APPENDIX 1

Development Brief

ST PETER'S HOSPITAL

Spital Road, Maldon

on behalf of NHS Mid Essex

April 2012

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APPENDICES

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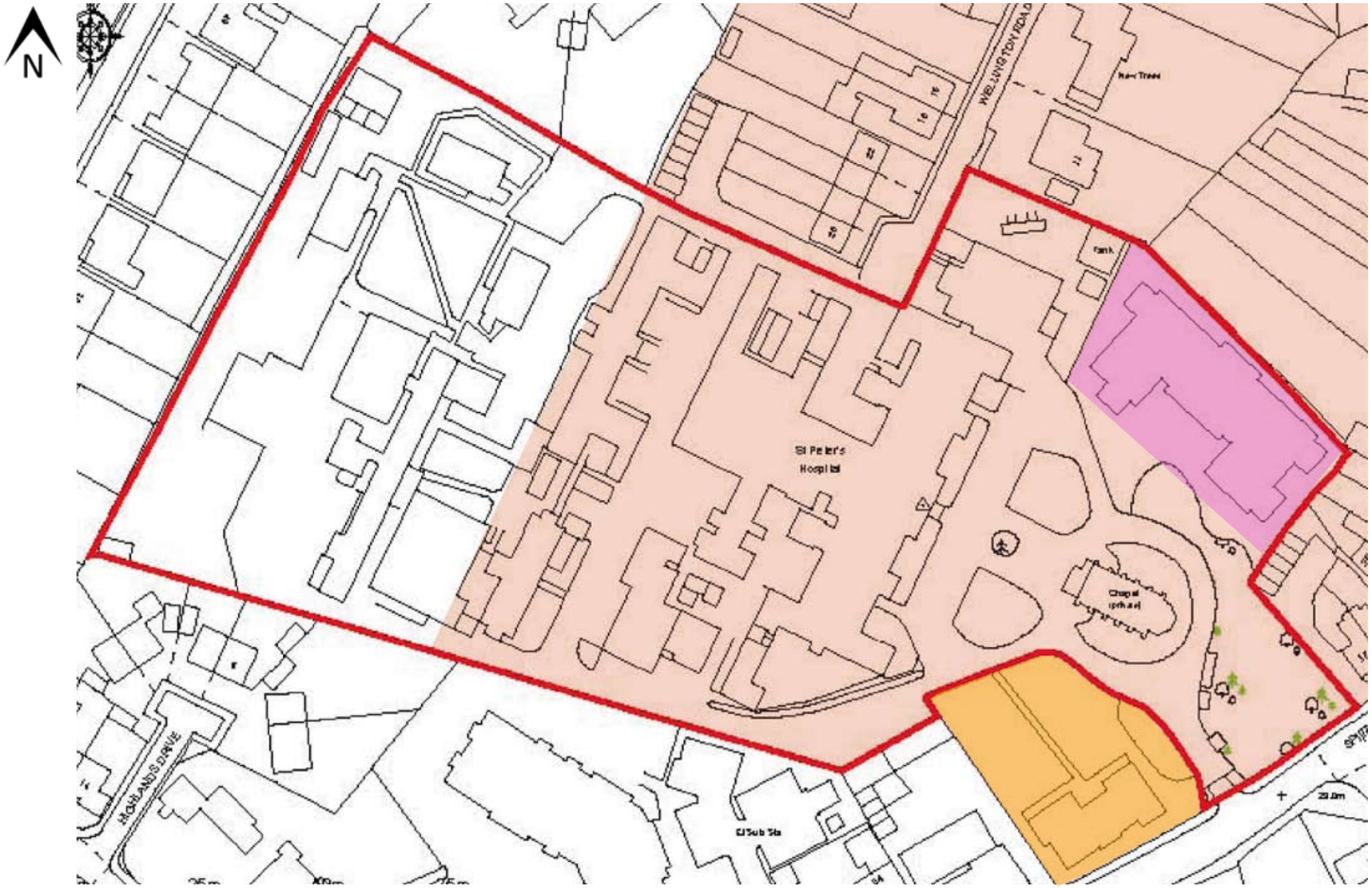

Site location

- Site boundary
- Privately owned with rights of access over
- Owned by North Essex Partnership NHS Foundation Trust (NEPFT)
- Maldon Conservation Area boundary

1.0 Purpose of Brief

1.1 This Development Brief has been prepared by NHS Mid Essex and adopted by Maldon District Council as Supplementary Guidance.

1.2 It has been prepared in order to propose parameters for the potential development of a new community hospital at the existing St Peter's Hospital site on Spital Road in Maldon. The site has been identified by NHS Mid Essex as a potential location for a new hospital having regard to its current hospital use and the brownfield nature of the site within the urban fabric of Maldon.

1.3 The preparation of this Brief will enable all interested parties to consider the Trust's aspirations for the development of a new community hospital on the site and provide an element of planning certainty for the NHS and its programming for securing new 21st Century healthcare facilities for the area.

1.4 In preparing this Brief we have followed advice provided by the Commission for Architecture and the Built Environment (CABE), now merged with the Design Council.

1.5 *"Development Briefs are used by local authorities to provide guidance on resolving design and planning issues for a site of particular significance or sensitivity. However they can also be used more broadly to communicate to developers the acceptable quality and quantity of development, including the spatial distribution of uses on a particular site."*

1.6 The advice of CABE is for Development Briefs to promote:

- A background and context for the existing site.
- An overview of market demand.
- An explanation of the planning policy context.
- An approach of the site and local area, including land use.
- Proposed design responses, incorporating key diagrams and design principles.

1.7 The preparation of this Brief acknowledges that competing greenfield locations around the edge of Maldon are being promoted by private interests for a new community hospital. The preparation and adoption of the Brief does not preclude other sites being promoted for a new community hospital.

2.0 Contents of Brief

2.1 The adoption of this Brief as Supplementary Guidance followed a public consultation exercise held between 27 March 2012 and 2 April 2012.

2.2 The consultation exercise was undertaken by NHS Mid Essex and their appointed consultants and was carried out in accordance with Town and Country Planning (Local Development) (England) Regulations 2004, as amended.

2.3 Representations made during the public consultation period were reported to the relevant committees of Maldon District Council. The Brief was adopted by the Full Council as Supplementary Guidance in May 2012. Planning applications for a new community hospital on the St Peter's site will be considered against the Development Plan and any other relevant material consideration including the Supplementary Guidance.

3.0 Planning policy context

3.1 The site falls within the administrative boundary of Maldon District Council. Any planning application for development on the site should be determined in accordance with the statutory development plan which is likely to comprise the 'Maldon District Replacement Local Plan 2005 (Saved Policies) and any other material considerations which include the National Planning Policy Framework published in March 2012. The East of England Plan is to be revoked by legislation in 2012.

3.2 The Maldon District Replacement Local Plan 2005 (Saved Policies) was adopted in 2005 and sets out a vision in paragraph 1.19 of that document to ensure that sustainable development of the District will:

- *"protect, maintain and approve upon the quality of the district's natural and built environment;*
- *improve the overall standards of health and well being throughout the community;*
- *provide and develop important opportunities for the whole community to participate in leisure activities;*
- *encourage private and public housing which meets local needs in terms of cost (building and affordability);*
- *protect and consolidate the district's traditional and emerging industries;*
- *secure private sector investment and the provision of facilities to develop the district's reputation as a premier leisure and business centre."*

3.3 The saved policies of this Plan will be superseded by the Local Development Plan which is currently being produced.

3.4 The site lies within the built up area of Maldon and is regarded as previously developed land as defined within Annex 2 of the National Planning Policy Framework. The southern part of the site falls within a designated conservation area and, whilst there are no listed buildings within the site, there are a number of important heritage assets including locally-listed buildings that have been identified in line with policy guidance. The National Planning Policy Framework supersedes PPS 5 "Planning for the Historic Environment' under whose aegis a Significance Assessment was prepared to support the Development Brief.

3.5 The National Planning Policy Framework defines a heritage asset within Annex 2 as *"a building, monument, site, place, area or landscape identified as having a degree of significance meriting consideration in planning decisions, because of its heritage interest. Heritage asset includes designated heritage assets and assets identified by the local planning authority (including local listing)".*

3.6 The National Planning Policy Framework notes that local planning authorities should identify and assess the particular significance of any heritage asset that may be affected by a proposal (including by development affecting the setting of a heritage asset) taking account of the available evidence and necessary expertise.

3.7 Policy S1 of the Local Plan directs new development to within the defined settlement boundaries, such as Maldon.

3.8 Policy BE1 concerning the design of new development and landscaping provides a general policy context for new development.

"Development proposals will be permitted if:

(i) they are compatible with their surroundings, and/or improve the surrounding location in terms of:

layout and site coverage
architectural style
scale/bulk/height
external material
visual impact
effect on the safety and/or amenity of neighbouring properties or the occupiers therein
relationship to mature trees
relationship to important landscape or open spaces
traffic impact and access arrangements

(ii) within defined development boundaries they harmonise with the general character of the area in which they are set;
(iii) outside defined development boundaries they make a positive contribution to the landscape and open countryside;
(iv) measures to protect important nearby features such as trees, historic buildings during the construction process are included;
(v) landscape is included as an integral part of the overall design;
(vi) amenity space is provided appropriate to the type of development."

3.9 Policy BE3 refers to public and private amenity spaces having regard to the importance of both buildings and open space in urban design terms.

"Planning applications, which involve the creation of public and private open spaces, will need to satisfy the following criteria:
(i) the size, proportions and surface treatment of the space relates to its functional requirements and defines public and private spaces;
(ii) the surface treatment of the space enhances its visual appearance;
(iii) the size and proportions of the space relate to the height and bulk of the buildings enclosing the space; and,
(iv) appropriate provision is made for street furniture and signage to and from the open circulation space."

3.10 Policy BE13 refers to new development within Conservation Areas and states that:

"Development including extensions to existing buildings in such designations must meet all the following criteria:
(i) the design is of a high standard incorporating scale, form, materials, and detailing that respects the characteristics of buildings in the area;
(ii) open space is important to the character or historic value of the area protected;
(iii) important views into and out of the area protected;
(iv) trees and other landscape features contributing to the character or appearance of the area are protected."

3.11 In addition to the above policies, it will need to be demonstrated that any proposal for the new community hospital has regard to the National Planning Policy Framework. This document sets out guidance for pursuing sustainable development in terms of seeking positive improvements in the quality of the built, natural and historic environment as well as people's own quality of life. It also sets out guidance in respect of conserving and enhancing the historic environment.

3.12 We would confirm that a separate Significance Assessment was prepared in accordance with PPS 5 guidance, now superseded by the National Planning Policy Framework. It should be read in conjunction with this Development Brief.

3.13 The Maldon District Replacement Local Plan 2005 (Saved Policies) refers to a number of relevant health care matters.

3.14 Policy PU3 concerning the protection of health care facilities states:

"Planning permission will not be granted for the change of use of buildings or land currently in use for the provision of health services unless the application is accompanied by evidence demonstrating that the proposal will not cause harm to the provision of health care within the District."

3.15 Policy PU4 'New health care facilities' states:

"Proposals for new health care facilities located within the development boundaries of any settlement will only be permitted providing all of the following criteria are met:
A. The building does not cause undue overlooking or loss of light to adjoining buildings;
B. The site can accommodate the car parking required by the car parking standards applicable at the time of the application;
C. The highway specification allows access to the site without creating undue traffic hazards."

3.16 Paragraphs 10.21 to 10.24 states the following (noting that the text has been overtaken by health reorganisation and the PCT is now NHS Mid Essex)

"10.21 - Maldon District lies within the area covered by Maldon and South Chelmsford Primary Care Trust (PCT). The majority of Acute Hospital Services are provided to residents either at Broomfield (Chelmsford) or Basildon Hospitals.

10.22 - The Primary Care Trust is working with other stakeholders to ensure that services which do not require the level of clinical support offered by Acute Hospitals should be located as near to residents as possible.

10.23 - The range of out-patient facilities provided at St Peter's Hospital and local clinics will continue to be provided. In-patient beds will remain part of St Peter's Community Hospital providing a comprehensive rehabilitation service for older people.

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10.24 - The in-patient, out-patient and community services provided at St Peter's will continue to be developed. The PCT is committed to ensuring that modern healthcare services are provided to local residents. The PCT is working with other stakeholders to explore options for the future provision of healthcare facilities in the Maldon area, including the possibility of a new purpose built hospital to replace St Peter's. Options for the location of such a new facility are being developed by the PCT in consultation with the District Council and other stakeholders..."

3.15 The above policies and supporting text sets out the context whereby it is acknowledged that the site is currently used as a hospital site and thus its use is therefore clearly established in planning terms.

4.0 Existing heathcare services at St Peters Hospital

4.1 NHS Mid Essex is the Primary Care Trust (PCT) for the people that live in the districts of Braintree, Maldon and the Borough of Chelmsford. They lead the local NHS and along with other local public services seek to:

- Improve the health and well being of the local population;
- Ensure that everyone has access to safe, high quality health services where needed;
- meet the national targets, put NHS policy into local practice and bring the best of modern healthcare to the residents of Mid Essex;
- make year on year improvements in health services;
- plan for the future;
- remain within financial balance.

4.2 NHS Mid Essex is one of 14 PCTs in the East of England and is accountable to NHS Midlands and East, the Strategic Health Authority (SHA) that is accountable to the Department of Health, as well as to the local population.

4.3 To meet all of the above objectives, the PCT works in partnership with local providers, patient representatives, and other stakeholders to ensure the people of Mid Essex enjoy the best healthcare services provided in a local setting wherever possible.

4.4 To meet local and national objectives, the PCT consulted widely on the health needs of the local population and identified the need for a wider range of local services to;

- prevent unnecessary admission to and attendance at an acute hospital[1] ;
- provide integrated healthcare services; and,
- improve local access to healthcare services.

4.5 As part of its delivery of this strategic direction, the PCT has recognised the need to improve the facilities at St Peter's hospital in Maldon, to provide an enhanced range of local healthcare services. A key step in this investment was the submission and subsequent approval of their Strategic Outline Case (SOC) to the Strategic Health Authority in 2009, which demonstrated the PCT's commitment to investment in health services in Maldon District. This document, and the subsequent Outline Business Case (OBC), planned for submission in mid-2012, set out a clear and achievable vision against which the project proposals can be measured:

[1]The phrase "acute" hospital refers to a main District General Hospital, such as that at Broomfield hospital, Chelmsford

"To provide a modern healthcare facility that delivers appropriate, accessible services in an appropriate setting and meets the current and future healthcare needs of the population of Maldon District and the surrounding area."

4.6 The stimulus to provide improved community hospital facilities arises partly from the condition of the existing St Peter's Hospital and its functional suitability to provide for modern healthcare services. Independent studies commissioned by the PCT concluded that the Estate was no longer meeting modern standards and did not provide a suitable environment for modern healthcare services.In addition, it does not offer the flexibility and range of accommodation needed for the PCT to achieve its strategic goals.

Current Services at St Peter's Hospital

4.7 Maldon District residents are currently afforded the following health service provision.

1. Inpatient beds and rehabilitation – there are currently 26 in-patient beds at St Peter's Hospital providing intermediate, palliative and stroke rehabilitation services, as well as sub-acute care to avoid inappropriate admission to acute care.

2. Outpatients – there is a suite of 7 rooms, providing a wide range of services from Monday to Friday.

3. Therapies – the following therapy services are currently provided on the St Peter's site:
- Physiotherapy and Occupational Therapy for Outpatients, Inpatients and patients in the community (e.g. providing care in patients' own homes)
- An integrated orthopaedic rehabilitation therapy service
- Speech and language therapy
- Podiatry
- Dietetics

4. Diagnostics – the diagnostic services available are x-ray, ultrasound and a walk-in phlebotomy service.

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5. Assessment and Rehabilitation Unit (ARU) – this is a predominantly nurse-led unit, aimed at preventing patients from having to be admitted to hospital. Patients undergo a medical, nursing and therapy assessment with the intention of them being supported in the community and thereby avoiding an acute admission.

