

38/2005/439

TAUNTON & SOMERSET NHS TRUST HOSPITAL

**ERECTION OF 2 NEW BUILDINGS (1 X 6 STOREY AND 1 X 3 STOREY) TO BE USED AS NEW SURGICAL CENTRE WITH CAR PARKING AND LANDSCAPING AND ERECTION OF IT/TELECOM BUILDING AT MUSGROVE PARK HOSPITAL, TAUNTON AS AMENDED BY LETTER DATED 30 NOVEMBER 2005 AND ACCOMPANYING PLANS; 2706\_00\_101/102, 2706\_20\_201/202/203/204/205/206/207/220/221/222/223/230/231/232/233/234 RECEIVED 5 DECEMBER 2005.**

21480/24318

OUTLINE

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## 1.0 **RECOMMENDATION**

I recommend that subject to no representations raising new issues by 20 December, 2005 the Development Control Manager in consultation with the Chair/Vice Chair be authorised to determine and permission be GRANTED subject to the following conditions:-

- 01 Before any part of the development hereby permitted is begun detailed drawings to an appropriate scale of the siting, design and external appearance of the building(s), and the landscaping of the site (hereinafter called "the reserved matters") shall be submitted to and approved in writing by the Local Planning Authority.
- 01 Reason: The application was submitted as an outline application in accordance with the provisions of Article 3 of the Town and Country Planning (General Development Procedure) Order, 1995.
- 02 Application for approval of the reserved matters under (1) above shall be made to the Local Planning Authority within 3 years of the date of this permission.
- 02 Reason: In accordance with the provisions of Section 92 of the Town and Country Planning Act, 1990.
- 03 Within a period of 3 years from the date of this permission, and before any work hereby permitted is commenced, details of the existing and proposed site levels shall be submitted to and approved in writing by the Local Planning Authority.
- 03 Reason: To safeguard the amenity of adjoining properties in line with Taunton Deane Local Plan Policy S1.
- 04 The development hereby permitted shall be begun either before the expiration of 3 years from the date of this permission, or before the expiration of 2 years from the date of approval of the last of the reserved matters to be approved, whichever is the later.
- 04 Reason: In accordance with the provisions of Section 51 of the Planning and Compulsory Purchase Act 2004 (Commencement No. 5 and Savings) Order 2005.
- 05 Before the commencement of any works hereby permitted, details or samples of the materials to be used for all the external surfaces of the building(s) shall be submitted to and be approved in writing by the

- Local Planning Authority, and no other materials shall be used without the written consent of the Local Planning Authority.
- 05 Reason: To reinforce the local character and distinctiveness of the area in accordance with Taunton Deane Local Plan Policies S1(D) and S2(A).
- 06 Details of the surface treatment of the new parking and turning areas shall be submitted to and approved in writing by the Local Planning Authority prior to it first being brought into use.
- 06 Reason: To reinforce the local character and distinctiveness of the area in accordance with Taunton Deane Local Plan Deposit Policies S1(D) and S2(A).
- 07 (i) Before any part of the permitted development is commenced, a landscaping scheme, which shall include details of the species, siting and numbers to be planted, shall be submitted to and approved in writing by the Local Planning Authority. (ii) The scheme shall be completely carried out within the first available planting season from the date of commencement of the development, or as otherwise extended with the agreement in writing of the Local Planning Authority. (iii) For a period of five years after the completion of the planting scheme, the trees and shrubs shall be protected and maintained in a healthy weed free condition to the satisfaction of the Local Planning Authority and any trees or shrubs that cease to grow shall be replaced by trees or shrubs of similar size and species, or the appropriate trees or shrubs as may be approved in writing by the Local Planning Authority.
- 07 Reason: To ensure that the proposed development makes a satisfactory contribution to the preservation and enhancement of the local character and distinctiveness of the area in accordance with Taunton Deane Local Plan Policy S2.
- 08 Details of the means of protection of the Eisenhower tree during construction shall be submitted to and approved in writing by the Local Planning Authority prior to work commencing and shall be provided during the entire construction works.
- 08 Reason: To ensure that the proposed development makes a satisfactory contribution to the preservation and enhancement of the local character and distinctiveness of the area in accordance with Taunton Deane Local Plan Policy S2.
- 09 Prior to its laying out on site a scheme of hard landscaping showing the layout of areas with stones, paving, walls, cobbles or other materials, shall be submitted to and approved in writing by the Local Planning Authority. Such scheme shall be completely implemented before the development hereby permitted is occupied.
- 09 Reason: To ensure that the proposed development makes a satisfactory contribution to the preservation and enhancement of the local character and distinctiveness of the area in accordance with Taunton Deane Local Plan Policy S2.
- 10 Details of the level of the revised access road through the site and the new landscape bank to the rear of the Ashley Road properties shall be submitted to and approved in writing by the Local Planning Authority prior to work on site commencing.

- 10 Reason: To safeguard the amenity of adjoining properties in line with Taunton Deane Local Plan Policy S1.
- 11 Details of the layout and number of parking spaces to be provided shall be submitted to and approved in writing by the Local Planning Authority and shall be provided on site prior to the buildings being brought into use
- 11 Reason: To ensure that there is adequate space within the site for the parking of vehicles clear of the highway in accordance with Taunton Deane Local Plan Policy M4.
- 12 Details of the first and second floor windows to the 3 storey block facing north and east together with means of obscure glazing shall be submitted to and approved in writing by the Local Planning Authority prior to the window installation and shall thereafter be maintained unless otherwise agreed in writing.
- 12 Reason. To safeguard the amenity of adjoining properties in accordance with Taunton Deane Local Plan Policy S1.
- 13 Details of any external lighting of the buildings shall be submitted to and approved in writing by the Local Planning Authority prior to its installation.
- 13 Reason. To safeguard the amenity of adjoining properties and to prevent light pollution in line with Taunton Deane Local Plan Policy EN34.
- 14 Details of shuttering to windows of the 3 storey building facing north and east shall be submitted to and approved in writing by the Local Planning Authority and shall be implemented prior to the building being brought into use.
- 14 Reason: To prevent light pollution in line with Taunton Deane Local Plan Policy EN34.
- 15 Construction time working shall be restricted to weekdays 0700 - 1900 and Saturdays 0800 - 1300. There shall be no working on Sundays and Public Holidays.
- 15 Reason: To safeguard the amenity of nearby residents in accordance with Taunton Deane Local Plan Policy S1.
- 16 The height of the six storey building facing the new car park shall be no greater than 24 m in height above ground level.
- 16 Reason: To limit the impact of the building on the surrounding area in accordance with Taunton Deane Local Plan Policy .
- 18 Details of the means of surface water disposal from the site shall be submitted to and approved in writing by the Local Planning Authority and thereafter so implemented.
- 18 Reason: In the interests of limiting flood potential off site in accordance with Taunton Deane Local Plan Policy EN29.

#### Notes to Applicant

- 01 Your attention is drawn to the requirements of The Building Regulations 2000 Part M Access and facilities for disabled people, the advise in BS 8300 and the Disability Discrimination Act. Generally speaking a level access will be required for your proposed building(s). An early assessment of site levels will avoid expensive alterations at a later date. If you would like to discuss your proposal with the Councils Access Surveyor, Mr E J Norton, please do so on 01823-356476.

- 02 The development hereby approved may be subject to the Construction (Design and Management) Regulations 1994 which govern the health and safety through all stages of a construction project. The Regulations require clients (i.e. those, including developers, who commission construction projects) to appoint a planning supervisor and principal contractor who are competent and adequately resourced to carry out their health and safety responsibilities. Clients have further obligations. Your designer will tell you about these and your planning supervisor can assist you in fulfilling them. Further information is available from the Health and Safety Executive Infoline (08701 545500).
- 03 The Local Planning Authority will expect a high quality of design and materials which respect the character and amenity of the adjacent residential areas.
- 04 You are advised of the need to investigate Sustainable Drainage Systems for the disposal of surface water from the site. Your attention is drawn to the pamphlet "Sustainable Drainage Systems" produced by Somerset Local Authorities in conjunction with the Parrett Catchment Study and Taunton Deane Borough Council's design guide for on site attenuation.

## 2.0 **APPLICANT**

Taunton and Somerset NHS Trust Hospital

## 3.0 **PROPOSAL**

The application is in outline form and involves the erection of new surgical centre with associated car parking and landscaping and the erection of an IT/Telecom building. The new surgical centre has to have a link to the existing casualty and is set into the ground. The centre is proposed to include a three storey curved building linking to a 6 storey building with a landscaped courtyard in between. A new car park is to be provided to the north of the main building on the site of the old wards which are to be demolished. The access which is the only matter not to be reserved for subsequent approval will be via the main access off Wellington Road to the new car park.

