

# Report

**Subject** : Salisbury District Hospital – Development Brief

**Report to** : The Cabinet

**Date** : Wednesday 28 February, 2006

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**Cabinet Member for Planning and Economic Development** : Cllr Mrs Brown

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## 1. Purpose of report:

- 1.1 To recommend to members the adoption of the development brief for Salisbury District Hospital as Supplementary Planning Guidance.
- 1.2 This document was published for consultation in the autumn of 2005. This updated version of the development brief includes a number of changes based on comments that emerged during the consultation process where it was considered appropriate and reasonable to do so. Subject to members acceptance that all the raised issues have been satisfactorily addressed and that the changes made are appropriate, the report concludes by seeking the formal adoption of the document by the Cabinet as Supplementary Planning Guidance to the adopted Local Plan which will then be used to assess planning applications relating to the site.

## 2. Background:

- 2.1 Following meetings in 2002 between Planning Officers from Salisbury District Council and representatives from Salisbury District Hospital's Estates Department it was agreed to undertake the production of a development brief for the Hospital which would attempt to articulate a longer term view of development aspirations. The aim of the document was to provide a context within which future planning applications could be considered and that as a result decisions could be reached more quickly. Furthermore, by addressing broad issues such as design, access and sustainability there would be consistency for all parties in terms of the expectations on development quality.
- 2.2 The development brief proceeded through a period of public consultation between the dates 6<sup>th</sup> October and the 17<sup>th</sup> November 2005. A key part of the development brief preparation process is that appropriate public consultation is undertaken to inform those with interests and gain views that can be taken into account in shaping the final brief. To publicise the consultation the following measures were employed



Awarded in:  
Housing Services  
Waste and Recycling Services



- Formal letters to a list of statutory consultees and identified individuals/organisations
- Public Notice in the local newspaper
- Issue of a press release which was picked up and addressed in a radio interview
- Publication of the brief on the District Council website
- Placement of copies and public notices in SDC offices and Salisbury Library
- Production and distribution of a summary leaflet. Batches of the leaflet were sent out to over 60 health service facilities within the Salisbury District Hospital catchment area for people to take away and find out more.
- A static exhibition of the key proposals in Salisbury Central Library for 1 week
- A manned exhibition within the hospital foyer on 8<sup>th</sup> November involving Trust staff and planning officers

2.3 All of these measures were designed to improve awareness of the exercise and was compliant with the emerging Statement of Community Involvement which was in its early stages at that time.

### **3. Results of the Public Consultation:**

3.1 At the close of the consultation period, 32 responses had been received. Of the responses received 6 were in support of the proposals, 2 were in objection, however the remaining majority raised points that either required clarification or contributed to making improvements to the brief.

3.2 In light of the responses received, negotiations have been taking place between Salisbury District Council and Salisbury District Hospital concerning amendments to be made to the brief in light of comments received as part of the consultation process. The key issue which has led to considerable delay in progressing the document has been transportation and parking. This is discussed in section 4 below.

3.3 A full summary of all the issues raised by respondents, responses and proposed changes are set out in the table at Appendix 1 of this report. The changes to the brief set out in that appendix and have been incorporated into the version that is now presented to members at Appendix 2.

### **4. Key issues:**

4.1 It is not the intention of this report to examine in detail the content of the brief given that a copy is provided for members or available to view online at <http://www.salisbury.gov.uk/planning/sdh/>. This section will however seek to highlight the key sections and issues.

- The early sections present a comprehensive appraisal of the site background which is designed to inform a range of interests and the wider community about the future direction which the Trust is seeking to pursue.
- For the purposes of understanding and managing future development section 4 is the most critical. As a summary, the table in Appendix 1 sets out these key objectives and a range of information regarding the issues and solutions
- Section 5 draws out the key development proposals which will be coming forward in the next 7 years which will see significant change to the campus. The section sets out a tentative build programme and highlights areas which will undergo varying levels of change.
- Section 6 addresses key issues which will be considered when development proposals are put together. Design and Landscaping represent key areas which the brief was required to address and these sections include a range of guidelines which will be adhered to when framing development proposals. Further sections also examine Infrastructure, Public Art, Safety/Security and Social/Recreational issues.
- Sections 7 and 8 deal with consultation arrangements and review mechanisms. In respect of consultation, the Trust will engage in pre-application discussion with the District Council on proposals as well as committing to ongoing consultation with a range of key stakeholders. On the matter of review, there is a commitment to review the content of the brief on a regular basis as well as to monitor the results of studies such as the car parking strategy, green travel plan, and environmental strategy.

