

Written Representations

*Bath and North East Somerset - Local Plan Partial Update
Options Consultation (January 2021)*



Royal United Hospitals Bath
NHS Foundation Trust



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1 Introduction

- 1.1 On behalf of The Royal United Hospitals Bath NHS Foundation Trust (the “Trust”) we wish to make representations to the Local Plan Partial Update Options Consultation (January 2021) both in respect of updating Placemaking Policy SB18 Royal United Hospital but also other policy specific matters associated with future redevelopment at the RUH. This includes updating the existing Infrastructure Delivery Programme to reflect the clinical and health infrastructure needs resulting from future housing growth within the District.
- 1.2 As a major stakeholder, healthcare provider and employer within the District and sub-region, the Trust welcomes the opportunity to positively engage in the formulation and plan preparation process of the B&NES Local Plan update. Since Policy SB18 was first formulated significant progress has been made in implementing and building out the RUH North Redevelopment programme.
- 1.3 These representations outline the workstreams the Trust are now progressing in moving forward with their estate planning both in the short and long term and where key changes are sought in updating SB18 to align with this. Specific reference is also made to both the NPPF and the requirements of promoting healthcare strategies and infrastructure provision within local plan making and also influential Government reports all supporting the ongoing RUH hospital modernisation programme and potential future government funding through the Hospital Infrastructure Plan now referred to as the New Hospital Programme (NHP).
- 1.4 Since Policy SB18 was first drafted the Trust has delivered, implemented and built the key elements of their Estate Strategy (2014) including new Pathology, Pharmacy and Therapies buildings. The immediate Trust priorities are to deliver the new Cancer Centre which has planning permission. As part of the wider estate renewal programme the Trust has also identified opportunities to deliver new and refurbished staff accommodation on-site, essential to the recruitment and retention of staff. Pre-application discussions with B&NES has confirmed ‘in principle’ policy support for the staff accommodation scheme and this should be reflected in an updated SB18 Policy.
- 1.5 However, the most significant opportunity for the RUH is the recent announcement that the Trust has been selected for potential funding under the Government’s New Hospital Programme (NHP). The Trust has been awarded seed funding to kick-start the process to proceed to the next state of developing their hospital plans. Policy support and recognition of this significant healthcare investment opportunity should therefore be reflected within an updated SB18 Policy to support the bid funding process.
- 1.6 The seed funding has enabled the creation of a new RUH clinical strategy that will transform many existing care models and strives to ensure that patients are cared for in the most appropriate location which in many cases may not be an acute healthcare setting.
- 1.7 The Estate Strategy (2014) is also being reviewed and updated and will be based on the future clinical and operational needs set out in the clinical strategy. The new Clinical and Estates Strategies will look to leverage new digital ways of working including virtual outpatients and digital working and strive to develop the Combe Park site to a fit for purpose Health and Wellbeing Campus that provides a positive staff, patient and visitor experience within the capacity of the existing estate. Increases in staff, patient numbers, forecast population

growth and associated healthcare service demands requires the site wide parking strategy, including the potential for decked car parking, to be reviewed as part of the Estate Strategy update.

- 1.8 To support these representations we provide within section 8 a tracked changes document of the proposed amendments to the existing SB18 Policy.

2 National Planning Policy: Healthcare Requirements

- 2.1 The National Planning Policy Framework (2019) sets out the Government’s planning policies for England and how these should be applied and guidance on the preparation of Local Plans. At the heart of the NPPF is a presumption in favour of sustainable development which for plan making means that plans *should ‘positively seek opportunities to meet the development needs of their area, and be sufficiently flexible to adapt to rapid change (para 11)’*.
- 2.2 Furthermore the NPPF requires that plans should be prepared positively in a way that is aspirational and be shaped by early, proportionate and effective engagement between plan-makers and infrastructure providers such as the RUH in delivering community and patient healthcare requirements.
- 2.3 The NPPF makes specific reference to the importance of health and well-being in plan preparation:
- The social role in achieving sustainable development should support strong vibrant and healthy communities by providing the supply of housing required with accessible services that reflect current and future needs and support communities’ health and well-being (Paragraph 8).
 - Planning policies should make sufficient provision for community facilities such as health in the delivery of housing, employment and supporting infrastructure (paragraph 20).
 - Planning policies should take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community (paragraph 92);
- 2.4 The National Planning Practice Guide provides further guidance to the NPPF and specifically states: *“Local planning authorities should ensure that health and wellbeing, and health infrastructure are considered in local and neighbourhood plans and in planning decision making.” (Paragraph: 001 Reference ID: 53-001-20140306).*

Influential Government Reports

- 2.5 There are a number of influential reports highlighting the need to improve the efficiency of the NHS estate and deliver modern standards of healthcare service delivery. These reports all support the ongoing and future estate regeneration objectives at the RUH.
- 2.6 NHS property and estates: Naylor review (2017) examines how the NHS can make the best use of its estate in meeting modern standards of service delivery. The report proposes a property capital strategy to target the release of £2 billion of NHS assets for reinvestment and to deliver land for 26,000 new homes. This supports the objectives of the Trust’s staff accommodation scheme in optimising site assets and housing delivery for B&NES.
- 2.7 The Carter Report (Operational productivity and performance in English NHS acute hospitals (2016) is a review that looked at productivity and efficiency in NHS Hospitals. One of the key recommendations was to increase space efficiency so that estates and facilities resources are used in a cost-effective manner. Making the most efficient use of buildings and land is a key driver at the RUH including the potential feasibility for decked car parking to free up land within the site for future development.