## 4.0 **THE SITE**

The site lies to the north and west of the existing Queens Building and consists of existing car parking areas, the access road through the site and existing buildings including an accounts building to the west of Ashley Road and the Old Building and old wards towards the western boundary of the site. The site is constrained to the west by the need to maintain functioning operating theatres and the Breast Care Unit.

## 5.0 **RELEVANT PLANNING HISTORY**

**38/1989/092Q** Erection of phase 2 (three storey building) of the Hospital Redevelopment. Government Department application – no objection subject to conditions.

**38/1992/038** Erection of a single decked car park area. Full permission granted 13<sup>th</sup> March, 1992.

**38/1993/246** Erection of Day Surgery Unit. Full permission granted 22<sup>nd</sup> July, 1993.

**38/1994/139** Erection of extensions to provide new entrance, seminar room and lecture theatre and internal refurbishment at the Postgraduate medical Centre. Full permission granted 19<sup>th</sup> May, 1994.

**38/1994/465** Formation of 28 additional parking spaces in two areas adjacent to residential blocks. Full permission granted 15<sup>th</sup> December, 1994.

**38/1994/479** Formation of additional parking area on site of demolished old out patients department. Full permission granted 19<sup>th</sup> December, 1994.

**38/1995/020** Demolition of medical wards and construction of additional parking facilities. Full permission granted 20<sup>th</sup> March, 1995.

**38/1995/147** Demolition of medical wards and creche, relocation of creche and construction of additional parking facilities. Full permission granted 9<sup>th</sup> June, 1995.

**38/1997/225** Alterations to existing access to A38 including installation of traffic light junction, alterations to junction of Bishops Hull Rod and Wellington Road and junction of Musgrove Road and Wellington Road and parking alterations. Section 106 Agreement. Full permission granted 7<sup>th</sup> February, 2001.

**38/1997/304** Alterations to car parking area to provide an ambulance drop off and parking area. Full permission granted 15<sup>th</sup> September, 1997.

**38/1998/192** Erection of Medical Records Building. Full permission granted 17<sup>th</sup> June, 1998.

**38/2000/183** Erection of Operation Theatre Suit. Full permission granted 23<sup>rd</sup> June, 2000.

**38/2001/428** Formation of car park for 30 vehicles on land to rear of Alfred Morris House. Full permission granted 8<sup>th</sup> January, 2002.

**38/2002/250** Erection of a Hospital Oncology Centre comprising treatment areas and wards on land adjacent to Musgrove Road together with two deck car park on land to north of Hoveland Lane. Outline permission granted 23<sup>rd</sup> August 2002.

**38/2002/329** Erection of Day Nursery and Child Care Centre. Outline permission granted 16<sup>th</sup> September, 2002.

**38/2002/465** Erection of extension to enable internal alterations to wards and ancillary areas to form a new theatre for the Day Surgery. Full permission granted 11<sup>TH</sup> December, 2002.

**38/2003/008** Construction of part three deck, part four deck, part five deck car park on land to north of Alfred Morris House, Taunton and Somerset Hospital, Musgrove Park, Taunton. Outline permission granted 27th May, 2003.

**38/2003/085** Erection of two storey day nursery with associated car parking, Taunton and Somerset Hospital, Musgrove Park, Taunton. Full permission granted 10th April, 2003.

**38/2003/508** Installation of 10 m high low power AM aerial complete with enclosure, Musgrove Park Hospital, Taunton. Full permission granted 7th November, 2003.

**38/2003/561** Single storey and two storey extensions to existing post graduate centre together with internal alterations to form new Somerset academy containing training facilities and on-call accommodation at Musgrove Park Hospital, Wellington Road, Taunton. Full permission granted 12th December, 2003.

**38/2004/003** Erection of two storey building to accommodate Oncology Centre with associated access and car parking at Musgrove Park Hospital, Taunton. Reserved Matters granted 19th February, 2004.

**38/2004/030** Siting of 3 temporary buildings to provide on-call accommodation for doctors at Taunton and Somerset Hospital, Musgrove Park, Taunton. Temporary permission granted 1st March, 2004.

**38/2004/454** Construction of multi-storey car park on land to north of Alfred Morris House, Taunton and Somerset Hospital, Musgrove Park, Taunton as amended by drawing I(--)-09a. Reserved Matters granted 16th December, 2004.

**38/2005/058** Installation of 10 m high low power am aerial complete with enclosure, Musgrove Park Hospital, Taunton. Full permission granted 7th November, 2003.

**38/2005/158A** Display of illuminated free standing parking information sign on land at Parkfield Drive Entrance, Musgrove Park Hospital, Taunton. Advertisement consent Granted 18th May, 2005.

**38/2005/236** Erection of 3 cctv cameras including two on 5.5m free standing columns at Musgrove Park Hospital, Taunton. Full permission granted 19th July, 2005.

**38/2005/308** Erection of extension to form rooms for doctors and A & E out of hours service at Musgrove Park Hospital, Taunton. Full permission granted 8th September, 2005.

**38/2005/362** Retention of cctv camera on 5.5 m column outside Queens Building at Musgrove Park Hospital, Taunton. Retention approved 6th October, 2005.

## 6.0 **RELEVANT PLANNING POLICY**

### **RPG10 Regional Planning Guidance for the South West**

Policy SS 14: Taunton

Policy EN5: Health, Education, Safety and other Social Infrastructure

Health, education and other social infrastructure requirements need to be taken into account fully in development planning throughout the region. Development plans and programmes should:

- facilitate the reconfiguration and modernisation of local health services, in accordance with sustainable development principles, informed by partnership working with Health Authorities and others on Health Improvement and Modernisation Plans (HIMPs);
- encourage new facilities to be developed or redeveloped wherever possible on sites that are well served by public transport and accessible on foot or by cycle, to ensure access for patients, staff and visitors;
- enable the varied provision of facilities for education and training;
- facilitate provision of other facilities required by local communities, wherever possible maximising the potential of existing community buildings;
- include policies and proposals for the provision of appropriate services within rural areas. For example, encouraging mixed use developments, which incorporate health care provision with other uses;
- local authorities should take steps to ensure that crime prevention considerations are incorporated in the design of new development.
- should have regard to the impacts of proposed developments on the health of local communities, taking advice from Health Authorities.

Policy TRAN 3: The Urban Areas

### **Somerset and Exmoor National Park Joint Structure Plan Review**

Policy STR1 Sustainable Development

## Policy STR4 Development in Towns

### Policy 48 Access and Parking

Developments which generate significant transport movements should be located where provision may be made for access by walking, cycling and public transport. The level of parking provision in settlements should reflect their functions, the potential for the use of alternatives to the private car and the need to prevent harmful competitive provision of parking.

The level of car parking provision associated with new development should:

- first, take account of the potential for access and provide for alternatives to the private car, and then,
- should be no more than is necessary to enable development to proceed.

### Policy 49 Transport Requirements for New Development

#### **Taunton Deane Local Plan**

##### S1 General Requirements

Proposals for development, taking account of any mitigation measures proposed, will be required to meet the following criteria, in addition to any other Development Plan policies which apply in a particular case:

- (A) additional road traffic arising, taking account of any road improvements involved, would not lead to overloading of access roads, road safety problems or environmental degradation by fumes, noise, vibrations or visual impact;
- (B) the accessibility of the development by public transport, cycling and pedestrian networks would be consistent with its likely trip generation and minimising the need to use the car;
- (C) the proposal will not lead to harm to protected wildlife species or their habitats;
- (D) the appearance and character of any affected landscape, settlement, building or street scene would not be harmed as a result of the development;
- (E) potential air pollution, water pollution, noise, dust, glare, heat, vibration and other forms of pollution or nuisance which could arise as a result of the development will not harm public health or safety, the amenity of individual dwellings or residential areas or other elements of the local or wider environment;



- (F) the health, safety or amenity of any occupants or users of the development will not be harmed by any pollution or nuisance arising from an existing or committed use;
- (G) the safety of any occupants or users will not be at risk from ground instability; and
- (H) the site will be served by utility services necessary for the development proposed.

## S2 Design

Development must be of a good design. Its scale, density, height, massing, form, layout, landscaping, colour, materials and access arrangements will be assessed to ensure that the proposal will, where reasonable and feasible:

- (A) reinforce the local character and distinctiveness of the area, including the landscape setting of the site and any settlement, street scene and building involved;
- (B) incorporate existing site features of environmental importance;
- (C) reinforce nature conservation interest;
- (D) minimise the creation of waste in construction and incorporate recycled and waste materials;
- (E) include measures to reduce crime;
- (F) minimise adverse impact on the environment, and existing land uses likely to be affected;
- (G) include facilities to encourage recycling;
- (H) make full and effective use of the site;
- (I) subject to negotiation with developers, incorporate public art; and
- (J) include measures to promote energy efficiency.

