

TECHNICAL NOTE

Project: Examination of the Bath and North East Somerset Local Plan Partial Update (LPPU)
Client: Royal United Hospitals Bath Foundation NHS Trust

Date: 6th June 2022
Author: David Cox – Transport planner, Callidus Transport & Engineering Ltd

Title: Hearing Statement on Matter 4: Area Policies and Allocations, Policy SB18 – Royal United Hospital

Hearing Statement on Matter 4: Area Policies and Allocations, Policy SB18 – Royal United Hospital

Introduction

1. The Royal United Hospitals Bath NHS Foundation Trust (the Trust) has made representations to the Publication draft of the Bath and North East Somerset (B&NES) Council's Local Plan Partial Update (LPPU) to challenge the proposed changes to the draft wording of 'Policy SB18 – Royal United Hospital' (see JLL's letter dated 7th October 2021).
2. The Trust specifically objects to the inclusion of the six new additional policy requirements that have been added to Policy SB18 for the Regulation 19 Pre-submission Draft Plan (August 2021). Proposed modifications are sought by the Trust to Policy SB18, which include additional policy text to support the RUH's strategic priorities for healthcare investment and the deletion of the additional policy requirements Nos. 4-9.
3. The Trust wishes to make further points on transport matters in response to the questions raised by the Inspector in respect to *Policy SB18 – Royal United Hospital* as part of the LPPU Examination, which are:
 - Q.31 What is the specific justification for the transportation requirements set out in criterion 8 and would they be effective?
 - Q.32 Is the Policy justified in seeking parking in line with the parking standards in the Transport and Development SPD when this document is not part of the development plan? What is the evidence which underpins the potential requirement for contributions to a residents parking zone?
4. These matters are to be addressed at the Examination in Public (EiP) Hearing Day 2 relating to *Matter 4: Area Policies and allocations*. The key issue for this Examination Hearing is

whether the LPPU proposed policies and allocations are justified, effective and consistent with national policy.

5. This hearing statement, prepared by Callidus Transport & Engineering Ltd on behalf of the Trust, responds specifically to the questions raised by the Inspector for Policy SB18.

Reg 19 Local Plan Policy SB18 – objections to policy criteria Nos. 7-9

6. There are three new additional policy requirements with a transport focus set out within Policy SB18 of the Regulation 19 B&NES LPPU. These are as follows:

Development proposals must:

7. Set out a sustainable transport masterplan for the whole of the RUH site.

8. Examine the pedestrian and cycle routes between the site and key local facilities and make appropriate enhancements to ensure that the walking and cycling are the natural choices for local trips. Specific opportunities for investigation and delivery should include, but not be limited to, the following:

- a. Pedestrian improvements at the Weston Lane/Crown Road/High Street junction;*
- b. Pedestrian crossing facilities at the Weston Lane/Combe Park junction;*
- c. Cycle linkages with recently delivered LCWIP improvements through Weston Village;*
and
- d. Active travel linkages between the site and the Riverside Path to the south.*

9. Provide parking for bicycles and cars in line with the parking standards in the Transport and Developments SPD, for both residential and clinical uses. Improved integrated parking solutions and car park management across the site should be investigated to maximise efficient use of land. Contributions to a Residents Parking Zone (RPZ) may be required as part of parking solutions for the site.

7. The Trust strongly challenges the inclusion of the additional policy requirements Nos. 7-9 for the RUH site allocation, which the Trust believes reads as a transport and highways 'wish-list' with a predominant focus on physical schemes and measures. These have been added to Policy SB18 in the Regulation 19 Pre-submission Draft Plan without any apparent suitable evidence-based justification or due consideration of their effectiveness in terms of deliverability by RUH and, hence, are considered unsound.
8. The Trust needs to be able to adapt to the challenges of an evolving and competitive funding environment. The B&NES Local Plan RUH site allocation should support the Trust's aim of securing vital local healthcare investment. Hence, it would be the Trust's preference for a policy framework in the local plan which would give the Hospital greater flexibility to respond to future funding opportunities and adapt to any changes to the funding regime or priority, without the constraints of unjustified policy requirements or contingent schemes. It should not prejudice the ability of the Trust to change its priorities or bring forward smaller capital schemes earlier in its development programme if this aligns with evolving funding opportunities. As currently worded, and if for some reason the schemes set out in SB18

