Design and Access Statement

July 2026

P+HS architects

Salisbury Diagnostic and Surgical Hub

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Salisbury Diagnostic and Surgical Hub

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1.0 **Introduction & Brief**

Salisbury Diagnostic and Surgical Hub

P+HS architects

1.1 Introduction

Salisbury NHS Foundation Trust (the Trust/SFT) have worked collaboratively with Wiltshire Council for many years on the developing hospital masterplan and future estate strategy. In partnership with the Trust's development partners and adjacent land owners, Salutem, and supported by planning consultants, Lichfields, an ongoing dialogue has taken place with the local planning department.

Pre-planning advice was received in 2022 for development on car park 8 and 9 and the wider HEAT project; feedback from this application has been incorporated into the developing design for the Diagnostic and Surgical Hub (DASH). As part of the Stage 2 design, the pre-application advice of Wiltshire Council was sought specifically in respect of the DASH development and has fed into the information submitted for this application.

As part of the pre-application process, a full day design review was held with Design West, the client, planning officers and project team. Further information and how the advice was taken on board has been included later in this document.

To facilitate this full planning application, weekly meetings have been held between the P+HS design team, NHS Trust, Lichfields and Salutem over the course of the RIBA Stage 2 & 3 development, to consider the planning requirements. Further specialist consultants (Archaeology, Ecology, Transport & Travel, Landscape & Visual Impact) have been employed by the Trust and have liaised with the P+HS team to develop the DASH design.



1.2 Project Team

The project team has been developed by a multi-disciplinary team, comprising a wide range of specialist consultants as follows;

- Client
- Architect
- Lead Designer
- Principal Designer (CDM)
- Civil and Structural Engineer
- Mechanical + Electrical Engineer
- Fire Consultant
- BREEAM Consultant
- Net Zero Carbon Consultant
- Landscape Architect
- LVIA Assessor
- Planning Consultant
- Project Manager
- Strategic Advisor
- Transport Consultant
- Ecology and Arboriculture
- Archaeology & Heritage

1.3 Project Background

Salisbury NHS Foundation Trust (SFT) is seeking to build a new Diagnostic and Surgical Hub (DASH) on the hospital site. The DASH building will replace the Trust's existing day surgery unit and provide additional diagnostic capacity. It replaces four endoscopy rooms which currently function in the existing hospital, and expands the capacity to allow for future demand.

The DASH scheme will include:
- a 5-theatre surgical hub (incl. 1 laminar flow theatre) and all associated pre- and post-operative care accommodation,
- a 4-procedure room endoscopy facility
- a CT scanner and a MRI scanner, and
- all supporting patient and staff accommodation for the building.

This development of a daycase surgical hub and expanded diagnostic provision will provide a dedicated planned care service for the patients of Wiltshire and surrounding areas (Hampshire and Dorset).

The overall aim of the DASH service is to:

Deliver a high-quality day surgery and diagnostic experience for our patients, allowing more patients to be treated and to improve the working life for our staff through the excellence of the facilities.

The Salisbury DASH will be located in a standalone building, with no links to the main acute hospital site. It will not be impacted by the peaks and troughs of urgent care. All the facilities will be ring-fenced for elective, planned care. The DASH facility will be designed to optimise patient flow though the unit maximising the total number of patients that can be treated, whilst offering a high level of patient care and comfort.

Patients, their relatives and carers will also have greater certainty about how their treatment will progress. They will come to a dedicated facility, knowing when their procedure will take place and that they will be returning home on the same day. They will have their own room (pod) which they will be admitted to and discharged from, and where their personal belongings will remain during their stay.



Aerial Photograph : Salisbury District Hospital



1.4 Clinical Need

The clinical case for DASH development is driven by the following issues:

- Increasing access to diagnostic services, reducing the length of time patients wait for their diagnosis
- Meeting predicted increased demand for diagnostic services
- Increasing theatre capacity through improved productivity and utilisation
- Reducing waiting times for surgery
- Increasing the number of patients who are able to have their surgery undertaken as a daycase, with no overnight stay in hospital
- Reducing the risk associated with ageing buildings
- Improved patient experience compared to the current facilities
- Facilities designed for the specific needs of patients, eg for children, for patients with spinal cord injuries, older people
- Improving working lives for staff
- Contributing to net zero carbon agendas

SFT developed one of the first standalone day surgery units (DSU) in the country. It was constructed in the mid-1990s using a mixture of modular build and two pre-existing theatres. The Trust intends to maintain that history of innovation and commitment to a high quality patient experience in the new facility.

The modular DSU build had an expected life of 15-20 years, which has already expired. The pre-existing theatres are fifty years old and are no longer compliant with expected (HTM) standards. The quality of the accommodation is very poor, is a constant maintenance challenge and the building will not last for much longer. This is a substantial building resilience issue and is the highest estates risk on the Trust's corporate risk register.

The outcome of this project will be to replace the current DSU facility, but also make a step change in how daycase surgery is delivered in Salisbury, support the Trust and the system to increase planned procedures and, reduce waiting times for patients and reduce the absolute number of patients waiting for surgery.



1.5 Community Diagnostic Centre's (CDC's)

The creation of CDCs was recommended following Professor Sir Mike Richards' Review of NHS diagnostics capacity. The recommendation was that NHS organisations across England move to providing diagnostic services in CDCs and all health systems are expected to include a network of CDCs as part of their health services offer.

These services would be separate to urgent diagnostic scan facilities, which means shorter waiting times and a reduced risk of cancellation which can happen when more urgent cases take priority. Therefore, this would lead to improved patient experience and outcomes.

The centres will help:

- Reduce diagnostic waiting times
- Continue bringing down waits for scans, tests and investigations (MRI, CT, ultrasound, blood tests, endoscopy, etc.)
- Improve performance against NHS diagnostic waiting standards.
- Increase diagnostic capacity
- Expand the number of tests the NHS can perform through new centres, extra scanners, longer opening hours and additional clinical space.
- Government investment announced in 2026 is focused on opening new CDCs and expanding existing ones.
- Deliver care closer to home
- Shift diagnostics out of acute hospitals into community locations (high streets, retail parks, community hospitals, local hubs).
- Reduce travel and make appointments easier to fit around work and family life.
- Support earlier diagnosis and earlier treatment
- Detect conditions sooner—especially cancer, cardiovascular disease, respiratory disease and long-term conditions—so treatment can begin earlier.
- Reduce pressure on hospitals
- Free hospital sites to focus on acute and emergency care by moving routine diagnostics elsewhere.
- Create more integrated, "one-stop" patient pathways
- In some centres, combine outpatient review, testing and results into a single visit where possible.

The goal of Community Diagnostic Centre (CDC) is to expand the reach of healthcare services in the community and alleviate the burden on hospitals while improving access to diagnostic services.

Key Objectives for the Salisbury CDC

Development of a 5th Bath and North East Somerset, Swindon and Wiltshire CDC site Endoscopy plus proposal to meet the following objectives:

- Meet the SFT projected growth in elective endoscopy activity over the next 5 years.
- Shift current elective activity from the acute to a community site location in support of government policy on diagnostics (Reforming Elective Care for Patients 2025).
- Address current poor estates quality and configuration at SFT (acute site) to ensure the Trust maintains its Joint Assessment Group (JAG) accreditation (high-quality gastrointestinal endoscopy services).

Benefits of the Scheme:

1. Enables SFT to develop a viable long term elective endoscopy facility in a community setting.
2. Improves current patient experience due to poorly designed current facilities.
3. Manages the revenue risk that a viable community based design and site is not identified.
4. Meets current and projected growth activity in endoscopy, including surveillance to exceed performance trajectories.



1.5 Community Diagnostic Centre's (CDC's)

A robust study was carried out to determine the preferred location of the new CDC element of the DASH project.

Sites within a 2 mile radius from the city centre were identified by JLL and appraised by the client and design team comprising architects and engineers to determine the preferred site to suit the requirements in line with the following categories;

- Location
- Technical / Deliverability
- Strategic Fit

A long list of 8 sites (below and adjacent) were appraised, to form a shortlist of 4 sites to look at in more detail.

The following page shows the scoring methodology used and that Salisbury Hospital was the preferred site.

Long-listed Sites

1. Central Health Clinic, Avon Approach

2. Land at Helipad/Car Park 9, Salisbury District Hospital, Odstock Road

3. Grovely Unit, Wilton Road

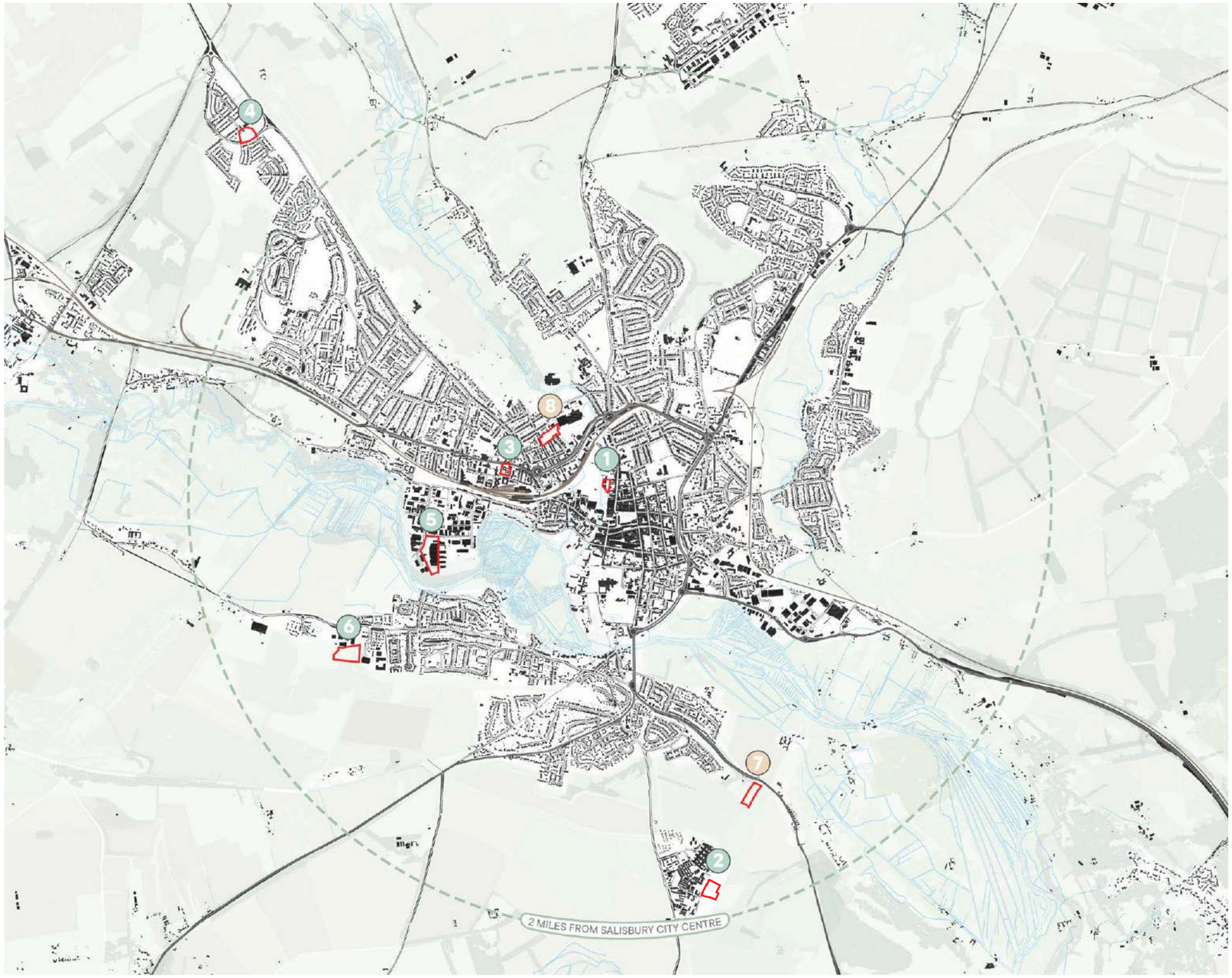
4. Fugglestone Red Local Centre, Devizes Road

