



Transport Assessment

Proposed DASH Facility, Salisbury District Hospital

Salisbury NHS Foundation Trust

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Revision Record

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Basis of Report

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1.0 Introduction

- 1.1 SLR Consulting Limited (SLR) is appointed by Salisbury NHS Foundation Trust (Trust) to provide highways and transportation advice in relation to the proposed new Diagnostic and Surgical Hub (DASH) at Salisbury District Hospital (SDH).
- 1.2 SLR provided the highway authority with a Transport Scoping Note which set out the intended assessment methodology of this Transport Assessment, however no formal response was received prior to submission of the planning application.

Site Location

- 1.3 SDH is located approximately 2.7 km to the south of Salisbury city centre. The SDH is bound to the west by Odstock Road whilst undeveloped land abuts the north, east and southern boundaries.
- 1.4 The application site is located to the southeastern corner of the wider SDH site, as illustrated in **Figure 1.1**.

Figure 1.1: Site Location



- 1.5 The proposed site falls within the administrative boundary of Wiltshire Council who are the Local Planning and Highway Authority.

Existing Site Layout

- 1.6 The proposed development site will be located on land currently occupied by the helipad, the southern sections of Visitor Car Park 8 and Staff Car Park 9, as well as the northern part of Staff Car Park 10.
- 1.7 **Figure 1.2** illustrates the existing site layout, with the proposed development site boundary highlighted in red for reference.



Figure 1.2: Existing Site Layout



Development Overview

- 1.8 The proposed DASH facility will comprise dedicated day-case surgery theatres, CT and MRI scanning and diagnostic facilities, as well as endoscopy services. The development is being brought forward in response to the limitations of the existing day surgery theatres, which are partly no longer considered fit for purpose, while also providing additional diagnostic capacity. Whilst elements of the existing facility will be retained, a significant proportion of the day surgery and diagnostic services currently provided in the main hospital will be transferred to the new DASH facility.
- 1.9 The proposed development, which is being supported through NHS England funding, will provide modern healthcare infrastructure capable of meeting current and future operational requirements.
- 1.10 The proposed DASH facility seeks to enhance healthcare provision through the delivery of dedicated facilities for planned procedures, separate from emergency care services. This will support a more efficient healthcare environment, increase capacity and improve the overall patient journey.
- 1.11 The key benefits of the proposed DASH facility include:
- Increased capacity for planned procedures, diagnostic tests and scans;
 - Reduced waiting times for diagnostic services, including CT, MRI, ultrasound and blood tests;
 - Fewer cancelled procedures;



- Improved operational efficiency through dedicated new facilities; and
- An enhanced patient experience, including a reduction in the need for overnight stays.

Report Structure

- 1.12 This Transport Assessment provides information on the transportation and mobility planning aspects of the development proposals. It outlines the existing accessibility of the site along with the potential effects of the development proposals on the characteristics of the local network in the vicinity of the site.
- 1.13 Following this introduction, the report provides the following information:
- **Baseline Condition:** Describes the site, the surrounding area and the local highway infrastructure, including an analysis of collision statistics and accessibility by sustainable transport modes.
 - **Policy Context:** Reviews relevant national and local planning policies;
 - **Development Proposal:** Describes the development proposals, sustainable travel improvements, as well as parking, servicing and access arrangements;
 - **Traffic Effect Assessment:** Sets out the forecast traffic trip generation and distribution of the development, along with capacity assessment of site access junction;
 - **Summary and Conclusion:** Provides a summary and conclusion to the Transport Assessment.



2.0 Baseline Conditions

Pedestrian Network

- 2.1 Footways are provided throughout SDH creating a series of safe pedestrian routes through the site. These benefit from street lighting as well as uncontrolled zebra crossings at key locations, including in the vicinity of local bus stops. In addition to footway provision, several traffic-free pedestrian routes are provided throughout the site.
- 2.2 To the west, the on-site pedestrian infrastructure joins a shared footway/cycleway on the eastern side of Odstock Road. Footway provision continues to the north, including along both sides of the A354, providing a continuous pedestrian link to Salisbury city centre and the various residential areas of the city.
- 2.3 Additionally, the proposed site also benefits from the networking of public right of ways (PRoWs) which operate in the local area. A summary of the local PRoW network in relation to the site is provided in **Figure 2.1**.

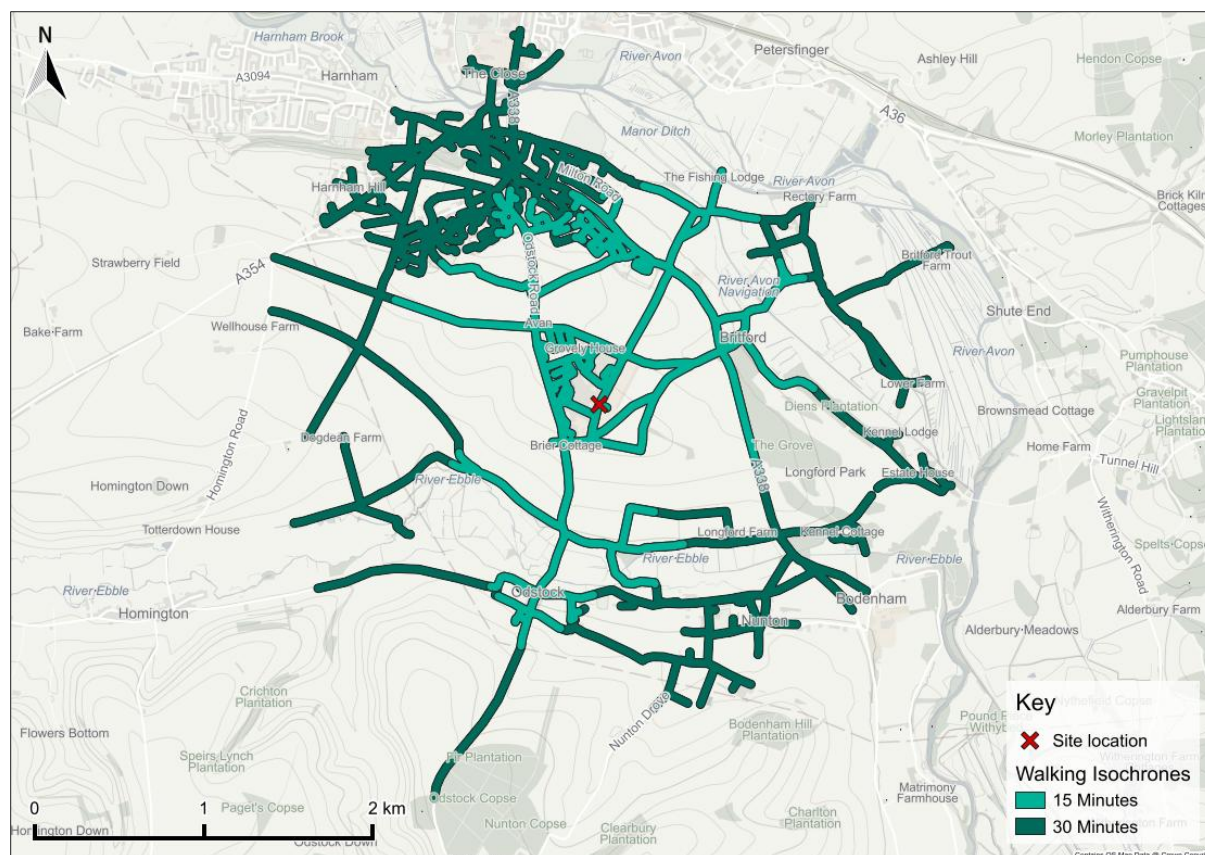
Figure 2.1: PRoW Network



- 2.4 With the above review of pedestrian links in mind, consideration has been made as to the areas which can be reached from the site within a journey time of around 15 and 30-minutes' walk time. **Figure 2.2** illustrates an indicative walking isochrones from the proposed site.



Figure 2.2: Indicative Walking Journey Time Isochrone



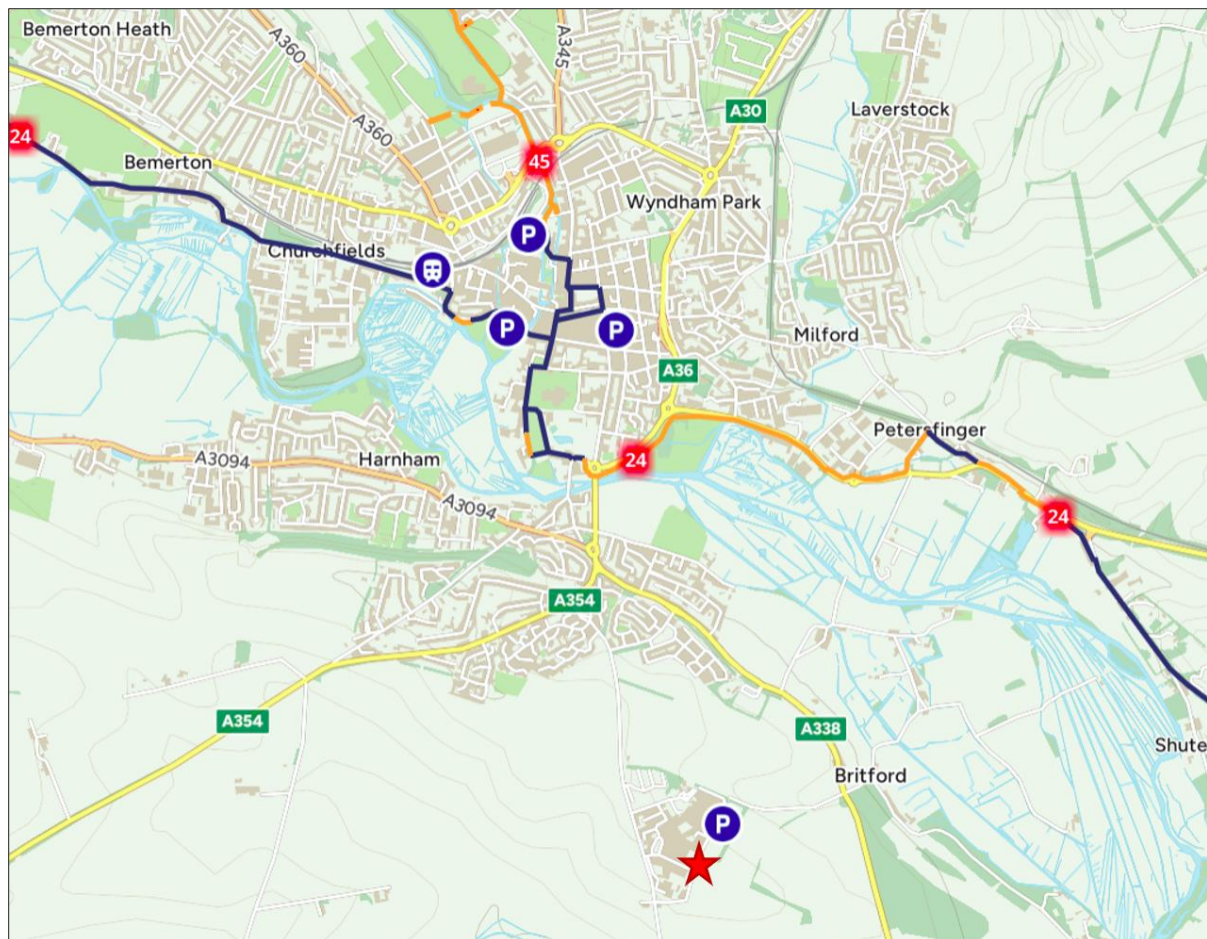
- 2.5 As shown in **Figure 2.2**, parts of southern Salisbury are accessible within a 30-minute walk of the site and are predominantly residential in nature. In addition, destinations such as the Britford Park and Ride facility, together with the villages of Britford, Nunton and Odstock, are located within a 15-minute walk of the proposed development.

Cycling Network

- 2.6 As highlighted above, a shared footway/cycleway on the eastern side of Odstock Road extending north to Rowbarrow where a signed route operates to the east towards Downton Road and the city centre. In addition, a marked on-carriageway cycle lane is provided on the western side of Odstock Road operating to the north.
- 2.7 The localised infrastructure outlined above can be used to access the National Cycle Network (NCN), in particular routes 24 and 45. NCN Route 24 operates between Bath and Salisbury and can be joined approximately 1.8 km to the north of the site at the Exeter Street Roundabout. While Route 45 can be joined circa 2.6 km to the north of the site at the New Street/ High Street junction. The route operates between Cheshire and Wiltshire serving locations such as Swindon, Gloucester and Chester. Both routes comprise a mix of traffic-free and on-road signed links.
- 2.8 **Figure 2.3** illustrates the location of NCN Routes with respect to the proposed site.