policy requirements Nos. 7-9 could not be implemented, this could then make any new development at the hospital non-policy compliant, irrespective of the scale of the proposals. Contingent schemes set by policy should relate to the impact of the development proposed, they should be justified and proportionate, and until this is determined for the RUH we don't see how specific schemes can be specified within local planning policy for the Hospital.

9. Criterion 7 sets out the requirement for 'a sustainable transport masterplan for the whole of the RUH site', but there is no further explanation or justification in the plan, or supporting text, as to what this might require in practice. It is a highly prescriptive requirement, but without being clearly defined, and suggests a focus primarily on physical interventions. This focus ignores the considerable opportunities that now exist with advancements in digital connectivity to reduce the need for travel to the Hospital, particularly through patient triage, online care and treatment, and staff homeworking. Indeed, recent transport modelling work for the RUH has shown that such measures offer the greatest potential to significantly reduce travel demand to the Hospital. In addition, Criterion 7 fails to recognise the core focus of masterplanning activities at RUH is on creating healthcare accommodation and infrastructure to meet the existing and future clinical needs of the community and on securing strategic healthcare investment in a competitive funding environment. Transport planning is integrated into the Hospital's masterplanning activities as a 'check and balance' to the design process; it does not lead on design considerations.

10. The Trust is fully committed to promoting sustainable transport and mitigating the impacts of hospital-related travel locally. As detailed in the Trust's written representation (JLL, dated 11th October 2021), the Trust has commissioned an overarching Transport & Travel Strategy to support its New Hospitals Programme (NHP) funding bid and updated Estate Strategy. This work has been fully integrated with RUH's NHP masterplan process and will include updates to the Hospital's Car Park Strategy, Travel Plan (TP) and Transport Assessment (TA). In addition, the Trust continues to undertake positive actions on sustainable transport as evidenced by the following list of measures implemented since the previous 2015 Estate Strategy:
 - Financial support for Park & Ride bus services from Odd Down to the RUH
 - Delivery of a new bus interchange at the front of the site, with design improvement to the Hospital's main entrance, a circulation area for arrivals and new drop off facilities
 - Reconfiguring the RUH car parks, including new parking infrastructure and public realm improvements. The reconfigured staff car park is supported with sustainable urban drainage measures and a new patient & visitor car park has been delivered at the front of the site
 - The Trust has implemented a new staff parking permit allocation system to better manage staff travel to the Hospital
 - Parking management changes have included an expanded staff parking exclusion zone to encourage those residing close to the site to use active travel modes
 - New cycle parking and cycle stands have been delivered across the site to support the latest RUH developments such as the new Therapies Unit
 - RUH has extended its Cycle to Work salary sacrifice scheme for all staff

- The Trust has appointed a Travel Plan Coordinator, embedded in the Estates Team, to champion sustainable transport priorities and travel planning activities at the RUH
- RUH has prepared the Non-patient Travel Plan (EiP document reference CD-BTH016) to provide an evidence base and an ambitious action plan for travel planning activities
- RUH has prepared the Sustainable Development Management Plan (EiP document reference CD-BTH015) which commits the Trust to innovative approaches to travel that prioritise sustainable modes of transport.

Responses to the Inspector's questions on Policy SB18

11. For the purposes of this hearing statement, we consider each of the questions set by the Inspector for the hearing session on Policy SB18:

Q.31 What is the specific justification for the transportation requirements set out in criterion 8 and would they be effective?

