushmoor Borough Council
  - Waverley Borough Council
- Healthwatch:
  - Healthwatch Surrey
  - Healthwatch Bracknell Forest (via East Berkshire lead)
  - Healthwatch Hampshire (via strategic lead)
  - Healthwatch RBWM (via East Berkshire lead)
  - Healthwatch Slough (via East Berkshire lead)
- Local MPs:
  - Surrey Heath – Michael Gove
  - Aldershot – Leo Docherty
  - North East Hampshire - Ranil Jayawardena
  - Bracknell Forest and Windsor – Adam Afriyie
  - Bracknell – James Sunderland
  - Slough – Tan Dhesi
  - Waverley, Farnham and South West Surrey – Jeremy Hunt
  - Windsor and Maidenhead – Theresa May

- Local media
- Foundation Trust Members
- Patients, local communities, wider public, including:
  - Fleet U3A Health and Wellbeing Group
- Potential for campaign / support groups tbc

**External – current site partners/neighbours (and in future new site partners/neighbours)**

- Tbc

## 6 PRODUCTS

We will produce the following materials to support the communications and engagement required for the engagement on the site evaluation criteria.

- Narrative and key messages
- Site criteria accessible for public audiences
- FAQs and lines to take
- Slide pack for stakeholder and staff briefings, with speaking notes
- Emails to NEDs and governors
- Emails to staff
- Emails to partners, stakeholders, patient and community participation groups
- Questionnaire, online materials, discussion guide and form to capture feedback of group discussions etc.
- Media releases and social media content
- Articles for syndication through existing channels
- Digital content:
  - Video clips
  - Infographics
  - Intranet page
  - Website copy [or standalone microsite for the new hospital programme could be developed]
  - Social media content

## 7 COMMUNICATIONS AND ENGAGEMENT ACTIVITY TIMELINE

This high-level plan summarises key milestones, deliverables and programme dependencies:

Date	Activity	Detail	Audience
<b>Engagement period – opens w/s 20 November (tbc)</b>			
<b>w/c 20 Nov</b>	• Heads-up briefings for key stakeholders and media	• Including calls and emails to priority stakeholders, and on-site media briefing including tour to explain case for change and need for a new site	All audiences
<b>w/c 20 Nov</b>	• Engagement period launched/opens	• Web content, questionnaire, FHFT intranet content published	All audiences
<b>w/c 20 Nov</b>	• Email for Frimley Board, governors and staff	• To launch engagement and direct to engagement opportunities including online questionnaire	

Date	Activity	Detail	Audience
w/c 20 Nov	<ul style="list-style-type: none"> <li>Email for system colleagues including boards and governors</li> </ul>	<ul style="list-style-type: none"> <li>To launch engagement and direct to engagement opportunities including online questionnaire</li> </ul>	System colleagues including boards and governors
w/c 20 Nov	<ul style="list-style-type: none"> <li>Email for Frimley site partners with article for use in their corporate channels</li> </ul>	<ul style="list-style-type: none"> <li>To launch engagement and direct to engagement opportunities including online questionnaire</li> </ul>	Current FHFT site partners and their staff
w/c 20 Nov	<ul style="list-style-type: none"> <li>Email to all other stakeholders, such as Healthwatch, voluntary organisations and community groups, MPs</li> </ul>	<ul style="list-style-type: none"> <li>To launch engagement and direct to engagement opportunities including online questionnaire</li> </ul>	Stakeholders and their staff/networks
w/c 20 Nov	<ul style="list-style-type: none"> <li>Email to new Hospital patient and staff reference groups</li> </ul>	<ul style="list-style-type: none"> <li>To invite to inaugural meeting in November or December to find out more about case for change and discuss draft evaluation criteria</li> </ul>	New Hospital patient, public and staff advisory group
Nov – Jan	<ul style="list-style-type: none"> <li>Engagement activities undertaken</li> </ul>	<ul style="list-style-type: none"> <li>Including priority stakeholder site tours and engagement meetings; virtual listening events; online questionnaire; patient and staff reference groups meetings.</li> </ul>	All audiences
Nov – Jan	<ul style="list-style-type: none"> <li>Continued engagement with local authority scrutiny committees</li> </ul>	<ul style="list-style-type: none"> <li>Update on progress and agree next steps</li> </ul>	Local authorities:  Hampshire CC, Surrey CC, Bracknell Forest Council, RBWM
Nov – Jan	<ul style="list-style-type: none"> <li>Cascade engagement opportunities to staff throughout FHFT</li> </ul>	<ul style="list-style-type: none"> <li>Opportunity to discuss the criteria cascaded throughout FHFT, through clinical and non-clinical directorate meetings</li> </ul>	FHFT staff
w/c 20 Nov	<ul style="list-style-type: none"> <li>Presentation at Hampshire Health and Adult Social Care Committee</li> </ul>	<p>Presentation and paper aim to:</p> <ul style="list-style-type: none"> <li>explain that staying on our current site is not an option to deliver a new hospital by 2030</li> <li>agree our process for selecting a new site for Frimley Park Hospital</li> <li>seek feedback on the engagement we are planning</li> </ul>	Hampshire Health and Adult Social Care Committee