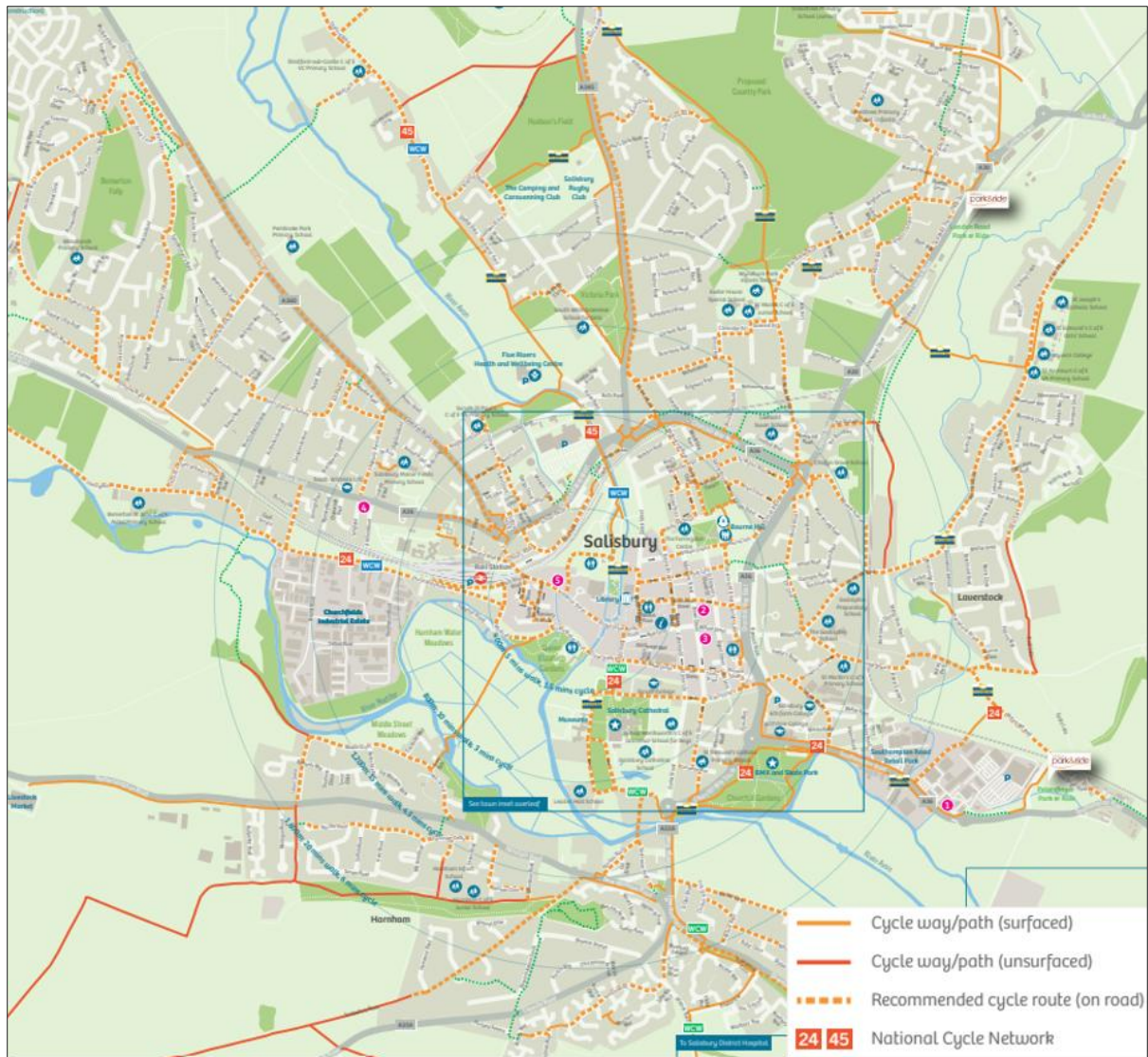
Figure 2.3: Nearby National Cycling Routes



2.9 An extract from the Salisbury Cycle Route Map, as presented on the Connecting Wiltshire website, is shown in **Figure 2.4**.



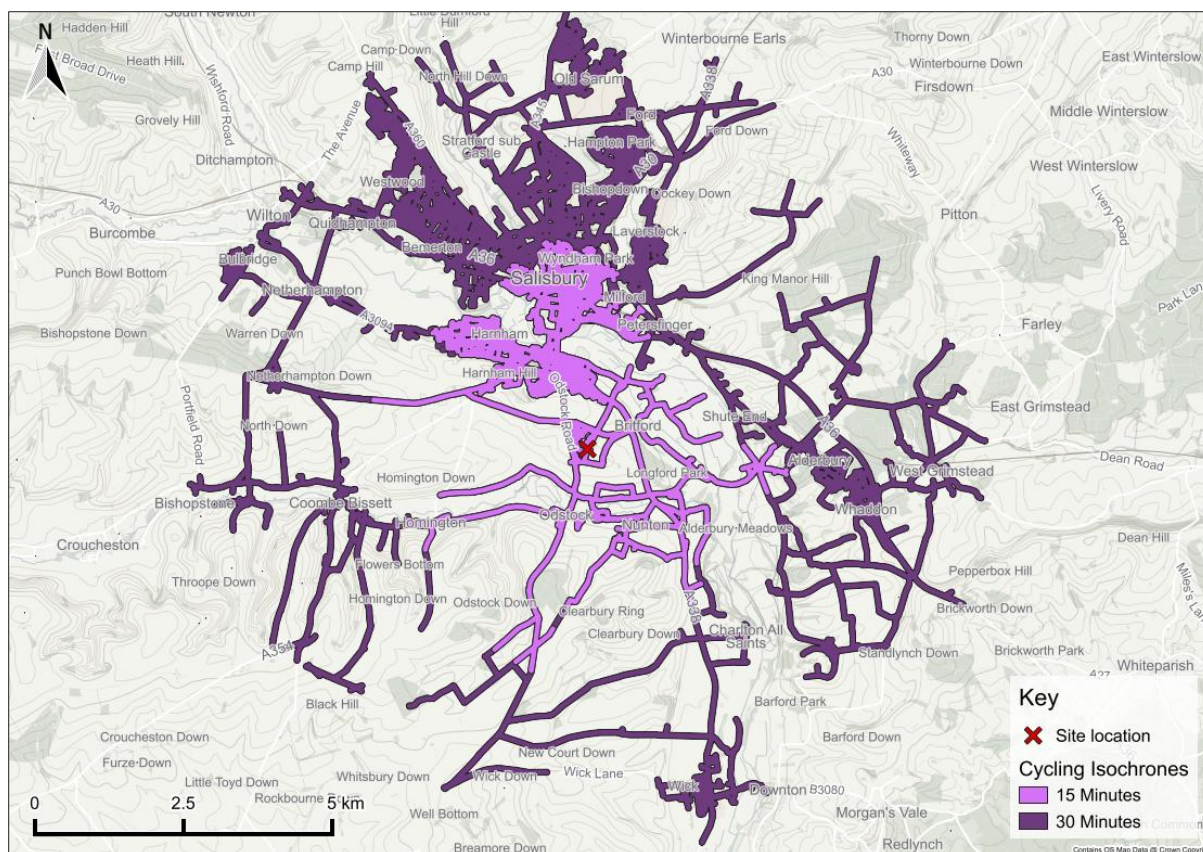
Figure 2.4: Local Cycle Routes



- 2.10 With the above review of local cycle links in mind, consideration has been made as to the areas which can be reached from the site within a journey time of 15 and 30-minutes cycle time. **Figure 2.5** illustrates an indicative cycling isochrones from the proposed site.



Figure 2.5: Indicative Cycling Journey Time Isochrone



- 2.11 As illustrated in **Figure 2.5**, almost all of Salisbury, as well as a significant number of surrounding rural villages, are located within a 30-minute cycle of the proposed development.

Local Amenities

- 2.12 The wider Salisbury District Hospital site comprises a range of amenities. The following facilities are located within a 500-metre walking distance of the proposed development:
- Odstock Health and Fitness Centre
 - Tops Day Nurseries: Salisbury Nursey
 - Art Care's Culture Club
 - Hedgerows Café

Public Transport Network

Bus Services

- 2.13 The closest existing bus stop to the proposed development is the District Hospital stop, located opposite the Fitness Centre. The stop is approximately 320 metres north-west of the DASH site, equating to a walking time of around 5 minutes. The bus stop is equipped with a sheltered seating area and timetable information.
- 2.14 In addition to this stop, there are two bus stops within the wider SDH site, accessible via the internal footway network. Furthermore, two bus stops are located along Odstock Road, on the SDH frontage.
- 2.15 **Table 2.1** summarises the bus services accessible from the above-mentioned bus stops.



Table 2.1: Bus Services

Service No.	Route	Frequency		
		Mon - Fri	Sat	Sun
Red1	District Hospital - Salisbury - Bemerton Heath	Every 15 Mins	Every 30 Mins	Every 30 Mins
29	Salisbury - District Hospital - Bowerchalke - Shaftesbury	6 Services per day (at 10:34, 12:04, 13:34, 15:14, 16:40 and 18:03)	6 Services per day (at 10:34, 12:04, 13:34, 15:14, 16:40 and 18:03)	No Service
44	Salisbury - District Hospital - Morgan's Vale - Woodfalls	6 Services per day (at 09:59, 11:19, 12:49, 14:19, 16:47 and 17:44)	6 Services per day (at 09:59, 11:19, 12:49, 14:19, 15:49 and 17:41)	No Service
PR9 Park & Ride	Salisbury City Centre – SDH – Britford P&R	One service per day in each direction	No Service	

- 2.16 In addition to the proposed development, a new bus stop on Victoria Drive East, opposite the DASH Building, is being explored. Further details regarding this are provided in Section 4. However, it should be noted that this proposal is subject to a separate planning application.

Britford Park & Ride

- 2.17 SDH benefits from its proximity to the Britford Park and Ride. A restricted byway (BRIT 16) provides a direct connecting link between the SDH site at its eastern corner and the A338 High Road. From the proposed development, the P&R facility is located approximately 965 metres away, equating to a 15-minute walk or 5-minute cycle.
- 2.18 The Park and Ride facility is equipped with approximately 490 car parking spaces, together with a passenger waiting area and information desk.
- 2.19 The Park and Ride is served by two bus services, namely PR9 and X3. The PR9 service operates between Salisbury City Centre and Britford P&R at a frequency of every 30 minutes from Monday to Saturday and does not operate on Sundays.
- 2.20 The X3 service operates between Salisbury and Bournemouth via Ringwood, with a frequency of every 30 minutes Monday to Saturday and hourly on Sundays.
- 2.21 In addition, SDH operates a dedicated private shuttle bus service to the P&R, which is available free of charge to NHS staff holding valid staff identification. The shuttle runs at approximately 10-minute intervals between 07:00 and 21:00, Monday to Friday.

Rail Services

- 2.22 The closest rail station to the proposed development is Salisbury Railway Station, located approximately 3.4 km to the north.
- 2.23 The station can be accessed via the Red 1 bus service, with a journey time of approximately 35 minutes, or by bicycle in around 15 minutes.



- 2.24 The station provides 110 cycle parking spaces, which are sheltered and benefit from CCTV coverage.
- 2.25 Services from Salisbury operate to a range of destinations including London Waterloo, Portsmouth Harbour, Basingstoke, Cardiff Central, Exeter St David's and Chandlers Ford.

Accessibility Index (AI) Score

- 2.26 Following the above public transport review, consideration has been made as to the accessibility of the site with regard to the BREEAM accessibility index (AI) calculator.
- 2.27 The calculator assesses the level of access based on the number and frequency of bus services within 650 metres of a site and rail services within 1 km of the site. As the station exceeds this maximum distance the AI score reflects local bus services only.
- 2.28 For the purposes of this assessment, the building type category of "Healthcare GP surgery, Health centre, Community hospital" has been used as the most reflective of the development. As proposed development is envisioned to be operational from 07:30 – 21:30, the default hours of 0700-2000 have been used to determine the frequency of services.
- 2.29 Based on the local bus services, the site achieves an AI score of 3.37 resulting in 1 Tra01 BREEAM credit being scored. The full calculations are included as **Appendix A**. Opportunities to improve this scored are considered within the Travel Plan for the site, submitted as a separate document.

