

UHB NHS FOUNDATION TRUST

Proposed Hospital Transport Hub, Bristol Royal Infirmary

Appeal Statement



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Contents

1 Introduction.....	1
2 Background to the Appeal.....	3
3 Relevant Planning Policy.....	13
4 The Appellant's Case.....	18
5 Overall Conclusions.....	30

1. INTRODUCTION

1.1 Basis for Preparing this Statement

1.1.1 This Appeal Statement has been prepared on behalf of University Hospitals Bristol NHS Foundation Trust (UHB) in support of a planning appeal under Section 78 of the Town and Country Planning Act 1990 against the decision of Bristol City Council (the Local Planning Authority (LPA)) on 18 March 2019 to refuse outline planning permission (LPA Ref: 18/04977/P) for the demolition of all existing structures and the erection of a new hospital Transport Hub, comprising a 400 space cycle centre, an 820 space hospital-only car park, a hospital bus drop-off point, and associated works (all matters reserved except for access & scale) on land at Montague Hill South/Eugene Street/Marlborough Hill, Bristol.

1.1.2 This statement should be read alongside the other separately submitted appeal statements relating to:

- Air Quality
- Built Heritage
- Transport, Access and Car Parking
- Daylight & Sunlight

1.1.3 It should also be read alongside the documents that formed the application submission to the LPA.

1.1.4 The full description of development is as follows:

"Outline planning application 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.

1.1.5 It will be noted by the Inspector that the planning application was accompanied by an extensive suite of technical information relating to various planning matters. This included an Air Quality Assessment, Ecological Assessment, Sustainability Statement, Design and Access Statement, Statement of Community Involvement, Built Heritage Statement, Arboricultural Assessment, Archaeological Deskbased Assessment, and a Transport Assessment.

1.1.6 This Appeal Statement (along with the other separately submitted statements) addresses the six reasons for refusal given by the LPA, on the basis that the application proposals were considered acceptable by the LPA on all other planning grounds.

1.1.7 The statement provides a description of the subject site and then outlines the background to the appeal. The appeal proposal is then discussed, followed by a summary of the relevant planning policy. Finally, the reasons for the application's refusal are assessed, with cross-reference made to the other submitted statements.

1.2 Statement Content

1.2.1 This statement is structured as follows:

- Section 2: sets out the background to the appeal
- Section 3: summarises the relevant planning policy context
- Section 4: provides an assessment of, and response to, the LPA's six reasons for refusal
- Section 5: sets out the overall conclusions

2 BACKGROUND TO THE APPEAL

2.1 Appeal Site

- 2.1.1 The appeal site is roughly L-shaped and, given its location on the lower slopes of Kingsdown, is steeply graded with the highest point towards the north-west and lowest point towards the south-east. It measures about 0.77ha in area.
- 2.1.2 The site is located on land bound by Marlborough Hill, Montague Hill South and Eugene Street, Kingsdown, Bristol. This primarily contains three blocks of interwar flats (Marlborough Flats, Eugene Flats and Montague Flats) and an existing multi-storey car park in the south part, on land bound by Eugene Street, Marlborough Street and Dighton Street. This car park is attached to the UHB Headquarters located immediately to the west.
- 2.1.3 The area immediately surrounding the site is characterised by medium to large-scale hospital buildings, as well as predominantly residential development to the east.
- 2.1.4 Immediately to the east is Montague Court, a 3-4 storey residential block with a grey blockwork finish and asymmetric pitched roofs. It is set back from the road with undercroft parking and is largely screened at low level by an older stonework (limestone with brick patching) wall bordering the road (Montague Hill South).
- 2.1.5 There are no designated heritage assets located within the application site.
- 2.1.6 There are a number of listed buildings located in relatively close proximity, with the closest being the grade II listed Nos. 1-4 Marlborough Hill Place (NHLE: 1282222) to the north-west of the site and No. 2 Dighton Street (Montague Court) (NHLE: 1282293) to the north-east.
- 2.1.7 The application site is not located within a conservation area but is close to the south-east boundary of the Kingsdown Conservation Area and the south-west boundary of the Stokes Croft Conservation Area.
- 2.1.8 In terms of non-designated heritage assets, at the time of submitting the planning application there were no locally listed buildings located within the application site. However, during the process of determining the planning application the three blocks of interwar flats within the application site were added to the LPA's "The Bristol Local List".

2.1.9 There are a number of other locally listed buildings located in relatively close proximity, including parts of the Bristol Royal Infirmary (King Edward VII Memorial Hospital) to the south-west of the site and Nos. 2 and 8 Princess Row to the north-east of the site.

2.1.10 The site is located within an Air Quality Management Area and within Flood Zone 1.

2.2 Rationale for the Appeal Proposal

2.2.1 Some 974,000 attendances were generated by the health and care services on the UHB estate in 2016/17. This number is growing at 3-4% each year but the availability of car parking available at the seven small UHB car parks is insufficient to meet the demands of medical necessity for those people who need close-by parking. UHB currently has 300 car park spaces for patients and visitors.

2.2.2 Bristol City Council's adopted parking standards for hospitals suggests that the patient/visitor parking provision for the hospital campus should be about 2,000 spaces based on the existing hospital. Even if you factor in some reduction for the city centre location, given that public transport may be an option for some non-medical necessity visitors, the parking standards indicate a shortfall of more than 1,000 spaces.

2.2.3 There are notable impacts of UHB patients trying to park in the same few spaces in UHB's crowded car parks and negotiating narrow, largely residential, streets to find an alternative which causes congestion.

2.2.4 UHB has extensive patient feedback that there is a lack of parking on the hospital site, particularly for those people who need close-by parking as a medical necessity. Some patients are arriving late to, and even missing, appointments, which has a knock-on effect in terms of their care, other patients and the efficient running of the hospital.

2.2.5 During medical treatments, appointments or visits the challenge of finding a car parking space creates substantial stress for patients who need parking as a medical necessity.