Date	Activity	Detail	Audience
		<p>with local people on the criteria we will use to potential sites</p> <ul style="list-style-type: none"> <li>• seek feedback on our draft evaluation criteria</li> </ul>	
w/c 20 Nov	<ul style="list-style-type: none"> <li>• Final paper deadline for Surrey Adults and Health Select Committee</li> </ul>	<p>Paper aims to:</p> <ul style="list-style-type: none"> <li>• explain that staying on our current site is not an option to deliver a new hospital by 2030</li> <li>• agree our process for selecting a new site for Frimley Park Hospital</li> <li>• agree the engagement we are seek feedback on with local people on the criteria we will use to evaluate potential sites</li> <li>• seek feedback on our draft evaluation criteria</li> </ul>	Surrey Adults and Health Select Committee
w/c 27 Nov	<ul style="list-style-type: none"> <li>• Presentation / discussion at FHFT senior leaders forum</li> </ul>	<ul style="list-style-type: none"> <li>• Presentation / discussion at FHFT senior leaders' forum</li> </ul>	FHFT senior leaders
w/c 27 Nov	<ul style="list-style-type: none"> <li>• Presentation at Bracknell Forest Council senior leadership team meeting</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunity to update senior council officers on programme.</li> </ul>	Bracknell Forest Council senior leaders
w/c 4 Dec	<ul style="list-style-type: none"> <li>• Presentation at Frimley VCSE Alliance</li> </ul>	<ul style="list-style-type: none"> <li>• Council of voluntary services for the whole of Frimley (10.30 – 11.30am).</li> <li>• Opportunity to update on case for change, proposals, discuss draft criteria, and encourage engagement and dissemination among community</li> </ul>	Voluntary sector and community organisations
w/c 4 Dec	<ul style="list-style-type: none"> <li>• Presentation at Surrey Adults and Health Select Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Presentation and paper aim to:</li> <li>• agree that staying on our current site is not an option to deliver a new hospital by 2030</li> <li>• agree our process for selecting a new site for Frimley Park Hospital</li> <li>• agree the engagement we are planning with local people on the criteria we will use to</li> <li>• evaluate potential sites</li> </ul>	Surrey Adults and Health Select Committee

Date	Activity	Detail	Audience
		<ul style="list-style-type: none"> <li>seek feedback on our draft evaluation criteria</li> </ul>	
Close engagement period – 7 Jan (tbc)			
w/c 8 Jan – w/c 22 Jan 2024 (tbc)	<ul style="list-style-type: none"> <li>Summary feedback report</li> </ul>	<ul style="list-style-type: none"> <li>Evaluate responses and develop summary report</li> </ul>	
w/c 22 Jan 2024	<ul style="list-style-type: none"> <li>Finalise evaluation criteria</li> <li>Communicate final criteria</li> </ul>	<ul style="list-style-type: none"> <li>Programme team finalise evaluation criteria based on summary report</li> <li>Communicate final criteria and publish summary report.</li> <li>Thank participants, advise on next steps and how to stay involved</li> </ul>	