6. GP services – a GP out of hours service operates a satellite service from the ARU facility in the evenings and weekends. The service is by appointment only.

7. Maternity – the unit is a 24 hour midwife led service that provides for low risk mothers. It has 2 labour rooms and 6 post-natal beds. In addition the service offers a day assessment service, daily midwife–run antenatal clinics and a consultant led clinic weekly. Educational "parent craft" classes are also provided twice weekly.

8. Mental Health services – The hospital site acts as a base for the Community Mental Health Team, which provides a community based service and offers services to community patients on the St Peter's site. In addition, there are Outpatient consultant-led clinics and Day Services, including individual as well as group therapy sessions such as psychotherapy and occupational therapy. The final component is Child and Adolescent Mental Health Services (CAMHS).

The need for change

4.8. It has become clear that the existing St Peter's Hospital in Maldon is not able to provide an adequate setting for delivering modern, flexible and accessible healthcare services.

4.9 Since its conversion from a workhouse to hospital, it has grown incrementally over the decades with a variety of extensions, some of which were designed for a short lifespan. This has resulted in an estate that is unable to support the next stage in the development of local healthcare delivery:

- There are significant problems with the physical condition with a number of the buildings on the site, particularly the buildings to the rear of the main workhouse. The accommodation is of a poor standard and is not suitable for the delivery of modern services;
- There are too many disjointed, separate buildings which prevent integrated service delivery and make wayfinding difficult;
- The numerous level changes throughout the site make physical access difficult, particularly for older people or those with mobility difficulties, who make up a substantial proportion of the patients.

4.10 In addition to these challenges, the health needs of the population of Maldon District are changing, as the population ages and the prevalence of long-term conditions such as diabetes and heart disease increases. A different type of health facility is required to meet these emergent challenges, as the current facilities are not able to provide accommodation that is sufficiently flexible and large enough to accommodate these service needs.

The proposed service range at St Peter's

4.11 The Clinical Strategy for Mid-Essex was developed by the PCT in consultation with key health and social care stakeholders, and identifies the need to meet future challenges in healthcare by a significant shift of services from hospital to community settings, focusing on admission prevention and long-term condition management.

4.12 A key enabler in delivering this change is the redevelopment of St Peter's Hospital. Services within the reconfigured Hospital will include:

- Outpatients: an expanded and more flexible outpatient suite, with access to adjacent outpatient therapy accommodation (including gym facilities);
- Long-Term Conditions Centre (LTCC): a new facility, offering services to patients with long-term conditions such as Diabetes, to help them manage their condition themselves, to avoid 'crises' and prevent them being admitted to hospital;
- Rapid Assessment Unit (RAU): this new unit will be focused on assessing patients to avoid the need for an acute admission, allowing them to be cared for in the community rather than in hospital;
- Modern diagnostic services: including digital imaging, and the facility to provide mobile MRI scanning;
- Minor procedures suite: a state-of-the-art facility, allowing local GPs to deliver minor surgical procedures (e.g. vasectomies, minor skin procedures) in a clinically safe facility;
- Inpatients and Maternity services: the existing inpatient and maternity services will continue to be delivered, although the reconfiguration of other services will allow the PCT the opportunity to consider how best to configure these services to meet local needs. Note that in agreement with the Mental Health Trust, the current range of Mental Health services will be relocated to more appropriate facilities.

4.13 The redevelopment of St Peter's Hospital has the support of local NHS stakeholders, the Council, local politicians and patient/public representatives.

High level objectives

4.14 The over-arching objectives of the redevelopment are:

1. To provide a purpose built modern healthcare facility that is fit for purpose, enabling the latest models of care to be delivered, whilst provides flexibility to meet the changing healthcare needs in the short, medium and long term of the local population

2. To embrace and promote sustainability during construction and operation through design

3. To provide additional capacity in areas where current health trends would indicate that demand will exceed capacity

4. To introduce innovative service provision that embraces technology and enables new ways of working that facilitate high quality accessible services

5. To provide a true community service: in essence, the improved facilities at the St Peter's site will be a community facility in every sense so that it can be appreciated and valued by residents as a community asset even if they are not users of health care services

6. To provide clinically appropriate service that can be safely and economically delivered in a primary/community setting

7. To design and orientate the building on the site so that it can respond to any future expansion requirements, optimise daylight and sunlight and realise a relationship with the site setting that benefits patients, visitors and staff in the hospital whilst offering benefits to the users of the adjoining services.

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4.15 The above High Level Objectives are further assisted by a number of Key Performance Indicators and it is against these that the project proposals are measured.

1. To provide a purpose built modern healthcare facility that is fit for purpose, enables new models of care and provides flexibility to meet the changing healthcare needs in the short, medium and long term of the local population.

4.16 The PCT has undertaken a comprehensive review of the services to be delivered from the site. These consist of services currently provided from St Peter's Hospital combined with others, new to the site, to ensure maximum benefit is derived from the co-location and the sharing of appropriate facilities, in a more flexible delivery model.

Design and Layout

4.17 The design of any community hospital has to be generated by two key design drivers. Firstly, the layouts reflect the clinical functionality required by the brief in order to meet the healthcare objectives in an effective, flexible and efficient manner. Secondly, the layout has been designed to ensure that the patient and visitor experience is of the highest possible quality. There will be a wide range of both old and new users of St Peter's, and it is critical that the hospital is accessible to all, is easy to navigate and provides an uplifting and reassuring environment. A large number of consultees have been involved in the design of the internal layouts including:

- NHS Mid Essex clinical staff
- NHS Mid Essex estates and facilities management advisors
- NHS Mid Essex Patient Board

4.18 A number of other groups have been consulted regarding the building proposals. These include:

- Trust fire officer
- Control of infection advisors
- GP advisors
- Health planners
- Local authority
- Public and Patient Involvement
- Friends of St Peter's Hospital

4.19 Regular reference has been made to a panel with clinical and hospital expertise from within NHS Mid Essex.

4.20 It is important that the layout should provide pleasant and simple routes that aid orientation and way-finding. A variety of spaces need to be included at differing scales that are appropriate to a variety of purposes - whilst a double-height civic entrance area provides the public face of a building, more discreet controlled-access exits allow distressed or upset individuals to exit the building when they may feel uncomfortable passing through a public area. Sub-waiting areas provide smaller scale spaces, generally with views into external landscaped areas, for people to wait nearer to their appointment time and interview rooms allow patients to have private conversations. Sub-waiting areas can also be used by escorts, so they are close at hand when the patient's consultation is complete.

4.21 The design and construction must provide for good standards of space (area, height, form and scale) which are operationally and energy efficient and economical and which have the capacity to be flexible for future changes in service provision. The design must also consider the aesthetics, durability, cleanability and sustainability of all materials used in the construction, finishes and furnishing.

4.22 Circulation Spaces need to be designed to be non-institutional. This is achieved by reducing the length of corridors as much as possible, avoiding dead-ends, introducing passing places and waiting spaces and by incorporating natural light and views, both external and internal, to aid orientation.

Accessibility and Transport

4.23 New buildings should be designed to be fully accessible to all. To that end, the design must not only consider the needs of wheelchair users, but also those of children and their parents, those with poor mobility, particularly the elderly and those who are sensorially impaired. The simple and logical layout of buildings promotes easy way-finding for all. This will be complemented by appropriate signage and use of colour. The centralisation of a main entrance shortens travel distances from the front door to each different area, aiding those with mobility difficulties.

4.24 Therefore there must be adequate parking provision for staff, patients and visitors, particularly accessible spaces. The parking provision should relate to the PCT Green Travel Plan and the St Peter's Travel Plan for staff, with possible opportunities including shared use with other adjacent facilities and/or time-managed schemes for sharing parking with other users, mechanisms for managing and reducing the parking need for (and environmental impact of) staff movements between St Peter's and other local healthcare facilities, and consideration of space provision for future parking needs and public transport options.

4.25 Car parking needs to be designed to accommodate the maximum number of users as identified within the Essex car parking standards. It is vital that there is clarity on parking when approaching the site and there should be a clear and protected pedestrian route from the car park to the main entrance. A dedicated drop off to any main entrance needs to be provided, coupled with local disabled and drop off and pick up bays. Landscaping softens the presence of the parking area and car parking proposals must address the significant problems experienced currently.

4.26 In addition, the approach to the site was considered and the junction on to the site reviewed and enhanced whilst retaining the character. The iron railing and dwarf walls are to be re-built further in to the site, enhancing pedestrian access and vehicular site lines.

Flexibility

4.27 The aim is to provide a flexible solution that will be sustainable over the lifetime of the building by enabling short, medium and long term change, both in healthcare services and other community activities and services, including extended hours of use. This flexibility and adaptability will have access, security, services, storage and management implications.

4.28 Flexible accommodation allows different activities to be accommodated in a given space without physical rearrangement of engineering services taking place. Adaptability therefore requires the installation of removable partitions and furniture that can be added to, subtracted from or rearranged as required. The need for a layout that incorporates these elements of adaptability and flexibility has been carefully considered during the design process, as it increases the longevity of the building and makes it more sustainable.

4.29 Clinical rooms are sized appropriately so that they can accommodate a wide range of clinical activity. These also allow for the specialisation of room equipment but ensure that rooms can revert back to generic rooms in the future. The intention is to provide a minimum number of room sizes and configurations, in order to avoid bespoke solutions that cater to only a single clinical service.

Sustainability objectives

2. Sustainability: To embrace and promote sustainability during construction and operation through design.

4.30 The NHS is committed to “development that meets the needs of the present without compromising the ability of future generations to meet their own needs”.

4.31 The PCT recognises that proposed works at St Peter’s provides a unique opportunity to adopt the sustainability agenda allowing all the three key aspects to be taken into account: social, economic and environmental.

4.32 Many of the sustainability objectives, particularly the social and economic ones, are covered in other performance indicators above and below. This section therefore focuses on the environmental aspects of sustainability.

4.33 BREEAM is the leading and most widely used environmental assessment method for buildings. BREEAM (or equivalent) is advocated at Government level as a robust means of setting standards and assessing the sustainability of the Government estate, including the estate of the public sector bodies.

4.34 BREEAM sets the standard for best practice in sustainable design and has been widely acknowledged as the measure to describe a building’s environmental performance.

4.35 In addition to a general requirement for the Landlord to adopt the sustainability agenda, and to work with the PCT to deliver benefits against that agenda, the PCT requires that the design, construction and operation of the Facilities is evaluated using the BREEAM for Health assessment toolkit. It is an absolute that an “excellent” accreditation is achieved as a minimum standard with the new build proposals and a combination of both ‘’exellent’’ and “very good” accreditation with the refurbishment and extension solution. These requirements are included in the core objectives for the project, as outlined in the Outline Business Case for the investment, which is currently in development.

4.36 With regard to energy, the aim will be to investigate the possibility of achieving an 80% reduction in CO_2 emissions (compared to 1990 levels) for the final proposals and/or how the PCT will be able to reduce carbon emissions from the building to this level in the future. The options to achieve this, particularly passive solutions and/or the possibility of generating renewable energy on site, will be examined in terms of cost, effectiveness of CO_2 reductions, and technical feasibility.

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Sustainability objectives

4.37 There are a number of steps that can be taken by the design team to achieve the levels of sustainability sought by NHS Mid Essex. The BREEAM rating measures the general and wide ranging sustainability of a project. The building design will be assessed using the Building Research Establishments Environmental Assessment Methodology (BREEAM) to ensure that the approach to sustainability has been fully considered.

4.38 BREEAM Healthcare is a direct response to ensuring that NHS buildings respond to a changing construction industry and public agenda whilst driving higher standards of sustainable design. The attainment of a BREEAM Excellent standard for the new build element of the proposed St Peter's Hospital Project is a mandatory requirement with Very Good standard where works are undertaken within the existing buildings.

Transport

4.39 A comprehensive travel plan is being produced. A variety of options are being considered in order to minimise the parking need. From a building design perspective this includes safe area for cycle storage, adequate changing facilities and external areas landscaped to give preference to pedestrians over vehicles to ensure pedestrian safety.

3. Capacity: To provide additional capacity in areas where current health trends would indicate that demand will exceed capacity

4.40 The PCT has undertaken various scenario modelling exercises in order to assure itself of the need for the services that have been identified for inclusion at St Peter's Hospital. Given the increased demand for healthcare from an ageing population, the shift towards providing care in a community rather than acute hospital setting and the changes in the model for delivery of healthcare services, the PCT is aiming to provide a design that demonstrates an ability to respond to any changes in capacity requirements that may occur during its life. In particular, and when considering the flexibility /adaptability of the building, the PCT is seeking a solution that will offer future capacity for expansion.

Capacity and Future expansion

4.41 Whilst there are no current plans to immediately expand the service range and capacity above that already identified for St Peter's, it is an important criterion of the Department of Health to future-proof new healthcare facilities by demonstrating that they are able to expand physically.

4. Innovation - To introduce innovative service provision that embraces technology and enables new ways of working that facilitate high quality accessible services.

4.42 The PCT expects to see evidence of the incorporation of evidence-based design solutions in the provision and configuration of space, especially where they provide a response to the patient safety agenda.

Technology

4.43 The use of new and proven technology in the design of the building should be applied to the benefit of the functionality and sustainability of the overall product.

4.44 The key to providing a low-energy, sustainable building is to reduce its energy demand through design. The main influencing factors are building orientation and passive solar design. The building fabric itself will also contribute to energy efficiency through its thermal mass (concrete structure with exposed soffits) and a high level of insulation so that the building is heated and cooled effectively.

4.45 In order to maintain comfort within the internal environment in an energy efficient way, U-values that exceed the current Building Regulations and high levels of air tightness ensure that heat is not lost through the external walls and roof of a building. High performance glazing also minimises heat loss in the winter and solar gain in the summer.

5. To provide a true community service: in essence, the new facilities at the St Peter's site will be a community facility in every sense and will be designed so that it can be appreciated and valued by residents as a community asset even if they are not users of health care services

4.46 It is essential that the building, both externally and internally, is designed to provide a positive healthcare experience that promotes the wellbeing of all building users, is not intimidating and does not cause anxiety. This involves consideration of the physical, psychological, emotional and therapeutic effects of the building environment. Natural light, and the penetration and integration of green spaces into the building, visually and physically, will be significant issues in achieving this.

4.47 The massing and façade treatments should highlight the civic impact required by an important local building within the context of the surrounding buildings and environment, while providing a human scale that ensures that it is an accessible, approachable and welcoming community facility.

4.48 The building and/or site should retain a clear link to the historical memorial association of the hospital.

4.49 The design and layout of the waiting area(s) should provide a human, non-institutional scale with a secure, reassuring, calming environment. It/they should accommodate a variety of functions and facilities, including quiet area(s), private spaces/rooms, children's space, information point, community services (CAB, social services), use for out-of-hours public activities. They should be visually pleasing (natural light, natural materials, reduction of glare, sensitive and appropriate texture and colour selection), acoustically comfortable (reduction of echo and unwanted sound intrusion) and should be visually and directly linked to external open space. Finishes should be durable and easily cleaned so that they maintain their original appearance.

4.50 Clarity of way-finding is critical to reducing the anxiety of patients and visitors. The building layout should respond to this need by providing a design that enhances intuitive way-finding, shortens travel distances, and allows green spaces (some of which should be usable all the year round) to penetrate and be integrated into the internal spaces visually and physically. This should be supported by high quality interior design that incorporates the use of colour, symbols and artwork as a means of guiding people through the building, as well as consistent and appropriate signage.