5. Hiflex House, Churchfields Industrial Estate, Telford Road

6. Employment Plot, Netherhampton Road

7. Land adjacent to Britford Park & Ride (South), Downton Road

8. Former National Grid Site,Coldharbour Lane



Location Plan of Sites Considered

Immediately Available Sites
Additional Private Assets of Interest

Salisbury Diagnostic and Surgical Hub

1.0 Introduction & Brief

Scope	Criteria	Scoring Methodology	Scoring Lead	Maximum Score	Illustrative Weighting	Site 1 Score	Comments	Site 2 Score	Comments	Site 3 Score	Comments	Site 4 Score	Comments
Location	Accessibility by sustainable means - including walking and public transport	5 - Highly accessible by multiple public transport means and good walkability to town centre 4 - Highly accessible by multiple public transport means but poor walkability to town centre 3 - Accessible by public transport and good walkability from town centre 2 - Accessible by limited public transport but good walkability from town centre 1 - Poor accessibility by either public transport or walking	P+HS	5		5	Highly accessible to public transport and walkability in town location. No site parking, but parking within 5 minute walk.	4	Frequent public transport, but poor walkability to town centre.	5	Highly accessible to public transport, train station, bus stops and walkability.	3	Limited walkability, no bus stops outside red line boundary.
	Access to population in deprived area - meeting NHS aims to support health equalities	5 - Highly accessible to deprived areas by public transport or walking 4 - Highly accessible to deprived areas by public transport but poor walkability 3 - Accessible to deprived areas by walking but limited public transport 2 - Poor accessibility by walking but limited public transport available 1 - Poor accessibility to deprived areas by either public transport or walking	P+HS	5	40%	5	Accessible by foot by centrally located deprivation areas. Deprived areas further afield can access the site by bus in 35 minutes.	4	The hospital connects the deprivation areas on a direct route to Bemerton Heath.	5	The Red1 bus route connects all deprived areas to the site via a bus stop within a 2 minute walk.	3	The site is accessible by foot by centrally located deprivation areas. Deprived areas further afield can access the site by bus.
	Accessibility to parking (on site/off site)	5 - On site parking available for both patients & staff meeting CDC requirement 4 - Limited on site parking available for either patients / staff but not both 3 - No on site parking but within 5 min walking distance to suitable publicly available parking 2 - No on site parking but within 15 min walking distance to suitable publicly available parking 1 - No on site parking and no nearby suitable publicly available parking	P+HS	5		3	No site parking, but short and long stay parking within 5 minute walk.	5	On site public and staff parking, 24 hour access.	2	No on-site parking, limited parking nearby.	5	Patient and Staff parking on site can be provided.
				15	**40**	**13**	**35**	**13**	**35**	**12**	**32**	**11**	**29**
Technical / Deliverability	Site configuration - including total area, site depth, existing building layout, external space for parking / emergency generator	5 - Highly suitable site configuration with minor adaptation 4 - Suitable site configuration with some adaptation 3 - A number of adaptations required to meet CDC purpose and specification 2 - Significant adaptations required to meet CDC purpose and specification 1 - Not suitable for CDC	P+HS & MM	5		2	Would need significant adaptations/extensions to site. Salisbury council don't think its suitable for extensive adaptation.	5	Highly suitable site for configuration.	3	Specification of Grovely needs to be upgraded due to surrounding buildings of mental health and meeting MH requirements.	4	Brown field site, has availability and options for a proposal, despite technical difficulty.
	Perceived planning risks	5 - No perceived or very low planning risk 4 - Low planning risk with foreseeable mitigations 3 - Medium planning risk subject to further evaluation / mitigation 2 - High planning risk unlikely to be resolved within short timeframe 1 - Significant planning risk unlikely to be resolved for CDC purposes	P+HS	5		1	Significant planning risk - sensitive area, scale and access.	5	Minimal planning risks due to site flexibility to design to certain requirements.	3	Medium planning risks, due to building heights.	2	Difficulty to achieve planning within timescales, due to the number of constraints the site has
	Digital connectivity - meeting technical broadband speed requirements for CDC scanners and mobile connectivity	5 - Very good connectivity fully meeting CDC requirements 4 - Good connectivity likely meeting CDC requirements 3 - Medium connectivity but with upgrades foreseeable / available 2 - Poor connectivity with no short term upgrades available 1 - Very poor connectivity with no anticipated improvements	MM	5	30%	2	Would need upgrade to existing connection of mobile broadband on site to accommodate for CT and MR scanners.	3	General digital connectivity on site is poor, when outside of mobile connectivity areas - will need upgrades to site boundary area.	3	Upgrades of existing digital connectivity to allow for CT and MR scanners.	1	No existing buildings - need full installation for digital connectivity.
	Power Capacity - meeting technical requirements for CDC scanners	5 - Existing power capacity fully meet CDC requirements 4 - Existing power capacity meet lower end of CDC requirements but upgrades foreseeable / available 3 - Existing power capacity meet lower end of CDC requirements without further upgrades available 2 - Existing power capacity cannot meet CDC requirements but upgrades anticipated in longer term 1 - Existing power capacity cannot meet CDC requirements with no anticipated improvements	MM	5		2	Challenging to pull power into the site and upgrade power - timescales and difficulty of installing substations, generators on site.	2	Challenging to pull power into the site and upgrade power - timescales and difficulty of installing substations, generators on site.	2	Challenging to pull power into the site and upgrade power - timescales and difficulty of installing substations, generators on site.	2	Challenging to pull power into the site and upgrade power - timescales and difficulty of installing substatio.ns, generators on site
	Potential site constraints - including risks of flooding, contamination and other technical issues that may impact CDC	5 - No known site constraints / minimal impact on CDC 4 - Some minor site constraints identified but possible to mitigate 3 - Known site constraints to be mitigated beyond project timeframe 2 - Multiple site constraints identified with mitigations at high cost and longer timeframe 1 - Significant site constraints identified which will make CDC operation impossible	MM	5		2	High site constraints - limited area.	4	Minimal constraints for the proposal, can't say there will be none.	3	Upgrades of existing digital connectivity to allow for CT and MR scanners.	2	Flood zone and ground contamination are site constraints - not impossible to design around but challenging.
				25	**30**	**9**	**11**	**19**	**23**	**14**	**17**	**11**	**13**
Strategic Fit	Ownership	5 - Owned by the Trust 4 - Owned by NHS Property or wider health estate 3 - Public estate 2 - Private estate with indication of willingness to sell 1 - Private estate with unknown/lack of willingness to sell	P+HS	5		4	Owned by NHS.	5	Owned by Trust.	4	Owned by NHS.	1	Privately owned.
	Deliverability - likelihood of meeting funding timeframe	5 - Highly likely to meet funding timeframe 4 - Likely to meet funding timeframe subject to minor risks 3 - Some risks anticipated that may impact timeframe of delivery 2 - Significant risks anticipated subject to mitigation measures 1 - Unlikely to be delivered within funding timeframe	P+HS	5	30%	2	Deliverability challenging to site.	4	Likely to meet deliverability	3	Risks are anticipated for deliverability due to site complications and meeting planning / funding timescales	2	Significant risk to meet funding timeframes due to multiple site constraints and complications of residential area/ achieving planning approval.
	Value for money - including likely acquisition cost and building works	5 - Low site acquisition cost and low technical project delivery costs 4 - Low site acquisition cost but high technical project delivery costs 3 - Medium site acquisition cost and medium technical project delivery costs 2 - Medium site acquisition cost but high technical project delivery costs 1 - High site acquisition and technical project delivery costs	T+T	5		4	Low site costs, but high technical delivery costs due to adaptations.	5	Cheapest costs per m2, owned by trust and lower construction costs	3	Low site costs, but high technical costs to adapt existing building to meet CDC requirements and potential decant costs.	2	Unknown construction costs due to multiple site constraints - ground contamination and levels - so additional risk. Unknown land value.
	Future proofing operational requirements - including space for expansion of CDC to accommodate additional scanners(s) and possibility for co-location of clinical facilities	5 - Good availability of space to expand for both CDC and other clinical facilities requirements 4 - Good availability of space to expand for CDC scanners only 3 - Limited availability of space to expand for CDC scanners - may require addiitonal storey 2 - Limited availability of expansion due to planning and technical constraints 1 - No availability for any scope of expansion	P+HS	5		1	Limited area for future proofing.	5	Good availability for future proofing, significant area for expansion.	2	Limited area for expansion, but could expand vertically.	5	Large area for expansion.
				20	**30**	**11**	**17**	**19**	**29**	**12**	**18**	**10**	**15**
					Total (%)								
				60	**100**	**33**	**62**	**51**	**86**	**38**	**67**	**32**	**58**

Scoring Methodology: Short-listed Sites

To finalise the site selection we utilised the options appraisal weighted scoring methodology as shown adjacent.

Results for Shortlisted Sites

Site 1 - 62%

Site 2 - 86%

Site 3 - 67%

Site 4 - 58%

The scoring matrix to the left concludes that Site 2 - Helipad/ Car park at Odstock Road, Salisbury District Hospital is preferred, receiving a score of 86%

This is based on:

- Location
- Technical/Deliverability
- Strategic Fit

Given the preference for the CDC was the Salisbury hospital site, this gave an opportunity to combine the CDC element with the Surgical facilities which also has clinical benefit. This is why the project is called Diagnostic and Surgical Hub (DASH).

2.0 **Planning Policy + Guidance**

Salisbury Diagnostic and Surgical Hub

P+HS architects

2.1 Design West Review Panel and Feedback

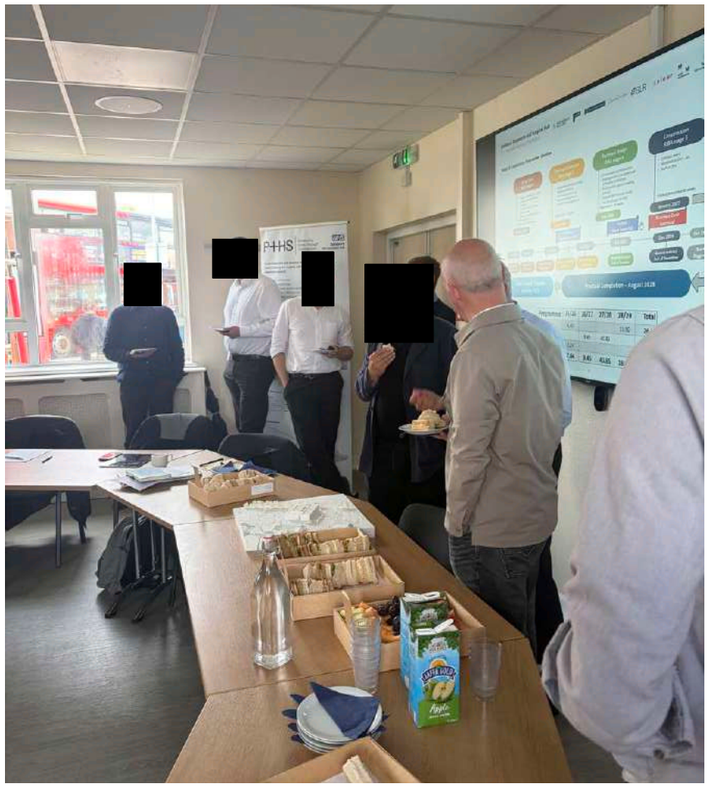
A full day design review was held on 14th May 2026.

The design panel were as follows;

- Steven Bee - Urban Design & Planning (Chair)
- Ged Couser - Architecture
- Richard Latcham - Transport / Urban Design
- Dimitrije Jankovic - Landscape Architecture
- Nick James - Sustainability

It was a very successful day which provoked some great discussion and feedback to help progress the design.

Formalised feedback followed via a written letter 1st June 2026.





3.0 **Community + Stakeholder Engagement**

Salisbury Diagnostic and Surgical Hub

P+HS architects

3.1 Community Engagement

Salisbury Hospital Open Day
Salisbury Hospital Open Day was held on Saturday 16th May 2026 which ran from 10:00-15:00. The community focussed event was held at the hospital site and was for all ages.