## M1 Transport, Access and Circulation Requirements

### M2 Car Parking

### M3 Access

### EN9 Tree Planting

### T33 Taunton Skyline

Development which would detract from the distinct character and attractiveness of Taunton's skyline will not be permitted.

## 7.0 **RELEVANT CENTRAL GOVERNMENT GUIDANCE**

### **Planning Policy Statement 1: Delivering Sustainable Development.**

Paragraphs 1 -7

Paragraph 13      The following key principles should be applied to ensure that development plans and decisions taken on planning applications contribute to the delivery of sustainable development:

- (i)      Development plans should ensure that sustainable development is pursued in an integrated manner, in line with the principles for sustainable development set out in the UK strategy. Regional planning bodies and local planning authorities should ensure that development plans promote outcomes in which environmental, economic and social objectives are achieved together over time.
- (ii)      Regional planning bodies and local planning authorities should ensure that development plans contribute to global sustainability by addressing the causes and potential impacts of climate change – through policies which reduce energy use, reduce emissions (for example, by encouraging patterns of development which reduce the need to travel by private car, or reduce the impact of moving freight), promote the development of renewable energy resources, and take climate change impacts into account in the location and design of development.
- (iii)      A spatial planning approach should be at the heart of planning for sustainable development (see paragraphs 30 – 32 below).
- (iv)      Planning policies should promote high quality inclusive design in the layout of new developments and individual buildings in terms of function and impact, not just for the short term but over the lifetime of the development. Design which fails to take the opportunities available for improving the character and quality of an area should not be accepted.

- (v) Development plans should also contain clear, comprehensive and inclusive access policies – in terms of both location<sup>5</sup> and external physical access.<sup>6</sup> Such policies should consider people’s diverse needs and aim to break down unnecessary barriers and exclusions in a manner that benefits the entire community.
- (vi) Community involvement is an essential element in delivering sustainable development and creating sustainable and safe communities. In developing the vision for their areas, planning authorities should ensure that communities are able to contribute to ideas about how that vision can be achieved, have the opportunity to participate in the process of drawing up the vision, strategy and specific plan policies, and to be involved in development proposals.

Paragraphs 33-39

**Planning Policy Guidance Note 13 - Transport**

Paragraphs 4 -6

Paragraph 38 Higher and further education establishments, schools and hospitals are major generators of travel and should be located so as to maximise their accessibility by public transport, walking and cycling. Similarly, proposals to develop, expand or redevelop existing sites should improve access by public transport, walking and cycling. (See also paragraphs 87 to 91 on travel plans). Where related accommodation is to be provided, it should have ready access to the site by non-car modes.

Paragraph 39 New health facilities should be planned to maximise accessibility by non-car modes of transport, whilst at the same time providing good access arrangements for emergency vehicles and those who need to use cars. It is important that those considering new health facilities have early discussions with the local authority, ideally at Capital Investment Appraisal Stage (i.e. Strategic or Outline Business Case Stage for all schemes over £1million)<sup>14</sup>, to ensure proposals meet the objectives of this guidance. New intermediate health care facilities should, where possible, be located in town, district or local centres, where they will be highly accessible by non car modes of transport and where the facilities can reinforce the range of services provided by these centres.

Paragraphs 49 - 51

## 8.0 **CONSULTATIONS**

### **County Highway Authority**

It is assumed that the proposed development replaces existing uses on the site and therefore will have a basically neutral affect on traffic and transport issues associated with the hospital site as a whole. The development results in the loss of 158 car parking spaces and in paragraph 4.0 of the Plan Supporting Document to this planning application sets out a strategy for short and long term replacement of the spaces lost. Essentially the lost car parking will be permanently replaced adjacent to the surgical site on completion.

Consequently there is no highway objection to the proposed development subject to the details regarding car parking issues being implemented concurrently with the new buildings coming into use.

### **Wessex Water**

The hospital has its own private drainage systems that discharge to the public systems. As there is no increase in impermeable area or significant extra foul flow anticipated there are no capacity problems with the public systems. We are, of course, unable to comment on the private systems.

The Sewage Treatment Works and terminal pumping station has sufficient capacity to accept the extra flows this development will generate.

There are no details of the proposed demand rate of flow. However, Musgrove Hospital is served direct from the Taunton Ring Main. There was a leak identified and repaired on the site in March 2005 that reduced average consumption from 7.5l/s to 4l/s, so demand should not be an issue. The problem here may be pressure; we can only undertake to maintain 15 metres/head at ground level. The proposed buildings are up to 6 storeys high, so a private pumping arrangement will be necessary. We understand that this is the case with other buildings on the site at present.

### **Commission For Architecture And The Built Environment**

Thank you for consulting on this outline application. We are consulted about more schemes than we have resources to deal with and, unfortunately, we will not be able to comment on this one. (Please note that this literally means 'no comment' and should not be interpreted as tacit endorsement of the scheme.)

### **Landscape Officer**

My main concern is the impact of the proposals from the Wellington Road. The Surgical Centre building is tall and will be clearly visible above the wall of the historic cemetery. There is little opportunity for mitigation within the hospital grounds. (There may be scope for tree planting within the cemetery

subject to comments from the Crematorium Manager.) Otherwise subject to landscape details the proposals look interesting.

### **Drainage Officer**

Due to the size of this proposal the applicant should investigate the use of Sustainable Drainage Systems (SUDS) for the treatment of surface water disposal. This is in line with PPG25 and Building Regulations 2000 (Part H). I therefore enclose a copy of the pamphlet "Sustainable Drainage Systems" produced by Somerset Local Authorities in conjunction with the Parrett Catchment Study and TBBC's design guide for on site attenuation. Details of any proposal for dealing with the disposal should be forwarded for approval and made a condition of any approval given.

## 9.0 **REPRESENTATIONS**

1 letter of support has been received advising that the residents of Taunton need a surgical unit fit for this century and there is no other suitable location for the unit on the Musgrove site.

1 letter of objection from architects on behalf of 5 properties of 42-50 Ashley Road on grounds of the environmental impact, domination of properties and impact on quality of life, loss of privacy, light and sun, overlooking, noise pollution, light pollution and safety issues in relation to road. The full comments of this submission are attached as Appendix A.

43 letters of objection raising the following issues:-

1. Loss of light and sun in the afternoon and evening.
2. Loss of privacy with windows overlooking.
3. Increased light pollution from lighting of the new building.
4. Increased noise pollution from a busier access road with noise bouncing off a 3 storey building.
5. Increased mass of building to rear of houses.
6. Infringement of Human Rights.
7. Noise from plant rooms.
8. Lights at night inside building and any external lighting impacting on homes and gardens.
9. Safety of access road on rear gardens.
10. Loss of light to rear gardens.

11. Loss of privacy to rear gardens with overlooking.
12. Six storey building out of keeping and inappropriate given low rise surroundings site on outskirts of town.
13. Unsightly, overbearing and imposing reducing the enjoyment of houses.
14. Unneighbourly.
15. Insufficient room for landscaping and would inadequately protect properties from overbearing issues.
16. Six storey building will cause loss of light and more trees on corner will make matters worse.
17. Loss of quality of life with loss of afternoon sun.
18. IT building a further mass of brick next to low rise.
19. Six storey building a precedent for high rise as other high buildings in the centre of Taunton.
20. Density and design unimaginative.
21. Safety for rescue helicopters.
22. Will a higher waste chimney be required?
23. Landscape impact, the planting will be totally inadequate and there will not be enough room.

#### 10.0 **PRINCIPAL ISSUES FOR CONSIDERATION**

The main issues for consideration with the application are as follows:

- A Is there a need for a building of this scale? NEED
- B Will the proposal result in an unacceptable visual impact on properties adjoining the site? VISUAL IMPACT
- C. Will the proposal result in the loss of privacy to properties adjoining the site? PRIVACY
- D. Will the proposal cause demonstrable harm in terms of access safety and noise? SAFETY AND NOISE
- E. Does the proposal meet the necessary test of sustainable development? SUSTAINABILITY

## **A. Need**

The driver for the development is the need to replace existing wards, theatres, intensive care unit and other facilities housed in buildings over 70 years old that have reached the end of their useful life. The applicant has submitted supporting information attached as Appendix B to justify the proposal. This looks at the various site options and the advantages and disadvantages of each. The site has been chosen due to the overall advantages of the preferred Option F scheme. The siting is restricted by the position of existing operating theatres and the Breast Care Unit whereby the new buildings cannot be located any further west and it is also vital to maintain a link to the existing Queens Building. The disadvantages of the scheme are highlighted in the objections received and in particular the impact on the 5 nearest properties in Ashley Road. The visual impact and privacy issues are addressed below.