#### Transportation and Parking

4.2 Members will be aware that there has been long running concerns expressed by the Trust about the availability of parking at the hospital for patients and visitors. However, the district council is, in light of existing planning guidance on parking standards, required to suppress excessive parking provision, particularly where employers have not considered alternatives to car use. In 2002 and 2003, the

Salisbury Joint Transportation Team, along with the Trust, commissioned work to establish what travel planning opportunities existed to reduce the proportion of parking taken up by staff which amounted to 70% of the total available. The exercise recognised the constraints which are applicable, particularly linked to the timing of shift patterns and the availability of public transport, but concluded that reductions in staff parking could be secured.

- 4.3 In 2006, the issue of parking came to a key juncture as levels of complaints to the Trust required action to be taken. In response, the district council took a pragmatic view, allowing the development of an additional car park which would increase visitor spaces from 498 to 750. As a condition planning consent for the car park, the Trust were required to put in place a travel plan for staff. This travel plan has a number of aims, however with respect to parking, the aim is to reduce staff parking by 8% by 2008 which will have the effect of freeing up around 100 additional spaces for visitors from the 1350 or so spaces which are currently occupied by staff. The targets from the travel plan have been incorporated into the Development Brief at section 5.3 (page 37).

## 5. Adoption and use of the Development Brief:

- 5.1 The recommendation below sets out that the Development Brief should be adopted as Supplementary Planning Guidance making it a material consideration in the determination of planning applications, however the document is more important in that it represents clear emphasis on partnership working to ensure that the needs of the Trust in providing services to South Wiltshire can be more rapidly and easily met through the planning process.
- 5.2 On a detailed point, the Corporate Editing team have highlighted that some of the diagrams in the document may not meet Disability Standards. Alterations, approved by the Corporate Editor, have been prepared and these will be added into the document prior to publication. Cabinet is asked to delegate these presentational changes to officers to make.

## 6. Recommendation:

That Cabinet,

- a) taking into account the changes resulting from the consultation exercise, adopts the Salisbury District Hospital Development Brief as Supplementary Planning Guidance to the Salisbury District Local Plan.
- b) That changes to some diagrams within the document be delegated to officers to make as agreed with the Corporate Editor.

## 7. Background Papers:

Salisbury District Local Plan (SDC, June 2003)

## 8. Implications:

- **Financial:** None
- **Legal:** Supplementary Planning Guidance can still be adopted under the new development planning legislation. As work on the LDF progresses the council will need to consider the conversion of SPG to SPD (Supplementary Planning Document) status to maintain its weight as a material consideration. Given that all parties have committed to regular review of the Development Brief, its next version should be directed through the SPD process.
- **Human Rights-** No implications – the legislative process governing the adoption process ensures that the views of individuals are taken into account.
  - **Personnel:** None
  - **Community Safety:** None
  - **Environmental:** Visual impact if trees are lost.
  - **Council's Core Values:** Communicating with the Public, Being Environmentally Conscientious, Being Fair & Equitable, Open, Learning Council and Willing partner
  - **Wards Affected:** All Wards

