

December 2006

SALISBURY DISTRICT HOSPITAL

Development brief 2006 – 2012

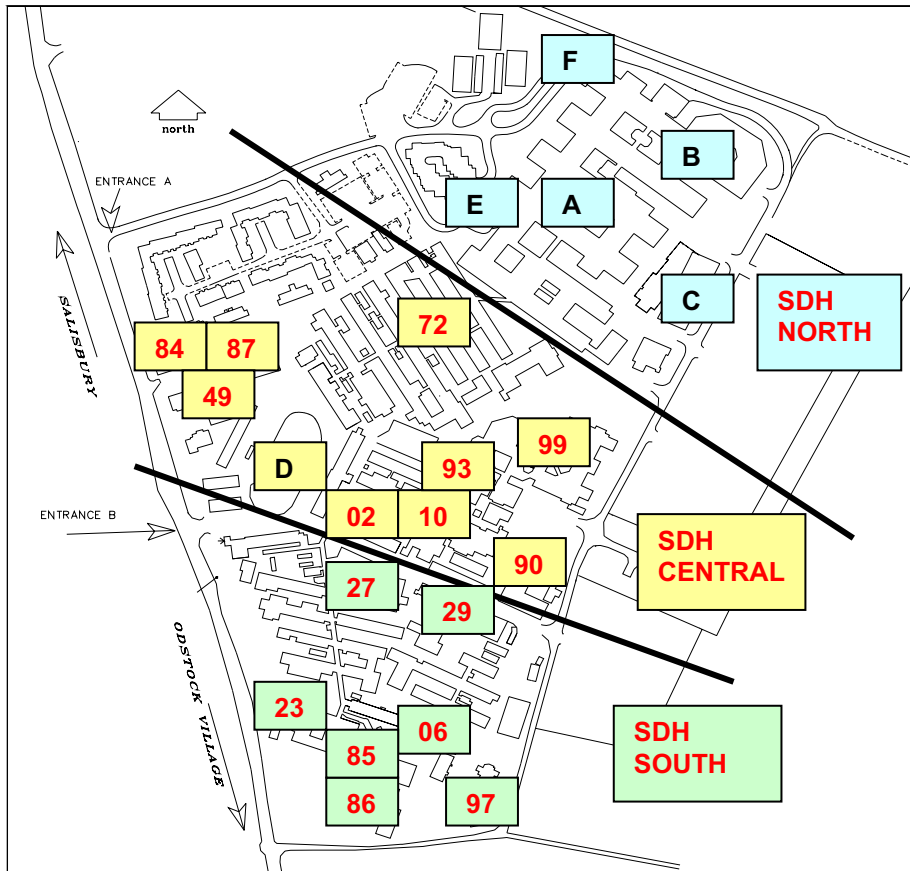


GLOSSARY OF TERMS AND ABBREVIATIONS

CABE	Commission for Architecture and the Built Environment
DH	Department of Health
HSC	Health Services Circular is a series of letters issued to the NHS notifying of policy matters that affect the health service estate.
IM&T	Information Management and Technology
MOU	Memorandum of Understanding
NHS	National Health Service
OMH	Old Manor Hospital, Salisbury (now known as "Fountains Way")
PCT	Primary Care Trust
RO	NHS Executive Regional Office, Bristol
SCOPE	For people with Cerebral Palsy (Douglas Arter Centre)
StHA	Strategic Health Authority
SFT	Salisbury NHS Foundation Trust
SDC	Salisbury District Council
SDH	Salisbury District Hospital
SPG	Supplementary Planning Guidance
WPCT	Wiltshire Primary Care Trust (formerly South Wiltshire PCT)
WCC	Wiltshire County Council
WLP	Waste Local Plan
WRVS	Women's Royal Voluntary Service

BLOCK NUMBERS AND LOCATION FINDER

Salisbury District Hospital – references frequently used within this Development Brief document



References:

- A Phase 1 of the District Hospital
- B Phase 2 of the District Hospital
- C Laundry
- D The Green
- E Level 3 Main Front Entrance to Phase 1
- F Emergency Department Bridge

Levels:

Phases 1 and 2 of the District Hospital being multi storey are divided horizontally into 'Levels'. The main patient floors are 2 to 4 (inclusive). Level 5 is generally for engineering plant rooms. Level 1 is accessible only by staff

Block Numbers:

- 02 Hedgerows Restaurant
- 06 Court Close (staff housing)
- 10 Central Boiler House
- 23 Former Burns Unit
- 27 Wessex Rehabilitation Unit
- 29 Former Plastics Outpatients Department
- 49 Leisure Centre (and Swimming pool)
- 72 Beatrice Wards
- 84 Day Nursery
- 85 Former Durrington Ward
- 86 Salisbury Hospice
- 87 Baby Day Nursery
- 90 Procurement Dept
- 93 Day Surgery Unit
- 97 Douglas Arter Centre (SCOPE)
- 99 Spinal Treatment Unit

FOREWORD

Foreword by Luke March, Chairman of the Salisbury NHS Foundation Trust.

“This Development Brief is the blueprint that will enable the Trust to develop Salisbury District Hospital over the next 10 years to maintain and enhance its role as a centre of health care excellence.

There are a number of important drivers that will influence the shape of the Trust in the future. These include the impact of clinical governance, the implementation of the NHS Plan and the associated modernisation agenda, advances in technology, the growth in the use of knowledge and information, demographic changes and recruitment and retention of staff. National Government will also continue to influence priorities, short term targets and the pace of change within the health service as a whole.

In addition to providing first-rate clinical services the Trust will improve the environment of its site to enhance the patient and visitor experience and maintain an attractive setting complimentary to the cathedral city of Salisbury. The provision of regional specialist services marks out the Trust as somewhat different to usual district general hospitals. Regional services are provided on site for burns and plastics, genetics, and spinal injuries.

As the provision of services becomes more complex with patients travelling from further afield, it is necessary to have increasing co-operation between public sector bodies. The Trust wishes to develop a partnering approach with Salisbury District Council to ensure that first class health facilities are provided on time and within budget while at the same time contributing to an improvement in the environment of the hospital through good design, further development of our green travel plans, art in hospital and a comprehensive landscape strategy.

This Development Brief document sets out our approach and seeks the endorsement of SDC and the wider community.”

Luke March
Chairman
October 2006



Figure 1

Views from new wards in the Phase 2
looking north towards Salisbury

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EXECUTIVE SUMMARY

The purpose of the Development Brief is to share the vision of future health care provision at Salisbury District Hospital with the local community and the local planning authority, and enhance everyone's understanding of the site's operation.

The Brief shows where clinical services will be improved, indicates the standards of estate development required and where enhancement of the hospital environment will meet the aspirations of the Salisbury District Council and all users.

It is intended that the Brief will be used as "Supplementary Planning Guidance" in the context of the Adopted Salisbury District Local Plan. It is also anticipated that future planning applications will pay due regard to the Brief as a material consideration. This open approach and working collaboratively is seen as a positive benefit to both the Trust and the Council, and not least the whole community.

The Trust serves a wide and diverse population as the number of people needing hospital treatment continues to rise. These health services are provided to a relatively affluent rural population. The current NHS Modernisation Agenda is tasked to deal with challenges in three main areas comprising growth in demand, changing user expectations and the NHS estate.

The Trust's own strategic direction highlights four key issues for a successful development programme and these form a marker for the outcomes of this Brief:

- to recruit, retain and develop a motivated, highly skilled, flexible workforce
- to develop clinical networks with surrounding hospitals
- to promote the development of intermediate care services, and
- to move all clinical services into modern buildings.

The key objectives for the Trust arising from the Brief are illustrated on the site Master Plan. In summary the objectives are:

1. redevelop SDH South
2. identify areas in SDH Central for redevelopment;
3. remove all remaining patient services from single-storey war time buildings
4. enhance landscaping of surface parking and site boundaries with planting schemes;
5. enhance open spaces for better access and interest;
6. improve public transport provision, information and site penetration;
7. improve vehicular circulation around and through the site;
8. improve disbursement of parking allocations between public and staff needs;
9. improve lighting and surveillance around the site;
10. improve drop-off, disabled access and cycle parking adjacent to main building entrances; and
11. improve pedestrian access from main car parks and bus stops;
12. ensure sustainable solutions are obtained for the site developments;
13. improve working lives.

The existing SDH site has a variety of health related uses and these are described in some detail in Chapter 5 (Key Themes) to assist in understanding where the Trust is now in the need for further site rationalisation. In parallel the Trust is determined to make improvements in transport both to and within the SDH site, with a range of themes approved by the Trust Board and adopted in this document.



Figure 2 The main development areas at SDH.

Opportunities and constraints exist but with recognition and identification of areas that need to change, the Trust can work to enhance the hospital environment in a progressive, effective and friendly manner.

A comprehensive set of diagrams show the current facilities at SDH and the key objectives graphically summarise the areas across the site that will be subject to development and improvement (see Figure 2) to meet the Trust’s objectives. These are drawn together on the site Master Plan.

The Trust’s travel plan initiatives are continuously being monitored and improved as transport plays a crucial part in achieving the objectives for the site and the community as a whole.

The Trust is continually planning to meet NHS requirements and where the Trust wants to be at the end of the decade is captured in Chapter 5 (Key Themes).

Some of the known service requirements are easily expressed (Redevelopment Phases 2 and 3 for example) whereas the timescale and plans for other initiatives rely on funding opportunities. The whole Brief relies on flexibility to meet NHS change and the plans for SDH South are starting to take shape.

Chapter 5 also describes how the Trust intends to achieve the proposals and initiatives set out in the Brief.

Chapter 6 (Design Guide) sets out the Trust’s approach to achieving a better quality of design in all future development. The emphasis will be to produce high quality design coupled with sustainable development, Phase 2 setting a new minimum standard for the site development.

The Brief has been and will continue to be consulted upon with the key stakeholders and the public/patient involvement is paramount to setting out our development aims and objectives. Monitoring and review will take place every three years, or so, in line with the other strategic plans that are mandated by the Trust Board.

1. INTRODUCTION

Purpose of the Development Brief

This brief has been prepared jointly by Salisbury NHS Foundation Trust and Salisbury District Council. It is intended that it will be adopted as Supplementary Planning Guidance (SPG) following extensive public consultation.

The purpose of the Development Brief is twofold:

1. To guide development on the site by clarifying what is acceptable and setting out matters which may need to be covered by conditions or legal agreements. The brief will thereby provide more certainty in terms of development that is likely to receive planning permission.
2. To share the vision of future health care at Salisbury District Hospital with the Local Planning Authority by:
 - enhancing the Council's understanding of the site's operation and links to other sites/the wider health community;
 - demonstrating a framework for development to proceed at different timescales in accordance with an overall site strategy;
 - helping guide future development proposals at the site from the Trust's and local planning authority's perspective to minimise uncertainty.

The Brief will show how Clinical Services will be improved while at the same time enhancing the on site hospital environment and minimising both off site disruption and harm to the general environment. It will show how the Trust will meet the aspirations of the Council as set out in the Local Plan as well as national policy guidance by:

- identifying the broad scope of health activities on the site ;

- guiding development proposals by identifying opportunities and constraints to development on the site from a planning perspective;
- interpreting planning policies for the area and their impact on the site's future development;
- bringing together land use and transport issues that affect the site's future use and development;
- providing design guidance for the SDH site;
- assisting the Council in determining planning applications and travel plan issues;
- identifying areas of the site for investment/renewal/disposal;
- highlighting development opportunities and constraints; and
- committing to specific initiatives to enhance the site environment.

Specific development proposals for a range of small-scale schemes are not being put forward at this stage. Individual impacts will be minor but do have an impact collectively. Any such detailed proposals will be subject to applications for planning permission and these will then need to be considered by the Council, as local planning authority, in the normal way.

The historical development of the site and its current planning context are first considered in this report. These are followed by a thorough analysis of the existing influences and constraints affecting the hospital site, in particular land use, built form, conservation, landscape, access and movement. On this basis, a number of key considerations relevant to potential development of the site are set down.

Key objectives arising from the Development Brief

It is envisaged this document will assist in enabling planning permissions to be granted promptly where in accordance with the Brief. Although the initiatives may be contained within the Brief, an actual planning permission could be subject to relevant conditions and legal agreements if this provides an important contribution to the enhancement of the site.

The key issue for the Trust is to maintain and enhance health care at the site by improving the estate, which sits on the outskirts of the City. The key issue for this Brief is to demonstrate how development could be accommodated in the landscape and how accessibility to the site could be enhanced.

Key objectives arising from the Trust travel plan

The Trust has a travel plan whose aim is not to prevent the use of the car, but to help people think about the way they travel, to reduce unnecessary journeys, thus making the hospital and the areas around Salisbury, a more environmentally-friendly place to live, visit and work in. It will also promote awareness of the benefits to health that some alternative forms of travel can provide.

The travel plan is constantly monitored and enhanced “to encourage hospital staff and visitors to use more sustainable forms of transport than single car travel” by:

- strengthened travel plan management
- raised awareness
- promotion and encouragement of alternative means of travel
- promotion and encouragement of flexible working
- widening of travel plan scope to include staff and public

The travel plan is implemented through the development of six themes to structure the actions and targets:

- promoting awareness
- facilities/parking management
- encouraging cycling, walking and motorcycling
- promoting car sharing
- encouraging use of public transport
- reducing car use and promoting greener work travel

The Trust and SDC transport representatives meet on a regular basis as part of the Trust’s transport steering group to discuss and make improvements to the travel plan. Initiatives include reviewing objectives and strengthening management of the plan, raising awareness, promoting and encouraging alternative means of travel, allocations of on-site parking, flexible working and the widening the scope of the plan.

Main development areas

The Development Brief centres on the shift of acute hospital service from the south and central parts of the SDH site to the north, where the main District Hospital (Phase 1) was opened in 1993. Phase 2 will enable the southern end of the site to be redeveloped along the lines of the Local Plan (non acute activity, possibly key worker housing, nursing home or community or research facilities).

Phase 3 continues the theme in Phase 2 of moving closer to Phase 1. This will see patient accommodation currently in single-storey war time buildings relocated to modern two/three-storey buildings closer to the acute hospital and with better links to it.

Indicative timescales

The Phase 2 developments became operational in May 2006 and the new Laundry in September 2006.

At the time of preparing this brief the Trust is preparing a business case for Phase 3. It is anticipated that enabling works would be started on site during 2007 (demolition and site clearance), with the main construction works

spanning 2008 – 2012, carried out in phases, including some alterations within the existing Phase 1 building.

Design principles for new developments:

Design principles will include:

- all new buildings will be provided with external links to the pedestrian circulation network;
- all new buildings will incorporate covered cycle parking and disabled parking adjacent to the main entrance;
- landscaping enhancement will take place;
- informal open spaces between buildings for use by both patients and staff will be incorporated into the detail designs;
- signage will be integrated into existing use of colour coding and placement of artwork for wayfinding;
- entrances will be made legible for ease of access
- structures will be oriented to reduce the impact of wind in exposed situations.

There is a current view that hospitals and patient care can be improved if the importance of the designed environment is moved 'up the agenda'. CABI have been engaged to promote this message and it is supported by a range of mandatory and advisory design issued by the Department of Health, including:

- Health Building Notes (guidance for briefing and design)
- Health Technical Memorandums (mandatory standards for engineering briefing, design and installation)
- Better by Design – Pursuit of Excellence in Health Care Buildings (NHS Estates)
- NHS Design Quality Evaluation Toolkit (measures quality in the design solution in 12 key criteria)
- Design Development Protocol for PFI schemes (published January 2001)
- Environmental Strategy for the Health Service (published April 2001)

- Creating Excellent Buildings: A Guide for Clients (CABI).

The Trust uses this source of information (and more) as a basis for design and this sets a very good benchmark for the development standards to be adopted under this brief.

The Trust also employs a range of 'in-house' professionals and advisors used for achieving best practice in design and operational issues, including estates and maintenance, fire safety, health & safety, infection control, manual handling etc.

Master Plan, key site objectives and outcomes

The following table is a summary of the analysis of the key objectives derived from the site characteristics and analysis. It informs the production of this Brief and articulates the visual representation on the Site Master Plan which follows the table.

Summary - analysis of key site objectives and outcomes

KEY SITE OBJECTIVES FOR THE TRUST	SITE CHARACTERISTICS AND APPRAISAL	KEY SITE CONSTRAINTS AND OPPORTUNITIES	METHOD TO ACHIEVE OBJECTIVES	BENEFITS TO THE SITE AND THE SERVICE	TARGET DATES
1) Redevelop SDH South (see Figure 11)	Better use of brownfield site in the long term. In the shorter term the vacated buildings may facilitate some decanting to enable Phase 3 construction works.	Clear site of wartime buildings no longer fit for alternative use. Modern buildings to be functional but in a non-institutional style sympathetic with local area	Longer term objective as defined in the Local Plan for alternative health related use and centralisation of research centres of excellence.	Potential residential accommodation on site contributing to green travel planning and recruitment aims. Free up space in acute hospital for clinical use by relocating research or office based services.	2007 onwards
2) Identify areas in SDH Central for redevelopment (see Figure 12)	Old buildings in either poor state of repair or completely inappropriate for flexible, alternative use. Clean up the environment by reproviding modern sustainable services	Reduce reliance on sloping corridor for public use. Create storage and office accommodation to reduce pressure on acute hospital. Connect SDH North with Spinal and Day Surgery Unit by corridor link	Former kitchens replaced by an extended clinical facility. SDH Central inpatient wards off sloping corridor replaced in Phase 3. Removal of boiler house in SDH Central which is potentially a contamination risk and an eyesore.	Purpose built modern facilities including additional theatre capacity. Easier access and creation of accessible open spaces in the heart of the site. Reduce travel distances across site with better clinical adjacencies.	2009-2012 (phased)
3) Remove all remaining patient services from single storey war time buildings (see Figure 13)	Older building stock being vacated for patients' use on completion of Phase 2 and Phase 3	Environmental and qualitative improvements from new building stock already seen with Phase 2 clinical extension	New facilities on the site of former war time buildings including rationalisation of access for transport and better methods to achieve energy efficiency measures	Quality of care for patients and the working environment for staff. Continues site rationalisation and centralisation of services to the acute services zone at the north of the site.	2012
4) Enhance landscaping of surface parking and site boundaries (see Figure 29)	Large areas of parking that could be screened by tree planting. Poor quality landscaping to car parks on eastern site.	Screening to contain large areas of surface parking, filter lighting and add interest. Not block views out of the site	Tree and hedge planting to boundaries with easy to maintain landscaping.	Would filter views into the site and enhance local ecology. Planting to provide a physical barrier would also enhance security.	2007, 2009 and 2012
