A dedicated stand was set up for the DASH project with key interactive material to engage with visitors including;

- A project banner summarising the building purpose and ambitions
- A virtual headset showcasing key internal spaces
- A physical massing model showing the proposal in context
- GA Floor Plans at a large scale

Other Public Consultation
•City centre exhibition of plans attended by 43 members of the public on 7th July
•Leaflet delivery to homes in Salisbury publicising consultation and exhibition week beginning 29th June
•Half page display advertising and digital campaign in local press week beginning 29th June and week beginning 5th July
•Stakeholder briefings
•Two media releases and subsequent media coverage in the Salisbury Journal and community television
•NHS Salisbury website page and FAQs
•Exhibition of plans at the Springs restaurant in the hospital (ongoing - I'm not aware when that finishes as we're not managing that)
•NHS staff briefings
•HEAT project website update



Photographs from the hospital open day

3.2 Stakeholder Engagement

Extensive stakeholder engagement has been carried out with the following teams;

- Clinical teams from all departments (Surgical Hub, Endoscopy, CT/MR)
- Clinical Assurance Group
- Trust Authorising Engineers (Ventilation, fire etc.)
- Trust FM teams (domestic services, fire, CSSD)

A variety of methods were used; some of which include physical models, virtual reality, physical and virtual drawings to ensure that designs were understood, commented on and signed off as part of the design development.

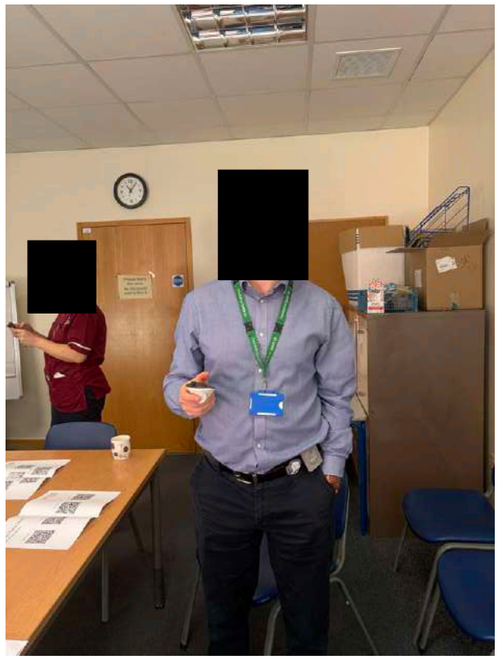
Patient Advice Liaison Service (PALS)

A focus group was held with SFT focus group members at Quaker meeting house on 21st May 2026.

Discussions covered the following topics;

- Clinical Scope, Capacity and Staffing, Access
- Parking and Site Layout
- Signage, Navigation and Communications
- Additional Operational Considerations

The plans for the building were well received and comments from the session were considered in the design development.









Photographs from stakeholder engagament sessions

4.0 **Site & Local Contextual Analysis**

Salisbury Diagnostic and Surgical Hub

P+HS architects

4.1 Site Understanding

Salisbury is a historic city located in the south of Wiltshire, surrounded by expansive countryside, chalk downlands, and protected landscapes such as Salisbury Plain and the Cranborne Chase National Landscape. The city is known for its distinctive medieval layout, rich cultural heritage, and strong sense of place rooted in its natural surroundings.

Salisbury District Hospital is located on the southern edge of the city, set within a semi-rural environment that offers far-reaching views across open fields and wooded areas. Its elevated position provides a unique opportunity to connect patients, staff, and visitors with the surrounding landscape.



National Location : Salisbury District Hospital

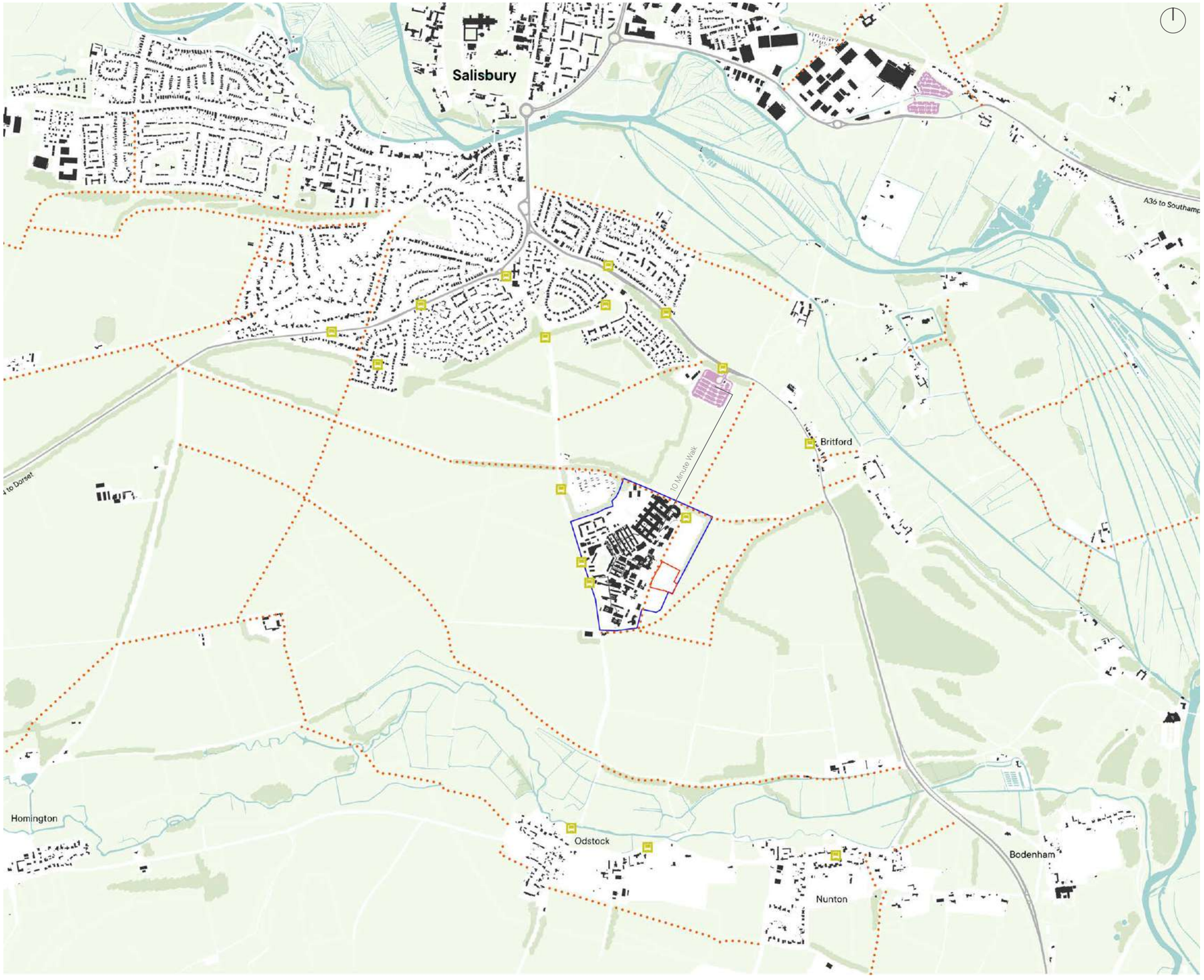


4.2 Site Access

The site is located within the Salisbury District Hospital grounds, which benefit from multiple bus stops, proximity to a Park & Ride facility, and accessible public car parking—offering a range of transport options for both staff and patients.

Salisbury Train Station is approximately a 10-minute drive from the site, further enhancing regional connectivity.

To encourage more sustainable modes of transport and reduce the environmental impact on the site, parking restrictions have been introduced for staff living within a short radius of the hospital. These staff members will no longer be allocated on-site parking spaces, supporting a shift toward public transport, cycling, and walking.



Legend

- Park & Ride Facility
- Bus Stops
- Public Right of Way
- Salisbury District Hospital
- Proposed Site Boundary

4.3 Wider Site Analysis

Public Right of Way
There are four public rights of way on site and on the ajacent land which are BRIT 7, 7A, 15 & 16).

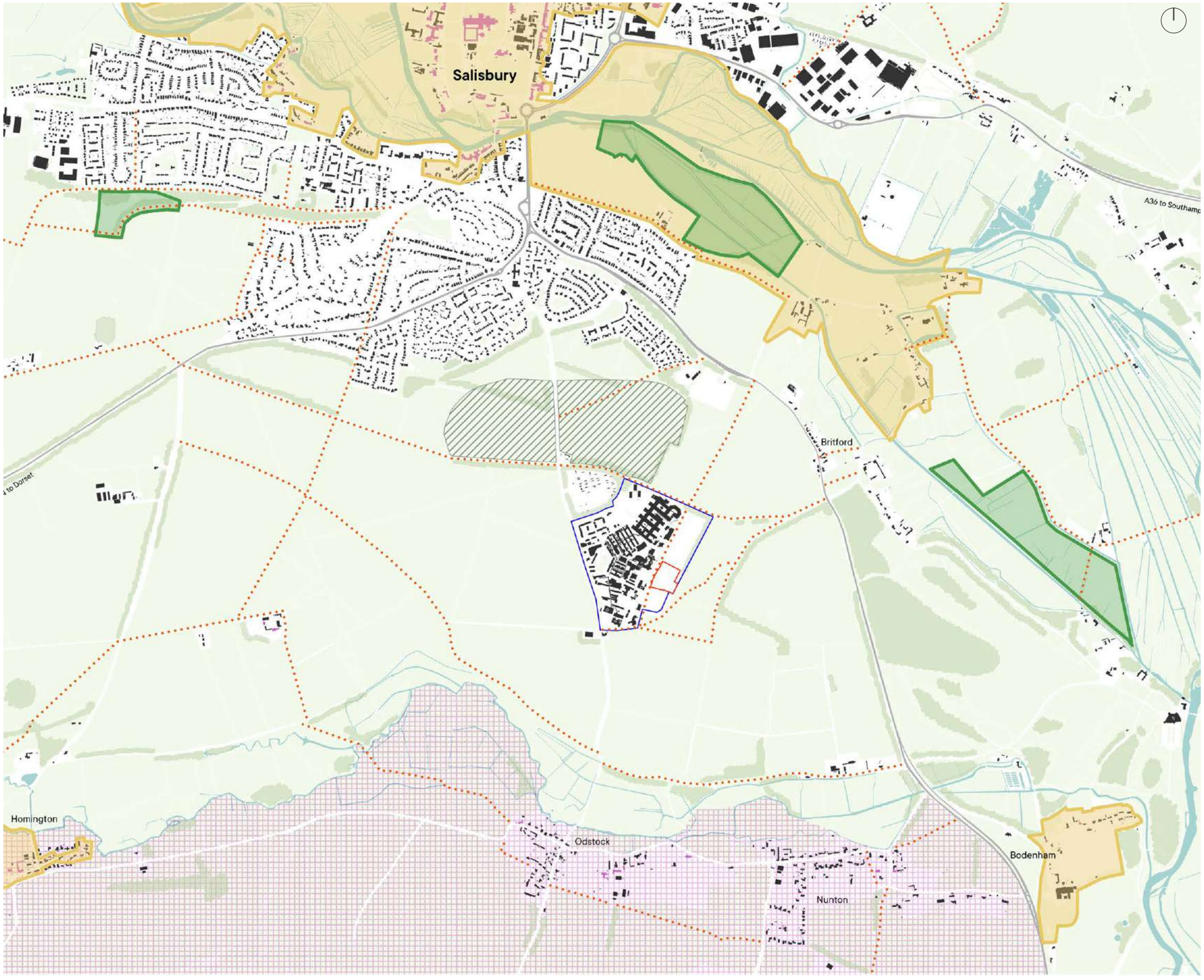
Special Landscape Area
Salisbury District Hospital is located within a Special Landscape Area, requiring sensitive design that respects the natural surroundings and minimises visual impact.

Historical Archaeological Site
Located North West of Salisbury District Hospital, Little Woodbury is an Iron Age archaeological site and scheduled monument in Britford Parish.

Conservation Areas
Britford Conservation Area is located to the North East from Salisbury District Hospital.

SSSI
Britford Water Meadows, located east of Britford, form part of a protected landscape that contributes to the area's ecological richness and scenic value.

National Landscape
The Cranborne Chase and West Wiltshire Downs Area is a landscape of national significance. Covering an area of 983 square kilometres, the area falls within four counties: Dorset, Hampshire, Somerset and Wiltshire. The primary purpose of the National Landscape is to conserve and enhance natural beauty. A deeply rural area with scattered villages and narrow roads, the area is characterised by a diversity of landscapes.