## **B. Visual Impact**

One of the major concerns raised is the visual impact of the development. The revisions set the buildings further away from the boundary with the rear of Ashley Road properties so that the 3 storey building at its closest is 30 m away from the house and 11 m away from the garden boundary fence. The 3 storey building is 11.8 m above the ground floor level of 50 Ashley Road to its closest point, however the building is stepped and curves away from the boundary. The highest point is 4.4 m higher than the existing accounts building on the site and this will be 2 m further away from the residential boundary than the existing building. The road is intended to be lowered and re-aligned and this will allow landscape planting to take place between the rear gardens and the new building. The new building is 11 m from the boundary and its height means that although higher than the existing building it is not significantly so in terms of light and visual impact to warrant an objection on these grounds. The 6 storey building is set 2.5 m into the ground and is approximately 22.8 m above existing ground level. This building is largely screened from the residential properties by the proposed 3 storey building and it will be 71 m away from the garden boundary. Clearly in terms of the wider landscape this 6 storey building will be visible from various vantage points, particularly Wellington Road. However the building will be viewed in conjunction with the existing hospital buildings and although the new building will be around 9 m higher than the existing hospital buildings this is not considered to be so detrimental in visual terms to warrant objection. The building may be viewed from the south but the new structure will be sited to the rear of the existing hospital buildings and it will not interrupt the views of any existing skyline features such as the Church towers. While the top of the building will be visible it is not considered that this will detract from the character of the skyline in this location.

## **C. Privacy**

The main impact in terms of privacy arises out of the proximity of the 3 storey building to the residential properties at the end of Ashley Road. The

application for the new building is in outline form and the submitted elevational details are illustrative only. Clearly there are likely to be windows of some form in this building facing in the Ashley Road direction but the number and position have yet to be determined. The building will be 11 m from the garden boundary and while set into the ground will project 4.4 m above the height of the existing building. It is considered that this will have an impact and a condition is necessary to control the nature of the glazing of any windows in the eastern elevation in order to safeguard the amenity of residents. This is considered sufficient to overcome any privacy objections.

#### **D. Safety and Noise**

The issue of safety has been raised due to the proximity and alignment of the existing access road through the site while noise has been raised in relation to traffic and plant. The existing road is set higher than the rear of the adjacent Ashley Road Properties and concern over traffic losing control and breaking through the fence into the gardens has been raised. In order to address this issue as well as the impact of the new building the road is to be lowered and realigned away from the rear gardens of Ashley Road. A bund with planting is to be provided and this will help provide a safety barrier and screen the rear of the residential properties from noise. Ultimately the position of the new car park will result in potentially less traffic driving past the rear gardens. Noise from plant on site will be covered by normal Environmental Health controls while a condition is intended to control construction times.

#### **E. Sustainability**

Musgrove Park Hospital serves a wide rural catchment area and the site is in Principal Urban Area where advice states that such facilities should be provided. Parking on site is to be provided on a replacement basis and a Green Travel Plan has already been a requirement of previous permissions on the site. The proposal enhances the facilities on the site in an efficient way to meet future needs and the scheme is one that is considered to be a sustainable one that meets the needs and future requirements of the Hospital Trust and residents of the District.

### **11.0 RECOMMENDATION**

In order to address the need for a new surgical centre and wards fit for the current century the new buildings are considered necessary to serve the needs of the town. Amendments to the siting set the building further away from the boundary with the closest residents and set the access roadway down to improve safety and lessen the impact. The provision of the scheme is considered acceptable subject to a detailed design being produced. I therefore recommend that outline planning permission be GRANTED subject to conditions.

REASON(S) FOR THE RECOMMENDATION:- The proposal provides a needed replacement of buildings on the hospital site in line with Taunton



Deane Local Plan Policies S1, S2, H2, EN9 and T33 and material considerations to not indicate otherwise.

**In preparing this report the Planning Officer has considered fully the implications and requirements of the Human Rights Act 1998.**

**CONTACT OFFICER: Mr G Clifford Tel.356398**

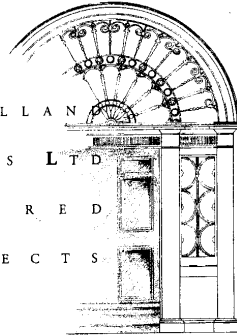
## APPENDIX A

REED • HOLLAN

ASSOCIATES LTD

CHARTERED

ARCHITECTS



**TOWN AND COUNTRY PLANNING ACT 1990  
ERECTION OF 2 NEW BUILDINGS  
(1 x 6 STOREY AND 1 x 3 STOREY)  
TO BE USED**

**AS**

**NEW SURGICAL CENTRE WITH CAR PARKING,  
LANDSCAPING AND  
TWO STOREY IT/TELECOM BUILDING  
AT  
MUSGROVE PARK HOSPITAL TAUNTON**

**RESPONSE TO PLANNING APPLICATION**

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**TOWN AND COUNTRY PLANNING ACT 1990  
ERECTION OF 2 NEW BUILDINGS (1 x 6 STOREY AND 1 x 3 STOREY) TO BE  
USED AS  
NEW SURGICAL CENTRE WITH CAR PARKING AND LANDSCAPING AND  
TWO STOREY IT/TELECOM BUILDING AT MUSGROVE PARK HOSPITAL  
TAUNTON**

**RESPONSE TO PLANNING APPLICATION**

Introduction

We have been appointed by the residents of Numbers 42, 44, 46, 48 & 50 Ashley Road (“the Properties”) to consider and object to the above planning application. Our clients are not against the principle of a new surgical centre at Musgrove Park Hospital, but rather, strongly object to the proposal as submitted. They believe that the proposal has not been fully explored with regard to the environmental impact upon their properties and more importantly on their quality of life.

We have read the Architects’ design statement and would wish to take issue with their fundamental design philosophy. For the sake of clarity, we set out below the design statement:

*“The design intent is to create a building prominent to the whole hospital campus ... a reference point. The building mass is generally within the overall hospital context. The ‘Crescent’ building is intended to be low rise, to ensure it will not ‘impinge’ onto/into the adjoining neighbours ... Dense landscaping is incorporated to create a privacy screen to the neighbours ...”*

General design

The proposal, due to its relative position on the site and the nature of the surrounding built environment – in terms of scale and use – will not only be prominent to the ‘*whole Hospital Campus*’, but will be prominent to the Properties. It will, also, we believe, - for the reasons set out below – dominate the residential area of Ashley Road – and in particular the Properties.

We use the term ‘dominate’ carefully. The Architects state that they want ‘*a building prominent to the whole hospital campus*’. As an example, the Day Centre is at least 300 metres from the proposed buildings. The Architects presumably accept, therefore, that the proposed buildings will be prominent from that distance. We maintain, therefore, that as the Crescent building will be 14 metres away from the garden boundary to No.50 Ashley Road it will clearly **dominate** the Properties and other properties in Ashley Road and other neighbouring properties.

As far as we can determine, level 0, 21.00m correspond to the ground floor level of no 50 Ashley Road. It is worth noting that the 3 storey element of the proposal is the equivalent height to a 5 storey residential block of flats, while the 6 storey element is equivalent to a 10 storey residential block of flats. The fact that the Architects' drawings show some or all of the ground floor of the proposed buildings being below ground floor level is immaterial as the ground floor level of no 50 Ashley Road shares the same base level as the proposal.

Clearly, if constructed as applied for, the 6 storey element will be the highest building in Taunton. The 3 storey element is only 14 metres away from the rear garden boundary to No.50 Ashley Road, a shorter distance from the rear garden boundary to the nearest rear elevation of the house.

With such a dominant mass of structure at such close quarters, all sense of privacy will be lost. The family will find it very difficult to use their private garden, not only because of direct overlooking, but also because of loss of light and loss of sunlight. The loss of light will also reduce the natural light into the house. These points also affect Nos.38, 40, 42, 44, 46 and 48 Ashley Road.

Whilst loss of privacy, light and sunlight are major issues, the overbearing sense of such a large and oppressive building being so very close to these properties, will be totally unacceptable and unreasonable.

The design statement puts forward the intent that the 3 storey '*Crescent*' building is intended to be low rise, to ensure it will not impinge onto/into the adjoining neighbours.

Clearly the proposed location of the Crescent building does **not** achieve this due to its very close proximity to the Properties.

The Architects have, we believe, made a gesture in the design by stepping the building down at the juncture of No.50 Ashley Road, but it is totally inadequate in so far as no recognition is given to the height and closeness of the proposal to the Properties. We do not believe they have fully appreciated the impact that their proposals will have on our clients.

Indeed, we understand that at no time have the Architects sought the consent of the owners of the Properties or any of the owners of any other properties in Ashley Road or Henley Road to view the likely impact from either the back gardens of the Properties or from inside their houses.