## SALISBURY DISTRICT HOSPITAL DEVELOPMENT BRIEF – SUMMARY OF CONSULTATION ISSUES

Rep No.	Name	Support, Object or Neutral	Issues Raised	Officer Comment and Changes Made
<b>General Comments</b>				
28	Salisbury Civic Society	Support	<ol style="list-style-type: none"> <li>1. Design: that future development should reflect local architectural styles – reservations whether given the scale of the buildings required if it would be possible to find a local style totally suitable – danger of fragmentation. Landscaping welcomed</li> <li>2. Transport – Supportive of Trust's Green Travel Plan, which encourages staff and visitors to consider transport alternatives to the car, and that provision of car parking is not dominant in the Trust's plans.</li> <li>3. Also concern over harmful effects of the Harnham Relief Road, if it is built.</li> </ol>	<ol style="list-style-type: none"> <li>1. Any development on the hospital site will be expected to uphold the highest standards of design – as detailed in the design guide, "Creating Places", which is available to view on the Council website. Chapter 6 "Design Guide" (P.62-68) of the updated brief attempts to bring in some consistency in building styles for future development.</li> <li>2. The support of the respondent is noted. The Travel Plan will be central to the Trust's future plans. It is hoped that the permission for the additional spaces will provide an adequate amount of car parking for the site in the long term. The conditions of the permission require the Trust to make significant commitments "to encourage alternative means of travel for staff, visitors and patients to the Hospital"</li> <li>3. Noted. Since publication of the consultation draft this scheme has now been abandoned by Wiltshire County Council.</li> </ol>
25	Chalke Valley preservation Society	Object	<ol style="list-style-type: none"> <li>1. Concern over building height and car park light pollution for the impact they have on Odstock village and Ebble Valley.</li> <li>2. Traffic: Nunton and Odstock have experienced increased traffic since the new hospital has been built. People should be directed to use the A338-Downton Road, Salisbury route.</li> <li>3. Future Expansion: Redevelopment of the existing south half of the site should be kept low and no outward extension of the site to the south or east should be allowed.</li> </ol>	<ol style="list-style-type: none"> <li>1. Page 26 of the updated brief indicates that the Trust is sensitive to the impact of building heights. New buildings will be designed and assessed to ensure that they do not have a greater impact than they do at present. As stated on page 57 of the updated brief light pollution will be kept to a minimum by the use of lamp standards with approved fittings and planting around the perimeter of the site.</li> <li>2. Principal signage to the hospital makes use of the major route network. The choice of individuals to use alternative routes will be next to impossible to control.</li> <li>3. See response to point 1 above.</li> </ol>
24	Environment Agency	Support	<ol style="list-style-type: none"> <li>1. Water Efficiency: would like to see more emphasis on water efficiency within the development to ameliorate the impact on the catchment of the Hampshire Avon River.</li> <li>2. Surface Water Drainage: we are pleased to see that best practice is being taken into account. This should cover pollution prevention and flood risk reduction.</li> </ol>	<ol style="list-style-type: none"> <li>1. As stated on Page 59 of the updated brief all services will be metered to audit consumption and ensure energy and water efficiency plant and equipment meets best practice.</li> <li>2. Noted</li> </ol>
32	P R Westgate	Neutral	<ol style="list-style-type: none"> <li>1. Parking: lack of parking at the hospital adds to patient's stress. There is a need for more parking at the site or the provision of a 'park and ride'.</li> </ol>	<ol style="list-style-type: none"> <li>1. The permission for additional parking granted at the end of 2006 should provide an adequate amount of car parking for the site in the long term. In line with government policy the NHS Trust has adopted a Travel Plan that aims "to encourage alternative means of travel for staff, visitors and patients to the Hospital". Details of this are set out in section 5.3 of the development brief. Key Objectives of the development brief include improvements to: public transport provision, information and site penetration; parking allocations</li> </ol>

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				between public and staff, to ensure patient and disabled parking closest to key building entrances; drop-off, disabled access and cycle parking adjacent to the main entrances; and covered pedestrian access from main car parks. (Need for numerical targets)
27	P E P Tomlinson	-	1. Parking: lack of disabled parking and disabled spaces occupied by cars without permits. Car Park outside front entrance should be for disabled only.	1. The permission for additional parking granted at the end of 2006 should provide an adequate amount of car parking for the site in the long term. In line with government policy the NHS Trust has adopted a Travel Plan that aims "to encourage alternative means of travel for staff, visitors and patients to the Hospital". Details of this are set out in section 5.3 of the development brief. Key Objectives of the development brief include improvements to: public transport provision, information and site penetration; parking allocations between public and staff, to ensure patient and disabled parking (11 new spaces for blue badge holders) closest to key building entrances; drop-off, disabled access and cycle parking adjacent to the main entrances; and covered pedestrian access from main car parks.
26	Linda King	-	1. Parking: terrible parking facilities, another car park is needed.	1. The permission for additional parking granted at the end of 2006 should provide an adequate amount of car parking for the site in the long term. In line with government policy the NHS Trust has adopted a Travel Plan that aims "to encourage alternative means of travel for staff, visitors and patients to the Hospital". Details of this are set out in section 5.3 of the development brief. Key Objectives of the development brief include improvements to: public transport provision, information and site penetration; parking allocations between public and staff, to ensure patient and disabled parking closest to key building entrances; drop-off, disabled access and cycle parking adjacent to the main entrances; and covered pedestrian access from main car parks.
21	I Osmond	Support	1. The brief was a well planned document, providing the basis for an agreed planning framework between the hospital and council. 2. What are the implications on the development brief of the application by Salisbury Health Care NHS Trust for NHS Foundation Status? 3. The impact of the proposed Harnham Relief Road in terms of traffic movement, noise and environmental pollution	1. The support of the respondent is noted  2. The securing of Foundation Status by the Trust will have no effect on the development brief.  3. Noted. Since publication of the consultation draft this scheme has now been abandoned by Wiltshire County Council.
20	E. Tiernan	-	1. Need for more parking, current situation dangerous with cars parked on yellow lines and beyond the entrance.  2. It is a shame that the suggestion of a roof garden for the burns patients was not taken up.	1. The permission for additional spaces, should provide an adequate amount of car parking for the site in the long term. In line with government policy the NHS Trust has adopted a Travel Plan which aims "to encourage alternative means of travel for staff, visitors and patients to the Hospital". Details of this are set out in section 5.3 of the development brief.  2. Accessibility to any roof garden on the burns unit meant that the project was not pursued further.