KEY SITE OBJECTIVES FOR THE TRUST	SITE CHARACTERISTICS AND APPRAISAL	KEY SITE CONSTRAINTS AND OPPORTUNITIES	METHOD TO ACHIEVE OBJECTIVES	BENEFITS TO THE SITE AND THE SERVICE	TARGET DATES
5) Enhance open spaces for better access and interest (see Figure 30)	Limited pockets of green open space available to staff and public. Many courtyards inaccessible and poorly lit by natural light.	Retention of open spaces for the benefit of staff and public. Access for maintenance through clinical areas a constraint.	Trees and planting along with sitting out areas by Entrance B. Provision of more seats, artwork and landscaped areas where developments permit.	Available for relaxation and therapeutic care. Encourage staff and public to make full use of being on a rural site.	2007 (phased through to 2012)
6) Improve public transport provision, information and site penetration (see Figure 37)	Only two bus stops serve the whole site. Need for up to date information regarding availability and routes at point of use. New PulseLine service from city centre every 10 minutes	Bring Phase 2 additional bus stop to rear of site into use. Use of electronic messages within public corridors and waiting areas. Upgrade bus stops in Odstock Road to encourage more users.	Use of destination boards and ensure real time passenger information (RTPI) widely available. Relocate bus shelter at main entrance to hospital building (Level 3).	Needs of health uses to promote and adopt public transport friendly policies as PPG13. Encourage Bus Quality Partnership. Reduces car parking demands by wider use of public transport	2006, 2007 and 2012 (phased)
7) Improve vehicular circulation around and through the site (see Figure 38)	No direct route through the hospital grounds on the western edge of the site. Several narrow sections of roadway, blind bends and restricted headroom under the Emergency Department Bridge. Peak time congestion at Entrance A leaving the site.	There is limited access to public transport at the rear of the site. Restricted vehicular access across the site requires the use of Odstock Road and extra traffic burden on Entrances A and B. Consider bus priority at junctions.	Road widening to remove corridor crossing near Entrance B, realign blind bend with a roundabout by car park 10 and traffic control by the Emergency Department Bridge. Road link between car park 1 and the Green. Consider signalled controlled junction at Entrance A.	Would allow buses to access rear of hospital site and remove bottlenecks. All larger vehicles benefit from circulation improvements, making the hospital road system safer for all motorists and pedestrians.	2006, 2007 and 2012 (phased)
8) Improve parking allocations between visitor and staff ensuring patient and disabled parking closest to key building entrances (see Figure 39)	Many car parks spread across site, poorly signposted. Rationalisation of visitor parking adjacent to clinical departments.	Maximise occupancy of spaces with priority for visitors and patients close to key entrances. Make better use of entrances from rear of main hospital building	Barrier controlled parking, variable message signing and better information, using travel plan initiatives	More efficient utilisation of spaces increases capacity, better management of parking and access to busy clinical areas	2006 and 2007

KEY SITE OBJECTIVES FOR THE TRUST	SITE CHARACTERISTICS AND APPRAISAL	KEY SITE CONSTRAINTS AND OPPORTUNITIES	METHOD TO ACHIEVE OBJECTIVES	BENEFITS TO THE SITE AND THE SERVICE	TARGET DATES
9) Improve lighting and surveillance around the site (see Figure 43)	Present network of routes across the site not adequately lit or monitored to provide feeling of security and safety for staff at night.	Numerous entrances and pedestrian routes between buildings to be served by enhanced coverage of CCTV and controlled access	Better definition of key routes for pedestrians and cyclists covered by security lighting and cameras.	Safe and secure routes between key buildings and facilities for the benefit of staff and public.	2006, 2007 and 2012
10) Improve drop-off, disabled access and cycle parking adjacent to main building entrances (see Figure 44)	Rationalisation of cycle stands and managing priority parking spaces and drop off for visitors and patients.	Need to minimise obstructions caused by sloping site (external steps, ramps etc). Secure cycle storage	New locations for additional disabled and cycle parking post completion of the Redevelopment Projects (Phase 2 and 3) with covered walkways.	Ease of access from car parks at rear of hospital site. Increased provision of safe and direct access to clinical areas.	2006 (phased through to 2012)
11) Improve pedestrian access from main car parks (see Figure 45)	Numerous car parks scattered across the site, not all served by pavements.	Focus access directly to key building entrances. Provide public transport stops and dropping off spaces at all key building entrance	Continuity of paved footpaths, pedestrian crossings and drop kerbs. Key routes under cover. Use of artwork for wayfinding	Safe, weather protected direct routes from public transport and car parking to key entrances to buildings.	2006 (phased through to 2012)
12) Ensure sustainable solutions are obtained for the site developments	Rural site with excellent views and countryside.	Many old buildings with little appeal or character. Site rationalisation programme to eradicate war time buildings. Use of landscaping to enhance environment	Use of modern, energy efficient materials. Reducing solar gain. Whole life costing of materials for construction. Minimising waste with segregation and controlled disposal	Move all patient facilities into modern buildings. Natural ventilation and light, accessible external areas and artwork.	On going
13) Improve working lives	Largest employment site in the area. Good existing facilities.	Facilities need to be available and accessible out of working hours.	Survey staff to find out what is needed. Revitalise commercial opportunities	Added value for staff amenities within a healthy environment	On going

MASTER PLAN

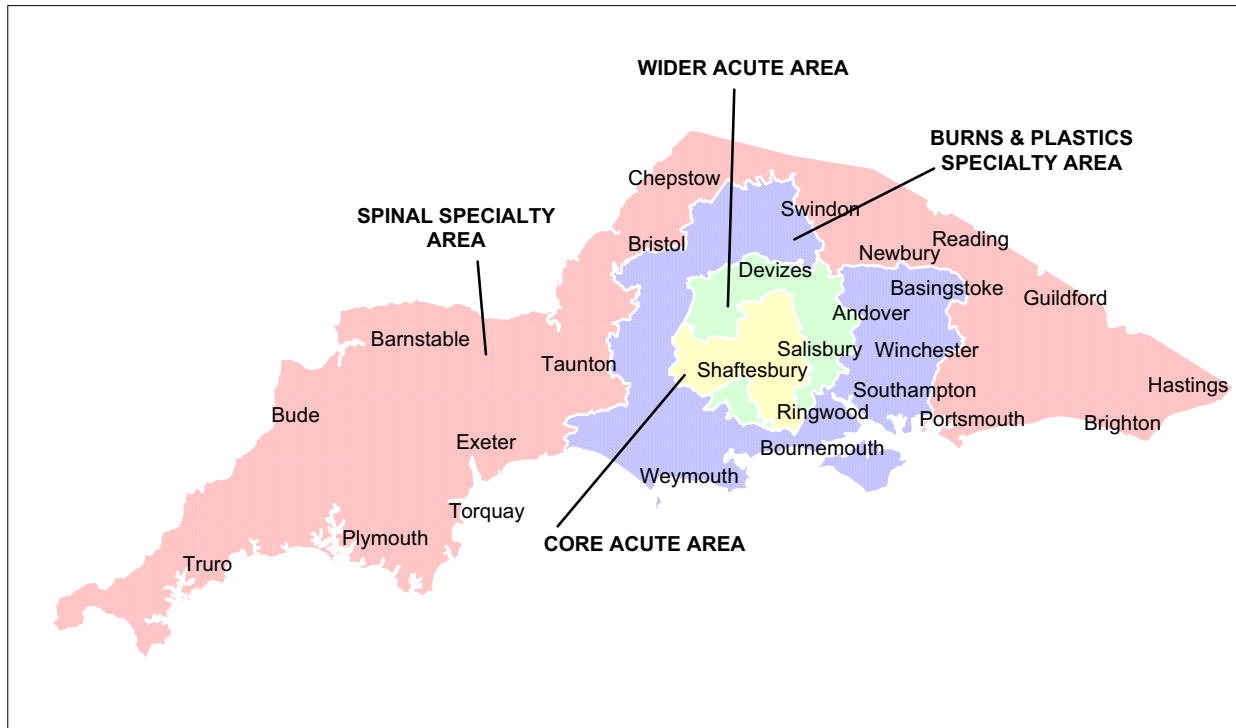


KEY

	Proposed Phase 3 sites		Other inc residential accommodation (secondary accommodation)		Landscape amenity areas
	Existing Clinical Buildings (primary site buildings)		Covered Corridors (tugs and pedestrians)		Focal building entrances
	Existing Admin/Support Accommodation		Pedestrian footpath (primary access)		Artwork incorporated as wayfinding
	Roads (primary access with pavements)		Tennis Court and External Play area (potential development area)		Bus Stop
	Car Parking				Hedge and/or tree dense boundary planting
	Future development Space				

2. HEALTH SERVICE BACKGROUND

Area served



The Salisbury NHS Foundation Trust provides a range of clinical care, including general acute and emergency services throughout Wiltshire, Dorset and Hampshire.

Specialist burns, plastic surgery, cleft lip and palate, genetics and rehabilitation services extend to a much wider population of more than 3 million.

The Duke of Cornwall Spinal Treatment Centre (red shading in Figure 3) covers most of southern England serving a population of 11 million people.

Some community services continue to be based at Salisbury District Hospital. Trust staff provides outpatient clinics in community hospitals in Dorset and Hampshire. Specialist staff hold outreach clinics in hospitals within the region.

Figure 3. Current catchment area for Salisbury NHS Foundation Trust

The Salisbury District Hospital site is three miles south of the city centre (see Figure 4).

The following clinical specialities are currently provided on the site together with the full range of clinical support services:

- Accident & Emergency
- Burns unit
- Cardiology
- Care of the Elderly
- Dermatology
- ENT Surgery
- Gastroenterology
- General Medicine
- General Surgery
- Genetics
- Genito-urinary medicine
- Gynaecology
- Haematology
- Maternity Services
- Oncology
- Ophthalmology
- Oral Surgery
- Paediatrics & Neonatal Care
- Palliative Care
- Plastic Surgery
- Respiratory Medicine
- Rheumatology & Rehabilitation
- Spinal unit
- Trauma & Orthopaedics
- Urology

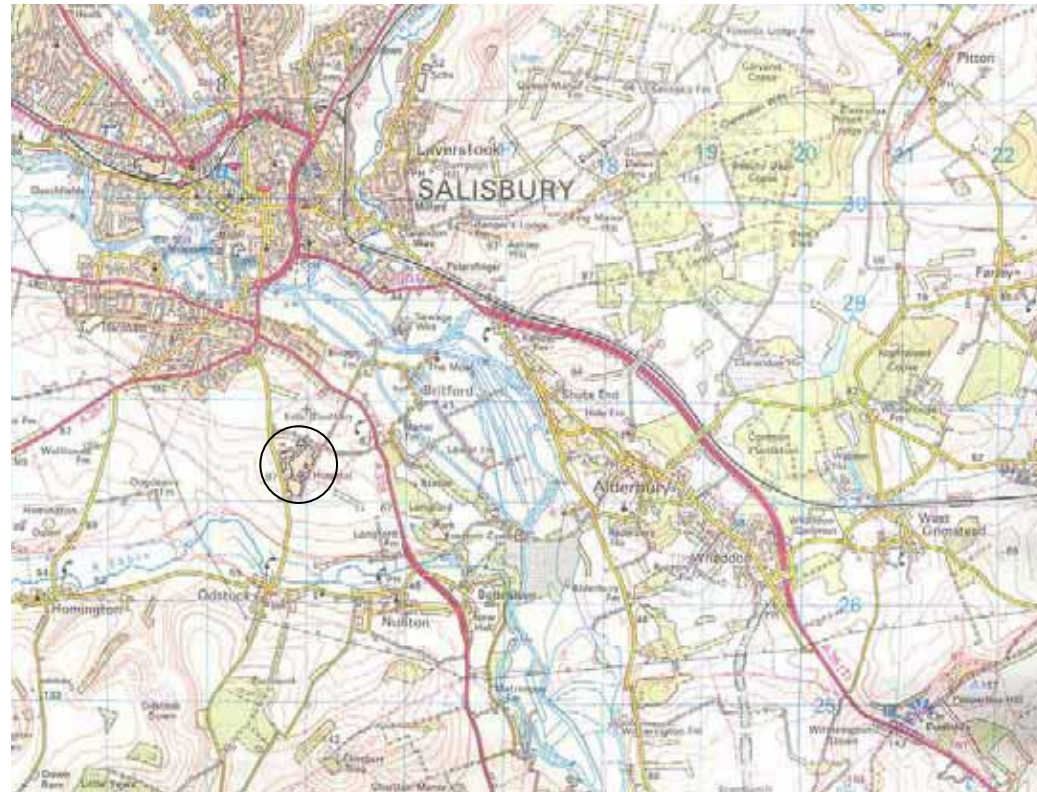


Figure 4. SDH in a rural setting to the south of the City of Salisbury

Role in local economy and social infrastructure

We provide:

- 570 bed local acute hospital services to some 200,000 people living in the 'core' catchment area of Hampshire, Wiltshire and Dorset.
- Tertiary services, such as burns and plastics, to a wider population of approximately 3 million.
- The Duke of Cornwall Spinal Treatment Centre services to the whole of southern England from Kent to Cornwall and up to London, comprising an area of some 11 million people.
- Secondary health care needs to the army population stationed at Tidworth, Bulford and Larkhill (approximately 13,000 servicemen and their families).
- Genetics from a designated reference site, one of only two in the whole country. The reference laboratory will provide a resource for health technology assessment, develop innovative working practices and provide internationally recognised academic research and clinical expertise within the genetics field.
- SDH is part of a designated two-site centre with Oxford Radcliffe Hospital for the provision of cleft lip and palate services. This will see the Trust co-ordinating the care of children with this condition across eight counties in southern England.
- Accommodation on the SDH site for Community Services is leased to and run in conjunction with Wiltshire Primary Care Trust.

Every year our 3,773 staff:

- Treat more than 47,500 inpatients and day patients, including emergency admissions
- See 220,000 people at outpatient appointments, and
- Deal with around 38,000 attendances in our emergency department.

Providing these services in 2005/06 cost more than £375,000 per day (£137,000,000 per annum).

Challenges facing the NHS

In the short and medium terms, the NHS has to deal with challenges in three main areas:

Growth in demand – Demand grows inexorably driven by demographics and rising expectations. Unemployment is extremely low in Salisbury which has an impact on the Trust's ability to recruit staff.

Changing user expectations – A more patient-centred health service having implications for the NHS Estate in terms of the facilities provided, the clarity of their organisation and the environment provided for patients, staff and visitors.

The NHS Estate – Much has evolved in a piecemeal fashion, making it difficult to improve internal environments or to introduce new methods of treatment or flexible working.

Change in the NHS

The NHS Plan published in 2000 is a plan for investment and reform in the NHS. It set out comprehensive targets for investment in new hospitals, beds, equipment and the further development of specialist services such as cancer and cardiac services. It also set out the agenda for social services and the NHS to come together with new agreements to pool resources.

The 'NHS Plan' promises:

- More and better trained staff using new ways of working
- Reduced waiting times and high quality care centred on patients
- Improvements in local hospitals and surgeries.

It sets out a modernisation agenda for investment in capital and includes targets for buildings, beds and equipment. The Trust will continue to improve services as part of the local health community with estate modernisation as a key component of delivery.

Local Context

Each health community is required to produce a three-year local delivery plan setting out local priorities and the investment needed to take these forward. For instance, key objectives for the South Wiltshire health community are focused on:

- modernising access to services
- tackling health inequalities
- coronary heart disease and stroke
- cancer services
- mental health for adults and older people
- learning disabilities
- specialist services.

Under current funding arrangements, NHS hospital trusts and foundation trusts obtain their revenue from healthcare commissioners such as Primary Care Trusts (PCTs). NHS hospital trusts are paid in accordance with a national tariff, on the basis of the number of medical procedures undertaken.

Health commissioning need, which defines the range and number of procedures required in a proposed hospital, determines the range of services needed and the revenue they will generate. This drives detailed health planning, capital budgets and the design itself.

The initiatives arising from the NHS Plan will enable Salisbury NHS Foundation Trust to consolidate its position as a regional centre for specialist services in the South of England.

The implementation of major service developments in the NHS follows a business case approval process and each stage is dependent upon securing planning consents.

The Trust has an annual capital programme which is traditionally oversubscribed but carefully prioritised to achieve new projects along with continual repairs and replacements. This programme includes not only building and engineering works but information technology and medical equipment needs as well.

Key issues for service development

The following four key service issues are selected from the Trust's Strategic Direction to illustrate the need for a successful development programme for the SDH site coming to fruition:

To recruit, retain and develop a motivated, highly skilled, flexible workforce	which, through close team working, provides a high quality and caring service to patients.
To develop clinical networks with surrounding hospitals	where it can be shown that there is demonstrable benefit to the patient from so doing.
To promote the development of intermediate care services	which meet the needs of local people in conjunction with the PCT and Social Services.
To provide clinical services from facilities of which at least 85% meet NHS Estate code "standard B" by 2007	wherein a building can be described as sound, operationally safe and exhibits only minor deterioration .

Timescale for review

The timing of this development brief is set to look forward until 2012 to coincide with the Local Plan period. The brief will be formally reviewed every 3 years (see Chapter 9).

3. THE PLANNING CONTEXT

Planning policies

National policy guidance

This brief has been prepared taking into account the DETR's 'Planning and Development Briefs: A Guide to Better Practice'. This does not constitute national planning policy guidance but provides a useful framework for the preparation of Development Briefs.

PPG1 sets out the general policy and principles underlying planning for new development. The re-use of brownfield sites and the promotion of sustainable development now lie at the heart of government planning policy. The continual redevelopment at the Salisbury District Hospital site fully accords with the principles underlying this guidance.

Regional Planning Guidance and the Structure Plan anticipate extra housing development, and health care must expand to meet this population growth.

Wiltshire Structure Plan

The current Wiltshire Structure Plan was adopted in 2001 and runs until 2011. Although it is under review, there are no significant Policies in the Draft Deposit Alteration October 2003 that will affect development at the existing site.

It is noted that the Draft does support the proposed Harnham Relief Road to the north of the Hospital site.

The current Structure Plan does however incorporate Policy C9 that designates the site as part of a Special Landscape Area, within which any proposals should have regard to the need to protect landscape character and scenic quality.

Adopted Salisbury District Local Plan

The adopted Salisbury District Local Plan of 2003 represents the most up to date and relevant policy framework.

The policies within the adopted plan that have most relevance for the hospital are:

- Policy H2E identifies a site of 1.6 hectares at SDH South (see Figure 4 below) to be allocated for healthcare related residential development. All reference to housing within the Development Brief relates to the area defined within the Policy boundary. Full text of the new proposal H2E is reproduced at [Appendix A](#).
- Policy PS1 which provides for the development, including redevelopment and enlargement of existing health facilities where proposed development would take place within the existing boundaries of the site (see Figure 5). Full text of the policy PS1 is reproduced at [Appendix A](#).

The Adopted Plan also contains a range of general policies (i.e. not specific to Salisbury District Hospital) relating to transportation and townscape to which due regard has been paid in the preparation of this development brief but which will also be relevant in any detailed submissions.

With regard to the design of buildings as well as the Design policies within the Local Plan development will also be required to follow the principles of Salisbury District Council's Supplementary Planning Guidance (SPG) "Creating Places" which planning applications will be judged against.

Salisbury District Council is currently in the process of developing its Local Development Framework (LDF) which will supersede the Local Plan. The LDF places greater emphasis on local authorities to take into account the needs of bodies such as the Trust within the plan making process.

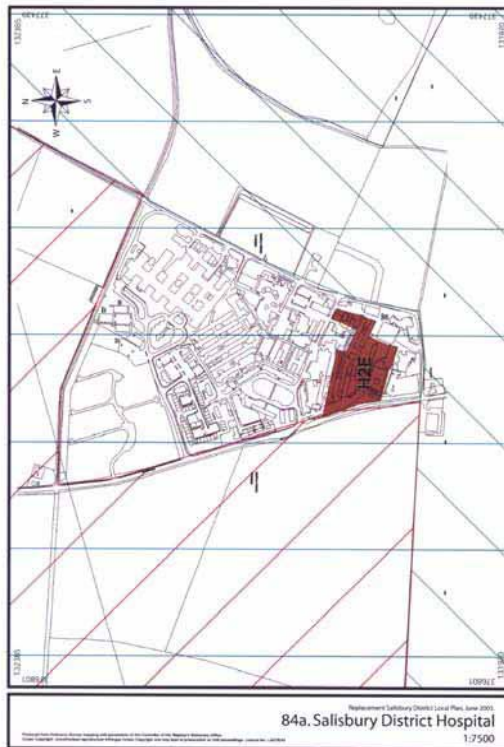


Figure 5

Area of SDH identified in proposal H2E of the Adopted Salisbury District Local Plan

Waste Local Plan

The Wiltshire and Swindon Waste Local Plan 2011 was adopted in March 2005. Wiltshire County Council, in partnership with Swindon Borough Council, has the responsibility for producing the Waste Local Plan (WLP) for Wiltshire.

