

Development Control (City Centre & South) Sub-Committee

16th June 2009

REPORT ON APPLICATIONS

REPORT BY DIRECTOR OF DEVELOPMENT AND REGENERATION SERVICES

PURPOSE OF REPORT

This report includes recommendations on all applications other than those that are delegated to the Director of Development and Regeneration Services for determination. Further relevant information on some of these applications may be received and in these circumstances either a supplementary report will be circulated a few days before the meeting or if appropriate a report will be circulated at the meeting.

LIST OF APPLICATIONS

Applications for the following sites are included in this report.

South Area

1. Sunderland Royal Hospital, Chester Road

City Centre

No applications

COMMITTEE ROLE

The Sub Committee has full delegated powers to determine applications on this list. Members of the Council who have queries or observations on any application should, in advance of the above date, contact the Sub Committee Chairman or the Deputy Development Control Manager (ext. 1552) email address dc@sunderland.gov.uk

Reference No.: 09/00997/FUL Development by City (Regulation 3)

Proposal: Demolition of existing Kayll Road block, Transport block, Health and Safety/Fire block and partial demolition of Catering block. Erection of 138 bed ward block and connecting lift block, conversion and extension to staff residence blocks (3, 7 & 8) to office, conversion and extension of mortuary to treatment centre with additional car parking, link road and associated works.

Location: Sunderland Royal Hospital Chester Road Sunderland SR4 7TP

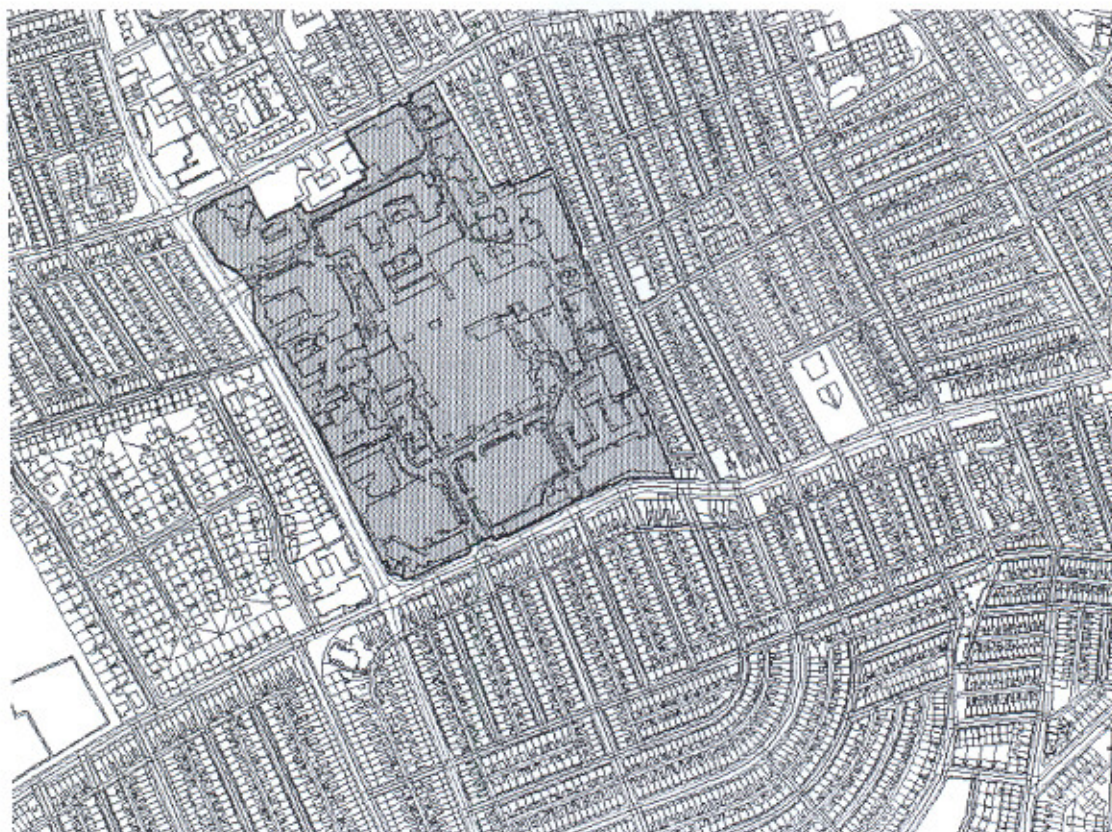
Ward: Millfield

Applicant: Development and Regeneration Directorate

Date Valid: 17 March 2009

Target Date: 16 June 2009

Location Plan



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INTRODUCTION

As members will recall this application was presented to the sub-committee on the 2nd June when it was decided to defer a decision pending further information being provided by the Health Trust regarding parking management and travel plan details. In addition following the debate at the sub-committee meeting officers have asked the applicant a number of questions to clarify aspects of the application, the travel plan and possible park and ride schemes. In addition a new bat survey has been provided and further information will shortly be provided by the Director of Development and Regeneration regarding a parallel proposal for a residents parking scheme for the adjacent residential area.

This report therefore consolidates the three reports presented on 2nd June and gives an update and assessment of the information subsequently provided. The supplementary report will be provided to consider the responses to the questions asked of the applicant and an assessment of the bat survey now provided and to make a formal recommendation on the application. In addition it will consider further details of the residents parking scheme through which the Council will be able to control parking within the residential area associated with the hospital.

PROPOSAL:

APPLICATION FOR FULL PLANNING PERMISSION BY THE CITY
HOSPITALS SUNDERLAND NHS FOUNDATION TRUST.
SUNDERLAND ROYAL HOSPITAL, KAYLL ROAD. SUNDERLAND, SR4 7TP.

The proposal forms a £33million ongoing redevelopment at the hospital to enable improvements in the way that healthcare is provided at Sunderland Royal Hospital and free up space in the existing main building wards to provide a solution to winter bed pressures. The new accommodation will allow for 'decanting' and further enable space to be made available in wards in the event that existing ward areas need to be refurbished or upgraded. The 138 bed spaces freed up in the existing building will normally only be fully in use and additional to the new ward space during the winter bed pressure period.

The application has been submitted by the City Hospitals Sunderland NHS Foundation Trust and comprises proposals for:-

- a) New 138 bed ward block

The development includes the provision of three, 40-bed wards for medicine and surgery and an 18 bed Integrated Critical Care Unit (ICCU) to be housed in a new ward block to be located between existing Blocks C and F on the site of the

existing Catering Block. Each ward will have 12 en-suite side rooms and bays of four beds. The new ward block will have a gross floor area of 9,615m².

b) Demolition of the existing Kayll Road block and Health and Safety block to provide additional car parking.

The demolition of the existing Kayll Road Block and relocating of existing services will create an additional 139 car parking spaces on the site, mostly on the site of the Kayll Road block.

c) Provision of a new lift block to connect the new ward block with the main 'Hospital Street'

The Hospital Street is the main thoroughfare which links the main hospital departments within the central core building. Two goods lifts are proposed in the new block to help reduce pressure on the busy public lifts elsewhere in the hospital.

d) Conversion and extension of the existing Staff Residence Block 3.