2.2.6 Visitors and patients sometimes must use on-street parking spaces close to traders along Perry Road, Colston Street, Lower Park Row and St. Michaels Hill. The situation also forces vehicles to

park on yellow lines as a last resort, often leading to fines. More than 5% of Penalty Charge Notices issued by Bristol City Council cover the 40 surrounding streets around the hospital.

- 2.2.7 Pay and Display in residential parking zones which is used by patients leads to a squeeze on the spaces available to permit holders.
- 2.2.8 UHB's updated Travel Plan seeks to balance different methods of transport to access its services for patients, visitors and staff. The Travel Plan considers the connections that the UHB estate has with public transport (e.g. MetroBus), walking and cycling routes, and proximity to non-UHB owned car parks, such as Trenchard Street.
- 2.2.9 But UHB's services provide for a range of needs for patients who travel a significant distance and need to stay at the hospital for a long period of time. For example, the hospital is a regional centre for paediatric burns and brain injury, cancer and adult cardiac services and the Children's Hospital.
- 2.2.10 Furthermore, many of its patients are frail and unwell. Public transport for these patient groups is often inappropriate and inconvenient. They require nearby car parking out of medical necessity and currently often find it difficult to access a convenient space.
- 2.2.11 A significant, but not only, part of its plans to address these challenges is the new Hospital Transport Hub the subject of this outline planning application.
- 2.2.12 An assessment against the Council's own parking standards suggests total parking provision of up to 2,000 spaces could be acceptable based on the existing hospital size. Furthermore, a benchmarking exercise against hospitals of similar sizes indicated car parking provision of between 2,500 and 6,000 spaces, with an average of about 3,900.
- 2.2.13 However, the emphasis in UHB's Travel Plan on sustainable modes of transport, and its assessment of future patient numbers, means the number UHB is proposing is a figure which is significantly lower by any measure.
- 2.2.14 At the same time, a 100% increase in cycle parking provision is being proposed within the new Transport Hub, as well as vastly improved changing facilities and other supporting facilities. This

will assist in addressing the issue of much of the public cycle parking facilities around the hospital precinct being used by staff, given how many cycle to work. Public spaces will be freed up for non-staff use.

- 2.2.15 Indeed, whilst 820 car parking spaces are being proposed 192 spaces will be lost through the development proposals and there is only a net increase of 628 compared with the existing position.
- 2.2.16 It is also noteworthy that UHB's Estate Strategy 2015-2020 (which has been shared with both the Council and other local stakeholders/community groups) indicated a proposal to create additional parking spaces of about 1,300.
- 2.2.17 However, it was also stated that all alternative options would be reviewed and this subsequent robust assessment has led to a proposal which includes a 400-space cycle facility, a new bus drop-off point and an increase in car parking provision of just 628 (i.e. 100% less than first stated).
- 2.2.18 UHB continues to proactively encourage patients and visitors to use sustainable means of travelling to the hospital precinct. It has implemented a precinct-wide Travel Plan for many years and it has been reviewed and updated in support of the current proposals. However, UHB research indicates that 32% of those who drive to the hospital do so for a medical reason.
- 2.2.19 This applies both to patients who live locally and those from further afield. As noted above, those people who travel long distances to the hospitals' specialist regional services, like child burns and brain injuries, rheumatology and oncology, often also find it very difficult to use public transport for their journey.
- 2.2.20 There are growing patient numbers, both locally and with UHB designated as a regional centre for children's trauma services and some cancer and cardiac treatments. Improved access for these patients with specific medical needs is required, alongside UHB's Travel Plan measures.
- 2.2.21 A comprehensive assessment of patient and visitor requirements, including those that require nearby parking out of medical necessity, led to the conclusion that a net increase in on-site car

parking of 628 spaces for short stay parking would appropriately balance the needs of those with a medical necessity against encouraging less sustainable modes of travel.

2.2.22 The new Transport Hub would make it easier for patients and visitors to find a parking space and will reduce the need for drop-offs on the surrounding busy roads.

2.2.23 The car parking element would not result in any more vehicles on the network than currently exist, as there would be no change in hospital activity levels. It is hospital appointments and visitors that generate traffic. In practice, the car park is likely to reduce the number of movements. This is because it would largely remove the need for people to drive around the local area looking for a parking space as they would be able to head straight to the car park.

2.2.24 It is acknowledged that changes to the highway are likely to be required to accommodate the extra traffic flows close to the entrance of the car park. This will be subject to further detailed discussion but it is expected that improvements will be required such as, for example, widening Montague Hill South, including for pedestrians – e.g. upgraded pavements and tactile surfaces.

2.2.25 UHB has met with First Bus who have agreed to collaborate to consider how public transport services can be more joined-up with the hub when open.

2.2.26 The car parking would only be available for patients, visitors and a proportion of staff. Technology will be used, such as barcodes on appointment letters, to restrict public access. Charges would be the same as for current car parks on the site and would repay the capital cost of the Transport Hub over 15 years. UHB would make no profit. The hub would just cover its costs. The three car parks to be closed are currently open to the general public.

2.2.27 The closure and demolition of the existing car park adjacent to Trust HQ will release estate in a constrained precinct that could support further development of clinical services requiring expansion, such as cardiology, oncology, dermatology. This strategy is consistent with Council planning policies which seek to focus new hospital developments within the defined precinct, with hospital development outside of the precinct only supported where special circumstances exist.

- 2.2.28 The existing multi-storey car park adjacent to UHB's HQ will be demolished. The spaces lost from the demolition of the car park are re-provided within the new hub, hence why the 820 spaces proposed is not a gross increase.
- 2.2.29 The Trust will continue to encourage patients and visitors travelling to its hospitals to use the bus, cycle or walk. However, this is just not practical for those with certain medical conditions, hence the requirement for the additional car parking.