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19	Jimmy Walker, COGS Chairman	-	<ol style="list-style-type: none"> <li>1. The travel plan needs to encourage staff, patients and visitors to use alternative means of transport. Bus access should be prioritised.</li> <li>2. Cycle parking in all new buildings is to be applauded, but more could be done to strengthen references to cycle movements in and around the site.</li> <li>3. Parking should focus on making better use of existing provision rather than on increasing spaces.</li> <li>4. Pedestrian and cycle routes require improvement throughout the hospital.</li> <li>5. There is scope for a traffic free route via the New Bridge/Britford Lane or an extension to Downton Road footpath/cycleway.</li> </ol>	<ol style="list-style-type: none"> <li>1. The permission for additional parking granted at the end of 2006 should provide an adequate amount of car parking for the site in the long term. In line with government policy the NHS Trust has adopted a Travel Plan that aims "to encourage alternative means of travel for staff, visitors and patients to the Hospital". Details of this are set out in section 5.3 of the development brief. Improvements have been made to the Pulseline bus services and further improvements will be sought in the future.</li> <li>2. Cycle/Pedestrian routes are provided from Entrance A &amp; B. It is considered unnecessary to provide 100% dedicated cycle routes.</li> <li>3. The support of the respondent is noted</li> <li>4. Cycle/Pedestrian routes are provided from Entrance A &amp; B. Whilst Objective 9 (Page 48) &amp; 11 (Page 51) of the updated brief highlights that there will be new covered walkways to the rear car parks from the main hospital building.</li> <li>5. The Council will seek to secure improved cycle/footpath route provision as appropriate through developer contributions.</li> </ol>
18	Ann Branson	-	<ol style="list-style-type: none"> <li>1. Concerned about the lack of provision in the Salisbury Hospital Development Brief plan for improvements in car parking. Car park is often overflowing, whilst travelling by train/bus takes even longer than travelling by car, meaning there is a danger of missing appointments. Until a full network of excellent/reliable public transport is available, with some arrangement whereby patients made late through no fault of their own could still be seen, I feel patients and relatives visiting from distant areas need access to adequate parking facilities.</li> </ol>	<ol style="list-style-type: none"> <li>1. The permission for additional parking granted at the end of 2006 should provide an adequate amount of car parking for the site in the long term. In line with government policy the NHS Trust has adopted a Travel Plan that aims "to encourage alternative means of travel for staff, visitors and patients to the Hospital". Details of this are set out in section 5.3 of the development brief. Key Objectives of the development brief include improvements to: public transport provision, information and site penetration; parking allocations between public and staff, to ensure patient and disabled parking closest to key building entrances; drop-off, disabled access and cycle parking adjacent to the main entrances; and covered pedestrian access from main car parks.</li> </ol>
17	Gill Anzelark	Neutral	<ol style="list-style-type: none"> <li>1. Transport: Pleasing to see that SDH has adopted a Green Transport Plan. To encourage greater use of bus services routes need to developed from major residential areas, railway/bus stations – (real time screens, convenient transfers between modes of transport) that meet working/visiting hours.</li> <li>2. Speed humps that reduce car speeds whilst allowing access for wide axle vehicles.</li> <li>3. Along with the proposed cycle parking need for showers, access within the site and CCTV.</li> </ol>	<ol style="list-style-type: none"> <li>1. The Travel Plan will be central to the Trust's future plans. It is hoped that the permission for additional spaces will provide an adequate amount of car parking for the site in the long term. The conditions of the permission require the Trust to make significant commitments "to encourage alternative means of travel for staff, visitors and patients to the Hospital". Details of this are set out in section 5.3 of the development brief. Improvements have been made to the Pulseline bus services and further improvements will be sought in the future. (Need for numerical targets)</li> <li>2. Speed bumps will not be employed on the hospital site due to need to ensure safe access for ambulances (particularly those carrying patients with spinal patients)</li> <li>3. In all new development the hospital will endeavour to provide changing facilities and showers for staff.</li> </ol>