The existing residential building will be converted to house office and administration functions. Additionally, a three-storey, 960m² extension is proposed to house clinical functions which will include a neurology department, fertility clinic and family planning centre.

e) Conversion of the existing Mortuary Block plus small extension to provide a Metabolic Treatment Centre.

The existing single-storey building is proposed to be converted to house a Metabolic Treatment Centre which will include consultation rooms, offices and patient waiting areas. A new extension is proposed to create a new patient entrance.

f) Conversion of existing Staff Residences 7 & 8 plus small extension to provide office and administration accommodation.

The two existing residential blocks will be converted to provide office and administration accommodation. The existing link between the two blocks will be demolished. A new entrance and lift will be constructed to each of the remaining blocks.

g) Creation of a 'link road' to allow direct access between the Kayll Road and Chester Road entrances

There is currently no direct vehicular access between the Chester Road and Kayll Road entrances via the Accident and Emergency department. Demolition of

the Kayll Road block will enable a new link road to be created which will provide access into the new parking area to be created in this location.

h) Provision of ambulance drop-off bays next to the Accident and Emergency entrance.

The creation of the new link road to the south of the Accident and Emergency block is proposed to allow for a better layout reconfiguration in this location which will enable ambulance drop-off bays to be created. The improved layouts will also permit additional disabled and standard parking to be provided at the main hospital entrance located next to Accident and Emergency.

The main vehicular accesses to the hospital from Kayll, Hylton and Chester Roads will remain as part of the proposed development.

A landscaping proposal is submitted so that a pleasant environment is created for both staff and visitors and also to ensure that the new development is able to blend in visually with the character of the surrounding area. The proposals will involve the loss of some trees. Full details are provided with the application.

The new facilities will be an important component in the continued delivery of modern health care at the hospital and the Trust is keen for the external appearance of the new-build elements to be contemporary in design with materials to reflect this. The new-build elements have been designed to reflect design and materials adopted elsewhere on the site. The proposal will lead to an increase of 60 full time equivalent staff, the majority of whom will be nursing staff.

At the time that the application was submitted, it was intended that construction would commence in May 2009 should planning permission be forthcoming with the new ward block completed in January 2010 for opening in February 2010. The new Metabolic Treatment Centre was due to be completed by October 2009 along with the conversion and extension of existing Residence Block 3 which will provide office and administration accommodation in addition to new clinical services. The conversion of existing Residence Block 7 & 8 was due to be completed in January 2010. The Kayll Road Block was to be demolished in October 2009 with the new Kayll Road car park completed in August 2010. However this timetable will have to be revised.

Planning Background

The site is allocated in the adopted Sunderland City Council Unitary Development Plan (UDP) 1998 under Policy SA18 as a 'New Facilities Site for Health.' This policy supports proposals for the further development of Sunderland Royal Hospital. Similarly, Policy CF9 supports proposals that implement the Health Authority's Strategic Plan which concentrates hospital provision at the Sunderland Royal Hospital site.

The Hospital site has a full and varied planning history with various developments having been permitted at the site over the years. The Outpatient Department known as Chester Wing opened in December 2000. The six-storey Block F building which provides patient facilities including theatres, consultation rooms, residential wards, and support accommodation was approved in June 2003 (application reference 03/00637/FUL).

Highway Issues

The site is located within a densely populated urban area and concern is often expressed over parking difficulties at the hospital and in the surrounding area.

A Transport Assessment (TA) and Travel Plan were submitted with the application to address the highway issues that will arise when extending an already highly developed site.

The Trust has stated it is committed to reduce the traffic impact of the development proposals both during and after construction, and has submitted a Travel Plan to reduce the need for staff, patients and visitors to travel to the site by private car.

This Transport Assessment has considered the transport issues relating to the proposed development including the provision of 139 additional car parking spaces.

The applicant considers that the proposed development would bring about a series of community benefits including new and improved on-site health and administrative facilities, a significant increase in on-site bed capacity, more efficient use of existing hospital space, and it is anticipated reduced demand for off-site car parking in the area surrounding the site, because the proposal includes more car parking than the new floorspace would require when measured against the Council's parking standards.

The TA has demonstrated that the site is accessible by a choice of transport modes. A significant residential population lives within walking and cycling distance of the site. The site is also accessible to the majority of the 'catchment' area within a 30-minute public transport journey. A number of bus services are available to and from the site and Millfield Metro station lies within walking distance of the site though not within the normal limits set by Council standards/

On completion the site would be served by a total of 1,269 car parking spaces. The level of car parking proposed (+139 spaces) significantly exceeds the number required by the Council's adopted local standards, i.e. 81 (how this figure is reached is considered in the section on Engineers comments). The proposed uplift in parking (12%) is greater proportionately than both the proposed uplift in

floor space (9.8%) and the increase in staff (less than 2%) associated with the development proposal.

The proposed disabled user provision (6% of the total provision) exceeds the minimum threshold set out in Traffic Advisory Leaflet 5/95 and reflects the use of the site as a Hospital. Disabled parking spaces are located so as to maximise accessibility to buildings.

The Trust has indicated that it is committed to encouraging sustainable transport choices and has updated its existing 2003 Travel Plan to accompany this planning application. The updated Travel Plan is designed to promote modal shift away from the private car.

Proposed vehicular, pedestrian and cycle access to the site is as existing, although the Chester Road access is subject to separate upgrade works. The reconfigured internal road network is aimed to facilitate better traffic circulation within the site, whilst the upgrade of the Chester Road Hospital access to a signal-controlled junction is aimed to assist existing capacity constraints on Chester Road and reduce queuing within the site.

A detailed assessment by the applicant's consultant of the possible traffic implications of the current proposals concludes that the volume of traffic likely to be generated will not have a material impact upon the operation of the local highway network. Traffic capacity testing, undertaken using empirical data and industry standard modelling tools, claims that the access junctions will operate within accepted capacity thresholds and that the proposed development would not hinder the operation of the junctions within the study area.

The report concludes that the existing transport and highway networks can accommodate the estimated trip attraction of the development without detriment to the current standard and level of operation of the local infrastructure.

Notwithstanding the above, the Applicant has stated a commitment to working with the City Council to further improve parking management in the vicinity of the site and to lessen the Hospital's impact on local residents as part of the on-going public consultation exercise on the possible introduction of a "Parking Management Scheme" as it is acknowledged that parking demand in surrounding streets is already high.

Traffic and parking impacts will be further reduced by the initiatives outlined in the Travel Plan, which accompanies the application.

TYPE OF PUBLICITY:

Press Notice Advertised

Site Notice Posted
Neighbour Notifications

CONSULTEES:

Durham Bat Group
Dir of Community And Cultural Services
Chief Fire Officer
Sunniside Partnership
Natural England
Northumbria Ambulance Service NHS Trust
Northumbria Water
North East Regional Assembly
One North East
Force Planning and Architectural Liaison
Planning Implementation
Landscape and Reclamation Countryside
Planning Policy
Transportation

Final Date for Receipt of Representations: 15.04.2009

NORTHUMBRIAN WATER

Northumbrian Water has no objections to the proposal.

TYNE AND WEAR FIRE AND RESCUE SERVICE

The service has no objections to the proposal as long as access for their vehicles is maintained during construction and on completion.