- 2.8 Government Estate Strategy: Better Estate, Better Services, Better Government (2018) has an overarching aim to create an efficient, fit-for-purpose and sustainable public sector estate. The report outlines the Government's support to major estate transformation programmes, such as those at the RUH.
- 2.9 Hospital Infrastructure Plan (2019)/New Hospital Programme prepared by the Department of Health and Social Care is a long term rolling 5-year programme of investment in health infrastructure, including capital to build and expand hospitals, modernise the primary care estate, improve mental health facilities invest in new diagnostics and technology, and help eradicate critical safety issues in the NHS estate.
- 2.10 The RUH has been selected as one of the Trusts awarded seed funding to develop their plans for NHP funding covering the period 2025-2030 and therefore brings a significant healthcare investment opportunity at the RUH that should be positively supported by Policy SB18 in the Local Plan update.

3 Existing Placemaking Policy SB18

- 3.1 The Core Strategy (CS) and Placemaking Plan (PP) currently supports the Trust's Estate Strategy for future redevelopment and investment in the site and recognises surplus land may be available for alternative uses.
- 3.2 Firstly, in respect of District Wide infrastructure, Policy DW1.4 identifies the RUH and its delivery of their Capital Projects Plan is a key infrastructure item required to meet increasing patient numbers resulting from anticipated demographic changes, and in particular the main groups accessing acute care.
- 3.3 Placemaking Policy SB18 - Royal United Hospital is a dedicated policy which supports future strategic development approach for the site. Paragraph 213 of the Bath Core Strategy and Placemaking Plan specifically identifies the Trust's Estate Strategy (2014) and its purpose to direct investment and estate renewal, to improve the quality and standard of accommodation, respond to changing service needs for patients and staff alike and to comply with the necessary legislative standards.
- 3.4 The CS and PP identify the three main phases of the RUH North Redevelopment Programme with paragraph 217 specifically stating: *"The Council will support investment in the development of the hospital to meet the need for healthcare infrastructure, and endorses the approach adopted in the Estate Strategy"*.
- 3.5 The wording of Policy SB18 also states *"The Council supports the improvement of this essential healthcare facility, including the principles and proposed building programme, and proposals for car parking, as set out in its Estate Strategy 2014"*. Reference is made to the three main phases of the RUH North Redevelopment programme.
- 3.6 Policy SB18 also requires that development proposals will be expected to respond to and to implement the RUH's Green Infrastructure Plan. This plan specifically identifies the green heart which is proposed as part of Phase 3 and the Dyson Cancer Centre development.
- 3.7 The planning policy context at the local level has therefore to date provided a supportive framework within which to consider planning applications at the RUH site and those proposals associated with the Estates Strategy (2014) however requires further updating to reflect both the short term priorities in delivering the staff accommodation project and the longer term plans in the Estate Strategy update and the NHP funding opportunities as outlined below.

4 Estate Strategy Implementation

- 4.1 Since 2014 when the Estate Strategy was first published significant progress and development has been delivered with focused investment in quality of care, staffing, partnerships and estates. A series of initiatives have been implemented across the Trust to build quality and ensure patients are at the heart of all decision making. The capacity to do this has been strengthened by becoming a Foundation Trust in October 2014 and through the governance structure.
- 4.2 Between 2015-2020 planning permission has been secured and implemented for the three main phases of the RUH North Redevelopment comprising:
- | | |
|----------|---|
| Phase 1a | Replacement pharmacy with aseptic services (completed) |
| Phase 1b | Visitor and patient car park located immediately adjacent to the front entrance (completed) |
| Phase 2 | RNHRD and Brownsword Therapies Centre Therapies Centre (completed) |
| Phase 3 | Dyson Cancer Centre – a new state of the art facility set within an enhanced greenspace for the campus (demolition started in 2020) |
- 4.3 The Trust is now progressing work in updating their Estate Strategy and New Hospital Plan which is focused on delivering current and future clinical needs and creating a health and wellbeing campus for both patients and staff alike (as set out in Section 5).

Staff Accommodation Scheme

- 4.4 Other potential opportunities that have been explored includes the potential for residential on site and providing additional staff accommodation.
- 4.5 Whilst Policy SB18 identifies surplus land may come forward for alternative uses subject to health needs, additional text should be added in supporting additional housing on-site with the proposed new staff accommodation on-site given the significant benefits the scheme brings to both the RUH and B&NES in terms of housing delivery and employment.
- 4.6 The development proposals comprise:
- Refurbishment and modifications to existing staff residences creating an extra storey in the roof space (Buxton and Cheltenham House and Leamington and Gloucester House);
 - Sensitively converting and bringing back into an active residential use the Manor House (currently vacant, unoccupied and in need of significant restoration) and Lodge;
 - Improving the landscape setting of the Manor House and connections to the rest of the hospital campus.
- 4.7 The above proposals have been subject to detailed pre-application discussions (plan app ref: 18/04550/PA05) and as stated in their pre-application advice letter (dated 12 November 2018), Officers confirmed:
“The Council supports the provision of additional staff accommodation at the RUH site and supports the principle of providing such accommodation within the restored Manor House building as well as by means of new purpose-built facilities nearby and through the alteration and refurbishment of the existing adjacent staff accommodation (including through the introduction of additional floor space within the roof voids)”.
- 4.8 Whilst not at the detailed design stage, the potential capacity could deliver circa 300-500 new build or refurbished staff beds predominantly arranged in cluster flats. There are 152 existing staff accommodation beds on site so this equates to potential redevelopment capacity for between 150-350 net additional units.