Rep No.	Name	Support, Object or Neutral	Issues Raised	Officer Comment and Changes Made
			<ul style="list-style-type: none"> <li>4. Waste Management: As well as large scale recycling, small scale recycling should also be given priority.</li> <li>5. Energy conservation: new building is an ideal opportunity for construction to employ principles of sustainability, low environmental impact and conservation of water and energy.</li> </ul>	<ul style="list-style-type: none"> <li>4. Opportunities to provide small-scale recycling will be investigated further.</li> <li>5. The Trust has a commitment to improve resource efficiency; Key Objective 12 has been added to reflect this.</li> </ul>
16	Margaret Wilmot, Salisbury Transport 2000	-	<ul style="list-style-type: none"> <li>1. A comprehensive Green Travel Plan for staff, patients and visitors is absolutely crucial.</li> <li>2. Bus – welcome plans, but there is a need for services from Salisbury and larger settlements to be improved, advertised and promoted.</li> <li>3. Car Parking – the better use of existing car parking provision rather than a focus on increasing car parking spaces is commendable.</li> <li>4. Cycling – the provision and improvement of covered cycling parking in all new buildings is to be applauded, though more could be done to strengthen references to cycle movements in and around the site.</li> <li>5. Pedestrian routes – the improvement of pedestrian routes and covered walkways from the bus stops is to be welcomed, though care should be taken in their design.</li> <li>6. Public Rights of Way - there is scope for a traffic free route via the New Bridge/Britford Lane or an extension to Downton Road footpath/cycleway.</li> <li>7. Park and Ride – some thought should be given to whether unused capacity at the Britford Park and Ride site could provide a Park and Walk facility for the hospital.</li> <li>8. Opposition to Brunel Link/Harnham Relief Road due to noise, vibration, air quality and visual intrusion.</li> </ul>	<ul style="list-style-type: none"> <li>1. The Travel Plan will be central to the Trust's future plans. The conditions of the permission require the Trust to make significant commitments "to encourage alternative means of travel for staff, visitors and patients to the Hospital"</li> <li>2. Improvements have been made to the Pulseline bus services and further improvements will be sought in the future.</li> <li>3. There is an ongoing balance to be struck here. The trust have committed to reducing car use by staff through travel planning which will free up spaces for patients and visitors. A key question for the future is how far the travel planning process can go to reduce staff car use to accommodate new demands from expanded clinical services.</li> <li>4. Cycle/Pedestrian routes are provided from Entrance A &amp; B (see Objective 9 on Page 48 of the updated brief). It is considered unnecessary to provide 100% dedicated cycle routes.</li> <li>5. Noted</li> <li>6. The Council will seek to secure improved cycle and pedestrian route provision through developer contributions.</li> <li>7. A number of staff do walk or cycle but this mode is very weather dependent and seasonal. To provide a Park and Walk facility from the Britford Park and Ride would be an option in fine weather during daylight, but not in inclement weather and/or after dark.</li> <li>8. Noted. Since publication of the consultation draft this scheme has now been abandoned by Wiltshire County Council.</li> </ul>
15	P.L. Tilley, Group Manager Transportation and Development, Wiltshire County Council	-	<ul style="list-style-type: none"> <li>1. General Comments – supportive of the penetration of buses into the site. Suggests the inclusion of something like bus stop clearways to minimise the likelihood of car drivers dropping off in bus stops (use of double yellow lines recommended).</li> <li>2. Clarification of one-way system does it apply to all vehicles or just buses?</li> </ul>	<ul style="list-style-type: none"> <li>1. Noted and agreed.</li> <li>2. One way will apply only to all buses from Entrance B round in an anticlockwise direction to Entrance A from mid 2007 following infrastructure works. This includes the X3 Salisbury/Bournemouth service . All other traffic remains two-way.</li> </ul>