4.51 Specific facilities within the hospital, such as the café or physiotherapy, should be located to enable open space to be directly accessible and integrated.

4.52 Direct access to outside space for inpatients, designed for their specific needs and to view green space are both issues that will improve the sense of well-being and connectivity to the non-hospital environment.

4.53 External spaces, both for car parking and open space generally, should complement the design of the building, bringing both elements together into an integrated health campus. They should have a pedestrian scale and feel, with pedestrian (and cycle) routes taking precedence as far as possible over vehicular routes, and be accessible to all including people with physically and sensory disabilities.

4.54 ASPECT (A Staff and Patient Environment Calibration Tool) provides guidance and a method of assessment for social wellbeing, and will be used by the PCT as an informal tool to inform their assessment of the design.

4.55 It is essential that the building, both externally and internally, is designed to provide a positive healthcare experience that promotes the wellbeing of all building users. This involves consideration of the physical, psychological, emotional and therapeutic effects of the building environment. Some of the key design principles used to generate a building that reflects a positive and optimistic healthcare vision are noted below.

4.56 Patient-centred Design - The design should consider the variety of patient pathways through the building as explored at the user group and stakeholder meetings to allow the patient to feel that the healthcare services are focussed around the individual.

4.57 Stimulating and Therapeutic Environment - Proposals should provide well-lit, soothing areas that maximise therapeutic stress-free qualities and will be safe, visually pleasing and acoustically comfortable.

Privacy and Dignity - Building layout must respect the dignity, comfort and privacy of all users. Issues regarding visual and auditory privacy inform the location and design of changing areas, toilets, showers, reception desks and clinical rooms. In general, the spaces must be non-institutional and non-intimidating.

Access and External Visual Link - New design and layout must maximise the provision of natural daylight into buildings.

4.58 It is intended that the hospital acts as a key community resource, with flexible spaces that can be used to promote a broader health agenda beyond simply treating illness – allowing, for example, education services to enable patients to care for their own condition. These spaces include the public areas of the building together with additional areas that will be available on a bookable basis.

4.59 Some of the internal areas should be available for shared community use. These include:

- Public areas, such as the café, generally with open access to the public. Security arrangements will be in place for out-of-hours access.
- Group rooms will be available on a bookable basis for community use with access available to an adjoining area.
- Main waiting areas will be predominantly configured to support the hospital waiting requirements. It would be possible, when convenient, to reconfigure these areas to create large public spaces on an intermittent basis.
- Meeting & Training areas within the staff-controlled area may become available for use by wider health-related voluntary and community groups.

// ST PETERS HOSPITAL, MALDON

6. Safety: To provide clinically appropriate service that can be safely delivered in a primary/ community setting.

4.60 Issues of safety are wide ranging and there is a requirement for an n integrated, controlled approach to health and safety on the St Peter's Hospital project, not only during the design and construction phases, but also with regard to the completed buildings end use and ongoing maintenance.

4.61 At the same time, the PCT is mindful of its responsibility to provide services and facilities that offer class-leading value for money; therefore the solution must offer clinically appropriate service facilities that enable the required services to be economically delivered in a primary/community setting.

7. Context: To design and orientate the building on the site so that it can respond to any future expansion requirements, optimise daylight and sunlight and realise a relationship with the site setting that benefits patients, visitors and staff in the hospital whilst offering benefits to the users of the adjoining services.

Building Orientation

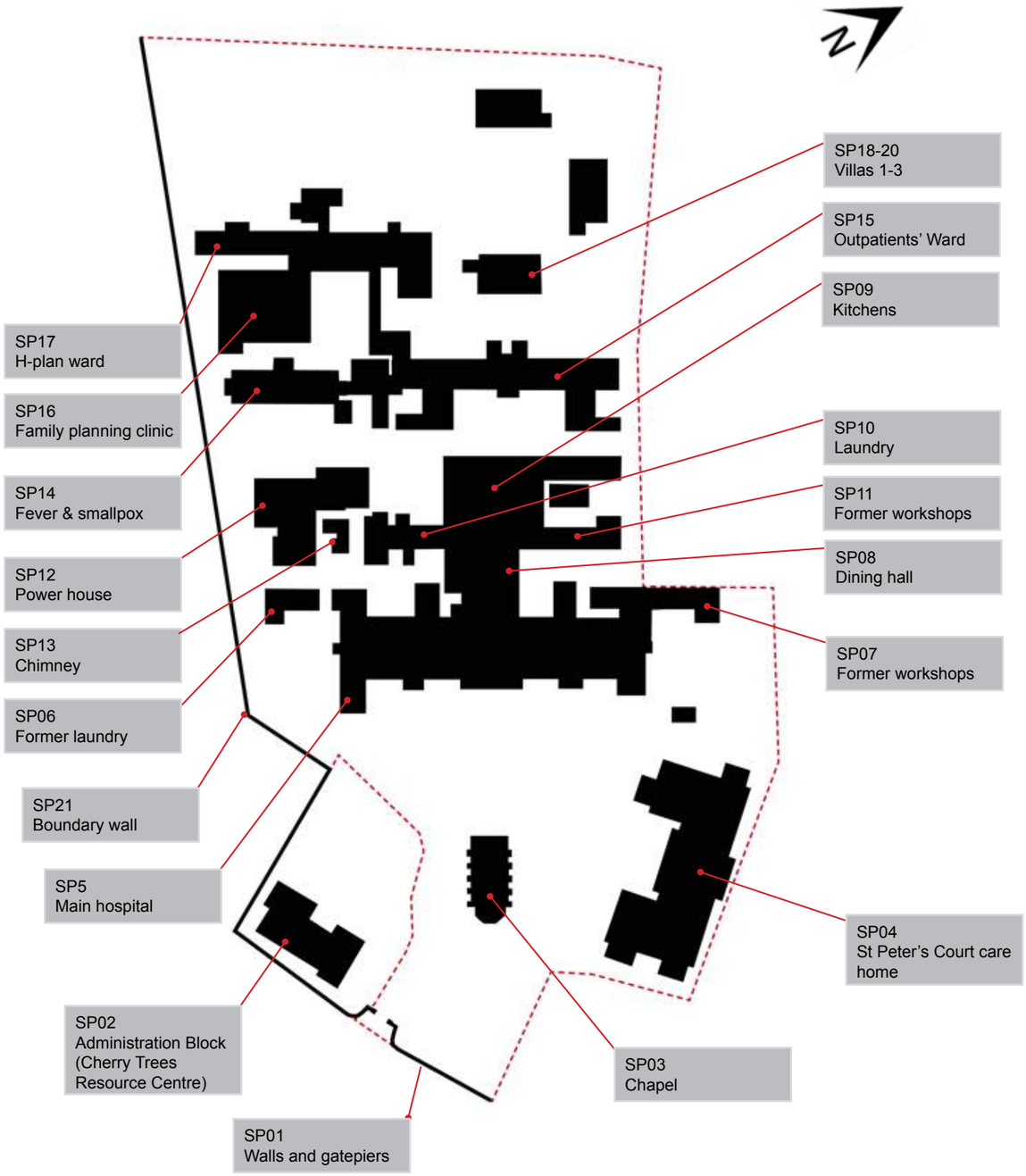
4.62 Generally the buildings are of shallow plan in order to maximise the potential for natural lighting and ventilation. Where the day-patient area of the building is focused around a double-height waiting space, there is a large courtyard adjacent and roof lighting together with air vents to allow air circulation.

4.63 Restrictors on windows are a NHS requirement but can compromise the degree of natural ventilation possible in healthcare buildings. We hope to explore ways of providing windows that can provide adequate natural ventilation, through the use of side louvre panels or perforated panels, that provide a large open area without compromising safety. Whilst there are strict guidelines governing ventilation to clinical areas, the building is still able to achieve a high level of natural ventilation (approximately 60% of the internal spaces). Other areas are mechanically ventilated to meet sanitary and clinical requirements. Where mechanical ventilation is provided, a proportion of the waste heat will be recovered via heat recovery sections in the air handling plant.

Conclusions

4.64 Considering the existing healthcare services at St Peters Hospital, the emerging proposals for the improved and reconfigured facilities and services have been developed through a process of continual, wide stakeholder engagement and have generated the frame work and associated accomodation for clinical delivery. On going discussions continue as to how best to provide these necessary, modern, 21st century healthcare facilities on the St Peter's hospital site whilst respecting and responding to conservation and heritage issues.

// ST PETERS HOSPITAL, MALDON



5.0 Site & surroundings

5.1 St Peter's Hospital lies to the south west of Maldon town centre on the northern side of Spital Road which forms a main vehicular, cycling and pedestrian link to the centre from the west.

5.2 The site is identified on the accompanying plan and the area within the red line boundary is measured as 2.42 hectares (5.98 acres). The site extends from the vehicular access point onto Spital Road up to the rear of the well treed boundaries of the residential properties on Highlands Drive. Further residential properties form its southern edge including the more recent sheltered housing scheme on the former car dealership on Spital Road.

5.3 Spital Road forms the south eastern boundary with rear gardens of residential properties together with those houses along Wellington Road forming a northern edge. All boundaries are well defined. The local character is predominantly residential although more commercial properties are evident towards the town centre.

5.4 Turning to the site itself, the original building designed by Fredrick Peck was constructed as a workhouse in 1873 to 1874 with a capacity for 450 inmates. At that time, the site was on the periphery of the town, flanked by fields and composed in red brick in the Tudor style whilst incorporating more colourful brick banding and gables with partial crow-stepping. The site was laid out on three parallel ranges (work house, services and infirmary) which in turn had been divided between males and females.

5.5 Following the integration of work houses within the wider provision of the National Health Service, St Peter's was adapted for hospital use and a number of alterations followed to provide an improvement to existing accommodation and to update services. Much of the original building remained as existing, but the ancillary service areas were extended in places to allow for example, modern heating systems. A large H-plan was built to the rear of the site to provide additional bed space although the majority of the ward has been replaced with one section remaining alongside the rear car park.

5.6 In the early 1970's, further improvements were made to the Hospital including the construction of the large power house and chimney. In addition, stand alone residential buildings were constructed at the rear of the site set in generous spaces.

5.7 In more recent times there have been few changes to the existing layout or buildings although the largest addition to the site has been the construction of the care home in the eastern corner of the site.

5.8 The current site therefore contains a mix of building styles and forms and on a site that has a history of significant parking and manoeuvring problems – the incremental growth of the site as a hospital is reflected in the rather haphazard form of many of its buildings and their relationships to both one another and the space around them.

5.9 Accordingly, the provision of modern healthcare facilities and demands placed upon them has meant that such uses have had to adapt to the imposed physical, legal and economic restrictions because of the nature and character of those buildings.

5.1 Land uses

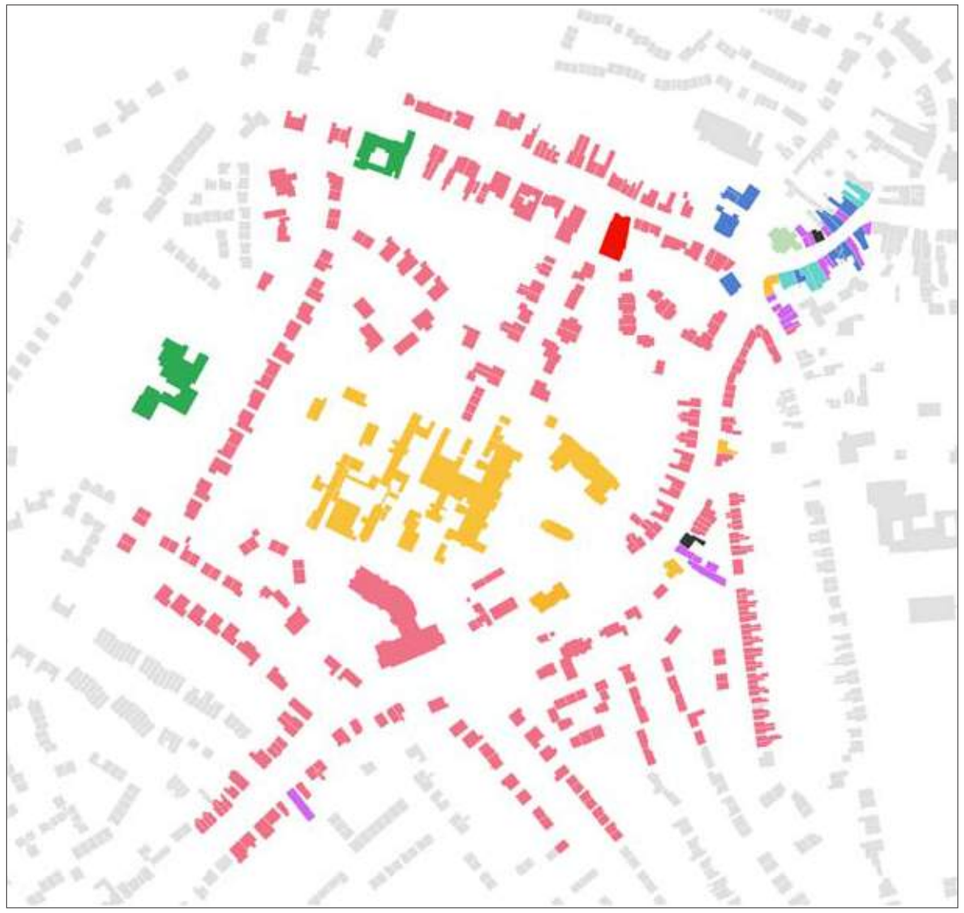
5.1.1 The adjoining diagram shows how the land uses are dispersed within the area around the hospital site.

5.1.2 The cluster of health uses is shown as an 'island' at the centre of the diagram surrounded by residential uses. All Saints CE Primary School and St Francis Catholic Primary School are shown in Highlands Drive and London Road respectively.

5.1.3 Alternative uses are shown as a cluster at the west end of High Street, with occasional retail along Spital Road providing local services for the residential areas to each side.

Key

- Residential
- Health
- Retail
- A3
- Offices
- Schools
- Funeral Directors
- Community
- Police Station



Land use plan

5.2 Building heights

5.2.1 Building heights in the local area vary between single-storey, two storeys and three storeys, reflecting the relatively limited range of building types and the predominance of residential use around the hospital site.

5.2.2 Single storey heights relate principally to bungalows from the 1970s which typify streets such as Highlands Drive and Cherry Garden Road. Two storey heights are common within High Street, London Road, Wellington Road and Spital Road, although there are considerable variations in the scale of the buildings depending on the age and type of construction.

5.2.3 Three storey heights are more limited, and are restricted to some of the major elements within the streetscene (either as tall 2.5 storey height or high floor-to-ceiling levels. The main hospital building (with its tower), Cooper Court retirement flats and the cluster of buildings at the junction of Spital Road, London Road and High Street are the most prominent of these.

Building heights plan

Key

- 1 storey
- 2 storey
- 3 storey

5.3 Greenspace

5.3.1 The disposition of greenspace, be it private, semi-private or public, is shown on the adjoining diagram.

5.3.2 In response to the disposition of the residential uses, the pattern of private gardens is a predominant character in most areas around the existing hospital. The hospital site itself contains a limited area of greenspace which is accessible or provides amenity for these public areas, although it cannot be described as representing 'public open space' as such.

5.3.3 Both public and private area of space contain mature landscaping and trees which contribute to local townscape character but also skyline interest. The individual trees and tree groups are identified within this document on page 25.

