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# Report

**Report subject:** Salisbury District Hospital – Draft Development Brief

**Report to:** Planning & Economic Development Overview & Scrutiny Panel

**Date:** 30/11/05

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## 1. Purpose of report

To present to members the draft development brief for Salisbury District Hospital which was published for consultation between 6<sup>th</sup> October and the 17<sup>th</sup> November. The views of the Scrutiny Panel will be considered alongside the other issues raised by consultees during the formal consultation period.

## 2. Background

In 2002 officers from Development Control and Forward Planning met with officers from Salisbury District Hospital's Estates Department during pre-discussions prior to the phase 2 development of the main hospital building. At that time a number of smaller applications were also being considered and concern was expressed that there was a lack of strategic overview of how development proposals were coming forward and that as a result the Council and the Estates Office were undertaking a range of work on each application which might be better coordinated if the wider picture could be seen. Furthermore changes of staff within the Development Control service meant that a degree of inconsistency between the way applications were dealt with had emerged.

In response to this it was suggested that work be undertaken by the Trust, taking advice from the district council, in drawing together a development brief for the site which would attempt to articulate a longer term view of development aspirations. The aim of the document was to provide a context within which future planning applications could be considered and that as a result decisions could be reached more quickly. Furthermore, by addressing broad issues such as design, access and sustainability there would be consistency for all parties in terms of the expectations on development quality.

During the past 2 years work on the development brief has proceeded and has been coordinated with the Trust's own Estate Strategy which was completed in December 2004. In the last 12 months there has been delay in bringing forward the brief on account of issues relating to transportation.



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### **3. Brief Content**

It is not the intention of this report to examine in detail the content of the brief as a copies are available to view in the members room and online at <http://www.salisbury.gov.uk/planning/sdh/>. This section will however seek to highlight the key sections and issues.

The documents early sections present a comprehensive appraisal of the site background which is designed to inform a range of interests and the wider community about the future direction which the Trust is seeking to pursue.

For the purposes of understanding and managing future development section 4 is the most critical. This section sets out a broad appraisal of the issues and characteristics of the site as well as the main objectives to be addressed during the indicative 2005-2012 period. As a summary, the table in appendix A sets out these key objectives and a range of information regarding the issues and solutions

Section 5 draws out the key development proposals which will be coming forward in the next 7 years which will see significant change to the campus. The section sets out a tentative build programme and highlights areas which will undergo varying levels of change.

Section 6 addresses key issues which will be considered when development proposals are put together. Design and Landscaping represent key areas which the brief was required to address and these sections include a range of guidelines which will be adhered to when framing development proposals. Further sections also examine Infrastructure, Public Art, Safety/Security and Social/Recreational issues.

Sections 7 and 8 deal with consultation arrangements and review mechanisms. In respect of consultation, the Trust will engage in pre-application discussion with the District Council on proposals as well as committing to ongoing consultation with a range of key stakeholders. On the matter of review, there is a commitment to review the content of the brief on a regular basis as well as to monitor the results of studies such as the car parking strategy, green travel plan, and environmental strategy.

### **4. Consultation and Participation**

On 6<sup>th</sup> October the district council published the Development Brief for public consultation in line with the normal procedures set out for Supplementary Planning Guidance. The consultation period ran for 6 weeks ending on the 17<sup>th</sup> November. To publicise the consultation the following measures were employed

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

All of these measures were designed to improve awareness of the exercise and is compliant with the emerging Statement of Community Involvement which is being produced for the Local Development Framework.

### **5. Next Steps**

The responses from the public consultation period and the views of this committee will be considered by officers in the next month or so to ascertain what adjustments need to be made to the brief. These changes will be discussed with the Trust Estates team prior to the production of a final draft version which will be re-presented to this committee in due course in order to seek a recommendation to Cabinet that it be adopted.

