Consultation Response from KC, **Highways Development Management**
2023/91345 Dewsbury and District Hospital, Halifax Road, Dewsbury, WF13 4HS
Erection of single storey building with roof top plant area to provide outpatient theatres, treatment rooms and consultant rooms with link to Boothroyd building, including demolition and remodelling of existing ramp and associated landscaping and drainage
Date Responded: 26/03/24 **Responding Officer: CNB** **Responding Ref: K14-10NW/3**

ADDITIONAL INFORMATION (revised car parking and drop-off)

This response is in response to additional information provided by the applicant in relation to the increase of on-site car parking within the hospital site and a drop-off point for the proposed building and the existing Boothroyd Centre and should be read in conjunction with the previous sets of comments supplied and appended below.

The additional information submitted by the applicant was in the form of a plan drawing showing proposed new car parking spaces within the hospital boundary (unnumbered) and a drawing indicating the location of the proposed drop-off point for the existing Boothroyd Centre and new proposal building (drawing No 0700 Rev P04).

Car Parking
The submitted drawing indicates that approximately 59 new spaces can be delivered (34 public spaces and 25 staff spaces), with a new footway between car park 19 and Woodkirk House, although there is the possibility that a small number of additional parking spaces may be able to be created throughout the car parks over the wider hospital site. It is noted that all the additional car parking spaces are located at the opposite side of the wider hospital site to the lost spaces.

The proposal site would mean the permanent loss of approximately 67 spaces (plus a further 5 informal spaces). With the proposed new parking spaces the difference would be a loss of approximately 8 formal spaces (although this may be able to be reduced further with additional extra spaces on existing car parks as mentioned previously). Although we would not wish to see any inappropriate parking being relocated on to the street within the locality of the hospital where there are existing parking issues, we consider that this number of lost spaces should be able to be managed and mitigated within the site wide hospital travel plan and that this loss of spaces wouldn't constitute a severe impact on highway safety within the area surrounding the hospital site.

Drop-off Point
A design showing the turning head for the drop-off point has been submitted and this also relocates the cycle parking to closer to the main entrance, which removes the need for a linking footway and allows the access to the drop-off to be approximately 5.7m. The drawing shows a swept path analysis allowing a car to turn safely within the site, however this has necessitated the removal of three standard parking spaces and one accessibility space. The drop-off and turning area as represented on the drawing is acceptable.

With this we consider that the proposals, with the additional parking spaces, re-routed footpath and the amended drop-off point are, on balance due to the slight shortfall of spaces, acceptable on highways grounds with the following conditions.

Conditions

Before the development is brought into use, the revised car parking and pedestrian footpath shall be completed in accordance with the details shown on the approved plans and retained thereafter.
Reason: To ensure a suitable access and layout in the interests of highway safety

Before the development is brought into use, turning facilities at the proposed drop-off point shall be provided in accordance with the details submitted and approved by the Local Planning Authority in drawing No 0700 Rev P04. The turning facilities shall thereafter be made available for use at all times by vehicles and shall be kept free from obstruction to such use.
Reason: In the interests of highway safety and to achieve a satisfactory layout

Unless otherwise agreed in writing by the LPA, all construction arrangements shall be carried out in accordance with the approved schedule, drawing No A-1170 Rev P2 Site Logistics Plan, throughout the period of construction.
Reason: In the interests of highway safety

Previous response (sent 26/01/2024)

ADDITIONAL INFORMATION (car parking survey) RESPONSE

This application is for the erection of a single-story day treatment building on the site of an existing hospital car park with an access on to Healds Road, a 30mph two-way single carriageway residential link road of approximately 7.6m width with footways on both sides, street lighting present and Permit Holders Only parking bays opposite the site. There are No Waiting At Any Time TRO markings on the same side as the proposal site. To the east of the site entrance there are school zig-zag and keep clear markings.

The main entrance to the hospital and the car parks is located off the A638 Halifax Road and is located approximately 360m to the north of the proposal site. A638 Halifax Road is a 30mph two-way single carriageway main distributor road of approximately 10.8m width with a hatched central reserve to create right turn lanes, footways on both sides and street lighting present. There is a controlled pedestrian crossing to the east of the hospital entrance with some keep clear markings to the front of business and residential accesses. There is evidence of on street parking on both sides of the road near the hospital entrance.

The application site benefits from pre-application advice (23/20151) and the HDM response highlighted the parking concerns that have been recorded by the Kirklees highways safety team within the area of the hospital.