ONE NORTH EAST

The Regional Economic strategy (RES) promotes the need for quality of place within existing and proposed development. Agency initiatives include delivering developments and regeneration schemes to comply with a set of Quality Design Standards. The aim is to deliver buildings which are over and above Building Regulation Standards and demonstrate best practice in areas of accessibility, sustainability, whole life costing and general design standards.

With this in mind, should the application be viewed favourably, the Agency would request the Local Planning Authority (LPA) to encourage the developer to pursue the highest standards of quality in the development of this site, e.g. achievement of appropriate BREEAM (the application refers to a pre-assessment indicating that an Excellent rating is achievable), Building for Life and Secured by Design standards.

It is noted that the applicant intends to utilise the Combined Heat and Power plant currently being developed on site to serve this development.

Subject to the resolution of highway, design and environmental issues to LPA satisfaction, One North East raises no objection to the proposed development.

DURHAM BAT GROUP (DBG)

Hospitals are seen as a potential bat roost and are recognized as needing the highest level of survey effort in the Bat Mitigation Handbook (Natural England 2004).

Based on experience with other hospitals in the North East, DBG believe that the risk is moderately low for most species but very high for Common Pipistrelles.

In order to avoid the risk of an offence, DBG would advise the LPA to request sight of a recent and relevant bat survey before making any decision in this case.

The preliminary winter work has identified bat friendly features as expected with a hospital of this age and size. The consultants recognize there is a considerable risk of bat use and, in order to avoid an offence, the LPA need to wait until they have the full data before making a decision in this case. A full bat survey was undertaken at the beginning of June and has been submitted to the Council.

POLICY

The proposal is principally acceptable in policy terms. The proposal increases on site car parking provision for both members of the public and hospital staff. This could help ensure traffic congestion and noise pollution is alleviated in the surrounding streets, which will be beneficial to surrounding residents which satisfies the aspirations of UDP policy SA18.

The adopted Unitary Development Plan recognises that major development of Sunderland Royal Hospital may temporarily place further pressure on on-site parking (paragraph 19.225). It does also state 'in the long term it is expected that the hospital will cater for all its parking needs'. The Council is currently investigating measures to control on-street parking associated with the hospital use in the surrounding streets.

IMPLEMENTATION

DESIGN ISSUES

Site Layout - The site is highly constrained and very densely developed, something which is common for hospital sites of this age and location.

Notwithstanding the above, in including a mix of both new build and refurbishments, it is considered the proposals demonstrate the most economic and appropriate use of very limited developable space. The proposed layout is considered acceptable.

Scale - At a height of 5 storeys, the largest proposed building does not exceed the height of the tallest building currently on the site (Block F) and therefore does not demonstrate a departure from current scale parameters set by this precedent. Whilst the footprint of the proposed block does extend closer to adjacent residential uses than the existing Block F, the applicants have demonstrated their intentions to keep the tallest building blocks within the middle of the site and it is considered the proposed height of the new ward building will not have any additional negative impact on the residential amenity of those living around the site.

Elevations - The proposed elevations appear to be of an adequate quality composed of a mix of materials which helps add a degree of aesthetic interest and breaks up large areas of plain façade.

Access - One of the key constraints limiting development on the hospital site is the provision of an adequate level of both visitor and staff car parking spaces. The proposals include the demolition of the Kayll Road wing and its replacement with additional car parking spaces. This is seen as an appropriate level of parking provision for the proposed development, but further clarification on this matter will be required from both the planning policy and highway teams.

Landscape - Due to the constrained nature of the site, there is little space which is not used by either buildings or car parking spaces and as such there is little scope for any significant landscaping. Notwithstanding the above, a landscaping strategy has been submitted as part of the planning application which seeks to plant an additional 121 new trees on the site, namely around the parameters of the site, and along main routes and entrances through the site. Such a strategy is welcomed and should provide a more attractive appearance when viewed from both Chester and Kayll Roads

NEIGHBOURS

One hundred and nineteen letters together with a 460 name petition have been received concerning the following issues, which are listed together with officers comments where appropriate, shown in *italics*.

1. Are the extra 139 car parking spaces adequate or appropriate to meet the car parking demands of the additional staff, together with all of the additional patients and visitors, and the new 138-bed ward block and the expanded Metabolic Treatment centre? *They are considered to meet the Council's standards (see section on engineers comments).*

2. Does the conversion of Residence buildings to other uses mean additional clinical/administration staff or patients/visitors are to be added to those in (1.) above?

The surface car parking is a permanent feature, which can be covered by condition. Any proposal to develop on the car park would be subject to a new planning application.

3. The current proposals are described as being at this stage: Does this mean that:

(a) The planned surface car park is to be a temporary measure, (as was the former multi-storey car park)?

(b) The proposed car park is to be a future development site?

See above.

4. What are the plans for the wider redevelopment of this site? As residents of the area adjacent to the hospital, the existing issue of inadequate car parking provided by the City Hospital is a matter of concern. It is considered the proposed plans fail to meet the Council criteria for appropriate or adequate on-site car parking and that further misery in the form of residents parking restrictions may be inflicted upon the neighbourhood due to the hospitals failure to address this problem. *In terms of car parking the current application has to be judged on what is provided. The Council's proposed resident parking scheme sits beside this and seeks to bring the existing car parking problem under its control.*

5. The proposal will increase the number of cars parking on pavements and dangerously at junctions.

6. Obstruction of the pavements causes hazards to pedestrians, particularly mothers with prams.

7. The proposal should not be allowed to proceed until a multi storey car park is provided within the site.

8. The current car parking is inadequate and the proposed increase will still leave a shortfall. *The proposal provides well in excess of the required number of parking spaces (81), see section on Engineers comments.*

9. The hospital has continued to expand regardless of the problems caused to staff, patients and particularly local residents.

10 A Council survey revealed a shortfall of 950 parking spaces and the proposal should not proceed until this has been addressed.

11. Whilst generally in favour of the improved hospital facilities there is generally a concern at the lack of on site parking at the hospital causing inconvenience to surrounding residents.

12 The net increase in parking is still insufficient to meet existing problems let alone the increased use of the site after this development. *(See 8 above)*

13. Previous promises of additional parking have not been forthcoming thus there is little confidence that the proposed provision will be provided. Residents request that this is seen as an opportunity to resolve parking problems in the area.

14. The proposal will increase danger to children in the area as streets are used as rat runs to avoid the hospital site.

15. The Council should not be charging residents for parking at their homes allegedly as is the case in Newcastle and Manchester.

16. The Council should consider park and ride facilities for the site. *Park and ride schemes are proposed in the Travel Plan but are not yet secured so have been set aside in assessing the proposals.*

17. The proposal should be amended to refurbishment of the hospital with a multi storey car park built on the site of the proposed extension.

19. The former Plaza/Blue Monkey should be developed as a parking facility.

20 Hospital staff often block access to properties preventing residents entering or leaving their properties, even in emergency situations.

21. Businesses in the area such as hairdressers are finding it increasingly difficult to operate as their premises are difficult to service and there is no street parking available for customers to park due to hospital traffic.