Local Highway Network

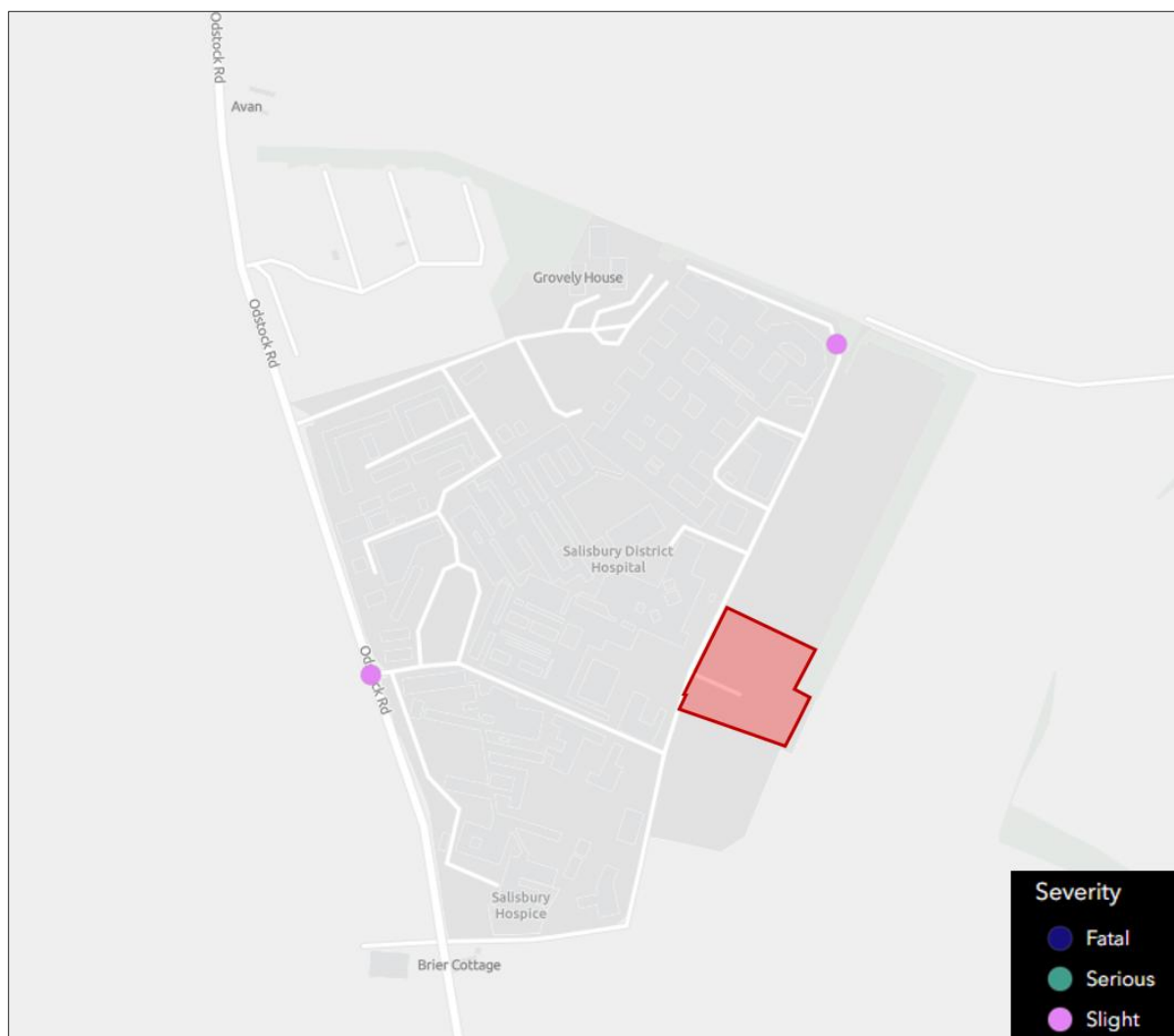
- 2.30 Vehicular access to SDH is taken from Odstock Road, a two-way carriageway subject to the national speed limit in the vicinity of the site. Double yellow line restrictions are present on both sides of the carriageway while a footway is located on the eastern side, and a marked on-carriageway cycle lane is provided on the western side. To the south, Odstock Road serves the village of Odstock, whilst to the north it joins the A354 at a A354 Coombe Road/ Bouverie Avenue roundabout.
- 2.31 The A354 is a two-way carriageway subject to a 30 mph speed limit through the built-up areas of Salisbury. The A354 provides access to the wider strategic network connecting to the A30 and A36 to the northeast and subsequently providing a link to Southampton, Warminster and Swindon. To the west the A354 serves the settlements of Blandford Forum and Puddletown with onward connections to Dorchester, Weymouth and Bournemouth.

Personal Injury Collision Data Review

- 2.32 The Department for Transport's Mapping Application for Visualising Road Injury Casualties (MAVRIC) tool has been used to examine Personal Injury Collision (PIC) data for the latest available five-year period (January 2020 to December 2024). The site location and survey area as illustrated in the extract from the DfT's road safety statistics database, which are illustrated in **Figure 2.6**.



Figure 2.6: Accident Records



- 2.33 No PIC's have been recorded within the immediate vicinity of the proposed development during the most recent five-year study period.
- 2.34 Within the wider SDH site, two slight PIC's have been recorded along Victoria Drive East. The first occurred at the Victoria Drive East / Odstock Road junction in 2020 and involved a vehicle-to-vehicle collision. The second was recorded in 2022 to the north of the proposed development and also involved a vehicle-to-vehicle collision.
- 2.35 The review concludes that there are no common causation factors and nor were the recorded PICs closely located. As such the conclusion is that there are no significant road safety issues within the vicinity of the site that may be exacerbated by the proposed development from a highway safety perspective.

Summary

- 2.36 The above review demonstrates that the site can be accessed via the local active travel network comprising a mix of shared foot/ cycleways and public rights of way. Access to the public transport network is provided via local bus stops circa within the wider SDH site Salisbury City Centre and surrounding areas.
- 2.37 On the basis of the above, it has been illustrated that future users would have real choice in transport modes such that sustainable travel behaviours can be encouraged and prioritised above the private car.



3.0 Policy Context

National Planning Policy Framework (December 2024)

- 3.1 The latest National Planning Policy Framework (NPPF) was published in December 2024 by the Ministry of Housing, Communities and Local Government, replacing the previous versions published in 2012, 2018, 2019, 2021 and December 2023. The NPPF sets out the government's planning policies for England and how these are expected to be applied. At the heart of the Framework is a presumption in favour of sustainable development.
- 3.2 The recent updates to the NPPF emphasize addressing transport issues early in the planning process using a vision-led approach to identify appropriate transport solutions.
- 3.3 Paragraph 110 highlights the importance of promoting sustainable locations by reducing the need for travel and providing diverse transport options. However, it acknowledges that opportunities for sustainable transport solutions differ between urban and rural settings, which should be considered during both planning and decision-making stages.
- 3.4 As part of promoting sustainable transport, paragraph 115 of the revised NPPF states that in assessing applications for development, it should be ensured that:
- Sustainable transport modes are prioritised taking account of the vision for the site, the type of development and its location;
 - Safe and suitable access to the site can be achieved for all users;
 - The design of streets, parking areas, other transport elements and the content of associated standards reflect current national guidance, including the National Design Guide and the National Model Design Code 48; and
 - Any significant impacts from the development on the transport network (in terms of capacity and congestion), or on highway safety, can be cost effectively mitigated to an acceptable degree through a vision-led approach.
- 3.5 Paragraph 116 goes on to state that development should only be prevented or refused on highways grounds if there would be an unacceptable impact on highway safety, or the residual cumulative impacts on the road network would be severe.
- 3.6 Finally, the NPPF notes that all developments that will generate significant amounts of movement should be required to provide a Travel Plan.

Wiltshire Core Strategy (January 2015)

- 3.7 The Wiltshire Core Strategy was formally adopted by Wiltshire Council on 20 January 2015 and provides the strategic planning framework for the county up to 2026.
- 3.8 The overarching vision of the Core Strategy is to create “*stronger, more resilient communities*” by promoting sustainable development that balances economic growth, environmental protection, and social wellbeing.
- 3.9 The transport relevant policies are as follows:
- **Policy 60 Sustainable Transport:** Promotes a sustainable transport system by reducing reliance on private cars and encouraging walking, cycling and public transport. It supports improvements to transport infrastructure that enhance accessibility and help reduce the environmental impacts of travel.
 - **Policy 61 Transport and New Development:** Requires new development to prioritise sustainable transport modes through a user hierarchy that places pedestrians, cyclists and public transport users ahead of private cars. Development must provide safe



access, integrate with existing networks and, where necessary, be supported by Transport Assessments and Travel Plans.

- **Policy 62 Development Impacts on the Transport Network:** Ensures that development does not have unacceptable impacts on the transport network. Proposals must demonstrate that they can be safely accommodated and, where required, provide mitigation measures or contribute towards transport improvements.

Wiltshire Replacement Local Development Plan

- 3.10 The proposed development site forms part of the overall SDH HEAT project and formed part of the site allocation proposed for adopted in the Wiltshire RLDP. Whilst the RLDP was ultimately not progressed, the proposed allocation demonstrates Wiltshire's commitment to improving facilities at SDH and significant employment in this location.

Wiltshire Local Transport Plan (March 2025)

- 3.11 The Wiltshire Local Transport Plan 4 (LTP4) was endorsed by Wiltshire Council on 11 March 2025 and covers the period 2025–2038.
- 3.12 The vision of LTP4 is to create a transport system that supports sustainable economic growth, improves health and wellbeing, reduces environmental impacts and provides safe, reliable and accessible travel choices for residents, businesses and visitors across Wiltshire.
- 3.13 The following key objectives are set out to achieve the overarching vision of the Plan:
- Support sustainable economic growth by improving connectivity between homes, jobs and services.
 - Reduce carbon emissions from transport and contribute towards climate change objectives.
 - Improve access to sustainable travel options, including walking, cycling and public transport.
 - Enhance health, wellbeing and quality of life through safer and more active travel opportunities.
 - Improve transport network resilience, safety and reliability for people and businesses.
 - Ensure transport investment supports the differing needs of principal settlements, market towns and rural communities.
 - Facilitate the efficient movement of goods while minimising environmental and community impacts.

Summary

- 3.14 The above policy review highlights that sustainability is at the forefront of national and regional planning policy as well as emerging local policy. As highlighted in Section 2, the site is well located to take advantage of the existing active travel and public transport networks in accordance with policy aims and objectives.



4.0 Proposed Development

Development Description

- 4.1 As mentioned previously, the proposed DASH facility seeks to enhance healthcare provision through the delivery of dedicated facilities for planned procedures, separate from emergency care services. This will support a more efficient healthcare environment, increase capacity and improve the overall patient journey. The proposed DASH facility will provide:
- Five day-case surgical theatres, capable of General or Local Anaesthetic procedures;
 - One CT scanner;
 - One MRI scanner; and
 - Four endoscopy rooms.
- 4.2 Currently, there are six theatres in the existing SDH Day Surgery Unit, only three of which are available for General Anaesthetic (GA) procedures. Four of theatres are no longer fit for purpose due to deterioration. Once the DASH facility is open the staff and patients will transfer to the new theatres and the two remaining theatres in SDH will undertake Local Anaesthetic (LA) procedures only. This means that there is a net increase of one theatre over the current provision at SDH. The floorspace associated with the four existing SDH theatres due to be closed will be converted for some future administrative function, yet to be determined, but will not be functional as a trip generator in its own right.
- 4.3 SDH currently has two CT scanners and two MRI scanners, which will remain in the existing acute hospital. DASH will add one additional CT and one additional MRI scanner, taking the total across the whole of SDH to three of each type.
- 4.4 SDH already has four endoscopy rooms and three of these will transfer to the DASH facility, with one remaining in the main hospital building. With four rooms being provided in DASH this means that there is a net increase of one endoscopy room over the existing provision. Again, existing staff will transfer over to the new building, and the existing rooms will be used for an administrative use, yet to be determined, but not a trip generator in its own right
- 4.5 **Table 4.1** summarises the existing and proposed provision

Table 4.1: Summary of Existing and Proposed Provision

Facility	Existing (within SDH)	Future		
		SDH (Retained)	Proposed DASH	
			Transferred	New
Day Surgery Theatres	6	2	4	1
CT Scanner	2	2	0	1
MRI Scanner	2	2	0	1
Endoscopy	4	1	3	1



Proposed Site Layout

- 4.6 **Figure 4.1** presents the indicative proposed site layout, which is also provided in **Appendix B**.

Figure 4.1: Proposed Site Layout



- 4.7 The DASH building sits partly on the southernmost car park access with Victoria Drive East, which currently provide access and egress to Staff Car Park 9. This will be lost as part of the development proposals and details of the future car parking strategy are set out below.

Access Road

- 4.8 A new vehicular access road and junction will be provided on the southern side of the DASH building. This will be a simple priority junction with Victoria Drive East. The proposed new highway is a 7.3 m wide carriageway with a 3.5 m wide shared active travel route along its northern side. The access road has been designed to allow for future development on the growth land to the east.

Servicing

- 4.9 The access road also facilitates access to a dedicated servicing bay located in the southwestern corner of the DASH building. This will primarily serve day to day deliveries, but may on occasion accommodate an ambulance to transfer patients to A&E.
- 4.10 The service compound is located on the southern side of the new growth land access road and includes an internal access road which can be used service vehicles on the odd occasion



they are required to deliver to the Vacuum Insulated Evaporator (VIE) or the other power equipment. Any servicing will be infrequent and will be completed during off peak periods.

- 4.11 Autotrack swept path assessments are provided using the vehicles likely to use the servicing areas, which are contained in **Appendix C**.