2.3 Community Engagement

- 2.3.1 UHB undertook an extensive engagement programme with the local community and stakeholders in connection with the Hospital Transport Hub proposals, including a public exhibition and meetings with senior councillors and community groups in Bristol.
- 2.3.2 The project team involved in the engagement process consisted of both technical and communications professionals who communicated the emerging plans and engaged with the community and stakeholders through briefings and a public exhibition.
- 2.3.3 The engagement process took into consideration the engagement requirements of the Council. Government legislation has stipulated the importance of active engagement with the local community as part of the pre-application process.
- 2.3.4 The National Planning Policy Framework states that a local planning authority:
- "(W)here they think this would be beneficial, encourage any applicants who are not already required to do so by law to engage with the local community and, where relevant, with statutory and non-statutory consultees, before submitting their applications."*
- 2.3.5 In addition, Bristol City Council's Statement of Community Involvement states that for major applications, applicants should seek to engage with the community before submitting their application:
- "Discuss proposal with neighbours and other nearby occupiers/owners of properties/land at earliest possible stage in developing the proposal."*
- "Reasonable attempts should be made by prospective planning applicants and/or the council to ensure that a representative cross-section of the community is invited to the same community involvement event(s) to ensure that all participants are aware of each*

other's views. Where community groups or individuals are unable to attend events but nevertheless wish to participate, engagement by written dialogue should be pursued."

2.3.6 UHB and its project team used the Council's requirements to guide public and stakeholder engagement activity which included:

- A public exhibition to raise awareness about the proposal;
- Widespread notification of the public exhibition to encourage attendance and the opportunity for people to comment prior to submission;
- Meeting with key stakeholders, such as patients' groups and ward councillors, to ascertain their views at an early stage;
- Keeping residents of the Eugene Street flats fully engaged and updated; and
- Engagement with the local media to enhance awareness amongst the wider public.

2.3.7 The consultation exercise undertaken showed that the principle of the development was supported by much of the community and stakeholders, with a tenth of respondents being against the scheme.

2.3.8 A full Statement of Community Involvement, prepared by JBP, accompanied the outline planning application and forms part of the appeal documents. It describes in detail the engagement undertaken with the local community and stakeholders.

2.4 Pre-Application Dialogue with LPA

2.4.1 Pre-application dialogue was undertaken with the LPA and the focus of discussions was primarily relating to the principle of the proposed development, rather than any scheme detail. This was in part due to the nature of the outline application being proposed, where much detail will be for the reserved matters stage.

2.4.2 A pre-application submission was made in 2016 and the Council responded in a letter dated 11 April 2016. A copy of the Council's letter is included with the appeal documents.

2.4.3 The letter essentially set out the planning policy context against which the application would be judged and the key planning issues that would need to be addressed at the outline planning application stage.

- 2.4.4 The written response did not reach any clear conclusions on the acceptability or not of the appeal proposal but rather noted that *'there are finely balanced issues at stake with this proposal'* and that the applicant needed to make the case against planning policy provisions.
- 2.4.5 After receipt of the pre-application response much technical work and community engagement was undertaken leading up to the submission of the outline application.

2.5 Appeal Proposals

- 2.5.1 The appeal proposals seek outline planning permission for the demolition of all existing structures and the erection of a new hospital Transport Hub, comprising a 400-space cycle centre, an 820 space hospital-only car park, a hospital bus drop-off point, and associated works.
- 2.5.2 All detailed matters were reserved for future consideration apart from means of access and scale, which formed part of the application.
- 2.5.3 Whilst the application was in outline form, the following elements will be provided as part of the Transport Hub:
- a 400-space secure bicycle hub for staff use, including changing/drying rooms, bike storage and cycle maintenance areas, and facilities for oversize bikes and battery-assisted bikes
 - 820 car parking spaces across seven floors, including disabled spaces and 'active' electric vehicle charging spaces
 - the closure of 192 existing parking spaces
 - a new shuttle bus stop, linking the Transport Hub to other areas of the hospital
 - patient, visitor and staff WC facilities
 - on-site staff facilities, including an office, cleaning spaces and a welfare station
 - a fully staffed reception area and lobby where visitors can seek assistance with wayfinding or parking issues upon arrival at the hospital
 - upgrades to the surrounding public realm, including a new landscaped amenity space and improvements to the Marlborough Hill steps

2.6 LPA's Decision

2.6.1 The outline application was considered by Development Control Committee B on 13 March 2019.

2.6.2 The Committee resolved (on a 5-4 vote) to refuse outline planning permission as follows:

1. The application proposes excessive and unjustified levels of parking within the City Centre and puts forward no mechanism by which to secure the closure of car parks outside the site. It fails to adequately demonstrate that the impact on the surrounding highway network will not be severe with regard to safe and effective movement within the highway network for all users. Furthermore, the proposals fail to demonstrate safe and adequate access onto local highway network. The proposal would therefore be an unsustainable development and would give rise to congestion and resultant unacceptable impacts on highway safety, and a loss of amenity, without commensurate mitigation. It is therefore contrary to NPPF, BCS10, BCS11, BCS13, BCS21, DM27, BCAP29, BCAP30, BCAP34 and BCAP43.

2. The proposal would worsen air quality in an area proven to have already high concentrations of pollutants, with no commensurate mitigation. This in turn would prevent the Council from fulfilling its legal obligations of reducing nitrogen dioxide to below the legal maximum in the shortest time possible and would fail to safeguard the amenity and wellbeing of nearby occupiers and other users of the area. The development is therefore contrary to the NPPF, Core Strategy policy BCS21, BCS23, and SADMP policy DM33.

3. The proposed loss of 36 family sized houses in a sustainable city centre location is unjustified, and with no satisfactory benefit being proposed as mitigation for the loss, is contrary to the NPPF and Core Strategy policy BCS5.

4. The proposal would result in substantial harm through total loss of a series of three Locally Listed buildings as non-designated heritage assets, and harm to the setting of the Grade II Listed Building at 2 Dighton Street and harm to the Kingsdown conservation area. The degree of harm would not be outweighed by any proportionate public benefit. The building would appear unduly prominent in key townscape views, which, at the scale proposed would be unable to be mitigated through detailed design work. The proposal is therefore contrary to the Planning (Listed Buildings and Conservation Areas) Act 1990, the NPPF, policies BCS21, BCS22, DM26, DM27, DM28, DM30 and DM31.