- 4.9 The provision of additional staff housing on-site has considerable benefits for the Trust:
- Provision of staff accommodation which significantly supports the work of the hospital – attracting much needed nurses/therapists and doctors. The Trust is the largest employer in the District with over 5,000 employees.
 - Potentially provides a Capital or Revenue benefit to the Trust for re-investment back into the delivery of clinical services
 - Provides the vehicle to refurbish the Manor House, returning it to housing.
 - Provides a partner for the on-going management of the accommodation.
 - Live-work on the hospital campus encourages more sustainable travel and reduced journey times for staff.
- 4.10 The provision of new staff housing on-site would deliver national and local planning policy objectives and key spatial priorities for Bath:
- Delivery of new housing at the RUH, Bath, both specifically targeted at meeting employee’s housing needs and differing levels of income but also adaptable and flexible for open market rent.
 - As the biggest employer in the district and the main acute hospital in the sub-region (i.e. social health infrastructure) there is a need to attract and retain staff particularly nurses;
 - On-site housing encourages more sustainable travel and reduced congestion;
 - Optimising brownfield land opportunities within the urban area.
- 4.11 The NPPF specifically states planning policies and decisions should consider the social, economic and environmental benefits of estate regeneration (paragraph 93) and should promote an effective use of land in meeting the need for homes (paragraph 117).
- 4.12 The NPPF also specifically defines essential local workers (in the context of housing) as public sector employees who provide frontline services in areas including health such as NHS staff. This demonstrates the importance of staff accommodation provision such as proposed at the RUH in national planning guidance.
- 4.13 It is therefore proposed that the principle of additional staff accommodation at the RUH site is fully supported within an updated Policy SB18.

5 The Future: RUH Estate Strategy Update and NHP Funding

- 5.1 Future housing growth within the District will impact upon the strategic healthcare facilities required to support this population growth. The Trust currently serves a population of more than 500,000 people. As the Trust's Strategic Plan (2018) identifies in B&NES alone, the population is expected to grow by more than 11% in the decade up to 2024 based on typical trends – however, published housing schemes across the region are likely to increase predicted population growth further still.
- 5.2 The Trust also treat people visiting Bath, including tourists, students and overseas visitors. Since the acquisition of the Royal National Hospital for Rheumatic Diseases this has further expanded their catchment and portfolio of specialist treatment and rehabilitation activities, attracting patients from other areas of the UK and internationally, particularly for treatment of long term conditions.
- 5.3 In common with other areas, the population is evolving:
- A growing population of people with more complex needs, in all age groups
 - Increasing demand for services at all ages, and rising public expectations
 - The older population is growing significantly, with an increased likelihood of long term conditions
 - In Bath there is a large student population that is temporary and always changing
- 5.4 These demographics all inform the current and future clinical and operational healthcare requirements and Estate Strategy review process.

Estate Strategy Update

- 5.5 The Trust are embarking on an updated Estate Strategy covering the next five years which will maintain the Trust's priorities in providing modern fit for purpose healthcare facilities in responding to changing service needs and compliant with legislative standards. This includes improving the quality of the built environment by demolishing unsuitable and outdated buildings, improving the sustainability of the estate including green infrastructure provision, co-locating functions to cluster complimentary uses, reviewing the site's parking strategy including the efficiency of on-site parking, reducing off-site parking impacts and encouraging the use of sustainable modes of travel and updating the Travel Plan.
- 5.6 The Trust are in the process of updating their Estate Strategy to acknowledge the new clinical strategy, the potential NHP funding and the Sustainability agenda. The RUH has set up a NHP project board and team that includes a number of work-streams including Clinical, Estates and Facilities, Digital and Workforce. The scale of transformation within the clinical strategy will inevitably demand a change response from the other work-streams and will also result in a change in requirements from the Estate.
- 5.7 The RUH Estate strategy will cover the three key components outlined by the Department of Health and includes;
- Where are we now?
 - Where do we want to be?
 - How do we get there?