22. The Transport Assessment has identified a shortfall of 950 parking spaces and policy SA18 states that the hospital should be allowed to expand with suitable car parking provision. This is not the case and the proposal should thus be refused. *This proposal provides well in excess of the Council's car parking requirement for this development, 139 spaces against a requirement of 81.*

23. Feedback from the recent Public Consultation exercise has been ignored in the Planning Statement as concerns expressed over car parking shortages are not mentioned.

24. The City Council take a strong line with other developers when assessing planning applications and the need for parking and should take the same line with the Sunderland Royal Hospital. *The officers have concluded that the proposals meet the parking standards.*
25. Parked vehicles cause a danger to children in the area who often have to use the road as a footway due to some of the parking occurring on the pavements.
26. The site is overdeveloped and no further development should be allowed until a multi storey car park is provided to address current shortfalls and the needs of the proposed development.
27. The hospital trust already admits that it could not function without the use of on street parking in the vicinity. This would not be allowed for any other business and the hospital should not be allowed to depend on this to operate.
28. The Council should estimate the number of parking spaces by formulating the number of staff plus patients plus one visitor parking space per patient as the minimum available before allowing any further development. *However, these are not the Council's adopted standards.*
29. The current staff at the hospital total 4,244 which will increase to 4,304 the total car parking spaces number 1,130 increasing to 1,269. The majority of staff are employed 9 a.m. - 5 p.m. Monday - Friday and there is an obvious shortfall in parking provision without considering patients and visitors.
- 30 The revenue from the proposed residents parking could be around £270,000 and is not justified. *The details of the scheme are not yet finalised.*

HIGHWAY ENGINEERS

A Transport Assessment and Travel Plan was requested at pre-application discussions and scoping meetings with the Trust taking into consideration the scale of the proposed development, and its likely impact upon the existing site and the surrounding area. This assessment is reviewed in accordance with Department for Transport guidelines and criteria, to which it broadly complies, subject to appropriate measures being identified and implemented.

There are generally no specific criteria for hospitals or related developments, other than specifying thresholds of development and for the provision of a Transport Assessment. The necessary baseline transport data is to include the existing travel provision and characteristics, which must also include pedestrian and cycle facilities and movements. Considerations include improvements to accessibility, impact on the road network, environmental impact, and potential safety implications for all highway users.

The Transport Assessment and associated Travel Plan submitted in support of the planning application identifies many of the issues, and moves towards setting out measures to meet highway and traffic considerations.

A number of key areas were identified by the Engineers for the applicants to provide further information. The information has been provided and is considered as follows.

1. Car Parking in Streets Surrounding the Hospital

- a) The Planning Statement submitted in support of this application clearly recognises that there is a problem of on-street parking occurring in the streets around the hospital. This is considered a consequence of the current operation of the hospital and the continued expansion of the site at this location.
- b) The Unitary Development Plan adopted by Sunderland Council in 1998 recognises that major development of Sunderland Royal Hospital may temporarily place further pressure on on-site parking (paragraph 19.225). It does also state 'in the long term it is expected that the hospital will cater for all its parking needs'. The Council is currently investigating measures to possibly deter or regularise on-street parking associated with the hospital use in the surrounding streets.
- c) It is considered that the number of new parking bays to be provided adequately deals with the development proposals submitted in this application. However, there are concerns regarding the current management of the on-site parking, and it is unclear how the additional patients, out-patients and visitors generated by the ward block will be accommodated. It is not within the scope of this planning application to consider all of the parking issues associated with the hospital. Parking can only be addressed in relation to the specific proposals put forward, namely the 138-bed ward block, new building extensions to provide office, administration and clinical functions, the conversion of two staff residence blocks and other associated works.
- d) The public consultation exercises recently undertaken by both the NHS Trust and Sunderland City Council have both given local residents the opportunity to express their opinions on the proposed development at the hospital and the associated parking problems. Many of the concerns raised by residents at both the exhibition held at the hospital on 9th February 2009, and also the Council organised public consultation and meetings related to mainly staff, and to a lesser extent visitor and patient parking in residential areas.
- e) The consultation exercise entitled 'Parking Management in the Sunderland Royal Hospital area' was undertaken by the City Council in February 2009.

This put forward seven possible options including a residents' only permit-based parking scheme, a permit-based scheme also open to hospital staff and visitors, a pay and display scheme, a traffic management scheme, and variations to these options including limited free parking. A range of views were reported back and are currently being investigated. Opinions raised by the public included a need for the NHS Trust to provide a multi-storey car park either within the grounds of the hospital or within a nearby location.

- f) As detailed in the Transport Assessment submitted by their planning and transportation consultant, the Trust has already considered and discounted this option at this time due to anticipated costs associated with the construction and maintenance liabilities associated with a multi-storey car park. The Council would be willing to discuss any options with the Trust to provide such additional parking both within the site and at any other suitable locations, but understands this is likely to be an operational and funding consideration for the Trust.

RESPONSE

It is not considered within the scope of the current application to consider, or remedy all of the parking issues associated with the Hospital. The current application must be considered on its own merits and in the context of what is specifically being proposed. Any consideration of wider matters concerning parking issues associated with the Hospital are for separate consideration outside the scope of the current planning application and will be considered by the Council as part of its continued consultation on options being considered in its traffic management scheme 'Parking Management in the Sunderland Royal Hospital Area.'

The Trust has indicated that it welcomes the opportunity to work with the City Council to identify potential options for additional parking provision to serve the Hospital. However, any consideration of this matter must be reserved for a process outside of any determination of the current planning application.

2. Car Parking within the Hospital Grounds

- a) Paragraph 4.43 of the Planning Statement makes reference to the further pressure for on-site parking on a temporary basis in relation to major development proposals within the hospital. As stated, the Council is currently investigating various options of how to manage parking issues in the outlying residential areas, but this should not be relied upon as a sole means of dealing with on-site parking issues with the hospital.
- b) The proposed gross floor area of the new Ward block is 9615m² including 138 bed spaces and support services, a care unit and service facilities, and is sited to the rear of the main hospital building. Existing parking and service road arrangements are to be rearranged at this location.

- c) The Residence 3 block adjacent Chester Road, is to be a part conversion with an extension of 960m² gross floor area, and will be used for office and administrative purposes. This proposal will result in 16 spaces being lost from the car park immediately adjacent to the proposal.
- d) Residence 7/8 block accessed from Hylton Road, is to be converted from residential use to provide office and administration functions. This proposal will require an increase in gross floor area of 60m², and there are no significant changes externally or loss of parking.
- e) The Metabolic treatment clinic is also located to the rear of the main hospital building. There are minor alterations to the access to this building to cater for the new entrance, and there will be no loss of parking.
- f) The Design and Access statement details proposals on parking and vehicle movement within the hospital. This document makes reference to the creation of 341 new spaces, 237 of which will be for public use, making a total of 1191 standard sized bays on site. In addition, there will be 78 disabled friendly spaces suitable available for use. A number of bays will be lost due to the proposed building works and reconfiguration of the site, but upon completion of all the proposed phased works there will eventually be a net gain of 139 spaces. Details were requested from the applicant regarding the proposed increase of 60 staff, their shift patterns, and where they are likely to be employed. It was unknown if any existing professional or auxiliary staff are proposed to be transferred from outlying areas, which could also influence parking demand. This is a consideration in respect of levels of parking provision needed over a 24 hour / 7 day period, on top of likely increases in patient and visitor parking requirements.
- g) The Trust currently has a private arrangement with the University of Sunderland, which provides an additional 80 parking spaces off-site at Clanny House. This is the student accommodation situated off Peacock Street, and adjacent to Hylton Road. This arrangement is for staff only, but it is unknown if this situation displaces student or student-visitor parking onto the surrounding streets.
- h) A well-managed and enforced Parking Management Scheme within the hospital site is seen as a priority for the Trust. As staff parking is seen as a major issue, every effort should be made to ensure that sufficient staff parking, including overspill parking, is provided in appropriate locations. There is currently on-site car parking reserved for senior medical staff with pre-paid permits, but other staff including junior members and ancillary staff who have taken up the pre-paid permits are not guaranteed an on-site parking space. It is recommended that a survey be undertaken by the Trust to determine accurate numbers of staff parking currently occurring in the