Disabled Access

- 4.12 Footways are provided throughout the wider SDH site and generally these are of suitable width for wheelchair users with dropped kerbs provided at crossings. The wider pedestrian network in the vicinity of the site, including footways on Odstock Road, provide suitable widths for wheelchair users with dropped kerbs and tactile paving at crossing aiding not only wheelchair users but also the visually impaired.
- 4.13 All of the Salisbury Red buses, including the routes in **Table 2.1**, have low floors and easy access for those with mobility issues including wheelchair users. It should be noted that these services include the Red 1 route which stops within the wider hospital site.
- 4.14 Salisbury station offers assistance to customers boarding and alighting trains, and to those moving through the station with a 24-hour helpline available to organise aid alongside staff help. Step free access is provided to all platforms within the station and ramp access for trains is available for those who require it. It is noted that the Red 1 service operates from Fisherton Street, circa 200 metres from the station providing a convenient and accessible public transport link to the hospital.
- 4.15 Disabled parking is provided throughout the hospital site in close proximity to key buildings. This includes several accessible bays located to the southeast of the recently constructed elective care recovery ward.

Potential Public Transport Improvements

- 4.16 As mentioned previously, a new bus stop on Victoria Drive East, opposite the DASH Building, is being explored.
- 4.17 It is anticipated that the existing Red 1 bus service could be extended to serve the proposed bus stop, providing a frequency of four services per hour. Initial engagement has been undertaken with Salisbury Reds, which has been positive.
- 4.18 **Figure 4.2** illustrates the potential location of the bus stop with respect to the proposed development.



Figure 4.2: Proposed Bus Stop Location



- 4.19 To reflect this enhancement, the BREEAM Accessibility Index (AI) calculation has been updated to include the proposed bus stop. This results in an increase in the AI score from 3.37 to 5.26, demonstrating a significant improvement in the site's accessibility by public transport. The full calculation is presented in **Appendix A**.
- 4.20 However, it should be noted that this proposal is subject to a separate planning application.

HEAT Project

- 4.21 The proposed development is the first development to be delivered as part of the SDH's Health, Education and Technology (HEAT) Programme, a long-term initiative to transform the hospital estate into a modern, sustainable healthcare campus.
- 4.22 As the first phase of the programme, the development plays an important role in establishing the principles that will guide future projects, deliver modern clinical facilities while supporting the wider vision of creating an accessible, efficient and environmentally sustainable hospital environment.
- 4.23 The provision of the east-west active travel route and safeguarding of a north-south route along the western side of the DASH building is an important step in ensuring that this first development in the HEAT project delivers part of the active travel network that will cross the entire site when future phases are delivered. These routes will connect Odstock Road with Britford P&R via the network of PRoWs and upgraded internal routes, providing better opportunities for active travel to, and around the hospital site and the future developments on the growth land.



Proposed Site Operations

- 4.24 **Table 4.2** provides details on the current and proposed operating hours of the facilities in SDH and the DASH building.

Table 4.2: Operating Hours

Facility	Existing (Within SDH)		Proposed / Future			
			SDH		DASH	
	Facilities	Operation Hours	Facilities	Operation Hours	Facilities	Operation Hours
Surgery Theatres	6 (3 x LA & 3 x GA)	07:30 to 17:30 (Mon – Fri)	2 (LA)	07:30 to 17:30 (Mon – Fri)	5 (GA or LA)	07:30 to 21:30 (Mon – Sat)
CT Scanner	2	08:00 to 18:00 (Mon – Sat)	2	08:00 to 18:00 (Mon – Sat)	1	08:00 to 20:00 (Mon – Sat)
MRI Scanner	2	08:00 to 18:00 (Mon – Sat)	2	08:00 to 18:00 (Mon – Sat)	1	08:00 to 20:00 (Mon – Sat)
Endoscopy	4	08:00 to 17:00 (Mon – Fri)	1	08:00 to 17:00 (Mon – Fri)	4	08:00 to 17:00 (Mon – Sat)

- 4.25 The proposed DASH facility is intended to operate extended hours, providing increased appointment availability for patients. In addition, the facility is proposed to operate on a Saturday, which is not currently an option in SDH for all uses.
- 4.26 The resulting net increase in staff and patient activity is detailed further in Section 5 and will be associated with the provision of one additional day-case theatre, one additional CT scanner, one additional MRI scanner, and one additional endoscopy room.
- 4.27 It is also recognised that the existing day-case theatre at SDH currently operates on reduced hours. Upon relocation to DASH, the theatres will operate until 21:30. The assessment therefore incorporates the uplift in activity associated with these extended operating hours as part of the overall net increase generated by the development.

Parking Strategy

Car Parking

- 4.28 The proposed development sits partially on the southern sections of car parks 8 & 9, as well as the northern part of car park 10. This means that the proposed development results in a total loss of around 245 car parking spaces, almost all of which are staff car parking spaces.
- 4.29 As detailed above and quantified in the following section, the proposed development will not generate significant additional traffic movements or additional car parking demand. On this basis the intention is to replace as much of the lost car parking spaces as is feasible on-site, as over-providing will simply lead to attracting unnecessary vehicle trips.
- 4.30 As part of the DASH development, car parks 8, 9 and 10 could very easily be reconfigured to function alongside DASH, with just some amended painted road markings and movement of



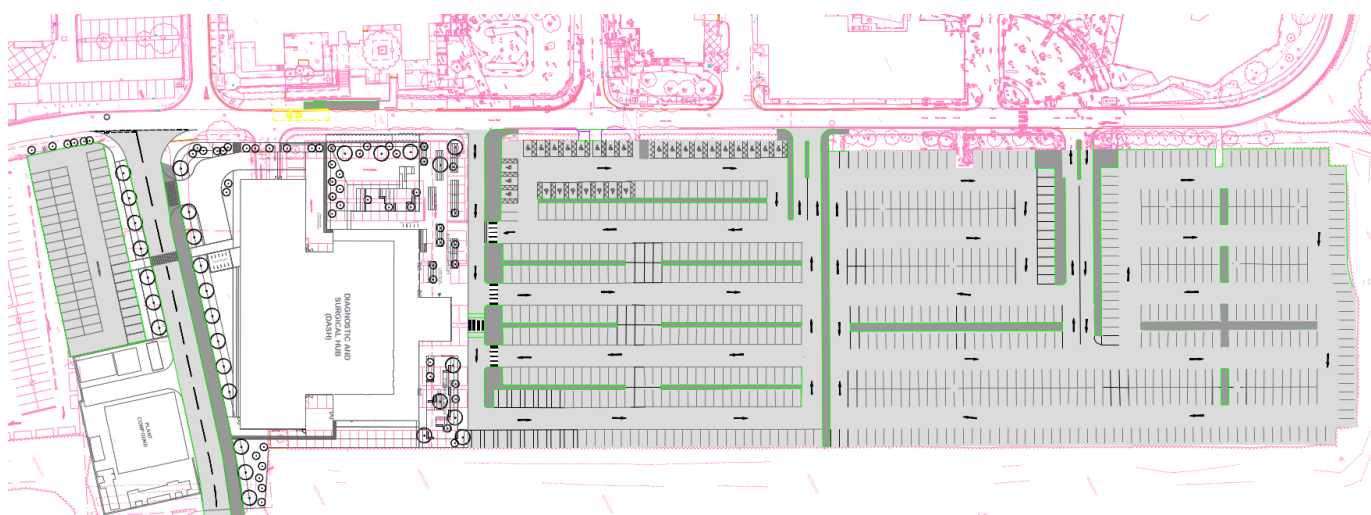
temporary internal barrier systems. The existing access and egress junctions to car park 8 could be changed to allow both access and egress to both car parks 8 & 9 (visitor and staff). The car parks could function perfectly well with this arrangement and one less access point due to the reduction in parking provision. However, this is not the proposed car parking strategy, which is to replace as much of the lost car parking spaces as is feasible on-site, with any shortfall to be accommodated in the Britford P&R.

- 4.31 There currently is no single area which will replace all of the lost spaces, rather multiple schemes which will come together to replace a large majority.
- 4.32 The proposed DASH development (this application) includes:
- A small extension to Staff Car Park 10, which lies to the south of the DASH building. The extension will provide 60 new spaces in additional car parking aisle on the norther boundary of the car park, replacing the 22 that currently exist in this location and resulting in a net increase of 38 spaces.
- 4.33 The other replacement car parking schemes are still being developed, but is likely to include the following, some of which may require separate planning applications or updates to the Travel Plan (TP) that accompanies the DASH application:
- Reconfigured car parks 8 & 9 to provide improved usability for both staff and visitors, providing. It should be noted that this reconfiguration does not form part of the current planning application and will be brought forward through a separate planning application. This reconfiguration would include:
 - A more clearly defined car park extent;
 - Removal of dead-end aisles;
 - Access for pedestrians with safe crossings provided into the DASH building;
 - Dedicated short-term parking bays intended for patients being dropped off or picked up at DASH, before moving on to park in other spaces;
 - A replacement car park access; and
 - Removal of some unnecessary kerbed islands and ornamental vegetation.
 - Replacement surface-level car parking on the western boundary of SDH, currently occupied by informal parking and some defunct SDH buildings;
 - Continued use of the Britford P&R site. The Trust currently has agreement for use of circa 200 spaces in this facility. Some of these spaces are currently used by SDH staff and this arrangement may need to continue in the short term to accommodate any offset spaces not replaced within SDH. However, this would be subject to further engagement with the relevant parties.
 - Continued promotion of the SDH and DASH Travel Plans and associated sustainable travel initiatives, including Liftshare carpooling platform and conversion of additional carpool spaces to match demand; and
 - As a fall back the Trust could extend the size of the self-imposed boundary for staff who live within the set distance threshold from the hospital, are not entitled to purchase on site parking permits.
- 4.34 It is understood that the DASH development is predicated on the delivery of these replacement parking schemes and whilst the application for these will likely follow the application for the DASH building itself, it is anticipated that the car park work application could be approved alongside the DASH application, so that there can be certainty that the overall DASH parking strategy is secured.



- 4.35 The SLR Transport Scoping Note considered an option of providing temporary car parking on the growth land to the east of the DASH Building. In addition to this, other options are being explored, including the provision of a new car park on the western boundary of SDH. The site is currently occupied by older hospital buildings that have reached the end of their beneficial use, together with areas of informal parking, and therefore presents an opportunity to provide additional onsite car parking in close proximity to DASH and adjacent to Odstock Road. Further consideration of these options will be undertaken in consultation with the Trust.
- 4.36 A summary of the likely changes in parking provision at SDH, resulting from DASH and a further application for car park works, is summarised in **Table 4.3**. These numbers may be subject to change as plans are finalised, but this will be confirmed in a subsequent planning application for all car park works.
- 4.37 An illustration of the anticipated works on Car Parks 8, 9 & 10 is provided in **Figure 4.3**, however the details will be confirmed in the subsequent planning application.

Figure 4.3: Illustration of Car Parks 8, 9 & 10 Works



Cycle Parking

- 4.38 A covered cycle store is proposed along the western edge of the proposed DASH building. The cycle store can accommodate up to 30 cycles and is proposed for staff use.
- 4.39 In addition, five Sheffield stands providing a further 10 cycle parking spaces. These stands are located near to the main building entrance.
- 4.40 In addition, staff changing rooms, showers and lockers will be provided in staff areas on the ground floor of the DASH building, to encourage travel by sustainable mode and help reduce the onsite staff parking demand.
- 4.41 **Figure 4.4** illustrates the location and arrangement of the proposed cycle parking facilities associated with the proposed DASH building.



Figure 4.4: Proposed Cycle Parking



5.0 Traffic Effect Analysis

- 5.1 Given the nature of the proposed development, trip forecasting has been undertaken based on a first principles methodology, utilising the existing and future operational details provided by the Trust. This approach has been used to establish the anticipated travel demand and to understand the likely travel patterns associated with the development.
- 5.2 The trip forecasting exercise has been undertaken solely in respect of the new elements of development proposed on the site. This is on the basis that trips associated with the retained/transferred services are already occurring and not considered to result in additional net trip generation or increased parking demand.

Staff Trip Attraction

Staff Shift Pattern Overview

- 5.3 **Table 5.1** summarises the proposed operating hours and indicative staff shift arrangements for each facility within the proposed development.

Table 5.1: Indicative DASH Staff Shift Arrangements

Facility	Operational Hours	Shift 1	Shift 2
Surgery Theatres	07:30 to 21:30	07:30 – 15:30	13:30 – 21:30
CT Scanner	08:00 to 20:00	08:00 - 16:00	12:00 - 20:00
MRI Scanner	08:00 to 20:00	08:00 - 16:00	12:00 - 20:00
Endoscopy	08:00 to 17:00	08:00 - 17:00	N/A

- 5.4 It is assumed that staff will arrive in 30 minutes prior to the start of their shift and will depart within 30 minutes following completion of their shift.
- 5.5 **Table 5.2** illustrates the staff arrival and departure profile for each DASH element, based on the operational timing information set out above.