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			<p>3. Lorry movements – report suggests they enter and leave via entrance 2, would this continue or if one way system also applied to lorries how would they pass through the site?</p> <p>4. No mention of number of staff, the number of beds or the number of car parking spaces now and in the future. We would expect a strategy to link parking demand to the Travel Plan.</p> <p>5. What status does the brief have?</p> <p>6. The need for signalling the north entrance of the site should be considered in detailed Transport Assessments, which should consider the impact of the Travel Plan can have on minimising the impact of new and existing traffic.</p> <p>7. SWOT analysis – should state that public transport is poor to anywhere other than the town centre and limited links to the train station (catchment area large)</p> <p>8. SWOT analysis – Salisbury District Hospital Transport Advice – Transport Strategy report stated that 50% of staff lived less than five miles from the hospital and could therefore walk or cycle to work.</p> <p>9. Support the proposals for providing real time bus information (keen to discuss adding it to existing Salisbury real time system) - how would this be financed? It should be through developer contributions – this should be noted in the document.</p> <p>10. Would like to work with Wilts and Dorset and SDH to consider the best bus stop/routing arrangements – why has anti-clockwise routing been suggested? Clockwise may be better for buses, anti-clockwise for people.</p> <p>11. If a new road link were constructed it would be useful for pedestrians and cyclists, but may lead to an increase in circulating traffic.</p> <p>12. There would also be a need for pedestrian crossings and traffic calming to maintain speeds at less than 20 mph. Zebra crossings throughout site should be raised plateaux to assist safety and slow vehicles.</p> <p>13. Would support the removal of corridor/zebra crossing facility near Entrance B as this would improve visibility of pedestrians for drivers.</p> <p>14. If safety at the bend near the entrance to car park 10 is a concern then a mini-roundabout may be a good way of slowing traffic (subject to safety audits and discussions with</p>	<p>3. See Issue 2 above. With the Road Widening scheme proposed from Entrance B, this will be attractive to lorry movements. Hospital stores and waste compounds are all more easily accessed from Entrance B for lorries.</p> <p>4. These issues are addressed on page 11 (staff numbers) and at section 5.3 (travel plan)</p> <p>5. The brief will be adopted as SPG making it a material consideration in the determination of planning applications. Its adoption as a Supplementary Planning Document under LDF arrangements will be undertaken at the next review of the document.</p> <p>6. Agreed this should be considered</p> <p>7. Updated brief changed to reflect these comments</p> <p>8. A number of staff do walk or cycle but this mode is very weather dependent and seasonal. There is now more potential for cycling/walking, whilst PulseLine services offer alternatives when adverse conditions occur. SWOT analysis changed to reflect this.</p> <p>9. The PulseLine services to the hospital every 10 minutes makes this requirement less pressing, however the Trust would accept that it is felt that real time bus information is not required.</p> <p>10. As stated the anti-clockwise route sets bus passengers down on the inside of the circulatory route for safety reasons</p> <p>11. The driving within the site is only to prevent cars going between Entrance A and B (and visa versa) on the Odstock Road. The permission for the additional car parking will alleviate the need of visitors to circulate the site.</p> <p>12. This poses issues for patient movement within the site, particularly spinal injury movements</p> <p>13. Noted</p> <p>14. The corner at this point has been widened in response to concerns in consultation with Wilts and Dorset buses</p>



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			<p>Wilts &amp; Dorset buses)</p> <p>15. A map of pedestrian and cycle routes and bus routes and stops would be useful (could be given to staff, visitors and patients).</p> <p>16. Would like to see pedestrian/cycle routes added from (1) the main entrance south-west between the buildings and (2) linking in with the route marked on Fig 42, and from the proposed green on Fig 42 north-east between the buildings to link with covered pedestrian walkway.</p> <p>17. Variable message direction (funded through developer contributions) could be helpful to reduce the number of people driving around the site looking for a parking space. Would be beneficial to review car parking layouts and allocations; and car parks would need to be "watertight" and counting loops installed.</p> <p>18. Would like to see a car share database being strongly promoted under the Travel Plan as public transport cannot serve a considerable proportion of journeys to the hospital due to its location and shift patterns.</p> <p>19. Supportive of proposals for cycle parking. New stands must be of the Sheffield design (visitors), lockers with racks for large numbers of bikes may be most appropriate for staff.</p> <p>20. Short-stay spaces close to main entrance could be helpful. To stop conflict between vehicles and pedestrians around entrances it is recommended that the current entrances and exits be closed off and access and egress should be directly of the main spine road.</p> <p>21. Current 10 spaces in 2 locations for motorcycle parking may not be sufficient. 5 locations would be more appropriate, with some near the entrance to the phase 2 redevelopment, some near the Speech Therapy unit and some in car park close to the main entrance.</p> <p>22. The diagram on P.46 mentions nothing about improving access to and from the bus stops at the green. It would be appropriate to improve pedestrian links from the green to the north/south of the site.</p>	<p>15. Much of this information is sent out to patients and visitors as a guide to getting to and finding their way around the hospital site.</p> <p>16. Clear linkages for foot use will be provided as schemes for redevelopment within the site take place.</p> <p>17. Noted The Council will seek to secure improvements to the car parking to include mechanisms that (1) prohibits employees of the hospital from using car parking spaces dedicated to visitors to the site, and (2) allow visitors to utilise empty car parking spaces when no in use. This will be achieved through developer contributions.</p> <p>18. SDH has a lift-share scheme operating has a private company under the umbrella of WCC lift-share scheme. 79 staff have registered and about half of this number are now actively car sharing. There are also a number of staff (husband/partner/wife etc.) who currently car share but who have not registered. SDH is committed to promote further car sharing and will seek to increase the numbers doing so to increase year on year in line with the agreed travel plan.</p> <p>19. Noted</p> <p>20. This is already being actioned through the recently granted planning consent. This allows buses and cars to be separated which would also make access safer for pedestrians.</p> <p>21. Phase 2 does have 5 motorcycle stands and this can be updated in the brief. The southern end of the site will be looked at with each of the redevelopments in that area.</p> <p>22. The bus stop at the green is well served by internal corridors going north and south and nothing on a grand scale is needed. Links with Phase 2 are currently of more importance.</p>
14	Andrew Purvey, Planning Liaison Manager, Wessex Water	-	<p>1. Request to be kept informed of any proposals that increase the water demand and/or discharge to the foul sewer. Also request that surface water disposal continues to drain to soakaways rather than to our foul drainage system.</p>	<p>1. Points noted</p>