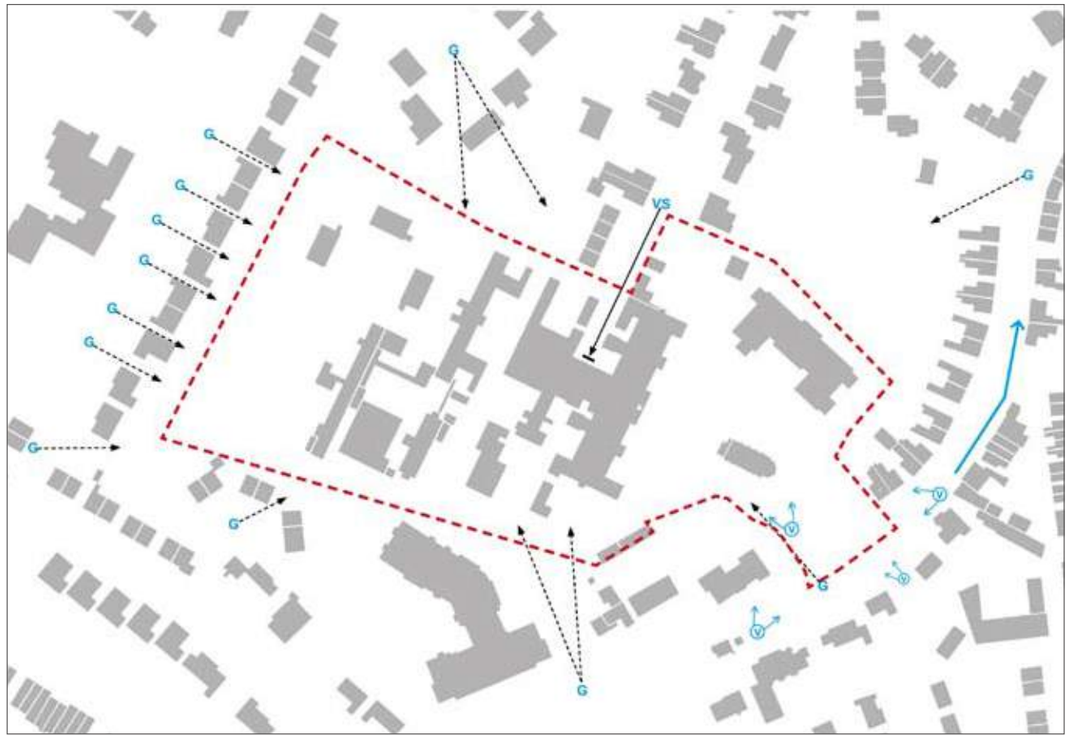
Private green

Public green s

School groun

Greenspace plan

5.4 Local views



Local views plan

Vista-stop

Glimpsed view

Wide-angle view

Serial view

5.4.1 As a number of the preceding diagrams have illustrated, the existing hospital site is something of an island within the surrounding land use, all of which is residential. This is a consequence of the original edge-of-town workhouse being subsumed into the suburbia of Maldon. The main connection between the hospital use and the town is via the formal approach from Spital Road, although there is also a secondary link into Wellington Road. Aside from these connections, the site is viewed via occasional views between the residential development which now surrounds the site or longer-distance views within the town or on the skyline. The latter are considered within the Significance Assessment and relate principally to the main hospital tower and the chimney.

5.4.2 Locally, there are very few views into the site which could be considered to hold a significant value as existing. In fact, many of them highlight the rather poor quality of the buildings at the rear of the site.

5.4.3 Identifying these views on the adjoining plan will, however, form an important part of any design evolution for re-development on the site, ensuring that views are enhanced wherever possible.

5.5 Townscape appraisal

5.5.1 A townscape appraisal looks at the way in which the physical characteristics of a site impact on the local context. Townscape value can be made up of many factors, including buildings, views, boundary treatments, landscaping and landmarks. There can also be factors that detract from townscape, including buildings of a poor design or built quality, poor views or under-used space.

5.5.2 The appraisal for the hospital site highlights a number of important factors, in particular:

1) the importance of the frontage to Spital Road in defining the entrance to the site and enhancing a significant section of Spital Road;

2) the landmark role of the main hospital building and the chapel;

3) the strong, formal grouping of main hospital building, chapel, administration block and the associated landscaping and trees at the front (south) of the site;

4) the lower townscape value and visibility of buildings to the rear of the main hospital frontage, and some of the poor quality edges resulting;

5) glimpsed views into the site from surrounding areas, offering limited views towards some of the buildings behind the main hospital block;

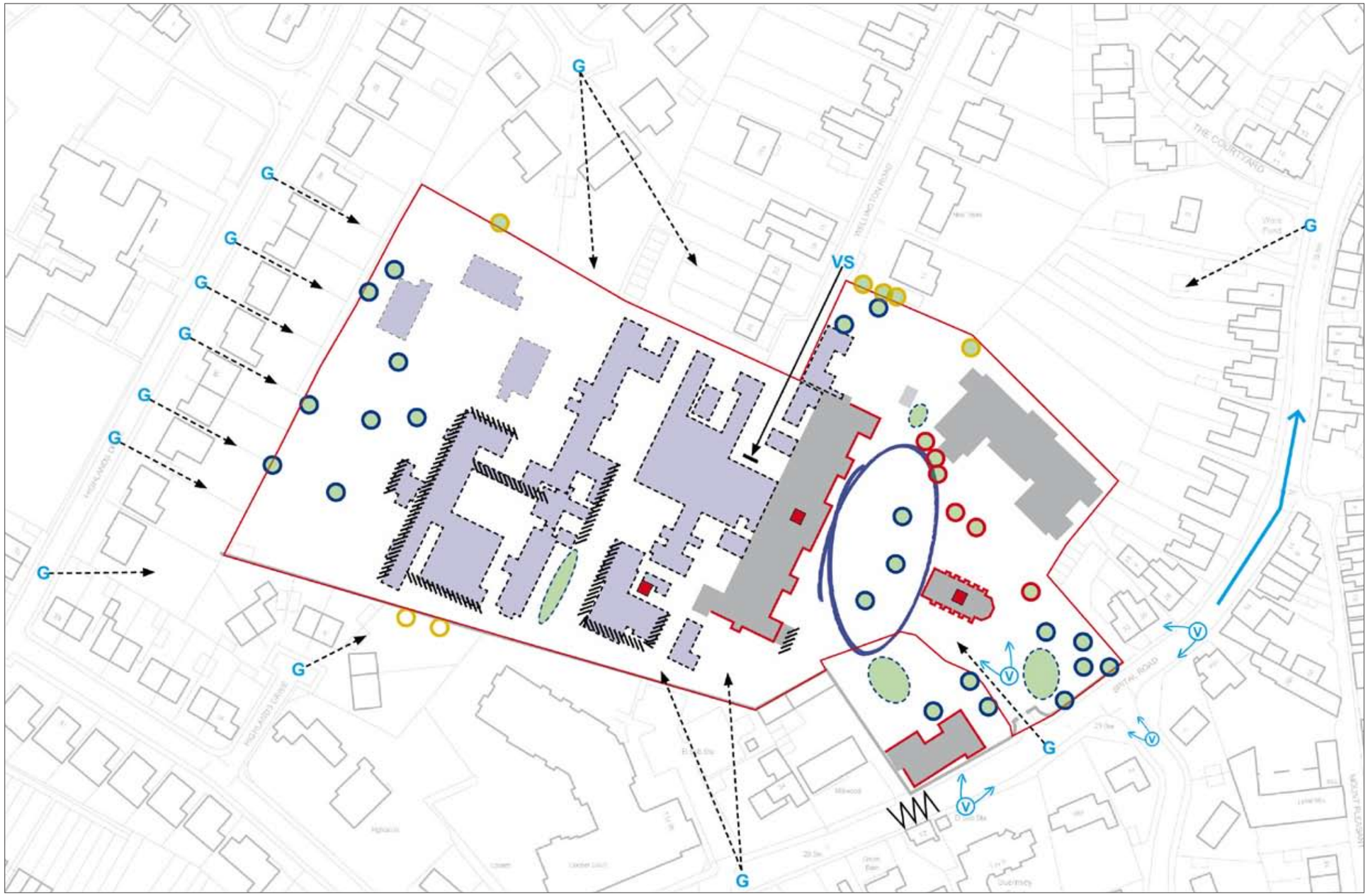
6) the contribution of existing trees both on-site and off-site to the quality of the environment, principally around the perimeter of the site;

Key:

- Vista-stop
- Glimpsed view
- Poor edge
- Landmark
- Defined space
- Active frontage
- Pinchpoint
- View
- Serial view
- TPO trees
- Important on-site trees
- Important tree groups
- Important off-site trees
- Buildings of lower visibility

// DEVELOPMENT BRIEF

MALDON



Townscape appraisal diagram

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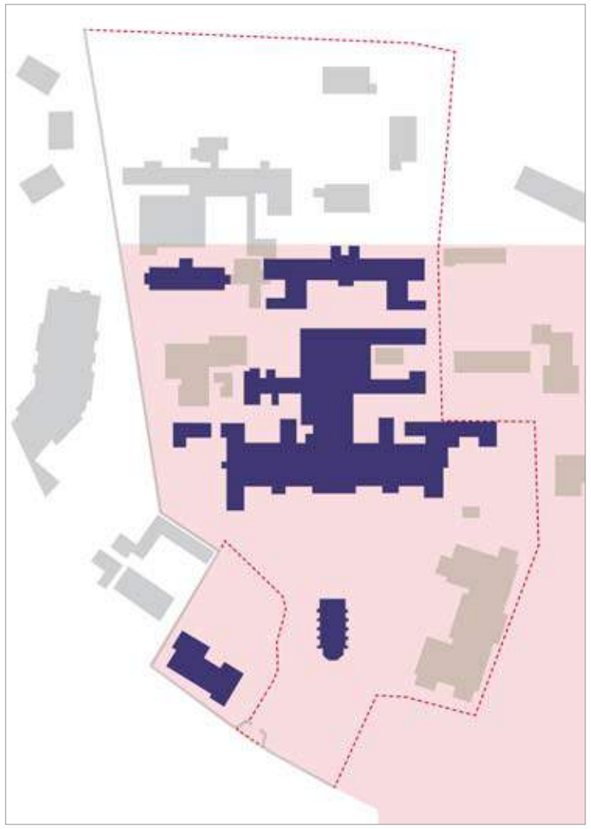


Heritage constraints plan

Key:

Conservation Area

Locally-listed building

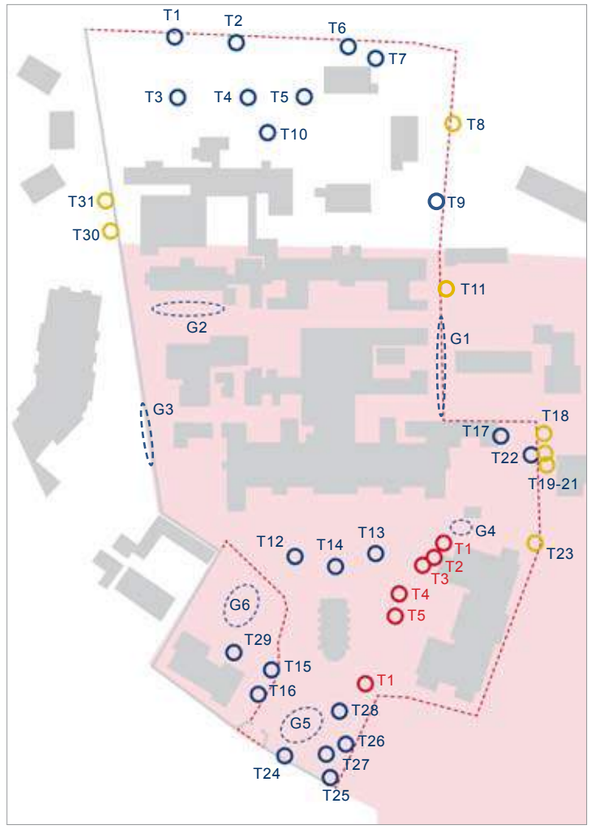
Conservation Area & locally-listed building/s

5.5.3 The site lies partially within the designated Maldon Conservation Area which was first designated in 1969. The boundary truncates the site along the edge of the wards closest to the main building. Essex County Council and Maldon District Council have prepared a "Conservation Area Review and Management Plan" for the Conservation Area in 2006 and specifically referred to the St Peter's Hospital site as follows:

"Set well back from the road, but nevertheless with an overpowering presence, is St Peter's Hospital. Originally the Maldon Union Workhouse, it was built in 1873 to plans by F.Peck (Garratt 1998). Built of red brick in a loose Tudor style, it comprises a main north-south 3 storey block with a central clock and water tower, to the rear of which are lower service buildings. In front of it, with a rather uneasy relationship to the main building, is the Chapel, a small attractive stock brick building in the Lancet style (fig.18). The former administration building on the street frontage at the entrance is now the Cherry Tree's Resource Centre. Its Therapeutic Garden Project won a District Conservation and Design Award in 2005. It is unfortunate that the adjacent area around the Hospital entrance is neglected and in need of landscaping. Parking is a major problem in the hospital grounds and adversely affects the appearance of the site. Original cast iron railings survive on the street frontage; they are in need of painting (black rather than existing cream)."

5.5.4 It should be noted that English Heritage undertook the former listing investigations in 2003 with regard to the site and concluded that the buildings did not have sufficient special interest in a national context to meet the criteria for listing.

5.5.5 The buildings which are included within the local listing of the Hospital are shown on the adjoining plan. Although local listing confers no statutory protection, local listing is defined as a "heritage asset" within Annex 2 of the National Planning Framework.



Indicative tree plan

Key:

- Conservation Area
- TPO trees
- Important on-site trees
- Important tree groups
- Important off-site trees

TPO trees:

T1	Pine
T2	Yew
T3	Yew
T4	Pine
T5	Yew
T7	Horse chestnut

Existing trees

5.5.6 There are a number of important individual and groups of trees within and on the edge of the site. A number of individual trees are subject to Tree Preservation Orders (TPOs) and works to such trees is prohibited without the consent of the District Council.

5.5.7 The TPO trees are located on the eastern side of the access road when approaching the main building and comprise pines, yews and a horse chestnut.

5.5.8 In addition to the TPO trees, there are a number of important trees identified within the site by the Council as being important and these are identified in the diagram. Those trees which lie within the designated Conservation Area are subject to controls which enable the Council to protect the character of those trees.

5.5.9 The trees identified on the diagram are listed as follows:

T1 and T2	Oak (lg)
T3, T4 and T5	Oak (sm)
T6	Oak (med)
T8	Horse Chestnut (offsite lg)
T9	Oak (lg)
T10	Oak (sm)
T11	Sycamore (extensive decay in base)
G1	Sycamore and Conifer
G2	6 x Purple Leaf Plum (1 dead)
G3	Several young Sycamore and 1 Ash
T12 and T13	Blue Atlantic Cedar
T14	Willow Leafed Pear
T15 and T16	2 Sequoia
T17	Yew
T18	Sycamore (o/s)
T19, T20 and T21	Robinia (o/s)
T22	Robinia
T23	Sycamore
G4	2 Yew 1 Holly
G5	2 Birch, Sycamore, 2 Swedish Whitebeam, Cedar
T24 and T25	Horse Chestnut (lg)
T26 and T27	Yew (lg)
T28	Pear
T29	Willow Leafed Pear
G6	6 Cherries (1 dead)
T30	Pine (offsite med)
T31	Sycamore (offsite lg)

5.6 Maldon Conservation Area

5.6.1 The Maldon Conservation Area was first designated in 1969. In 1988 there were three separate Areas: firstly, Market Hill, Fullbridge and the western part of the High Street; secondly, the Hythe; and thirdly St. Peter's Hospital, Spital Road and Mount Pleasant. These Conservation Area were further revised, extended and conjoined in 1998 to form the single Maldon Conservation Area. The hospital site straddles the boundary along its west edge.