5. The proposal would result in the removal of a number of trees, which offer amenity value to the streetscene, and this loss is not mitigated by a tree replacement plan using the Bristol Tree Replacement Strategy. The application therefore fails to mitigate for the loss of existing green infrastructure, contrary to the NPPF, BCS9 of the Core Strategy 2011, DM17 of Site Allocations and Development Management Policies 2014 and BCAP25 of the Bristol Central Area Plan 2015.

6. The application fails to demonstrate through proper assessment that there would be no loss of Daylight or Sunlight to nearby residential properties (particularly those on Marlborough Hill South), therefore it is likely that a loss of amenity would be inflicted in this regard. The application is therefore contrary to the NPPF, BCS21 of the Core Strategy and DM27 of SADMP.

2.6.3 The committee report, committee minutes and the notice of decision have all been provided.

3 RELEVANT PLANNING POLICY

3.1 Introduction

3.1.1 Section 38(6) of the Planning and Compulsory Purchase Act 2004 requires that planning applications be determined in accordance with the 'development plan' unless material considerations indicate otherwise.

3.2 Development Plan

3.2.1 The Development Plan for Bristol currently comprises:

- Bristol Development Framework Core Strategy (adopted June 2011)
- Site Allocations and Development Management Policies (Adopted July 2014)
- Bristol Central Area Plan (Adopted March 2015)

3.3 Core Strategy

3.3.1 The Core Strategy was adopted in June 2011 and presents a long-term vision for how Bristol is to develop. The document sets out a number of strategic objectives and delivery strategies for Bristol.

3.3.2 The following policies, in summary, are of relevance to these proposals:

- Policy BCS2 supports a continuing consolidation and expansion of the Bristol Royal Infirmary.
- Policy BCS10 relates to transport infrastructure and supports developments that contribute to an integrated transport system which improves accessibility and supports proposed levels of development. It sets out a hierarchy for considering development proposals focussing first on pedestrians/cyclists/public transport, then access for commercial vehicles and short stay visitors, with the private car last.
- Policy BCS13 requires development to contribute to both mitigating and adapting to climate change, and to meeting targets to reduce CO2 emissions.
- Policy BCS15 requires sustainable design and construction to be integral to new development and sets out various issues to be addressed through planning submissions.

- Policy BCS20 states that new development should maximise opportunities to re-use previously developed land.
- Policy BCS21 states that new development should deliver high quality urban design and sets out a number of design criteria that development should respond to.
- Policy BCS22 requires development proposals to safeguard or enhance heritage assets and the character and setting of areas of acknowledged importance.
- Policy BCS23 seeks to locate development, and design it, so as to avoid adverse environmental effects, such as from dust, noise, vibration, smell, light, air, land and water pollution.

3.4 Site Allocations & Development Management Policies

3.4.1 The following Site Allocations and Development Management Policies are, in summary, relevant to the application proposals:

- Policy DM14 states that development should contribute to reducing the causes of ill health, improving health and reducing health inequalities through a variety of means, including by providing good access to health facilities and services.
- Policy DM17 requires appropriate mitigation for the loss of trees where their loss is essential to allow for appropriate development.
- Policy DM23 relates to transport development management considerations and states that development should not give rise to unacceptable traffic conditions. Development should provide for, inter alia, safe access for all sections of the community, adequate access to public transport and enhanced pedestrian/cyclist facilities. Policy DM23 also states that safe, secure, accessible and usable parking should be provided having regard to the Council's parking standards.
- Policies DM26 and DM27 set out various urban design principles to steer the design, layout and form of new development.
- Policy DM28 requires new development to create or contribute to a safe, attractive, high quality, inclusive and legible public realm.
- Policy DM29 requires new buildings to be designed to a high standard of quality, responding appropriately to their importance and reflecting their role and function.

- Policy DM31 states that development that has an impact upon a heritage asset will be expected to conserve and, where appropriate, enhance the asset or its setting.
- Policy DM33 states that development that has the potential for significant emissions to the detriment of air quality, particularly in designated Air Quality Management Areas, should include an appropriate scheme of mitigation which may take the form of on-site measures or, where appropriate, a financial contribution to off-site measures. Development in designated Air Quality Management Areas should take account of existing air pollution and include measures to mitigate its impact on future occupiers where possible and consistent with other policies of the development plan such as those on climate change and urban design.

3.5 Bristol Central Area Plan

3.5.1 The following Bristol Central Area Plan Policies are, in summary, relevant to the application proposals:

- Policy BCAP11 states that the Hospital Precinct shown on the Policies Map will be developed for healthcare and ancillary uses associated with the University Hospitals Bristol Trust. The development of new facilities or the redevelopment and renewal of existing facilities will be encouraged. Development that would impede the consolidation and expansion of hospital facilities within the precinct will not be permitted.
- Policy BCAP29 states that although the Council wishes to encourage the use of more sustainable means of transport such as cycling and walking, retaining an element of public car parking, particularly short-stay parking, has an important role to play in supporting the city centre. It further states that new long stay public car parking will not generally be encouraged. The Policy confirms that the parking standards set out in the SADMP will be applied but where appropriate a lower level than the maximum standard will be sought. Proposals for short-stay car parking will be considered on a case by case basis having regard to the nature and requirements of the proposed development, the position of the site in the hierarchy of vehicular routes and the desirability of reducing car use in favour of more sustainable modes of transport.
- Policy BCAP43 states that development within the St Michael's neighbourhood should respond to the topography of the area through its design and that a flexible approach will be taken to redevelopment of sites within the hospital precinct, although higher standards of urban design will continue to be sought.

It is noted that within the hospital precinct a wide range of building styles and scales will be acceptable, although regard should be had to potential impacts on the skyline and historic environment. Opportunities should be taken to increase the accessibility of the precinct and to improve the public realm.