It is we believe a question of relative scale. The Properties in Ashley Road are low rise, low scale and have a residential use. Often their ground floor to eaves height hardly exceeds 4.6/4.8 metres. The [Domestic] scale of the Properties will be totally overshadowed by the mass and close proximity of the proposal. The proposed buildings are totally without respect for adjacent properties by virtue of their height, mass, scale and close proximity to our clients' properties' boundaries.

Dwellings on both sides of Ashley Road and also properties in Henley Road depend upon the gaps between the opposite properties to give that glimpse of beyond. The proposal will greatly affect virtually the whole of Ashley Road and parts of Henley Road.

The site area of Musgrove Park Hospital is very large and it appears perverse that the proposal has been sited so close to our clients' boundaries. It would appear to us that the result of such a decision comes from the concept of creating an enclosed garden between the 3 storey and the 6 storey buildings. Whilst we recognise that garden areas are an important part of any recuperative treatment, we do question, however, whether the serious implications to adjacent residents merit the intent. Further, it must also be questioned how usable such a garden will be. Whilst south facing, it will in reality be totally shaded in the afternoon by the 6 storey structure to the west and in the morning by the 3 storey structure to the east.

The Architects state in their design statement that they wish for the proposal to be *prominent* but also they go on to say that the building is within the overall mass of the hospital campus. At present, the majority of the buildings are relatively low rise and single storey structure, apart from the Queen's Building and the Duchess Building, both being 3 floors. We would disagree strongly that the proposal in any way relates to, or is within, the overall massing of the campus. It is, we would argue, a contradiction of terms to have a building which is *prominent*, but at the same time being within the general mass of the campus.

### Landscape

The design statement continues by suggesting that '*dense landscaping is incorporated to create a privacy screen to the neighbours*'. Our clients do not want a *privacy screen* sufficiently high to mask the equivalent of a 5 storey block of flats imposed upon them on the boundary of their properties. We do not believe that it is acceptable to pay lip service to the enormous problem that the proposal will create to our clients by suggesting that some landscaping on the boundary will give privacy. The effect will, in many ways, be as bad as the proposal and would not address the loss of light or loss of sunlight concerns.

Further, to have any affect the landscaping will need to be at least 12 metres high. We would suggest that it will be virtually impossible for landscaping planted in such a small area to reach that height; if it does, it will by the same token affect our clients' properties in terms of overhang and root damage. The question must also be raised as to the type of landscaping, the speed of growth, whether the soil conditions (we understand they are unsuitable) are suitable for such growth and whether it will be coniferous. Again, clearly the implications have not been carefully thought through.

## Roads

We understand that the Taunton and Somerset NHS Trust intend ultimately to have a one-way 'ring road' around the perimeter of the site, encouraging vehicles to enter and leave by what will become the main access from the Wellington Road. Consequently, much traffic going to other car park areas, including the multi-storey car park, will pass directly alongside our clients garden boundaries.

The existing road at the bottom of the gardens to Nos. 46, 48 and 50 Ashley Road is elevated, relative to the gardens and is on a downward gradient. There has been at least one occasion where a car, going too fast, left the road and ploughed into the garden of No.48 Ashley Road. As far as we can determine, the proposed road is approximately at the same elevated level. However, this proposal has removed the existing tight bend in the road and has, in effect, made the road faster. A faster road will prejudice safety. The risk to our clients' personal safety when using their gardens will also be greatly increased.

Faster vehicles will cause greater noise, which will be further intensified by noise reverberating off the curved wall of the Crescent building directly towards our clients' homes. The Crescent form will, in a sense, give a radial effect to the reverberated noise, ensuring at least Nos.38-50 Ashley Road are affected. Neither will a wall at the bottom of our clients' gardens be the answer.

Other environmental issues that have not been addressed by the applicant as far as our clients are concerned, are:

- (a) light pollution – at night the effect of the hospital being lit, internally and externally, will directly affect many of the properties in Ashley Road, Henley Road, Parkfield Drive and, in particular, their bedrooms.
- (b) noise pollution – apart from the close proximity of the road, the hospital is a very busy place with almost continual noise emanating from it and its plant. The close proximity of the Crescent building to the Properties will inevitably result in such noise being audible to occupiers of the Properties especially when in their gardens and at night.
- (c) loss of daylight and sunlight has been covered above.
- (d) loss of privacy such that the private gardens will become unusable.
- (e) loss of privacy within our clients living and bedroom accommodation.

### Alternative option

We recognise that there are many complicated issues to be taken into account when designing a modern hospital and we would not be as presumptuous as to say how it should be done. Without knowing all the parameters, we do strongly believe, however, that if the environmental impact of the proposal on the neighbouring residential properties is built into the brief, and design constraints/philosophy with equal weight as other issues, an alternative site and form will be found.

We attach a sketch site plan showing an alternative site/form for the buildings, together with an explanation of the thinking behind our suggestion. The suggestion is not intended to be the 'answer' but merely to suggest that there are more ways than the current proposal to overcome the environmental issues affecting adjacent residential properties.

### Conclusion

We are firmly of the opinion that the Local Planning Authority should request that the applicant re-visits the design and takes into account the environmental impact that its proposal will have upon the residents of Ashley Road and other neighbouring roads. In particular, we would emphasise the following:-

- (i) the height, scale and mass of any proposal should not dominate any neighbouring residential properties – as the current proposal clearly does.
- (ii) the distance of the proposal from neighbouring residential properties should be such that environmental issues, such as loss of privacy, loss of light, loss of sunlight, light pollution, noise pollution and safety are not prejudiced.
- (iii) the road alignment should be such that it does not cause additional noise over and above that experienced at present and that safety should not be prejudiced.
- (iv) Landscaping from our clients' perspective must not be used to hide fundamental environmental problems, whilst in so doing, creating other problems.

Our clients would appreciate that the above comments are placed before the Planning Committee and that your Authority recommends refusal to the design on environmental grounds.