Table 5.2: Estimated Arrival and Departure Profile for Staff

Time	Day-Case Surgery Theatre	CT Scanner	MRI Scanner	Endoscopy
06:00 - 06:30				
06:30 - 07:00				
07:00 - 07:30	Shift 1 - Arrives			
07:30 - 08:00	Shift 1 Starts	Shift 1 - Arrives	Shift 1 - Arrives	Shift 1 - Arrives
08:00 - 08:30		Shift 1 Starts	Shift 1 Starts	Shift 1 Starts
08:30 - 09:00				
09:00 - 09:30				
09:30 - 10:00				
10:00 - 10:30				
10:30 - 11:00				
11:00 - 11:30				
11:30 - 12:00		Shift 2 - Arrives	Shift 2 - Arrives	
12:00 - 12:30		Shift 2 Starts	Shift 2 Starts	
12:30 - 13:00				
13:00 - 13:30	Shift 2 - Arrives			
13:30 - 14:00	Shift 2 Starts			
14:00 - 14:30				
14:30 - 15:00				
15:00 - 15:30	Shift 1 Ends			
15:30 - 16:00	Shift 1 - Departs	Shift 1 Ends	Shift 1 Ends	
16:00 - 16:30		Shift 1 - Departs	Shift 1 - Departs	
16:30 - 17:00				Shift 1 Ends
17:00 - 17:30				Shift 1 - Departs
17:30 - 18:00				
18:00 - 18:30				
18:30 - 19:00				
19:30 - 20:00		Shift 2 Ends	Shift 2 Ends	
20:00 - 20:30		Shift 2 - Departs	Shift 2 - Departs	
20:30 - 21:00				
21:00 - 21:30	Shift 2 Ends			
21:30 - 22:00	Shift 2 - Departs			

5.6 The following sections sets out the staff trip generation associated with each proposed facility

Day Surgery Theatres

5.7 A total of five day-surgery theatres are proposed as part of the DASH development. Of these, four theatres will be relocated from the existing provision within the wider SDH site, while one additional theatre is proposed as new provision. The four transferred theatres will, however, operate the longer DASH hours than currently operated in the SDH main hospital.



5.8 The following assumptions have been applied to estimate the likely arrival and departure profiles for staff:

- A total of 25 additional staff is estimated to be required for the surgery theatres. This comprises 10 staff associated with the proposed new theatre (split across two shifts) and a further 5 staff per theatre required to undertake a second shift, to support the extended operating hours of the four theatres transferred from the existing SDH facility.
- Based on the proposed operating hours of 07:30–21:30, two staff shifts have been assumed: Shift 1 (07:30–15:30) and Shift 2 (13:30–21:30). For the proposed new theatre, staff are assumed to be split evenly between the two shifts. The additional staff required as a result of the extended operating hours of the transferred theatres are assumed to work during Shift 2.

5.9 Based on the assumptions outlined above, **Table 5.3** sets out the anticipated staff arrival and departure profile associated with the Day-Case Surgery Theatres.

Table 5.3: Staff Trip Generation – Day-Case Surgery Theatres

Time	New Surgery Theatre x 1 (New)		Transferred Surgery Theatres x 4 (Extended Hours)		Total		
	Arr	Dep	Arr	Dep	Arr	Dep	Two-Way
06:00 - 07:00							
07:00 - 08:00	5				5		5
08:00 - 09:00							
09:00 - 10:00							
10:00 - 11:00							
11:00 - 12:00							
12:00 - 13:00							
13:00 - 14:00	5		20		25		25
14:00 - 15:00							
15:00 - 16:00		5				5	5
16:00 - 17:00							
17:00 - 18:00							
18:00 - 19:00							
19:00 - 20:00							
20:00 - 21:00							
21:00 - 22:00		5		20		25	25
Total	10	10	20	20	30	30	60

CT Scanner, MRI Scanner and Endoscopy Rooms

5.10 The proposed DASH facility will include one new CT scanner, one new MRI scanner and one new endoscopy room. In addition, three existing endoscopy rooms will be relocated from the wider SDH site to the DASH facility. However, unlike the day surgery theatres, the operating times for the transferred endoscopy rooms will remain the same as currently operated in SDH, i.e. no extended operating hours. Addition DASH staff is therefore associated with just one new CT scanner, one new MRI scanner and one new endoscopy room.



- 5.11 The number of additional staff required for each proposed facility is set out below.
- CT Scanner = 4 Staff
 - MRI Scanner = 4 Staff
 - Endoscopy = 3 Staff
 - For the CT and MRI scanning facilities, based on the proposed operating hours of 08:00–20:00, two staff shifts are considered Shift 1 (08:00–16:00) and Shift 2 (12:00–20:00). Staff are assumed to be evenly split between the two shifts for both facilities.
- 5.12 **Table 5.4** sets out the anticipated staff arrival and departure profile for the CT and MRI scanning facilities and endoscopy rooms, based on the assumptions outlined above.

Table 5.4: Staff Trip Generation - CT, MRI Scanners and Endoscopy

Time	CT Scanner		MRI Scanner		Endoscopy	
	Arr	Dep	Arr	Dep	Arr	Dep
06:00 - 07:00						
07:00 - 08:00	2		2		3	
08:00 - 09:00						
09:00 - 10:00						
10:00 - 11:00						
11:00 - 12:00	2		2			
12:00 - 13:00						
13:00 - 14:00						
14:00 - 15:00						
15:00 - 16:00						
16:00 - 17:00		2		2		
17:00 - 18:00						3
18:00 - 19:00						
19:00 - 20:00						
20:00 - 21:00		2		2		
21:00 - 22:00						
Total	4	4	4	4	3	3

Total Trips – Staff

- 5.13 **Table 5.5** sets out the total anticipated staff trips, based on the combined outputs of **Table 5.3** and **Table 5.4**.

Table 5.5: Indicative Staff Trip Generation – Total

Time	Total Trips		
	Arr	Dep	Two-Way
06:00 - 07:00			
07:00 - 08:00	12		12
08:00 - 09:00			
09:00 - 10:00			



Time	Total Trips		
	Arr	Dep	Two-Way
10:00 - 11:00			
11:00 - 12:00	4		4
12:00 - 13:00			
13:00 - 14:00	25		25
14:00 - 15:00			
15:00 - 16:00		5	5
16:00 - 17:00		4	4
17:00 - 18:00		3	3
18:00 - 19:00			
19:00 - 20:00			
20:00 - 21:00		4	4
21:00 - 22:00		25	25
Total	41	41	82

- 5.14 As presented in **Table 5.5**, staff travel patterns are not consistent with those typically associated with standard commercial or employment land uses, as movements are primarily dictated by shift-based operational requirements rather than conventional commuting peaks.
- 5.15 This indicates minimal overlap with the traditional peak periods (08:00–09:00 and 17:00–18:00), with only a negligible number of staff trips occurring within these times.
- 5.16 As part of the ongoing Travel Plan monitoring for the wider SDH site, a staff travel survey was undertaken in February 2026. The survey results were used to establish the current staff travel mode share. The staff travel mode share observed in the February 2026 survey is presented in **Table 5.6**.

Table 5.6: Staff Mode Share (February 2026)

Mode	Percentage
Car as driver	62%
Car as passenger (inc Taxi)	6%
Hopper Bus (Shuttle Bus to P&R)	5%
Walk/Run	9%
Bus	13%
Bicycle	4%
Motorcycle/moped	1%
Train	0%
Total	100%

- 5.17 As demonstrated in **Table 5.6**, currently 62% of staff travel to and from SDH is undertaken by car (driver). This mode share has been applied to the forecast additional DASH staff trips summarised in **Table 5.5** to estimate the number of staff vehicle trips. The resulting calculated staff car trips are presented in **Table 5.7**.



Table 5.7: Staff Trip Generation – Total Car Trips

Time	Total Trips		
	Arr	Dep	Two-Way
06:00 - 07:00			
07:00 - 08:00	7		7
08:00 - 09:00			
09:00 - 10:00			
10:00 - 11:00			
11:00 - 12:00	2		2
12:00 - 13:00			
13:00 - 14:00	16		16
14:00 - 15:00			
15:00 - 16:00		3	3
16:00 - 17:00		2	2
17:00 - 18:00		2	2
18:00 - 19:00			
19:00 - 20:00			
20:00 - 21:00		2	2
21:00 - 22:00		16	16
Total	25	25	51

- 5.18 As summarised in **Table 5.7**, the proposed development is estimated to generate a total of 51 two-way staff trips over the course of a typical day.
- 5.19 In terms of typical peak periods, no staff trips are expected to occur within the weekday AM commuter peak hour (08:00–09:00) and only two trips in the weekday commuter PM peak hour (17:00–18:00). This is an insignificant traffic effect which will be unnoticeable from day-to-day traffic conditions.

Patient Trip Attraction

- 5.20 Based on the operational information provided by the NHS Trust, a first-principles approach has been applied to estimate the likely patient arrival and departure profiles associated with the proposed development. The following sections set out the assumptions adopted and the estimated patient trip generation associated with each proposed facility.

Day-Case Surgery Theatres

- 5.21 Based on the above and the operational details below, **Table 5.8** presents the pro-rata arrival and departure profile for both the new and transferred theatres, with extended operating hours.
- 5.22 The following set of assumptions have been employed to estimate the likely arrival and departure profile of patients in respect to surgery theatres:
- The five DASH day case theatres will accommodate a total of 40 patients a day, so around 8 patients per theatre, per day.
 - The existing SDH theatres currently operate between 07:30 and 17:30. Upon relocation to the DASH facility, the four transferred (and one new) theatres are proposed to operate between 07:30 and 21:30, an additional four hours. This



assessment therefore considers the new patients generated by the one new theatre and the net increase in patients and procedures for the transferred theatres.

- Based on discussions with the NHS Trust, patient arrivals are expected to be staggered throughout the day to allow sufficient time for pre-operative checks undertaken by clinical staff before each scheduled procedure. It is anticipated that 15 patients will arrive at 7:30, a further 10 at 10:30, another 10 at 12:30, with last 5 or so arriving at 14:30. The last arrival time will facilitate the extended working hours so this is when the additional patients will arrive for the transferred theatres, over and above the patients that currently visit the day theatres in SDH.
- Following the procedure, each patient will spend around one hour in recovery before departing the site in the following 30 minutes.
- To assess the worst-case scenario, it has been assumed that all patients travel to the proposed development by car.

Table 5.8: DASH Patient Arrival & Departure Profile for Day Surgery Theatres

Time	New Surgery Theatre x 1 (New)				Transferred Surgery Theatres x 4 (Extended Hours)				Total		
	Arrivals	Procedure	Recovery	Departures	Arrivals	Procedure	Recovery	Departures	Arrivals	Departures	Two-Way
06:00 - 07:00											
07:00 - 08:00	3								3		3
08:00 - 09:00											
09:00 - 10:00		1									
10:00 - 11:00	2	1	1						2		2
11:00 - 12:00		1	1	1						1	1
12:00 - 13:00	2	1	1	1					2	1	3
13:00 - 14:00			1	1						1	1
14:00 - 15:00	1			1	4				5	1	6
15:00 - 16:00		1				1					
16:00 - 17:00		1	1			1	1				
17:00 - 18:00		1	1	1		1	1	1		2	2
18:00 - 19:00		1	1	1		1	1	1		2	2
19:00 - 20:00			1	1			1	1		2	2
20:00 - 21:00				1				1		2	2
21:00 - 22:00											
Total	8	8	8	8	4	4	4	4	12	12	24

CT Scanner, MRI Scanner and Endoscopy Rooms

5.23 The proposed DASH facility will include one new CT scanner, one new MRI scanner and one new endoscopy room. Whilst three existing endoscopy rooms will be relocated from the wider SDH site to the DASH facility the quantum of patients to be seen will not increase over the existing and as such, will not generate any more trips than it does currently.

5.24 The Trust have advised that:

- Each CT scanner operates on around 4 patients per hour;
- Each MRI scanner operates on around 3 patients per hour; and
- Each Endoscopy room sees around 6 patients per hour.



5.25 The following assumptions have been applied to estimate the likely arrival and departure profiles for patients:

- The following provides an estimate of the average time a patient is expected to spend at the DASH facility as part of their appointment.
 - CT Scanner
 - MRI Scanner
 - Endoscopy
- It is assumed that patients will arrive approximately 30 minutes before their appointment time and will leave within 30 minutes after their appointment has finished. Each patient is on site for circa 90 mins.
- It is assumed that the last arrival for the CT and MRI scanners will be one hour before the end of the staff shift, allowing time for the appointment and staff wrap-up duties.
- The staffing arrangements for Endoscopy allows for a one-hour lunch break (11:00–12:00) has been assumed.

5.26 **Table 5.9** sets out the anticipated patient arrival and departure profile for the CT and MRI scanning facilities and endoscopy rooms, based on the assumptions outlined above.