Legend

- Special Landscape Area
- Existing Dense Vegetation
- Listed Buildings
- Conservation Areas
- Sites of Special Scientific Interest (SSSI)
- National Landscape
  Cranborne Chase & West Wiltshire Downs
- Historic Archaeological Site
  Little Woodbury
- Public Right of Way
- Salisbury District Hospital
- Proposed Site Boundary

4.4 Existing Site Context



Aerial Photography: Salisbury District Hospital highlighting the propsed site boundary.







Site Photography: Salisbury District Hospital Today

4.4 Existing Site Context















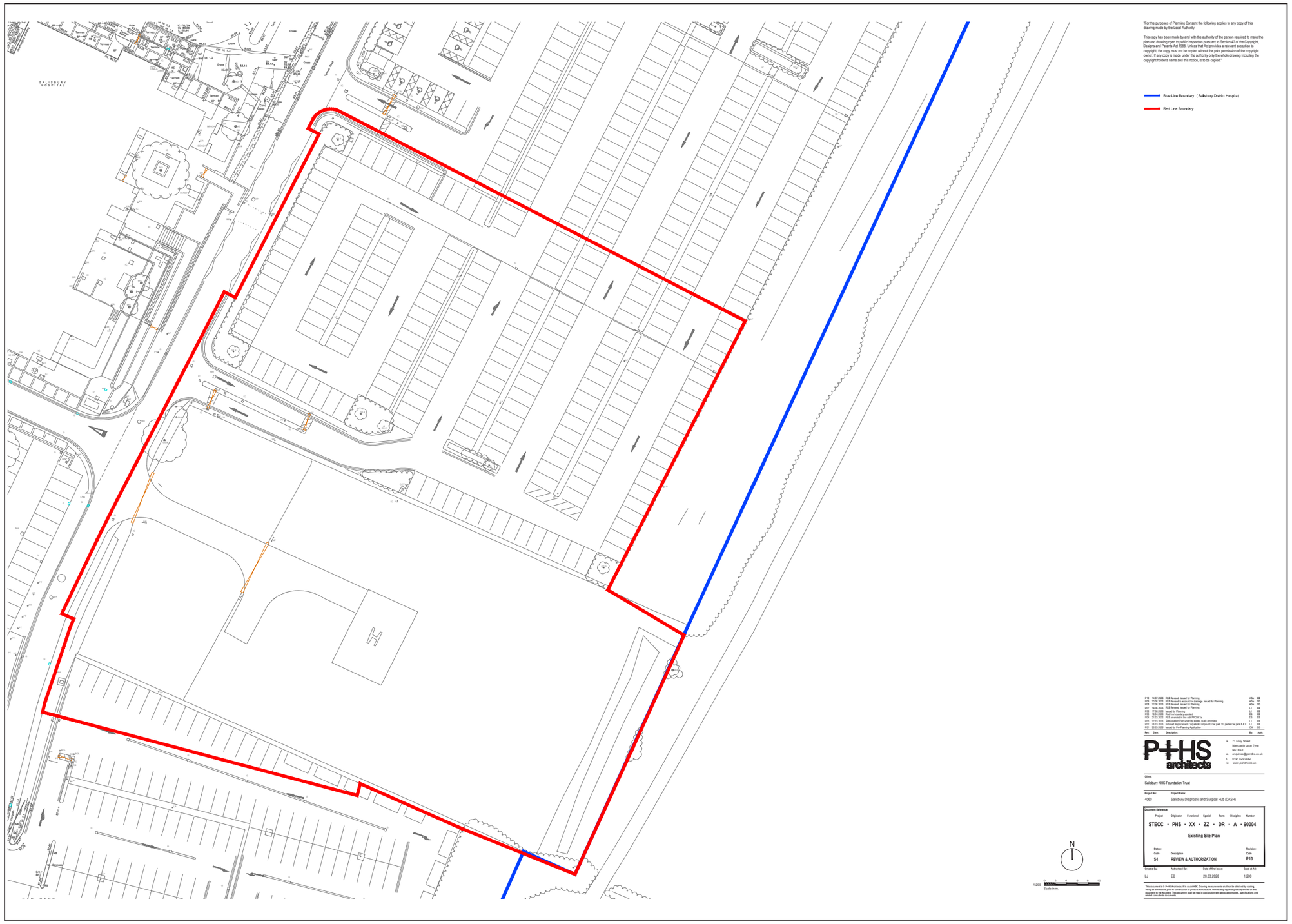
4.5 Site Location Plan

The red line boundary includes the DASH development including a limited amount of replacement parking as well as amendments to car park 10.



Site Location Plan (NTS)

4.6 Existing Site Plan



Existing Site Plan (NTS)

4.7 Site Opportunity and Constraints

Main Entrance
The main entrance to the hospital is on the opposite side of the SDH site from the proposed development site, therefore key pedestrian routes have been considered in how visitors may approach DASH.

Staff Car Parking
The Proposed DASH will take a proportion of both staff, patient & visitor car parking.

Wider Masterplan
Ryder Architecture worked with the Trust to develop a wider masterplan strategy for the site. The DASH is the first of these developments so sets an important precedent.

Flood Zone
The site sits within flood zone 1 - areas with a low probability of flooding, specifically less than a 1 in 1,000 annual probability of river or sea flooding (or less than 0.1% probability).

Coal Mining Risk
Salisbury Hospital site and adjacent land not in a coal mining risk area or recorded as having a coal mining shaft according to the Coal Mining Authority website.



KEY:

- Red Line Site Boundary
- Blue Light Route
- Vehicle route to access car parks 8,9 & 10
- Alternative vehicle route to access car parks 8,9 & 10
- Public Pedestrian Route
- FM Route
- Existing Hospital Facilities
- Main Hospital Entrance
- Accident & Emergency
- Existing Helipad
- Helicopter Pad
  - 30m Offset
  - 50m Offset
- Public Car Parking
- Staff Car Parking
- Sarum Entrance Level 3
- Springs Entrance Level 2
- Key Views Out
- Sloping Topography
- 01 Day Surgery Unit
- 02 Spinal Treatment Centre
- 03 Laundry
- 04 Horatio's Garden

4.7 Site Opportunities and Constraints

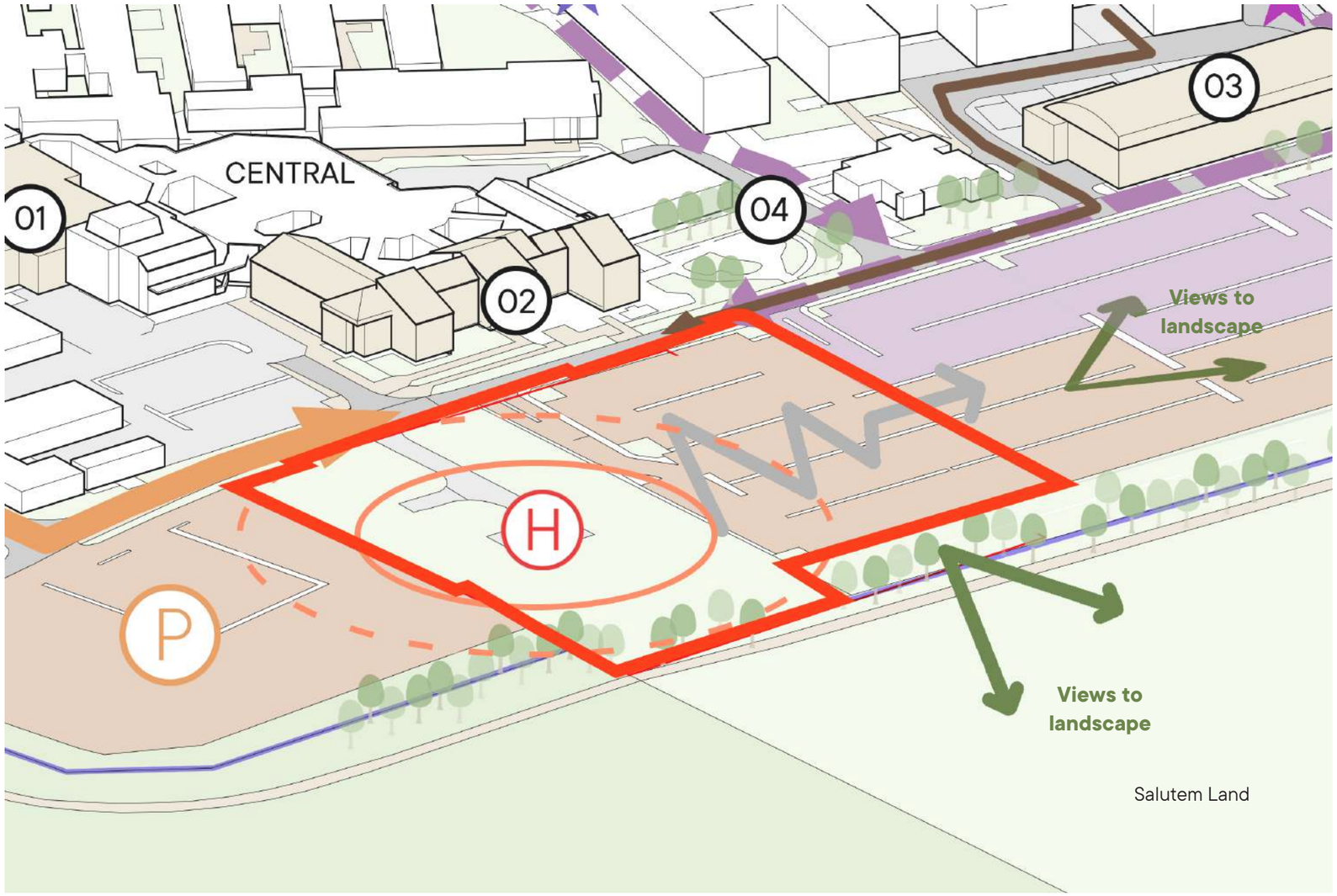
Helipad
The site red line boundary sits on the existing helipad for Salisbury Hospital which is currently subject to a review in respect of its potential relocation or suspension. The design team are considering ways of re-utilising the spoil when demolished.

Mature Tree Belt
There are no tree preservation orders within or adjacent to the site.

Restricted Covenant
A restricted covenant has been lifted to allow development on areas of the eastern car parks. We have tried to keep the building and site to a compact a footprint as possible, limiting the number of car parking spaces that will need to be re provided. There is a separate restricted covenant that is still applied to car park 10.

Access to the Salutem land to the East
Discussions have taken place over a number of years with Salutem, the Trust's joint development partner who own the land to the East of the hospital. It has been agreed that as part of the masterplanning strategy for the hospital that vehicular and pedestrian connection points will be provided to the Salutem land. The only means of access for this land is through the hospital site. The requirement for this road has been agreed with Salutem, and will be incorporated as part of this project.

Listed Buildings
There are no listed buildings on or adjacent to the site.