These comments are in relation to the additional information submitted by the applicant in relation to the provision of car parking survey information only. These comments should be read in conjunction with the previous comments submitted on 15/08/23 and attached below.

The proposals are to be built on an existing car park and approximately 67 of the staff and patient parking spaces at this location would be lost with this parking demand dispersed to other locations. The initial HDM concern was that the lost parking would relocate on to the adopted local highway network which currently suffers from recorded parking issues and highway safety concerns. The car parking survey was to demonstrate that there was sufficient parking available within the overall hospital site to allow for the losses caused by the proposals.

The car park and on-site on-street parking surveys were carried out over two days (Monday 27th November 2023 and Tuesday 28th November 2023) although only three sites had Monday data submitted and so this assessment used only the full site data from the Tuesday. It is noted that the car parks from the application site were excluded from the submitted data, but investigation of the site indicates that it contained 67 parking spaces, currently marked as 44 staff places and 28 visitor spaces or up to 72 when "informal" parking is included.

The surveys indicated that the existing car parking comprised of 323 visitor parking spaces, 52 blue badge parking spaces and 523 staff parking spaces. These figures exclude any on-street parking within the site and any "informal" parking spaces.

It is known in car park operation that at 90% occupancy level the efficiency of the car park begins to rapidly break down as drivers circulate looking for spaces and so even under 100% capacity some car parks can have issues when they are filling up, especially when this occurs quickly at the beginning of a shift.

It was noted that from the results of the surveys that only 2 car parks (out of 18 surveyed) were below 100% capacity for part of the day, this was staff car park S1 which, from its 24 spaces had approximately 11 spaces available throughout the day, operating at approximately 58% occupancy as a session average and staff car park S2 which, from its 16 spaces had approximately 9 spaces free, operating at approximately 43% occupancy as a session average. Car park B1 which is reserved for blue badge holders only showed a demand of over 100% for only 15 minutes during the day (although it was over 90% throughout almost all of the afternoon of the survey), this may have been because of the parking restrictions at this car park. The remainder of the staff and visitor car parks were at 100% or above capacity for at least part of the day with the staff car parks being above capacity from the morning right through to midafternoon and may reflect a shift pattern.

It is assumed that where the car parks were above 100% capacity that "informal" parking took place on these car parks.

It was noted that no information was supplied for staff car park S9 and it was later confirmed that this car park is currently used for container storage. Prior to this the car park was estimated from aerial photographs to have approximately 34 formal spaces.

This would indicate that even though most car parks were operating above 100%, there were possibly 20 staff car parking spaces available on staff car parks S1 and S2, although in 2022 Streetview showed staff car park S2 had a "residents permit parking only" sign at the entrance and we are not sure if this still remains and this is assumed to be the reason for the available spaces and why this car park was not submitted with the initial parking survey details.

The internal on-street surveys showed that there were very limited spaces available but, in most cases, the on-street parking was oversubscribed, and "informal" parking occurred where parking restrictions were in place.

No information was provided showing current parking conditions within the surrounding adopted highway network and so no assessment could be made for the day of the survey of the possible available and safe on-street parking provision and the existing concerns voiced by the Kirklees Highway Safety team relating to parking issues that have been raised by local residents still remains.

Given the above information, it looks likely that the existing car parks within the hospital site would not be able to adequately absorb the displaced parking lost with the development proposals and so we would expect this parking demand to be transferred to the surrounding adopted highway network. As this currently experiences severe parking and obstruction issues caused mostly by the hospital parking demand and noted on file with the Kirklees Highway Safety team, we could not support any development that would encourage additional on street parking in this location.

As the applicant has failed to provide evidence that the proposals would not have an adverse impact on the safe operation of the local adopted highway network, we cannot support the application and thus object on highway safety grounds.

Original Comments (sent 15/08/23)

This application is for the erection of a single-story day treatment building on the site of an existing hospital car park with an access on to Healds Road, a 30mph two-way single carriageway residential link road of approximately 7.6m width with footways on both sides, street lighting present and Permit Holders Only parking bays opposite the site. There are No Waiting At Any Time TRO markings on the same side as the proposal site. To the east of the site entrance there are school zig-zag and keep clear markings.

The main entrance to the hospital and the car parks is located off the A638 Halifax Road and is located approximately 360m to the north of the proposal site. A638 Halifax Road is a 30mph two-way single carriageway main distributor road of approximately 10.8m width with a hatched central reserve to create right turn lanes, footways on both sides and street lighting present. There is a controlled pedestrian crossing to the east of the hospital entrance with some keep clear markings to the front of business and residential accesses. There is evidence of on street parking on both sides of the road near the hospital entrance.