Rep No.	Name	Support, Object or Neutral	Issues Raised	Officer Comment and Changes Made
12	Anna Pugh	Support	1. Concerned over the availability of parking at the hospital, while the changes take place.	The permission for additional parking granted at the end of 2006 should provide an adequate amount of car parking for the site in the long term. In line with government policy the NHS Trust has adopted a Travel Plan that aims "to encourage alternative means of travel for staff, visitors and patients to the Hospital". Details of this are set out in section 5.3 of the development brief.
11	I.A. Alsop	-	1. I abhor the parking arrangements and a solution has to be found. When the developers bring their plan to fruition, let's hope they have the 'vision' to assist visitors.	The permission for additional parking granted at the end of 2006 should provide an adequate amount of car parking for the site in the long term. In line with government policy the NHS Trust has adopted a Travel Plan that aims "to encourage alternative means of travel for staff, visitors and patients to the Hospital". Details of this are set out in section 5.3 of the development brief. Additionally it should be noted that visitor/patient parking will be located nearer the hospital buildings with staff parking allocated further away
10	A.L. Lunt	Neutral	1. Visitors' parking must be increased. Additional provision of parking has not been approved because of environmental considerations and trying to force people onto public transport. A multi-storey car park could be sited on the low ground beyond the Emergency Unit with minimal impact on the environment and views over the countryside.	The permission for additional parking granted at the end of 2006 should provide an adequate amount of car parking for the site in the long term. In line with government policy the NHS Trust has adopted a Travel Plan that aims "to encourage alternative means of travel for staff, visitors and patients to the Hospital". Details of this are set out in section 5.3 of the development brief.
9	L. Stanley	-	1. Too much is being spent on building and not enough on getting patients through the system instead of being put on long waiting lists.	1. The aim of the development brief is to express how the site will evolve in the next decade. Concerns or issues related to medical care and services provided need to be taken up directly with the Trust.
8	Ruth Popplestone	Neutral	<ol style="list-style-type: none"> <li>1. Access and Transport – We recommend that the perimeter road is designed to enable buses to travel around the site to drop off/pick up passengers at key locations.</li> <li>2. Designated cycle routes through the site should enable cyclists to access all areas from Entrance A.</li> <li>3. Reducing the speed limit to 30mph from 60 on the Odstock Road adjacent to the hospital is desirable on safety grounds.</li> <li>4. Working environment – use of natural light would benefit staff</li> <li>5. Surface Water Drainage – Sustainable Drainage Systems (SUDS) should be used to reduce surface water runoff.</li> <li>6. Energy – Exposed and elevated site provides opportunities for the use of renewable energy.</li> <li>7. Enhancing/Minimising impact on the Environment – Efforts should be made to protect wildlife and wildflowers.</li> </ol>	<ol style="list-style-type: none"> <li>1. Objective 6 on page 42 of the updated brief refers to an improved circulation for buses with an appropriately located pick up/drop off points.</li> <li>2. Cycle/Pedestrian routes are provided from Entrance A &amp; B. It is considered unnecessary to provide 100% dedicated cycle routes.</li> <li>3. It is not the role of the development brief to suggest changes to speed limits outside of the site. The highway authority would need to be approached and convinced that the speed limit in this location posed safety issues.</li> <li>4. Page 62 of the updated brief makes reference to the best use of natural light/heating/ventilation within the design of all new developments.</li> <li>5. Reference to this has been added to P.59 (needs to be added) para. Starting "Surface water drainage"</li> <li>6. Applications for renewable energy development (small scale on site generation or larger scale schemes) will be considered, as appropriate, on their merits and will take into account the sites elevated position and proximity to the Area of Outstanding Natural Beauty.</li> <li>7. Objective 4 on Page 32 of the updated brief makes it clear that additional landscaping will be viewed as an opportunity to improve the ecological contribution of the site.</li> </ol>