surrounding residential areas. This survey should identify when and where staff is parking, as this would be likely to take place over longer periods over a day than patient or visitor parking, and then every effort made to resolve the problem. Issues that should also be looked at are staff cars causing obstructions to the free and safe movement of other highway users, and also parking at locations that may lead to road safety implications and potential for creating traffic accidents.

- i) Consideration should be given to re-configuring the proposed parking layout to the front of the Accident and Emergency unit. Priority should be made for ambulance access to remain unhindered, with a secondary drop-off facility considered for the likes of contracted-in patient transfer services and taxis.
- j) 22 new cycle parking spaces are proposed which should be positioned in a secure and centrally accessible area for staff and visitors, and designed to accommodate both existing and encourage potential users.

In response to the above issues the applicant has noted that the Council accepts that the level of new car parking proposed by the development is acceptable and has responded to the above issues raised as follows:-

f) Details regarding the shift patterns and employment location of the proposed additional 60 staff have been submitted. The existing staff currently employed at the Hospital will be transferred to work in the new ward block. In addition, 60 full-time equivalent staff will be recruited to supplement staffing levels (and to help with holiday cover and staff absences etc.). The majority of staff employed in the new ward development will be nurses.

g) The Trust's agreement with the University of Sunderland came about as a result of there being unmet supply at Clanny House; as such there is no displacement of student parking demand.

h) The comments identify the need for a 'well-managed and enforced Parking Management Scheme within the hospital site as a priority' and recommends that the Trust undertakes a survey to determine accurate levels of staff parking in surrounding residential streets.

RESPONSE

The Trust would be willing to provide a commitment within the Travel Plan that the adopted Car Park Management and Permit Scheme (see Appendix G of the RPS Travel Plan) be subject to annual review and for the Travel Plan to be secured by way of a suitably worded planning condition.

The Trust undertook baseline travel surveys of staff in 2008 on the recommendation of the City Council which provided the i-TRACE survey template. The next survey is due in 2010 (see Section 4 of the RPS Travel Plan).

The Trust is now working to reduce the impact of staff trips on the local highway network and parking in surrounding streets. The City Council did not direct the Trust to survey patients, out-patients and visitors at that time and it is questioned why these data were not collected by the City Council when it was collating evidence base for the public consultation into the introduction of a Parking Management Scheme in the area surrounding the hospital?

In this context, it is not considered necessary by the applicant for the Trust to undertake what would be a significant and costly data collection and analysis exercise certainly as part of any consideration of the current application proposals.

i) 'Consideration should be given to re-configuring the proposed parking layout in front of Accident and Emergency Unit.'

The application proposes reconfiguration of the road and parking layout in the vicinity of the A&E department. A one-way system will be introduced to minimise the potential for hindrance to ambulances, whilst dedicated ambulance bays and drop-off spaces are also provided (see application drawing no. 0017-101 Rev 5).

3. Public Transport

- a) The site is well served by bus from Hylton Road, Chester Road, and Kayll Road, and is considered to be within a reasonable distance of the City Centre. The nearest Metro station at Millfield is within a reasonable walking distance; however this is on the upper limit of the normal expected catchment of 800m. The number of people visiting the hospital by this method should be determined, and warrants further investigation to determine numbers of users from outlying areas of Sunderland and the region generally. An important factor would be to determine the customer base, and where people travel from to visit the hospital, which can be identified through the provision of simple post code details. These modes of transport along with alternatives such as taxi, park and ride schemes, cycling and walking are to be encouraged to reduce the reliance on travel by car and so reduce the associated parking issues.
- b) There is a need for the Trust to provide for extended consultation with transport operators and other statutory bodies, and enter into arrangements with public transport bodies to improve services and accessibility into the site.
- c) There are currently a range of measures being implemented along Chester Road, which includes upgrading and improving the traffic signal controlled junction at Chester Road / Kayll Road Ormonde Street. Other measures

include improvements to pedestrian crossing facilities as part of a local safety scheme.

- d) There are proposals with the aim of upgrading key bus corridors, which is being developed by Sunderland City Council in conjunction with Nexus and the other Local Authorities in Tyne and Wear as Phase 2 of the Tyne and Wear Bus Corridor Improvement Programme. The measures will be designed to benefit all road users including bus passengers, pedestrians and cyclists and aim to reduce traffic congestion, improve bus journey times and reduce delays at junctions on the A183 Chester Road corridor. It will be important to ensure that any increase in traffic, as a result of the continued growth of the hospital, will not potentially hinder the proposed improvements to bus services along this route and adversely impact upon the aims to reduce bus journey times.
- e) Subject to approval from the Department for Transport, work could start on the bus corridor scheme during 2012. The proposals are not immediately adjacent the Sunderland Royal Hospital site, however the improvements on various sections of Chester Road between Woodville Crescent and the A19 would benefit all future users along the length of this route.

RESPONSE

The Trust questions why the City Council did not consider including data collection relating to patient and visitor travel choices in its evidence base for the public consultation into the introduction of a Parking Management Scheme in the area surrounding the Hospital? In this context, it is not deemed necessary for the Trust to undertake what would be a significant and costly data collection and analysis exercise as part of the determination of the current application.

The Trust accepts the need for extended consultation with transport operators but questions what else it can reasonably be expected to do beyond current activities set out in the submitted Travel Plan by RPS (March 2009). Please refer to Paragraphs 5.26-5.29 and 5.35.

The Trust would strongly reject any inference that it should be providing financial support to mainstream passenger transport.

4. Accessibility

- a) It is noted that the existing vehicular and pedestrian entrances are to be retained. The Chester Road entrance is proposed to be modified and upgraded to a signalised junction and be linked to the operation of the Kayll Road / Chester Road signals. Improved pedestrian routes from Chester Road, Kayll Road, and Hylton Road are essential to provide attractive, safe, and well-lit access for all linking with strategic bus stop locations.