The Plan sets out the policies, and identifies the preferred areas for the sustainable management of Wiltshire's waste.

The Trust is a major employer and produces by necessity a large amount of waste (both clinical and domestic) due to the range of activities of an acute hospital. The waste produced will continue to be managed responsibly, with increasing amounts re-used, recovered and put to good use, whilst minimising risks to human health and the environment.

Through planning guidance approved as part of the WLP, the Trust will ensure that new development proposals feature a waste audit to encourage more recycling during construction. Wherever practical, designs will incorporate facilities to encourage occupiers to recycle.

As a first priority every effort will be made to minimise waste.

Proposed Harnham Relief Road and Brunel Link

Wiltshire County Council applied for planning permission for the proposed Harnham Relief Road and Brunel Link in April 2005. This is a revised application as the route between the A338 Downton Road to the point where it crosses the Odstock Road had to be altered to avoid archaeological finds.

The Trust will continue to participate in discussion regarding these road schemes reflecting its concerns over undue noise, vibration, air quality and visual intrusion. It is noted the scheme is not within the Local Plan. The planning application was withdrawn in August 2006.

Site specific policies

Memorandum of understanding – Green Travel Plan

The Memorandum of Understanding is an agreement between Salisbury NHS Foundation Trust and Salisbury District Council to develop a green transport strategy for the hospital. A Council Joint Transportation Team representative is a member of the Steering Group that has produced a Transport Strategy for Salisbury District Hospital which forms an integral part of this development brief.

The Trust now has a Travel Plan (revitalised in 2006) and an Executive Environmental Committee on which the Council transport representative is an active member.

Travel Plan initiatives are ongoing and continuously monitored. A key aim is the reduction on reliance of single occupancy trips to the site, public transport initiatives and incentives for cycling and walking.

The transportation implications of any new building or redevelopment on the site will be reviewed with the Council on each occasion, and will form part of any submission.

Requirement for Environmental Impact Assessment (EIA)

It should be noted that this brief indicates the broad type of development that is acceptable and therefore it does not automatically obviate the necessity for EIA. Given the site's elevated location and proximity to the Cranbourne Chase & West Wiltshire Downs Area of Outstanding Natural Beauty (AONB) and a Special Landscape Area, Salisbury District Council will require an EIA to be undertaken where it considers the proposal would have significant environmental effects, by virtue of such factors as nature, size or location.

Site planning history

Brief site history

The SDH has grown incrementally since it was built during the Second World War as a military hospital, A Regional Burns Unit was built in 1967. The NHS planned in 1978 that the General Infirmary should close with Odstock becoming the single site District General Hospital for Salisbury.

An early phase of this new plan saw the Duke of Cornwall Spinal Treatment Centre opened in 1984 with extensions to and refurbishment of the operating theatres, new residential accommodation, 48 additional in-patient beds and a rehabilitation unit.

Phase 1 of the new District Hospital, based on the Nucleus cruciform template, was fully opened in 1993 when the Infirmary finally closed. During this time a further review of the service planning proposals was taken and site rationalisation again confirmed by the need to add at least two substantial phases to the original build.

With the Phase 2 extension now completed, many smaller additions and refurbishments have been slotted into the site development strategy in a need to replace out-dated facilities.

A Planning Obligation under Section 106 of the Town and Country Planning Act 1990 (as amended) relating to the Full Planning Permission ref S/2002/995 was signed in November 2002 between the Trust and Salisbury District Council. This was a development site of five houses for staff accommodation and construction of access.

The overall site area is 21 hectares (53 acres), as shown in Figure 6. A list of planning consents at Salisbury District Hospital since 1993 is included at [Appendix B](#) for reference.



Figure 6

Planning history of SDH

- SDH Site boundary
- Former Burns Unit (now in Phase 2)
- Spinal Treatment Centre
- Remaining war time single storey buildings
- District hospital Phase 1
- District Hospital Phase 2 extension
- Section 106 Planning Obligation land

4. SITE CHARACTERISTICS AND APPRAISALS

Analysis of the site using 'SWOT'

As an overview of how the Trust's site fits into a simple 'SWOT' (Strengths, Weaknesses, Opportunities and Threats) self-analysis,

STRENGTHS

- Cathedral city setting
- Wonderful rural views
- Regional specialities
- Single-site operation
- Existing well established hospital site
- New development replaces brownfield
- Good public transport provision to city centre

WEAKNESSES

- Spread site relies on internal mechanical transport
- Open nature of the site heightens security risks
- Ageing building stock on a substantial part of the site
- Limited on-site landscaping
- Poor public transport to anywhere other than central city areas

OPPORTUNITIES

- Three star rating as acute hospital
- Attractive to private finance initiatives
- Trust Foundation status
- Largest employer within the city of approx. 40,000 inhabitants
- 50% of staff live within 5 miles of hospital, encouraging green travel

THREATS

- Greater demand on services due to demographic changes
- High cost of housing impacts on recruitment
- Salisbury has little unemployment making recruitment more difficult
- Competition from new NHS initiatives (Diagnostic Treatment Centres)
- Poor public transport links to the wider community

5. KEY THEMES

(1) BUILDINGS AND SERVICES

Central to the development of the SDH site is the improvement of the hospital's building stock in order to provide an improved service to patients and a better working environment for staff. The Trust's key objectives for buildings and services are as follows:

KEY OBJECTIVE (1) "redevelop SDH South"

KEY OBJECTIVE (2) "identify areas in SDH Central for redevelopment"

KEY OBJECTIVE (3) "remove all remaining patient services from single storey war time buildings"

Current Situation – Objective 1, 2 & 3

Building uses

The site is predominately centred on the needs of the acute hospital service. However it is important to recognise that there are a variety of other facilities that are ancillary to the main hospital use. These include residences, nurseries, catering and leisure facilities. These amenities on site help staff recruitment and retention, reduce the need to travel off site and promote sustainability. The current main deployment zones are portrayed in Figure 7.

It can be noted that a large area in the southern section of the site is vacated with the burns unit, elderly wards and outpatient clinics moved into the Phase 2 extensions.



Figure 7 Building main uses

- Acute Hospital Services
- Staff Residential Accommodation
- Wessex Rehabilitation
- Offices, Works and Administration
- Salisbury Hospice and SCOPE

Area at SDH South vacated and available for hospital redevelopment

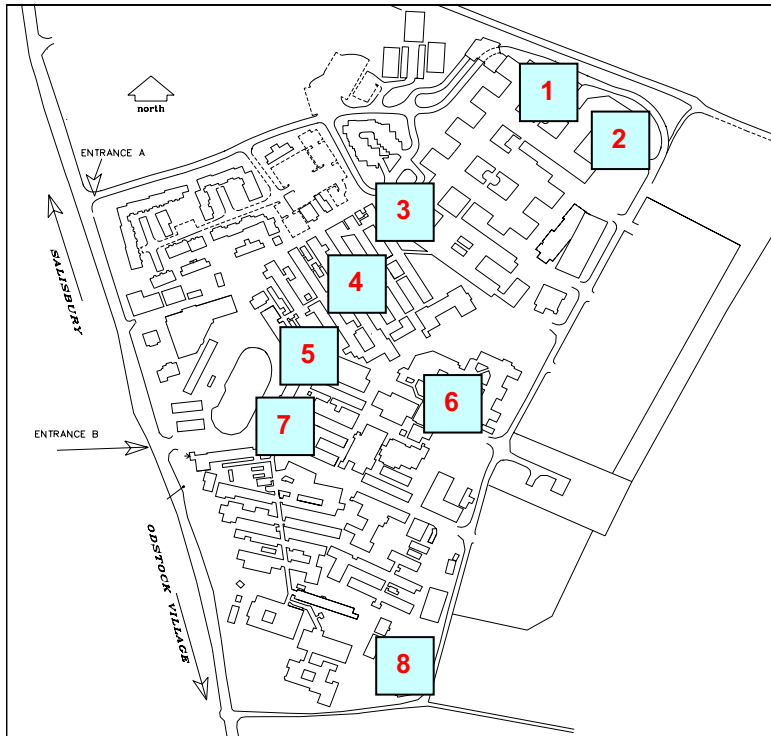


Figure 8 Other organisations who occupy space on the SDH site

- 1 Wiltshire PCT Rehabilitation and Elderly services
- 2 PFI Partner Canmore constructing Phase 2
- 3 League of Friends shop in main entrance
- 4 PatientLine office and adjacent WRVS store
- 5 Hairdressing salon and flower shop
- 6 Inspire (charitable support to Spinal Unit)
- 7 Nat West Bank (lunchtime opening Tuesday and Thursday)
- 8 Douglas Arter Centre (SCOPE – formerly Spastics Society)

The Trust works in partnership with various supporting organisations, some are from within the Health Service (e.g. PCTs) and others are commercial partnerships.

Examples include from the private sector Patientline (providing the bedside entertainment system) or health related working through charities (e.g. SCOPE and League of Friends).

Future developments will need to observe the needs and rights of these occupants who occupy space on site as shown on Figure 8.

Physical condition summary

The physical appearance and layout of the hospital influences the behaviour and well being of all those who use its facilities – patients, visitors and staff. The Trust’s buildings should provide a safe, stable and predictable environment to enable better care and treatment of patients whilst being as supportive and safe as possible for the staff treating them.

It is now recognised that the quality of the physical environment can affect the healing process. Measurement of the benefits of improving the environment is complex but the Trust will continue to show the impact of year on year statistics in the annual Estates Strategy document which can be read alongside this Development Brief.

Building ages and heritage

It is probably not unreasonable to expect that the older buildings across the site are also those in the most need of repair or replacement. Many of these original wartime buildings (circa 1940’s) have had internal refurbishment carried out over the years but few remain possible to alter without full scale demolition and new build.

One of the major criticisms of this older building stock is that single storey development naturally spreads out across the site, increasing the travel distance between the services.

Whenever possible, new development is now multi- storey taking advantage of the views. Centralising services and getting away from single storey accommodation also achieves economies of scale in both resources and construction. This will also free up more usable space between buildings for landscaping, communal spaces and creating more opportunity for recreation and interesting features.

There are no listed buildings on the site. Figure 9 shows the more recently developed areas of the site in comparison to the original wartime building stock (now reaching 60 years in use).

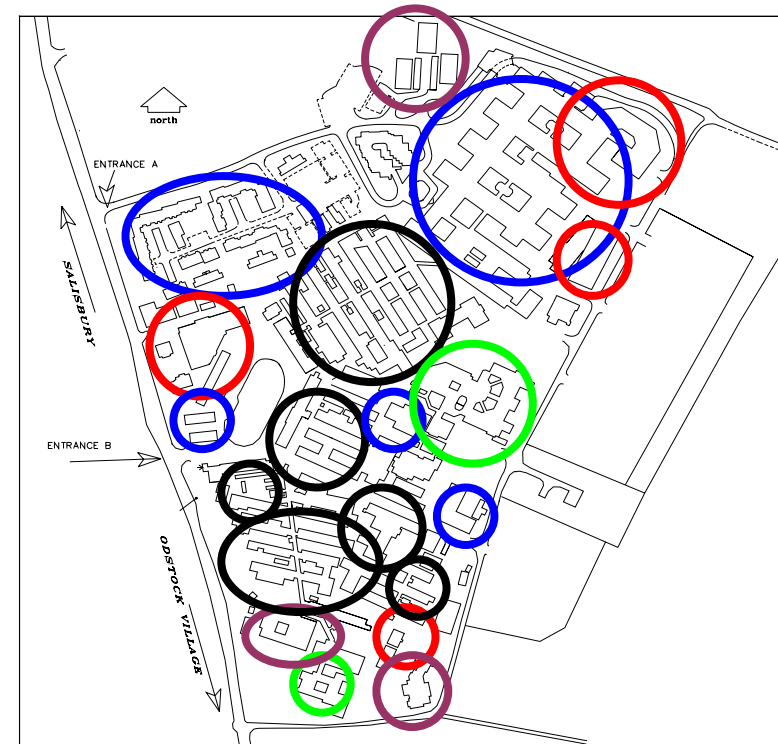


Figure 9

Building ages comparing more recently developed areas with the remaining war time building stock of the 1940's circled in black:

- 2000's
- 1990's
- 1980's
- 1970's

Areas in most need of redevelopment

The four principle areas of older stock in need of urgent repair or redevelopment shown in Figure 10 are identified as follows:

- 1) SDH South – single-storey wartime buildings now vacated with the completion of Phase 2. This area would be redeveloped in accordance with the principles set out in the Adopted Salisbury District Local Plan (see Appendix A). **See Key Objective (1) Figure 11.**
- 2) SDH Central – planning approval has been granted for a new clinical facility, replacing the redundant former kitchen building and stores.
- 3) SDH Central – single storey wartime buildings that currently house the Women and Children’s services and Pembroke Unit. These services will be relocated into the proposed Phase 3 redevelopment project
- 4) SDH Central – when the Phase 3 redevelopment project is completed, the former central boiler house can be made redundant and a particular eyesore eradicated giving further development opportunities adjacent to the Day Surgery and Spinal Treatment Centre. **See Key Objective (2) Figure 12.**

Where the Trust can safely make use of the older building stock on the site, these are now being used wherever possible for non-patient activity (e.g. offices, storage etc). The Trust will continue to remove patient services from the single storey wartime buildings as part of the site rationalisation programme. Phase 3 would see the completion of this objective. **See Key Objective (3) Figure 13.**



Figure 10 Locations of the four principal areas of oldest stock in need of urgent repair or redevelopment (listed opposite)

KEY OBJECTIVE (1) “redevelop SDH South” (FIGURE 11)



Figure 11

SDH South area for redevelopment

- Block 23
- Block 85
- Block 29

Proposed Actions

The SDH South site proposed for redevelopment can be seen within the pink circle. The strategy will be to rationalise accommodation that was vacated on transfer of patient services into Phase 2.

No firm decisions are yet available as to which buildings will be demolished to make way for new developments.

It is apparent that the former Burns Unit (Block 23) and Durrington Ward Block 85) are sufficiently robust for redevelopment. Centralising the Medical Physics/Engineering service, which is currently spread across the site, is currently in planning.

The former Plastics Outpatients department (Block 29) will be used for centralising office accommodation. This will free up some more old wartime buildings further along the south corridor, allowing a larger redevelopment area to be available

Other developments in this part of the site could include a residential nursing home, diabetic education centre, research facility and/or staff housing.

NB: Quality design will be integral to the redevelopment of the site. Further information on design issues can be found in Chapter 6.

KEY OBJECTIVE (2) “identify areas in SDH Central for redevelopment” (FIGURE 12)



Figure 12

SDH Central areas for redevelopment

- Clinical accommodation
- Former kitchens
- Car parks 1 and 3

Proposed Actions

The strategy for Phase 3 will continue to see the centralisation of acute services to the northern end of the site. Phase 3 would ensure all remaining in-patient clinical services are provided in modern, purpose built accommodation.

The clinical accommodation (circled in green) could be re-housed in a new building (where circled in red) on existing car parks 1 and 3. An opportunity would exist to improve the existing hospital main entrance and continue to provide good drop-off access.

The building solution would link directly into level 4 of the existing hospital where theatres, surgical wards and ITU are located.

The Phase 3 development has an outline planning approval which will be addressed within the aims of this Development Brief.

Planning approval has also been granted for a clinical facility to be built on the site of the former kitchens (circled in orange).

Both of these planning approvals are time-limited but the principle of re-development in these areas is established as the Trust further consults on the appropriate clinical content and adjacencies.

Following completion of the Phase 3 project, the boiler house alongside the former kitchens can be decommissioned. This area is available for future redevelopment or to create a better access to the existing Day Surgery Unit, currently landlocked.

NB: Quality design will be integral to the redevelopment of the site. Further information on design issues can be found in Chapter 6.

KEY OBJECTIVE (3) “remove all remaining patient services from single storey war time buildings” FIGURE 13

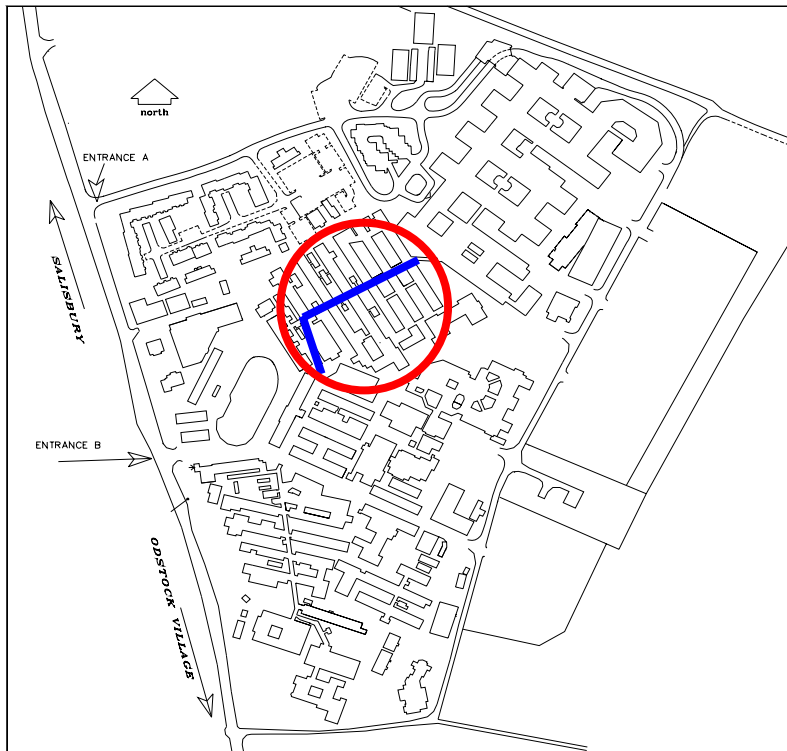


Figure 13

Remove patient services from war time buildings (circled in red) and eradicate public use of old corridor highlighted in blue (if practical)

Proposed Actions

The strategy for the SDH Central former wards (following a transfer of clinical services into the new Phase 3 buildings as Key Objective 2) has yet to be confirmed. Some of the buildings will be used to accommodate offices from the southern end of the site and some buildings planned for demolition.

The main central corridor should no longer be required for patient access and can be used predominately for staff and movement of tugs and trolleys (route highlighted in blue). The corridor is narrow and noisy and has limited opportunity for improvement. It is however an important communication route for the movement of goods and waste.

The site rationalisation programme will have removed all in-patient services from single-storey wartime buildings by 2012 and consequently:

- Reduced travel distances across the site for clinical services
- Focused the public to key entrances from public transport, drop-off and car parks
- Easier access for disabled and elderly by removing barriers and better provision of lifts at entrances
- Generated space on site for environmental improvements and new services to support the NHS Plan and local health economy

Development constraints - Objectives 1 & 2

Building heights

It is a recognised fact that there is an economy of scale in building several storeys high and using a balance of vertical with horizontal communications (e.g. lifts). The SDH North site demonstrates this fact and the new Phase 2 extension is set at a level that merges into the background of the existing hospital buildings.

The Trust is also mindful of proposing any buildings that sit above the existing skyline as viewed from the northeast (or south from Odstock village). However there is a natural 'crest' in the centre of the site. The roofline may require special consideration to provide variety and interest to the skyline.

Figure 14 below shows a cross section through the northern and central part of the site. The dominant roof height of Phase 1 is DL 97.40m (Level 5 plant rooms) whilst the highest roof in this locality rises to DL 101.4m (Level 6). The Ordnance Survey datum level for the site is fixed near to Entrance B at DL89.02m (see Figure 15).

The cross section puts into prospective the proposed Phase 3 development at SDH Central where the dominant roofline is anticipated to be around DL100.7m.