Rep No.	Name	Support, Object or Neutral	Issues Raised	Officer Comment and Changes Made
			8. Recycling – Opportunity should be taken to re-use hardcore arising from the demolition of existing buildings during redevelopment.	8. This matter is now addressed under objective 12 (p.59)
7	Alan Hotchkiss, Milford Preservation Group	Support	1. The MPG would like to be kept informed of the SDH development as the strategy unfolds.	1. Noted
6	James Iles, Planning Officer, Test Valley Borough Council		No comment	
5	N T Start	Object	<ol style="list-style-type: none"> <li>No plans to improve external vehicle access. Area now blighted by hospital traffic using nearby villages as a 'rat run'. Original plans (when site first selected) included access from A 338 – this should be reinstated providing direct access to main car parks.</li> <li>Skyline from Odstock/Nunton already blighted by hospital infrastructure and light pollution from car parks. This should not be made worse. This is recognised in the plan, but much is made of views from the hospital.</li> </ol>	<ol style="list-style-type: none"> <li>Principal signage to the hospital makes use of the major route network. The choice of individuals to use alternative routes will be next to impossible to control.</li> <li>Page 26 indicates that the Trust is sensitive to the impact of building heights. New buildings will be designed and assessed to ensure that they do not have a greater impact than they do at present. As stated on page 57 of the updated brief light pollution will be kept to a minimum by the use of lamp standards with approved fittings and planting around the perimeter of the site.</li> </ol>
4	Paul Fisher, Idmiston Parish Council	-	<ol style="list-style-type: none"> <li>There must be improved links/access by public transport.</li> <li>There must be no reduction in capacity or facilities for local residents.</li> <li>Increasing the size and capacity of the hospital must be accompanied by an increase in car parking facilities for out-patients and visitors alike.</li> </ol>	<ol style="list-style-type: none"> <li>Improvements have been made to the Pulseline bus services and further improvements will be sought in the future.</li> <li>The aim of the development brief is not to indicate changes to the level of care being provided by the Trust.</li> <li>The permission for additional parking granted at the end of 2006 should provide an adequate amount of car parking for the site in the long term. In line with government policy the NHS Trust has adopted a Travel Plan that aims "to encourage alternative means of travel for staff, visitors and patients to the Hospital". Details of this are set out in section 5.3 of the development brief.</li> </ol>
3	Lynne Jane Stanley	-	<ol style="list-style-type: none"> <li>I do not agree with the size of the hospital due to: the increased risk of infection such as MRSA, stomach viruses and flu;</li> <li>People have to travel too far to access medical care, it is better to supply it at smaller scale local centres;</li> <li>The running costs, particularly heating, must be astronomical;</li> <li>Patient care has become secondary to the 'building'.</li> </ol>	The aim of the development brief is to express how the site will evolve in the next decade. Concerns or issues related to medical care and services provided need to be taken up directly with the Trust.
2	Peter Brown, Director of Policy and Planning, South West Regional Assembly		No comment	
1	Mr & Mrs Carter	-	1. Covered walkways from car park areas to hospital entrances are important as are clear directions by transport.	1. Objective 11 as set out on Page 51 of the updated brief highlights that there will be new covered walkways on the car parks to the main hospital building.

Rep No.	Name	Support, Object or Neutral	Issues Raised	Officer Comment and Changes Made
31	Greg Smith	-	1. Car parking is poor for visitors, there are not enough spaces, why should patients visitors have to pay?	The permission for additional parking granted at the end of 2006 should provide an adequate amount of new parking for visitors and patients. Parking charges are not unusual for hospitals.
30	Maggie Cherry	-	1. Need to improve the car parking as it ruining the patient experience.	The permission for additional parking granted at the end of 2006 should provide an adequate amount of car parking for the site in the long term. In line with government policy the NHS Trust has adopted a Travel Plan that aims "to encourage alternative means of travel for staff, visitors and patients to the Hospital". Details of this are set out in section 5.3 of the development brief.
29	L. King	-	1. Need more car parking space, need to change your mind and build another car park.	The permission for additional parking granted at the end of 2006 should provide an adequate amount of car parking for the site in the long term. In line with government policy the NHS Trust has adopted a Travel Plan that aims "to encourage alternative means of travel for staff, visitors and patients to the Hospital". Details of this are set out in section 5.3 of the development brief.
23	S J Sharp	Support	1. Why not provide direct links to SDH from all of the Park and Ride car parks.	1. Improved regular services operating from the hospital to the city centre, combined with regular shuttle services to the park and ride mean that this service is already available.
13	Hannah Paye	Neutral	1. Bus travel: real time bus information scheme is unreliable/unclear; bus fares quite expensive, is it possible to introduce a discount scheme; entrance B appears to be missed out when buses are late/busy; buses in afternoon are often late; difficult to arrive at hospital on time – have to leave early just in case bus is late.	1. Improvements have been made to the Pulseline bus services and further improvements will be sought in the future. As the PulseLine services the hospital every 10 minutes real time passenger information is less of an issue, however will still be pursued to encourage greater accessibility and awareness of transport options available. A discount scheme will be offered for staff as an incentive to free up parking spaces.