12. The Trust broadly supports the listed pedestrian and cycle schemes set out in criterion 8 but strongly objects to their inclusion within the RUH site allocation under Policy SB18 of the B&NES LLPU.
13. These schemes offer sustainable transport improvements that will benefit the whole of the community in the northwest of Bath, not just the RUH. They are apportioned for delivery via the RUH planning policy without an appropriate evidence base or impact analysis which demonstrates they are directly linked to the hospital and necessary to make future development at the RUH Combe Park campus acceptable in planning terms. As such, the Trust considers the inclusion of criterion 8 in Policy SB18 as 'unjustified' and 'unsound'.
14. The Trust also challenges the wording of criterion 8 and we would question why the Hospital would need to prove its accessibility to 'key local facilities' – we could understand why this would be a requirement for residential developments for example but not a hospital.
15. The Trust also challenges the effectiveness of seeking to deliver these schemes via the RUH site allocation. As already stated, the Trust faces significant challenges in securing healthcare funding for the District in a competitive UK funding environment. It needs flexibility to respond effectively to the dynamic and evolving UK priorities for healthcare policy and funding. Unwarranted off-site highway schemes set by local planning policy will only add to these challenges and we would expect NHSEI, and other funding partners, to question the inclusion of transport infrastructure not directly related to the Hospital's development proposals within any future funding bids. Hence, we question the deliverability of these transport requirements via the RUH site allocation. We wish to remind the Council that the Trust's duty is to secure funding for strategic healthcare infrastructure. The appropriate delivery mechanism for these sustainable transport improvements is through the West of

England Combined Authority (WECA) prioritisation process for transport schemes and the Council's own highways capital funding programme for which B&NES has control of.

16. The wider plans for creating and improving active travel in the District are established by the WoE Councils' Local Cycling and Walking Infrastructure Plan 2020-2036 (LCWIP). The Trust broadly supports the LCWIP, and the priorities for walking and cycling they contain, and we recognise the wider benefits these schemes will bring to active travel opportunities in NW Bath. From the LCWIP appendices we understand a 'hospitals' category was one of eight destination categories used to define the journey origin and destinations for the planning the strategic cycle network. However, aside from a brief reference to the Hospital on the accompanying maps, there is no reference at all to the RUH elsewhere within the LCWIP. In addition, the *B&NES LPPU: Evidence Base Technical Note: Transport Implications for Bath*, in para. 3.5.6, states the following with reference to the cycling routes for Bath:
- '... the identified cycle routes provide cross-city connections and would be accessible without significant deviation from key desire lines to the city centre and therefore could provide benefits to all sites'.
17. The schemes identified within criterion 8 are city-wide improvements that benefit all sites within the Bath district and, hence, it is 'unjustified' to apportion these improvements solely to the RUH.
18. As stated within the prioritisation and funding section of the LCWIP, the primary sources of funding for these schemes are Local Authority grant funding, the Integrated Transport Block funding, devolved WECA funding for transport and developer funding. The final category of developer funding relates to Local Authority powers to levy funding from developers to mitigate the impact of new developments by use of S106 payments and CIL payments. Hence, the Trust wishes to remind the Council of the tests set out within para. 57 of the NPPF that planning obligations must only be sought where they are shown to be necessary to make the development acceptable in planning terms, directly related to the development, and fairly and reasonably related in scale and kind to the development. The proposed transport requirements as currently worded within criterion 8 of Policy SB18 fail to meet these tests and, as a result, are considered contrary to national policy, failing one of the key tests of soundness (NPPF, para. 35 e). The Trust will be diligent in ensuring that any planning obligations agreed for all new development proposals at RUH meet these tests.
19. The Trust also considers that criterion 8 is an unnecessary duplication of policies that are already with the Local Plan and hence contrary to para. 16 of the NPPF. B&NES LPPU policies ST1, ST2A, ST3, ST7 and the Council's Transport and Development Supplementary Planning Document (SPD) already provide suitable mechanisms for the assessment of active travel and sustainable transport requirements at the planning application stage. Indeed, the Transport & Development SPD sets out a number of new requirements for walking and cycling, including mandatory active travel checklists and audits, both on and off-site, for new development proposals. Hence, there are already suitable mechanisms within the plan to

ensure that developments prioritise and assess walking and cycling needs and propose appropriate solutions where necessary.