5.0 **The Building Concept & Clinical Adjacencies**

Salisbury Diagnostic and Surgical Hub

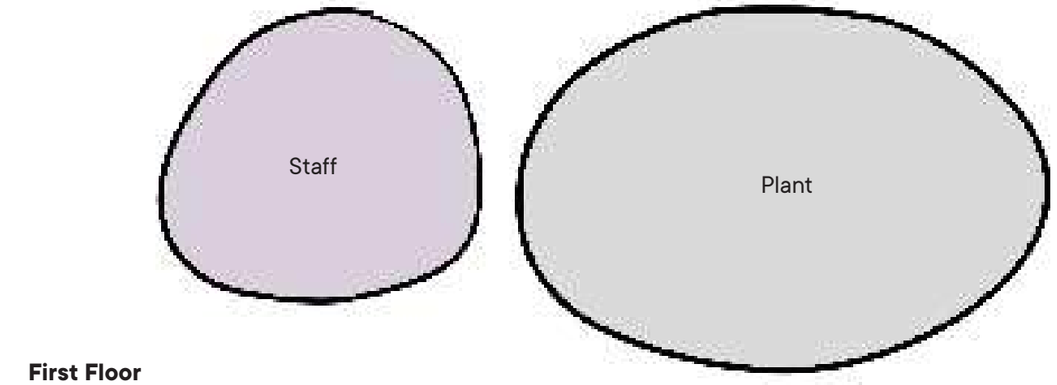
P+HS architects

5.1 Building Adjacencies

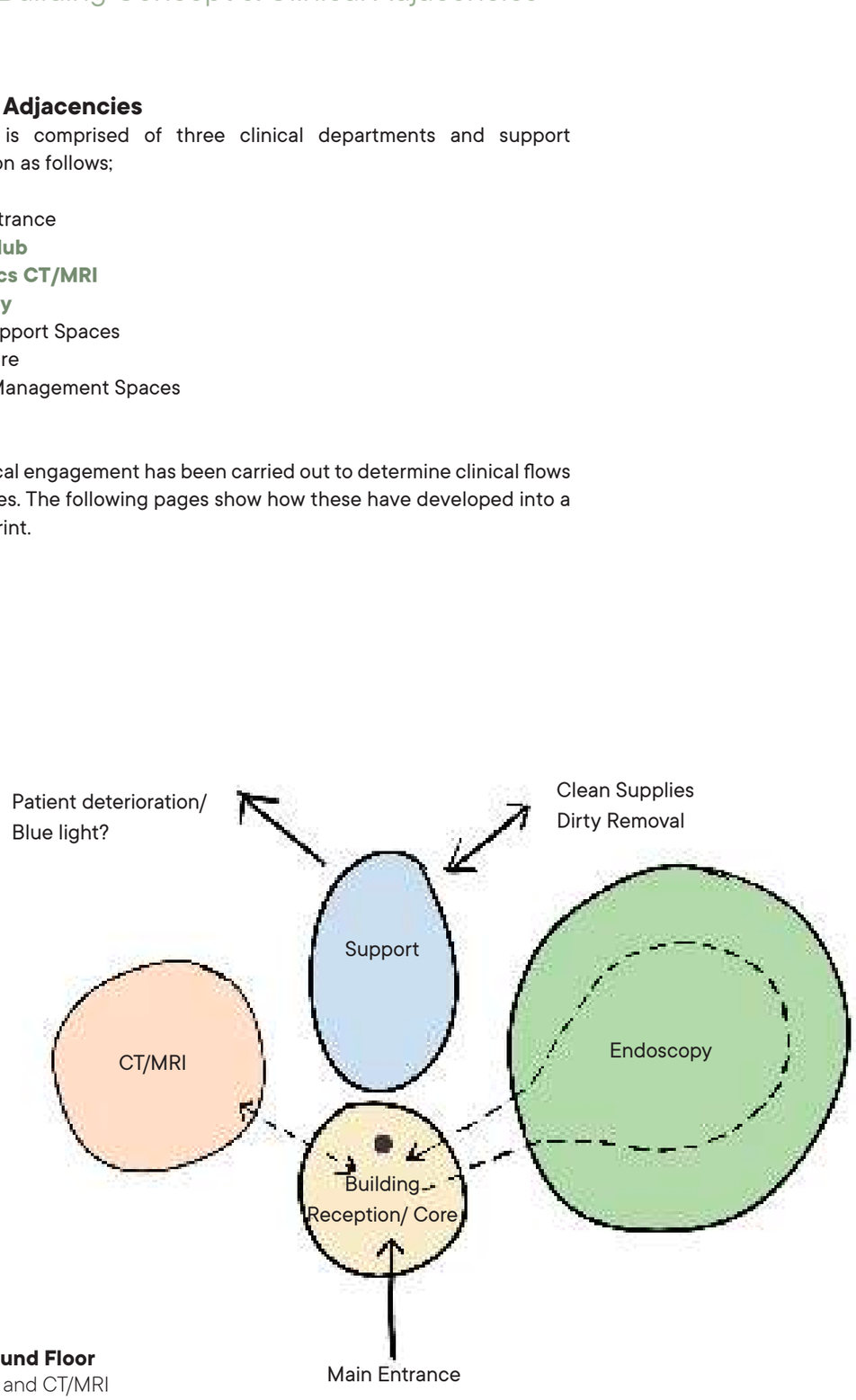
The building is comprised of three clinical departments and support accommodation as follows;

- Shared Entrance
- **Surgical Hub**
- **Diagnostics CT/MRI**
- **Endoscopy**
- Clinical Support Spaces
- Staff Welfare
- Facilities Management Spaces
- Plant

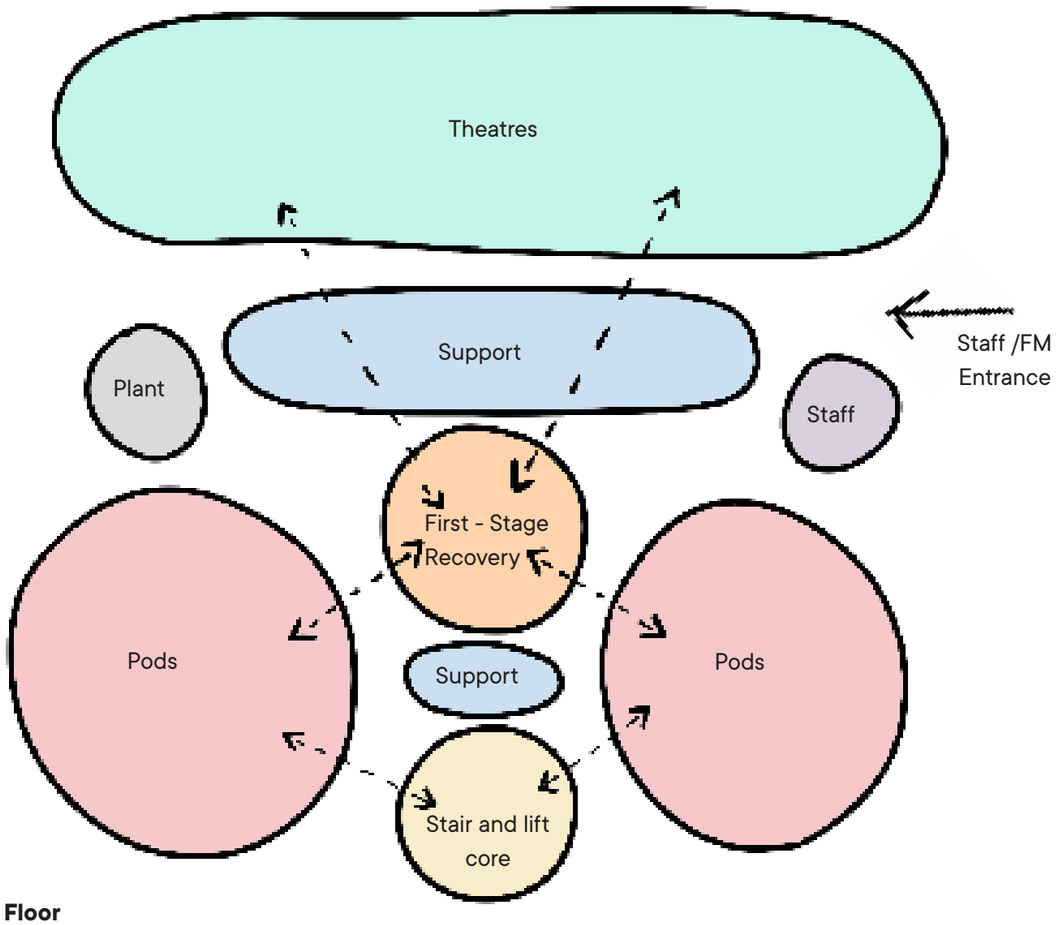
Intensive clinical engagement has been carried out to determine clinical flows and adjacencies. The following pages show how these have developed into a building footprint.



First Floor
Staff and Plant



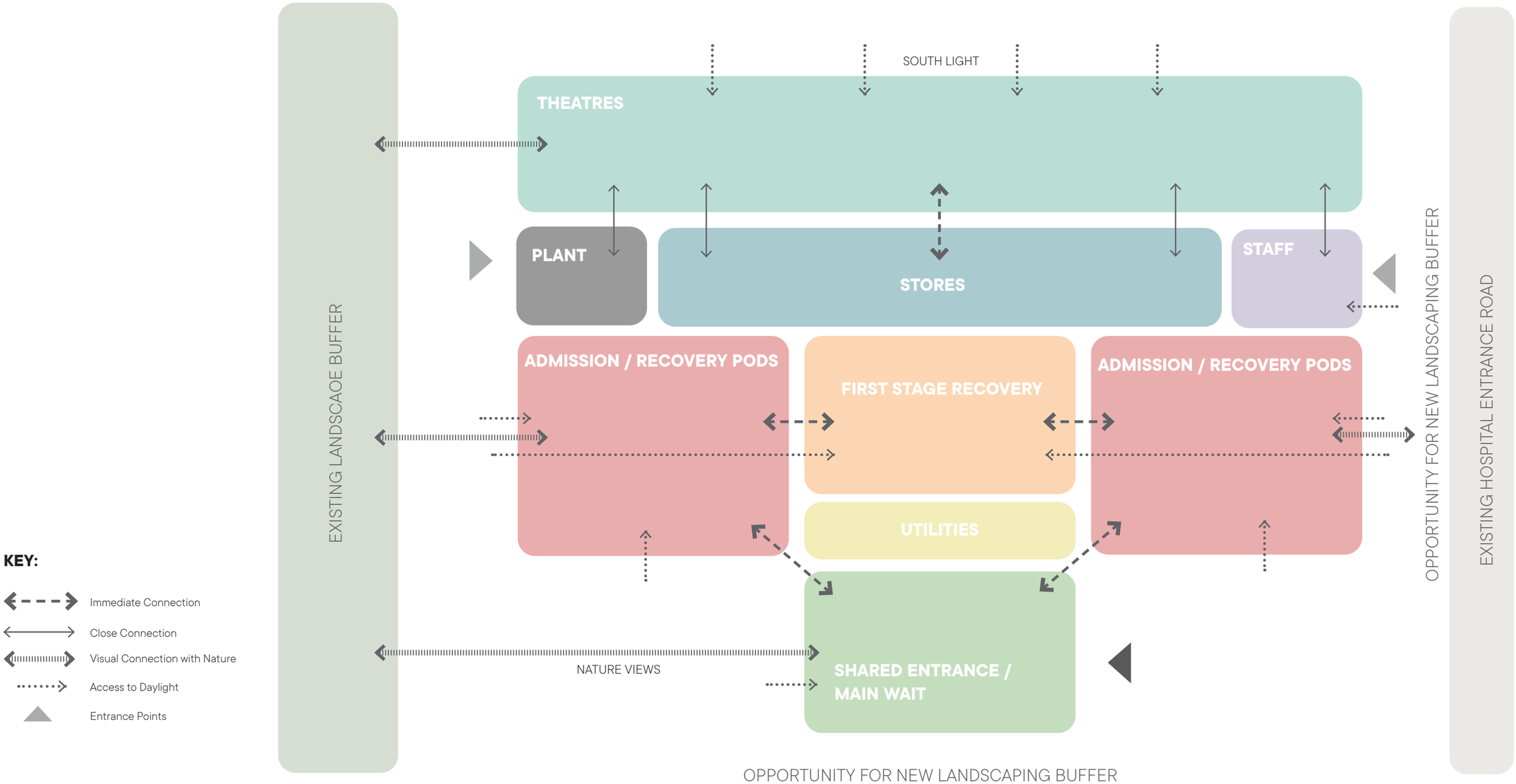
Lower Ground Floor
Endoscopy and CT/MRI



Ground Floor
Surgical Hub

5.1 Building Adjacencies

With further analysis of the detailed design brief, our initial understanding of departmental relationships and clinical workflows informed the development of a spatial arrangement strategy for the proposed design.