- 5.8 One of the key objectives of the RUH is to achieve Net Zero Carbon (NZC) by 2030 and the Estate Strategy will be pivotal in achieving that milestone. As a result the RUH are also developing an Energy Strategy that will inform and underpin the emerging Estates Strategy and establish SDMP and provide us a credible route to NZC within the required timeframe.
- 5.9 It is foreseeable that any development of the Combe Park site will occur incrementally rather than a single construction project. This is due to the current configuration of the site, need for refurbishment to eradicate backlog maintenance and due to the nature of potential funding streams.
- 5.10 The Trust and the dedicated Sustainability Team has promoted wider initiatives in respect of transport, parking and sustainability to encourage changes to staff travel behaviour as part of the ongoing Travel Plan targets. This includes use of staff travel hubs, technology apps and exploring opportunities to upgrade and enhance cycle/footpath links to the site and improve signage from Oldfield Park Railway Station. Although the Trust is continually making improvements to the infrastructure and active travel programmes, its ability to deliver significant modal shift is tied in significantly to the B&NES strategy and approach.
- 5.11 The RUH is a significant employer with currently 5,500 staff with over 400 volunteers (rising up 1,000 in the future) and 48,000 in-patients per month excluding visitors. There are only 1,600 car parking spaces on-site and this could reduce further should the St Johns Hospital lease expire in addition to other projects coming forward.
- 5.12 The Trust seek to proactively respond to the issues associated with car parking including circulation and access within the site. In the short term staff travel patterns can be influenced more so than those of patients. As part of the transport review further assessment of visitor and patient travel movements will be assessed to avoid potential peak points i.e. patient appointments, visiting hours etc.
- 5.13 As part of the feasibility assessment and options the Trust are exploring the potential and viability to deck the existing visitor car park. Further work will be undertaken to assess demand, need and shortfall in calculating the number of spaces potentially required.
- 5.14 A deck car park is considered a potentially significant opportunity to optimise the efficiency of the site and free up further site capacity to accommodate new development.
- 5.15 The short term Estate Strategy Update will be aligned with the longer term HIP2 funding masterplan process (see below).

Sustainability (Including Green Infrastructure Plan)

- 5.16 The Trust is driven and committed to be a sustainable organisation that is fit for the future, embedding this within the strategic goals of the Trust. The Trust is delivering actions to make a positive difference environmentally, socially and financially to create an organisation that supports the well-being of their staff, our patients and their wider community.

- 5.17 Being sustainable economically includes generating income and using public money wisely in maximising the benefit gained from all resources to improve value, quality of care and patient experience. This is an important element within the NHP funding process (see below) in delivering long term sustainable healthcare infrastructure that explores the potential future revenue streams from collaboration and partnerships particularly within the R&D, life sciences and technology sector.
- 5.18 A key requirement of the funding is in regards to removing carbon emissions from the NHS portfolio. Nationally the NHS Carbon Footprint target is to achieve net zero carbon emissions (emissions under NHS direct control), by 2040 with the RUH targeting 2030. These aims comply with the Climate Change Act, and also support B&NES local plan to become carbon neutral by 2030.
- 5.19 The Trust will be embedding key principles of carbon neutral buildings from the outset, ensuring operational carbon is kept to an absolute minimum, and embodied and construction related carbon is considered at each stage of the project.
- 5.20 As part of the commitment to sustainability, the Trust has prepared a Sustainable Development Management Plan (SDMP) to provide a framework and strategy for the next five years and beyond. There are ten distinct areas of focus that the plan aims to improve:
- Capital Projects: Ensure that sustainability underpins the design and construction of our capital projects.
 - Climate Change Adaptation: Develop sites and services that are resilient to the adverse effects of climate change.
 - Green Space & Biodiversity: Protect and enhance the natural systems, realising the benefits this brings to the health and wellbeing of our diverse population.
 - Corporate Approach: Become a thriving organisation that delivers benefits that extend beyond the traditional organisational boundaries whilst maintaining the highest quality of care.
 - Sustainable Use of Resources: Ensure that we do not extract or pollute at a greater rate than nature regenerates.
 - Travel & Logistics: To be a Trust that approaches travel in a way that is innovative and prioritises sustainable modes of transport that is accessible to all.
 - Sustainable Care Models: To improve care whilst maintaining environmental, social and financial sustainability.
 - Carbon & Greenhouse Gases: Manage our carbon emissions to remain within safe limits in order to avoid irreversible climate change.
 - Asset Management & Utilities: Manage the Trust's operational assets in a way that continually improves their efficiency and longevity.
 - Our People: To create a supportive environment where all our people feel motivated and empowered to consider sustainability in everything they do.
- 5.21 In order to support these objectives, the SDMP is supplemented with an action plan, designed to target areas that need improvement plus drive the sustainability performance and score. The focus for the first 5 years is Carbon & Greenhouse Gases, as this encompasses a number of the SDMP themes and provides a tangible way

to measure improvement. It also ensures the Trust is supporting B&NES with the Climate Emergency which has been declared for Bath.

- 5.22 The Sustainable Development Management Plan directly supports the development and implementation of the proposed green heart a central element of the new Dyson Cancer Centre. The RUH Green Infrastructure Plan (NPA, August 2015) previously identified a range of measures to be progressed. This plan is to be reviewed and with a number of existing greenspaces on site, the Trust seek to improve these spaces for flora, fauna and the health of our staff, patients and visitors.
- 5.23 The SDMP targets the following actions for Greenspace & Biodiversity in the next five years:
- Create a Biodiversity Management Plan
 - Engage with suppliers of high biotoxicity risk products to identify and manage these risk
 - Diversify their flora and fauna to be more resilient to disease
 - Engage with clinicians to establish how the benefits of green space & biodiversity can support care pathways
- 5.24 This further demonstrates the Trust's commitment to delivering sustainable development at the RUH and implementing the principles outlined within their Green Infrastructure Plan.

