



an independent force for a better Bristol

20th December 2018

The Society's response to the outline planning application - 18/04977/P - Trust Headquarters
Marlborough Street

The proposal

Outline planning application by the University Hospitals Bristol (the Trust) to consider access and scale (with appearance, landscaping and layout reserved) for the demolition of all existing structures and the erection of a hospital transport hub, comprising a 400-space Cycle Centre, 820-space hospital-only car park, hospital bus drop-off point and associated works.

Summary

The Society is unable to support the proposal. If the City is to stop the inexorable annual rise of traffic in the city centre the Council faces making difficult decisions that will be unpopular with successive sections of the public. To refuse planning permission to the current application is an example of such an inevitable decision.

The Council must decide whether the public advantage of more short-stay hospital car parking outweighs the public harm that it would cause through increased traffic conflict, congestion and worsened air condition. For several years past, the Council has delivered policies to counter the impact of the car in the centre of the city. It has borrowed and invested in Park and Ride schemes, the Central and Residents' Parking Zones and the Metrobus. The Council is on the threshold of public engagement to produce a clean air strategy following a Government demand to improve air quality in the city centre.

For substantial periods during weekdays the local road network is at capacity and traffic at a standstill. The proposal would attract more private cars into the city centre. Another large multi-storey car park accessed from a non-arterial road is not the right approach, there are alternative courses for the hospital to take to meet its patient access needs.

An outline planning application is not appropriate for an 820-bay car park. Decisions about the landscaping and building façade treatments should not be deferred.

Demolition

The scheme would demolish the current multi-storey car park which can continue to serve its purpose. The scheme would demolish the estate of 36 flats in Eugene Street. These three purpose-built blocks of flats are scarce and valuable affordable key-worker city centre homes. Demolition would be a retrograde action when the Council's Core Strategy housing policy aims to build 7,200 new homes in the city centre before 2026. The state of disrepair of these blocks is a consequence of the Trust's neglect. The loss of these buildings may be particularly regretted if multi-storey car parks become rapidly obsolescent. This is an era when everything points towards autonomous vehicle transport integration.

Parking facilities near the Hospital

The Trust offers public parking under St. Michael's Hospital and limited concessionary parking at the Oncology Centre. Because the Trust does not propose change to these provisions, the Society does not consider them further. The Trust proposes to close the 36-bay car park on Marlborough Hill and to demolish the 120-bay Marlborough Street multi-storey car park. There is nearby public parking in city centre multi-storey car parks. Cabot Circus car park has a hospital link bus service. There are few on street pay-parking bays in the Central Parking and Kingsdown Residents' Parking Zones. The Society suggests that the Trust's adverse comparison of its parking capacity against hospitals of a similar size leads to a false conclusion. The setting of most hospitals built in the second half of the 20th century is suburban. A better comparison would be older, city centre hospitals. Simple research shows that many city centre hospitals have not attempted to raise their parking provision in an attempt to provide comprehensive patient/visitor car access and have instead developed bespoke hospital access park and ride schemes.

The impact of a replacement 820 place multi-storey car park on the local road network

The Trust says that its proposal would increase the net car parking capacity by 628. The new car park would be exclusively available to out-patients/visitors. The Trust calculates that the new car park could attract 2135 patients and 507 visitors per day. For each arrival there would be a departure. The total number of patients and visitors would generate a total of 5,342 traffic movements through the Montague Hill / Dighton Street junction, the Dighton Street / Marlborough Street junction and the Jamaica Street / Stokes Croft junction. To calculate the additional traffic movements on the local road system that the added 628 parking spaces would generate it would be necessary to deduct the current parking use which includes off-site and on-site parking. This figure is probably impossible to calculate. However, the pro rata increase in on-site parking availability is certain to attract more private cars into the city

centre and add considerably more traffic and pollution on the city centre. The Trust intends to end staff use of the existing multi-storey car park which would be the only relief (150 bays x 2) to offset the 5,342 traffic movements. At peak travel times the Trust's proposal would create appalling congestion in the Marlborough Street Upper Maudlin Street corridor. Whether the Trust contracts the car park management to a car park operator or operates the car park itself it will be a financial necessity to maximise the car park's use.