5.1 Building Adjacencies

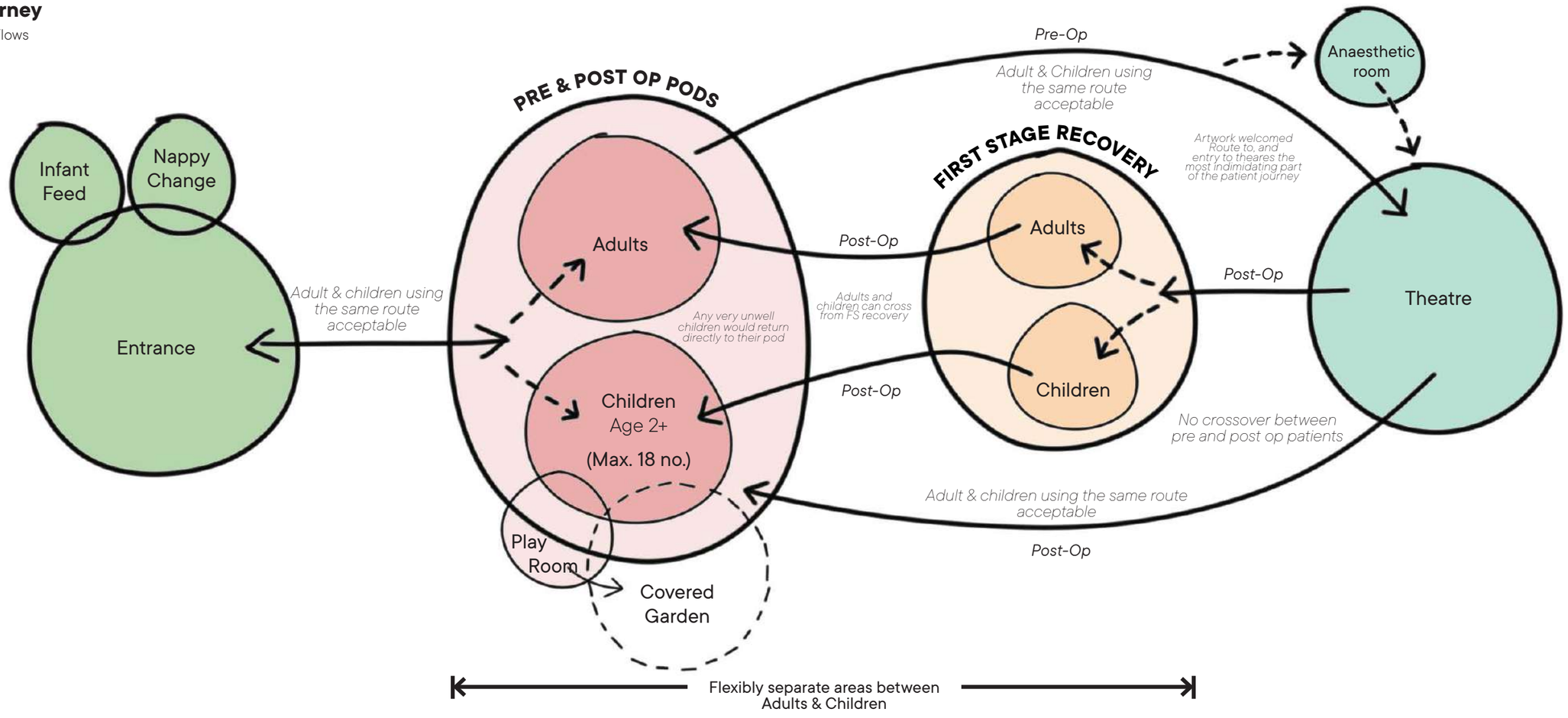
Child and Adult Flows and Separation

Detailed discussions were held at the start of the clinical engagement process around both pre and post op flows, as well as the separation of child and adult patients. We tabled various options which reached varying levels of separation; achieving separate child and adult flows while also achieving pre and post op separation, was to the detriment of the quality of the spaces (having single aspect corridors enclosing the pod banks, and led to a substantial increase in GIFA). It was therefore agreed that the separation of children and adults was the most important aspect, and the clinical team accepted that there was pre and post op crossover.

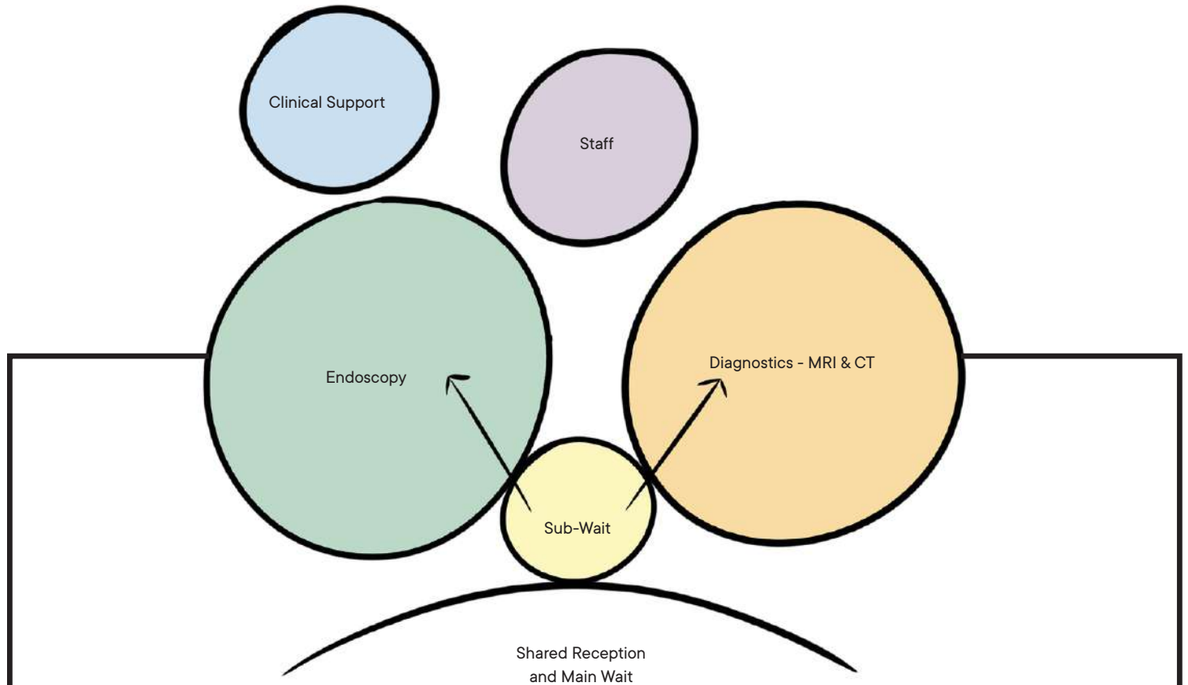
The pre and post op pods and First Stage Recovery will be designed in such a way that achieves separation and flexibility. It was accepted that the building entrance is shared and that there is no dedicated play space in the waiting area; this is because patients should move quickly through to their pods where there is a play area. It was also accepted there is crossover in the theatre corridor.

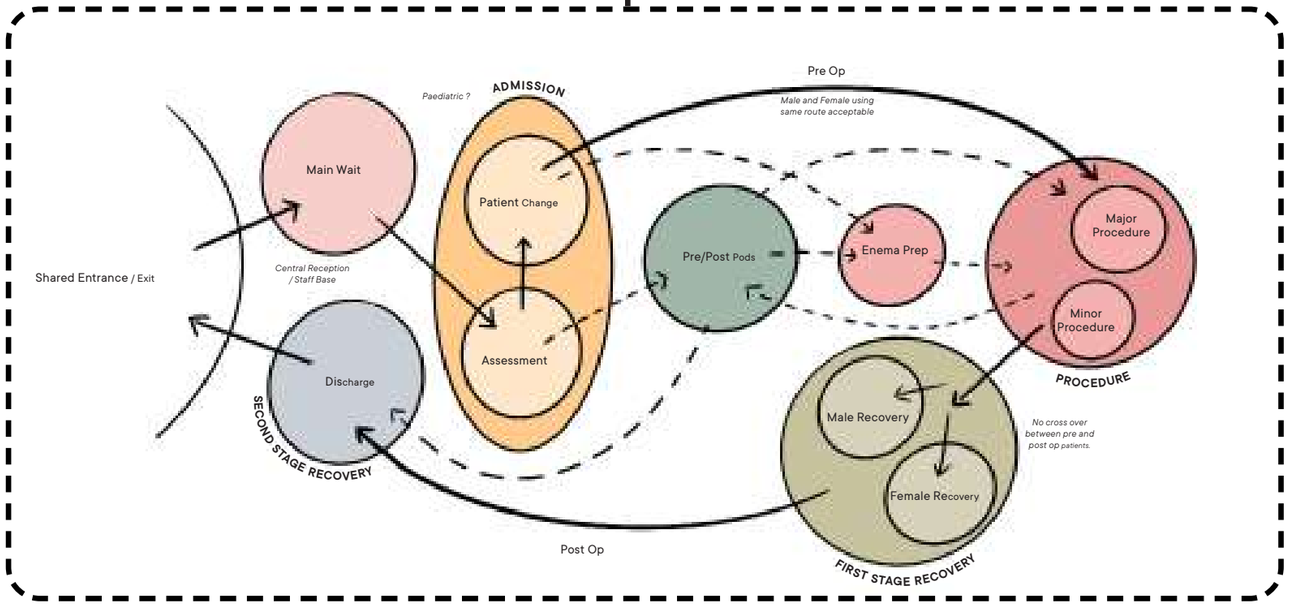
Patient Journey

Children / Adult Flows

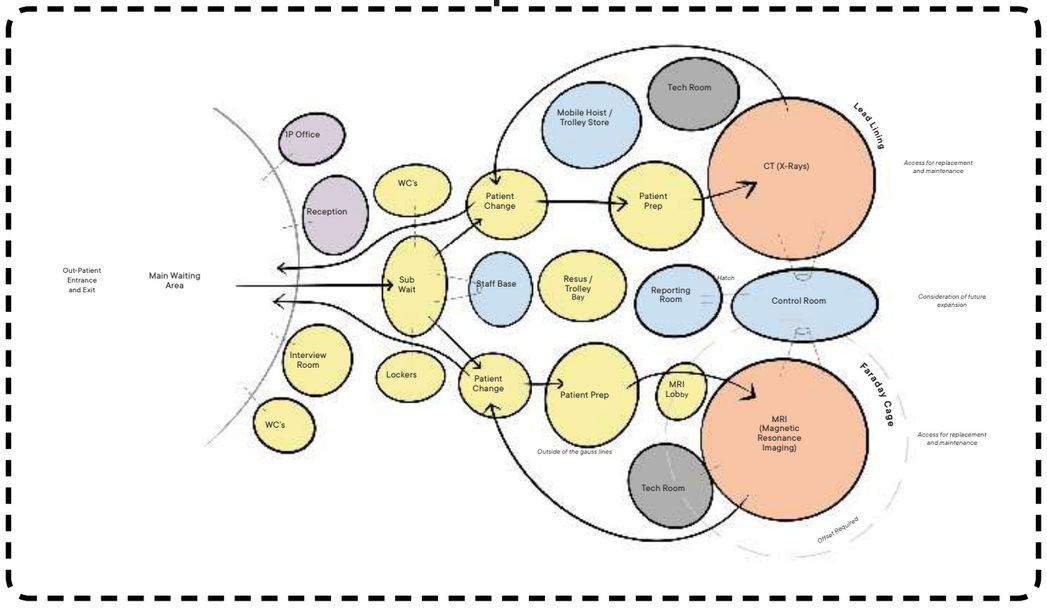


5.1 Building Adjacencies





Diagnostics: CT/MRI Patient Flow



Endoscopy: Patient Flow

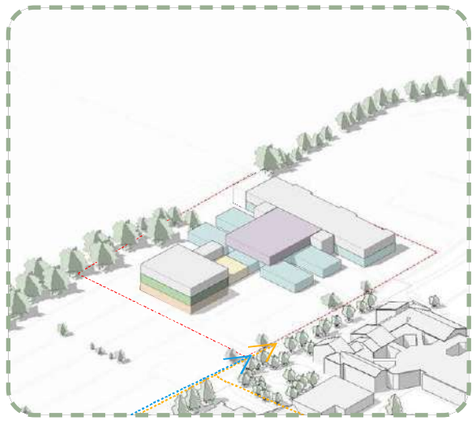
5.2 Scale, Massing & Appearance

Multiple options were explored which evaluated massing and stacking design options against a number of factors relating to planning requirements, project budget, clinical flow and adjacencies, site constraints and opportunities as follows;

Efficiency & Project Budget
- Minimising land take
- Utilising and working harmoniously with sloping site and reducing excavation
- Maximising building efficiency (stacked walls and foundations)