NHP Government Funding (2025-30)

- 5.25 The most significant opportunity for the RUH is the announcement that the RUH has been selected for NHP funding under the Government's 'New Hospital Programme' (NHP) launched in October 2019. This is a long-term, rolling five-year programme of strategic investment in health infrastructure, including capital to build new hospitals, modernise the primary care estate, invest in new diagnostics and technology, and help eradicate critical safety issues in the NHS estate.
- 5.26 The Government recognises that capital spend on NHS infrastructure is essential to the long-term sustainability of the NHS's ability to meet healthcare need, unlocking efficiencies and helping manage demand. It is also fundamental to high-quality patient care, from well-designed facilities that promote quicker recovery, to staff being better able to care for patients using the equipment and technology that they need. NHS Plan
- 5.27 The NHP programme actively works towards delivering the NHS Long Term Plan. Particular aspects of the emerging NHP that work towards the Long Term Plan include:
- Digital (best use of technology)
 - Preventative care (new clinical models)
 - Healthcare integration (Integrated Care System)
- 5.28 At this stage the Trust has been awarded seed funding to proceed to the next stage of developing their hospital plans and their ongoing programme of estate renewal. If successful the funding would be available in the period 2025-30 and would be subject to approval of their business case and obtaining the necessary planning approval from B&NES. The NHP masterplanning process is driven by clinical and operational needs

and would be prepared in conjunction with an updated Estate Strategy. Opportunities may include a new Women and Children's Department and potentially a new A&E department although this is subject to further assessment and strategic healthcare planning.

5.29 This is clearly a significant healthcare investment opportunity and one which the Trust seeks Council recognition and policy support for in developing their masterplan through an updated Policy SB18. As outlined in Section 2 the NPPF specifically states plans should 'positively seek opportunities to meet the development needs of their area, and be sufficiently flexible to adapt to rapid change' (para 11).

6 Local Plan Partial Update Options – additional comments

- 6.1 The Trust welcomes the opportunity to maintain positive ongoing dialogue with the Planning Policy and Development Management Teams at B&NES in developing the Trust's next phase of their estate renewal programme. Summarised below are general and specific policy comments in respect of the Partial Update Options Report. Section 8 provides proposed tracked changes to the policy text.

Policy SB18 - General Comments

- 6.2 As already outlined the Trust are seeking to strengthen the policy support for future healthcare infrastructure at the RUH and associated with the Estate Strategy review and wider estate renewal opportunities including staff accommodation.
- 6.3 The Trust's therefore welcomes the updated SB18 policy support for the New Hospitals Programme (now not referred to as HIP2) and recognition of this significant healthcare opportunity and the work streams being undertaken to support this. As already outlined the clinical needs and creating a health and wellbeing hospital campus for both patients and staff alike are a key priority for the Trust.
- 6.4 The Trust also supports inclusion of the staff accommodation proposals with Policy SB18 however the way the text is presented within the Options Report appears basis towards this project over that of the future clinical needs of the hospital. The document sets out in detail the constraints and opportunities of the project which should be a detailed matter dealt with through the Development Management Process.
- 6.5 It is understood the Council are undertaking urban design work for each of the site allocations including conceptual design diagrams. For the purposes of Policy SB18 and given the function, nature and stage of the Estate Strategy update process this is not appropriate at for the RUH site – rather an overarching supportive policy framework within which future proposals can be considered on their own merits.

Other Policy Specific Comments

- 6.6 Generally the Trust is supportive of the changes suggested. They are aligned with the Trusts Sustainable Development Management Plan (SDMP) and carbon reduction strategy i.e. working towards Net Carbon Zero by 2030. However given the nature of services the Trust is delivering, there is a need to ensure changes suggested are feasible to meet.
- 6.7 The Trust has reviewed the key changes, and the table below provides commentary on the key updates proposed. The focus of the review is on non-residential factors given the predominate nature of the buildings on the site. The issues raised are predominately related to matters of clarification and details of the assessment criteria, and particularly ensuring policy energy requirements align with those used by NHS England and NHS Improvement (NHSE&I) as this is an important factor in assessing and accessing funding for future healthcare projects at the RUH.
- 6.8 Further discussions between the Trust and B&NES in respect of the policy formulation and associated supplementary planning guidance would therefore be greatly welcomed on these matters.

Consultation Reference	Title	Proposed Requirements	RUH Commentary
DM2	New Build Non-Residential Development	<p>Proposed policy would use an energy hierarchy to achieve zero carbon as follows.</p> <ul style="list-style-type: none"> • A minimum reduction of 15% through fabric performance • A minimum reduction of 35% through on-site renewable energy • Then offset what can't be mitigated on site through a financial contribution <p>BREEAM Excellent requirement</p> <p>Heating & cooling hierarchy</p> <ol style="list-style-type: none"> 1. Development will be expected to minimise demand for heating, cooling, hot water, lighting and power through building and site-level measures. 2. Residual heat and cooling demand is expected to be met using renewable heat sources whilst complying with District Heating Policy CP4. 	<p>How did B&NES come up with these reductions, and are they confident that they are achievable?</p> <p>Will there be alternate requirements / arrangements where process cooling is required?</p> <p>Will the offset requirements be an annual charge? Based on design (BRUKL output), or in use energy demand?</p> <p>NHSEI are developing a standard for new builds to meet net zero, which are due to be funded centrally. This standard is due for release in Spring 2021. Both this standard and the planning requirements need to be aligned for the Trust.</p>
DM3	Retrofitting Non-Residential Existing Buildings	<p>Option 1: introduce a requirement that regulated carbon emissions are reduced by 10% from a baseline of Part L through use of renewable energy.</p> <p>Option 2: introduce a requirement that regulated carbon emissions are reduced by 20% from a baseline of Part L through use of renewable energy.</p> <p>The scale and type of proposal that this is a requirement for is also under review (i.e. currently 5 dwellings or 500m2)</p>	<p>Option 1 is current requirements through the Sustainable Construction Checklist SPD.</p> <p>This will be required for any upgrades/refurbishments which meet the currently 500m2 floor area. Keen to understand what scale this is being considered applicable to (i.e. will it be for projects with a floor area less than 500m2).</p>