The application site benefits from pre-application advice (23/20151) and the HDM response highlighted the parking concerns that have been recorded by the Kirklees highways safety team within the area of the hospital and suggested that a drop-off/pick up point was incorporated into the proposals, a very strong travel plan was provided and a swept path showing access for a refuse vehicle was provided.

The application was accompanied by a Transport Statement and a Travel Plan prepared by Scott, White and Hookins, both dated February 2023.

The proposals are to build a single-story day treatment unit over an existing car park with the loss of 67 car parking spaces with an additional loss of 52 spaces during construction. It should be noted that street view shows 72 parked vehicles in this area due to some non-standard parking occurring and so it is likely that the actual loss would be above the marked 67 spaces.

The Kirklees Highway Safety Team have provided the following comments regarding parking and obstruction issues related to the hospital and based on their record of complaints and concerns received,

. . . the loss of any off-street parking here would be at the detriment of the adopted highway as drivers already park and block access on some residential roads at off Staincliffe Road, it would add to the parking congestion lower down Healds Road which is full at school opening and closing times causing access issues up and down the road here. We get regular complaints from both the school and hospital staff about a lack of on-street parking and obstruction including on Healds Road, Longlands Road which is private, Staincliffe Road, Dray View and Prospect Terrace. In addition, drivers complain that access and visibility on to Halifax Road is difficult due to staff, visitors and patients parking on the road up to Thorncliffe Road, Millbrook Gardens and Chapel Road.

The residents of Cullingworth Street and Squirrel Hall Drive also report drivers associated with the Hospital parking and preventing access to the relevant cul-de-sacs and their private parking areas.

Taking this information into account, I cannot support any developments at this location which would reduce the amount of off-street parking available and add to the complaints already received in this area.

The Transport Statement suggested that the loss of the parking spaces could be taken up with the remaining 935 (883 during construction phase) parking spaces within the hospital site, however it should be noted that no car park surveys were carried out to indicate that there were a suitable number of spaces available within the existing car parks to fully take the expected displacement, no details were provided showing accessible pedestrian routes between the existing car parks and the proposed new building and the existing Boothroyd Centre and no mention was made around the existing on-street parking concerns recorded on the surrounding highway network that are occurring without any loss of parking spaces. Mitigation for the loss of the existing drop-off and pick-up for the Boothroyd Centre was also omitted from the Transport Statement as was any suggestion of where drop-off and pick-up for the proposed building would be located, a noticeable omission after the Transport Assessment suggests that it is considered likely that patients may arrange to be dropped off and picked up , as they may not be ready to drive following even a minor procedure (paragraph 4.2.2).

Trip Generation

The existing and proposed trip generation details submitted within the Transport Statement are based upon assumptions for both the estimated number of staff vehicles for the full hospital and the proposed development.

The staff parking demand for the full hospital site was based on an assumption that approximately 500 staff work in each shift. This was estimated using a 2022 NHS Key Statistics Report that suggests there are 1.2million hospital staff based in 1200 hospitals and that half of these 1000 staff would be split over two shifts. This assumption may be false, and the likelihood of staff being equally distributed over what may be variable sized sites appears flawed. The assumption that the staff shifts are equally split over 2 shifts also appears flawed as it would be expected that a higher proportion of the staff would work during the day shift when most hospital visitors would be expected and so the demand for non-clinical support and administrative staff would be at its highest. These staffing assumptions were then applied to some modal split figures of undetermined origin that suggested there would be an overall staff parking demand of 412 spaces. Due to the number of assumptions made, these figures cannot be guaranteed as being representative of the actual staff parking demand. There is also no account taken of

the crossover demand that would occur when shifts change and the full estimate of 1000 staff would be on site together for a brief time.

For the proposed unit the required level of staffing was estimated using a "nursing blog" as no staffing details have been provided by the hospital trust. Again, this is just an estimate based on assumptions that may provide incorrect information, however a suggestion of 38 staff has been made for the new building, again based on the estimated trip generation, this would create a demand for an additional 32 parking spaces for staff alone. We have no way of assessing if this number is correct.

Trip generation for patients was suggested at 12 patients per day (based on 6 operations in each of the two theatres per day). However, this seems low with 9 consulting rooms being included within the proposal site, along with two operating theatres, four major treatment rooms and four stage 1 recovery bays with three stage 2 recovery bays. This may indicate that the number of patients accessing the building for treatment or consultation in a day may be above 12. However, without any further details we have used the predicted 12 patients a day for this assessment.