20. We consider that there is a lack of justification for including criterion 8 within the RUH site allocation and we challenge the effectiveness of these transport requirement as deliverable through Policy SB18.

Q.32 Is the Policy justified in seeking parking in line with the parking standards in the Transport and Development SPD when this document is not part of the development plan? What is the evidence which underpins the potential requirement for contributions to a residents parking zone?

21. The Trust respectfully request that criterion 9 is deleted as a main modification of the plan as there is no reasonable justifications for its inclusion specifically in the RUH site allocation policy. We consider criterion 9 of the Policy SB18 is an unnecessary duplication of other parts of the Local Plan, particularly the provisions within the Transport & Development SPD.
22. The parking standards set out within the Transport & Development SPD will remain a material consideration in planning decisions, even though this document is not part of the development plan. What the Trust is challenging is the need for these provisions specifically in the RUH site allocation policy.
23. The Trust remains neutral on the specific parking standards set by the Council for developments in land use category C2. Overall, we consider the RUH to need a more nuanced and tailored approach to assessing its car parking needs than the simple application of the Council's parking standards. This is consistent with the approach taken to support the 2015 Estates Strategy, which developed a Car Park Strategy, in tandem with the TA and TP, that was supported by detailed modelling of parking demand and needs based on anticipated growth at the Hospital. A similar approach has been followed to support the long-term version set by the NHP masterplan process, which has included:
- A full audit of existing parking supply for staff and patients & visitors
 - An analysis of parking losses and gains under different masterplan options
 - Travel demand forecasting based on RUH's projected growth rates for inpatients, outpatients and staff over the NHP programme
 - Modelling of arrival and departure profiles in future years to understand parking accumulation on site for both staff and patients & visitors
 - Modelling of demand management measures to identify the most suitable options to manage parking demand on site
 - Identification of parking needs for staff and patients & visitors in future years based on RUH priorities and the above analysis.
24. It is the Trust's hope that the Council will recognise the considerable efforts that the Trust has undertaken to objectively assess long-term parking needs at RUH and to address parking issues in the future. Hence, we maintain that this bespoke approach is the best way to

understand the Hospital's future parking needs and to justify future parking solutions that maximise the efficient use of land at the RUH.

25. The Trust also challenges the need for a criteria within Policy SB18 that requires contributions to a Residents Parking Zone (RPZ) as part of parking solutions for the site. The inclusion of the requirement in criterion 9 lacks reasonable justification based on the evidence presented by the plan and its supporting documentation.
26. The Trust recognises that there may be issues with some staff parking on surrounding public or residential streets, as evidenced by the staff surveys conducted for the Non-patient Travel Plan. However, we would need to undertake further assessments to understand the levels of staff that are parking on streets, where they are parking, for how long and the extent to which this is attributed to the RUH parking issues. Staff parking has been increased in the last few years through the reconfiguration of the main staff car park. This provides additional capacity to accommodate demand. Furthermore, new staff parking permits have been introduced to make them more attractive for flexible working.
27. Parking pressures on the surrounding roads could easily be a function of parking associated with the existing residents, visitors, other working people without on-site parking at their place of work, or parking by persons using the bus services. An Automatic Number Plate Recognition (ANPR) survey was undertaken by B&NES in 2015 in the streets surrounding the Hospital in an area defined as Bath West. The survey indicated a low occupancy of long stay vehicles (greater than 5 hours). This suggests that these were not related to commuting. Furthermore, it showed that greater than 75% of long stay on-street parkers had vehicles registered in the same zone and therefore were unlikely to be Hospital employees.
28. B&NES is undertaking a citywide expansion of the residents parking zones in response to strategic transport matters including indiscriminate parking, parking displacement by the Clean Air Zone and sustainable transport objectives. This is a power that B&NES has as the Local Highway Authority in order to manage parking at a citywide level. B&NES also receives revenue from the operation of such schemes. The Trust does not accept that it is its role to fund, contribute and/or deliver such schemes. RPZs will need political backing from local residents and there remain questions over their deliverability. The RUH should not be held responsible for the delivery of RPZs, which might prove difficult to implement in practice.
29. Parking in the residential streets around the Hospital is already managed through designated parking areas, restricted parking areas (single and double yellow lines) and bus stop clearways. The extension of these arrangements to include RPZs is not a function of the Hospital's activity and should be addressed through the Council's highways programmes.