Consultation Reference	Title	Proposed Requirements	RUH Commentary
DM4	New Policy Whole Life Cycle Carbon Assessment	<p>Completion of Whole Life Cycle Carbon Assessment for new buildings.</p> <p>The use of a performance threshold to demonstrate reduction in the Whole Life Cycle carbon emissions of new buildings.</p> <p>The scale and type of building is also being considered, as to whether it is 5,000m2 or 1000m2.</p>	<p>What is the standard for life cycle assessment?</p> <p>What is the threshold which is being considered? Without understanding the threshold, it's difficult to know what the scale of change and whether it's feasible.</p> <p>How to incorporate / encourage reusing buildings/assets to reduce embodied carbon.</p>
DM5	Renewable Energy	<p>Development should contribute to achieving the following minimum level of Renewable Electricity and Heat generation by 2029.</p> <p>Electricity 110 Mwe Heat 165MWh</p> <p>Development should also contribute to the need to balance electricity demand and supply.</p>	<p>With a clear direction away from diesel fired generators, it needs to be appreciated that this may be the only feasible option in the immediate future to meet back up requirements for life critical equipment.</p>
DM8	New Policy Electric Vehicle	<p>Non Residential developments providing 1 or more car parking space passive infrastructure shall be installed.</p> <p>Option 3a: 10+ bays provided as part of project, requirement for 20% active charging and 80% passive</p> <p>Option 3b: All bays Active charging</p> <p>Also similar requirements for residential.</p> <p>Where an applicant is seeking to argue that local grid infrastructure cannot accommodate additional charging the applicant must submit evidence from</p>	<p>Support for Option 3a, allowing for a phased integration of charging in line with technological developments, consumer demand and grid capacity. Option 3b produces concerns around heavy investment into active units without knowledge of uptake prior to units becoming redundant. The latter option also gives no strategic approach to the placement of units to influence modal shift in our more central city areas.</p> <p>What level of evidence will be required?</p> <p>Will there be guidance over how prioritisation of grid capacity to meet other site requirements (i.e. shifting heating demand to electricity, or additional equipment</p>

Consultation Reference	Title	Proposed Requirements	RUH Commentary
		Western Power Distribution to demonstrate that this is the case	such as MRI scanners) and EV charging will be viewed by the council? Given the grid capacity issues locally, with increasing any capacity to site, the Trust may need to prioritise electrical capacity for other areas other than EV charging.
DM9 / DM10/ DM11	Ecological: <ul style="list-style-type: none"> • Sites, Species & Habitats • Ecologist Networks & Nature Recovery • Biodiversity Net Gain 	Positive contribution to Nature Recovery Networks show on the Policies Map Option 1: Will only be permitted when Biodiversity Net Gain of 10% is shown. Option 2: Only permitted by at least 15% Biodiversity Net gain. DEFRA matrix or equivalent is used and assessment needs to be done by an experienced ecologist. Option 3: bespoke local Biodiversity Net Gain requirements for brownfield sites and householder applications	The Trust is keen to understand when the details of the requirements will be refined and shared.
DM29 / DM31 / DM 32 / DM33 / DM34 / DM 35	Sustainable Travel: <ul style="list-style-type: none"> • Promoting Sustainable Travel • Recreational Routes • Transport Infrastructure • Traffic Management Proposals • Park & Ride • Transport Requirements for Managing Developments 	Development to be located where there are opportunities to travel by alternatives to private car usage and opportunities to reduce distance. Scheme refusal on poor transport design creating car dependency rather than just not meeting highways standards Mode shift before increased traffic capacity Opportunities for low carbon last mile delivery Sustainable Travel over traffic capacity schemes – requirement to exhaust mode shift solutions General shift to a preference and requirement for all sustainable transport options to be exhausted.	This is broadly aligned with the Trust ambition, however there is a key piece in working together to ensure appropriate provision of alternative transport options for all Combe Park users.

7 Infrastructure Delivery Programme

7.1 The purpose of the Council's Infrastructure Delivery Programme (IDP) is to outline the key infrastructure requirements needed to support the scale of growth put forward in the Submission Partial Update Local Plan, and therefore meet the requirements of national planning policy.

7.2 Infrastructure is essential to support the objectives of future housing provision, economic growth, mitigating climate change, and to creating thriving sustainable and healthy communities.

7.3 Both local plans and CIL require the local planning authority to prepare/update infrastructure delivery plans that set out the infrastructure required over the short/medium and long term, focusing on the next five years.