3.6 Other Material Considerations – Local Plan Review

- 3.6.1 The Council has consulted on a new Local Plan which will set out how Bristol will develop over the next twenty years.
- 3.6.2 The new Local Plan remains in its early stages and, in accordance with the provisions of the NPPF can be afforded little weight in the decision-making process at the current time. In any case, the primary policies of relevance remain those contained within the 'development plan'.
- 3.6.3 Notwithstanding the above, the consultation was accompanied by a schedule of those existing policies which the Council propose to retain unchanged, and these include Policy BCAP11: University and Hospital Development.

3.7 Other Material Considerations – NPPF

- 3.7.1 The National Planning Policy Framework (NPPF) sets out the Government's planning policies for England and how these should be applied. The following NPPF provisions are of primary relevance here:
- Planning decisions should take account of local strategies to improve access to health facilities for all sectors of the community
 - In assessing planning applications, it should be ensured that:
 - a) appropriate opportunities to promote sustainable transport modes can be – or have been – taken up, given the type of development and its location;
 - b) safe and suitable access to the site can be achieved for all users; and
 - c) any significant impacts from the development on the transport network (in terms of capacity and congestion), or on highway safety, can be cost effectively mitigated to an acceptable degree.
 - Development should only be prevented or refused on highways grounds if there would be an unacceptable impact on highway safety, or the residual cumulative impacts on the road network would be severe.

- Applications for development should address the needs of people with disabilities and reduced mobility in relation to all modes of transport.
- In determining applications, local planning authorities should require an applicant to describe the significance of any heritage assets affected, including any contribution made by their setting. The level of detail should be proportionate to the assets' importance and no more than is sufficient to understand the potential impact of the proposal on their significance.
 - Where a development proposal will lead to less than substantial harm to the significance of a designated heritage asset, this harm should be weighed against the public benefits of the proposal including.

4 THE APPELLANT'S CASE

4.1 Introduction

4.1.1 This section of the statement sets out the appellant's case relating to the Council's reasons for refusal and provides analysis to explain why the appeal should be allowed. It cross refers to, and should be read alongside, the other four statements relating to air quality, built heritage, daylight and sunlight, and transport, access and car parking.

4.2 Reason 1 – Transport, Access & Car Parking

4.2.1 The Council's first reason for refusal is primarily addressed within the separately submitted Appeal Statement covering transport, highways and parking matters.

4.2.2 This statement concludes that the Transport Hub proposals are compliant with national and local policy and the analysis has shown that the severity test to the residual transport impacts identified in the NPPF is met by the following:

- The Transport Hub accommodates traffic that needs to park close to UHB facilities which otherwise currently circulates the local highway network. The current UHB provision is substantially below what would be accepted through policy and even with the number of spaces proposed for the car park the total number of spaces provided for UHB will still be less than the maximum number of spaces permitted through policy.
- As the Transport Hub does not generate new vehicle trips, there is no additional, adverse impact of traffic on the strategic highway network. The Council has previously confirmed its acceptance of the principle that parking associated with hospital activity can be accommodated by additional parking spaces which will draw in patients and visitors otherwise parking at other locations, or who otherwise miss appointments.
- Local reassignment of traffic due to consolidating the unmet off-site parking into the Transport Hub does not undermine performance of local junctions. The junction assessments show there is no adverse traffic impact on the local highway network.

- The current local highway infrastructure has been shown not to have any inherent safety issues. While the cycle and pedestrian environment and connectivity has been shown to be able to continue to work safely with the Transport Hub proposals, the Trust would be happy to agree a number of measures that would enhance the ability for its staff, patients and visitors to walk and cycle to and from the UHB facilities, and to connect with the wider walking and cycling networks.
- UHB's Travel Plan is being updated for the Transport Hub proposals. Measures which will ensure the sustainable transport strategy will continue to be successful and so encourage further shift to sustainable transport modes will include:
 - Management of the spaces to prioritise car parking for patients and visitors where the travel choice is limited to private car;
 - Specific allocation of parking spaces for staff which is re-provided from closure of other UHB car parks. The method of allocation is currently prescribed in the UHB parking management strategy;
 - Additional 200 secure cycle parking spaces which are additional to existing UHB provision;
 - New showers and changing facilities for people cycling to UHB;
 - Additional stop for the free-to-use HUB service; and
 - Pick-up/drop-off spaces on Eugene Street.
- Access and egress for the Transport Hub will be safe to navigate by all travel modes. The surrounding streets and public realm will prioritise walking and cycling and the current low speeds along the surround streets will be maintained. Forward visibility for the accesses is achieved for a 20mph speed limit and the carriageway widths to the surrounding streets are to be amended to ensure turning movements for vehicles expected on those roads can be achieved without entering pedestrian space. Traffic will only be able to enter and exit the Transport Hub in single file. Details of the improvements to the adjoining highway network would be delivered to the council's requirements under Section 278 highways works agreement.

4.2.3 It is therefore concluded in the separate Appeal Statement that the Transport Hub proposals satisfactorily address the transport related reason for refusal. The proposals will actually bring about substantial benefits to the local area that would support Bristol City Council in achieving its policy objectives.

4.2.4 Additional considerations relating to the reason for refusal are as follows:

Trip Generation

4.2.5 The fundamental starting point for assessing the potential impacts on the local highway network is that it is the hospital that generates vehicular trips. If there are no changes to existing service provision at the hospital, then there will be no change to the number of trips occurring on the network – i.e. the proposed Transport Hub does not in itself generate traffic.

4.2.6 The Council does not appear to accept this principle, despite its position being in direct contradiction to the view it took on the proposal for the Spire Hospital car park (Ref. No: 17/00799/F).

4.2.7 On the Spire planning application, the transport consultation response states that:

"In relation to highway safety, it is recognised that the local highway network already carries a significant volume of traffic and therefore concerns would be raised over any proposal that would result in a severe impact on the local highway network. In this instance however it is evident that the levels of movement to and from the site will largely remain unchanged following the development; as the car park is proposed to meet existing demand and there will be no increase in the total number of patients or staff at the hospital." (our emphasis)

4.2.8 There is absolutely no reason why this view in connection with the proposals for the private Spire Hospital should not also apply to the current proposal from an NHS Trust.