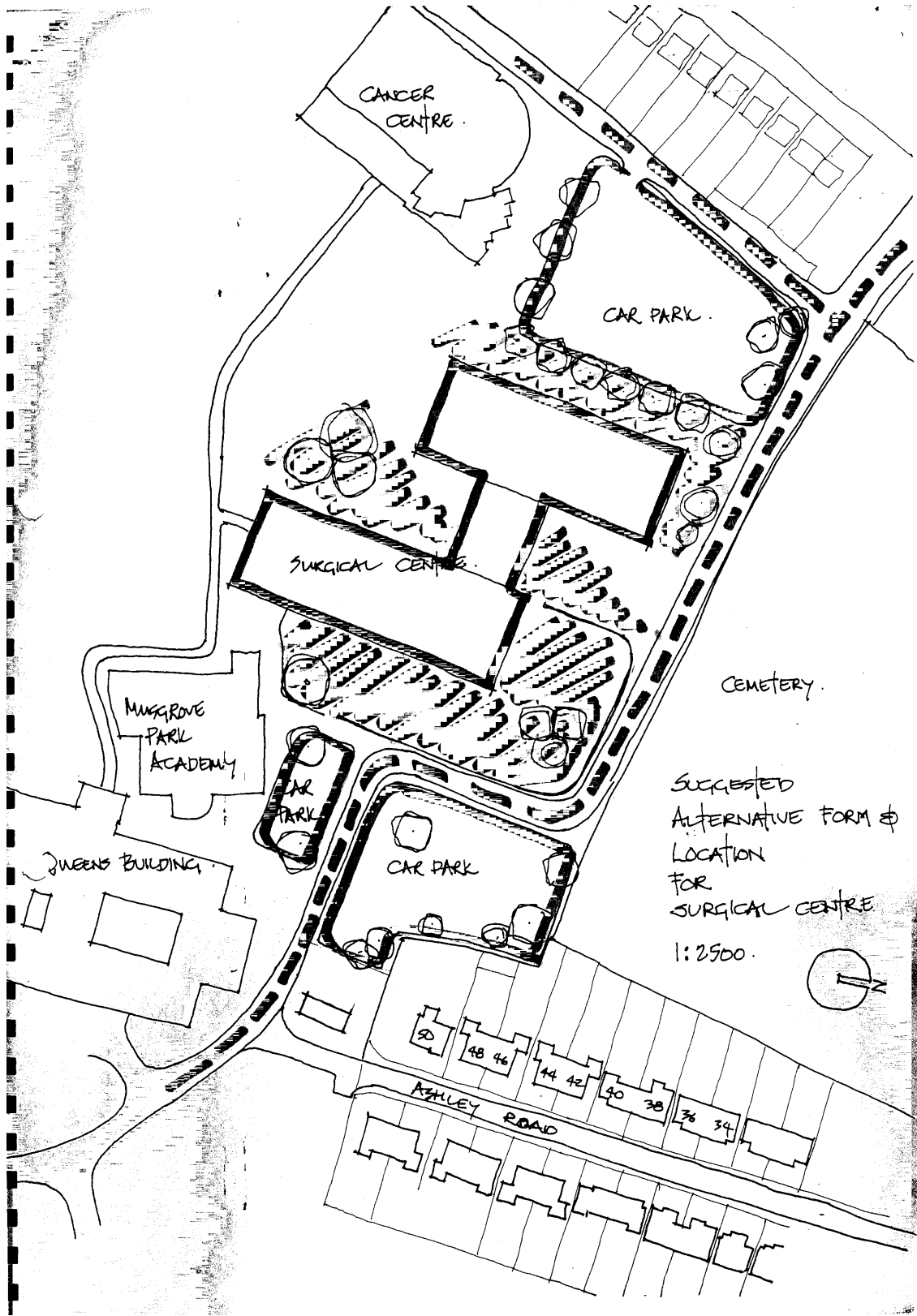


With regard to the alternative site plan (attached) please note our thinking:-

1. The plan indicates the alternative location of the buildings to the current proposals. It could be either one 3 and one 6 storey wing or one 4 and one 5 storey wing. Whichever, this alternative would give as far as we could see, the same total floor area as the current proposal.
2. The 3 proposed parking areas allow for the same number of parking spaces as provided for on the current proposal, but with the benefit that parking is not concentrated in one large area of tarmac.
3. The alternative would allow for the building to be built in phases. When ready, patients from the existing wards could be transferred to the first phase, at which stage, those wards could be demolished and the second phase built – we acknowledge that this is over simplifying the complexity of the issues involved.
4. The new building would be of equal distance from the residential houses in Ashley Road and Musgrove Road.
5. The building will be linked to the 'Hospital Street' in order that enclosed access to the Queens Building and the Cancer Centre can be obtained.
6. Our alternative also provides for two 45 degree bends in the road which will automatically slow down traffic.
7. With regard to the proposed IT/Telecom building, we have turned this round by 90 degrees and we suggest, also, that it be located to the rear of the existing car park next to the cycle shed in order to minimise the loss of light to No.50 Ashley Road.

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27<sup>th</sup> October 2005



CANCER CENTRE

CAR PARK

SURGICAL CENTRE

CEMETERY

MUGGROVE PARK ACADEMY

CAR PARK

CAR PARK

QUEENS BUILDING

SUGGESTED  
ALTERNATIVE FORM &  
LOCATION  
FOR  
SURGICAL CENTRE

1:2500



ASHLEY ROAD

20 48 46 44 42 40 38 36 34

## **APPENDIX B**

**Taunton & Somerset NHS Trust  
New Surgical Centre Development  
Design Development Strategy**

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## **Introduction**

Although the exact geographical location of any new development on the existing hospital site is important, it is not the starting point of the design process and in fact is a consequence of other more important factors.

On a site like Musgrove Park Hospital where clinical services are provided in a mix of relatively modern buildings and old 1940s single storey buildings, it is essential that there is an overall long term strategy for the development of the whole site. This needs to set out what new facilities are likely to be required and how they will fit in from both a clinical and geographical perspective. In this respect the new Surgical Centre is an integral part of the Trust's overall Development Control Plan to modernise the whole site.

## **Surgical Centre**

The primary driver for this development is to replace the existing surgical wards, theatres, intensive care unit and other facilities housed in buildings which are approximately 70 years old, have reached the end of their useful life and are unfit to meet modern healthcare needs. Not only will the development provide new facilities meeting modern space and quality standards, but it offers the opportunity to develop and implement new methods of service delivery that will improve the quality of care provided to patients. It will also allow best use to be made of technology advances, and enable the Trust to provide services more efficiently and cost effectively.

It is these aspects of the development that provide the starting point for the whole design process. Before any thought is given to plans and building form, a complete review is undertaken of all the existing services that it is proposed to include within the new facilities. This involves extensive consultation with clinicians, managers and external stakeholders, such as the Primary Care Trusts and the Strategic Health Authority. These consultations establish the types of clinical and support services that need to be accommodated and how they will be delivered in terms of staffing, technology, etc. They also include an assessment of the volumes of different types of clinical activity, which influences the capacity and the relative positions of, and relationships between the different clinical departments, both within the new building/s and with other parts of the hospital. The potential impact of the new the new facilities on the flows of, for example people and supplies is also considered.

Once these principles have been established the next stage is to develop a schedule of accommodation for each department. Although there is some flexibility to tailor these to suit local initiatives or new models of care, in nearly all cases the minimum space requirements are prescribed in NHS Standards which have to be adopted. It is only at this stage that there is any indication of the likely floor area requirement for the new building.

Only after this stage is reached can consideration be given to the possible locations of the building on the site.

In the case of the Surgical Centre the key requirements arising from all the service review work that needed to be satisfied in selecting the location of the new facilities are summarised below: -

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Design Development Strategy**

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- The introduction of a new model of care involving the assessment of both medical and surgical emergency referrals in one location at the 'front' of the hospital, with easy access to essential diagnostic equipment diagnostic (CT Scanning / X Ray / Ultrasound) , dictated that this department had to be at the same level and as close as possible to the existing A & E Department in the Queens Building.
- The need for the proposed GI Investigation Unit to share easy access to the same diagnostic facilities as the Combined Emergency Assessment Unit requires it to be located next to it, and this influenced the size of the building needed close to Queens Building.
- The need to have the operating theatres on the same level as the intensive care and high dependency unit.
- Minimising disruption to existing clinical and support services
- Minimising the need to decant existing services because their buildings will be demolished. The lack of free space on the site limits the scope to provide temporary accommodation
- Planning considerations, for example massing, adjacencies to boundaries, neighbours, etc.
- Creating an attractive healing environment for patients and good working conditions for staff by maximising daylight
- The need to ensure that good links can be achieved to future developments as detailed in the Development Control Plan; in particular the need for the theatres in the proposed Women's and Children's Unit to be close to and at the same level as those in the Surgical Centre

Having assembled all this information a number of different options for the position of the new development on the site were examined and evaluated.

These are summarised below together with the evaluation criteria.

**Options**

A	Do Minimum
B	Rear of Queens, preferred option in SOC
C	Rear of Queens, plus Trust Management offices and Satellite X-ray buildings
D	Rear of Queens plus Trust Management offices
E	Trust Management offices, Satellite X-Ray and Finance Buildings and Old Building Car Park
F	Trust Management offices, Satellite X-Ray, Finance Buildings and Sterile Services Buildings and Old Building Car Park - <b>Preferred Option</b>

**Evaluation Criteria**

1	<b>Improved Quality of Care for patients</b> – by ensuring all clinical services are provided from user-friendly and functionally safe and suitable environment
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- 2 **Access** – ensuring access to services is appropriate for patients in terms of time and location
  - 3 **Quality of physical environment** – by creating attractive and modern facilities for patients, visitors and staff
  - 4 **Creating a coherent and practical estate configuration** – allowing known developments, such as Cardiac and Cancer, to be executed in an integrated and coherent way
  - 5 **Flexibility for the Future** – creating the framework for as yet unforeseen development, and ensuring space for potential future developments on all sites is not “sterilised” by poor planning
  - 6 **Backlog Maintenance** – minimising backlog maintenance for the sites, either by carrying it out or by replacing old facilities with new
  - 7 **Ease of implementation** – minimising disruption to service delivery during the implementation of the development and carrying necessary support from stakeholders
  - 8 **Operating costs** – capital charges (annual charge related to the capital cost of the building), staffing, drugs and consumables, energy and maintenance costs
  - 9 **Planning and conservation** – minimising impact on the environment
- 

**Advantages and Disadvantages of Options**

The following tables summarise the key advantages and disadvantages for each option, which were recorded as part of the evaluation process, and which led to the selection of Option F as the Preferred Option.