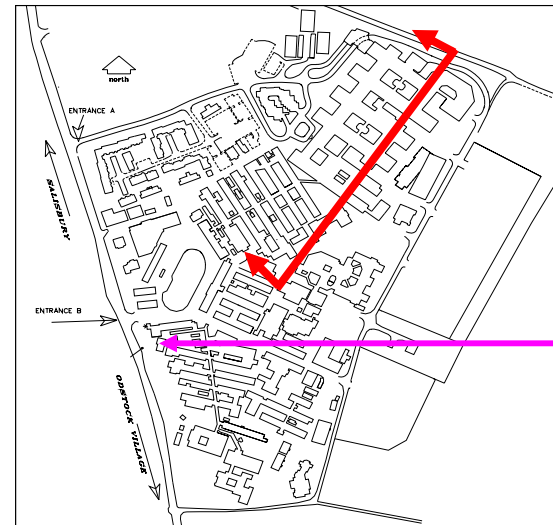
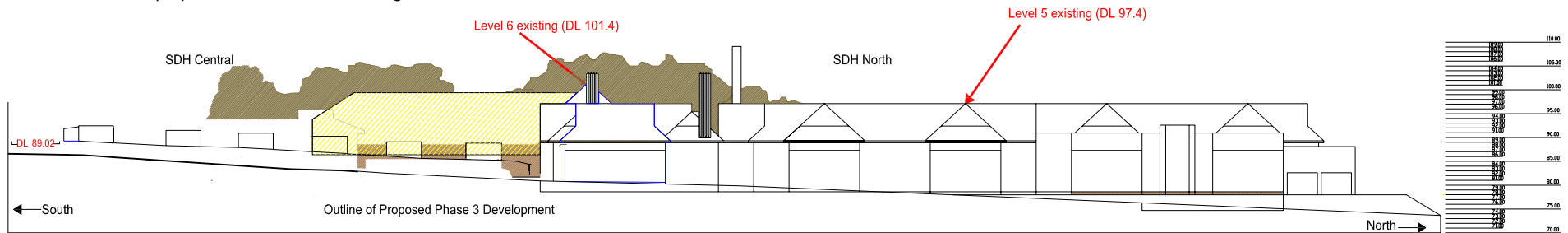


Figure 15
Line indicating cross section in Figure 14 below

OS Datum point located here at DL 89.02m

Figure 14
Cross section through central and northern aspects of the site showing existing roof heights and those proposed for a Phase 3 building



(2) LANDSCAPING & OPEN SPACES

Given the Hospital's location in open countryside, the Trust, through the use of landscaping will seek to soften the impact of the site from the surrounding locality whilst at the same time making improvements to the open spaces within the site. The Trust's key objectives for landscaping and open spaces are as follows:

KEY OBJECTIVE (4) "Enhance landscaping around car parks and site boundaries"

KEY OBJECTIVE (5) "Enhance open spaces for better access and interest"

Physical site issues – Landscape designation

The SDH site is designated as part of a Special Landscape Area. The surrounding uses beyond the hospital boundaries are predominately agricultural (see Figure 16).

The main features of the landscape character area are extensive open, rolling chalk downs, large arable fields, woodlands confined to copses and shelterbelts and a network of tracks, droves and rights of way.

Three significant neighbours are located on Figure 16 as follows:

- WCC gypsy and travellers camp site to the north of the hospital at Oak Tree Field
- The Georgina Von Etdorf designer clothes factory outlet
- Pair of semi detached houses where a drove meets the Odstock Road.

Archaeology

The last remaining 'greenfield' area within the northeast corner of the SDH site was subject to an archaeological investigation in 2002. This land was within an area of unknown archaeological potential with an undated enclosure in an adjacent field that may have extended into the site.

The study recorded no significant archaeological features or deposits. The negative results show that the possible enclosure seen as 'a vaguely visible vegetation mark' (SMR no. SU12NE617) does not extend into the Trust site. Full details of the study are available in the Wessex Archaeology evaluation report ref 52135.01 dated October 2002. See Figure 16 below where the study area is arrowed.

The County Archaeologist confirms there are no further archaeological sites within the land currently owned by the Trust.

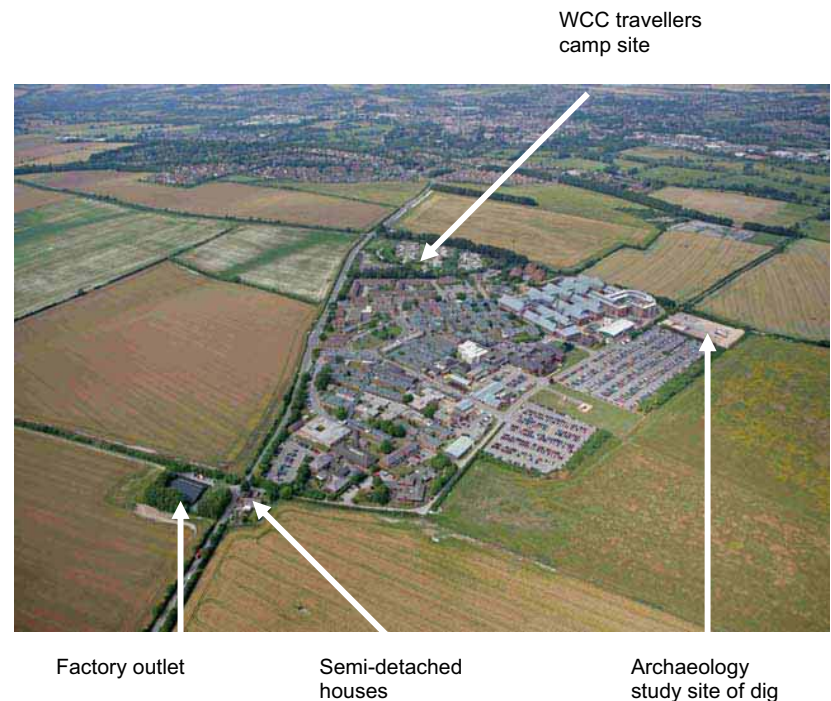


Figure 16. SDH looking north towards the City of Salisbury

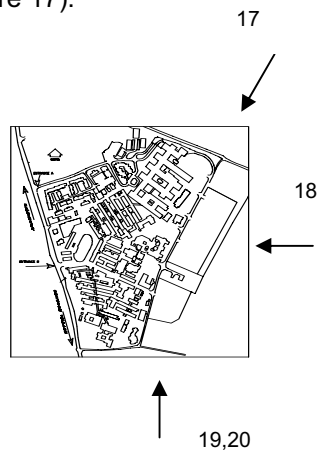
Current Situation – Objective 4

Views into the site

The hospital sits on high ground giving only limited views from the west, south and east due to the main body of land falling away to the north. Therefore the most prominent views into the site are from the north east along the A36(T) Southampton Road where the District Hospital development is the key building mass observed (Figure 17).



Figure 17 view from Southampton Road



Mature trees at the lower level soften the views but the hospital's blue/grey sloping roofs are visible on the skyline.

There are glimpsed views of the hospital from the A338 Bournemouth Road near Upend Farm (Figure 18) and from Odstock Bridge to the south (Figures 19 and 20).



Figure 18

View from the east along Bournemouth Road near Upend Farm



Figure 19

View from the south near Odstock Bridge



Figure 20

Another view from the south near Odstock Bridge

Views out from the site

Views out from the hospital are spectacular to the north and east across the rolling Wiltshire countryside. The new Phase 2 extension has been designed to take account of maximising the prominent position and views afforded to patients, staff, and visitors (see Figure 21 below).



Figure 21

Figure 22
View looking north in direction of City of Salisbury



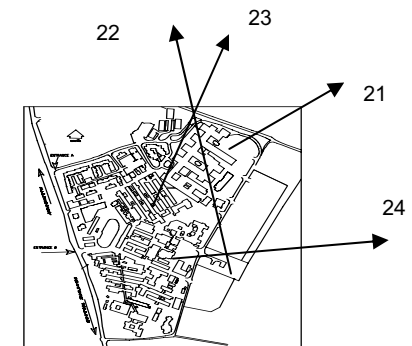
Figure 23

View looking northeast across Britford (the view also represented in Figure 21)



Figure 24

View looking east across the rolling downland



On-site landscaping

There are no known interests of nature conservation importance that will be harmed by further redevelopment of the site. Geological maps show that the site is formed of chalk. There are no watercourses flowing through the site and no water bodies.

The site is already developed and much of the site is hard surfaced. Existing trees and hedges (see Figure 25) will be retained wherever possible. There are some mature trees on the site and many of the boundaries have well-established hedges and trees as pictured in Figure 26.



Figure 25

Important trees and hedges that should be retained

Individual trees ●

Tree clusters ●

Low hedgerows



Dense boundary screening



Within the development areas there are new opportunities for tree and hedge planting. Such planting schemes will be beneficial to patient recovery. The Trust will continue to enhance on-site landscaping by creating filtered views into the site to screen and break up the larger areas of car parking. **See Key Objective (4) Figure 29.**

The raised mounds, which form the eastern boundary to the site, will be enhanced with low planting to improve the site's ecology and support nesting birds.

There are pockets of green open space on the site, the most significant being "The Green", a focal point off Entrance B where the original hospital's main reception was sited. This provides an opportunity for trees and planting along with a sitting out area in good weather for staff and the public as pictured in Figure 27 overleaf.

There are two private landscaped gardens set aside for the enjoyment of patients and visitors to the Douglas Arter Centre and Salisbury Hospice at the southern end of the site.



Figure 26

Example of dense, mature hedge and tree screening of the travellers' camp site to the left of the roadway leading from Entrance A

Current Situation – Objective 5

Several other buildings in the centre of the site, being in close proximity, offer the chance for privacy in secluded gardens (e.g. Beatrice wards for expectant mothers and the Sarum wards for children to play).

Most of the courtyards in the District Hospital are inaccessible to staff and the public but are now being upgraded as visual projects by the Trust's Artcare department.

The Phase 2 extension has a specially designed landscape scheme (see Figure 28). The scheme also features a roof garden, accessible by a lift.



Figure 27. The Green off Entrance B at SDH Central which is a popular sitting out area accessible to staff and public



Figure 28. The landscaped courtyard within the Phase 2 redevelopment project

The Trust will look at the future site redevelopment to make better use of open spaces created between new buildings, creating access and interest for the enjoyment of all hospital users. **See Key Objective (5) Figure 30.**

KEY OBJECTIVE (4) “Enhance landscaping around car parks and site boundaries” (FIGURE 29)



Proposed Actions

The strategy will be to continue to filter views into the site and enhance local ecology. Trees and hedge planting to boundaries will be strengthened where appropriate with easy to maintain landscaping. This will help to define the site boundaries and encourage wildlife. Larger areas of surface car parking will be interspersed by selective tree planting.



Strengthen boundary planting and screening with planting



Landscaping to Phase 2 development between building and hospital road



Selective tree planting

Figure 29

Boundary landscaping and planting

KEY OBJECTIVE (5) “Enhance open spaces for better access and interest” (FIGURE 30)



Figure 30

Courtyards and open areas to be enhanced and works of art used for wayfinding

Proposed Actions

The strategy will be to enhance open spaces with planting, seating and general access for all. There will be provision of more seating and discreet areas where people can relax and enjoy the countryside. More interest and therapeutic care will be provided by landscaping and the introduction of artwork features to assist wayfinding. This is already built into the Redevelopment Phase 2 scheme. The design and management of all the spaces between and around buildings will form an integral part of specific development proposals.




-  Continue the programme to enhance existing courtyards at SDH North. Many are for viewing only and the Trust’s Artcare schemes attract a lot of interest and comment.
-  Additional tree and shrub planting at the Green off Entrance B would enhance outdoor seating areas for all users.
-  Artwork - possible locations linked to wayfinding (see Figure 31 below)



Figure 31

The Kinetic sculpture set alongside the covered walkway entrance into the new Phase 2 extension is an example of artwork defining wayfinding

Implementation

As an integral element in establishing a long-term development strategy for the hospital site, the Master Plan shows the key areas of landscaping seen as fundamental in allowing future development opportunities to be accommodated within a well considered, structured environment.

The development opportunities through to 2012 present an opportunity not only to consider fundamental pedestrian and vehicle circulation, but also the broader external environment including the pedestrian street scene, character, sense of place, views and scale.

In meeting the demands and unique pressures imposed by the hospital environment, the landscape master plan seeks to embrace the following aspirations:-

- developing a robust, flexible landscape framework able to accommodate existing and proposed development opportunities.
- reflecting the hospital’s essentially rural character.
- creating a clear hierarchy of circulation routes and entrance points.
- providing a safe and attractive working environment.
- enhancing the staff and visitor experience.
- providing an initial impact with due consideration for the long-term management issues.

This will be achieved by: -

- establishing a progressive planting rationale, this can develop in tandem with development sites, as they become available;
- retaining and including any significant existing trees is to be considered as part of the design process;

- providing selective screening at perimeters and providing larger stock sizes to create greater initial impact;
- improving courtyard planting schemes giving year round interest and a healing environment to adjacent occupiers/users;
- visually unifying different character areas by use of distinctive materials for pedestrian and vehicle routes;
- developing a co-ordinated site wide package of street furniture and signage providing a clear site identity;
- furthering the use of public art;
- giving due consideration to safety and security by controlling heights and careful positioning of tree and shrub planting;
- identifying new opportunities for the creation of safe, accessible children’s play areas for both patients and visitors.

The landscape will respond to the requirements of individual buildings, however where space allows, the landscape will seek to absorb the developments, allowing the buildings to sit within a more structured and inclusive landscape rather than on a plot-by-plot basis. This will endeavour to create a more fluid landscape, acting as a transition between the perimeter and core character areas.

Additional public amenity spaces will be created, including “quiet areas” where people can go when they need some peace (for example grieving after bereavement). Improvements will be made to the hospital grounds to improve their amenity and provide a “sense of place”. The creation of the roof garden for patient and visitor use within the Phase 2 clinical extension is an exciting development, giving wonderful views out across the rolling Wiltshire countryside.

The typical tree and shrub palette to be considered during detailed design, and submitted as part of future planning applications, would include the following: (the list is not exhaustive but gives an indication of the intended character)

Specimen trees

Acer platanoides 'Globosum'
 Betula jacquemontii (multi-stem)
 Eucalyptus debeuzevillei (multi-stem)
 Pinus leucodermis (feathered/multi-stem)
 Prunus serrula (multi-stem)
 Tilia spp – box headed

Boundary areas

Betula pubescens
 Corylus avellana (edge/understorey)
 Fraxinus excelsior
 Ilex aquifolium (edge/understorey)
 Pinus sylvestris
 Quercus robur

Hedging

Fagus sylvatica
 Prunus lusitanica
 Taxus baccata

Shrub planting

Arundinaria spp
 Ceanothus spp
 Clematis spp
 Cotoneaster spp
 Fatsia japonica
 Festuca spp
 Genista spp

Hebe spp

Juniperus spp
 Parthenosis spp
 Phormium spp
 Photonia spp
 Prunus spp
 Pyracantha
 'Red cushion'

Rosa spp

Sasa spp
 Taxus spp
 Viburnum spp
 Vinca spp
 Yucca spp

(3) PUBLIC TRANSPORT AND MOVEMENT

The Trust believes that improvements are needed in terms of public transport and car parking provision. It is particularly important that these issues are tackled in order to improve accessibility for patients, staff and visitors alike. The Trust's key objectives for public transport and movement are as follows:

KEY OBJECTIVE (6) “Improve public transport provision, information and site penetration”

KEY OBJECTIVE (7) “Improve vehicular access around and through the site”

KEY OBJECTIVE (8) “Improve parking allocations between public and staff ensuring patient and disabled parking closest to key building entrances”

Access and transport

In October 2003, the consultancy Steer Davies Gleave (SDG) was commissioned by the Trust to devise a transport strategy to guide and inform future development at SDH.

SDG is the largest independent transport consultancy in Europe. However, strategy development has been guided throughout by a steering group including representatives of the Trust Board, Salisbury District Council and patient representatives.

SDG conducted extensive research into transport issues at the hospital, and found that there are a number of key difficulties facing the hospital, principally relating to high car dependence for journeys to the hospital, a shortage of on-site parking, limited alternatives to the car for travel to the hospital, and difficulties relating to the movement of people and goods around the hospital site.

The Trust recognises the difficulties that are faced, and a redevelopment project is underway which will seek to address many of the on-site

movement issues. As part of this project, the Trust has already implemented a range of measures to address transport problems at the hospital. In addition to the provision of various facilities for non-car users, the Trust has developed a travel plan for the site.

However, it was felt that the travel plan is not achieving its full potential, and that individual measures will not achieve sufficient benefits when implemented in relative isolation. The Trust recognises that their future redevelopment plans will need to be informed by a transport strategy, which will form the link between the redevelopment of the hospital and the travel plan.

The transport strategy is organised into 6 ‘themes’. These outcomes would see:

- Theme 1 - Travel plan enhancement, adoption and implementation;
- Theme 2 - Changes to working practices with regard to transport;
- Theme 3 - Framework agreement with public transport operators and the local authority with respect to transportation issues including bus priority;
- Theme 4 - Servicing/delivery strategy;
- Theme 5 - Long-term site rationalisation to reduce the need for travel within the site;
- Theme 6 - Parking management including variable message signing and relationship to travel planning and parking policy.

Each theme encompasses a range of individual measures some of which are particularly suited to short-term implementation, others more suitable for implementation in the longer term.

Overall, measures contained within themes 1-4 tend to be suitable for implementation in the short to medium term, whilst themes 5-6 are more medium to long term in nature.

It is important that the strategy is implemented in a co-ordinated manner. The strategy's impacts must be regularly monitored, as monitoring against targets is crucial to determining which measures should be implemented

and when. This will be achieved through implementing the strategy as part of the Trust travel plan.

The travel plan and transport strategy is co-ordinated by a steering group with staff, patient and public representatives (including the Council) which have a direct reporting line to senior Trust management.

A summary of the Salisbury District Hospital Travel Plan (October 2006)

The October 2006 Travel Plan builds on the previous 2002 Green Travel Plan and will help to mitigate transport impacts of future development of the site. It contains four objectives:

1. To demonstrate commitment to the travel plan by reducing unnecessary travel and encourage the use of more sustainable modes of transport.
2. To facilitate the use of sustainable transport via improved facilities and information.
3. To facilitate reductions in the overall need for travel via non-transport related initiatives
4. To ensure that all staff are aware of the travel plan

Site audit

The plan contains a site audit that has shown that 3,773 staff were employed on the site as of 31st March 2006. Bus season ticket discounts of up to 10% are currently available to staff.

At October 2006, the site had 498 visitor spaces (including 65 blue badge holder bays), and 1339 staff and hospital vehicle bays (of which 56 were for hospital vehicles). With the opening of the car park 8 extension in December 2006, this will see visitor spaces increase to over 750. Visitors are charged between £1.20 and £4.00 to park. The Trust is considering the introduction of barrier entry to visitor car parks to prevent their use by staff.

Hospital staff are not required to pay for general parking at the site, but those who require allocated parking must pay £300 per annum for a permit.

There are 128 cycle parking spaces spread across the site. The site has dedicated parking areas for 12 motorcycles. Staff are able to use one of 11 pool vehicles for business trips. 90% of visitors to the site currently travel by car.

Current staff travel trends

A staff travel survey carried out in September 2006 to inform the new travel plan. A response rate of 40% was achieved.

The survey showed that 71% of staff travelled to work by solo car journey, 11% by formal and informal car sharing, 7.1% by bus, 5% walked and 4.7% cycled. 44% of staff live within 5 miles of the hospital.

60% of staff surveyed work hours between 8am and 6pm – what could be termed “office hours”. 68% of staff have a journey to work that takes 30 minutes or less using their normal mode of transport.