4.2.9 Like the Spire proposal, in the case of the Transport Hub "*the local highway network already carries a significant volume of traffic*" and "*levels of movement to and from the site will largely remain unchanged following the development; as the car park is proposed to meet*

existing demand and there will be no increase in the total number of patients or staff at the hospital”.

- 4.2.10 Indeed, the Transport Hub is not catering for the total demand for hospital car parking spaces. Rather, it is only providing for essential users.
- 4.2.11 This was the view presented to committee and was accepted in granting planning permission. The officer committee report and the notice of decision are included within the appeal documents

Car Parking Numbers

- 4.2.12 Policy BCAP29 states that although the Council wishes to encourage the use of more sustainable means of transport such as cycling and walking, retaining an element of public car parking, particularly short stay parking, has an important role to play in supporting the city centre. It further states that new long stay public car parking will not generally be encouraged.
- 4.2.13 The appeal proposals do not involve any long stay public car parking at all and, therefore, there is no fundamental conflict with this policy.
- 4.2.14 The policy confirms that the parking standards set out in the SADMP will be applied but where appropriate a lower level than the maximum standard will be sought.
- 4.2.15 The Council’s own adopted parking standards indicate that the existing hospital precinct should be served by about 2,000 car parking spaces. Notwithstanding this, the applicant is only proposing a net increase in 628 car parking spaces, which will mean still less than 1,000 spaces across the whole precinct – i.e. about 50% less than parking standards would allow for. This 50% level is an appropriate balance between meeting the needs of essential users as well as acknowledging the city centre location.
- 4.2.16 As with the impacts on the highway network, the Council is taking an inconsistent approach in its assessment of what is an appropriate level of car parking. It is objecting to the quantum of car parking being proposed within the Transport Hub. However, when considering the Spire Hospital application, it notes:

"It is recognised that the development would introduce more car parking to the site, which is not something that would usually be encouraged especially in a sustainable location such as this. However following amendment, the scheme now in front of members includes a total number of spaces which will be 15% below the maximum level allowed by BCC parking standards. This level of parking is now considered by officers to be reasonable and appropriate in this instance as it reflects the sustainable location, but also takes into consideration the specific needs of the hospital use to ensure important services can be delivered."

- 4.2.17 So, in the case of the Spire Hospital the Council found 85% provision against maximum parking standards acceptable, whereas in the case of the Transport Hub c.50% provision against maximum standards is deemed unacceptable.

Closure of Existing Car Parks

- 4.2.18 The Council has stated that there is no mechanism to secure the closure of the existing car parks outside of the site. It is correct that no mechanism was agreed with the Council but this is solely because it did not enter into discussions on the matter because of the overall view it was taking on the application.
- 4.2.19 However, all of the car parks in question are on adjacent land owned by the appellant and, therefore, their closure can be readily secured through either an appropriately worded planning condition or a planning obligation.
- 4.2.20 Discussions are ongoing with the Council regarding the wording and content of a planning obligation should this appeal be allowed and the outcome of this will inform the precise mechanism used.

Mitigation – Off-Site Highway Works

- 4.2.21 As noted above, discussions are ongoing with the Council regarding the content of a planning obligation should this appeal be allowed. This will cover various off-site highway works that the appellant has identified as part of its proposals. The Inspector will be provided within a duly executed document, in accordance with the appeal procedural timetable, setting out the agreed mitigation required should the appeal be allowed.

4.3 Reason 2 – Air Quality

4.3.1 The Council's second reason for refusal is primarily addressed within the separately submitted Appeal Statement covering air quality matters.

4.3.2 The separate statement concludes that:

- While NO₂ concentrations are around 40µg/m³ at roadside levels, at the façade of the worse affected properties they are below, as monitored by the sharp drop-off from the roadside. As conditions are shown to be improving, concentrations in the study area is expected to be below the Air Quality objective for NO₂ in the current proposed development opening year.
- There is commensurate mitigation proposed as far as possible for the proposed development which will offset any changes in pollutant levels around the site. This is therefore in line with the policies set out in the reason for refusal and the application should not therefore have been refused on air quality grounds.
- There will be a net reduction in traffic pollutants as a result of the scheme creating a more focussed transport hub and reducing vehicle trip length. This will result in BCC being able to fulfil its legal obligations of reducing Nitrogen Dioxide sooner.
- The modelled short-term NO₂ is predicted to be well below the relevant objective. It is considered that there is no risk to 'other users' of the area.

4.3.3 As with the first reason for refusal, the Council's decision to approve the new car park at the Spire Hospital is also relevant to air quality considerations.

4.3.4 The officer report to committee states that:

"... it could be argued that the car park will simply consolidate the currently locally distributed parking of cars rather than adding any additional sources to the network as there will be no change or increase in size, opening hours or the services provided by the hospital."

4.3.5 The same principle clearly applies to the appeal proposal.

4.4 Reason 3 – Loss of Housing

- 4.4.1 As a preliminary point, it is noted that the pre-application discussions with the planning authority included advice from the Council that the application would require a robust case including mitigation for the loss of affordable housing units. The housing on the site is not “affordable housing” in the technical sense and the reason for refusal finally articulated simply referred to the loss of “family sized houses” rather than affordable housing.
- 4.4.2 The fundamental starting point for assessing whether the ‘loss of housing’ here is acceptable in planning terms is the fact that the application site sits wholly within the Hospital Precinct, as defined by the Council on the Policies Map to the Bristol Central Area Plan.
- 4.4.3 Over the last 20 years or so the Council has prepared various new and replacement planning policy documents and the application site has at all times been within the defined Hospital Precinct boundary, a boundary set and reviewed each time by the Council.
- 4.4.4 Therefore, there can be absolutely no doubt that the Council has always intended that the subject land, an integral part of the defined hospital precinct, was both suitable and acceptable for hospital-related development proposals, irrespective of the prevailing use of the land at the time.
- 4.4.5 Core Strategy Policy BCS2 supports a continuing consolidation and expansion of the Bristol Royal Infirmary. Furthermore, Bristol Central Area Plan Policy BCAP11 states that the Hospital Precinct, as shown on the Policies Map, will be developed for healthcare and ancillary uses associated with the University Hospitals Bristol Trust. The development of new facilities or the redevelopment and renewal of existing facilities will be encouraged.
- 4.4.6 Policy BCAP11 is unequivocal in stating that land within the hospital precinct ‘will be’ (rather than, for example, ‘is suitable for’ or ‘could be’) developed for hospital and ancillary uses.
- 4.4.7 When determining whether a planning application conforms with the Development Plan, the correct focus is on the plan's detailed policies for the development and use of land in the area. Paragraph 28 of the NPPF makes it clear that non-strategic policies should be used “*to set out more detailed policies for specific areas, neighbourhoods or types of development*”. This is exactly what BCAP11 does. The Core Strategy sets the overall strategy and the detail is in the non-strategic policies set out in other development plan documents, e.g. BCAP11.