The Trust's claim that the MSCP would not increase net private car traffic in the city centre is misleading because the Trust asks the wrong question. It asks, 'Would the MSCP generate more hospital related car journeys in the centre of the city?' The correct question is, 'Would the MSCP generate more traffic in the Marlborough Street Upper Maudlin Street corridor?' The Trust's proposal would concentrate all hospital private car access traffic onto the Marlborough Street corridor. Currently few patients who use on-street parking bays or city centre multi-storey car parks need to drive private cars along the Marlborough Street Upper Maudlin Street corridor.

The roads that serve the car park are Marlborough Street (both directions) and Stokes Croft leading through Jamaica and Dighton Streets (the local road network). The Trust has produced figures that seek to minimise the impact of the additional car movement at the times of peak road usage. The Trust's traffic report fails to acknowledge that during peak road usage traffic on the local road system is frequently at a standstill with long tail-backs in all directions. The closure of the Marlborough Hill open air car park would not mitigate the increase of parking spaces. Access to the Marlborough Hill car park does not use the same local road network. Out-patients/visitors who use other city centre car parks reach their parking along major routes that do not require the use of the local road network. Traffic flow through all the junctions in the local road network is light controlled. Traffic travelling down Stokes Croft must turn right across the oncoming traffic. Traffic approaching up Marlborough Street from the Horsefair must also turn right across oncoming traffic. The junction between Dighton Street and Marlborough Hill is uncontrolled and often congested. Marlborough Street is one of the city's most congested streets.

Planning policy

It is not profitable to recite the National and local planning and traffic management policies that are extensively quoted in the Trust's documents and well understood by officers.

The strategic questions

- Is a new city centre, 820-bay, short-stay car park acceptable having regard to the position of the car park in the hierarchy of vehicular routes and the desirability of reducing car use in favour of more sustainable modes of transport?
- Would the provision of more short-stay hospital car parking outweigh the harm that it would cause to the local road network by increased traffic conflict, congestion and

acutely, when the local road network is at capacity and traffic at a standstill, worsened air condition?

The city centre road system has no flexibility. Any traffic mishap leads to hours of congestion, bus services are at a standstill and thousands of residents are frustrated. It is an axiom that National and local planning policies attempt to remedy chronic urban traffic congestion by discouraging development that attracts cars into city centres.

Officers will have to assess the impact of a substantial increase of private car movements on the local road network. These are the critical questions:

- The impact of the largest flow of arriving patients at the morning traffic peak.
- The volume of traffic flowing between the Triangle to the Horsefair and between Cheltenham Road to the Horsefair at peak hours.
- The hourly vehicle capacity of the several light controlled junctions and the numbers of vehicles currently using those junctions at critical periods on week-days.

Bristol is one of the most heavily congested core cities and has some of the poorest air quality in the UK in its city centre. To deliver the policy to reduce the need to travel by private car the City has invested heavily in public transport schemes, Residents' Parking Zones and plans further Park and Ride destinations.

It is surprising that a Health Authority does not recognise how its action would harm public health. Thousands of pedestrians and cyclists use Marlborough Street Upper Maudlin Street daily.

The Government demands that core cities improve their air quality for compelling public health reasons. The Council's annual air quality audit shows the air quality in the Marlborough Street Upper Maudlin Street corridor to be chronically below standard with NO₂ levels among the highest in the city. Substantial, additional private car movements would degrade the air quality further. At peak times and at other times traffic in the Marlborough Street Upper Maudlin Street corridor is stationary. Static traffic in Marlborough Street aggravates congestion at the light-controlled junctions at Marlborough Street / Dighton Street and Jamaica Street / Stokes Croft. Stokes Croft is another arterial route with chronically sub-standard air quality. At all times during working hours the concentration of particulates in the Marlborough Street Upper Maudlin Street corridor is unpleasant for pedestrians, cyclists and vehicle drivers.