## 8 COMMUNICATIONS RISKS AND MITIGATIONS

Risk	Mitigation	Owner
<b>Engagement audience(s) do not understand why they are not being asked for their views on which site the new hospital should be located on.</b>	Clear and consistent narrative and explanation, with detailed lines to take to support meeting discussions.	Communications
<b>NHP brand and visual identity not in place in time for collateral and promotion during engagement period phase</b>	<p>NHP brand and visual identity to be formally launched in the new year alongside NHP programme name.</p> <p>Branding will until that period will be in line with existing branding and guidelines.</p>	Communications
<b>Patient, public or staff reference groups are not supported to perform effectively</b>	Consistently Chaired with appropriate admin support provided as required (either from the project team or within the communications team)	Communications
<b>Public and staff events are not organised and managed in a timely manner leading to limited engagement</b>	Ensure events are advertised via multiple FHFT and ICB communications channels at least two weeks before they take place.	Communications

## 9 REVIEW AND EVALUATION



Delivery of this engagement approach will be measured against the principles and commitments outlined in section four.

The FHFT communications team will monitor traditional media and social media channels, and key stakeholder feedback/intelligence, and share coverage with the Trust Chief Executive, Director of Estates and Facilities and the programme team.

The communications team will continue to review and shape the narrative and messaging in response to emerging issues, themes or reactions.

The Trust's communications team will review coverage/engagement to see the extent to which core messaging is reported.

## **Appendix B: Online Questionnaire**

### **Help us assess the potential sites for your new hospital**

#### **Introduction**

We are delighted that we have been included in the government's New Hospital Programme, which will see us build a new state-of-the-art replacement for Frimley Park Hospital by 2030. We want to involve as many people as possible throughout our work to deliver a new hospital, and this questionnaire will give you the opportunity to have your say on what is important to you when we are looking at possible sites.

#### **Why do we need to build on a new site?**

Frimley Park Hospital needs to be replaced because it was built in the 1970s using Reinforced Autoclaved Aerated Concrete (RAAC), which makes up around 65 per cent of the current hospital. RAAC deteriorates over time and is now at the end of its life, posing a potential safety risk to patients, visitors, and staff. As a result, considerable costly surveillance and maintenance works are required to ensure people's safety. By the end of 2024/25, we will have spent nearly £30 million on surveys and remedial works alone, to keep our current site safe. The Department of Health and Social Care requires the NHS to stop using hospital buildings constructed from RAAC by 2035 but has set a deadline of 2030 for the seven most affected hospitals, which includes Frimley Park.

Alongside our clinical teams and advisors, we have considered whether attempting to build a new hospital on our current site is a viable option. However, this would require a phased demolition and rebuild on a site which is already congested, causing significant disruption to our patients, staff, and hospital services, as well as being more expensive. Most importantly, however, it would be impossible to complete a phased build by our deadline of 2030.

#### **Have your Say**

Over recent months, we have been identifying potential sites for the location of a new hospital. Through further research, we expect to be able to rule out sites which are not viable.

We are asking our patients, staff, volunteers, our local communities and other stakeholders to have your say in the criteria we are developing to assess the potential sites. This is the first of many opportunities for you to tell us what you think as we begin our journey to build a state-of-the-art replacement by 2030. We would like to know what you think of our criteria: if you think any need refining, if anything key is missing, if any are particularly important to you, and why.

It's worth noting that the criteria that follow are not the only criteria we will be using.

As you would expect, there are separate criteria regarding commercial and value for money considerations which we must take into account. Similarly, we are

looking to ascribe a monetary value to criteria like flooding, any decontamination needed, utilities, landscaping, and ecology.

We will also assess any relevant planning considerations, including the use of adjacent land, if it is on or near Green Belt land or Sites of Special Scientific Interest, potential planning restrictions, changing planning use, and whether the site is allocated in local plans.

**Q01.**

**Base: All respondents**

Are you...