Conclusion

30. In conclusion, the Trust respectfully request the deletion of criteria Nos. 7-9 from the draft wording of Policy SB18 as main modifications to the plan. For the reasons give above, these

are considered 'unjustified', ineffective in delivery terms and inconsistent with national policy and hence 'unsound' in planning terms.

7th October 2021

[REDACTED]

Planning Policy Team
Lewis House
Manvers Street
Bath
BA1 1JG

jll.co.uk

Emailed to planning_policy@bathnes.gov.uk

Dear Sir or Madam

**BATH AND NORTH EAST SOMERSET LOCAL PLAN PARTIAL UPDATE(LPPU) – PRE-SUBMISSION VERSION
(REGULATION 19) – AUGUST 2021**

On behalf of The Royal United Hospitals Bath NHS Foundation Trust (the “Trust”) we wish to make representations to the Publication draft version of the Bath and North East Somerset Local Plan Partial Update (LPPU), also called the Regulation 19 Pre-submission Draft Plan (August 2021).

The purpose of the Regulation 19 stage of consultation of the Local Plan is to address the following questions (as required by the National Planning Policy Framework, paragraph 35):

- Has the plan been prepared in accordance with all legal and procedural requirements?
- Does the plan meet the prescribed tests of soundness?

These representations specifically relate to the additional policy requirements added to **Policy SB18 – Royal United Hospital** within the Council’s schedule of proposed changes which is challenged (i.e. considered unsound).

As a major stakeholder, healthcare provider and employer within the District and sub-region, the Trust has welcomed the opportunity to positively engage in the formulation and plan preparation process of the B&NES Local Plan update. To date, the Trust has worked proactively, engaging with the Council’s Planning Policy Team in respect of moving forward with their estate planning both in updating their Estate Strategy but also the significant funding opportunities through the New Hospital Programme in delivering community and patient healthcare and strategic health infrastructure requirements.

In summary, while the Trust welcomes the changes made to the supporting text for Policy SB18 (i.e. paragraphs 210-220e) which incorporates the track changes proposed by the Trust within their previous representations, **they object to the six new additional policy requirements that have been added to Policy SB18** in the Regulation 19 Pre-submission Draft Plan. This objection is on the basis that the additional policy requirements (no.4 -9) are unjustified, thereby failing one of the key tests of soundness (paragraph 35 of the NPPF), are an unnecessary duplication of policies that are already within the Plan (paragraph 16 (f), of the NPPF) and are also too prescriptive in detail.

Summary of Proposed Modifications

The proposed changes sought to Policy SB18 in providing a succinct, up-to-date and proportionate policy that supports the RUH’s strategic priorities in delivering healthcare infrastructure investment and provision is set out below. The text underlined is the proposed additional text to be incorporated within the policy wording.

Policy SB18 for 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 and support the Trust in the preparation of the Estate Strategy Update and New Hospitals Programme in delivering strategic healthcare infrastructure to meet existing and future clinical needs.

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. Within this context the council supports the provision (C3) flats of a range of sizes and types, for use primarily by key workers associated with the RUH.