Option A: Do Minimum		
	Advantages	Disadvantages
<b>Models of Care</b>		Does not enable implementation of new models of care.  Continuation of poor patient environment, which cannot meet privacy and dignity requirements.
<b>Adjacencies</b>		Very poor adjacencies between surgical theatres/wards and services within Queens and Duchess Buildings.
<b>Building Layout</b>		Clinical accommodation remains a high risk area for infection leading to regular closures of wards and cross infection. Also major risks within ICU due to lack of appropriate segregation and single room accommodation.  Retains all the disadvantages associated with running surgical services within outdated, poorly designed accommodation.  Hospital will continue to have insufficient beds and theatres to meet

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<b>Option A: Do Minimum</b>		
	<b>Advantages</b>	<b>Disadvantages</b>
		rising level of demand.
<b>Construction</b>	NA	
<b>Site Position</b>	NA	
<b>DCP/Vision</b>		No opportunity to redevelop the overall site by reducing the proportion of single storey accommodation in favour of multi-storey.
<b>Decant/Enabling Works</b>	No disruption to hospital site.	
<b>Car Parking</b>	NA	
<b>Backlog maintenance</b>	Backlog maintenance works can be phased over a longer period.	Backlog maintenance work will require phased closure of surgical services or significant decanting, to enable work to be undertaken on mechanical, electrical and engineering parts of Old Building.
<b>Finance</b>		Higher costs associated with purchasing in additional capacity from outside the hospital.
<b>Planning</b>	NA	

<b>Option B: Rear of Queens</b>		
	<b>Advantages</b>	<b>Disadvantages</b>
<b>Models of Care</b>	Enables all surgical services to be built to modern standards, including consumerism requirements such as single rooms.	
<b>Adjacencies</b>	<p>Excellent clinical adjacencies with other surgical services within Queens building, including A&amp;E, rehab, orthopaedics, ophthalmology and six theatres.</p> <p>Close adjacencies to services within Duchess and Queens buildings, including medical wards, pharmacy and medical imaging.</p> <p>Opportunity to create a dedicated GI department with integrated medical and surgical wards adjacent to investigation unit, due to proximity with medical wards and A &amp; E.</p> <p>Opportunity to redevelop the current kitchen and restaurant within the template of the new surgical centre, with excellent central location on the site for access by staff and visitors.</p>	

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<b>Option B: Rear of Queens</b>		
	<b>Advantages</b>	<b>Disadvantages</b>
<b>Building Layout:</b>		<p>Deep plan design would limit light to departments and wards.</p> <p>No easy opportunity for a main entrance to Surgical Centre.</p> <p>Ambulance access poor to CEAU/ITU/HDU.</p>
<b>Construction</b>		The area behind Queens has only one main access route and therefore there will be constraints on the contractors.
<b>Site Position</b>		<p>Footprint size inadequate for Surgical Centre requirements.</p> <p>Phasing of project will be complex to ensure continuation of clinical services in the vicinity of the build, and the maintenance of the main access corridor from Queens into the Old Building throughout the project.</p>
<b>DCP/Vision</b>	<p>Enables large part of old building to be demolished to make way for landscaping area, additional car parking and better road layout.</p> <p>Offers expansion of facilities to meet needs beyond 2010.</p> <p>Consistent with principles of site development plan to locate services within service zones.</p>	<p>Position would block green vision for site.</p> <p>Further expansion of clinical accommodation behind Queens will be dependent on removing other parts of the Old Building within subsequent phases.</p>
<b>Decant/Enabling Works</b>	No requirement to decant SSD	Requires enabling works to demolish existing buildings behind Queens Building, including main hospital kitchens, restaurant and supplies department. These will require a temporary solution during the period of construction.
<b>Car Parking</b>	Minimal impact on car parking during construction, none after completion.	
<b>Backlog maintenance</b>	Minimal backlog maintenance required.	
<b>Finance</b>	Affordable.	
<b>Planning</b>	Support in principle from planners.	

<b>Option C: Rear of Queens, plus Trust Management and Satellite X-ray</b>		
	<b>Advantages</b>	<b>Disadvantages</b>
<b>Models of Care</b>	Enables all surgical services to be built to modern standards, including consumerism requirements such as single rooms.	



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<b>Option C: Rear of Queens, plus Trust Management and Satellite X-ray</b>		
	<b>Advantages</b>	<b>Disadvantages</b>
<b>Adjacencies</b>	<p>Excellent clinical adjacencies with other surgical services within Queens building, including A&amp;E, rehab, orthopaedics, ophthalmology and six theatres.</p> <p>Close adjacencies to services within Duchess and Queens buildings, including medical wards, pharmacy and medical imaging.</p> <p>Opportunity to create a dedicated GI department with integrated medical and surgical wards adjacent to investigation unit, due to proximity with medical wards and A &amp; E.</p> <p>Can provide a link between Combined Emergency Assessment Unit in new build and A &amp; E in Queens.</p> <p>Opportunity to redevelop the current kitchen and restaurant within the template of the new surgical centre, with excellent central location on the site for access by staff and visitors.</p>	
<b>Building Layout</b>	<p>All 4 wards can be provided on one floor.</p> <p>Good opportunity to provide main entrance to Surgical Centre and focal point for hospital.</p>	<p>Irregular shape of footprint would create:</p> <ul style="list-style-type: none"> <li>• inefficient layout of wards.</li> <li>• inefficient people and service flows</li> <li>• long corridors</li> </ul> <p>Deep plan design would limit light to departments and wards.</p> <p>Poor outlook for some wards towards boiler house.</p> <p>Theatres on 4th floor so difficult to build link to theatres floor in future Women and Children's centre.</p> <p>Ambulance access poor to CEAU/ITU/HDU.</p>
<b>Construction</b>		<p>The area behind Queens has only one main access route and therefore there will be constraints on the contractors.</p> <p>Closeness of build existing to Sterile Services Department will require particular care owing to filtration risks.</p>
<b>Site Position</b>	<p>Good position in centre of hospital site.</p>	<p>Phasing of project will be complex to ensure continuation of clinical services in the vicinity of the build, and the maintenance of the main access corridor from Queens into the Old Building throughout the project.</p> <p>Footprint wraps around two sides of Somerset Academy</p>

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<b>Option C: Rear of Queens, plus Trust Management and Satellite X-ray</b>		
	<b>Advantages</b>	<b>Disadvantages</b>
<b>DCP/Vision</b>	<p>Enables large part of old building to be demolished to make way for landscaping area, additional car parking and better road layout.</p> <p>Offers expansion of facilities to meet needs beyond 2010.</p> <p>Consistent with principles of site development plan to locate services within service zones.</p>	<p>Position would block green vision for site.</p> <p>Further expansion of clinical accommodation behind Queens will be dependent on removing other parts of the Old Building within subsequent phases.</p>
<b>Decant/Enabling Works</b>	No requirement to decant SSD	Requires enabling works to demolish existing buildings behind Queens Building, including main hospital kitchens, restaurant and supplies department, plus Trust Management corridor, Satellite X-ray and various clinical offices. These will require a temporary solution during the period of construction.
<b>Car Parking</b>		Reduction in car parking in front of Old Building during construction.
<b>Backlog maintenance</b>	Minimal backlog maintenance required.	
<b>Finance</b>		Inefficient use of space in non-clinical areas would increase overhead costs.
<b>Planning</b>	Support in principle from planners.	

<b>Option D: Rear of Queens, plus Trust Management</b>		
	<b>Advantages</b>	<b>Disadvantages</b>
<b>Models of Care</b>	Enables all surgical services to be built to modern standards, including consumerism requirements such as single rooms.	
<b>Adjacencies</b>	<p>Excellent clinical adjacencies with other surgical services within Queens building, including A&amp;E, rehab, orthopaedics, ophthalmology and six theatres.</p> <p>Close adjacencies to services within Duchess and Queens buildings, including medical wards, pharmacy and medical imaging.</p> <p>Opportunity to create a dedicated GI department with integrated medical and surgical wards adjacent to investigation unit, due to proximity with medical wards and A &amp; E.</p> <p>Can provide a link between Combined Emergency Assessment Unit in new build and A &amp; E in Queens.</p>	

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<b>Option D: Rear of Queens, plus Trust Management</b>		
	<b>Advantages</b>	<b>Disadvantages</b>
	Opportunity to redevelop the current kitchen and restaurant within the template of the new surgical centre, with excellent central location on the site for access by staff and visitors.	
<b>Building Layout</b>	Good opportunity to provide main entrance to Surgical Centre and focal point for hospital.	<p>Irregular shape of footprint would create:</p> <ul style="list-style-type: none"> <li>• inefficient layout of wards.</li> <li>• inefficient people and service flows</li> <li>• long corridors</li> </ul> <p>Wards split between two floors.</p> <p>Poor outlook for wards towards boiler house.</p> <p>Deep plan design would limit light to departments and wards.</p> <p>Theatres on 5th floor so difficult to build link to theatres floor in future Women and Children's centre.</p> <p>Ambulance access poor to CEAU/ITU/HDU.</p>
<b>Construction</b>		<p>The area behind Queens has only one main access route and therefore there will be constraints on the contractors.</p> <p>Closeness of build existing to Sterile Services Department will require particular care owing to filtration risks.</p>
<b>Site Position</b>	Good position in centre of hospital site.	<p>Phasing of project will be complex to ensure continuation of clinical services in the vicinity of the build, and the maintenance of the main access corridor from Queens into the Old Building throughout the project.</p> <p>Footprint wraps around two sides of Somerset Academy</p>
<b>DCP/Vision</b>	<p>Enables large part of old building to be demolished to make way for landscaping area, additional car parking and better road layout.</p> <p>Offers expansion of facilities to meet needs beyond 2010.</p> <p>Consistent with principles of site development plan to locate services within service zones.</p>	<p>Position would block green vision for site.</p> <p>Further expansion of clinical accommodation behind Queens will be dependent on removing other parts of the Old Building within subsequent phases.</p>
<b>Decant/Enabling Works:</b>	<p>No clinical decant required.</p> <p>No requirement to decant SSD</p>	Requires enabling works to demolish existing buildings behind Queens Building, including main hospital kitchens, restaurant and supplies department, plus Trust Management corridor. These will require a temporary solution during the period of

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<b>Option D: Rear of Queens, plus Trust Management</b>		
	<b>Advantages</b>	<b>Disadvantages</b>
		construction.
<b>Car Parking</b>		Reduction in car parking in front of Old Building during construction.
<b>Backlog maintenance</b>	Minimal backlog maintenance required.	
<b>Finance</b>		Inefficient use of space in non-clinical areas would increase overhead costs.
<b>Planning</b>	Support in principle from planners.	Height of 6 storey main building could cause planning problems.