7.4 Based upon healthcare planning and future clinical needs the Trust has identified services and facilities that need to be updated/expanded to meet demand and provide more capacity resulting from an increased and changing population. These are as follows:-

- Midwifery Unit
- Breast Unit Expansion
- Green Heart – open green space at heart of hospital
- Reinstatement of Manor House Allotments into community space / amenity
- Eco Garden in Lansdown Carpark
- 'Changing Places' provision - accessible toilets and changing facilities
- Transport infrastructure (Transport Hub / cycle facilities / decked car park)
- Theatre Programme – Upgrade of Theatres to Digital / Robotics to meet needs to population
- Ward Programme – Upgrade of Wards to meet needs of population
- Intensive Care Upgrade – Upgrade to meet needs of the population
- New gas main to serve Cancer Centre
- Electrical Infrastructure – on and off site (e.g. Photovoltaics). *Note the electrical infrastructure projects are to deliver carbon reduction in working towards the Trust's aspiration of a 2030 Net Zero Carbon position and to reduce demand on local electrical distribution network through on site generation. Overall site electrical demand will likely rise, but these projects will mitigate that increased demand.*

7.5 The Trust therefore request these specific projects are included within an updated Infrastructure Delivery Plan but also wish to discuss further with the Council the potential to secure CIL or potential Section 106 funding for these specific projects.

8 Proposed Amendments to Policy SB18

8.1 To support these representation we provide below the proposed amendments and tracked changes for an updated SB18 Policy.

Policy SB18 - Proposed Amended Text

SB18 – Royal United Hospital

210.

Located in Weston the Royal United Hospital is a major sub-regional healthcare facility serving **over** 500,000 people within B&NES, Wiltshire, Somerset and South Gloucestershire. It is managed by the Royal United Hospitals Bath NHS Foundation Trust, which acquired the Royal National Hospital for Rheumatic Diseases (RNHRD) in February 2015. It is now managing all the services offered by this specialist provider **within the new RNHRD and Brownsword Therapies Centre Therapies Centre at the RUH site. This has further expanded the catchment and portfolio of specialist treatment and rehabilitation activities, attracting patients from other areas of the UK and internationally, particularly for treatment of long term conditions. The Trust also treats people visiting the area, including tourists, students and overseas visitors.**

As well as being the main provider of healthcare services the Trust is also the largest employer in Bath & North East Somerset with around **5,500 staff and over 400 volunteers (predicted to rise to 1,000).**

211.

Research and development continues to underpin the high quality, evidence-based care delivered both at the RNHRD and the RUH. The recent affiliation of both research teams has served to create a significant health research resource in the City of Bath, and one of the largest R&D portfolios in the country strengthened further by its links to other local research institutions such as the University of Bath **and other universities and colleges.** This supports the Trust's strategy to develop its R&D and be 'best in class' and provides additional income generating opportunities.

211a.

The Trust is driven and committed to be a sustainable organisation that is fit for the future, embedding this within the strategic goals of the Trust. The Trust as set out in their Strategic Plan (2018) is delivering actions to make a positive difference environmentally, socially and financially to create an organisation that supports the well-being of their patients, staff and their wider community. The Trusts Sustainable Development Management Plan (SDMP), and associated Action Plan, details the relevant approaches and projects to embed sustainability in everything the Trust does.

212.

Future housing and population growth as planned within the sub-region and other demographic factors such as an ageing population places increased demands upon acute healthcare infrastructure and services. **Healthcare is a challenging environment. Financial and workforce pressures over time have coincided with increasing demand for healthcare services and service delivery. At the same time, new developments in medicine and technology have brought new challenges and opportunities.**

213.

The Trust carried out a comprehensive review of its estate and agreed a strategic plan (known as the Estate Strategy) **in 2014**. The purpose of this is to direct investment and estate renewal, to improve the quality and standard of accommodation, respond to changing service needs for patients and staff alike and to comply with the necessary legislative standards. **With the upcoming construction of the Dyson Cancer Centre the Trust is coming to the end of the existing Estate Strategy and is now starting to develop a new Estate Strategy.**

214.

The Trust's **ongoing priorities in updating the Estate Strategy** are to provide fit for purpose accommodation **to meet the clinical and operational needs**, demolishing unsuitable and outdated buildings, improving the sustainability of the Estate, co-locating functions to cluster complimentary uses, delivering a parking strategy that will improve on-site parking, improving wayfinding throughout the site, reducing off-site parking impacts and encouraging the use of sustainable modes of travel.

215.

Central to delivering the Trust's long term vision and objectives is an overarching car park strategy for the campus that improves the parking, **site efficiency and circulation** arrangements across the site (numbers, rationalisation of car parks and sign posting) and supports the vision as set out in the **2014 Estate Strategy**. **Much has been achieved with the new visitor car park opening in 2016 and wider Trust initiatives including the Travel Plan encouraging changes to staff travel behaviour and modal shift. However, increases in staff, patient numbers, forecast population growth and associated healthcare service demands requires the site wide parking strategy, including the potential for decked car parking, to be reviewed as part of the Estate Strategy update. The Trust is continually assessing how best to improve access to site and implementing improvements, its ability to deliver significant modal shift is tied in significantly to the council strategy and approach. This is acknowledged by the council and a collaborative approach is to be taken.**

216.