* Delete the additional policy requirements Nos. 4-9 that are considered unjustified and some which unnecessarily duplicate policies already within the plan. This is considered in further detail below.

Overview and Context

Located in Weston, Bath, the Royal United Hospital is a major sub-regional healthcare facility serving over 500,000 people within B&NES, Wiltshire, Somerset and South Gloucestershire. 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).

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 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.

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 including masterplanning.

Policy support and recognition of this significant healthcare investment opportunity should therefore be acknowledged and supported within an updated SB18 Policy in positively preparing an up-to-date plan to reflect and align with the clinical healthcare infrastructure needs of the District.

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.

Engagement and Previous Representations

The Trust has worked proactively with the Council's Planning Policy Team and provided detailed representations that outlines the work streams being progressed in respect of the Clinical Strategy, the updated Estate Strategy and New Hospital Programme. We attach the following RUH representations as background supporting information:

- Bath and North East Somerset - Local Plan Partial Update (April 2020)
- Bath and North East Somerset - Local Plan Partial Update Options Consultation (January 2021)

To ensure the plan is up-to-date and reflects the strategic policies for healthcare and infrastructure provision the above representations provided a tracked changes document to the proposed amendments to existing SB18 Policy.

Broadly the Trust supports the inclusion of the tracked changes made within the supporting text to paragraphs 210-220e and specifically the recognition within para 220d which states "*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 existing SB18 policy within the adopted Placemaking Plan currently has 3 main policy requirements. However within the new Regulation 19 Pre-submission Draft Plan (August 2021) this has increased considerably to 9 policy requirements. As such the Trust strongly objects and challenges the additional six new policy requirements that have been added to the Policy without prior discussion or agreement with the Trust.

The drafting of the additional policy requirements (no.4-9) is also ambiguous in respect that they appear to relate more to potential future development of the Manor House and its immediate surrounds (i.e. the staff accommodation) rather than site-wide new clinical and health infrastructure. They are also highly prescriptive with unnecessary duplication of other policies within the plan.

Furthermore some of the policy requirements are 'unjustified' and not based upon proportionate evidence therefore failing the test of soundness (para 35 of the NPPF).

Reg 19 Local Plan – SB18 Additional Policy Requirements

For the purposes of these representations we consider each of the six additional policy requirements added to Policy SB18 with the appropriate commentary.

Development proposals must:

4. Be informed by a detailed heritage assessment and heritage impact assessment (to include listed buildings, undesignated heritage assets, archaeology, and landscape), both in terms of the specific site and the wider area. The Grade II* Manor House and its setting will require an especially sensitive approach to ensure that its significance is taken into account and both enhanced and better revealed. A heritage-led and contextual approach is therefore required.

Both legislation, the NPPF and existing adopted Development Plan policies address heritage considerations in respect of proposed new development. Therefore adding in this policy requirement is considered unnecessary duplication.

Firstly Section 66 of the Planning (Listed Building and Conservation Areas) Act (1990) states that it is a statutory requirement to have "special regard" to the desirability of preserving a listed building or its setting when assessing the impact of a development proposal. The statutory duties are such that any application planning is required to have due attention to the proposal's impact on the surrounding Listed Buildings, their setting and the adjoining Bath Conservation Area.

Core Strategy Policy B4: The World Heritage Site and its Setting sets a strong presumption against development that will harm the world heritage site.

Core Strategy Policy CP6 – Environmental Quality stipulates that development proposals must be sensitive to the historic environment.

Placemaking Plan Policy HE1: Historic Environment provides an assessment framework for development impacting on heritage assets. Development proposals will be expected to enhance or better reveal its significance and/or setting and make a positive contribution to its character and appearance.

Paragraph 16 of the NPPF specifically states “plans...should avoid unnecessary duplication”.

Furthermore the RUH has supported all major planning applications on site with the appropriate Heritage Statement given the existing legislation and planning policy framework. As such any proposals associated with the Manor House would be accompanied with the necessary heritage assessment to comply with the existing policy framework.