<b>Option E: Old Building - Trust Management + Satellite X-Ray, plus Finance Block and Car Park</b>		
	<b>Advantages</b>	<b>Disadvantages</b>
<b>Models of Care</b>	Enables all surgical services to be built to modern standards, including consumerism requirements such as single rooms.	
<b>Adjacencies</b>	<p>Excellent clinical adjacencies with other surgical services within Queens building, including A&amp;E, rehab, orthopaedics, ophthalmology and six theatres.</p> <p>Close adjacencies to services within Duchess and Queens buildings, including medical wards, pharmacy and medical imaging.</p> <p>Opportunity to create a dedicated GI department with integrated medical and surgical wards adjacent to investigation unit, due to proximity with medical wards and A &amp; E.</p> <p>Can provide a link between Combined Emergency Assessment Unit in new build and A &amp; E in Queens.</p> <p>Opportunity to redevelop the current kitchen and restaurant within the template of the new surgical centre, with excellent central location on the site for access by staff and visitors.</p>	
<b>Building Layout</b>	<p>Opportunity to provide main entrance to Surgical Centre.</p> <p>All 4 wards can be provided on one floor with good bed configuration.</p> <p>Good outlook from most wards.</p> <p>Efficient use of space and communication areas.</p> <p>Good interchange ability and flexible use of accommodation.</p>	<p>Position of main entrance restricted with no drop-off points.</p> <p>Deep plan design would limit light to departments and wards.</p> <p>Theatres on 4th floor so difficult to build link to theatres floor in future Women and Children's centre.</p> <p>Two-block design of building reduces interface between departments.</p> <p>Ambulance access poor to CEAU/ITU/HDU.</p>

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<b>Option E: Old Building - Trust Management + Satellite X-Ray, plus Finance Block and Car Park</b>		
	<b>Advantages</b>	<b>Disadvantages</b>
<b>Construction</b>	<p>Good site access during construction.</p> <p>Less disruption to clinical services during build.</p>	<p>Closeness of build existing to Sterile Services Department will require particular care owing to filtration risks.</p>
<b>Site Position</b>	<p>Good position in centre of hospital site.</p> <p>Hospital street from Queens to Old Building can be maintained.</p>	<p>Somerset Academy cut off from road access.</p> <p>Footprint very close to hospital access road.</p> <p>Difficult right angled corner in access road would remain.</p> <p>Site further away from Day Surgery.</p>
<b>DCP/Vision</b>	<p>Some compatibility with DCP.</p> <p>Enables large part of old building to be demolished to make way for landscaping area, additional car parking and better road layout.</p> <p>Offers expansion of facilities to meet needs beyond 2010.</p> <p>Consistent with principles of site development plan to locate services within service zones.</p>	<p>Position would block green vision for site.</p> <p>Further expansion of clinical accommodation will be dependent on removing other parts of the Old Building within subsequent phases.</p>
<b>Decant/Enabling Works</b>	<p>Less decant implications as site is mainly car park and admin offices.</p> <p>Kitchens, restaurant, supplies, and waste compound not included in footprint.</p> <p>All clinical decant is included in scheme.</p> <p>No requirement to decant SSD.</p>	<p>Requires enabling works to demolish existing buildings which will be reprovided in new building, including Trust Management corridor, Satellite X-ray and various clinical offices. These will require a temporary solution during the period of construction.</p> <p>Finance Building will need to be relocated elsewhere on site.</p>
<b>Car Parking</b>		<p>Loss of car parking in front of Old Building, which cannot be reprovided to the west of the new building until existing World War II buildings are demolished.</p>
<b>Backlog maintenance</b>	<p>Minimal backlog maintenance required.</p>	
<b>Finance</b>		<p>Reduction in car parking income from loss of parking spaces.</p>
<b>Planning</b>		<p>Proximity and height of east block to private residences could cause planning problems.</p>

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<b>Option F: Old Building - Trust Management + Satellite X-Ray, plus SSD, Finance and Car Park</b>		
	<b>Advantages</b>	<b>Disadvantages</b>
<b>Models of Care</b>	Enables all surgical services to be built to modern standards, including consumerism requirements such as single rooms.	
<b>Adjacencies</b>	<p>Excellent clinical adjacencies with other surgical services within Queens building, including A&amp;E, rehab, orthopaedics, ophthalmology and six theatres.</p> <p>Close adjacencies to services within Duchess and Queens buildings, including medical wards, pharmacy and medical imaging.</p> <p>Opportunity to create a dedicated GI department with integrated medical and surgical wards adjacent to investigation unit, due to proximity with medical wards and A &amp; E.</p> <p>Can provide a link between Combined Emergency Assessment Unit in new building and A &amp; E in Queens.</p> <p>Good departmental adjacencies within new building.</p>	
	Opportunity to redevelop the current kitchen and restaurant within the template of the new surgical centre, with excellent central location on the site for access by staff and visitors.	
<b>Building Layout</b>	<p>Good opportunity to provide main entrance to Surgical Centre and focal point for hospital.</p> <p>Excellent open outlook from all wards on top two floors.</p> <p>Good use of natural light and ventilation.</p> <p>Position of theatres would provide easy link to theatre floor of new Women's and Children's block to be built in next phase.</p> <p>Efficient use of space and communication areas.</p> <p>Good interchange ability and flexible use of accommodation.</p> <p>Good ambulance access to CEAU/ITU/HDU.</p> <p>Good orientation onto green space with communal areas.</p>	
<b>Construction</b>	<p>Good site access during construction.</p> <p>Less disruption to clinical services during build.</p>	

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<b>Option F: Old Building - Trust Management + Satellite X-Ray, plus SSD, Finance and Car Park</b>		
	<b>Advantages</b>	<b>Disadvantages</b>
<b>Site Position</b>	<p>Good position in centre of hospital site.</p> <p>Hospital street from Queens to Old Building can be maintained.</p>	<p>Somerset Academy cut off from road access.</p> <p>Site further away from Day Surgery.</p>
<b>DCP/Vision</b>	<p>Compatible with DCP and drives forward green space and campus vision.</p> <p>Logical area for development of Women's and Children's block adjacent to Surgical.</p> <p>Enables large part of old building to be demolished to make way for landscaping area, additional car parking and better road layout.</p> <p>Offers expansion of facilities to meet needs beyond 2010.</p> <p>Consistent with principles of site development plan to locate services within service zones.</p>	<p>Further expansion of clinical accommodation will be dependent on removing other parts of the Old Building within subsequent phases.</p>
<b>Decant/Enabling Works</b>	<p>Less decant implications as site is mainly car park and admin offices.</p> <p>Kitchens, restaurant, supplies, and waste compound not included in footprint.</p> <p>All clinical decant is included in scheme.</p>	<p>Requirement to remove SSD before start of construction.</p> <p>Requires enabling works to demolish existing buildings which will be reprovided in new building, including Trust Management corridor, Satellite X-ray and various clinical offices. These will require a temporary solution during the period of construction.</p> <p>Finance Building will need to be relocated elsewhere on site.</p>
<b>Car Parking</b>		<p>Loss of car parking in front of Old Building, which cannot be reprovided to the west of the new building until existing World War II buildings are demolished.</p>
<b>Backlog maintenance</b>	<p>Minimal backlog maintenance required.</p>	
<b>Finance</b>		<p>Reduction in car parking income from loss of parking spaces.</p>
<b>Planning</b>	<p>East block stepped back and limited to 3 floors to minimise light loss to private residences</p>	<p>Proximity to private residences and height of west block could cause planning problems.</p>