SINGLE RESPONSE

A member of the public
A member of staff at Frimley NHS Foundation Trust
Another stakeholder (for example a Councillor or patient representative)
Other (Specify)

**Q02.**

**Base: All respondents**

Please share the first part of your postcode (for example SL1)

OPEN RESPONSE

**Q03.**

**Base: All respondents**

Which gender do you identify as?

SINGLE RESPONSE

Male
Female
Transgender
Non binary
Prefer not to say
Other (Specify)

**Q04.**

**Base: All respondents**

What is your age?

SINGLE RESPONSE

Under 18
19-24
25-34
35-44
45-54
55-64
65-74
75-84

Over 85
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**Q05.**

**Base: All respondents**

What is your ethnicity?

SINGLE RESPONSE

Asian or Asian British - Indian
Asian or Asian British – Bangladeshi
Asian or Asian British – Pakistani
Asian or Asian British - Chinese
Any other Asian background
Black, Black British, Caribbean or African – Caribbean
Black, Black British, Caribbean or African – African
Any other Black, Black British, Caribbean background
Mixed or multiple ethnicities – White and Black Caribbean
Mixed or multiple ethnicities – White and Black African
Mixed or multiple ethnicities – White and Asian
Any other mixed or multiple ethnic background
White – English, Welsh, Scottish, Northern Irish, British
White – Irish
White – Gypsy or Irish Traveller
White – Roma
Any other white background
Other ethnic group – Arab
Any other ethnic group (SPECIFY)

**Q06.**

**Base: All respondents**

Do you consider yourself to have a disability that impacts on day to day life?

SINGLE RESPONSE

No
Yes

## The Criteria: Site location

These criteria are to do with the site location itself. Please read these criteria before answering the questions below.

Evaluation criteria	Questions to test
<b>Distance from current site</b>	<ul style="list-style-type: none"><li>• How much does this site option increase/reduce travel time and/or costs for patients to access specific services, compared to now?</li><li>• Is the staff travel required for this site option acceptable?</li><li>• To what extent does this site have an impact on neighbouring hospitals, for example if patients travel to them instead?</li></ul>
<b>Access by car</b>	<ul style="list-style-type: none"><li>• To what extent does this site option have existing access roads that could manage, with minor works, the volume of vehicles likely?</li><li>• To what extent does this site option offer alternative routes to and from it for blue light and emergency situations?</li><li>• To what extent does the site option's nearby road network mean that we can create sufficient parking spaces on the site?</li></ul>
<b>Distance from key highways</b>	<ul style="list-style-type: none"><li>• To what extent is the site option accessible from major junctions of key routes such as the M3 and A331?</li></ul>
<b>Access by foot and cycle</b>	<ul style="list-style-type: none"><li>• To what extent does the site option have existing path and bicycle routes to and from key transport points and town centres?</li><li>• Is it a reasonable assumption that paths and routes could be added or adapted?</li></ul>
<b>Access by public transport</b>	<ul style="list-style-type: none"><li>• To what extent does this site option have existing bus routes?</li><li>• To what extent does the site option offer reasonable bus routes from train stations?</li></ul>

Evaluation criteria	Questions to test
<p><b>Consideration of health inequalities and deprivation</b></p>	<ul style="list-style-type: none"> <li>• To what extent is the site option in, adjacent to, or easily accessible from the more deprived areas of the hospital’s catchment area? This is to reflect that there is greater incidence of ill-health and poorer access to transport in more deprived areas.</li> <li>• To what extent does the site option impact on health inequalities, those groups with certain protected characteristics (for example older people, or those with disabilities), or any other specific groups, for example carers.</li> </ul>

**Q07.**

**Base: All respondents**

Of the above criteria, are any more important to you than the others? Please select up to two criteria.

*MULTI RESPONSE*

Distance from the current site
Access by car
Distance from key highways
Access by foot and cycle
Access by public transport
Consideration of health inequalities and deprivation
No, they are equally important

**Q08.**

**Base: All respondents**

Please tell us why.