Staff are more open to the possibility of walking or cycling to work than public transport (among the 18% of staff living within 2 miles of the site) – with a quarter of car users citing the cost of bus fares as a barrier to modal shift. Other reasons given were lack of direct bus routes and service frequency.

Travel plan targets

The travel plan aims to achieve the following targets by September 2008:

- Reduce solo occupancy car travel from 71% in 2006 to 63% in 2008
- Increase level of cycling to work from 4.7% in 2006 to 5.7% in 2008
- Increase level of walking to work from 5% in 2006 to 6% in 2008
- Increase level of motorcycling to work from 0.7% in 2006 to 1% in 2008
- Increase level of car sharing to work from 11% in 2006 to 15% in 2008
- Increase level of bus travel to work from 7% in 2006 to 8% in 2008
- Increase level of train travel to work from 1% in 2006 to 1.5% in 2008

Implementation

The plan will be implemented by the travel plan co-ordinator on a part-time basis. This role will be carried out by the post holder of Environmental Transport Services Manager. Their duties will include implementing the action plan (of measures – each with clear timescales for implementation), promotion, marketing and review of the travel plan.

The travel plan will be reviewed and updated in the autumn of 2008, with new targets set for the period 2008 to 2010. The co-ordinator has senior level support via the Transport Steering Group, who meet on a quarterly basis.

The travel plan has been independently audited by Wiltshire County Council, who are satisfied that it is a robust, effective and comprehensive document, that if implemented properly will achieve modal shift away from single occupancy car travel.

Public rights of way

The downs between the southern outskirts of Salisbury and the River Ebble valley in which the village of Odstock sits is criss-crossed by many tracks, bridleways and footpaths. The hospital site is bounded on its northern edge by such a ‘green lane’ (or unmetalled track). Also running north to south and through the hospital land is a vehicular track whose historical importance has been proven as a RUPP (Road used as a Public Path). See Figure 32.

In 1994, following the opening of the new hospital building at SDH North, the Trust agreed with WCC to maintain the surface of the metalled track where it serves the car parks and rear access to the facility. In 2004 Wiltshire County Council made an Order to reclassify the RUPP (known as Britford 16) to a Byway Open to All traffic (BOAT) under the Wildlife and Countryside Act 1981 – Section 54.



Figure 32 The reclassified BOAT splitting the hospital site and going on north to meet the A338 Salisbury to Bournemouth road west of Britford village

Current Situation – Objective 6

Hospital site access

Existing access for pedestrians, cyclists, public transport and motor vehicles is concentrated on two main entrances off the Odstock Road (see Figure 33). Entrance A is now the busiest route in to the site leading down to the District Hospital main entrance, accident and emergency department and staff residences. Entrance B serves the southern and central parts of the hospital, including commercial lorries making deliveries. Both entrances are well used by car drivers seeking longer stay parking at the rear of the site.

A third access (Entrance C) onto Odstock Road occurs in the southernmost corner of the site where vehicles access the Douglas Arter Centre. Being part of a RUPP and therefore a right of way, vehicles also use this track to cut through to the rear of the hospital. This track is single width, partly metalled and shared with agricultural machinery. This 'rat-run' is a traffic management problem where it is difficult to enforce any restrictions. Visibility when leaving the track and emerging into Odstock Road is extremely poor.

In 2002 the Highway Authority (at the request of the hospital) put double yellow lines either side of the Odstock Road between and beyond the two main entrances. Parking in the road had become a major and dangerous problem.

The pavement and lighting on the eastern side of the Odstock Road, between SDH and the Rowbarrow junction, have been upgraded in 2002 by the Highway Authority. These works involved re-designating the pavement as a shared-use path, available for use in both directions by pedestrians and cyclists. In June 2005, a route towards the city centre via Odstock Road, Rowbarrow and Downton Road was signed as a cycling route. There are plans to extend the current cycle lane as far as the Heronwood roundabout.

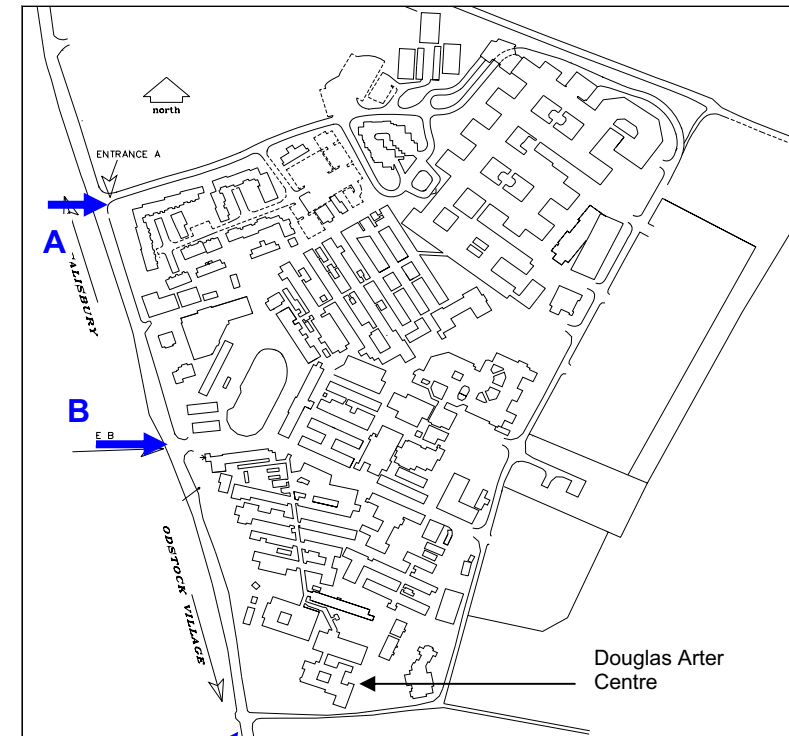


Figure 33 Main entrances off the Odstock Road
Entrance C to the Douglas Arter Centre

The new PulseLine bus service runs between the site and the city centre on a daily basis approximately every 10 minutes. PulseLine serves a dedicated route to the Bemerton Heath area. Most other bus journeys to suburban areas within Salisbury and Wilton require onward connections from the city centre.

The Salisbury to Bournemouth X3 service calls in at the site (Entrance A), three times daily from Bournemouth and twice daily to Bournemouth (Mon – Sat only). The No 29 service between Salisbury and Shaftsbury calls into the site six times daily in each direction. There are also bus stops on either side of the Odstock Road outside Entrance B.

The main railway station for Salisbury is a fifteen minute walk from the city centre and a through bus service is available (three times an hour). This station is on the Portsmouth/South Wales line and the Paignton/Exeter to London line.

It is of note that, due to shift patterns, certain staff are required to travel to or from the site during times not particularly well served by public transport. This is also the case for patients and visitors undertaking emergency trips to the site. **See Key Objective (6) Figure 37.**

Current Situation – Objective 7

Circulation within the site

Vehicles circulate within the hospital site on the ring road that runs around from Entrance A to Entrance B (see Figure 34). However this road does not continue to close the loop at the western edge of the site, which therefore forces all vehicles to use the public highway at Odstock Road. This causes congestion and is particularly inconvenient for bus users. Due to the site levels and configuration of buildings there is no direct vehicular route from one side of the site to the other within the ring road.



Figure 34

- Main vehicular routes
- Existing bus stops

This diagram emphasises the current need to return to the Odstock Road to circumnavigate the hospital site

A previously narrow section of the roadway leading from Entrance B has been widened in 2006 to accommodate two-way traffic. Further widening near Entrance B in 2007 will make easier access for larger vehicles entering the site and a safer road surface for cyclists at the Green.

The existing Emergency Department Bridge at SDH North poses a different problem in that the headroom and position on a sharp bend restricts ease of use. High vehicles have to navigate this bend in the centre of the road. The Trust has installed traffic control in preparation for when buses, in particular, use the rear of the site (from mid 2007).

The main vehicular circulation routes are highlighted in Figure 34 and the Trust will continue to make improvements to these areas, provide additional pavements and safer crossings for pedestrians. **See Key Objective (7) Figure 38.**

By necessity the hospital has a heavy reliance on delivery lorries requiring access directly to specific locations around the site. Examples include procurement, pharmacy, waste, catering, oxygen supplies and medical gas bottle storage. The key locations to be accessed are shown in Figure 35.

The majority of delivery vehicle movements enter the site via Entrance B. This will continue to be encouraged, leaving Entrance A as the main point of vehicular access by visitors and patients. The Trust will continue to improve pedestrian access from the main public parking areas as the site redevelopment programme progresses.



Figure 35 Key points requiring access by large vehicles for delivery and collection

Current Situation – Objective 8

Parking arrangements and strategy

The Trust has a car parking operational policy that is reviewed by the Board annually. The main objective of the policy is to ensure patients and visitors are able to park as near to clinics and wards as possible, and to enable staff to park securely.

The site has numerous car parks designated for either patients and visitors (pay and display) or staff or a mixture of these. Staff require a permit to park free of charge. Some staff spaces are designated and have to be paid for. There are also short stay (essentially drop-off) spaces close to entrances. All blue badge holders park free of charge. **See Key Objective (9) Figure 39.**

The Trust is actively reducing the number of staff designated bays to allow more accessible spaces for commuting patients and visitors. The Trust will continue to review the relationship between staff to patient parking allocation across the site. The main pay and display public car parking locations are shown in Figure 36 with their site identification numbers.

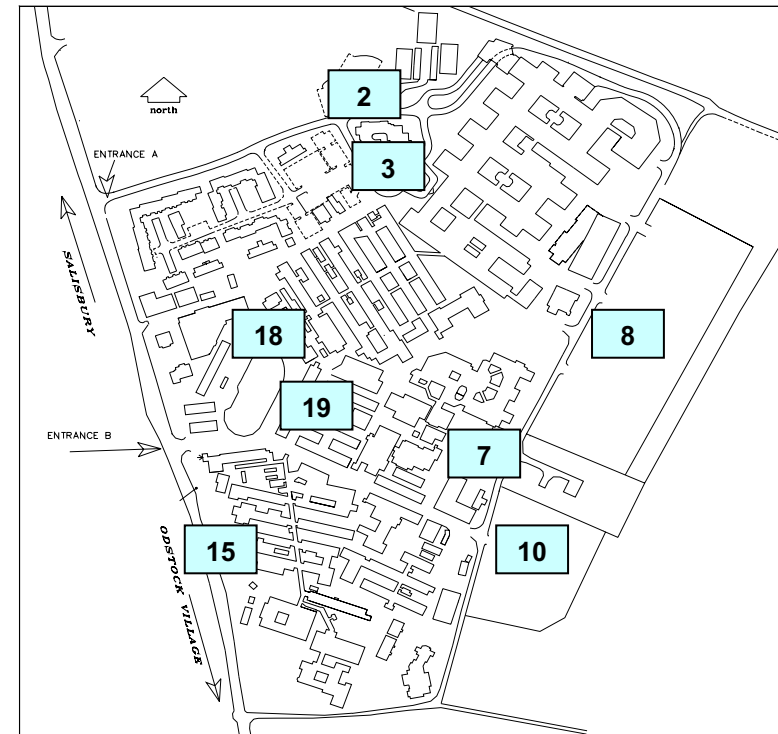


Figure 36 Pay and display public car parking locations and reference numbers


KEY OBJECTIVE (6) “Improve public transport provision, information and site penetration” (FIGURE 37)






Figure 37 Improving site penetration for public transport

Proposed Actions


The strategy will be to ensure wider access to public transport to and from the hospital and throughout the site.



Currently, public transport only accesses the front of the site where highlighted with green arrows. 

Existing bus services to and from the site currently include:

-  Bus stop at the main Entrance (existing) serves routes X3, 29 and PulseLine
-  Bus stop at the Green (existing) serves PulseLine
-  Bus stops either side of Odstock Road near Entrance B serve routes X3, 29, 40 and 41

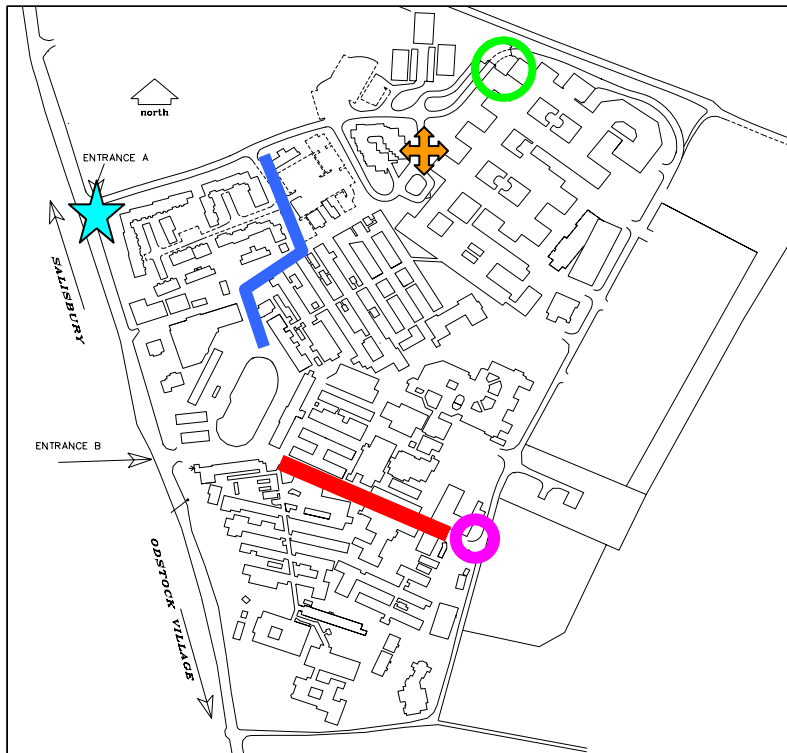
Following discussions with the local bus company, it is planned in 2007 to run all bus services in an anti-clockwise direction from Entrance B.

The Trust proposes to provide the means to extend bus access to the rear of the site as indicated with blue arrows. 

-  An additional bus stop to the rear of the site is planned to be brought into use during 2007 following the opening of Phase 2.
-  A further bus stop could be provided with the Phase 3 development.

Real Time Passenger Information would be made available at all bus stops and linked to electronic messages in public corridors and waiting areas. The bus stops in Odstock Road near Entrance B will be upgraded.

KEY OBJECTIVE (7) “Improve vehicular circulation around and through the site” (FIGURE 38)



Proposed Actions

The strategy will be to remove bottlenecks and create vehicular circulation within the hospital grounds (to avoid using the Odstock Road) by the Trust funding and implementing:

- 1) road and corridor crossing widened in 2006 to allow two-way traffic to pass (off Entrance B)
- 2) link the Green with a two-way road allowing vehicles access to the road off Entrance B (with Phase 3)
- 3) traffic control installed in 2006 by the Emergency Department Bridge where long vehicles have to negotiate the blind bend in the centre of the road.
- ★ 4) with approval of WCC Highways, amend the kerb radii to ease turning for large vehicles, and monitor the need to install signalled junction at Entrance A
- 5) improved road safety at blind corner near car park 10 entrance by radius widening in 2006.
- ✚ 6) reposition main entrance bus stop to segregate buses, cars and pedestrians in 2007 (Planning application S/2006/2231)

All these measures would improve access for large delivery/collection vehicles and for buses to the rear of the hospital site, where new stops will be provided.

Figure 38 Improving vehicular circulation

KEY OBJECTIVE (8) “Improve parking allocations between public and staff ensuring patient and disabled parking closest to key building entrances” (FIGURE 39)

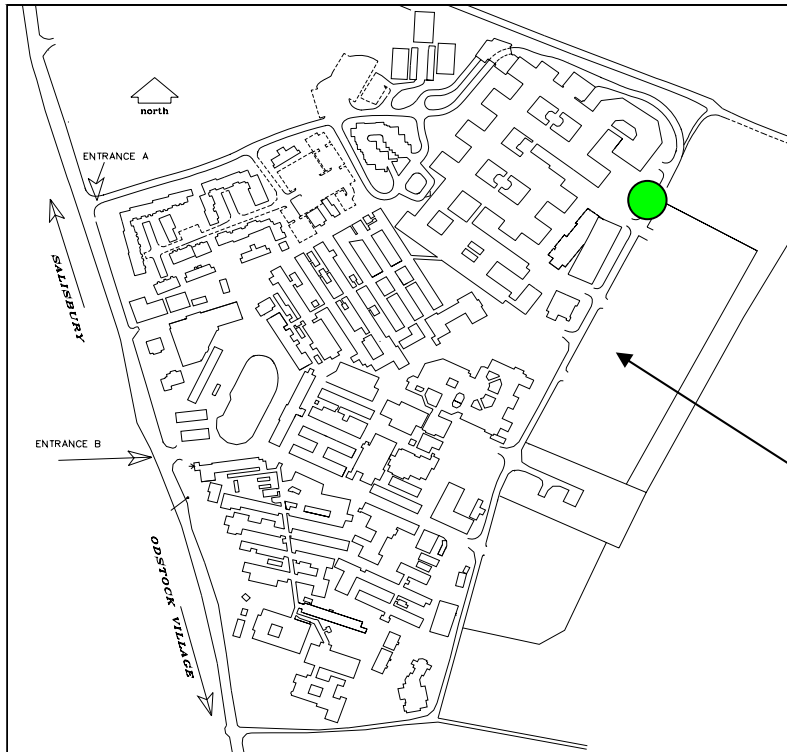


Figure 39 Improving parking allocations

Proposed Actions

Strategy will be to review staff/patient/visitor ratio in conjunction with detailed development proposals and the Trust’s travel plan and implement:

- more efficient utilisation of car parking spaces to increase availability for patient/visitors and the disabled.
- better signage
- better information on where to park to access clinical services
- barrier-controlled entrances to segregate patient/visitor and staff parking and improve traffic management
- staff parking to be towards the rear of car parks allowing most accessible spaces for patient/visitor use
- allocation of staff spaces for priority car sharers
- reduce to essential needs only the purchased permit spaces for staff
- variable message direction signing

- 11 new spaces for blue badge holders brought into use following Phase 2 opening in 2006 with covered access into Level 2 of the main hospital.

Current plans (now under construction) will see patient/visitor car parking moved to the front of the main car parks in 2007.

Targets for public/staff car parking ratio:

	Current June 2006	Proposed December 2006
Staff	70.8	62.2
Patients/visitors	28.0	36.9
Other (Ambulance cars)	1.1	1.0

Source: Table 9 from car park extension planning application “Supporting Information” June 2006

(4) PEDESTRIAN, CYCLE AND DISABLED ACCESS & SAFETY

Whilst improving access to the hospital is important, once on site it is necessary for movement throughout the site to be as quick, easy and safe as possible. The Trust’s key objectives for pedestrian access and safety are as follows:

KEY OBJECTIVE (9) “Improve lighting and surveillance around the site”

KEY OBJECTIVE (10) “Improve drop-off, disabled access and cycle parking adjacent to building main entrances

KEY OBJECTIVE (11) “Improve pedestrian access from main car parks and bus stops”

Current Situation – Objective 9

Pedestrian crossings and drop kerbs are provided at some strategic locations. A 15 mph speed limit is advisory for all vehicles but the Trust is unable to enforce these measures. By controlling vehicle speeds, a safer environment will be provided for pedestrians and cyclists.

The Trust will address what traffic-calming measures may help to restrict speed, but has ruled out ‘sleeping policemen’ due to ambulance traffic.

A network of routes for pedestrians and cyclists will link key features and areas within the site and offer direct linkages between facilities. In order for walking and cycling to be encouraged, routes need to be attractive and secure, well lit at night with surveillance. **See Key Objective (9) Figure 43.**

Current Situation – Objective 10

Disabled/other parking priority areas

The current site locations set aside for blue badge holders and 20-minute drop off zones are shown in Figure 40.