- b) A new pedestrian entrance separate to the existing vehicular access should be considered from Kayll Road. This could be achieved as a result of the demolition of the Kayll Road wing, and would provide a more direct route for the public to and from the Accident and Emergency entrance with improved links to the bus stops on Kayll Road. The proposed pedestrian crossing point could also be incorporated within this route, as opposed to the location currently proposed, and introduced as a raised walkway also acting as a traffic speed reducing feature.
- c) Based upon agreed baseline data obtained from traffic surveys and manual counts, the applicant has assessed traffic likely to be generated by the development and also takes into account future growth in traffic levels. The assessment data used is sourced from a previously agreed independent survey firm, with the information based on traffic flow and turning movements prior to the road works commencing on Chester Road. It was recognised that these works may influence data provision. The Trust's consultant has supplemented this data with vehicular traffic counts at the two main access points on Kayll Road and Chester Road. This information is referenced against anticipated development generated traffic flows based upon information obtained from industry standard databases accommodating the increase in gross floor area of the proposals within the overall site. The capacity of both the entrances on Kayll Road and Chester Road, and the signalised junctions has been assessed. The volume of traffic likely to be generated, in conjunction with the introduction of measures to reduce car trips to and from the hospital, should allow the junctions and entrances to continue to operate within acceptable limits.
- d) The Transport Assessment estimates that the increase in the level of vehicular traffic generated by the proposals will be within accepted thresholds in terms of traffic volume using the signal-controlled junctions on Hylton Road and Chester Road. The highest impact in traffic volume is a 6.3% increase in the use of the Hylton Road / Kayll Road junction during the AM peak period (08:00 – 09:00), which is also within normally expected thresholds. It is acknowledged by the applicant's consultant that the figures used to determine the future capacity of the traffic signalised junction are assumptions, as a consequence of the ongoing works and alterations to the operation of the traffic signals. Currently there is no data available from the Traffic Signals Group to dispute this assumption.
- e) An accurate assessment is needed to reflect travel to and from the site by modes other than car, including public transport, park and ride schemes, walking, cycling, motorcycles, taxi, ambulance service, as well as other patient transport services (i.e. Compass Community Transport). Further questionnaires and surveys are recommended to more accurately determine means of travel by patients, visitors and any other relevant people visiting the hospital. A priority should be to establish the development catchment area

and identify the main population zones served by the hospital. The findings can then be fed into the emerging Travel Plan, and measures implemented to reduce car travel and pressure for parking spaces. This additional information on current and proposed alternative modes of travel will enable targets to be monitored for achievements or the potential introduction of penalties.

- f) It is recognised that for a hospital function, daily and weekly servicing arrangements are necessary, although it is not clear how the additional vehicle movements will impact upon the highway network, over and above existing arrangements. An issue has previously been raised regarding the relocation of the hospital's auxiliary facilities off site. This should be investigated further by the Trust as a means of possibly improving parking availability and management, and reducing the transport impact of service operations.
- g) The demolition of the Kayll Road wing and creation of a link road allowing direct access between the Kayll Road and Chester Road entrances could lead to the potential use as a rat-run for traffic seeking to avoid the signalised junction at the Kayll Road / Chester Road junction. It would be appropriate to monitor the potential long term situation, although generally this proposal should improve the operation and connectivity between the internal car parks.
- h) There are other works proposed within the site such as the provision of ambulance drop off bays, increase in the numbers of disabled parking and alterations to the layout intended to improve general servicing and circulatory arrangements. These proposals would not be likely to impact on the local highway network.

RESPONSE

There is a suggestion that a new pedestrian entrance is created from Kayll Road to provide a 'more direct route for the public to and from the Accident and Emergency entrance with improved links to the bus stops on Kayll Road. The proposed pedestrian crossing point could also be incorporated within this route, as opposed to the location currently proposed, and introduced as a raised walkway also acting as a speed reducing feature'. The Applicant sees no advantage in instigating such a design change. Existing pedestrian connectivity is considered satisfactory and the creation of a new link through the newly formed car park could potentially raise issues of site security. The site's internal roads are already subject to a 10mph speed restriction and as such, pedestrian access arrangements are considered acceptable in planning terms.

The Trust welcomes the confirmation from officers that the volume of traffic likely to be generated by the proposed development will allow the junctions and entrances to the hospital to operate within acceptable limits.

The comments call for further questionnaires and surveys to be conducted to better determine how patients, out-patients and visitors currently travel to the site and states that a priority should be to establish the catchment of the hospital and identify population zones served by the hospital. The comments also affirm that failure to meet travel targets could result in the introduction of penalties.

In terms of catchment area, Sunderland Royal Hospital serves the entire city of Sunderland. The applicant's position with regard to additional travel behaviour data collection is as set out above. The Trust cannot be held responsible for the modal choice patients, outpatients and visitors make when travelling to the hospital and will strongly resist the imposition of any penalties associated with the travel behaviour of these users.

Anticipated servicing movements are set out within Appendix M of the RPS Transport Assessment (March 2009) and have been included in the traffic assessment (which the Council has confirmed is acceptable).

The request that the Trust considers the feasibility of relocating auxiliary services off-site has been considered. The Trust confirms that it has previously considered moving a number of facilities off-site but considers every current on-site service to be an operational necessity in the delivery of effective and efficient healthcare.

Given the levels of pedestrian activity on site, and the presence of emergency vehicles and the 10mph speed restriction, it is not accepted that the proposed link road would result in rat-running. It is accepted that the potential for rat running should be monitored but this is not a matter for consideration in determining the acceptability or otherwise of the current application.

5. Construction Works

- a) At pre-application discussions, the issue of existing parking being displaced during any building works was raised. The demolition of the Kayll Road wing was put forward as a solution by the Trust to create space for alternative parking.
- b) The construction programme provided by the Trust proposes that the new 138-bed ward block is completed and open for use by January 2010. This is based on their requirements for additional facilities and need for bed space.
- c) If the phasing of the construction works proceeds as planned in the Planning Statement, the demolition, site clearance and completion of the car park upon the site of the former Kayll Road block would not be completed until August / September 2010. This could leave a period in the region of eight months where parking is displaced by the works with no on-site alternative available, which is not considered acceptable. The applicant is advised to consider the

introduction of short-term multi-level parking or vertical parking systems to accommodate parking during this period.

RESPONSE

The Trust accepts the need to provide interim measures to ensure that contractors do not displace on-site car parking during the construction phases and would be willing to accept a suitably worded planning condition on any permission for additional details to be provided in due course. Multi-storey and vertical parking systems have been considered by the Trust and discounted as unfeasible due to the onerous cost implications. Officers accept this reasoning (see sub-section (f) of the Council's comments under the heading 'Car Parking in Streets surrounding the Hospital.') However, the Trust would be willing to consider what temporary car parking arrangements could be made available during the construction programme to ensure that there was no significant net loss of parking spaces.