The Estate Strategy (2014) specifically sets out the proposed RUH North Redevelopment programme ~~over a the next five years~~ supported by a phased masterplan. These phases, ~~all of which now have planning permission approval~~, are as follows:-

Phase 1:

a Proposed new replacement pharmacy with aseptic services **(completed)**

b Provision of new visitor and patient car park located immediately adjacent to the front entrance

(Gate 1) **(completed)**

Phase 2 A new Integrated Rheumatology and Therapies Centre including hydro pool and gym **(completed)**

Phase 3 A new Cancer Centre – a new state of the art facility set within an enhanced greenspace for the campus **(demolition works commenced in 2020).**

216a

The Trust has also identified the opportunity to deliver additional staff accommodation on-site supporting the recruitment and retention of staff with flexibility for open market rental accommodation. The potential capacity could deliver circa 250-450 new build or refurbished beds (circa 150-350 net additional units) predominantly within a cluster flat arrangement. The Council fully supports the provision of additional staff accommodation and new purpose built facilities on-site including the principle of providing such accommodation within the restored Grade II* Listed Manor House building. The benefits of such a scheme are recognised in terms of estate renewal, making the most efficient

use of land and buildings, delivers new housing stock, reduces travel and congestion and reinvestment back into the RUH to support healthcare facilities.

217.

The Council will support investment in the development of the hospital to meet the need for healthcare infrastructure, and endorses the approach adopted in the **existing Estate Strategy and it's review process**. Beyond the time period of the current Estate Strategy, the Council will safeguard land within the campus of the RUH for future healthcare infrastructure, unless it can be demonstrated that the RUH can successfully provide its services and operate its site from a smaller land area. **The Council supports the provision of additional housing on-site and new staff accommodation.**

RUH Sustainability & Green Infrastructure Plan

218.

The RUH - produced a Green Infrastructure Plan (2015) that supported the Estate Strategy by setting out a high level vision or framework for the site. This vision was to create a high quality, accessible 'place' with Green Infrastructure as an intrinsic element, for the benefit of staff, patients and visitors.

This recognises the well-established benefits to health and well-being provided by access to natural green space. The Green Infrastructure vision is based upon the existing Estate Strategy masterplan and establishes a set of principles to inform the design of each phase. The GI Plan identifies green infrastructure including:

- specific landscape
- amenity and biodiversity opportunities
- the types of places that can be created to improve the quality of environment and maximise the health and wellbeing benefits for staff, patients and visitors.

219.

Specifically, the Trust identified a number of considerations including:

- 1 Providing enhanced green infrastructure to improve the quality of care and clinical performance
- 2 Increasing biodiversity opportunities and habitats within the site linking into the wider surrounding green corridors
- 3 Investigate potential sustainable urban drainage features within the site
- 4 Creating a legible hierarchy of interesting, linked, usable, wildlife friendly and quality landscaped spaces opportunities for staff, patients and visitors alike
- 5 Create accessible open spaces with a range of micro-climates i.e. shaded areas in hot weather.
- 6 Encouraging exercise within the site and improving the connections between existing pedestrian and cycling routes through the site and to GI assets beyond the site.
- 7 Maintain, improve and expand the existing external 'destination' spaces
- 8 Identify opportunities to integrate The Trust's art strategy
- 9 Consider the cost effectiveness of future Estate maintenance

220.

This approach responds to the placemaking objectives of the Council, and its approved Green Infrastructure Strategy and is therefore broadly supported by the Council.

220a

The proposed green heart is a central element of the new Dyson Cancer Centre based upon the principles of the RUH Green Infrastructure Plan. In developing the detailed green heart landscape scheme the GI Plan will be reviewed with a number of existing greenspaces on site, the Trust seek to improve these spaces for flora, fauna and the health of their staff, patients and visitors.

220b

The work around Green Space & Biodiversity is one area of the Trusts Sustainable Development Management Plan (SDMP). When taken as a whole the SDMP ensures a holistic approach is taken to sustainability. Actions within the other areas of the SDMP will aid in supporting the Climate Emergency declared by the council.

New Hospital Plan

221

The most significant opportunity for the RUH is the announcement that the RUH has been selected for HIP2 funding under the Government's new 'Hospital Infrastructure Programme' (2019), a long-term, rolling five-year programme of investment in health infrastructure, including capital to build new hospitals, modernise the primary care estate, invest in new diagnostics and technology, and help eradicate critical safety issues in the NHS estate.

The New Hospital Programme (NHP) actively works towards delivering the NHS Long Term Plan. Particular aspects of the emerging NHP that work towards the Long Term Plan include:

- Digital (best use of technology)
- Preventative care (new clinical models)
- Healthcare integration (Integrated Care System)

The Trust has been awarded seed funding to proceed to the next stage of developing their hospital plans. If successful the funding would be available in the period 2025-30. The Council recognises this a significant healthcare investment opportunity and therefore fully supports the Trust in developing their masterplan and business case.

The Council supports the Trust in the development of the NHP opportunity to reconfigure / regenerate the hospital site and understand that while this is in the earliest stages of development early indications suggest that the following are considered priorities:

- Alongside Midwifery Unit
- Upgrade and/ or replace Emergency Department
- Upgrade and/ or replace Woman's and Children's facilities
- Upgrade and/ or replace Theatres and Recovery facilities

POLICY APPROACH SB18

Royal United Hospital

1 The Council supports the improvement of this essential healthcare facility, including the principles and proposed building programme, and proposals for car parking, as set out in its Estate Strategy 2014.

1a The Council will work proactively with the Trust in the preparation of the Estate Strategy Update and support them in their NHP funding bid in developing their masterplan and business case.

2 Development proposals will be expected to respond to and to implement the Green Infrastructure Plan principles as highlighted above.

3 Proposals for non-healthcare uses on former RUH land should provide evidence that the land will not be required for healthcare provision or car parking during the Plan period. The Council supports the provision of additional housing on-site and new staff accommodation.



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