Planning Requirements
- Minimising impact on existing car parks
- Minimising impact on green buffer
- Reduce visual impact and break down overall scale and mass
- Connectivity to wider HEAT project

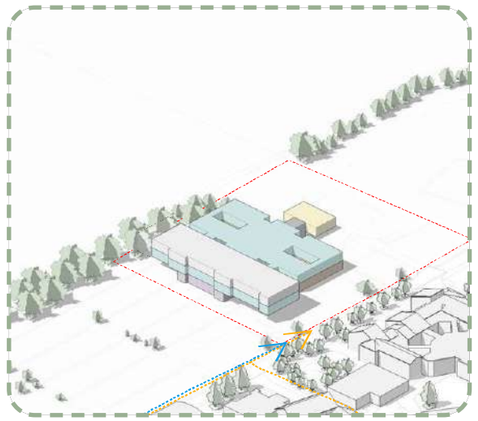
Patient Flow and Clinical Adjacencies
- Clarity of entrance and clear wayfinding
- Short and legible patient pathways



Option 1

Efficiency & Project Budget ●○○○○
Planning Requirements ●●○○○
Patient Flow and Clinical Adjacencies ●○○○○

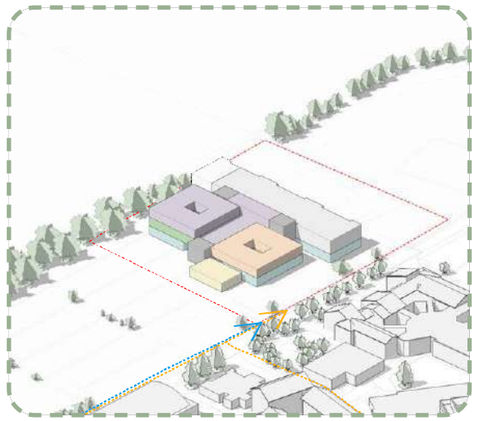
Notes
- Sprawling Layout, too much land take and large distance between departments
- Inefficient to build and therefore over budget



Option 2

Efficiency & Project Budget ●○○○○
Planning Requirements ●●○○○
Patient Flow and Clinical Adjacencies ●○○○○

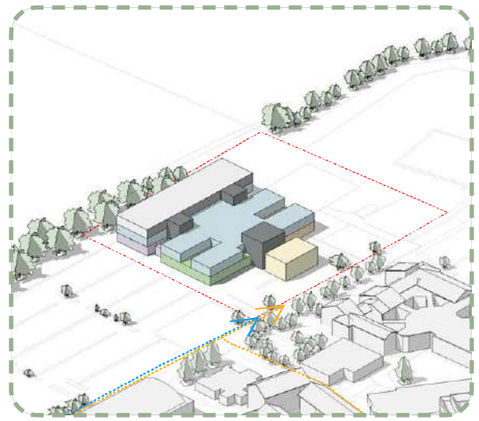
Notes
- Inefficient building stacking (ground floor GIFA larger than lower ground floor and therefore stilts or shell and core required)
- Entrance concealed from primary approach from public car parks



Option 3

Efficiency & Project Budget ●●●○○
Planning Requirements ●●●○○
Patient Flow and Clinical Adjacencies ●●○○○

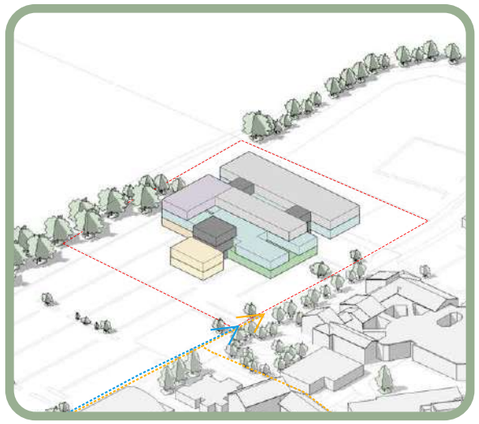
Notes
- Large diagnostic equipment better on ground level (orange department)



Option 4

Efficiency & Project Budget ●○○○○
Planning Requirements ●○○○○
Patient Flow and Clinical Adjacencies ●●●●○

Notes
- Turns back on growth land with long elevation towards hospital boundary
- Cuts into the hill therefore large amounts of excavation



Option 5

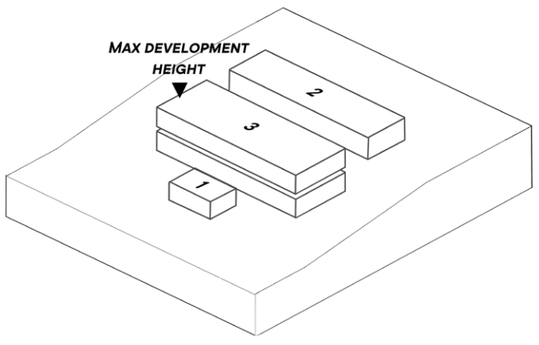
Efficiency & Project Budget ●●●○○
Planning Requirements ●●●●○
Patient Flow and Clinical Adjacencies ●●●●○

Notes
- Clear building entrance
- Massing and elevations respond to both the hospital site and wider landscape
- Optimum clincial flows
- Efficient build that works with the sloping site

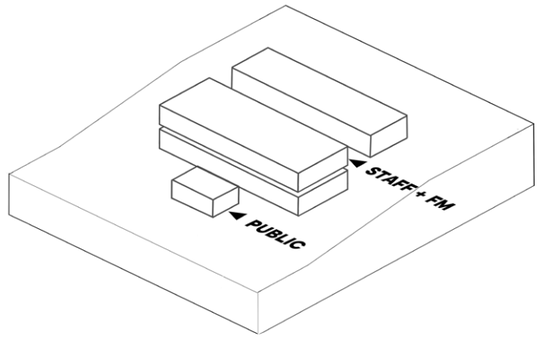
Legend
- Surgical Hub
- Shared Entrance
- Endoscopy
- CT/MRI
- Staff
- Vertical Core
- Plant

5.2 Scale, Massing & Appearance

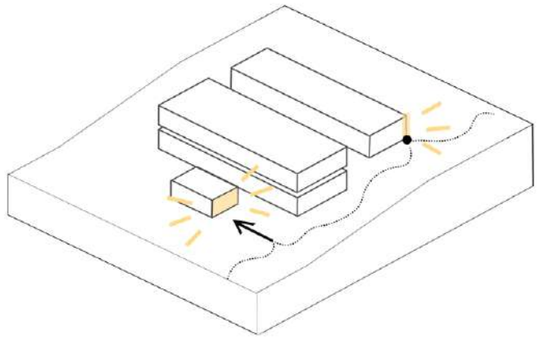
The preferred massing option was developed further to respond to the site specific constraints and opportunities. The following pages break down the site and building design principles.



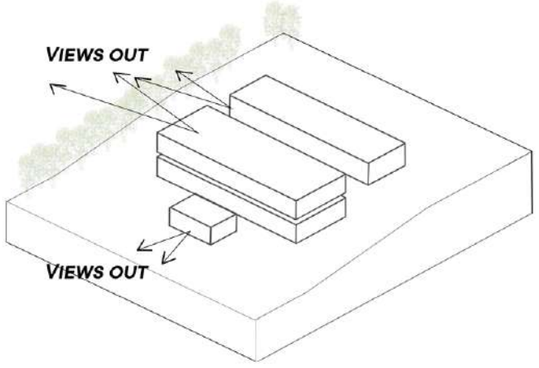
Max. Ridge and Storey Heights



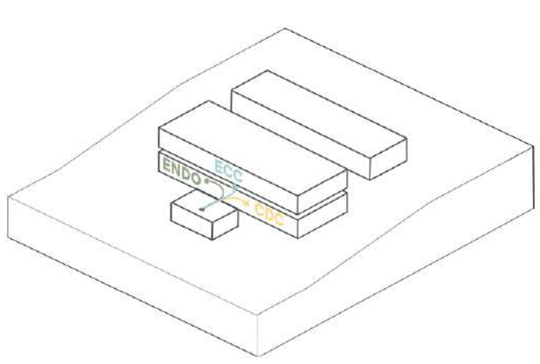
Building Entry Points



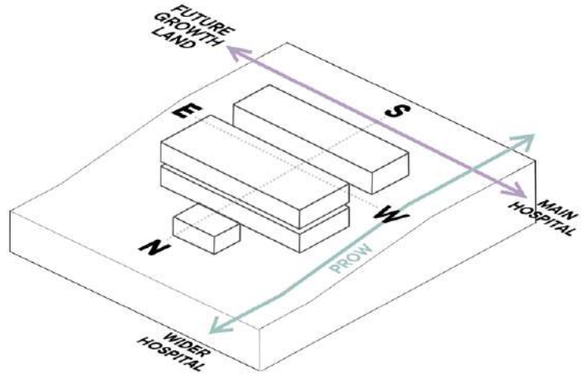
Clear Wayfinding to Entrance



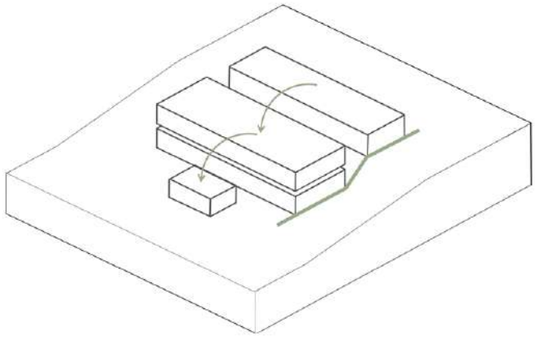
Bringing Nature In & Framing Views Out



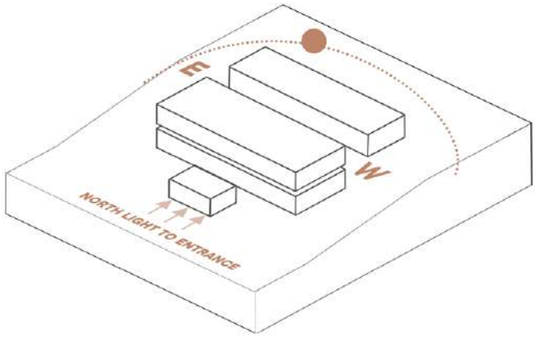
Clinical Adjacencies



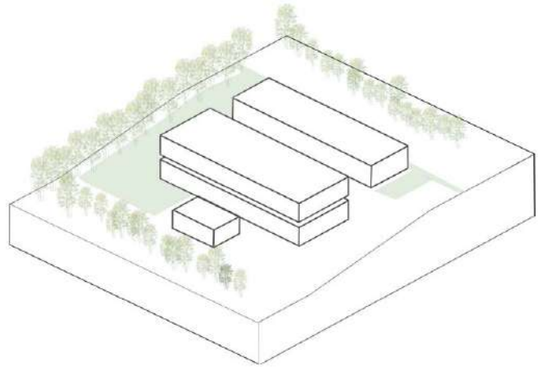
Active Travel Routes



Stepping Down the Topography



Sun Path



Green Screening

5.3Proposed GA Plans

Proposed Lower Ground Floor

Lower Ground GIFA = 1553m²
Total GIFA = 6227m²



Proposed Lower Ground Floor Plan (NTS)