Table 5.9: Indicative Patient Trip Generation - CT, MRI Scanners and Endoscopy

Time	CT Scanner		MRI Scanner		Endoscopy	
	Arr	Dep	Arr	Dep	Arr	Dep
06:00 - 07:00						
07:00 - 08:00	2		1		3	
08:00 - 09:00	4	2	3	1	6	
09:00 - 10:00	4	4	3	3	6	3
10:00 - 11:00	4	4	3	3	3	6
11:00 - 12:00	4	4	3	3	3	6
12:00 - 13:00	4	4	3	3	6	3
13:00 - 14:00	4	4	3	3	6	3
14:00 - 15:00	4	4	3	3	6	6
15:00 - 16:00	4	4	3	3		6
16:00 - 17:00	4	4	3	3		6
17:00 - 18:00	4	4	3	3		
18:00 - 19:00	4	4	3	3		
19:00 - 20:00		4		3		
20:00 - 21:00						
21:00 - 22:00						
Total	46	46	34	34	39	39

Total Trips – Patients

5.27 **Table 5.10** sets out the total anticipated patient trips, based on the combined outputs of **Table 5.8** and **Table 5.9**.



Table 5.10: Indicative Patient Trip Generation – Total Car Trips

Time	Total Trips		
	Arr	Dep	Two-Way
06:00 - 07:00	0	0	0
07:00 - 08:00	9	0	9
08:00 - 09:00	13	3	16
09:00 - 10:00	13	10	23
10:00 - 11:00	12	13	25
11:00 - 12:00	10	14	24
12:00 - 13:00	15	11	26
13:00 - 14:00	13	11	24
14:00 - 15:00	18	14	32
15:00 - 16:00	7	13	20
16:00 - 17:00	7	14	21
17:00 - 18:00	7	9	16
18:00 - 19:00	7	9	16
19:00 - 20:00	0	9	9
20:00 - 21:00	0	1	1
21:00 - 22:00	0	0	0
Total	131	131	262

- 5.28 As shown in **Table 5.10**, the proposed development is estimated to generate a total of 262 two-way patient trips over the course of a typical day.
- 5.29 In terms of the typical peak periods, the proposed development is expected to generate approximately 16 two-way vehicle trips during both the AM peak hour (08:00–09:00) and the PM peak hour (17:00–18:00).

Total – Proposed Development

- 5.30 **Table 5.11** sets out the total anticipated trips associated with proposed development, based on the combined outputs of **Table 5.7** and **Table 5.10**.



Table 5.11: Indicative Daily Trip Generation (Car) – Total Proposed Development

Time	Staff		Patients		Total		
	Arr	Dep	Arr	Dep	Arr	Dep	Two-Way
06:00 - 07:00							
07:00 - 08:00	7		9		16		16
08:00 - 09:00			13	3	13	3	16
09:00 - 10:00			13	10	13	10	23
10:00 - 11:00			12	13	12	13	25
11:00 - 12:00	2		10	14	12	14	26
12:00 - 13:00			15	11	15	11	26
13:00 - 14:00	16		13	11	29	11	40
14:00 - 15:00			18	14	18	14	32
15:00 - 16:00		3	7	13	7	16	23
16:00 - 17:00		2	7	14	7	16	23
17:00 - 18:00		2	7	9	7	11	18
18:00 - 19:00			7	9	7	9	16
19:00 - 20:00				9		9	9
20:00 - 21:00		2		1		3	3
21:00 - 22:00		16				16	16
Total	25	25	131	131	156	156	313

- 5.31 As shown in **Table 5.11**, the proposed development is forecast to generate a total of 313 two-way car trips over the course of a typical day.
- 5.32 During the typical peak hours, the development is expected to generate approximately 16 additional two-way vehicle trips in the AM peak hour (08:00–09:00) and 18 additional two-way vehicle trips in the PM peak hour (17:00–18:00). This is equivalent to approximately one additional vehicle movement every 3-4 minutes on average, during the typical commuter peak periods.
- 5.33 As noted above, the estimated trip generation associated with the proposed development represents a negligible increase in overall traffic demand and is unlikely to result in any discernible impact on highway operation, capacity, or safety. Accordingly, the proposed development is not expected to have a material effect on the performance of the local highway network.

New Growth Land Access Road Junction Capacity Assessment

- 5.34 As noted previously, the proposed access road has been designed to allow for future development on the adjacent growth land. The following assessment therefore considers whether the proposed junction can accommodate the additional traffic associated with this future development.
- 5.35 Existing traffic flows on Victoria Drive East have been based on a 2022 parking surveys for Car Parks 8 and 9, located north of the proposed DASH building. As there have been no changes to the car parks since the surveys were undertaken, it has been assumed that traffic



flows remain similar. Victoria Drive East is a loop road through the SDH site, allowing access to Car Parks 8 and 9 from either the northern or southern SDH junction. To assess a worst-case scenario, it has been assumed that all vehicles access and egress via the southern SDH junction, i.e. all car park traffic drives past the new access.

- 5.36 Wiltshire Highways undertook some microsimulation modelling in 2024 to understand the wider traffic effects of the proposed HEAT project, testing traffic volumes associated with 500,000 sqft of life sciences floorspace. Some of this development would be sited elsewhere on SDH, however for the purposes of this assessment we have tested traffic associated with half of this previously assumed development, travelling through the proposed growth land access road and associated junction. The potential future growth land development traffic flows tested are summarised in **Table 5.12**.

Table 5.12: Growth Land Development Traffic

Period	Arrivals	Departures
08:00 - 09:00	103	8
17:00 - 18:00	6	98

- 5.37 The capacity assessment has been undertaken using industry-standards JUNCTIONS 11 modelling software. The full modelling outputs for the capacity test are included as **Appendix D**, the modelling results are summarised in **Table 5.13**.

Table 5.13: JUNCTION Results Summary - Site Access Junction

Arm	AM Peak (08:00 – 09:00)		PM Peak (17:00 – 18:00)	
	Queue (PCU)	RFC	Queue (PCU)	RFC
Base + Proposed Development + Adjacent Growth Land (250k Sqft)				
Site Access (Left Turn)	0.0	0.01	0.2	0.18
Site Access (Right Turn)	0.0	0.00	0.0	0.00
Victoria Drive East (South)	0.5	0.24	0.0	0.01

- 5.38 As summarised in **Table 5.13**, the capacity assessment demonstrates that the proposed junction will operate well within capacity, even when future traffic associated with the adjacent growth land is included.

Summary

- 5.39 In summary, the proposed development is expected to generate a low level of additional traffic, with no material impact on the operation, capacity or safety of the local highway network. Furthermore, the proposed site access junction is forecast to operate well within capacity, including when future traffic associated with the adjacent growth land is taken into account.



6.0 Summary and Conclusion

Summary

- 6.1 SLR Consulting Limited (SLR) is appointed by Salisbury NHS Foundation Trust to provide highways and transportation advice in relation to the proposed new Diagnostic and Surgical Hub (DASH) at Salisbury District Hospital (SDH).
- 6.2 The proposed DASH facility will comprise dedicated day-case surgery theatres, CT and MRI scanning and diagnostic facilities, as well as endoscopy services. The proposed DASH facility seeks to enhance healthcare provision through the delivery of dedicated facilities for planned procedures, separate from emergency care services.
- 6.3 Pedestrian access will be gained from the main hospital building via the existing pedestrian crossing on Victoria Drive East which leads to a new entrance on the northern side of the DASH building.
- 6.4 Vehicular access to the DASH servicing areas will be obtained from Victoria Drive East via a new simple priority T-junction. The proposed junction and associated access road are designed to facilitate servicing of DASH, as well as provide a new highway connection to the east to unlock the adjacent growth land.
- 6.5 The proposed development includes a covered cycle store providing 30 staff cycle spaces, together with 10 additional cycle parking spaces provided by Sheffield stands. A new bus stop will also be provided adjacent to the DASH building and is anticipated to be served by an extended Red 1 bus service.
- 6.6 The relevant national and local planning policy and guidance has been referenced in the preparation of this TA. The National Planning Policy Framework (NPPF) sets out a presumption in favour of sustainable development. The development proposals include numerous enhancements to public transport, active travel and other sustainable travel initiatives along with plans to not provide more car parking than is currently provided.
- 6.7 The proposed development benefits from a good level of accessibility by public transport and active travel modes. The Salisbury Reds R1 bus service provides a direct and frequent connection to the city centre, and the presence of an established Public Rights of Way (PRoW) network and nearby National Cycle Network (NCN) routes enable access to surrounding areas and Salisbury.
- 6.8 A review of collision data has not identified any existing highway safety issues which could be exacerbated by the proposed development.
- 6.9 The trip generation assessment has been undertaken using a first principles approach, informed by operational information provided by the NHS Trust. The assessment presents the likely net future changes in traffic movements, as many of the DASH facilities are already present at SDH and will transfer over to the new building upon opening.
- 6.10 The proposed development is expected to generate approximately 16 two-way vehicle trips in the AM peak hour and 18 two-way vehicle trips in the PM peak hour, equating to around one additional vehicle movement every 3-4 minutes, on average. This will not have a significant effect on the operation of the local highway network and likely amounts to less than the daily variation of background traffic.
- 6.11 As part of assessment, a junction capacity assessment of the proposed site access junction has undertaken. The modelling result demonstrates that the new junction will operate well within capacity, including forecast traffic associated with the adjacent growth land.
- 6.12 This TA considers a new car parking strategy for SDH to offset the loss of parking spaces due to the building being situated on parts of the existing car parks. Some spaces will be

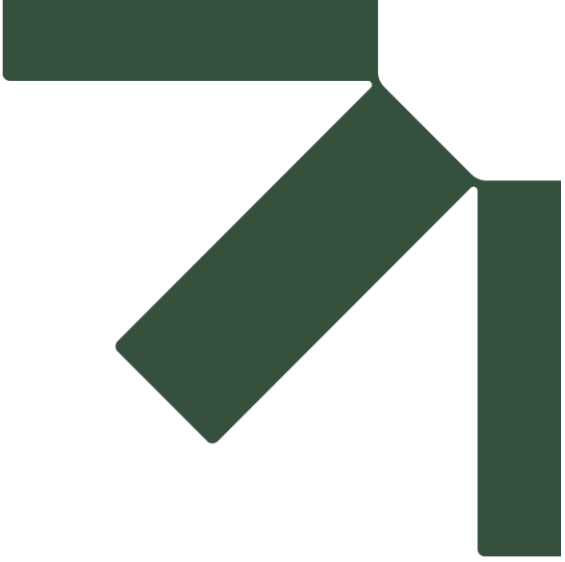


permanently replaced as part of this application, however other schemes to recover parking spaces will form part of a future planning application for car park works.

Conclusion

- 6.13 The proposed DASH development will provide much needed community diagnostic and day surgery facilities which will assist the Trust in processing more patients and reducing waiting times. The new facilities will allow for longer operating hours meaning that patients will be spread across the day and evening.
- 6.14 The development proposals include numerous improvements to encourage future travel by sustainable means and is aligned with national and local policy transport objectives.
- 6.15 The forecast traffic effect is considered minimal and subject to a further planning application providing the details on a satisfactory replacement of lost car parking, or an alternative sustainable travel means of overcoming the loss, then there are no transport reasons why the proposed DASH facility ought not to be supported by the highway authority.





Appendix A BREEAM Ratings

Existing

BREEAM 2018/Version 6 Tra01/02 Accessibility Index calculator

BREEAM[®] UK

delivered by bre

Using the drop down boxes make the relevant selections and press the 'Select' button

Building type

Healthcare GP surgery, Health centre, Community hospital

No. nodes required

2

Select

NODE 1

Public transport type	Bus										
Distance to node (m)	321.86										
	Service 1	Service 2	Service 3	Service 4	Service 5	Service 6	Service 7	Service 8	Service 9	Service 10	
Average frequency per hour	3.76	0.46	0.46								

NODE 2

Public transport type	Bus										
Distance to node (m)	1609										
	Service 1	Service 2	Service 3	Service 4	Service 5	Service 6	Service 7	Service 8	Service 9	Service 10	
Average frequency per hour	1.76	2.23									

Accessibility Index	3.37
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This includes the potential bus stop

BREEAM 2018/Version 6 Tra01/02 Accessibility Index calculator

BREEAM[®] UK

delivered by bre

Using the drop down boxes make the relevant selections and press the 'Select' button

Building type

Healthcare GP surgery, Health centre, Community hospital

No. nodes required

3

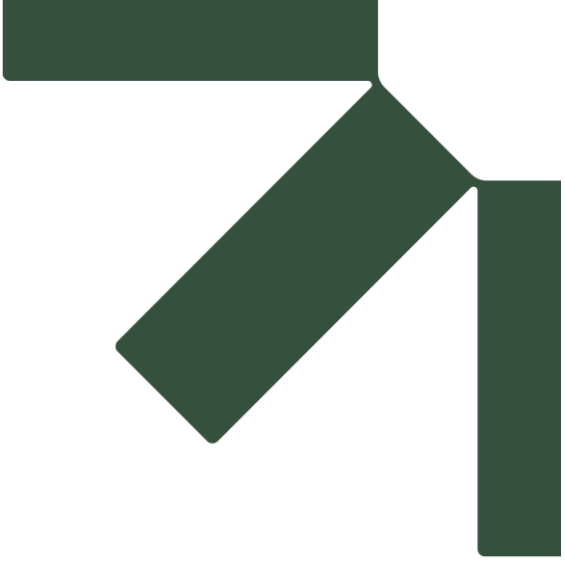
Select

NODE 1										
Public transport type	Bus									
	50									
Distance to node (m)	Service 1	Service 2	Service 3	Service 4	Service 5	Service 6	Service 7	Service 8	Service 9	Service 10
Average frequency per hour	4									