Figure 40 Blue badge holders free parking zones
 20 minute drop off and short stay waiting zones

These include specialist needs such as:

- Disabled bays (blue badge holders)
- Patient drop-off and short-stay waiting
- Mother and baby reserved bays
- Ambulances
- Hearses to the Mortuary
- Mobile Units for Screening etc.

Cycle parking, shelters and changing facilities

The Trust has over one hundred cycle stands available at different locations across the site (see Figure 41). Many of the older concrete block supports were not capable of use with the wider rimmed mountain bikes and many of the facilities were just inadequate.

Showers and changing are available for staff throughout Phase 2, at the Leisure Centre (Block 49), in the main Phase 1 Theatres and the Day Surgery Unit (Block 93). Adjacent to Entrance B, a new shower and changing room facility has been provided solely for the use of cyclists as further encouragement to green travel. **See Key Objective (10) Figure 44.**

Current Situation – Objective 11

Key circulation areas between buildings

All buildings on the southern and central parts of the site can be accessed from ground level via a network of open and unheated corridors. However the slope across the northern part of the site imposes constraints upon access.

The main cruciform building at SDH North illustrates this point with ground level entrances at levels 2, 3 and 4. This puts extra pressure on wayfinding and accessible patient drop off/pick up.

Lifts are available off the main hospital street, whereas Level 1 is only accessible internally for staff use. The main pedestrian access routes are shown on Figure 42.



Figure 41

- Cycle parking locations
- Accessible showers for staff

There are two access issues to be considered in the next major redevelopment phase that would make the site operation more efficient and user friendly:

- 1) Externally the ramp adjacent to the Beatrice Wards (Block 72) is a significant barrier that should be eradicated if at all possible
- 2) A more direct route between the main hospital building and the Spinal Unit (Block 90) and also connecting through to the Day Surgery Unit (Block 93) would be advantageous

The Trust will aim to repeat the provision in Phase 3 by 2012 of a covered access from the rear car parks into SDH North at Level 3. Phase 2 provides for similar access but into Level 2 near the new Laundry building. These covered walkways will provide weather protection for all pedestrians, bus users, cyclists and link to disabled parking facilities. **See Key Objective (11) Figure 64.**

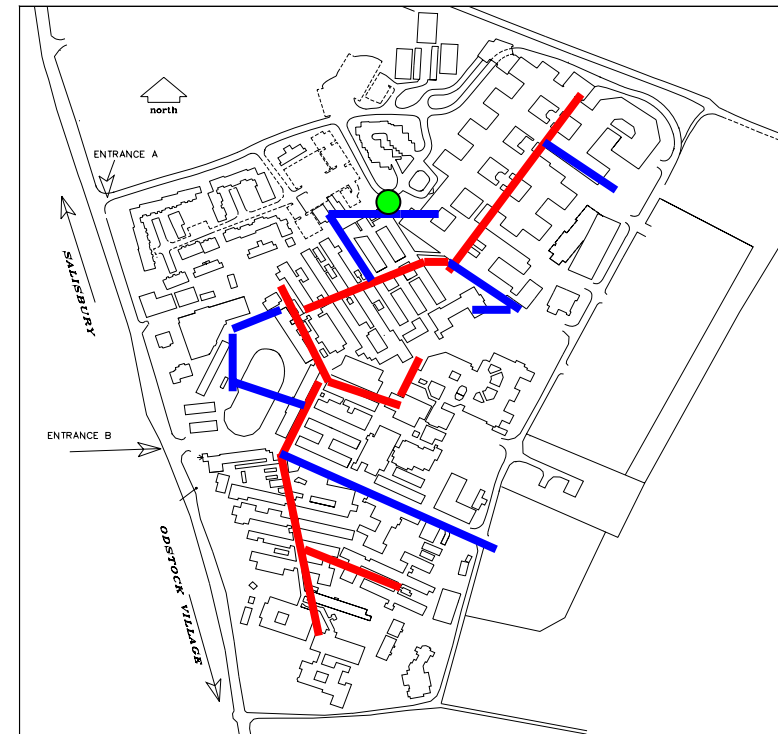


Figure 42

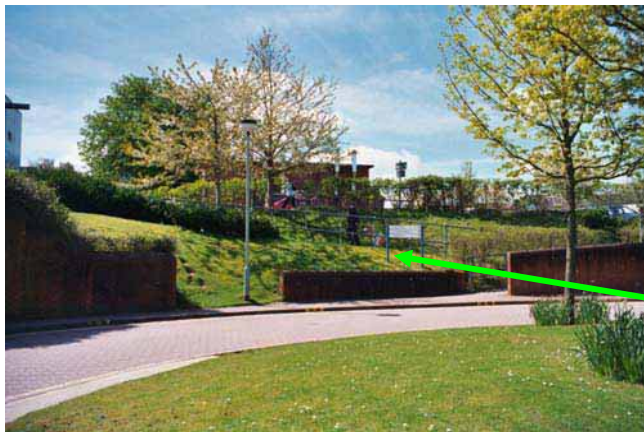
Main internal corridor routes across the hospital complex



External routes between key buildings



Ramp near the Beatrice Wards, which is a barrier to disabled and elderly, to be eradicated with Phase 3 development proposals (see picture opposite)



KEY OBJECTIVE (9) “Improve lighting and surveillance around the site” (FIGURE 43)



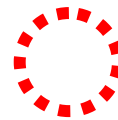
Figure 43 Areas for improvement

Proposed Actions

The strategy will be to provide safer and better definition of key access routes for all hospital users through the site. Redevelopment Project Phase 2 has seen improvements in the northeast corner of the site while the implementation of the next stage (Phase 3) gives an opportunity to deal with issues in SDH Central.

Attractive, suitable surface materials will be used for new pedestrian and cycle routes and the design of routes and lighting will seek to provide natural surveillance and to avoid personal security concerns.

Key to Figure 43 (major enhancements planned):



Areas in Phase 2 and 3 benefiting from increased CCTV surveillance and lighting, covering main access routes to key entrances and car parks 8 and 9 at the rear of the hospital.



Proposed route with improved lighting for pedestrians and cyclists with illuminated signage at focal points

Safety and security

Safety and security will be improved by deterring criminal activity through the use of lighting and landscaping, and ensuring that the design provides natural surveillance.

There are security systems in place at the hospital. These include CCTV surveillance, good security lighting and intruder alarms in vulnerable areas.

At the planning stage, any new development is passed to the in-house security manager for comment so security features that are commensurate with the risk involved can be built into the plan. Features include access control systems, extra CCTV and intruder alarms.

Before these features are installed, a situational analysis of crime problems is carried out so that security can be built in at the design stage. It is possible to 'design out' crime by building in security features and the Trust uses the principles of 'Secured by Design' wherever possible.

The estate would benefit from further perimeter protection. This need not involve perimeter fencing but can include low level planting of suitable plants that are shaped and regularly pruned.

Good security lighting in car parks and walkways is essential to provide a feeling of security for our predominantly female staff. Our approach to security is based on the 'deny, deter and defer' principle.

The Trust looks for a co-ordinated approach to our needs following the 1998 Crime and Disorder Act wherein the Trust will work with the police (Architect Liaison Officer) and local authorities in designing and implementing crime and disorder strategies.

KEY OBJECTIVE (10) “Improve drop-off, disabled access and cycle parking adjacent to building main entrances” (FIGURE 44)

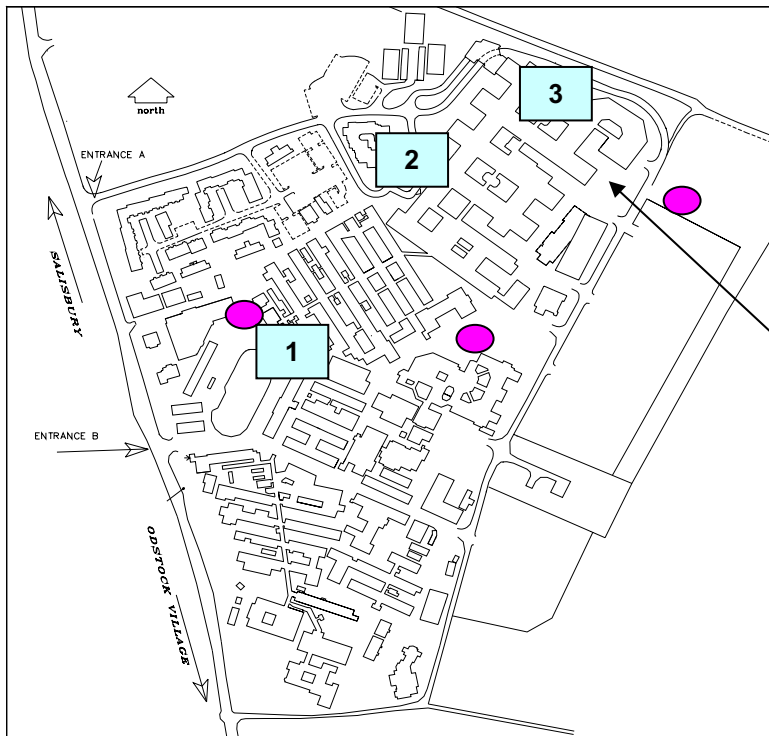



Figure 44

Recent areas of improvement prior to the next major development phase currently in planning

 Motor cycle stands

Proposed Actions


Parking and drop-off facilities for taxis and patient transport are sited close to key building entrances. Existing short-stay marked bays (free for 20 minutes) for pick-up and drop-off are indicated on Figure 44 by blue boxes and numbers.

- 1 – The Green (18 spaces)
- 2 – Main Entrance to SDH North (3 spaces)
- 3 – Nunton Day Hospital (2 spaces)

These spaces are in addition to existing blue badge parking bays. A further 3 marked bays are provided at the Main Entrance to SDH North for taxis.

The Trust will be extending the provision of marked bays for pick-up and drop-off at main entrance locations as part of the overall traffic management scheme. In 2006 many designated pre-purchased spaces used by staff were reallocated away from car park 9, thereby freeing up spaces for visitor car parking.

In the short term many of the existing cycle stands that cannot accommodate mountain bike frames will be replaced. The Trust completed a programme of improvements for 2005 that replaced at least 50 stands, nearly all of which are under cover and some with modern cycle lockers. A further 28 stands became available at the completion of Phase 2 in 2006 (arrowed), along with 11 new blue badge parking spaces.

The provision for motorcyclists is an objective that the Trust has started to address and 15 dedicated spaces are now available (4 by the Leisure centre, 6 by the Spinal Unit and a further 5 with Phase 2). 

New and/or improved secure and sheltered cycle parking facilities will be included as part of detailed development proposals. Staff and visitors will be encouraged to walk and cycle where reasonably practical.

Staff access to showers and changing has been much improved with the provision of new facilities in Phase 2 and the new Laundry.

KEY OBJECTIVE (11) “Improve pedestrian access from main car parks and bus stops” (FIGURE 45)



Figure 45 Road widening and improved pedestrian access (mostly covered)

Proposed Actions

The strategy will be to provide safe and direct routes from public car parks and bus stops sited close to key entrances to buildings (see Figure 45).

- Covered walkway provided with Phase 2 development leading from new bus stop and rear car parks directly into Level 2 of the main hospital building at SDH North
- Improved pavements provided with road widening project in 2006 leading from car park 10
- Covered walkway to repositioned bus stop at main entrance planned for 2007
- Proposed covered way to be provided with Phase 3 development (by 2012) linking rear car parks with main hospital building side entrance at Level 3.

Key building entrances – access for visitors and staff

With numerous separate buildings, the focus will continue to be on key entrances accessed from the main car parks or public transport. These entrances are shown on Figure 46.

Key buildings will be used as gateways providing a sense of arrival to individual areas and reference points for the public. The Phase 2 redevelopment project was successful in grouping clinical specialities together rather than spread across the site. Design continuity should be established through paving materials, street furniture, use of colour, and landscape linkages.

The Millennium garden, which fronts the main hospital entrance, is an example of recent artwork defining a sense of place. Works of art will be used to assist in wayfinding (see Figures 47 and 48 overleaf).



- Figure 46
- Key building entrances for staff and public access.
 - Millennium garden at the entrance to SDH North pictured opposite in Figure 47
 - New covered walkway provided with Phase 2 pictured opposite in Figure 48



Figure 47 ● The Millennium garden



Figure 48 ● New covered walkway

Safer circulation for tugs and trolleys

The older south and central corridors are noisy and narrow and in need of removal or replacement. Due to the distance and slopes across the site, the reliance on tugs and trolleys for waste, catering, laundry, supplies etc is a necessity. Pedestrian traffic has to share with electric tugs and this is a natural safety concern.

The Phase 2 redevelopment project was focused to eliminate patient journeys from the far southern end of the site to the north. This has also significantly reduced the movement of people and goods within the SDH Central and Southern corridors by use of electric tugs.

The next major phase in the redevelopment programme would continue to look for alternative and safer ways to get people and transport away from the sloping corridor running down into SDH North past the Beatrice Wards.

Part of the road widening scheme alongside the Hedgerows restaurant (Block 02) will see a further separation of tug movements away from pedestrians. A new tug only ramp will be constructed by the former kitchens, pedestrians having their own ramp access to the corridor.

The currently most used tug routes are shown on Figure 49.

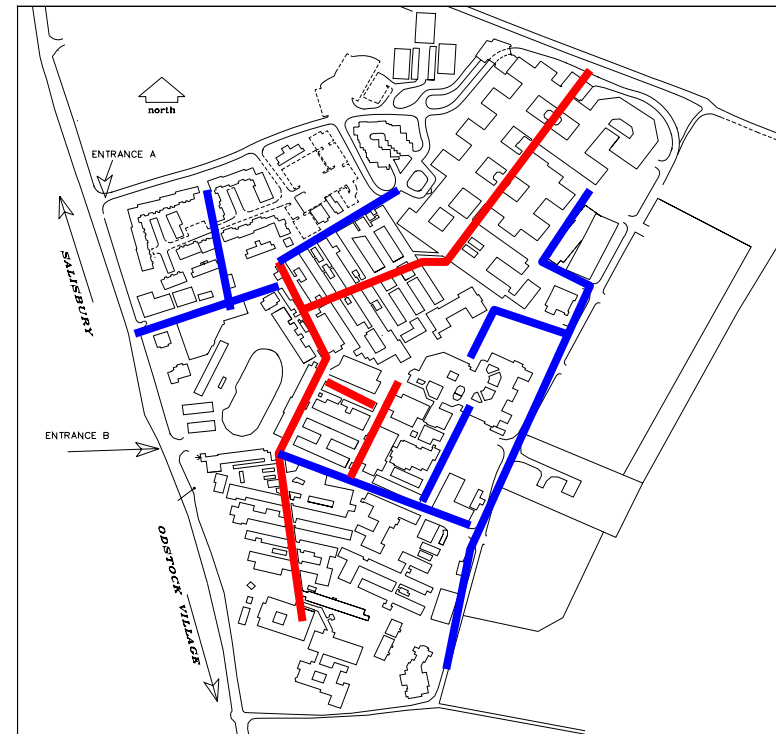
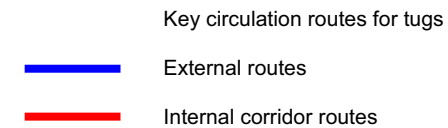


Figure 49



(5) RESOURCE MANAGEMENT

The proposed developments represent a significant investment in new estate. The DH has issued guidance in the form of reference documentation 'Sustainable development in the NHS' (published in June 2001). The Trust has undertaken to address the issues identified in this guidance and apply sustainable development concepts in the development of the hospital. The Trust's key objective for resource management is as follows:

KEY OBJECTIVE (12) "Ensure sustainable solutions are obtained for the site developments"

Current Situation – Objective 12

Natural gas and water

The hospital is served by natural gas and water underground mains as shown on Figure 50. Both mains enter the SDH site in the northern part of the site. Main storage tanks for water and oxygen are located adjacent to the acute hospital.

A secondary water main running down the length of the SDH Central corridor is a particular cause for concern due to age and condition. Carrying out remedial work would be very disruptive unless part of a major redevelopment project.

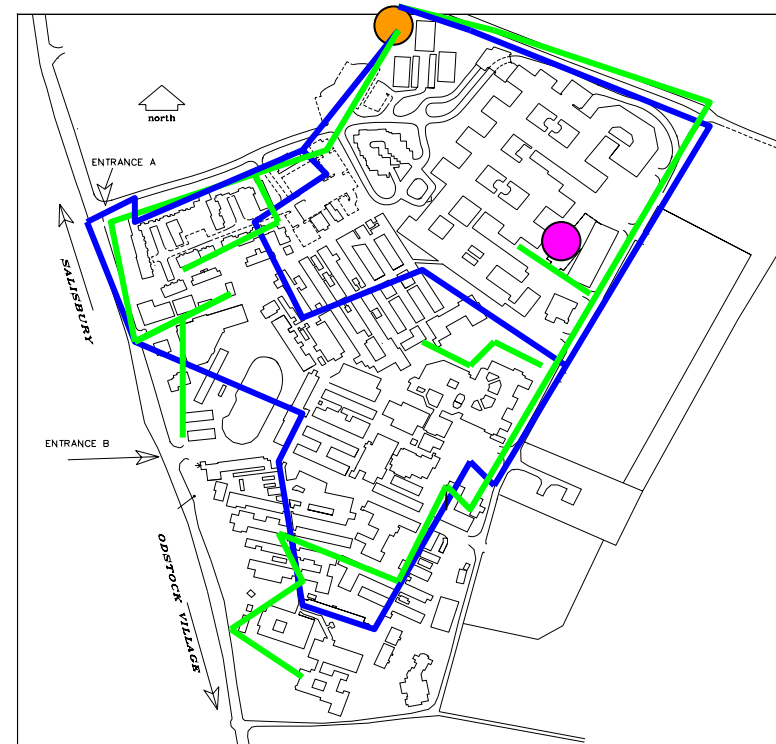


Figure 50

Site main routes are shown as:

- Water 100mm diameter
- Natural Gas 200mm diameter
- Gas and water mains enter the site
- Water and oxygen storage vessels

Electricity

The site is fed by 11 kV electrical cables from two directions (see Figure 51), Petersfinger to the north, in normal circumstances, or Homington to the south, if the former supply fails. In the event of a power failure, standby generators supply essential circuits.



Figure 51

Electricity mains are shown as:



HV incoming mains

Drainage

Main foul drainage discharges via a series of manholes into a 225mm diameter sewer leaving the site to the north as shown on Figure 52. Surface water is regulated and discharged through a system of soakaways into the water table. It is considered that mains services, being peripheral to the site, will not be a constraint to new development.



Figure 52



Main 225mm diameter foul drainage sewer

Energy

The new Laundry boiler house at SDH North houses three dual fuel boilers. Steam is raised to serve both the Laundry and the Sterilising and Disinfecting Department.

The remainder of the site is powered by a range of smaller boiler houses, as indicated on Figure 53.

Ventilation, lighting and heating systems are monitored and controlled by a site wide Building Management System to maximise electrical and thermal efficiencies.