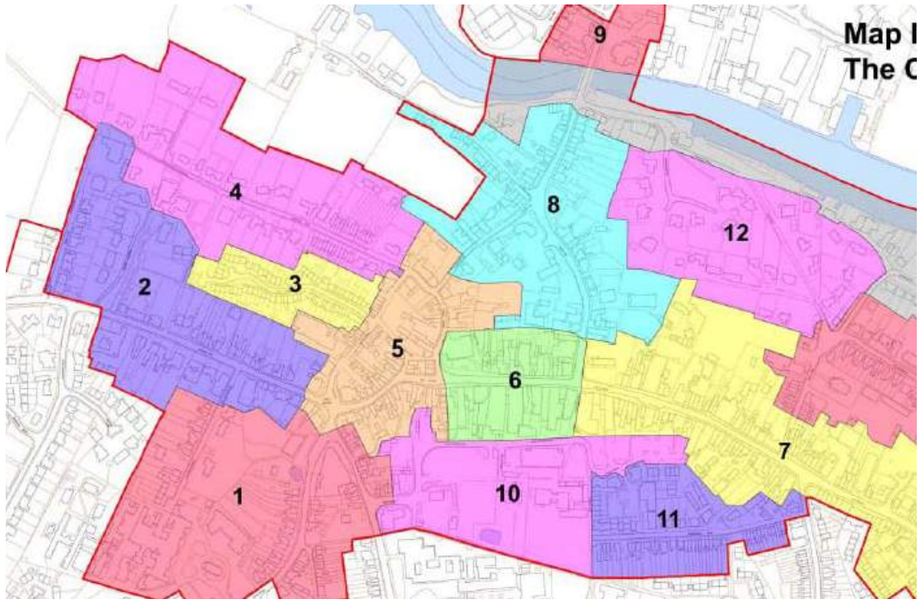
5.6.2 The Conservation Area has evolved to reflect an increasing depth of understanding of the town's merit and conservation value, reflecting its settlement from a late Saxon burh occupying a hilltop close to the estuary of the Blackwater to the subsequent centuries of development, including the growth of maritime industries and the rising popularity of the market town in the 19th and 20th centuries.

5.6.3 There are about 185 buildings listed as being of special architectural and historic interest. These range from early examples of vernacular timber-framed structures to provincial variations of fashionable architecture through the 17th, 18th and 19th centuries.

5.6.4 As with all Conservation Areas, designation is not intended to prevent change but to ensure that necessary change does not damage the essential character which designation was intended to preserve.

5.6.5 In terms of helping to identify 'character', the District Council has produced a Character Appraisal for the Maldon Conservation Area. This document highlights St Peter's Hospital as falling within a 'subzone' of the Conservation Area referred to as:

"residential development on the west side of the town in the area of the burh, including Spital Road, Mount Pleasant and Fambridge Road. Spital Road is a busy approach to the town and St. Peter's Hospital is a major landmark in this area."



Extract from Maldon District Council's Character Appraisal for Maldon Conservation Area, showing the defined sub-zones

Aerial photograph, indicating the Conservation Area boundary (white) and the St Peter's Hospital site (red)

5.7 Character zones

5.7.1 In order to help define the character of the site and its surroundings on more detail, we have undertaken a further analysis of the local area and have defined additional sub-zones in terms of townscape character. These are shown on the adjoining map and reflect the physical characteristics of areas adjoining the hospital site as well as the date of their settlement.

5.7.2 The character zones are as follows:

A - High Street/town centre
This character zone reflects the pattern of the early settlement of the 'burh' and the dense and enclosed nature of the built form.

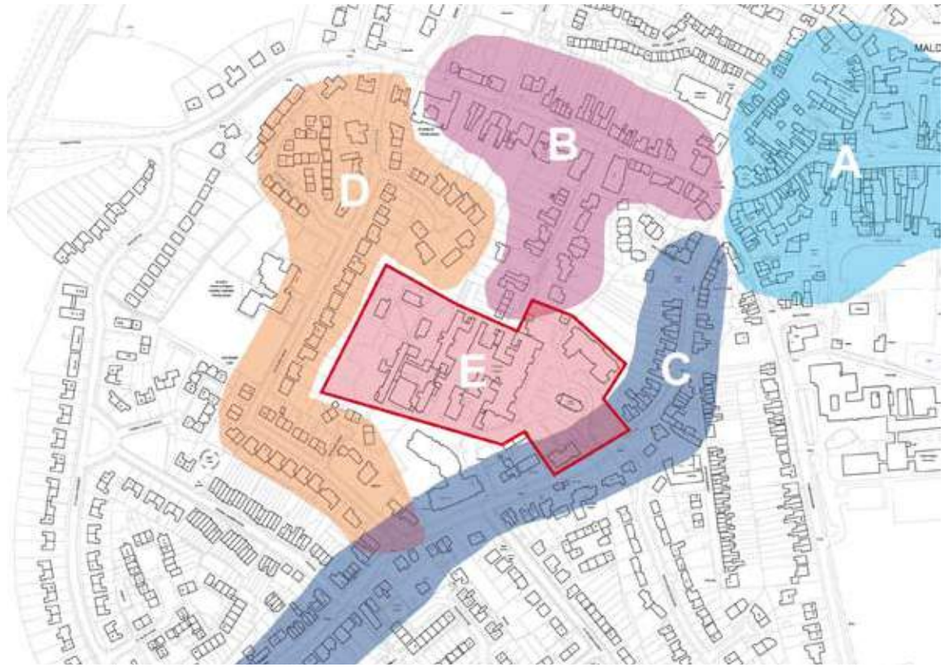
B - London Road/Wellington Road
These streets form part of the Victorian 'suburb' due west of the town centre and are characterised by formal houses in large plots.

C - Spital Road
Spital Road is one of the main vehicular arteries into the town centre, and it provides the frontage and approach to the hospital. It comprises a range of built form, but predominantly 19th century towards the north-east and post-war to the south-east of the hospital.

D - Highlands Drive/1970s suburbia
This is a discreet area of speculative housing which adopts a typical, generous layout.

E - St Peter's Hospital
The hospital site is something of an 'island' within these character zones, built as an entity and confined by its boundaries.

5.7.3 Defining these character areas will help to ensure that the townscape and settlement context of the hospital site is understood and can be used to inform the proposals as they develop.



Townscape character zones adjacent to the St Peter's Hospital site

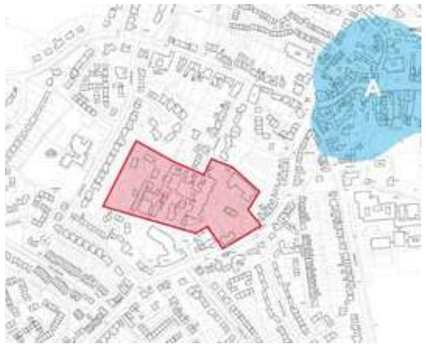
Zone A - town centre

5.7.4 The town centre zone is characterised by a tighter street pattern which reflects the original burgage plots of the medieval settlement. The frontage development tends to be continuous, with a range of narrow and wide frontage plots and varying heights from 1.5 to 2.5 storeys.

5.7.5 The scale of the buildings also varies from modest, vernacular to larger scale Georgian and Victorian facades, producing a wide range and variety of interest within frontages and at roof level. The levels of enclosure within the principal streets are high, and the active frontages help to ensure a high degree of animation, typical of traditional streets.

5.7.6 External materials are equally varied, ranging from render in a variety of colours to buff and red brick. Roofs are finished in red/brown plain tile or slate.

5.7.7 The end result of the density of settlement and the range of building form, finishes and detail is highly visually stimulating.



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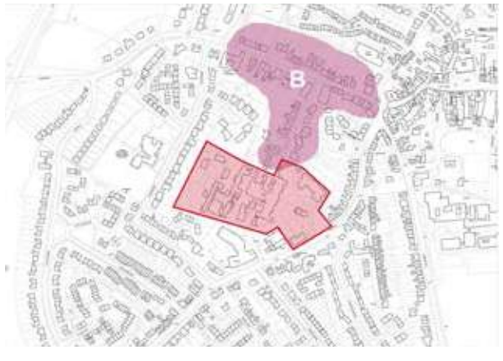
Zone B - London Road/Wellington Road

5.7.8 London Road is a wide, straight alignment of properties lining what was originally the principal thoroughfare into the town from the hinterland. Although it is lined with buildings of varying date (from the 15th century onwards), its formal appearance is emphasised by the predominant neo-classical villas from the 19th century.

5.7.9 The street is almost entirely residential in character, with the exception of the community hall and the school at the north-west end.

5.7.10 The plots tend to be spacious in character, with properties located at or close behind the frontage. This gives a good level of enclosure without feeling cramped. External materials range from the red brick of the 18th century townhouses to buff brick and render. Slate and clay tile are the predominant roof finishes.

5.7.11 Wellington Road has a similar, residential atmosphere, softened by mature trees. Properties here are of 19th century date, again with a quiet and spacious character.



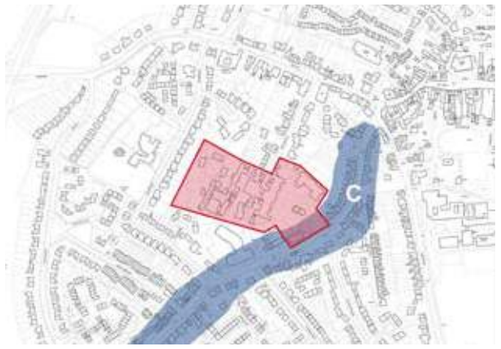
Zone C - Spital Road

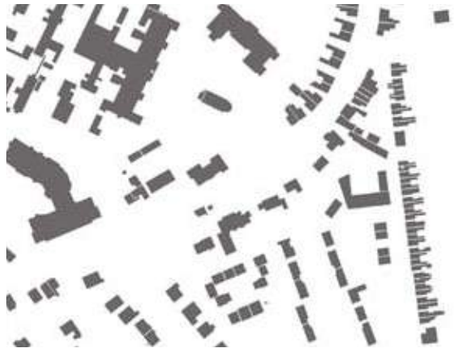
5.7.12 Spital Road reflects the incremental development of the town along its primary accesses. Its north-east end links into High Street and the urban form has a strong character which reflects the tighter settlement in this area. Further west, the sweep of the road provides good serial views, although the quality of the townscape is interrupted by poorer quality infill.

5.7.13 Beyond the town centre area, the scale of development reflects the predominant residential use with most buildings being two storeys in height and set in spacious plots. External materials in the eastern sections maintain the local palette although this weakens to the west.

5.7.14 St Peter's Hospital is the major feature along Spital Road, announced by the trees, railings and gatepiers, with the impressive main block sitting on the higher ground beyond. The consistency of the materials palette increases the impact of the site.

5.7.15 West of the hospital, the quality of the townscape reduces to become less coherent in terms of enclosure, design and materials.





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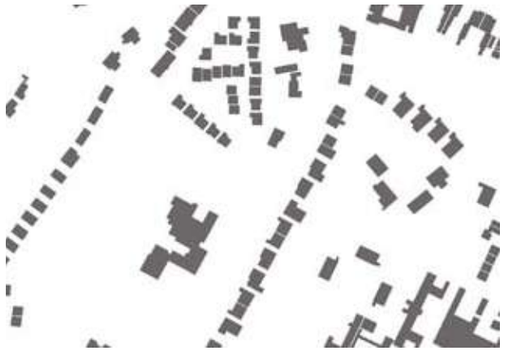
Zone D - 1960s/70s suburbia (Highlands Drive)

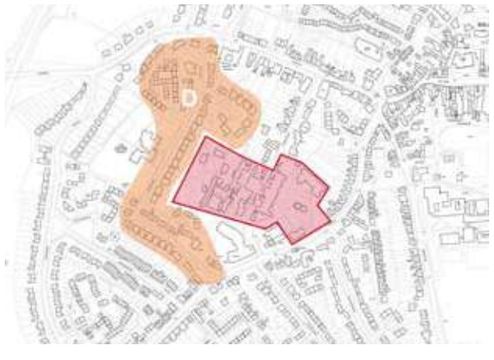
5.7.19 Highlands Drive was mainly developed in the late 1960s and early 1970s, on land previously open fields to the north-west of the hospital and accessed from Spital Road past the retained Highlands Farmhouse.

5.7.20 As is typical of development of this period, the new residential area was laid out in generous fashion, with large footprint, single-storey dwellings set in large plots and along regular alignments. Most buildings are set back behind large front gardens, resulting in a low level of enclosure within the street.

5.7.21 The design and detailing of the units is plain, and the external materials are a repetitious use of brick, render, boarding and concrete tile.

5.7.22 Although spaciously laid out, the effect in townscape and character terms has a low level of local distinctiveness and identity.





Zone E - Workhouse/hospital site

5.7.23 The original workhouse development was effectively a ‘campus’ constructed on the edge of the town centre, containing the activities within its perimeter. As the town has developed around it, and the use has changed, the hospital has become more closely associated physically with the land uses around it though it remains something of an island within the settlement pattern.

5.7.24 The site is characterised by the dominating presence of the main hospital building, the chapel and the approach from Spital Road past the gatepiers and Administration block. Thereafter, a continuity is provided by the consistency of materials palette amongst the ancillary buildings of the 19th century. This becomes less pronounced towards the rear of the site where the Victorian building become subsumed by the modern structures of temporary construction.

5.7.25 The hierarchy of the architecture responds to the use of the site, with the main hospital building, chapel and administration block being the ‘public face’ of the site, and the wards and other functional areas sitting behind.

5.8 Significance Assessment

Heritage asset significance

5.8.1 A Significance Assessment was prepared to support the Development Brief in line with the guidance within PPS 5 'Planning for the Historic Environment'. PPS 5 is now superseded by guidance within the National Planning Policy Framework which still requires an establishment of a "baseline" recognition of the architectural and historic value of the existing buildings on the site.

5.8.2 The assessment identified 21 individual structures on the site. These have been assessed individually in terms of relative values against English Heritage guidance, as follows:

- Evidential value – derives from the potential of a place to yield evidence about past human activity.
- Historical value – derives from the ways in which past people, events and aspects of life can be connected through to a place to the present.
- Aesthetic value – derives from the ways in which people draw sensory and intellectual stimulation from a place.
- Communal value – derives from the meanings of a place for the people who relate to it, or for whom it figures in their collective experience or memory.