- 4.4.8 The text in the second paragraph of policy BCAP11, suggests that any area within the Hospital Precinct will be granted permission to be developed for healthcare and ancillary uses. The principle that this policy sets is one around the *land use* of the area designated as the Hospital Precinct.
- 4.4.9 Obviously that does not mean that all other plan policies are immaterial, for example policies relating to design, scale, etc will still be material. But policy BCAP11 establishes the principle of the *use* that will be permitted within the Hospital Precinct and is tantamount to an allocation in the Local Plan. The Council appears to have interpreted this policy as being subservient to and trumped by Core Strategy policy BCS5.
- 4.4.10 While the use of the term “will” in policy BCAP11 does not mean that any application for hospital-related development within the Hospital Precinct must be approved (clearly other detailed considerations must come into play), it is tantamount to an allocation of the Hospital Precinct area for hospital/healthcare and ancillary uses. Therefore, it creates a presumption that a healthcare use or a use ancillary to a healthcare use will be permitted. Policy BCAP11 is specific and focused on the Hospital Precinct area; it is inappropriate then to interpret that policy as being subservient to the more general policy BCS5.
- 4.4.11 This interpretation is supported by the third paragraph of BCAP11 which says, *“Development that would impede the consolidation and expansion of ...hospital facilities within the [precinct] will not be permitted”*.
- 4.4.12 If the Council is correct in its interpretation, where does that leave the existing flats? Redeveloping them for housing not associated with the hospital or a healthcare use would be contrary to the third paragraph of BCAP11. Or looked at the other way, why were they included in the designated Hospital Precinct if it was not in order for them to be redeveloped for a use which would support the consolidation and expansion of the hospital?
- 4.4.13 Further support for the appellant’s interpretation is the fourth paragraph of BCAP11, which states that *“the development of ...hospital facilities on sites not allocated or designated specifically for other uses will also be permitted where they would accord with other relevant Local Plan policies”* (our emphasis).

- 4.4.14 The fact that other relevant Local Plan policies are not mentioned in the second paragraph to BCAP11 but are referred to where a hospital related development is proposed outside the Hospital Precinct makes it even more compelling that the principle of the use of the land and properties within the designated Hospital Precinct is established by policy BCAP11, and subject obviously to the details of the application in terms of the usual material considerations such as scale, design, etc., *will* be permitted.
- 4.4.15 If the Council's interpretation of BACP11 is correct, the only way of allowing the flats that are within the designated Hospital Precinct to be developed would be either redevelopment of the flats for staff accommodation, or a scheme that included the provision of replacement housing, either elsewhere, or within the appeal structure.
- 4.4.16 If the policy were meant to be so restrictive or prescriptive then it could and should have said so. As it is, the policy reads as being tantamount to an allocation for healthcare related and ancillary uses. Then to apply policy BCS5 and say that the retention of housing trumps the healthcare-related use allocation seems perverse and makes the designation of the Hospital Precinct meaningless. If retention of the flats was paramount, the flats should have been excluded from the Precinct designation.
- 4.4.17 Overall, it will be clear that the Council has mis-interpreted its policies and the appeal proposals should not have to justify the loss of the existing flats.

4.5 Reason 4 – Heritage & Views Impacts

- 4.5.1 The Council's fourth reason for refusal is primarily addressed within the separately submitted Appeal Statement covering built heritage issues. The statement concludes that:
- The proposed development is acceptable in heritage terms with a low level of less than substantial harm to the significance of 2 Dighton Street and the Kingsdown Conservation Area, against which must be weighed the significant public benefits of the Appeal Scheme.
 - In addition to general public benefits, weight must be given to the slight benefit to the setting of 2 Dighton Street, through the removal of the existing multi-storey car park, which currently detracts from the significance of this Grade II listed building.

- The significance of the Eugene Street flats is negligible, and that when considered as a whole, the limited heritage significance of the Eugene Road flats would not weigh significantly in favour of their retention, and that the Appeal Scheme as a whole would be acceptable and that there would not be an adverse impact from the loss of the flats.
- The Appeal Scheme complies with legislation as set out at Sections 66(1) and 72(1) of the Planning (Listed Buildings and Conservation Areas) Act 1990, and paragraphs 189-197 of the NPPF, as well as local planning policy set out in the Bristol Core Strategy and the Sites Allocations and Development Management Policies.

4.5.2 With regard to the scale of the proposed development, the application was supported by an extensive Design & Access Statement, incorporating a visual impact assessment. The document sets out the constraints and opportunities that the outline proposals respond to and how the proposed development responds to its local context, including the site's topography and the prevailing townscape. It also sets out a number of key design principles that will inform future reserved matters submissions.

4.5.3 Whilst primarily illustrative at this stage, the application drawings along with the Design & Access Statement confirm that the quantum of development being proposed is acceptable in design and townscape terms.

4.5.4 It will be clear from the Design & Access Statement that a high quality building and public space is proposed for the site. The natural topography is being used to minimise the impact of the building, including setting the lowest level into the hill side, and the building will sit within a cluster of existing tall buildings and not being the tallest of them.