The RUH campus extends to 52 acres and therefore there are areas of the site, and smaller scale scheme or extensions that would not necessarily require a detailed heritage assessment. As such inclusion of the policy is not proportionate and its inclusion is ambiguous i.e. whether it applies to all schemes including minor schemes, or just relates to the Manor House etc.

For the above reasons, and given the existing legislative and policy framework this policy requirement should not be included within Policy SB18.

(5) Deliver biodiversity net gain of at least 10% in accordance with Policy NE3a. Opportunities to deliver 10% biodiversity net gain within the site curtilage, including the former kitchen garden to the north of the Manor House, should be fully explored and tested before any off-site measures are proposed.

This policy requirement repeats draft Policy NE3a Biodiversity Net Gain which is therefore unnecessary duplication – (NPPF, paragraph 16 (f)). Furthermore the wording is ambiguous as to whether this relates solely to the potential staff accommodation scheme identified within the surrounds of the Manor House or site-wide specific.

It is acknowledged the draft Environment Bill, first introduced into Parliament on 15 October 2019, once legislated proposes a 10% mandatory requirement for biodiversity net gain. The Government has also indicated there may be various exemptions for specific development types, including some brownfield sites if they don't contain protected or priority habitats or 'face genuine viability difficulties' and also minor development schemes.

Notwithstanding the comments on unnecessary duplication, the proposed policy wording above should have regard to these potential exemptions to ensure the plan is prepared positively in a way that is both aspirational but also deliverable (NPPF, para 16, b).

6. Provide a minimum of one nest or roost site per residential unit, in the form of integrated bird and bat boxes within new buildings, and/or as standalone features within the public realm, such as bat walls and swift towers. Additional features such as log piles, insect hotels, bee bricks, hedgehog connectivity measures and green and brown roofs / walls are also required.

This specific policy requirement is far too descriptive and its drafting is directed to a potential staff/residential accommodation scheme. Matters of ecology are covered with the legislative requirements (i.e. protected species such as bats) and through existing adopted planning policies i.e. Placemaking Plan Policy NE3: Sites, Species and Habitats seeks to avoid and minimise harm to biodiversity but also requires, based on an assessment of potential harm, the necessary compensatory measures to be secured.

The justification for the specific enhancement measures proposed above does not appear to be based upon a specific assessment of the site nor based upon proportionate evidence. As such, and assessed against the tests of soundness (NPPF, paragraph 35, b) inclusion of this policy requirement is unjustified.

It is important to highlight that 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 including 'Green Space and Biodiversity' and to protect and enhance the natural systems, realising the benefits this brings to the health and wellbeing. This includes preparing a Biodiversity Management Plan and includes engaging with clinicians to establish how the benefits of green space and biodiversity can support care pathways.

Therefore the Trust is fully committed to improving green space and biodiversity within the site however any proposed enhancement measures should be fully assessed and based upon the recommendations of the appropriate evidence base or ecology appraisal.

7. Set out a sustainable transport masterplan for the whole of the RUH site.

As part of the NHP and updated Estate Strategy work an overarching Transport and Travel Strategy for the Hospital is being prepared to set an overall framework. This work is being informed by other workstreams including the Clinical Strategy and assessing demand analysis and capacity. The scope of work includes updating the previous 2015 car Parking Strategy, Travel plan and Transport Assessment. By containing all these elements in one overarching Transport and Travel Strategy, they are linked together e.g. the Travel Plan measures can be inextricably linked to the car parking demand measures. This work is being progressed and will need to align with other RHS strategies.

Again, 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. One of the ten areas of focus includes 'Travel and Logistics' with the Trust committed to improving the approach to travel in a way that is innovative and prioritises sustainable modes of transport that is accessible to all.

To successfully implement a Sustainable Transport Masterplan the Trust however is completely reliant upon the Council and other stakeholders including public transport operators to deliver an appropriate solution outside of the RUH site. The RUH alone will not solve the city's sustainable transport challenges.

