

---

**SUPPLEMENTARY REPORT ON APPLICATIONS**

---

**REPORT BY DIRECTOR OF DEVELOPMENT AND REGENERATION SERVICES**

**PURPOSE OF REPORT**

This report is circulated a few days before the meeting and includes additional information on the following applications. This information may allow a revised recommendation to be made.

**LIST OF SUPPLEMENTARY ITEMS**

Applications for the following sites are included in this report.

**South Area**

S1                Sunderland Roal Hospital, Chester Road, Sunderland.

As stated in the main report the proposal is acceptable in principle and in terms of design subject to the use of satisfactory materials and a landscaping scheme.

In terms of protected species the preliminary winter survey has identified bat friendly features as expected with a hospital of this age and size. The submission has identified there is a considerable risk of bat use and, in order to avoid an offence, it is necessary to wait until a full survey has been carried out prior to making a decision. Preliminary survey work has been carried out but the survey needs to include at least one exercise from June 1st., to comply with statute. The applicant is in discussion with the City Council Countryside Team and the results of the survey will be reported at the meeting.

The remaining issue concerns the highway implications of the proposal.

Members are informed that since the preparation of the main report a 460 name petition has been submitted to the Council concerning the parking problems in streets adjacent to the hospital. This matter has been dealt with by the Traffic and Highway Safety Section. Members are informed that a line at the bottom of the petition states "Refuse Hospital Planning Permission until Adequate Parking Provision Is Provided." This petition has already been reported to Council.

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

Extensive discussions have been held in respect of these issues which have been presented to the applicant. The following summarises the issues raised and the response from the applicant.

#### 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 9<sup>th</sup> 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 should be absorbed 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 9615m<sup>2</sup> 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 960m<sup>2</sup> 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 60m<sup>2</sup>, 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 hard 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](http://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.

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:

<b>HOSPITAL</b>	<b>SPACES</b>	<b>NO. BEDS</b>	<b>GROSS INTERNAL FLOOR AREA</b>	<b>PARKING RATIO (SPACES PER 100 SQ M. FLOOR AREA)</b>
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
<b>Average (excluding Sunderland Royal)</b>	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**

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

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 = 13 + 1 per staff member = 60, this aggregates to 77 car parking spaces required which is less than the 139 which will eventually be provided. The parking provision for the proposed works is thus considered acceptable.

The provision exceeds the requirements of the adopted SPG by 58 spaces.

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 periods only as obviously time has passed.

**Table 4.3: Phasing of Car Park Construction**

<b>Period</b>	<b>Loss</b>	<b>Gain</b>	<b>On-Site Total</b>
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.

Though not related to this application the Council's resident parking scheme involves the provision of some staff permits in the surrounding residential area, this may help with the loss of parking during the construction period.

It is considered that the parking provision and Travel Plan provide scope to significantly reduce hospital parking in the residential area and as such the proposal is acceptable subject to suitable planning conditions in relation to:-

Travel Plan Monitoring, Delivery and Enforcement.  
Parking and Management Schemes.  
Site layout details.  
Demolition details.  
Hours of Construction.  
Landscaping.  
Materials.  
Phasing of Development.  
Wheel washing facilities.

**RECOMMENDATION: Director of Development and Regeneration to report.**