NODE 2										
Public transport type	Bus									
	321.86									
Distance to node (m)	Service 1	Service 2	Service 3	Service 4	Service 5	Service 6	Service 7	Service 8	Service 9	Service 10
Average frequency per hour	3.76	0.46	0.46							

NODE 3										
Public transport type	Bus									
	1609									
Distance to node (m)	Service 1	Service 2	Service 3	Service 4	Service 5	Service 6	Service 7	Service 8	Service 9	Service 10
Average frequency per hour	1.76	2.23								

Accessibility Index	5.26
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Appendix B Site Layout

The use of drawings by the Customer and/or any other person is subject to the following conditions. The Customer must not use the drawings if it does not agree with any of the following statements. All drawings are based upon information supplied by third parties and as such their accuracy cannot be guaranteed. All features are approximate and subject to verification by a detailed topographical survey, statutory service enquiries and confirmation of the legal boundaries. Do not scale the drawings. Figure dimensions must be used in all cases. All dimensions must be checked on site. Any discrepancy must be reported in writing to ColourUDL before proceeding. All drawings are copyright protected. Refer to full Terms & Conditions at www.colour-udl.com

KEY

Existing Features

- Existing Vegetation
To be conserved
- Existing Built Feature
To be conserved

Proposed Features

- Proposed Tree
- Native Scrub Planting
Biodiverse mix
- Lawn
Species rich grassland
Clamp tolerant grass mix to swales
- Ornamental Planting
Biodiverse mix of ornamental shrubs,
herbaceous plants & grasses
- Ornamental Hedge
- Native Hedgerow
Species rich
- Vehicular Paving
Macadam
- Pedestrian Paving
Macadam
- Arrival Forecourt & Pedestrian Routes
Block paving
- Play Space Surface
Rubber play surface
- Car park
Reinforced gravel
- Road Kerb
British standard PCC road kerb
125 x 225 x 915mm
- Pedestrian Kerb
50mm wide PCC concrete pin kerb
- Retaining Wall
Faced with first filled gabions
- Plant Compound Enclosure
2.4m high fence
Sliding gates to Engineer's details
- Balustrade to Protect Falls
1.1m high vertical bar railing
- Pedestrian Barrier to
Service Vehicle / Ambulance Parking
0.9m high metal barrier
- Benches
- Cycle Stands
Shelford stands
- Bollard
- External Lighting
To Engineer's details

Levels

- Proposed Contours

P24	M81 scanner route adjusted	14.07.26	FT	CG
P23	Minor changes	14.07.26	FT	CG
P22	Paving type adjusted	13.07.26	CG	CG
P21	Cost reduction exercise	10.07.26	CG	CG
P20	Plant compound wall adjusted	26.06.26	FT	CG
P19	Radii removed	22.06.26	FT	CG
P18	Width of access road updated	16.06.26	GT	CG
P17	Landscape updated	27.05.26	BH	CG
P16	Southern access reorientated	21.05.26	JR	CG
P15	Trees added	20.04.26	FT	CG
P14	Plan coloured for pre app	16.04.26	FT	CG
P13	Landscape updated for pre app	15.04.26	FT	CG
P12	Radii Updated	01.04.26	FT	CG
P11	Radii Amended	26.03.26	FT	CG
P10	Building Footprint Updated	20.03.26	FT	CG
P09	FI, Based	19.03.26	FT	CG
P08	Building Footprint North	12.03.26	FT	CG
P07	Building position adjusted	11.03.26	FT	CG
P06	Surrounding context added	05.03.26	FT	CG
P05	DASH Concept first issue	04.03.26	FT	CG
P04	Landscape updated for stage 2	22.02.25	FT	CG
P03	Pathway to disposal hold added	19.06.25	FT	CG
P02	Radii & cycle stands added	17.06.25	FT	CG
P01	First issue	16.06.25	FT	CG

Rev Amendments Date Drawn Child

Project

Sainsbury DASH

Drawing Title

Landscape General Arrangement Plan

Project No.

2628

Drawing No.

STECC-COL-XX-XX-D-L-1001

Scale @ A0

1:200

Project Status

S3

Revision

P24

London

Newcastle

York

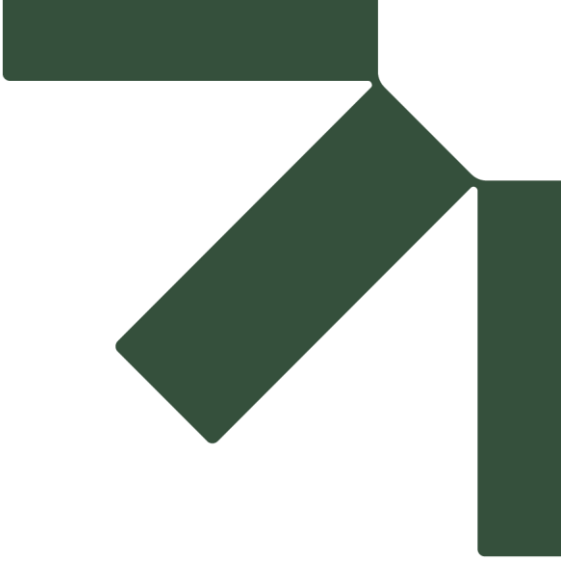
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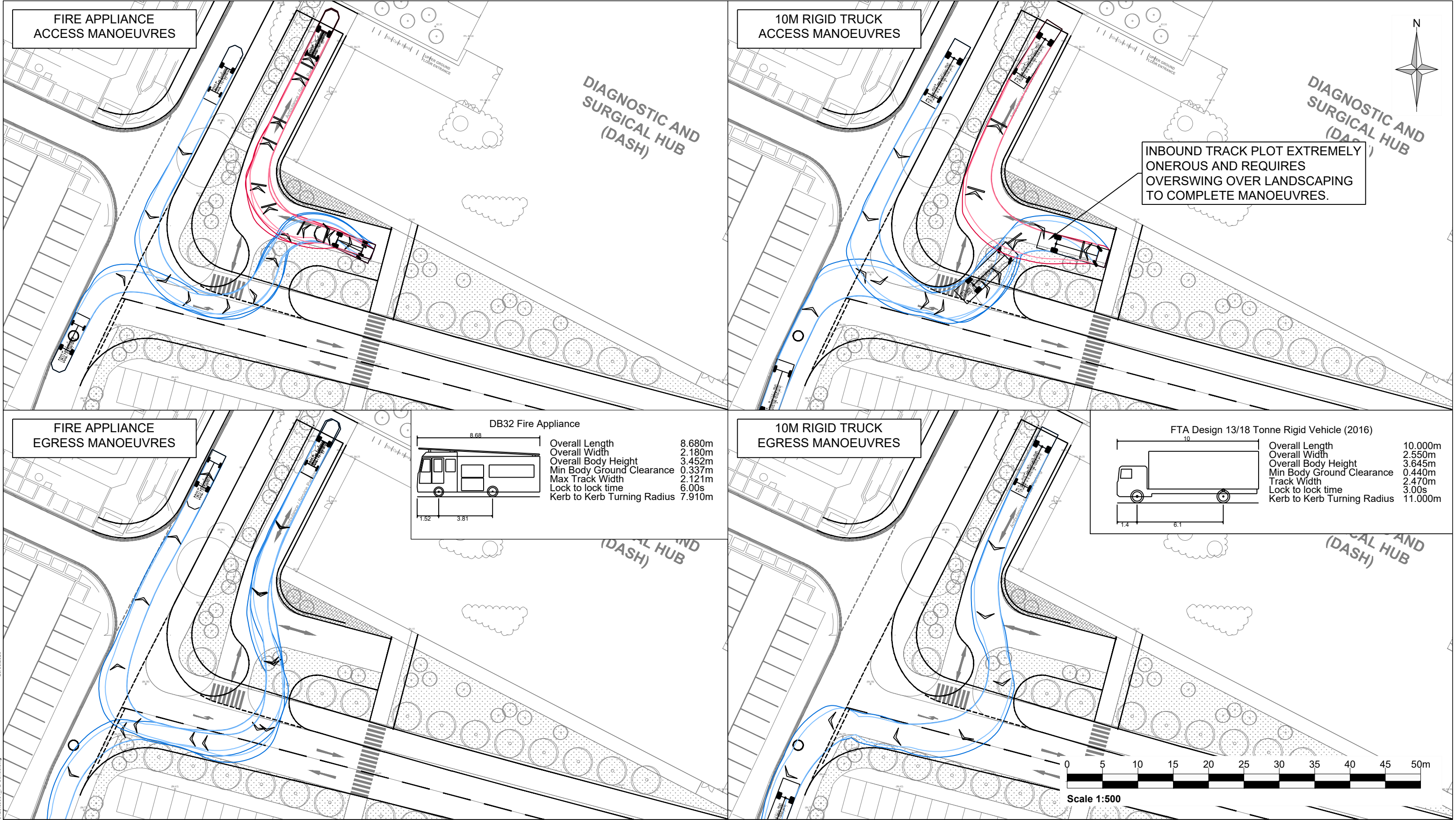
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colour

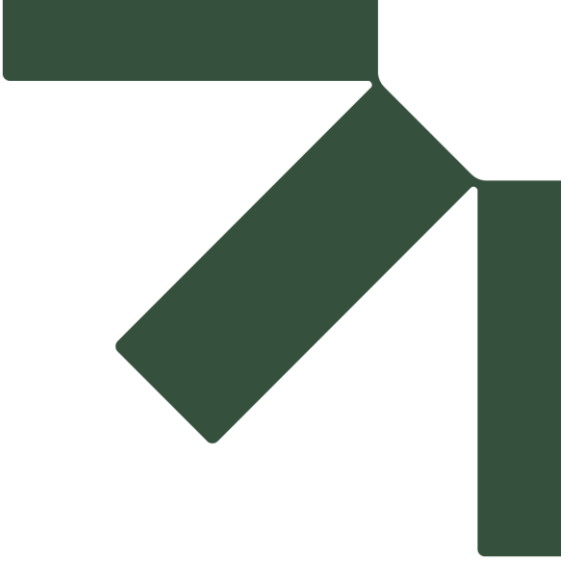
colour-udl.com



Appendix C Swept Path Analysis



 www.slrconsulting.com				Client				Project SDH CDC				Drawing Title SWEPT PATH ANALYSIS PROPOSED SERVICING AREA AND CARRIAGEWAY ALIGNMENT				Notes: 1. THIS IS NOT A CONSTRUCTION DRAWING AND IS INTENDED FOR ILLUSTRATIVE PURPOSES ONLY. 2. WHITE LINING IS INDICATIVE ONLY.				Legend:							
Drawing Status & Suitability Code																											
Designed KR	Drawn KR	Checked CE	Authorised CE																								
Date 20.05.26	Date 20.05.26	Date 20.05.26	Date 20.05.26					Scale 1:500 @ A3				SLR Project No. 407.065120.00001				Rev				Amendments				Date	By	Chk	Auth
Drawing Number PD01_AT01				Rev. -												Rev				Amendments				Date	By	Chk	Auth



Appendix D Junctions Output

Junctions 11				
PICADY 11 - Priority Intersection Module				
Version: 11.0.0.2177 © Copyright TRL Software Limited, 2024				
For sales and distribution information, program advice and maintenance, contact TRL Software: +44 (0)1344 379777 software@trl.co.uk trlsoftware.com				
The users of this computer program for the solution of an engineering problem are in no way relieved of their responsibility for the correctness of the solution				

Filename: Site Access Junction.j11

Path: \\slr.local\eu\Offices\UK\Cardiff\Vectors\CardiffShare\Projects\W260000\407.065120.00001 - SDH
CDC\Technical\Modelling\Junctions

Report generation date: 14/07/2026 20:51:04

»2026 | Proposed Dev + Growth Land | AM

»2026 | Proposed Dev + Growth Land | PM

Summary of junction performance

	AM					PM				
	Set ID	Queue (PCU)	Delay (s)	RFC	LOS	Set ID	Queue (PCU)	Delay (s)	RFC	LOS
2026 - Proposed Dev + Growth Land										
Stream B-C	D1	0.0	5.15	0.01	A	D2	0.2	7.09	0.18	A
Stream B-A		0.0	0.00	0.00	A		0.0	0.00	0.00	A
Stream C-AB		0.5	4.52	0.24	A		0.0	5.72	0.01	A

There are warnings associated with one or more model runs - see the 'Data Errors and Warnings' tables for each Analysis or Demand Set.

Values shown are the highest values encountered over all time segments. Delay is the maximum value of average delay per arriving vehicle.