### **Recommendation**

**That members note the content of the draft Salisbury District Hospital Development Brief and comment on matters as appropriate.**

**Background Papers:**

Salisbury District Local Plan (SDC, June 2003)

**Implications:**

- **Financial:** None
- **Legal:** None raised
- **Human Rights-** No implications – the legislative process governing the adoption process ensures that the views of individuals are taken into account.
- **Personnel:** None
- **Community Safety:** None
- **Environmental implications:** Visual impact if trees are lost.
- **Council's Core Values:** Communicating with the Public, Being Environmentally Conscientious, Being Fair & Equitable, Open, Learning Council and Willing partner
- **Wards Affected:** All Wards

**Appendix A – Summary of key site objectives and outcomes (pages 5-7 of the Salisbury District Hospital Development Brief**

<b>KEY SITE OBJECTIVES FOR THE TRUST</b>	<b>SITE CHARACTERISTICS AND APPRAISAL</b>	<b>KEY SITE CONSTRAINTS AND OPPORTUNITIES</b>	<b>METHOD TO ACHIEVE OBJECTIVES</b>	<b>BENEFITS TO THE SITE AND THE SERVICE</b>	<b>TARGET DATES</b>
1) Redevelop SDH South (see Figure 12)	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.		Longer term objective as defined in the Local Plan for alternative health related use and possible centralisation of services for medical physics department.	Potential residential accommodation on site contributing to green travel planning and recruitment aims. Medical Physics has outgrown its current space and would free up accommodation for Genetics (both expanding services and research centres of excellence).	2006 onwards
2) Identify areas in SDH Central for redevelopment (see Figure 13)	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 existing sloping corridor for public use. Create storage and office accommodation to reduce pressure on acute hospital. Connect SDH North with Spinal and Day Surgery Units by corridor link	Former kitchens replaced by an extended day surgery facility. SDH Central wards including sloping corridor replaced as Phase 3. Removal of boiler house in SDH Central which is potentially a contamination risk and ugly eyesore.	Purpose built modern facilities including additional theatre capacity. Easier access and creation of accessible open spaces in the heart of the site.	2007-2012 (phased)
3) Remove all remaining patient services from single storey war time buildings (see Figure 14)	Older building stock being vacated on completion of Phase 2 and Phase 3	Environmental and qualitative improvements from new building stock	New facilities on the site of former war time buildings including rationalisation of access for transport and rationalisation of energy centres.	Quality of care for patients and the working environment for staff. Continues site rationalisation and centralisation of services within the acute services zone of the site.	2012
4) Enhance landscaping of surface parking and site boundaries (see Figure 48)	Large areas of parking that could be screened by tree planting. Poor quality landscaping to existing mounds to car parks on eastern site.	Screening to contain large areas of surface parking, filter lights 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 enhance security.	2007 and 2010-2011

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5) Enhance open spaces for better access and interest (see Figure 51)	Limited pockets of green open space available to staff and public. Many courtyards inaccessible.	Retention of open spaces for the benefit of staff and public. Additional maintenance.	Trees and planting along with sitting out areas by Entrance B. Provision of more seats and landscaped areas where development allows.	Available for relaxation and therapeutic care. Encourage staff and public to make full use of being on a rural site .	2006 (phased through to 2012)
6) Improve public transport provision, information and site penetration (see Figure 53)	Only two bus stops and lack of up to date information regarding availability and routes.	Introduce additional bus stops to rear of site. 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. Additional bus shelters.	Needs of health uses to promote and adopt public transport friendly policies as PPG13. Encourage Bus Quality Partnership	2007-2010 (phased)
7) Improve vehicular access around and through the site (see Figure 55)	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 A&E ramp. 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.	Road widening to remove corridor crossing near Entrance B, realign blind bend with a roundabout by car park 10 and traffic control by the A&E ramp. 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. Safer for all motorists and pedestrians. Consider bus priority at junctions	2007-2012 (in sections, following Phases 2 and 3)
8) Improve lighting and surveillance around the site (see Figure 56)	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 better 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 and 2007
9) Improve parking allocations between public and staff ensuring patient and disabled parking closest to key building entrances (see Figure 59)	Rationalisation of parking and comprehensive car parking scheme	Maximise occupancy of spaces with priority for patients close to key entrance	Barrier controlled parking, variable message signing and better information, Travel Plan initiatives	More efficient utilisation of spaces increases capacity, better management of parking	2011-2012 following Phase 3

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10) Improve drop-off, disabled access and cycle parking adjacent to main building entrances (see Figure 62)	Rationalisation of cycle stands and managing priority parking spaces for patients.	Need to minimise obstructions caused by sloping site (external steps, ramps etc). Cycle secure 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 alongside Springs restaurant from car parks at rear of hospital site. Increased provision of safe and direct access.	2006 (phased through to 2012)
11) Improve pedestrian access from main car parks (see Figure 64)	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. Added value to the community of a hospital as a public amenity and with a healthy environment	2006 (phased through to 2012)