4.5.5 The proposed building has a height of 26.2m to the top of the parapet and cores (based on a ground level of 29.5m AOD and parapet of 55.7m AOD). It is located on the edge of the hospital tall buildings cluster and could be regarded as matching the prevailing building height of hospital buildings. It is accepted that buildings to the east, outside of the hospital precinct are lower. The range of building heights in the surrounding area are shown on the map at section 6.01 of the Design and Access Statement that accompanied the outline application.

- 4.5.6 The long-distance views, both from the top of Marlborough Hill and from Montague Hill and from along their routes, are largely channelled by the built form at the back of the pavement, providing a frame for the lower elements of the views, whilst the horizon and skyline form the important visual backdrops.
- 4.5.7 Although longer views provide views over and out of the City, the buildings closer to the Appeal Site are largely modern and are generally of a larger scale, which become more visible as one goes down Marlborough Hill and Montague Hill. The degree of planting both along Marlborough Hill and beyond provides a green sense to the view, and limits the degree to which these more modern buildings can be seen, particularly from higher elements of the hill, although it is recognised that this will be the subject of some seasonal change.
- 4.5.8 The AVR clearly shows that only a small corner of the proposed Appeal Scheme will be visible from the top of Marlborough Hill, and whilst it is likely that there will be some further views of the Appeal Scheme from the more local views and from private views along Marlborough Hill Place, these will be seen in the context of built form of a similar scale, all forming the foreground of the wider vistas over the City.
- 4.5.9 The AVR that formed part of the outline planning application demonstrates that whilst there will be some impacts in views, the appeal proposal would not be unduly prominent in key townscape views. Furthermore, as this is an outline planning application, it is noted that there are opportunities through reserved matters and/or conditions to agree detailed design matters that could further minimise any negative impacts.

4.6 Reason 5 – Loss of Trees

- 4.6.1 Reason for refusal five states that the loss of trees resulting from the development is not mitigated for in accordance with the Bristol Tree Replacement Strategy.
- 4.6.2 As with the potential mechanism for the closure of car parks, this is solely because the Council did not enter into discussions on the matter because of the view it was taking on the application.
- 4.6.3 The appellant acknowledges that the matter does need to be addressed and mitigation

compliant with the Bristol Tree replacement Strategy will be provided for within the planning obligation that will be provided to the Inspector in due course.

- 4.6.4 This is essentially a procedural issue, rather than a disagreement between parties on the planning merits.

4.7 Reason 6 – Daylight & Sunlight Effects

- 4.7.1 The Council's sixth reason for refusal is addressed within the separately submitted Appeal Statement covering daylight and sunlight effects.
- 4.7.2 Building Research Establishment Guidance (Site Layout Planning for Daylight and Sunlight: A Guide to Good Practice) and BS 8206-2:2008 (Lighting for Buildings, Part 2: Code of Practice for Daylighting) were used to assess potential impacts and determine the significance of any change in access to daylight and sunlight.
- 4.7.3 'Worst case' existing residential receptors have been identified and assessed. The results of the detailed technical analysis demonstrate that all of the windows satisfy the BRE VSC criteria. The proposed development will therefore not have a significant impact on the access to daylight within the surrounding properties.
- 4.7.4 All modelled window locations that face within 90 degree of due south will receive over 25% of annual probable sunlight hours and over 5% of probable sunlight hours between 21st September and 21st March or be within 0.8 the former value. Therefore adequate levels of sunlight will be received at the existing properties surrounding the proposed development.

5 OVERALL CONCLUSIONS

5.1 The appeal proposal seeks outline planning permission for the demolition of all existing structures and the erection of a new hospital Transport Hub, comprising a 400-space cycle centre, an 820-space hospital-only car park, a hospital bus drop-off point, and associated works. All detailed matters are reserved for future consideration apart from means of access and scale, which form part of the current application. Whilst the application is in outline form, the following will be provided as part of the Transport Hub:

- a 400-space secure bicycle hub for staff use, including changing/drying rooms, bike storage and cycle maintenance areas, and facilities for oversize bikes and battery-assisted bikes
- 820 car parking spaces across seven floors, including disabled spaces and 'active' electric vehicle charging spaces
- the closure of 192 existing parking spaces
- a new shuttle bus stop, linking the Transport Hub to other areas of the hospital campus
- patient, visitor and staff WC facilities
- on-site staff facilities, including an office, cleaning spaces and a welfare station
- a fully staffed reception area and lobby where visitors can seek assistance with wayfinding or parking issues upon arrival at the hospital
- upgrades to the surrounding public realm, including a new landscaped amenity space and improvements to the Marlborough Hill steps

5.2 Beyond the details of the proposed new access and the scale of the development, the submitted drawings were illustrative only but provide a framework for considering future reserved matters applications.

5.3 The appeal proposals were the subject of extensive pre-application community engagement and were directly informed by it.

5.4 This Appeal Statement, along with the four other separately submitted statements, clearly demonstrates that the appeal proposals are acceptable.

5.5 In summary:

- the primary land use policy is that which allocates the appeal site as part of the defined Hospital Precinct and confirms that hospital-related development will be permitted on such sites and that this aspiration should not be impeded.
- there is no conflict with planning policies relating to new car parking in the city centre, given both the hospital-specific nature and quantum of car parking being proposed.
- there is no conflict with policy provisions that seek to retain existing homes.
- whilst the proposals will involve change in the local area, they will not result in any significant adverse effects upon the residential amenity of the nearest neighbours, including through daylight and sunlight effects.
- the proposals will respond appropriately in townscape terms to the local context and are acceptable in terms of their impacts on built heritage interests.
- there are no highway severe impacts that should preclude the development coming forward.
- the planning application was supported by an Updated Travel Plan, which will replace the current Travel Plan and will allow the appellant to further promote sustainable travel and build on the strong foundations already in place.
- the appeal proposals are acceptable in relation to air quality considerations.

5.6 Therefore, the Inspector is respectfully invited to allow the appeal and grant outline planning permission for these planning policy compliant proposals.