*OPEN RESPONSE*

**Q09.**

**Base: All respondents**

Are there any criteria you think are missing from this selection. If so, please tell us what.

*OPEN RESPONSE*

## The Criteria: Planning and restrictions

These criteria are about planning: the potential size of the hospital, and whether the site is close to noise or air pollution. Please read the criteria before answering the questions below.

Criteria	Definition / detail
<b>Expansion potential</b>	<ul style="list-style-type: none"><li>To what extent does the site option have the potential to expand, ideally adjacent or within the very local area?</li></ul>
<b>Local noise and pollution</b>	<ul style="list-style-type: none"><li>To what extent does the site option have sources of significant local noise and / or polluting industries or is it in an area known for high levels of noxious gases?</li></ul>
<b>Development height parameters</b>	<ul style="list-style-type: none"><li>What are the likely parameters for the site option development height?  Ideally for the new hospital, at least three-storey height must be achievable, with a preference for up to five storeys.</li></ul>

### Q010.

**Base: All respondents**

Of these criteria, are any more important to you than the others?

SINGLE RESPONSE

Expansion potential
Local noise and pollution
Development height parameters
No, they are equally important

### Q011.

**Base: All respondents**

Please tell us why.

OPEN RESPONSE

### Q012.

**Base: All respondents**

Are there any criteria you think are missing from this selection. If so, please tell us what.

OPEN RESPONSE

## The Criteria: Purchasing the site

These criteria are about buying the site itself, and any barriers we may need to overcome. Please read the criteria before answering the questions below.

<b>Availability of land</b>	<ul style="list-style-type: none"><li>To what extent are we sure that the site option land is available for sale?</li></ul>
<b>Appetite to sell</b>	<ul style="list-style-type: none"><li>How interested is the owner of the site option in selling?</li></ul>
<b>Readiness to sell</b>	<ul style="list-style-type: none"><li>How ready is the site option for sale? Are there planning, ownership, or tenancy issues that need to be overcome?</li></ul>

### Q013.

**Base: All respondents**

Of these criteria, are any more important to you than the others?

SINGLE RESPONSE

Availability of land
Appetite to sell
Readiness to sell
No, they are equally important

### Q014.

**Base: All respondents**

Please tell us why.

OPEN RESPONSE

### Q015.

**Base: All respondents**

Are there any criteria you think are missing from this selection. If so, please tell us what.

OPEN RESPONSE

### Q016.

**Base: All respondents**

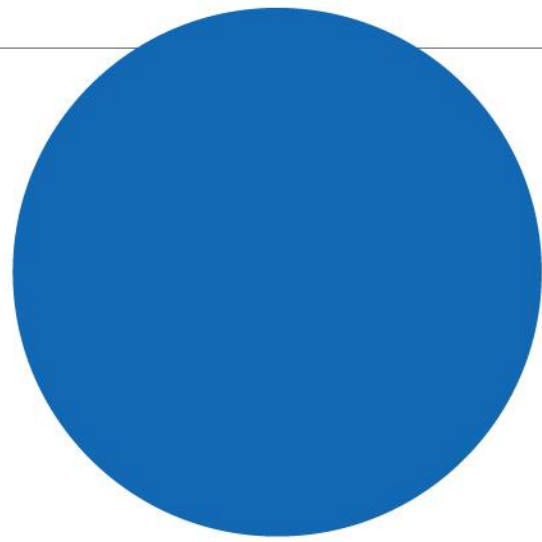
Do you have any further comments that you have not already made?

OPEN RESPONSE



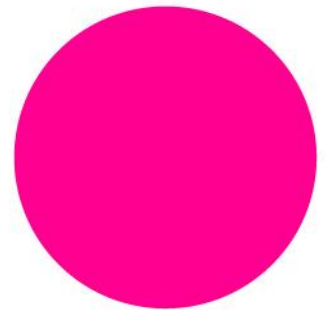
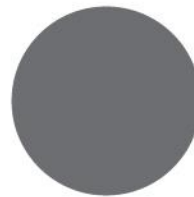
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# For more information



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