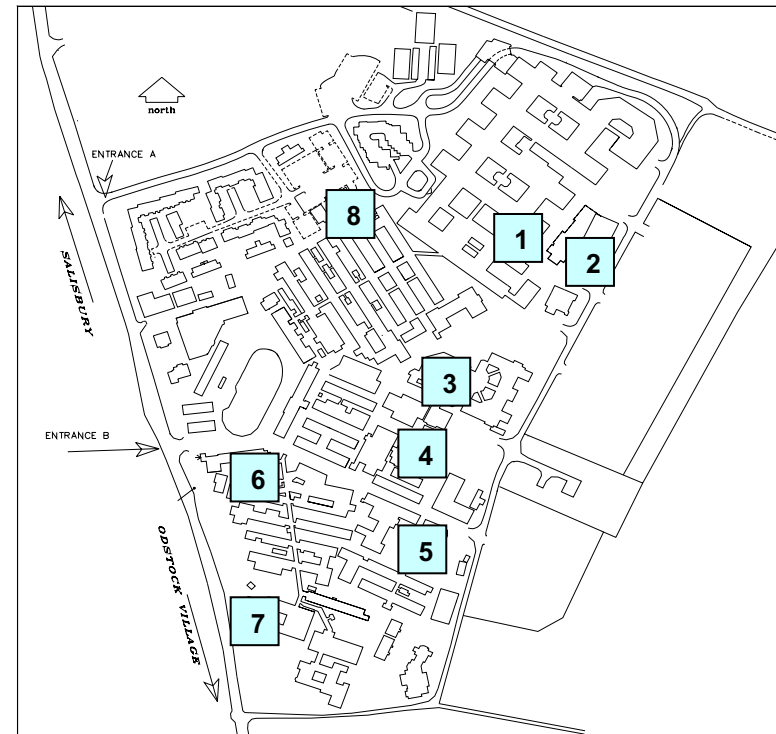


Figure 53
Boiler houses

1.	SDH North
2.	Laundry
3.	Spinal unit
4.	SDH Central
5.	Plastics OPD
6.	SDH South (Wessex Rehab)
7.	SDH South (former Burns)
8.	Doctors Mess

Contamination

The central and southern parts of the site are crossed by a network of underground service ducts, which are a legacy of the hospital when the main entrance, wards and theatres were accessed from Entrance B by the Green.

Following the new cruciform Phase 1 development at SDH North, many of the underground services are now redundant or have been removed. The Trust will continue to have the opportunity to cut off and remove many of these potential hazards under controlled conditions as a result of the redevelopment plans. A comprehensive asbestos register is now available for all the buildings on the site.

Discharges to air emanate from a variety of sources – boilers, emergency generators, fume cupboards and ventilation extract. The boiler houses and oil storage compounds are a main source of potential contamination.

Close attention is paid to containment and maintaining compliance with current standards and protocols. Car parking surface water runoff is regulated by the use of petrol interceptors.

Waste management arrangements on site include paper and cardboard recycling, furniture and equipment redistribution and segregation, storage and handling of clinical waste. These facilities are currently located in SDH South as shown on Figure 54. Waste skips and bottle banks are also available. A Procurement policy now exists to discourage pre packaging.

There are plans to make the waste compounds more secure following Phase 3 and the redevelopment of SDH South.

Noise caused by tugs and trolleys is an issue, and trials have been undertaken to deaden the impact by the use of special absorbent matting adjacent to wards. Construction noise is regulated within agreed working hours or by the use of special equipment.

Light pollution from on site lamp standards is controlled by use of approved fittings.



Figure 54

Waste Management.

The clinical waste store, skips and bottle banks for the site are accessed by vehicles from Entrance B.

KEY OBJECTIVE (12) “Ensure sustainable solutions are obtained for the site developments”

Proposed Actions

The development of new services will be designed and constructed to co-locate related services thereby enabling areas with similar usage and service requirements to be kept together. Locating related departments in this way reduces on site transportation and minimises the use of lifts. It also enables energy conservation through whole area levels of control for heating, ventilation and lighting.

Building orientation has a significant influence on solar heat gain; attention will be given to the impact of this upon cooling load. Where possible passive protection via shading will be incorporated and consideration will be given to high performance solar glass. Night-time cooling using lower ambient temperature air will reduce energy consumption and improve the patient environment.

The design of accommodation is required to have sufficient flexibility within it to ensure changing requirements can be accommodated in terms of space and engineering services. Structural framing will be carefully considered to provide column grids that will support a long-life loose-fit planning approach.

The Trust recognises the need to develop an integrated energy-efficient design addressing envelope insulation, passive solar design, heat recovery and technological innovation such as low heat-loss windows and energy efficient lighting. Renewable energy by way of roof photovoltaic systems will be investigated, along with the use of wind power.

Whole life costing of materials will be addressed during specification of materials and construction systems. The intention is to address not only embodied energy and other environmental considerations for building materials, but also operational maintenance and replacement costs and the end of life disposal costs.

Selection of materials that require less energy to produce, are easier to recycle, require less transportation or use fewer non-renewable resources, can significantly reduce the impact of buildings on the Environment.

Whilst the NHS does not engage in construction activities, its involvement in the procurement and operation of the buildings means it can have a significant influence on how the design and construction process is carried out.

The Trust's approach will be to minimise construction waste on site, source materials locally wherever possible, minimise local impact by commitment to the objectives of the Considerate Constructors Code of Practice, control construction pollution, and control construction traffic.

To achieve the Government's agreed national strategy for reduction in carbon dioxide emissions; the DH has set a target for the reduction of energy usage over the period March 2000 to March 2010 (a reduction in energy consumption by 15% by 2010).

Substantial investment in energy efficiency measures will make a significant impact on the energy consumption of the hospital by the introduction of modern efficient boilers (e.g. Phase 2). In other areas, the policy will be to move away from large central energy centres to localised systems. Local water heating will be considered for buildings with daytime occupancy.

The former Plastics OPD boiler house at SDH South will be decommissioned; both as an energy saving measure and preparation for redevelopment of SDH South post Phase 2.

The former main hospital boiler house at SDH Central is planned for decommissioning following the proposed Phase 3 development. The Doctor's Mess boiler house which provides heating to SDH Central could be reconfigured to serve the Phase 3 new extension.

The Trust will take all reasonable steps to mitigate environmental disturbance caused by noise, light and air pollution generated by the designated site uses. A series of improvements to the lighting column heads to car parks 8, 9 and 10 during 2007 will reduce light pollution by concentrating light downwards.

The Trust can demonstrate already meeting some of the fundamental principles set out above with their objective of consolidating services on one part of the site. This has cost efficiency and sustainability benefits and will allow for the reuse of the redundant estate with environmentally efficient new development. This strategy of consolidation will also serve in the service provided to the public.

Development of a waste processing and recycling compound would create a separation of clean and dirty goods. This would create environmental benefits through the recycling and segregation of waste, with reduction in traffic movements. This needs to be located in a secure area. Packing waste reduction and increased use of recyclable materials are a key procurement strategy in working with suppliers.

Waste recovery would include the re-use of hardcore arising from demolition of old building stock, wherever suitable.

Environmental services and infrastructure

Surface water drainage proposals for the site should take account of best management practice promoted by the Environment Agency. Sustainable Drainage Systems (SUDS) will be used to reduce surface water drainage run-off.

A Phase 3 redevelopment project at the front of the main hospital would require some off-site reinforcement of water, gas and electrical supplies.

All cabling and pipes underground will be concealed with appropriate access points for maintenance.

The high level of engineering services that are required by hospital services (e.g. air conditioning, medical gases, lifts etc) would require plant rooms that will (wherever possible) be concealed in pitched roofs, fully accessible and acoustically treated.

All services will be metered to audit consumption and ensure energy and water efficiency plant and equipment meets best practice.

The removal of old duct covers will also facilitate creating safer surfaces for pedestrians and cyclists across the site.

(6) SOCIAL, RECREATION AND EMPLOYMENT OPPORTUNITIES

The NHS has a national framework to support the growth and development of the workforce (Human Resources in the NHS published in 2002) along with the campaign to 'Improve Working Lives'. The Trust has its own HR strategies to recruit both nationally for professional staff and locally for support staff.

KEY OBJECTIVE (13) "Improve working lives"

Current situation – objective 13

The key points to note include:

- The Trust is the largest employer in an area of low unemployment
- Complete mix of workforce in all pay brackets and professions
- Recruitment and retention of staff is of paramount importance
- Aim for more key-worker and affordable housing
- Offering flexible working opportunities, help with child care etc

There are numerous ways for staff to register their views on the facilities including surveys, suggestion boxes and bulletin boards.

A plan showing locations of the main social and recreational facilities is included at Figure 55.

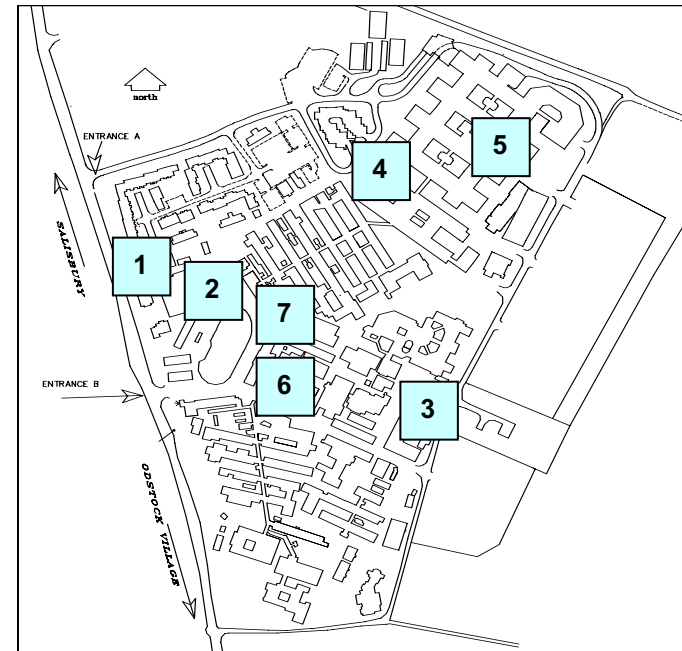


Figure 55 Locations of the main social and recreational facilities

- | | |
|--|---------------------------------|
| 1. Nursery and baby unit | 5. Springs Restaurant |
| 2. Leisure centre | 6. Hedgerows coffee lounge |
| 3. Tennis court and play area | 7. Hairdressing and flower shop |
| 4. Rivers coffee lounge and League of Friends shop | |

KEY OBJECTIVE (13) “Improve working lives”

Proposed Actions

Social and recreational initiatives will continue to focus on the need for the Trust to ensure it has the best available staff support facilities on site:

- Affordable staff housing accommodation
- Leisure club (swimming, squash, fitness etc), tennis court, walking, cycling.
- Staff social club with licensed bar and programme of events
- Nursery facility (0 to 5 years old)
- Play scheme (5 to 14 years) during school holidays
- Retail outlets (League of Friends shop, hairdressing salon)
- Nat West Bank (lunchtime openings Tuesday and Thursday)

6. DESIGN GUIDE

Design is important in improving the quality of the environment. In order to ensure the sites are developed to a high standard, all future development will take account of and seek to complement the environment within which it lies.

Context

Salisbury District Hospital is a densely developed rural site that has expanded in a “piecemeal” fashion over the last 30 - 40 years. The Trust intends to adopt a “whole site approach” to the future development.

This will provide an opportunity to enhance the environment of the site, provide landscape areas for public use (including quiet areas) and minimise the environmental impact on the adjoining countryside.

This investment will enable the Trust to rationalise services to:

- optimise departmental relationships
- improve the principle circulation routes
- provide improved access to all levels
- make wayfinding easier.

The design of the new developments will ensure and provide:

- future flexibility
- maximising views
- best use of daylight and ventilation
- best use of lighting and interior décor schemes

to patient and staff areas as well as improving resource conservation.

Scale, massing and appearance

The site is situated on high ground to the south of the cathedral city and as such is one area where high buildings and structures should not be permitted to rise above the existing sky line. The Trust does not consider it appropriate to exceed current building heights.

The current buildings have a varied appearance due to the mix of wartime and new reflecting the piecemeal fashion in which they have been developed. The aim over the next 10 years will be to reduce the number of disparate elements that have developed over the site and create a softer and more co-ordinated development.

The part of Salisbury District Hospital built in the 1990s is a design conceived some 15 to 20 years ago and reflects the thinking of the time. It is acknowledged that the functional hospital buildings will always tend to be of a large scale and of a fairly utilitarian design.

The Phase 2 extension by necessity has followed form whilst attempting to improve the building experience as Figure 56.



Figure 56

The design continues the brickwork horizontal banding from the main district hospital building (Phase1) but with deeper windows allowing in more light and giving patients better views out (particularly those convalescing in bed).

Greater use of glass for natural light and ventilation. The low pitched roofs help to reduce the scale of the buildings. This sketch from the planning application can be compared with the finished building as shown in Figure 48 (page 52).

There are a variety of building designs and styles on the site. The recent design strategy for the remainder of the site has been to use materials and finishes that give the buildings a less clinical aspect.

There are limited 'design clues' for future buildings but the scale is important and entrances, legibility and access are key. The more recent buildings on the site are traditional brick externally with low-pitched roofs. Ease of maintenance, long durability yet pleasing to the eye are factors for selection of windows, doors, fascia and guttering etc. Examples are illustrated on the following pages (Figures 57 - 60 inclusive).

It is proposed to carry this theme into future developments and as the central and southern areas are revamped, the style and feel of the buildings can reflect their function and assume, wherever possible, a more domestic appearance.

The perimeter of the site as viewed from the city will continue to be improved through a managed scheme of reinforced and enhanced planting.

New buildings will not have a greater impact on the skyline. Indeed from a distance they will not appear so stark due to the measures that will be taken to soften the current appearance, viz:

- predominance of brick as the principle building material
- occasional use of brick banding for interest and variety in elevations
- predominance of roofs with shallow pitch wherever possible
- continuing to set steel framed structures above brickwork for the more 'industrial type' units requiring clear internal spans
- orientate fenestration to maximise natural light and views

The Trust will continue the use of prefabricated, easy assembly on site of factory produced components - this market is ever improving and reliable for clinical services re-provision. Therefore a strategy of non standard designs and treatment of elevations will reflect the context of mixed site usage.

The design of the buildings to be constructed as part of the redevelopment of SDH South and SDH Central will follow the principles of Salisbury District

Council's Supplementary Planning Guidance (SPG) "Creating Places". Though the hospital represents a unique development within the district, every attempt will be made to construct buildings that are more reflective of the local vernacular, whilst at the same time being clinically efficient.



Figure 57

Traditional brickwork with low pitched roof



Figure 58

Brickwork with low pitch roof again but with contrasting ridge heights making a feature of the main entrance



Figure 59

Brick banding used to create interest



Figure 60

Brick banding as Figure 40 but showing soldier course above windows and along end elevation

Figure 61

Low planting between buildings to guide users to entrances along distinctive brick paving



Figure 62

Low planting to border car parking areas with individual trees to give height but allow observation



Landscaping, planting and courtyards are typified by the examples on the following pages (Figures 61 - 64 inclusive) and again give clues to the standard to be achieved or improved.



Figure 63

Courtyard that gives good access and interest



Figure 64

Tree planting that offers screening and all year round colour

Visual assessment of proposed buildings (SDH South)

The future development of the south of the site is an opportunity to aspire to a higher architectural quality by borrowing from the local environment outside of the hospital site. Influences can be taken from the surrounding villages (i.e. Odstock) and features built into designs where housing or a

nursing home may be considered. Architectural features might include tile hanging, bay windows, use of more attractive window/door types etc. These aspects would reinforce a sense of place rather than the site evolving into one which could be found anywhere in the country.

The preparation of a design statement to accompany any planning application would entail visits to local villages to take stock of the differing architectural styles and layout. The document will include illustrations of desirable architecture as well as examples of what is not suitable to copy. It would also include a “street plan” highlighting the buildings and street widths so that these can be echoed in any development of this part of the hospital site. The scale of the buildings and the spaces between are as important as the design of the buildings themselves. A good mix of both old and new styles is desirable with the older styles towards the centre of a scheme.

The scale of the built form should be a guide as to their use. Entrances should be obvious from their design and therefore need not rely wholly on signposting. The building should reflect its function and a nursing home would be appropriately built in a residential style.

Some desirable design features could be influenced by those shown on the following pages (Figures 65 - 78 inclusive) and summarised below:

- red brick with dark tile or slate roof
- inclusion of the occasional rendered house for contrast
- brick banding
- tile hanging
- simple porches
- white windows
- different sizes of windows within the same elevation or building
- brick and flint detailing
- soldier brick courses over arched windows
- differing widths of roads and frontages
- metal railings and wooden paling fences



Figure 65

Although Odstock village is largely made up of red brick buildings the inclusion of the occasional rendered or painted elevation need not be ruled out.



Figures 67 and 68

The use of soldier courses over arched windows and brick banding on elevations gives a pleasing variety to large areas of red brick wall.



Figure 66

A row of buildings set back from the road and showing different levels of roof line and a broad gravel sweep



Figure 69

House showing tile hanging with simple porches and windows



Figure 70

Brick and flint detailing carried out in an authentic manner makes an attractive variation from red brick



Figures 71 and 72

Modern houses that are NOT "in the vernacular"



Figure 75

Roof feature



Figure 76

Interesting roof and wall treatment above entrance porch



Figures 73 and 74

Windows of differing style, shape and size give pleasing variety



Figure 77

Verge detailing



Figure 78

Roof feature with tile hanging

Art and artwork

There should be many opportunities provided through the Redevelopment Programme to harness the energy and innovative perspectives, characteristic of the arts in health, as a powerful approach to modernising the health service and creating an NHS responsive to the whole needs of patients, staff and communities.

Most people coming into hospital feel isolated from family and friends. A sense of powerlessness and vulnerability increases stress and can prolong the healing process. Improving both the physical and social environment of our hospitals through a carefully devised arts programme can restore a patient's sense of personal identity, stimulates healing and well-being.

Art in hospitals can also improve the working environment and provide new solutions to long-standing problems associated with functional use of spaces. It is a contributing factor to environmental success producing real and tangible benefits; for example higher standards of environmental and interior design assist in reducing instances of property misuse and abuse.

In addition to this, environmental excellence engenders a sense of corporate pride, increases the perception that 'someone cares' and enhances an organisation's relationship with external organisations, community groups and individuals.

The Trust's Artcare department aim is to change and improve the physical environment (internal and external) of the SDH site to:

- Widen people's understanding and appreciation of the role of the arts and artists in healthcare and the community
- Create a greater awareness of the diversity of art forms and professional practices appropriate to healthcare
- Establish partnerships with local, regional and national groups/organisations with the intention of stimulating new opportunities

In turn, this helps to establish the needs of patients, staff and communities and assist in creating environments and services influenced by, and responsive to, users.

The range of art forms that could be considered for incorporation into the physical environment includes:

- Glass (stained, etched, sand blasted)
- Sculpture in steel and stone
- Lighting
- Textiles and fabrics
- Prints (etching, woodcut, screen prints, etc.)
- Digital prints
- Illustrations
- Murals
- Cut and painted wooden panels
- Carved wooden panels
- Ceramic water features
- Specially designed paving and brickwork
- Mosaics

All art forms would be considered subject to their suitability for a specific location or environment.

Phase 2 of the redevelopment programme is integrated into the existing arts strategy at the hospital by a two year funded project entitled "New Art on Site".

7. DEVELOPMENT PROPOSALS – SUMMARY

“Future proposals show the hospital site in the future years providing a clinical service in an attractive setting, which aims to be environmentally friendly and pleasant to visit”.

Longer term development proposals and aspirations

Over the next decade the Trust intends to carry out most or all of the following developments:

- Centralise Medical Physics with Medical Engineering facilities at SDH South and relocate office accommodation
- Open a new Cardiac Suite
- Upgrade Emergency Department services
- Improvements to Genetics and Pathology laboratory services
- Redevelopment of Women and Children and short stay surgical facility to include Haematology and Oncology services (Phase 3) along with various enabling works
- Nursing home development
- Provide additional key worker housing on site
- Make major improvements and additions to the infrastructure of the hospital to support the developments (landscaping, signage, CCTV etc)
- Rationalise energy centres in line with energy efficiency demands
- Upgrade and extend engineering services infrastructure
- Support all developments with upgraded Information Technology and communication systems
- Replacement of MRI and radiology equipment
- Demolition of many of the war time buildings on the central and southern end of the site.