6. Travel Plan

- a) The Travel Plan submitted in support of the planning application is welcomed, as it demonstrates the Trusts' will to encourage journey planning and smarter choices initiatives for staff to use alternative modes of transport to the car. The survey results from the staff questioned identifies that a significant number of those surveyed travel to work by car on their own. There is a clear need for the Trust to promote car-sharing, car-pooling, park and ride schemes, cycling and walking as well as incentives to utilise public transport, which is identified in the submitted Travel Plan. Options to further explore include free and subsidised travel schemes.
- b) The Park and Ride scheme operating between the hospital and the Sainsbury's car park at Silksworth was re-introduced in September 2008 as the previous scheme ran unsuccessfully. There does not appear to be any evidence of clearly displayed time-tables or noticeable point from where and when the service operates, which is seen as a definite need for improvement. A planning application has recently been submitted with regard to the extension of the store and associated facilities at this location. The success of this facility will depend upon how well it is publicised for use by staff and the general public. Additional Park and Ride schemes at alternative locations throughout the City could be identified, possibly with staff involvement and implemented at suitable locations. Again locations should be considered on customer base and catchment areas, and be well advertised at appropriate venues including doctor's surgeries and medical facilities.
- c) It is expected that with the resources which are generally available to a hospital such as access to public transport funding, it is considered that access to public transport can be readily improved in partnership with the bus-operators.

- d) The submitted Travel Plan deals predominantly with staff, and is based mainly on information formulated from the hospital's current adopted traffic management policy established in 2003. Section 6 of the plan sets out targets the Trust are aiming to achieve, including promoting staff awareness via information packs, focus groups, bicycle and car sharing schemes. The Trust has scheduled another staff travel survey for 2010, which should demonstrate numbers of staff switching to the use of alternative modes of travel. It is recommended that the hospital also makes information available to visitors and patients who are more likely to visit on a regular basis. This would benefit the long-term management and operation of the car park, with the aim of increasing the availability of parking for visitors within the hospital grounds. Sunderland City Council is signed up to the national ITrace electronic Travel Plan programme (itrace.org.uk) which can be used to further develop the Travel Plan on behalf of the Trust. This tool has already been used to summarise the findings of the staff travel survey, and can be used to ensure that all necessary data is included and avoids disparity in the style and content of plans. The Council has a Travel Plan Officer who can advise and work closely with the Trust to assist with the necessary improvements to travel options to and from the hospital.

RESPONSE

The Council's comments suggest that the Trust should explore free and subsidised travel schemes. The Trust has already negotiated a discount scheme for the Metro (see paragraph 5.27 of the submitted Travel Plan) and is currently negotiating with Go-Northern in respect of a salary sacrifice scheme for discounted travel on that operator's services. In addition, the Trust already provides free and discounted travel to eligible persons under its Hospital Travel Costs Scheme and NHS Patient Transport Services (see RPS Travel Plan, paragraphs 5.51 – 5.53). Details of car sharing and car pooling schemes already operated by the Trust are provided in paragraphs 5.22 and 5.63 respectively in the RPS Travel Plan.

The Trust accepts the need to improve communications and publicity at the Park and Ride Scheme at the Sainsbury's Silksworth car park and is looking to adopt travel plan branding and establish a Focus Group as part of its submitted Travel Plan.

The Trust continues to consider potential additional Park & Ride sites but does not accept that this is of relevance to any consideration of the acceptability of the current planning application proposals.

The Trust's Travel Plan focuses on staff as this is the group that it is able to exert the greatest influence over in terms of travel patterns. That said, the Trust is committed to facilitating modal shift away from the car across all user-groups and

already makes sustainable travel information available to patients, out-patients and staff both on its own premises (see paragraph 5.26 of the submitted Travel Plan) and at GP surgeries.

7. Summary

- a) The City Council's Parking Management Scheme consultation is a separate process to the planning application, the findings of which will be reported to the appropriate committee along with any recommendations.
- b) The Trust as requested, have developed and expanded upon an existing Travel Plan which is designed to promote sustainable and readily accessible travel to the hospital by modes other than car use. The scheme proposed for staff is welcomed, although further proposals will need to be developed to encourage visitors and patients to use these modes. However, this should be based on the actual numbers of staff, patients and visitors to the hospital and their travel arrangements.
- c) It is recommended that the traffic impact of the scheme on the highway network be assessed during the opening year. A further review should be carried out (2015 is currently proposed) to assess accessibility and trip generation by all modes of travel, and further measures implemented. This may need to take the form of a planning obligation.
- d) There are concerns with regard to interim parking arrangements during potential building and construction works. Every effort should be made to ensure that existing on-site parking is not displaced outside the site during construction activity.
- e) The need to provide additional on-site parking is recognised by both the City Council and the Trust. Ultimately there will need to be a significant reduction in car use to adequately accommodate the numbers of staff, patients and visitors wishing to use the limited parking available, or a substantial increase in parking facilities. Further investigations are needed with regard to the long-term operation of the site, the potential relocation of auxiliary services, park and ride schemes, and need for a multi-storey car park with the aim of benefiting all who use the hospital. The Council will continue to work closely with the public and the Trust, supporting any initiatives that would solve the problem of parking both within and outside of the hospital.

RESPONSE

The City Council are recommending that the traffic impact of the scheme on the highway network is assessed during the opening year with a further review in 2015. The Transport Assessment already evaluates the likely traffic impact of the proposed development in the opening year (2010) and 2015. Based on the conclusions of this assessment, officers have already confirmed that they raise

no objection to the proposed development on traffic impact grounds. Consequently, the need for further traffic impact assessment is considered unnecessary.

Nevertheless, the Trust is committed to work with the City Council towards investigating initiatives to resolve general concerns about the level of on-site parking at the Hospital. However, it must stress any consideration of this matter falls outside the scope of any consideration of the current planning application.

Benchmarking

The officer's concluding comments make reference to there being 'limited parking' on the site. The table below sets a comparison of car parking provision at other hospitals in the region using data from the NHS Estates Return Information Collection (ERIC) system:

| HOSPITAL | SPACES | NO. BEDS | GROSS INTERNAL FLOOR AREA | PARKING RATIO (SPACES PER 100 SQ M. FLOOR AREA) |
|---|--------|----------|---------------------------------|--|
| Freeman Hospital | 1,364 | 626 | 109,221 | 1.25 |
| Newcastle RVI | 531 | 671 | 115,385 | 0.46 |
| Newcastle General | 812 | 309 | 51,618 | 1.57 |
| Darlington Memorial | 698 | 328 | 69,120 | 1.01 |
| North Durham | 1,101 | 433 | 57,086 | 1.93 |
| South Tyneside | 865 | 384 | 41,591 | 2.08 |
| Gateshead | 1,114 | 567 | 71,696 | 1.55 |
| Sunderland Royal (including proposal) | 1,349 | 1,107 | 113,122 | 1.19 |
| Average (excluding Sunderland Royal) | 926 | 474 | 73,674 | 1.26 |

HOSPITAL CAR PARKING PROVISION

The data set out in the above table demonstrates that with the additional car parking provided by the proposal (when measured against the enlarged floor area as proposed), the ratio of car parking at Sunderland Royal Hospital is in-line with provision elsewhere in the region.

CONCLUSION.

Whilst it is recognised that there are problems with parking in the vicinity of the hospital and attempts have been made during the determination of this application to resolve these, the current application must be determined on its merits. The following table illustrates the existing and proposed car parking provision whilst being below the average level.