The public realm

The construction of a new left filter lane on the north of Marlborough Street to improve the access for east bound traffic turning into Dighton Street would seriously harm and degrade the character of the area. In addition to the loss of welcome green space the wider road would be an additional obstacle for pedestrians. Altering traffic light sequences to improve the traffic using the car park would give private cars priority over the pedestrians who cross

at light-controlled crossings contrary to Policy BCS10. The construction of major new student halls of residence has substantially increased the pedestrian flows along the local road network. There are more major developments of student accommodation in the area under construction or proceeding through planning. This student population walks or cycles along Marlborough Street to attend the University at peak traffic periods.

An alternative approach to patient access

The Trust overstates the advantages that the new car park would deliver. For users of public transport, the bus station and the Transport Hub are the same distance from the hospital entrances. The HUB bus service stops close to the bus station.

For users of private cars, the Trust has undertaken an extensive exercise of public engagement to demonstrate the demand for better parking facilities. The outcome is no surprise, everyone would always like to be able to travel by private car and park at their destination particularly if they require medical treatment, but this would be to the significant disadvantage to the multitude of pedestrians and cyclists who would be living through the additional pollution.

Options open to the Trust if planning consent is refused

Retaining the Marlborough Street car park

The on-site Marlborough Street car park is currently used for staff. The Society suggests that it is not the correct solution to exclude patient parking, including disabled patients from this car park. If staff car parking were to be reallocated to other city centre car parks this would enable the Trust to offer priority patient car parking. The car parks at Trenchard Street, St. James Barton, Cabot Circus, the West End, Nelson Street and Rupert Street offer block contract parking. None of these car parks are an inconvenient distance from the hospital.

Creating or improving a bespoke hospital car and ride service

There is difficult patient access to many city centre hospitals. Hospitals in London have never had on-site parking. An alternative approach, which could be achieved more quickly and with a lower financial risk would be to improve and promote the HUB bus, park and ride service. An example of one hospital that has taken this course is the Royal Hampshire County Hospital in Winchester which strongly promotes its hospital dedicated park ride access in its patient access documentation. The Devon and Exeter offers a similar bespoke Park and Ride service as to other city centre hospitals.

The HUB bus stops at the Cabot Circus multi-storey car park. The Society is aware that the street side electronic car park capacity indicators generally show significant vacant space at Cabot Circus and other multi-storey car parks. The proposed Transport Hub would have a stop for the HUB bus service. It is difficult to see a disadvantage for patients and visitors' if they join the HUB bus at the Cabot Circus. The Society suggests that the Trust could offer

space to patients and visitors in contract parking areas. The Trust could recover its expense from parking charges. The Trenchard Street car park is closer to the hospital entrances than is the Transport Hub.

The recent experience of the redevelopment of Southmead Hospital shows that the Trust cannot provide on-site parking for all its out-patients and visitors. It is probable that should the new car park be built, the Trust will continue to receive complaints that public car parking is inadequate and that access by private car, problematic.

Conclusion

The proposal should be refused because it conflicts with National and local planning policy.

- 1 The Trust has carried forward a long-standing aspiration from an earlier, transport dominated planning regime without recognising the international movement to reduce traffic in city centres.
- 2 The total car parking the city centre is adequate. A proposal to increase private car traffic in the city centre would be retrogressive. The proposal would attract more private cars, increase congestion and pollution.
- 3 The proposal conflicts with National policy to restrict traffic growth in urban centres and the Government's demand that the core cities improve their air quality for compelling public health reasons.
- 4 The proposal conflicts with the joint transport plan which is being developed to deal with transport at the sub regional level and the emerging Bristol City Centre Movement Strategy.
- 5 There are alternative approaches to address the Trust's parking need which do not involve the high capital and running costs of the proposal.
- 6 The loss of a purpose-built estate of 36 affordable key worker rented flats close to the hospital would be a major planning loss. The Trust makes no provision to replace or mitigate the loss of this socially critical accommodation. The trust has degraded these properties through lack of maintenance. Their 2009 purchase from the Council is not a planning consideration.