File summary

File Description

Title	
Location	
Site number	
Date	29/06/2026
Version	
Status	(new file)
Identifier	
Client	
Jobnumber	
Enumerator	SLR\Aalisha.Sorathiya
Description	

Units

Distance units	Speed units	Traffic units input	Traffic units results	Flow units	Average delay units	Total delay units	Rate of delay units
m	kph	PCU	PCU	perHour	s	-Min	perMin

Analysis Options

Calculate Queue Percentiles	Calculate residual capacity	RFC Threshold	Average Delay threshold (s)	Queue threshold (PCU)
		0.85	36.00	20.00

Demand Set Summary

ID	Year	Scenario	Time period	Traffic profile type	Start time (HH:mm)	Finish time (HH:mm)	Time segment length (min)
D1	2026	Proposed Dev + Growth Land	AM	ONE HOUR	07:45	09:15	15
D2	2026	Proposed Dev + Growth Land	PM	ONE HOUR	16:45	18:15	15

Analysis Set Details

ID	Network flow scaling factor (%)
A1	100.000

2026 | Proposed Dev + Growth Land | AM

Data Errors and Warnings

Severity	Area	Item	Description
Warning	Minor arm visibility to right	Arm B - Minor arm geometry	Visibility to right expected to have two components if the arm has two lanes, or two lanes in a flared section.
Warning	Major arm width	Arm C - Major arm geometry	For two-way major roads, please interpret results with caution if the total major carriageway width is less than 6m.
Warning	Vehicle Mix		HV% is zero for all movements / time segments. Vehicle Mix matrix should be completed whether working in PCUs or Vehs. If HV% at the junction is genuinely zero, please ignore this warning.

Junction Network

Junctions

Junction	Name	Junction type	Arm A Direction	Arm B Direction	Arm C Direction	Use circulating lanes	Junction Delay (s)	Junction LOS
1	Site Access/ Victoria Drive East Junction	T-Junction	Two-way	Two-way	Two-way		1.38	A

Junction Network

Driving side	Lighting	Network delay (s)	Network LOS
Left	Normal/unknown	1.38	A

Arms

Arms

Arm	Name	Description	Arm type
A	Victoria Drive East (North)		Major
B	Site Access		Minor
C	Victoria Drive East (South)		Major

Major Arm Geometry

Arm	Width of carriageway (m)	Has kerbed central reserve	Has right-turn storage	Visibility for right turn (m)	Blocks?	Blocking queue (PCU)
C	5.08			250.0	✓	0.00

Geometries for Arm C are measured opposite Arm B. Geometries for Arm A (if relevant) are measured opposite Arm D.

Minor Arm Geometry

Arm	Minor arm type	Width at give-way (m)	Width at 5m (m)	Width at 10m (m)	Width at 15m (m)	Width at 20m (m)	Estimate flare length	Flare length (PCU)	Visibility to left (m)	Visibility to right (m)
B	One lane plus flare	10.00	4.59	4.15	4.03	3.82	✓	1.00	19	31

Slope / Intercept / Capacity

Priority Intersection Slopes and Intercepts

Stream	Intercept (PCU/hr)	Slope for A-B	Slope for A-C	Slope for C-A	Slope for C-B
B-A	474	0.090	0.227	0.143	0.324
B-C	729	0.116	0.294	-	-
C-B	719	0.290	0.290	-	-

The slopes and intercepts shown above include custom intercept adjustments only.

Streams may be combined, in which case capacity will be adjusted.

Values are shown for the first time segment only; they may differ for subsequent time segments.

Traffic Demand

Demand Set Details

ID	Year	Scenario	Time period	Traffic profile type	Start time (HH:mm)	Finish time (HH:mm)	Time segment length (min)
D1	2026	Proposed Dev + Growth Land	AM	ONE HOUR	07:45	09:15	15

Demand overview (Traffic)

Arm	Linked arm	Use O-D data	Average Demand (PCU/hr)	Scaling Factor (%)
A		✓	64	100.000
B		✓	8	100.000
C		✓	623	100.000

Origin-Destination Data

Demand (PCU/hr)

	To			
		A	B	C
From	A	0	0	64
	B	0	0	8
	C	520	103	0

Vehicle Mix

Heavy Vehicle %

	To			
		A	B	C
From	A	0	0	0
	B	0	0	0
	C	0	0	0

Results

Results Summary for whole modelled period

Stream	Max RFC	Max Delay (s)	Max Queue (PCU)	Max LOS
B-C	0.01	5.15	0.0	A
B-A	0.00	0.00	0.0	A
C-AB	0.24	4.52	0.5	A
C-A				
A-B				
A-C				

Main Results for each time segment

07:45 - 08:00

Stream	Total Demand (PCU/hr)	Pedestrian demand (Ped/hr)	Capacity (PCU/hr)	RFC	Throughput (PCU/hr)	End queue (PCU)	Delay (s)	Unsignalised level of service
B-C	6	0.00	714	0.008	6	0.0	5.080	A
B-A	0	0.00	382	0.000	0	0.0	0.000	A
C-AB	133	0.00	943	0.141	132	0.3	4.434	A
C-A	336	0.00			336			
A-B	0	0.00			0			
A-C	48	0.00			48			

08:00 - 08:15

Stream	Total Demand (PCU/hr)	Pedestrian demand (Ped/hr)	Capacity (PCU/hr)	RFC	Throughput (PCU/hr)	End queue (PCU)	Delay (s)	Unsignalised level of service
B-C	7	0.00	712	0.010	7	0.0	5.109	A
B-A	0	0.00	364	0.000	0	0.0	0.000	A
C-AB	176	0.00	987	0.179	176	0.4	4.442	A
C-A	384	0.00			384			
A-B	0	0.00			0			
A-C	58	0.00			58			

08:15 - 08:30

Stream	Total Demand (PCU/hr)	Pedestrian demand (Ped/hr)	Capacity (PCU/hr)	RFC	Throughput (PCU/hr)	End queue (PCU)	Delay (s)	Unsignalised level of service
B-C	9	0.00	708	0.012	9	0.0	5.148	A
B-A	0	0.00	339	0.000	0	0.0	0.000	A
C-AB	251	0.00	1049	0.239	250	0.5	4.510	A
C-A	435	0.00			435			
A-B	0	0.00			0			
A-C	70	0.00			70			

08:30 - 08:45

Stream	Total Demand (PCU/hr)	Pedestrian demand (Ped/hr)	Capacity (PCU/hr)	RFC	Throughput (PCU/hr)	End queue (PCU)	Delay (s)	Unsignalised level of service
B-C	9	0.00	708	0.012	9	0.0	5.148	A
B-A	0	0.00	339	0.000	0	0.0	0.000	A
C-AB	251	0.00	1049	0.239	251	0.5	4.520	A
C-A	435	0.00			435			
A-B	0	0.00			0			
A-C	70	0.00			70			

08:45 - 09:00

Stream	Total Demand (PCU/hr)	Pedestrian demand (Ped/hr)	Capacity (PCU/hr)	RFC	Throughput (PCU/hr)	End queue (PCU)	Delay (s)	Unsignalised level of service
B-C	7	0.00	712	0.010	7	0.0	5.109	A
B-A	0	0.00	364	0.000	0	0.0	0.000	A
C-AB	177	0.00	988	0.179	178	0.4	4.454	A
C-A	383	0.00			383			
A-B	0	0.00			0			
A-C	58	0.00			58			

09:00 - 09:15

Stream	Total Demand (PCU/hr)	Pedestrian demand (Ped/hr)	Capacity (PCU/hr)	RFC	Throughput (PCU/hr)	End queue (PCU)	Delay (s)	Unsignalised level of service
B-C	6	0.00	714	0.008	6	0.0	5.082	A
B-A	0	0.00	382	0.000	0	0.0	0.000	A
C-AB	133	0.00	943	0.141	134	0.3	4.453	A
C-A	336	0.00			336			
A-B	0	0.00			0			
A-C	48	0.00			48			

2026 | Proposed Dev + Growth Land | PM

Data Errors and Warnings

Severity	Area	Item	Description
Warning	Minor arm visibility to right	Arm B - Minor arm geometry	Visibility to right expected to have two components if the arm has two lanes, or two lanes in a flared section.
Warning	Major arm width	Arm C - Major arm geometry	For two-way major roads, please interpret results with caution if the total major carriageway width is less than 6m.
Warning	Vehicle Mix		HV% is zero for all movements / time segments. Vehicle Mix matrix should be completed whether working in PCUs or Vehs. If HV% at the junction is genuinely zero, please ignore this warning.

Junction Network

Junctions

Junction	Name	Junction type	Arm A Direction	Arm B Direction	Arm C Direction	Use circulating lanes	Junction Delay (s)	Junction LOS
1	Site Access/ Victoria Drive East Junction	T-Junction	Two-way	Two-way	Two-way		1.49	A

Junction Network

Driving side	Lighting	Network delay (s)	Network LOS
Left	Normal/unknown	1.49	A

Traffic Demand

Demand Set Details

ID	Year	Scenario	Time period	Traffic profile type	Start time (HH:mm)	Finish time (HH:mm)	Time segment length (min)
D2	2026	Proposed Dev + Growth Land	PM	ONE HOUR	16:45	18:15	15

Demand overview (Traffic)

Arm	Linked arm	Use O-D data	Average Demand (PCU/hr)	Scaling Factor (%)
A		✓	349	100.000
B		✓	98	100.000
C		✓	45	100.000

Origin-Destination Data

Demand (PCU/hr)

	To			
		A	B	C
	A	0	0	349
	B	0	0	98
From	C	39	6	0

Vehicle Mix

Heavy Vehicle %

From	To		
	A	B	C
	0	0	0
	0	0	0

Results

Results Summary for whole modelled period

Stream	Max RFC	Max Delay (s)	Max Queue (PCU)	Max LOS
B-C	0.18	7.09	0.2	A
B-A	0.00	0.00	0.0	A
C-AB	0.01	5.72	0.0	A
C-A				
A-B				
A-C				

Main Results for each time segment

16:45 - 17:00

Stream	Total Demand (PCU/hr)	Pedestrian demand (Ped/hr)	Capacity (PCU/hr)	RFC	Throughput (PCU/hr)	End queue (PCU)	Delay (s)	Unsignalised level of service
B-C	74	0.00	651	0.113	73	0.1	6.221	A
B-A	0	0.00	409	0.000	0	0.0	0.000	A
C-AB	5	0.00	662	0.007	5	0.0	5.480	A
C-A	29	0.00			29			
A-B	0	0.00			0			
A-C	263	0.00			263			

17:00 - 17:15

Stream	Total Demand (PCU/hr)	Pedestrian demand (Ped/hr)	Capacity (PCU/hr)	RFC	Throughput (PCU/hr)	End queue (PCU)	Delay (s)	Unsignalised level of service
B-C	88	0.00	637	0.138	88	0.2	6.560	A
B-A	0	0.00	396	0.000	0	0.0	0.000	A
C-AB	6	0.00	651	0.009	6	0.0	5.580	A
C-A	35	0.00			35			
A-B	0	0.00			0			
A-C	314	0.00			314			

17:15 - 17:30

Stream	Total Demand (PCU/hr)	Pedestrian demand (Ped/hr)	Capacity (PCU/hr)	RFC	Throughput (PCU/hr)	End queue (PCU)	Delay (s)	Unsignalised level of service
B-C	108	0.00	616	0.175	108	0.2	7.081	A
B-A	0	0.00	379	0.000	0	0.0	0.000	A
C-AB	7	0.00	636	0.011	7	0.0	5.724	A
C-A	42	0.00			42			
A-B	0	0.00			0			
A-C	384	0.00			384			

17:30 - 17:45

Stream	Total Demand (PCU/hr)	Pedestrian demand (Ped/hr)	Capacity (PCU/hr)	RFC	Throughput (PCU/hr)	End queue (PCU)	Delay (s)	Unsignalised level of service
B-C	108	0.00	616	0.175	108	0.2	7.086	A
B-A	0	0.00	379	0.000	0	0.0	0.000	A
C-AB	7	0.00	636	0.011	7	0.0	5.724	A
C-A	42	0.00			42			
A-B	0	0.00			0			
A-C	384	0.00			384			

17:45 - 18:00

Stream	Total Demand (PCU/hr)	Pedestrian demand (Ped/hr)	Capacity (PCU/hr)	RFC	Throughput (PCU/hr)	End queue (PCU)	Delay (s)	Unsignalised level of service
B-C	88	0.00	637	0.138	88	0.2	6.568	A
B-A	0	0.00	396	0.000	0	0.0	0.000	A
C-AB	6	0.00	651	0.009	6	0.0	5.581	A
C-A	35	0.00			35			
A-B	0	0.00			0			
A-C	314	0.00			314			

18:00 - 18:15

Stream	Total Demand (PCU/hr)	Pedestrian demand (Ped/hr)	Capacity (PCU/hr)	RFC	Throughput (PCU/hr)	End queue (PCU)	Delay (s)	Unsignalised level of service
B-C	74	0.00	651	0.113	74	0.1	6.233	A
B-A	0	0.00	409	0.000	0	0.0	0.000	A
C-AB	5	0.00	662	0.007	5	0.0	5.482	A
C-A	29	0.00			29			
A-B	0	0.00			0			
A-C	263	0.00			263			



Making Sustainability Happen