Table 4.2: Proposed Car Parking Provision

| | Standard Bays | Disabled Bays | Total on-site | Off-site (Clanny House) | Total |
|----------------------|----------------------|----------------------|----------------------|--------------------------------|--------------|
| Existing | 1,077 | 53 | 1,130 | 80 | 1,210 |
| Planning Application | 112 | 27 | 139 | 0 | 139 |
| Proposed | 1,191 | 78 | 1,269 | 80 | 1,349 |

The City Council have adopted Supplementary Planning Guidance which sets standards of parking provision against all categories of development and in this case the car parking provision satisfies the standards laid down by the City Council.

The number of new beds to be provided in the new block is 138 of which 18 are intensive care and the number of net new car parking spaces is 139. The SPG requirements for this development would equate to 77 car parking spaces based on:-

4 per development + 1 per 10 bed spaces = 14 + 1 per staff member = 60, this aggregates to 78 car parking spaces required, plus 3 disabled spaces (1 to every 30 non disabled space provided) which is less than the 139 which will eventually be provided. The car parking provision for the proposed works is thus considered acceptable.

The provision exceeds the requirements of the adopted SPG by 58 spaces and is therefore considered to be satisfactory in this respect.

There will be a shortfall in parking provision during the construction period as described in the table below. It is accepted that the dates are indicative of the length of period only as, obviously May has already come and gone.

Table 4.3: Phasing of Car Park Construction

| Period | Loss | Gain | On-Site Total |
|-------------------------|------|------|---------------|
| Present | | | 1,130 |
| May – October 2009 | 113 | - | 1,017 |
| November – January 2010 | 86 | 29 | 960 |
| February – May 2010 | 48 | 331 | 1,243 |
| June – August 2010 | 141 | - | 1,102 |
| September 2010 | - | 167 | 1,269 |

This illustrates a reduction in car parking spaces between May 2009 and May 2010 and the period June 2010 and August 2010.

The table illustrates the changing position with car parking provision during the construction period with an ultimate net gain. Discussions are continuing with the applicant with regards temporary provision despite the statement above that temporary parking provision is claimed to be economically unacceptable to the Trust.

The Trust has also stated its commitment to the reduce reliance on the private car by the submission of a Travel Plan which seeks to replace the targets set in the 2003 Travel Plan.

The Travel Plan targets are:-

1. Increase staff awareness of the Travel Plan to 100% by 2010.
2. Increase response rate for the next Travel Survey from 12% - 30%.
3. Introduce a Travel Plan Focus Group before occupation of the new development.
4. Encourage more staff to walk or cycle to work by participating in initiatives such as Walk to Work and Cycle to Work Weeks.
5. Instigate a Bicycle User Group prior to occupation of new development.
6. Introduce Pool bicycles for inter site travel.
7. Explore the possibility of Bus Taster Tickets available to staff prior to occupation of the new development.
8. Increase the number of staff signing up to car sharing schemes with designated parking spaces for these users only and guaranteeing a free ride home in cases of emergency, prior to occupation of the new development.
9. Introduce staff personalised travel planning prior to occupation of the new development.

The Travel Plan will be operated and funded by the Trust from its Capital Development Programme and managed by Travel Plan Co-Ordinators to a Travel Plan Action Plan with constant monitoring and refreshment as necessary.

However, Members should note that while this application may provide the opportunity to look at the existing parking in residential streets associated with the hospital, the actual application must be judged on the adequacy of the new onsite car parking provided in relation to the development proposal it contains.

This current proposal has raised concerns that the situation will be exacerbated as can be seen by the responses received from neighbours. The application is accompanied by a traffic assessment and a Travel Plan and issues raised in the documents are the subject of detailed discussions with the applicant.

CONSIDERATION OF OTHER ISSUES

The other main issues to consider in determining this application are:-

1. The principle of the use of the site for extension/reorganisation of the hospital buildings.
2. The design of the proposals.
3. Effect on protected species within the site, in particular the possibility of the existence of bats within the site.

Principle of the use of the site.

The site is allocated for the redevelopment of the Sunderland Royal Hospital under policy SA18 of the adopted UDP. This policy states:-

PROPOSALS FOR THE FURTHER REDEVELOPMENT OF SUNDERLAND ROYAL HOSPITAL WILL NORMALLY BE APPROVED PROVIDED ADEQUATE ON-SITE PARKING AND SERVICING PROVISION IS MADE. ANY ADDITIONAL BUILDINGS WILL NEED TO BE DESIGNED SO AS NOT TO BE VISUALLY OVERBEARING OR OTHERWISE ADVERSELY AFFECT THE AMENITY AND PRIVACY OF SURROUNDING RESIDENTS.

The proposal is thus considered to accord with the above policy and is considered acceptable in principle.

The design of the proposals.

Layout

The site is densely developed, something. There is a mix of both new build and refurbishments, it is considered the proposals demonstrate an appropriate use of limited developable space, in this respect the proposed layout is considered acceptable.

Scale.

At a height of 5 storeys, the largest proposed building does not exceed the height of the tallest building currently on the site (Block F) and therefore is not considered out of scale. Whilst the footprint of the proposed block does extend closer to adjacent residential uses than the existing Block F, the applicants have kept the tallest building blocks within the middle of the site and it is considered the proposed height of the new ward building will not have an adverse impact on the residents of adjacent dwellings.

Extensions/refurbishments of existing buildings are in keeping and are also considered to be of an appropriate scale, many mirroring the scale and proportions of the host buildings.

Elevations.

The proposed elevations are considered to be of an adequate quality composed of a mix of materials which helps add a degree of aesthetic interest and breaks up large areas of plain façade.

Protected Species

The preliminary winter survey has identified bat friendly features as expected with a hospital of this age and size. The initial submission recognized that there is a considerable risk of bat use and, in order to avoid an offence, the City Council need to wait until a full survey has been carried out prior to making a decision.

The bat survey work has now been completed and submitted to the Council and are now being assessed by the Countryside Team. The results of the survey will be reported in the Supplement Report, referred to below.

CONCLUSION

The site is busy and works on a 24 hour basis. Car parking is provided within the site but notwithstanding this proposal there are identified long term problems particularly in streets around the site. This matter has long been an issue under discussion between the City Council and the Health Trust. Based on the debate at the sub-committee meeting on 2nd June officers have asked the applicants for clarification and further information to support the application.

However, Members should note that while this application may provide the opportunity to look at the existing parking in residential streets associated with the hospital, the actual application must be judged on the adequacy of the new onsite car parking provided in relation to the development proposal it contains.

Bearing this in mind the conclusion reached is that the proposals are acceptable in terms of the parking and other transportation aspects and other main issues, subject to a satisfactory assessment of the bat survey and subject to a number of conditions.

However, given that in order to address the residents concerns regarding existing car parking problems the Council is producing a parking scheme to tackle them, further details of that scheme and how it will give the Council control over the situation will be reported on the Supplement report. This will also make a recommendation on the planning application and report any recommended conditions, which would cover the following matters.

- Travel Plan Monitoring, Delivery and Enforcement.

- Parking and Management Schemes.

- The requirement to retain the on-site car parking provision in perpetuity unless replaced in future development proposals.

- Site layout details.

- Demolition details.

- Hours of Construction.

- Landscaping.

- Materials.

- Phasing of Development.

- Wheel washing or road cleaning facilities.

RECOMMENDATION: Director of Development and Regeneration to report.