We do not have a concern that the proposed development would generate sufficient trips as to have a severe impact on the operation and efficiency of the local highway network, however we do have concerns regarding the ability of the remaining car parks to service the existing and proposed demand and we would expect that there would be an increase of demand for on-street parking in an area that is already oversubscribed has led to a number of complaints relating to unsafe and unsociable parking.

Parking
The Transport Statement indicates that a parking inventory was carried out and 1002 parking spaces were identified within the Hospital grounds. It should be noted that there is evidence of "informal" parking in some areas of the hospital and so the actual number of vehicles parked on site may be higher, this also goes for the area of parking proposed for the new development, with street view showing an additional 5 vehicles parked within the area to be lost to development.

The proposals are to permanently remove 67 parking spaces, currently marked as 44 staff places and 28 visitor spaces (72 when "informal" parking is included) to house the new building, this is approximately 7% of the hospital's parking stock, with an additional temporary loss of a further 52 parking spaces (although this also will be slightly higher given the loss of additional "informal" parking spaces) which is a temporary loss of 11% of the hospital's parking supply.

Figures provided in paragraph 4.1.4 indicate that the overall hospital staff car park has 248 spaces with a maximum staff demand for 412 spaces. The staff spaces to be lost permanently (44 spaces) due to the development would account for 17% of these staff parking places. This parking would be displaced either on to patient/visitor parking spaces or the surrounding highway and if it is the former then the patient/visitor parking demand will be displaced into the surrounding highway.

It could be argued that the loss of parking added to the increased demand for parking from the new proposals would lead to a requirement for 111 parking spaces to be displaced form the hospital site. Some of this may be into spaces elsewhere within the hospital site, but there has been no evidence provided that indicates there will be any free spaces. It is expected that the majority of this displaced parking will relocate to the surrounding highways.

To mitigate against the displacement of parking on to the highway there may be a requirement for a parking strategy and management plan that would better utilise the hospitals remaining parking stock and organise its use to achieve the maximum efficiency of use and make the on-site parking offer more attractive than using on-street parking.

Active Travel Modes
It was noted that both the transport statement and the travel plan mention the promotion of active travel, however the proposed development fails to show any safe and secure cycle storage for staff. It is assumed that patients receiving selective surgery would not wish to, or may be able to, travel by bicycle and so only staff cycle storage would be required.

Travel Plan
A travel plan was submitted for the proposals but appears very limited in its reach. It states that the Hospital Trust has a Travel Plan for the hospital site but this not in the public realm and therefore does not appear to have been incorporated in to the submitted travel plan.

The Travel Plan was initially requested within pre-application advice as a way to mitigate against the loss of the on-site parking and should ideally take account of the full hospital site in order to reduce parking demand over the full site in order to counter the loss of 67 parking spaces. It appears impossible from the staffing information provided for the proposed site that a sufficient drop in parking demand could be created by the proposals, in fact an increase in parking demand of 44 spaces has been indicated.

The submitted travel plan appears to be for the staff at the proposed new development only and does not take into account the loss of the parking spaces for existing staff, ideally for the travel plan to be most effective it should encompass the whole hospital site as this would be the only way to reach sufficient drivers as to be able to reduce the parking demand sufficiently.

Based on the figures provided within the Transport Statement, and discussed above, the travel plan would need to achieve a reduction of at least 111 vehicles to mitigate against the development proposals and the submitted travel does not appear strong enough to achieve this. The travel plan would need to be linked to the larger site wide plan and show that there is full support for the aims and targets within the travel plan from the Hospital Trust management.

Claims within the Travel Plan that the site as a whole should be capable of accommodating any displaced parking demand was not backed up by any evidence, and the evidence provided by the Kirklees Highway Safety Team relating to on-street parking complaints appears to prove the opposite is actually occurring and that the loss of parking combined with an additional demand will only exacerbate this issue.

Travel Plan Targets
The travel plan proposes a SMART target of a 15% modal shift away from private car use. Based on the proposed development staffing this would only cause a reduction in approximately 7 spaces, a shortfall from the required 111 vehicles.

Conclusion

Given the evidence documented above we do not consider that the applicant has indicated that the proposals will not exacerbate the existing unsocial parking concerns noted by the Kirklees Highways Safety team and that the proposals as set out, without suitable mitigation, will only exacerbate these issues to a level of severe concern.

With this we cannot support the proposals as submitted and wish to object on highways and road safety grounds.