An indicative programme is shown in Figure 79. This could involve a capital investment in the region of £60m. The plan provides reasonable flexibility for new accommodation and therefore the best patient facilities. The amount of patient accommodation provided in refurbished buildings is minimised.

The proposed plan shown in Figure 80 identifies how the site would develop into 4 zones.

- (A) The largest will be situated at SDH North and comprise nearly all the acute services (both inpatient and outpatient activity).
- (B) The zone at SDH Central would (as now) comprise the staff residential accommodation and amenities such as staff leisure facilities.
- (C) The southern end of the site will see the move away from acute services to more supporting functions comprising residential accommodation, rehabilitation, research facilities, estates support and administration.
- (D) The fourth zone contains the existing Salisbury Hospice and SCOPE buildings.

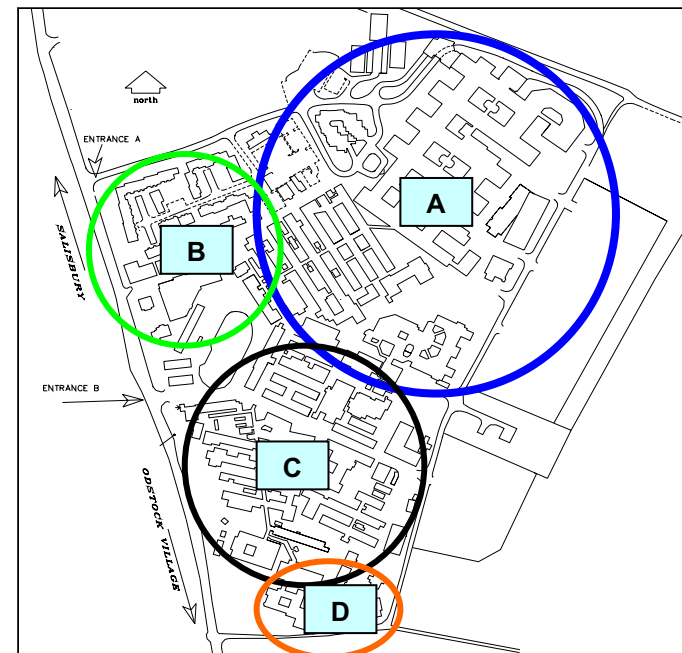


Figure 80

Proposed development zones

Indicative programme for development proposals

Figure 79

Development proposal	Fig	Page	2006	2007	2008	2009	2010	2011	2012
Relocate Medical Physics service to SDH South	11	23							
SDH South developments (phased)	11	23							
Phase 3 construction and alterations at SDH North	12	24							
Enabling and infrastructure works for Phase 3	13	25							
Eradicate patient services from 1940's buildings completed	13	25							
Landscaping improvements	29	32							
Public transport improvements	37	42							
Improve vehicular access	38	43							
Car parking improvements	39	44							
Security and access improvements	43	48							
Cardiac Suite extension at SDH North	85	73							

The implementation of this indicative programme is dependant on availability of funding resources.

At present the Trust is not in a position to confirm the exact disposition of the proposed developments within each zone but overall strategic aim will specifically achieve key objectives 1, 2 and 3 arising from this Development Brief.

The overall and cumulative size of the units to deliver the necessary services would be in character with the historic pattern of development on the site. Informal open spaces between buildings for use by both patients and staff will be incorporated into the detail designs. Improvements here will substantially reduce energy consumption and minimise the impact on the environment, whilst balancing planning issues with health needs.

Development constraints

Covenants

The Trust owns the strip of land to the east of the BOAT. This land has a covenant that only allows surface car parking to be developed or for temporary use as a contractor site compound.

Decanting

The Trust may need to seek temporary planning permission to erect accommodation for decanting services in order to carry out major construction works safely and efficiently. All work would be reinstated on completion.

Land use framework

Principles and context

The key principles upon which the land use framework is based are as follows (see Figure 81):

- Acute services are centralised around the critical care areas in SDH North
- Travel distances between services are minimised for efficiency and patient convenience

- Supporting services are located for ease of movements into and out of the site (and where possible away from patient/staff traffic)
- Access points into the main buildings are served by public transport and patient parking/drop off
- Access to external recreational areas are freely available (except where restricted by necessity)



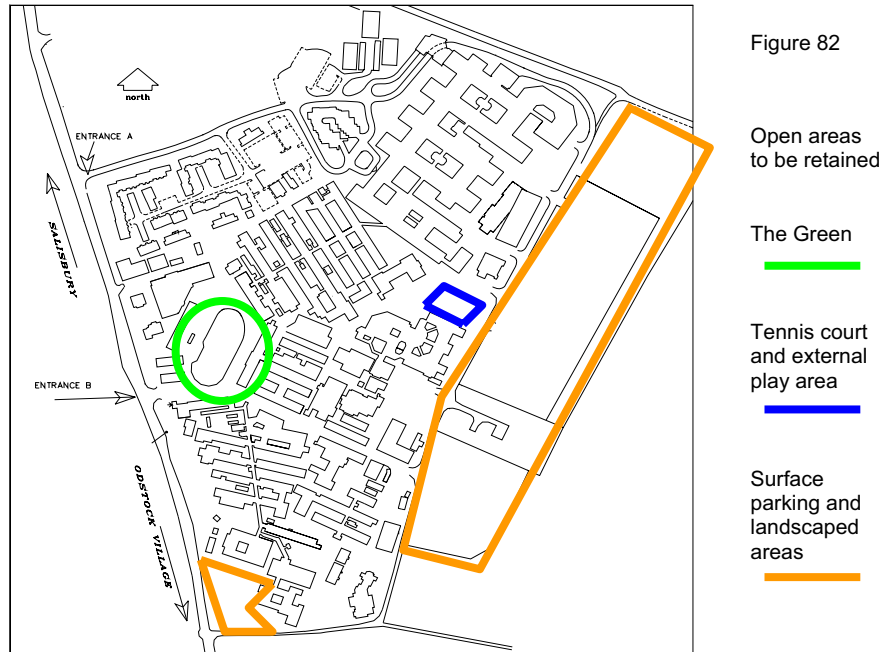
Figure 81

Land use framework

Overall site area 21 ha made up as indicated below

Acute services	———	6.0 ha
Staff residential and leisure	———	2.5 ha
Supporting accommodation	———	4.0 ha
Salisbury Hospice and SCOPE	———	0.5 ha
Car parking, roads, landscaping and public open space		8.0 ha (balance)

Open areas are to be retained wherever possible (as Figure 82):



Within the curtilage of Entrance B, the original main hospital reception is fronted by the 'Green'. Every effort will be given to retain this open space and a planting scheme will enhance existing planting.

The tennis court and external play area are also a potential development area, close to the hospital ring road and SDH North. These facilities would be replaced should this need arise.

Leased sites to be retained (as Figure 83):



Ground leases for Salisbury Hospice, Phase 2 and SCOPE exist on a long term basis.

Areas of no new major development (as Figure 84):





Figure 84

Areas of no new major developments but landscaping, pedestrian and access enhancement will take place

Areas of small scale change (as Figure 85):



Figure 85

 Cardiac Suite at SDH North Level 4
 SDH South will see some changes to the use of vacated buildings following Phase 2 opening in 2006.

The major redevelopment phases are handicapped by the need to ensure that contractors are afforded sufficient and safe areas for carrying out their construction activities. Protection of the public and safe access into the hospital means that temporary entrances and parking facilities have to be provided. The Trust has plenty of experience in managing these needs but seeks the tolerance of the planning authorities in discussing and supporting any interim arrangements as part of the total site redevelopment.

Areas of major change (as Figure 86):



Figure 86

Areas relevant to the proposals under key objectives (1), (2) and (3)

8. CONSULTATION

Best practice for development proposals

All planning applications will be discussed with the nominated Council planning officer before submission.

The contact for the Trust on all matters relating to this Development Brief with individual planning application will be the Estates Development Manager.

Key consultation will involve:

- Parish Councils
- District and County Councillors and MP
- Salisbury Civic Society
- Council's Joint Transportation Team
- Council's design team and design forum
- Travel plan consultation
- Police architectural liaison

Other public consultation

As well as investing in clinical services, the NHS Plan provides an opportunity to improve the environment of the hospital, enhancing the patient and visitor experience as well as addressing sustainability issues such as traffic generation.

There will be a co-ordinated approach with design, landscape, traffic and transport issues and public art all being addressed at the initial design stage to ensure comprehensive developments that will improve the total environment.

In order to achieve this we intend to develop a “global” approach to the planning and development of the site involving all the stakeholders at the initial design stage of each development. This includes widening patient and public involvement and expanding links with external agencies. This will continue to progress elements of the community plan as part of the South Wiltshire Strategic Alliance.

Patient Forum – the Trust is committed to undertake catchment-wide public consultation on its development proposals (as established for phase 2). The main issues raised in the public consultation will be documented, considered carefully and summarised. Feedback will then be prepared on whether suggested changes have or have not been incorporated in the documents. A major objective is to create a strong element of community ownership and support for proposals.

Good practice

A checklist of information will be submitted with any planning application:

- Design statement
- Traffic assessment
- Details of consultation with the Council's Joint Transportation Unit

9. MONITOR AND REVIEW

Monitoring the brief

The development brief is intended to look forward until 2011 to coincide with the Local Plan. It is inevitable that there will be significant changes in the NHS and the Trust's own targets, policies, procedures and operations during this period, and it is important that this brief sets a framework for the estates implications of those changes.

The following key documents are approved by the Trust Board and set the general policy in line with NHS expectations:

Document	Reviewed
Trust Annual Report	Annually
Service Plan	Annually
Strategic Direction	Annually
Human Resources Strategy	Annually
Travel Plan	Bi-annually
Estate Strategy	Annually
Environmental Strategy	Annually
Car Parking Operational Policy	Annually

It is recommended that suitable targets to be monitored would include NEAT, BREEAM etc to achieve quality goals on individual developments and energy sustainability more globally on an annual basis through NHS monitoring and the estate strategy.

NHS Environmental Assessment Tool

New developments will continue to be evaluated during design and occupation against sustainability criteria measured under the NHS Environment Assessment Tool (NEAT).

NEAT aims for new build and refurbishment are:

- Raise the awareness of environmental issues within the NHS facilities and services
- Estimate the environmental impact of NHS facilities and services
- Seek to establish an environmental improvement programme.

As an exemplar, the design score for the redevelopment project Phase 2 was assessed at 83.38 and is well above the excellent category score of 70.

Energy efficiency

The site will be monitored on an annual basis against the Government's energy efficiency target of 15% reduction in consumption by 2010 (measured against 2001 levels). All new development has to meet the energy efficiency target of 35 – 55 GJ (Gigajoules) per 100 cubic metres.

BREEAM

All new housing development on the site will also (in addition to NEAT) endeavour to be designed to meet Building Research Establishment Environmental Assessment method (BREEAM) "Good" standards. This would ensure a high standard of building design to maximise energy efficiency and encourage sustainable living and workspaces.

Reviewing the brief

The Trust reviews its Estates Strategy document on an annual basis under the guidance set by the NHS. If significant estate development issues arise during the review of the Estate Strategy or any other Trust documents, the Trust will endeavour to inform the Council about any significant changes that need to be incorporated in this development brief (Chapter 5) at the earliest opportunity.

However, the Trust will also undertake a formal review of the development brief every 3 years to ensure that it reflects the Trust and Council's existing and emerging policies and proposals for the area.

10. APPENDICES

The following Appendices are Supporting Information to the Development Brief only and are inserted here for ease of reference.

Appendix A: Policy H2E and PS1 from the Adopted Salisbury District Local Plan

The adopted Salisbury District Local Plan of 2003 represents the most up to date and relevant policy framework. The Adopted Plan identifies under Policy H2E a site of 1.6 hectares at SDH South to be allocated for healthcare related residential development.

5 H2E Land at Odstock Hospital

A site of 1.6ha, as identified on the proposals map, has been identified at Salisbury District Hospital (Odstock) which is expected to become surplus to the NHS Trust's acute care requirements during the plan period. The site is capable of providing about 45 units of accommodation, however it is recognised that a hospital campus is not suitable for general or family housing. The site does have the potential to house selected groups, as outlined below in order of preference, who would benefit from being located close to hospital facilities.

1. Key workers such as nurses, trainee doctors and other health service staff who are perceived to be less able to compete in the local housing market and would benefit service provision by being located on the hospital site. Accommodation envisaged for this group would typically consist of a mixture of communal and discrete units designed to accommodate households of no more than one or two persons.
2. Patients requiring ongoing non-critical care involving the need to remain on the hospital site. Such 'secondary care' accommodation might again provide communal or discrete units of accommodation for those undergoing medium or longer term periods of rehabilitation – in effect acting as a stepping stone for recovering patients between hospital and normal life.
3. Elderly persons requiring long term permanent residential care/support. Accommodation would typically take the form of a nursing/convalescent home whereby nursing staff were available to meet residents needs.
4. Sheltered housing may be considered an alternative form of accommodation for elderly persons requiring some level of support. Given that residents of such schemes often have a greater degree of independence, specific conditions of occupation would need to be agreed to regulate, in particular, demands for private vehicle movements to and from the site.

In considering schemes for approval under this policy, applications will need to demonstrate that there is a need for accommodation meeting the needs of one or more of the groups outlined above. In addition the District Council will require that an appropriate section 106 obligation or other legal arrangement (such as the transfer of the units to a Social Landlord) is entered into by the Healthcare Trust, or other developer, to limit occupancy of the units, ensuring that they remain available for the groups of persons identified in perpetuity. The purpose of these requirements is to ensure that development is not undertaken in a speculative manner which might later leave units vacant, subsequently creating pressure for their release as open market housing which is not acceptable in this location.

It is recognised that the hospital campus is a significant visual intrusion into the landscape to the south of Salisbury, however proposals for this site should seek to minimise additional cumulative impacts on landscape quality. Development of any of the types outlined above should be mainly single storey and use designs, materials and complimentary landscaping which improve and enhance the visual appearance of the campus, particularly from vantage points outside of the site.

Policy H2E: Land at Salisbury District Hospital is allocated for healthcare related residential development. Occupancy of the accommodation provided on the site, will be restricted to meet the needs of key hospital workers, patients requiring on site location for rehabilitation purposes and/or elderly persons in need of residential care and/or support.

Proposals considered under this policy will only be acceptable where the following criteria are met:

- i) the applicant is able to demonstrate that a need for such accommodation exists;
- ii) the occupancy of the units is secured in perpetuity for the identified group(s) where need has been demonstrated;
- iii) the form of the development must be well integrated into the local landscape and where possible seek to reduce the visual intrusion of the hospital campus.

Planning obligations will be sought where they are necessary, relevant to planning and directly related to the proposed development.

The Adopted Local Plan Policy PS1 which allows for development of health facilities states:

Community Facilities

Health facilities in the plan area are provided by the Wiltshire Health Authority. In addition to hospitals in Salisbury and Odstock, there are full time surgeries in Salisbury, Wilton, Amesbury, Durrington, Downton, Whiteparish, Mere and Tisbury which offer a range of services including health visitors, district nurses and dispensing facilities.

A number of other settlements have smaller health clinics or part time surgeries. The Local Planning Authority is sympathetic to the needs of villages requiring better health facilities and encouragement will be given to the establishment of permanent health facilities (including dental facilities) in the villages. Proposals for veterinary surgeries will receive similar consideration.

Policy PS1: The development of health, social services, places of worship and community facilities will be permitted within or adjoining the settlements. Proposals to redevelop or enlarge existing facilities which are located outside settlements will be permitted where the proposed development would take place within the existing boundaries of the site.

Appendix B: Planning Consents at Salisbury District Hospital

A list of the major planning consents at SDH since 1993 is shown in the table below:

Scheme	Type of Approval	Ref No	Date	Relating to
Temporary security cabins	Approval of Full	S/2006/1967	20/11/06	
Car Park - Extension to 8 and 9	Approval of Full	S/2006/1213	08/08/06	
Road widening off Entrance B	Approval of Full	S/2006/968	04/07/06	
Kinetic sculpture	Approval of Full	S/2005/976	07/07/05	
Telephone Exchange Extension	Approval of Full	S/2005/261	04/04/05	
Phase 3	Approval of Outline	S/2004/2350	31/01/05	
Genetics Extension	Approval of Full	S/2004/2048	04/11/04	
Laundry	Approval of Matters Reserved	S/2003/1784	13/10/03	S/2001/1722
Phase 2 Extensions	Approval of Matters Reserved	S/2003/1785	13/10/03	S/1999/1254
Salisbury Fertility Centre	Approval of Full	S/2002/2103	04/04/03	
Hospice - 2 Extensions	Approval of Full	S/2002/2367	08/01/03	
Day Surgery Extension	Approval of Full	S/2002/2262	06/01/03	
Car Park – Extension to car park 8	Approval of Matters Reserved	S/2002/1972	11/12/02	S/1999/1254
North Boiler House	Approval of Outline Renewal	S/2002/1825	22/10/02	
Durrington Therapy Room	Approval of Full	S/2002/1510	11/09/02	

Scheme	Type of Approval	Ref No	Date	Relating to
Residences – 5 houses	Approval of Full	S/2002/995	30/07/02	Subject of Section 106 Agreement
Sarum Extension for CL&P	Approval of Full	S/2002/996	20/06/02	
Endoscopy/Dermatology Extension	Approval of Full	S/2002/716	05/06/02	
Laundry	Approval of Outline	S/2001/1722	07/01/02	
Salisbury/Woodford Extensions	Approval of Full	S/2001/1319	17/08/01	
Day Nursery – New for Old	Approval of Full	S/2001/1102	01/08/01	
Obstetric Theatre	Approval of Full	S/2000/1000	01/11/00	
Phase 2 Extensions	Approval of Outline	S/1999/1254	31/08/00	
Orthopaedic Clinic (Fracture)	Approval of Full	S/2000/1388	30/08/00	
Day Nursery - Baby Unit	Approval of Full	S/1999/2185	24/02/00	
Leisure Centre – Extension	Approval of Full	S/1998/1610	17/11/98	
MRI	Approval of Matters Reserved	S/97/1276	06/10/97	S/97/0094
Leisure Centre – New Pool	Approval of Full	S97/0281	15/04/97	
MRI	Approval of Outline	S/97/0094	14/03/97	
Medical Engineering Workshop	Approval of Full	S/96/1533	20/12/96	
Clinical Waste Store	Approval of Full	S/93/1509	13/12/93	

Appendix C References

Encode HTM07-02 - Making energy work in healthcare	DH	N/a	June 06
Estatecode – Essential guidance on estates and facilities management	NHS Estates	ISBN 0113225490	Dec 02
The Art of Good Health – Using visual arts in healthcare	NHS Estates	ISBN 0113224982	Nov 02
New Environmental Strategy for the NHS	NHS Estates	N/a	Mar 02
Sustainable development in the NHS	NHS Estates	ISBN 0113224532	Mar 02
NHS Environmental Assessment Tool (NEAT)	NHS Estates	N/a	Mar 02
Human Resources in the NHS	NHS Publications	N/a	Jan 02
Design Protocol	NHS Estates	N/a	Jan 01
Developing an estate strategy modernising the NHS	NHS Estates	ISBN 0113221428	Jan 00
Wayfinding	NHS Estates	ISBN 0113221401	July 99
Car parking	NHS Estates	ISBN 0113220499	Sep 96
Disability access	NHS Estates	ISBN 0113222432	Sep 96
Environments for quality care: Health buildings in the community	NHS Estates	ISBN 0113217641	Nov 94
Better by Design	NHS Estates	ISBN 0113217579	June 94
Design against crime: a strategic approach to hospital planning	NHS Estates	ISBN 0113217366	June 94