5.8.3 In order to provide a summary of the assessment, the results have also been presented in a visual form and summarised in the categories as:

- None
- Low
- Moderate
- Good
- High

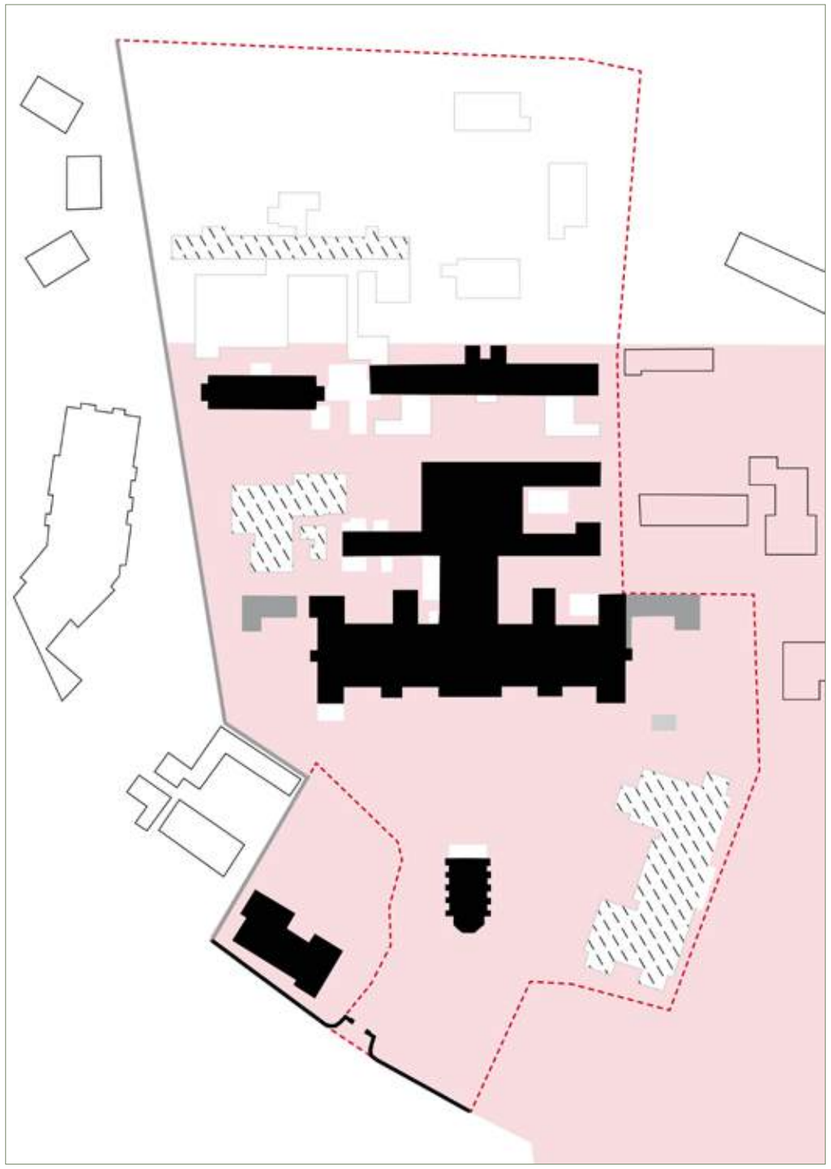
5.8.4 The inventory within the Significance Assessment also highlights the categorisation of the properties in terms of planning constraints such as locally listed buildings, Conservation Area status, or unlisted.

5.8.5 The plans on the following pages provide a summary of the relative significance of the buildings on the hospital site in terms of their 'heritage value'.

5.8.6 As the diagrams show, although the original phase of buildings relating to the workhouse share a common historical significance as a result of being constructed as a functional 'entity', the main hospital building, the chapel and the administration building are those which provide the most evident and prominent architectural and townscape significance, based on their design quality, scale and location on the site.

5.8.7 In our opinion, despite being of the same build phase and original concept, the rear portions of the hospital are not so architecturally significant and are more utilitarian in quality. The lesser wings and rear wards are of further reduced quality and architectural interest, being standardised and typical building types. In addition, the elements of built form behind the frontage are of much reduced townscape value and, where they are visible in glimpsed views, their contribution to the character and appearance of the Conservation Area is low.

// ST PETERS HOSPITAL, MALDON



Historical significance plan

Key:

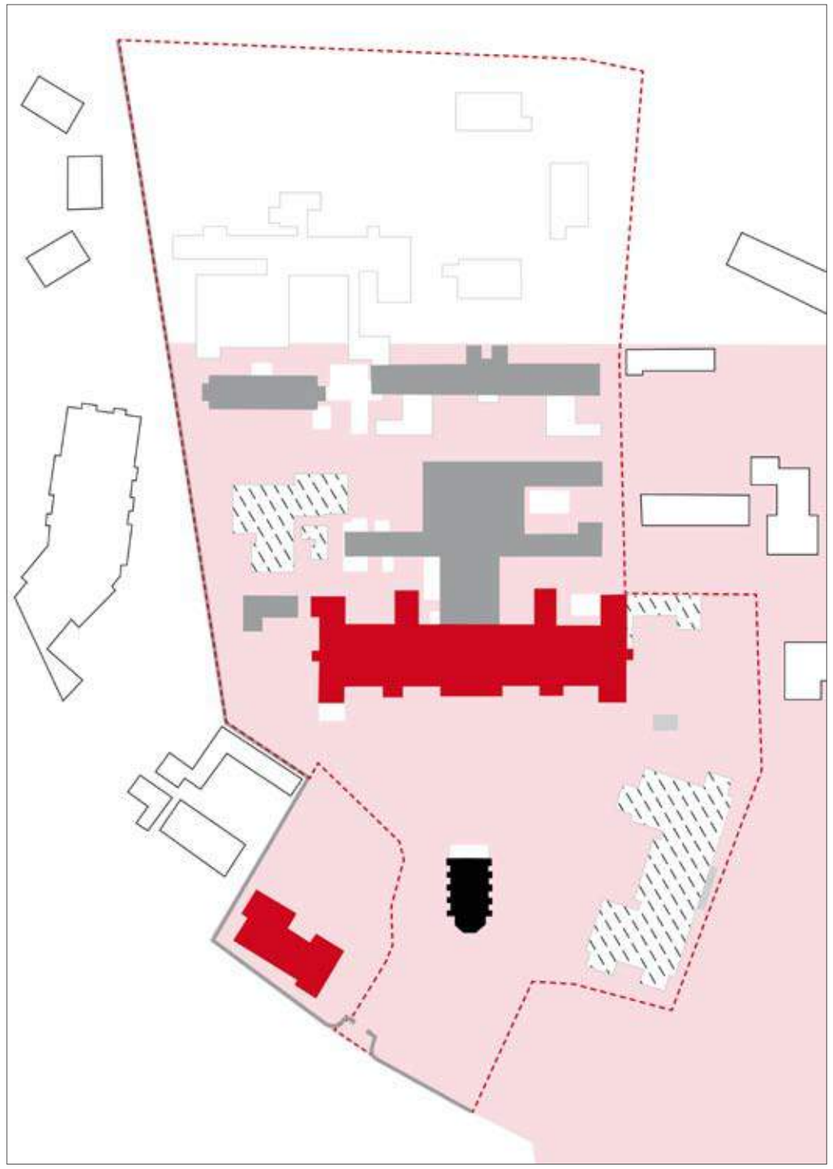
- High significance
- Good significance
- Moderate significance
- Low significance
- No significance
- Conservation Area

Historical significance

5.8.8 As the original complex was designed and built as a single operational entity, it follows that the nineteenth-century buildings have a generally consistent level of historical significance. They provide historical evidence of the original settlement of the workhouse in this location and the conversion to hospital use, although this is to a greater or lesser degree depending on the extent of alteration. Also, although all the original elements form part of an overall hierarchy of how the original workhouse functioned, some of the evidence provided by individual buildings is not so strongly resonant of the use or heritage value than others. This requires further detailed analysis but, for the purposes of a baseline assessment, the original elements of the workhouse are shown as having a moderate significance throughout.

5.8.9 The majority of the original workhouse buildings have a significance within the history of Maldon and its role within a phase of late nineteenth century development. They have a GOOD level of historical value.

5.8.10 This assessment of historical value is a separate consideration from the assessment of the individual elements in terms of their individual or townscape value, but it does consider the assessment recently undertaken by English Heritage which concluded that the buildings do not warrant inclusion on the Statutory List of Architectural or Historic Interest.



Aesthetic significance plan

Key:

- High significance
- Good significance
- Moderate significance
- Low significance
- No significance
- Conservation Area

Aesthetic significance

5.8.11 The plan alongside summarises the relative significance of the buildings on the hospital site in terms of their individual aesthetic value.

5.8.12 As the plan shows, the main hospital building's frontage, the chapel and the administration building are those which provide the most evident and prominent aesthetic significance, based on their design quality and fulfilment of architectural purpose.

5.8.13 In our opinion, despite being of the same build phase and original concept, the rear portions of the hospital are not so aesthetically significant and are less architecturally refined in quality. The side wings and rear wards are of further reduced quality and architectural interest, being standardised and typical building types. As a result, the dining-hall, kitchens, workshops, Infirmary and Smallpox Ward are therefore of moderate aesthetic value, with other modern parts being at a low level, or of no aesthetic significance.

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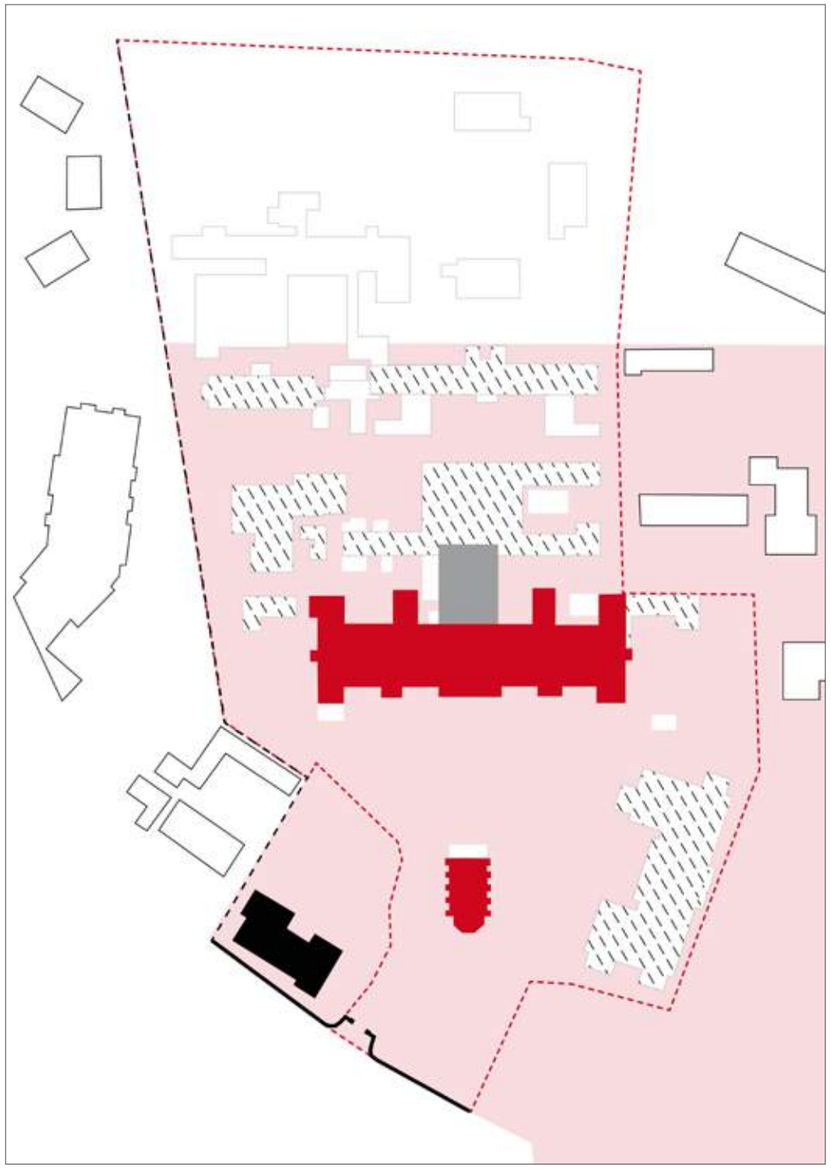


Townscape significance plan

Key:

- High significance
- Good significance
- Moderate significance
- Low significance
- No significance
- Conservation Area

Townscape significance plan

5.8.14 The plan of townscape significance reflects our analysis of the site and buildings in their wider Conservation Area context.

5.8.15 In our opinion, it is the main hospital frontage, the chapel, the Administration Block and the gates/ railings which make the most significant contribution to the townscape character of the local area. The Council identifies only the chapel as being a positive landmark building, but we consider that the main hospital block fulfils a similar role (especially with the main tower).

5.8.16 There are locations around the site where partial or glimpse views of parts of the hospital complex behind the frontage. These are generally of low significance and are highlighted as such mainly due to their scale and the use of consistent materials. One particular view into the site is the vista-stop formed looking southwards along Wellington Road towards the north flank of the dining-hall. In our opinion, although the existing building's presence forms a physical stop to that view, the character of the street is not dependent upon it and its significance is moderate. The Council's character appraisal in the section relating to Wellington Road does not refer to this view. It is perhaps more relevant here to consider the identified view in terms of the townscape appraisal and acknowledging the potential for enhancement in the future.

5.8.17 The remainder of the buildings on the site are either low in terms of their contribution to the local townscape character or they provide no positive significance.

5.8.18 Our assessment of the significance of the existing site in townscape terms generally reflects that undertaken by the Council in the preparation of the Character Appraisal of the Conservation Area.

5.8.19 The plan alongside is an extract from that document and illustrates how the Council shares the positive assessment of the Chapel, Administration Building and hospital frontage.

5.8.20 The criteria used by the Council for assessing the buildings for this plan is as follows:

1. Negative, buildings of no architectural quality detrimental to the character of the area, either by reason of mass, design, materials or siting.
2. Negative, buildings of indifferent design or detailing, or unsuited to the character of the conservation area.
3. Buildings which have a neutral presence in the conservation area, fitting satisfactorily into it.
4. Positive contribution through design, age, materials or detailing.
5. Positive, listed buildings or landmark buildings.

Extract from Character Appraisal: Contribution of Individual Buildings and Spaces plan

Key:

- 5 Positive (landmark)
- 4 Positive
- 3 Neutral
- 2 Negative
- 1 Negative (no value)

5.9 Options for the existing buildings

5.9.1 As part of the assessment of potential re-use of the existing site and buildings, the scope for the retention and conversion of the historic parts of the former workhouse has been carefully analysed. The policy context for assessing this potential is set out in the Practice Guide accompanying PPS5 paragraphs 88-90:

"88. Proposals for the development of a heritage asset will ideally be for its optimum viable use. By their nature, some heritage assets have limited or even no economic end use. A scheduled monument in a rural area may preclude any use of the land other than as pasture, whereas a listed building may potentially have a variety of alternative uses such as residential, commercial or leisure.

89. It is important that any use is viable, not just for the owner but also for the future conservation of the asset. Viable uses will fund future maintenance. It is obviously desirable to avoid successive harmful changes carried out in the interests of successive speculative and failed uses. If there are a range of alternative ways in which an asset could viably be used, the optimum use is the one that causes the least harm to the significance of the asset, not just through necessary initial changes but also as a result of subsequent wear and tear and likely future changes. The optimum viable use is not necessarily the most profitable one. It might be the original use, but that may no longer be economically viable or even the most compatible with the long-term conservation of the asset.

90. Harmful development may sometimes be justified in the interests of realising the optimum viable use of an asset, notwithstanding the loss of significance caused, provided that the harm is minimised."

5.9.2 As set out in section 4 of this Brief, there are set requirements for the delivery of modern health-care services which require a large degree of bespoke design to accommodate them. Some of the existing workhouse buildings can be adapted to meet part of the requirements but others are limited either by scale, form or design. In the terms of the above guidance, therefore, and in the context of the delivery of a considerable public benefit for the community, a long term view must be taken in terms of the viability of the heritage asset within the project as a whole, and therefore to what extent decisions may be made regarding potential harm to the asset in the context of this public benefit.

5.9.3 The issue of public benefit is further explained in paragraphs 91 to 95 of the Practice Guide. It sets out the following advice:

"91. Where substantial harm to, or total loss of, the asset's significance is proposed a case can be made on the grounds that it is necessary to allow a proposal that offers substantial public benefits. For the loss to be necessary there will be no other reasonable means of delivering similar public benefits, for example through different design or development of an appropriate alternative site.

92. Alternatively a case can be made for such serious harm or loss on the grounds that the designated heritage asset is genuinely redundant itself and it is preventing all reasonable uses of the site in which it sits. Even where the asset is genuinely redundant, it will often be the case that it can be worked round or incorporated into new development so that the wider site can remain in active use.