Therefore whilst the Trust fully supports the principles of a sustainable transport masterplan this body of work should form part of the new Local Plan preparation in specifically supporting the Updated Estate Strategy and masterplanning, in order not to preclude smaller short term capital projects coming forward in the interim period.

8. Examine the pedestrian and cycle routes between the site and key local facilities, and make appropriate enhancements to ensure that the walking and cycling are the natural choices for local trips. Specific opportunities for investigation and delivery should include, but not be limited to, the following:

- a. Pedestrian improvements at the Weston Lane/Crown Road/High Street junction;**
- b. Pedestrian crossing facilities at the Weston Lane/Combe Park junction;**
- c. Cycle linkages with recently delivered LCWIP improvements through Weston Village; and**
- d. Active travel linkages between the site and the Riverside Path to the south.**

The above policy is firstly highly prescriptive in respect of the specific measures being proposed and 'unjustified' in the absence of the appropriate evidence base or relevant transport impact assessment. As such it fails one of the key tests of soundness (NPPF, para 35 e).

Placemaking Plan Policy ST7: Transport Requirements for Managing Development set out the relevant criteria in assessing the impacts of new development including ensuring highway safety is not prejudiced but also that there is safe and convenient access to and within the site for pedestrians, cyclists and those with a mobility impairment is provided or enhanced.

As outlined above the Trust are fully committed to delivering and enhancing sustainable transport. The Travel Plan and other initiatives seeks to influence, encourage, incentivise and facilitate staff, visitors and patients to travel by sustainable modes working with other stakeholders including the Council, public transport operators, staff reps etc.

However, the RUH, as an NHS provider is non-profit making and responsible for delivering acute treatment and care to the district thereby improving the health and wellbeing of the community.

The above off-site works appear more like a shopping list of highway improvements and should be funded through other sources such as the Council's highways capital programme.

The Trust is happy to provide B&NES with supporting data on staff and patient attendances, survey for travel modes etc, however it is wholly unreasonable to require the Trust to deliver off site highway infrastructure works, outside of their land interests, given the community function and role they provide to the District.

(9) Provide parking for bicycles and cars in line with the parking standards in the Transport and Developments SPD, for both residential and clinical uses. Improved integrated parking solutions and car park management across the site should be investigated to maximise efficient use of land. Contributions to a Residents Parking Zone (RPZ) may be required as part of parking solutions for the site.

The first part of the policy is repetition of existing Development Plan policies and standards with cross reference to the Council's Transport and Developments SPD and therefore unnecessary duplication.

As outlined above, and as part of the Estate Strategy work, the Trust are progressing work on an overarching Transport and Travel Strategy for the Hospital. This includes assessing the potential for parking solutions such as a multi storey or decked car park to maximise the efficient use of land.

The proposal that the Trust should themselves contribute directly to a Resident's Parking Zone is completely unjustified and not fairly or reasonably related to the operation of the hospital. It is not based upon any reasonable alternatives or on proportionate evidence.

Again, the NHS is not a profit making organisation and is responsible for delivering strategic healthcare infrastructure to meet existing and future clinical needs of the community. As such the policy requirement is not justified and therefore fails the test of soundness (paragraph 35, c).

Conclusion

We trust that these representations will be given due consideration by Officers.

Whilst the Trust welcomes the main changes made to the supporting text they would request Officer's review the additional SB18 policy requirements that have been added in this late stage of the process.

The existing adopted policy framework is such that any future developments will be assessed in respect of their impact and the appropriate mitigation having regard to a proportionate evidence base.

Further discussions between the Trust and B&NES in respect of the policy formulation in the preparation of the new Local Plan with the Trust's Updated Estate Strategy and masterplan will be greatly welcomed.

If you require clarification on any matters set out in the above representation, then please do not hesitate to contact me.

Yours faithfully,



Cathy Francis
Director