93. Keeping land in active use is a public benefit. It will be very rare that a decision has to be made between keeping a designated heritage asset and returning the site to active use but in such cases a balance still has to be struck between the loss to society of the significance of the designated asset and the benefits of returning the site to use. Loss of the highest graded assets will only be on wholly exceptional grounds."

5.9.4 In the detailed consideration of the Trust's requirements, the adaptability of the existing buildings, and their relative significance, we have produced a series of development principles which balance the public benefit of delivering the healthcare services on this town centre site with the relative merits of the heritage assets involved. These principles have also evolved in response to the wider townscape constraints and opportunities presented earlier in the document.

5.9.5 In summary, as a result of the significance assessment work, townscape appraisal and the development of the requirements for the site by the Trust, the development principles in the next section focus on the retention, conversion and re-use of the Administration block, the Chapel and the main hospital building. These are the principal heritage assets on the site in terms of their scale, townscape role, quality and local distinctiveness. It is considered imperative in the terms of the above guidance that they remain and are re-used.

5.9.6 As part of any future planning submission, any proposal involving the demolition of existing buildings within the Conservation Area would need to be accompanied by a statement in accordance with the National Planning Policy Framework. This would need to set out the case for demolition and explain the significance of the existing buildings and the impact on that significance resulting from the proposals.

5.9.7 A major part of the justification for any required removal of heritage assets will be the public benefit accruing from the re-use of the existing town centre site, the conversion and re-use of the principal heritage assets and the delivery of accessible healthcare provision for the community. Using a previously-developed site within the town's built up area and currently used as a hospital and which is to be the focus for 21st century healthcare facilities is consistent with national planning policies

5.9.8 The delivery of the public benefit to Maldon and the surrounding area of much needed modern healthcare services in our improved and enhanced site satisfies current planning policies and outweighs the harm caused to the relative heritage value of the existing buildings affected by the development proposals.

6.0 Development principles

Buildings with potential for removal

6.1 The Significance Assessment has identified the relative merit of the existing buildings on the site. Our interpretation of the results is that there is an evident and very significant grouping of buildings at the Spital Road (east) end of the site. This has considerable merit in townscape terms and also as a 'set-piece' within the site. The axial relationship of the main hospital building and the chapel, and oblique viewpoint towards both through the main gates is a high quality piece of townscape. Also, to the east of the main hospital building, the quality of the spatial arrangement is very good.

6.2 To the rear (west) of the main building, the quality of the spatial relationships is less, and the quality of the structures and their relationship to those spaces is also of a lesser townscape quality. The character of the area becomes much more utilitarian and the quality of the buildings (as the Significance Assessment has shown) is reduced, albeit that a number share a similar historic significance from the original workhouse development.

6.3 The National Planning Policy Framework at paragraphs 126 to 141 acknowledges that a hierarchy of value exists within heritage assets and that applicants putting forward development proposals will need to describe the significance of such assets. The recognition of a hierarchy of value leads to an assessment of the nature, level and extent of significance. It is established in current guidance that local planning authorities should identify and assess the particular assessment of any heritage asset that may be affected by a proposal (including by development affecting the setting of a heritage asset) taking account of the available evidence and necessary expertise.

6.4 Following our analysis of the site and its buildings, it is our view that the most significant heritage values on the site could be protected through the retention of the principal hospital block, the chapel, the administration block and the railings and gatepiers. The quality of these structures, their prominence and their spatial relationship are of great significance in themselves and in the local context.

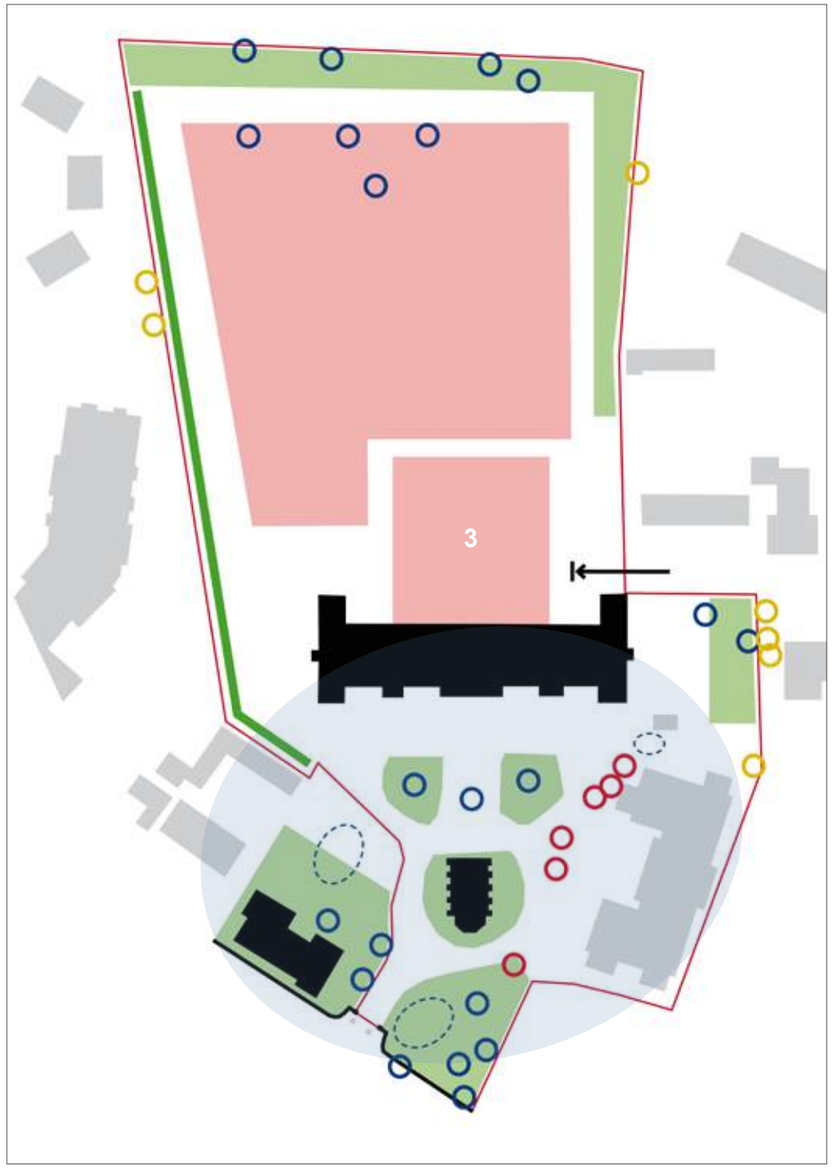
6.5 Aside from these structures, it is our view that a number of buildings to the rear of the main block could be considered for removal. Although the areas shown in red in the plan alongside include some of the original 1873-4 buildings, their limited quality in the context of the site as a whole is not of a high significance and their removal would not be harmful to those important elements of heritage value manifested in the other, retained buildings.

6.6 In the context of delivering modern healthcare services on this site as a "public benefit" and in achieving the long term re-use of the principal heritage assets, this assessment is considered to accord with the National Planning Policy Framework.

Potential retention/removal plan

Key:

- Buildings for retention
- Potential demolition



Development principles plan

Key:

- Buildings for retention
- Retained green edge
- Potential landscaping improvement
- Identified trees/groups
- Frontage protection zone
- Potential re-development area
- 2 Potential storey height
- Vista-stop potential

Development principles

6.7 In the context of a potential re-development of the site, there are a number of principles which should be responded to in order to retain the character of the site and protect its significant architectural and townscape qualities.

6.8 These are as follows:

1) the approach to the site along Spital Road provides an impressive edge to this townscape and also a sense of intrigue as to what lies behind the railings, gates and administration block. The railings are therefore an important streetscene element and should be retained within any reconfigured access.

2) the set-piece arrangement of administration block, chapel and main hospital building is a formal composition which utilises the topography and relationship with Spital Road very successfully. The resultant composition, although currently littered with cars and signage, is of a good quality and contributes positively to this part of the town.

3) the main hospital building is a local landmark in itself and defines the formal space on its east side.

4) the areas of greenspace and trees within the eastern part of the site are of great importance to its existing character and should be retained and improved wherever possible.

5) to the rear/west of the main hospital building, the quality of the site and buildings reduces significantly. The formal arrangement of buildings is much less pronounced, although there are glimpsed views into the site from some locations which should be taken into account in new layout and design.

6) subject to agreement to the removal of buildings to the rear of the main block, the potential exists to achieve a form of development which achieves a good quality and efficient use of the site, with positive relationships to the neighbouring boundaries.

6.9 The application of the above principles will enable the greatest heritage value of the site to be retained, alongside a viable and sustainable re-use of the remainder.

7.0 Masterplan considerations

7.1 Having considered the planning context for the hospital site, including the assessment of the existing buildings and the access to the site, it is appropriate to consider the potential form that a new community hospital could take in the light of the clinical requirements that are needing to come forward.

7.2 Those clinical requirements are absolutely essential and critical elements of a new community hospital and it is these issues that will be a significant determining factor in the scale, size and layout of the new development.

7.3 The size and type of the requirements are such that a 2-phase programme of provision is identified. The first phase of provision will require the following:

Reception area
Waiting area
Cafe
LTC hub (Long Term Care)
Outpatients
Rapid Assessment Unit
Imagining
Facilities management and catering
Genetic treatment
Tissue viability
Surgical procedures
Outpatient Therapies

7.4 The second phase will require the provision of:

In-patient Therapies
Maternity
24 bed inpatients

7.5 In bringing forward such facilities, a number of options were considered and within the submitted and approved Strategic Outline Case, two options were put forward. One of the options was for a total new build of the new Community Hospital on the rear of the St Peter's Hospital site leaving the majority of the existing hospital buildings intact although the outpatients' ward, family planning, H-plan and the villas would be demolished. Whilst such a new build option could be designed to physically accommodate all of the required clinical and community requirements, there are significant other factors which mitigates against such an option. These include the difficulty of creating a satisfactory relationship between any new hospital building and the need to protect the amenities of people living immediately beside the site.

7.6 Furthermore, the new build option would mean the retention of the majority of the existing hospital buildings which would need to come forward for an alternative use. Setting aside viability concerns, the retention of these buildings in addition to a new community hospital would place significant pressure on the need to provide adequate vehicle parking, circulation and servicing having regard to the need to provide the optimum environment for both the hospital site and the surrounding properties. Decked parking would be required for such an option which in our view raises particular concerns about protecting the amenities of nearby residents as well as concerns about the overall development of the site. Furthermore, general concern is raised about the relationship between a possible new hospital located at the back of the site and to the rear of a current unidentified use within the existing buildings. Such an arrangement in our view is unsatisfactory given the importance of the community hospital to the town and the surrounding area.

7.7 Rejecting the new build option has now focused upon making the best use of suitable and appropriate hospital buildings alongside an element of new build – the refurbishment and extension option thus looks at the retention of the main building and the removal of the rest of the buildings and structures to the rear to allow for a new build element to come forward. This proposal reflects the analysis undertaken with regard to heritage issues within the Brief and in the accompanying Significance Assessment.

7.8 The opportunity to retain the main building and to create new build on the rear then leaves the opportunity to secure an appropriately designed car park and landscaping area to the rear – as noted in the Brief, the current parking and circulation areas at the existing hospital site are totally unsatisfactory and the development proposal as put forward within the Brief now allows for a proper reassessment and the opportunity to secure a well thought out layout as part of the redevelopment of the site. The masterplan shows provision for 150 car parking spaces but this will need to be the subject of detailed consideration at the planning application stage. In the event that more parking is needed then land shown within the masterplan as surplus may be appropriate for this purpose. For anymore surplus land that is identified within the site (most likely to the rear of the site) then consideration will be given to other appropriate health related uses to reflect the development of the site as a healthcare campus.

7.9 The front of the site will alter as a result of the reconfiguration of the access as referred to earlier but with the retention of the Chapel and trees protected by Tree Preservation Orders, it is considered that the general character of the building and its environs will remain when viewed from Spital Road.

Refurbishment and Extension proposals

7.10 This Brief has considered the future use of the existing St. Peters complex of buildings and how best to use these buildings for the provision of 21st Century health care requirements. Clearly within such a context, there is a need to assess the ability of the existing buildings to meet clinical requirements whilst considering the interests of retaining the building from conservation perspective. The Significance Assessment accompanying this Development Brief has looked at each of the buildings individually and has determined that the most important buildings are the main hospital building, the Chapel and the administration block (Cherry Trees Resource Centre).

7.11 Given the nature of the clinical requirements and their relationships, it is critical to ensure the optimum internal arrangement comes forward and consequently this brings forward proposals which require the demolition of those hospital buildings to the rear of the main hospital block including the dining hall, OPD block, laundry and workshop buildings. Their removal means that a Phase 1 structure of the ground floor and first floor element can be built onto the existing main hospital building at the rear, thereby physically connecting into the existing hospital function.

7.12 A second phase would see the refurbishment of the part ground, first and second floors of the main hospital building. In addition, a compliant means of escape would need to be added to the retained building.

// ST PETERS HOSPITAL, MALDON

Site plan - refurbishment and extension proposals

3D model - refurbishment and extension proposals

8.0 Highways and access

8.1 Highways consultants have been appointed by Mid Essex PCT to review options and constraints for access to St. Peter's Hospital in Maldon, in relation to proposals to redevelop the site through regeneration of the existing buildings, comprehensive rebuild or a combination of the two. At this stage, the work has been focussed upon the identification of background traffic conditions, likely future demands and possible physical constraints.

8.2 In terms of the hospital catchment, it is expected that Maldon District best reflects the area served. This is supported by the geographic distribution of the newly formulated Practice Based Commissioning Groups, which are centred on Maldon. Hence, an estimate of the maximum distance a patient would have to travel to St. Peter's results in up to 18 miles by main road for residents who live in the coastal parts of the District. The built up areas account for the majority of the population, for whom shorter travel distances apply.

8.3 As noted earlier within this Brief, the Maldon District Local Plan does not designate the St Peter's Hospital site for any particular use, although part of the site does fall within the designated Conservation Area, including the highway frontage and main workhouse block.

Traffic counts

8.4 Data collection at this stage in the process has been focussed upon key access points and other main junctions within the vicinity of the site.

8.5 Data has been collected at four locations, being:
Site 1 – St. Peter's Hospital main entrance on Spital Road, including movements into and out of Wentworth meadows, opposite.
Site 2 – Junction of London Road and Wellington Road, forming the secondary access point into SPH via the second gate.
Site 3 – Gate counts at the second gate on Wellington Road.
Site 4 – Compound junction of London Road, Gate Street, High Street, Fambridge Road and Spital Road.

8.6 Each of the above observations was carried out on Tuesday 14th June 2011 over a twelve hour period between 0700 and 1900hrs.

8.7 In addition, automatic traffic counts were carried out using duplex pneumatic tubes at a location about 50m west of the main entrance on Spital Road to determine the daily variation in main road traffic flow levels and collect speed data to assist in determination of the most appropriate visibility splays at the revised main gate.

8.8 Each of the junction observations referred to above were carried out using static video recording equipment. Turning count data was extracted from the video recordings for sites 1 to 3 for the period between 0730 and 0930 and 1630 and 1830, collated in 15 minute intervals.

Main access on to Spital Road

8.9 A primary issue relating to the main access is that of available width between the gateposts. **Figure 1** below shows the existing arrangement with a clearance of approximately 4.0m between gate pillars, a width barely able to support the passage of two vehicles.

Figure 1 : Main Gate looking to Spital Road

8.10 Observation in the evening peak, particularly, demonstrated the difficulty experienced exiting and accessing the site in busy periods, where vehicles queuing to exit impeded vehicles on Spital Road, seeking to gain access to the hospital. This meant that queues formed on the main carriageway in turn impeding vehicles trying to exit.

8.11 Existing visibility onto Spital Road from the main gate is partially impeded by the presence of low walls and iron railings meaning that vehicles have to edge out into the main carriageway before achieving enough forward visibility to permit safe egress.

8.12 Figure 2 and Figure 3, below illustrate the existing situation and show the proximity and configuration of the hospital peripheral walls.

Figure 2 : Main Gate Access looking West

Figure 3 : Main Gate Access looking East

// ST PETERS HOSPITAL, MALDON

Secondary access on to Wellington Road

8.13 Wellington Road, which provides access to the rear gate of St Peter's Hospital is relatively narrow and has frequent on-street parking. Observations of traffic movements, show that demand for the rear access is quite low.

Figure 4 : Looking north on Wellington Road from SPH rear gate

8.14 Figure 4, above shows the view from the hospital looking through the rear gate along Wellington Road, showing frequent parked cars and the limited residual width.

8.15 There exists a turning hammerhead at the southern end of Wellington Road to enable turnaround for those vehicles not entering the hospital grounds. Figure 5 shows this arrangement.

8.16 It is possible to travel between the main and rear gates within the hospital grounds but the routes are often narrow with acute corners and minimal visibility.

Figure 5 : Wellington Road

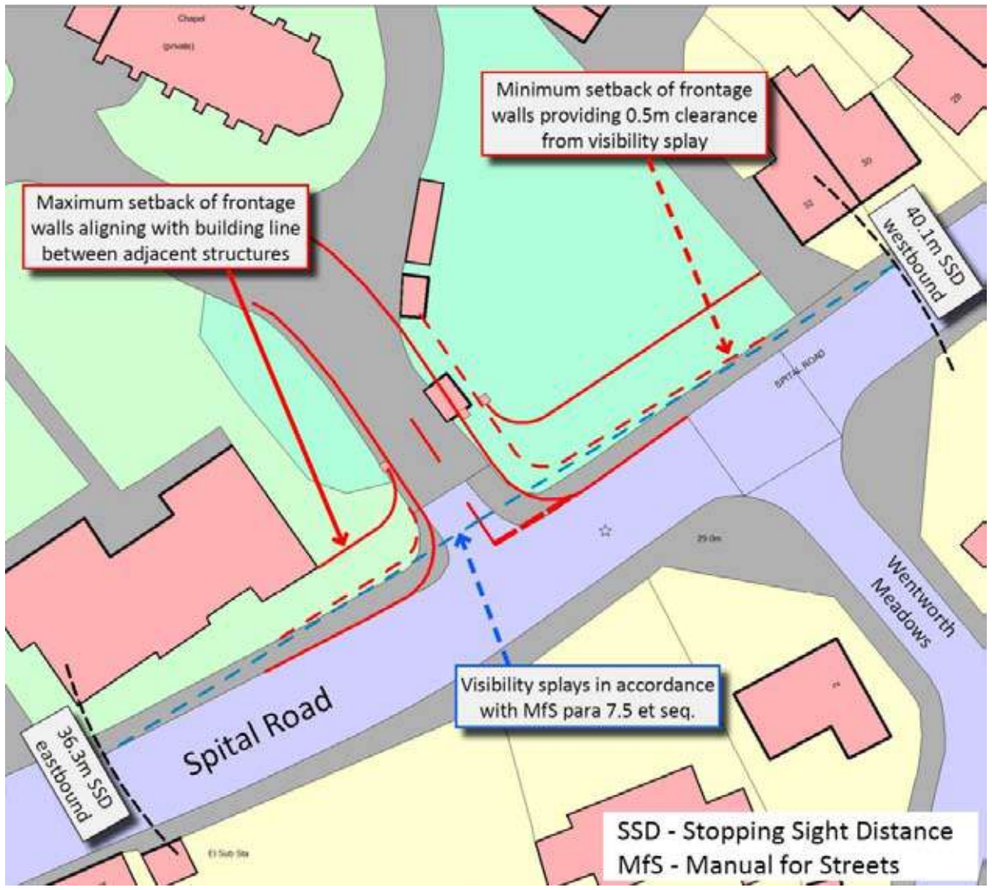


Figure 6 : Preliminary Visibility Assessment

Overview

8.17 Analysis of the access has investigated the options and constraints relating to the existing and potential improved access to St Peters hospital in Spital Road, Maldon , Essex . Traffic flow data is contained within an appendix to this Brief. This access analysis has investigated the options and constraints relating to the existing and potential improved access to St. Peter's Hospital in Spital Road, Maldon, Essex.

8.18 The work has been supported and informed through site visits and observations and a comprehensive array of local traffic surveys of main access points and prominent junctions in the vicinity.

8.19 The traffic surveys have been analysed to demonstrate the current scale of traffic movement at the main and secondary access and the range of prevailing traffic speeds passing the main gate.

8.20 Using traffic speed data, appropriate visibility standards have been referenced and applicable safe stopping sight distances (SSD) calculated for a revised main access to service a regenerated hospital complex.

8.21 Using calculated SSD, visibility splays have been determined and preliminary proposals put forward for compliant access on to Spital Road, incorporating a significantly improved access route into the hospital.

Conclusion

8.22 Traffic count data collected at the main gate on Spital Road, has shown that the traditional AM and PM peak hour periods lie between 0815 and 0915 and 1630 and 1730, respectively. The site demonstrates a very high peak to daily flow ratio of 11% on normal weekdays. This means that 11% of total daily traffic into Maldon (on Spital Road) enters in the morning hour.

8.23 Of the 653 vehicles (average Monday to Thursday) approaching the hospital in the AM peak hour, approximately 26% enter the hospital via the main gate, with a further 6% leaving. In the PM peak hour, of the 560 vehicles approaching the hospital, some 7% enter the hospital and 13% depart. Overall, in the AM peak hour more than 99% of traffic entering the site (out of a total of 174) do so through the main gate, whilst in the PM peak hour 86% depart through the main gates out of a total of 85 vehicles.

8.24 Traffic speeds passing the main gate have been observed to average less than 30mph in each direction, based on the data collected via the automatic traffic counter. These vehicle speeds, when analysed in accordance with TA 22/81, result in an average 85th percentile wet-weather speed of 28.6mph, westbound and 26.6mph, eastbound. Appropriate safe stopping sight distances have been calculated using Manual for Streets and appropriate visibility splays developed to support the development of preliminary proposals for a safe reconfigured access into the hospital on Spital Road.

8.25 This reconfigured access seeks to retain as far as possible the character of the existing entrance in terms of gate piers and railings whilst acknowledging it is imperative to improve upon visibility splays along Spital Road. The requirement to meet the new splays requires the setting back of existing features as well as the loss of a number of trees and vegetation - such trees are not covered by Tree Preservation Orders but are within the Conservation Area.

9.0 Conclusions

9.1 The provision of a new community hospital for Maldon is critical. The existing St Peter's Hospital site lies within the built-up area of Maldon and is currently in hospital use. It is the responsibility of the NHS Mid Essex Trust to ensure that the people of Maldon and its environs receive 21st century healthcare from appropriate facilities and it is their desire to achieve this on the existing hospital site.

9.2 The existing hospital falls well below current hospital standards. Having regard to the need to provide 21st century healthcare uses, it is important that proposals that do come forward are viable and do not compromise the operational requirements of the use. The heritage and conservation analysis undertaken has identified the significance of certain buildings which has informed the proposals put forward within this Brief.

9.3 It is considered that a refurbishment of the main building and an extension to its rear is the most appropriate way forward for securing a new community hospital on the site. The consolidation of new and old hospital buildings on the site will allow for appropriate healthcare provision for both visitor and staff, and in a form that seeks to minimise impact on its surroundings both now and in the future.

9.4 This Brief has been adopted as Supplementary Guidance by Maldon District Council as the local planning authority and will be used when assessing any planning application submissions for a new community hospital on the site.

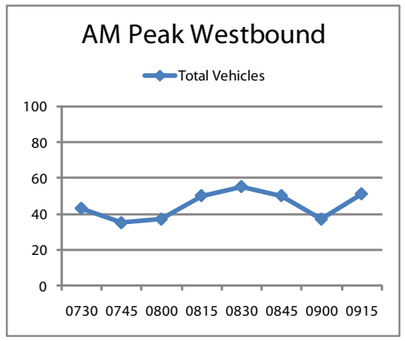
5

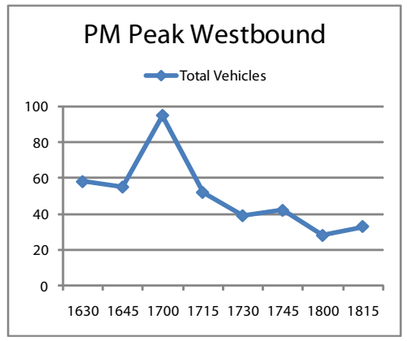
Appendix A - Traffic baseline data

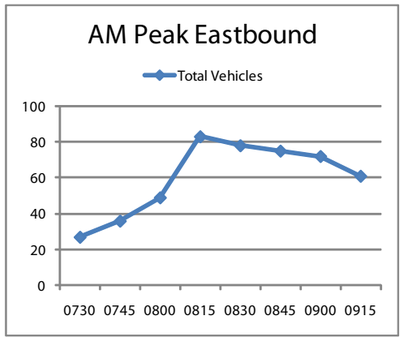
Traffic Flow Data

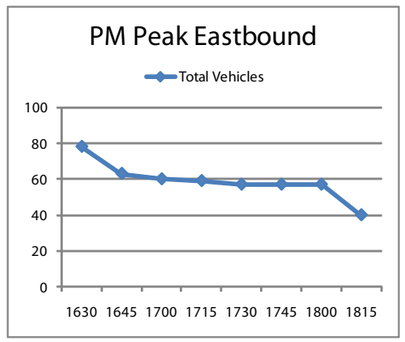
Peak hour analysis

A1 Data has been extracted from the video observations for the main peak hour periods of 0730 and 0930 (AM Peak) and 1630 and 1830 (PM Peak) . Traffic flow passing the main entrance on Spital Road has been used, at this stage, to determine the peak hour within this 90 minute period. The following graphs illustrate this variation in traffic flow:









A2 From the information gleamed from traffic counts it can be deduced that the AM peak hour falls between 0815 and 0915 and the PM peak hour falls between 1630 and 1730, when both eastbound and westbound traffic flows are considered together.

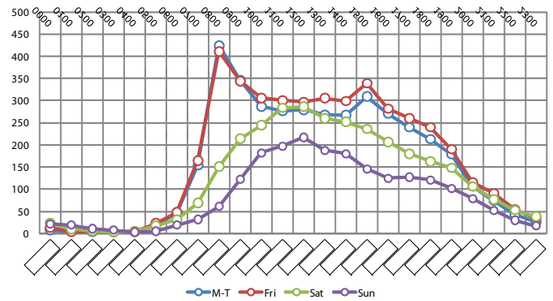
A3 The traffic counts also provided information on vehicle composition using a standardised categorisation of Car, LGV, OGV1, OGV2, PSV and Motor Cycles. This data shows a predominance of cars in the vehicle population averaging 85% in the through movement. Light goods vehicles (LGV) account for 9%, whilst other goods vehicles (>1.5t), buses and motor cycles account for a further 2% each

Daily Variation

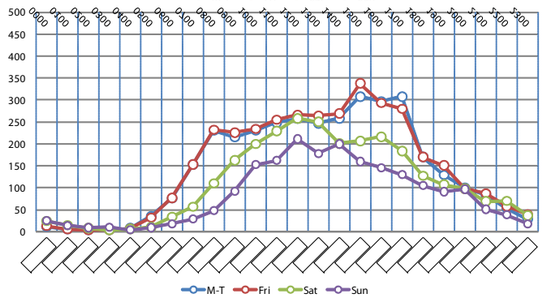
A4 The automatic traffic counter on Spital Road provided a continuous record of vehicle flows eastbound and westbound between Friday 10th June and Friday 24th June, 2011, collated into one hourly periods.

A5 The counters also summarised vehicles according to their speed and length.

A6 Considering traffic volumes, the following graphs show the hourly variation by day type passing the count site, in each direction.



Spital Road - Eastbound



Spital Road - Westbound

A7 The graphs demonstrate the predominance of inbound flows to Maldon in the AM peak period with a very sharp rise between 0800 and 0900, quickly dissipating into the AM off-peak period. 11% of the entire traffic inflow on Spital Road into Maldon is recorded within this one hour.

A8 The PM peak is less marked with a more gradual increase and decrease in traffic flows westbound from Maldon over the PM period.

St. Peter's Hospital traffic

A9 St. Peter's Hospital traffic comprises all traffic entering and leaving the site within the peak periods identified above, via both the main and secondary entrances on Spital Road and Wellington Road, respectively.

Inbound to St Peter's Hospital

Site: Movement	*Description*	*AM Peak*	*PM Peak*
Site 1 – L	Spital Rd W to St Peter's Hospital	130	23
Site 1 – D	Spital Rd E to St Peter's Hospital	39	15
Site 2 – A	London Rd N to Wellington Rd	2	1
Site 2 – D	London Rd S to Wellington Rd	10	9
Site 3 – A	Wellington Rd Gate	5	0

Outbound from SPA

Site: Movement	*Description*	*AM Peak*	*PM Peak*
Site 1 – A	St Peter's Hospital to Spital Rd W	19	56
Site 1 – C	St Peter's Hospital to Spital Rd E	22	17
Site 2 – F	Wellington Rd to London Rd N	1	5
Site 2 – E	Wellington Rd to London Rd S	6	13
Site 3 – B	Wellington Rd Gate	5	12

A10 Total traffic inbound to St Peter's Hospital in the AM peak totals 169 at the main gate and an additional 5 at the second gate on Wellington Rd.

A11 The majority of movements accessing St Peter's Hospital on Spital Road originate to the west (77%). Also, based on the turning movements at site 2, the majority of the Wellington Rd gate movements approach from Maldon (say 80%). Departures in the same period are 41 and 6 respectively with similar, yet less pronounced, directional splits.

A12 Departures in the PM peak are 73 at the main gate and 12 at the rear gate. Again, the majority of movements at the main gate proceed towards the west (77%) with the majority of Wellington Rd gate exits proceeding on to London Rd, south (approx. 72%). Arrivals in the PM peak are 38 at the main gate with none recorded at the rear gate.

Traffic speeds and stopping sight distance

A13 The assessment of traffic speeds at the main gate approaches is critical to the determination of the most appropriate visibility standard for any new or modified access at this point. It is considered that the most appropriate standard to be applied is that within Manual for Streets (MfS), a standard considered more appropriate for urban streets than the alternative Department for Transport (DfT) Design Manual for Roads and Bridgeworks (DMRB) standard more suited to higher speed rural roads.

A14 Data from the Automatic Traffic Count shows the westbound average speed to be 28.6mph, whilst the eastbound average speed is 26.6mph. It is assumed that these speeds represent the wet weather speed.

A15 Using the formula in Manual for Streets at paragraph 7.5.3, the resultant stopping sight distance is thus calculated to be 40.1m and 36.3m westbound and eastbound, respectively.

A16 **Figure 6**, below, illustrates the relationship between the calculated visibility splays and a proposed preliminary arrangement for access off Spital Road. The visibility splays (shown dashed-blue) are measured from a point 2.4m back from the give-way line to the nearest kerbline of each approach.

A17 The diagram assumes a 7.0m wide access and relocated gate posts and perimeter walls and which clearly has an impact upon the existing access and the character of the street scene along Spital Road.

A18 The minimum setback location (shown dashed-red) assumes a 0.5m clearance between the imaginary visibility splay and the front face of the wall. The maximum setback location (shown solid-red) assumes the perimeter walls are reconstructed to align with the building line established between the two adjacent structures.

A19 Kerb radii of 10m have been assumed to accommodate heavy goods vehicle movements into and out of the main gate.

APPENDIX 1

NHS Mid Essex

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