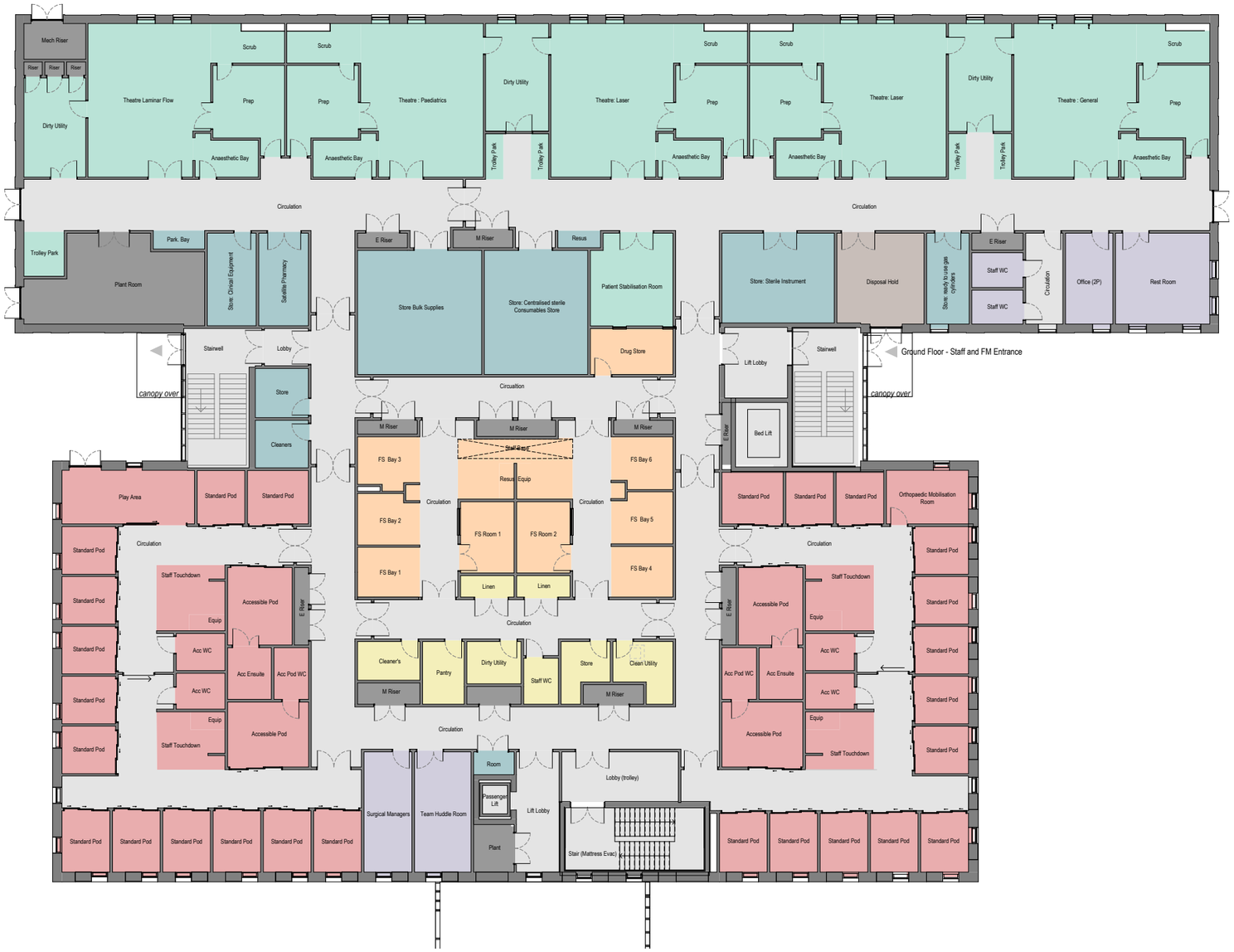
Department:

- Entrance
- First Stage Recovery
- Facilities Management
- Clinical Support Facilities
- Staff Support
- Admission & Second Stage Recovery
- Diagnostics
- Enema
- Procedure
- Circulation
- Second Stage Recovery
- Plant

5.3Proposed GA Plans

Proposed Ground Floor

Ground GIFA = 2586m²
Total GIFA = 6227m²



Ground Floor Plan (NTS)

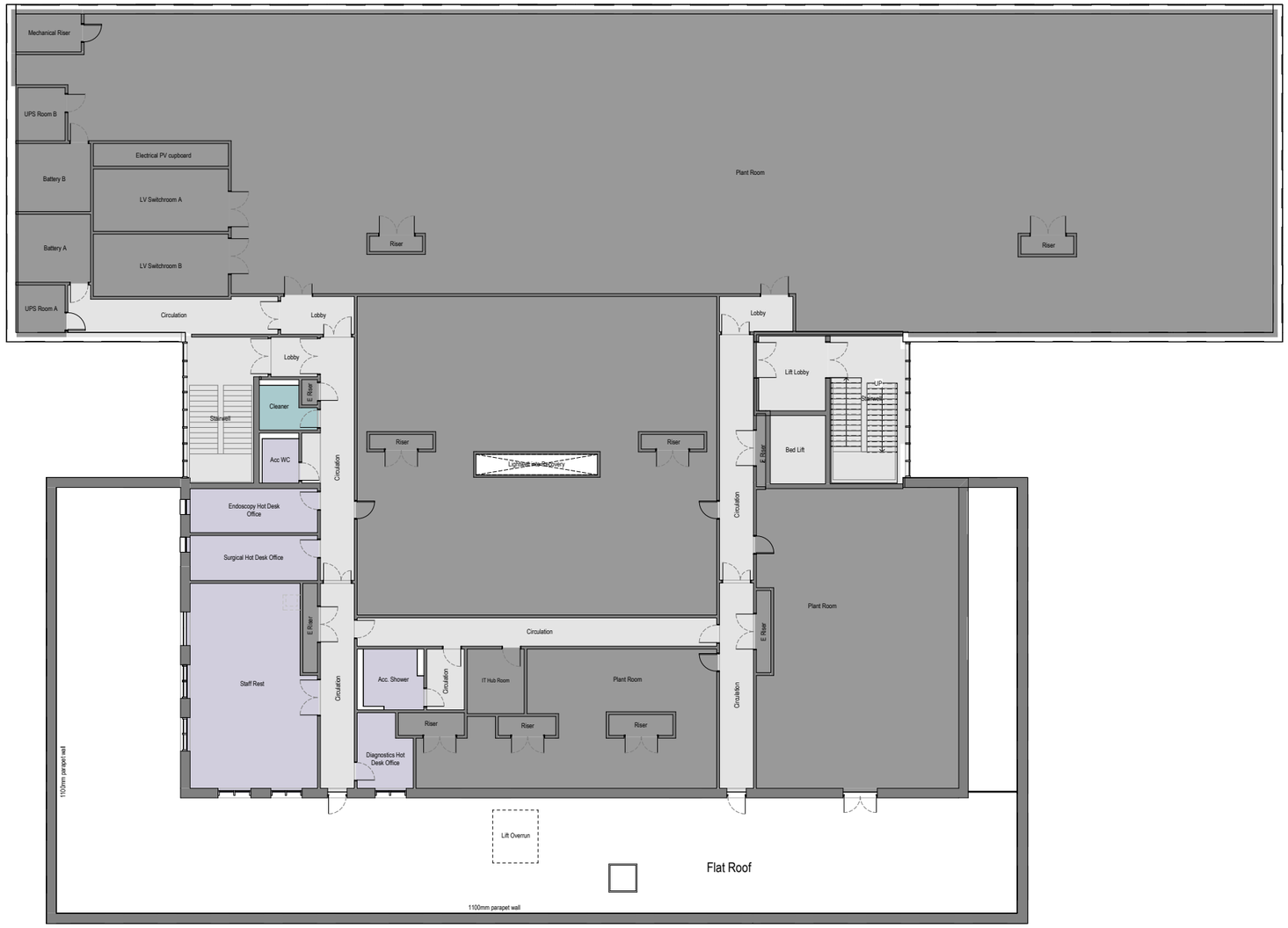
Department:

- Admission & Second Stage (Pods)
- Surgical
- First Stage Recovery
- Facilities Management
- Recovery (Shared)
- Clinical Support Facilities
- Staff Support
- Circulation
- Plant

5.3Proposed GA Plans

Proposed First Floor

First GIFA = 2089m²
Total GIFA = 6227m²

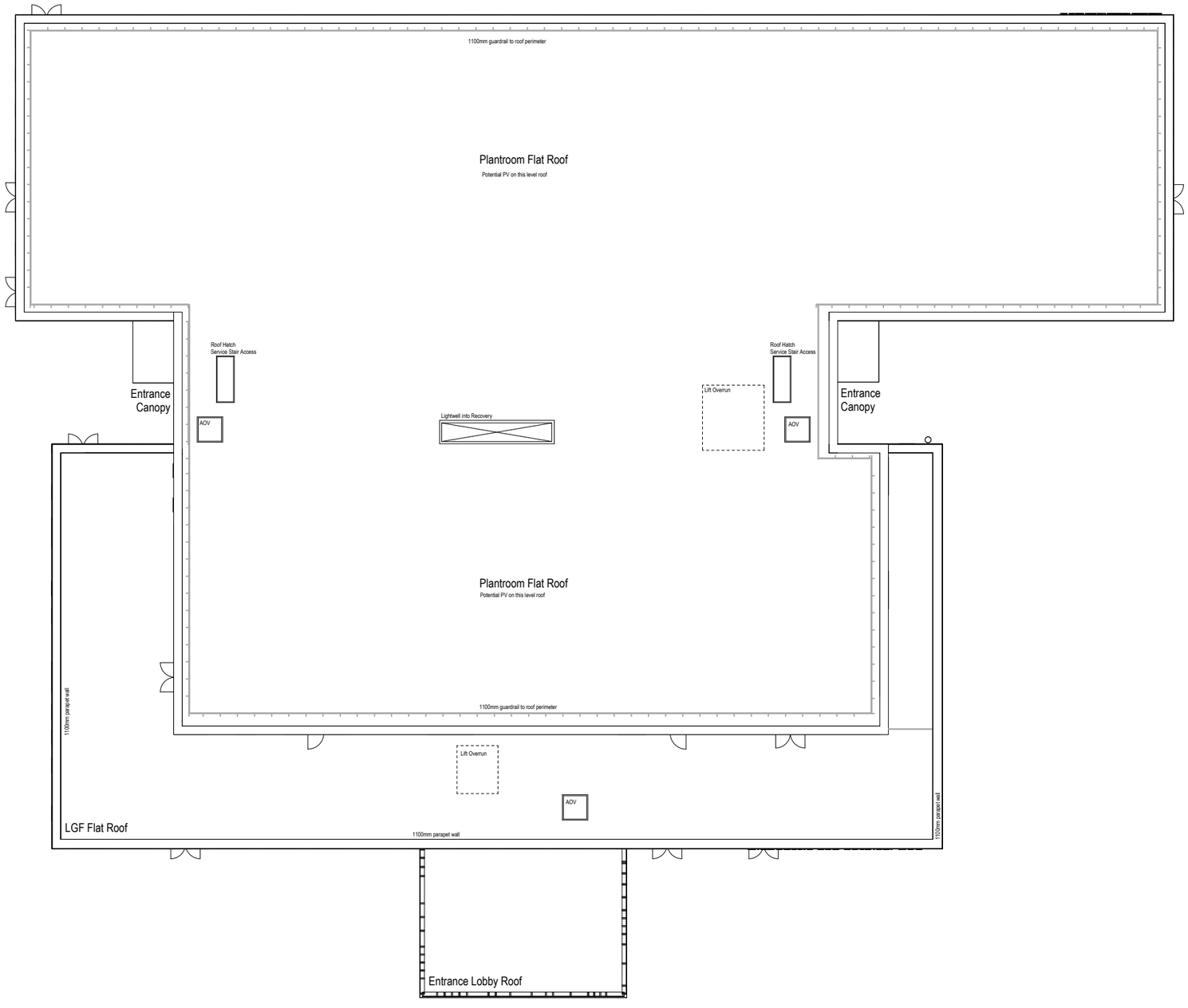


Department:

- Clinical Support Facilities
- Staff Support
- Circulation
- Plant

First Floor Plan (NTS)

5.3Proposed GA Plans



Roof Plan (NTS)

5.3Proposed GA Plans: Plant Compound

Ground Floor — Plant Compound GIFA = 372m²
Total GIFA = 372m²

Electrical Plant

The plant compound will house the temporary and permanent main electrical power supplies, controls, Battery Energy Storage System (BESS) and emergency standby generation.

The mains electrical supply shall be a resilient dual HV supply feeding dual (A&B) power transformers. The transformers shall be rated at 1500kVA allowing for the full load of the DASH building plus spare capacity. It is envisaged that only 510kVA will be available on day one with the full capacity available in around 2036. Each HV/LV step down transformer and associated LV switch room shall be located in separate fire rated rooms to ensure resilience if one supply fails. Separate A&B LV power cables will then distribute to the first floor plant room to serve the new DASH buildings dual LV network.

A temporary hybrid electrical supply is proposed initially to bridge the gap between full mains capacity being available with the use of CHP. Heat shall be captured and made use of to supplement the proposed ASHPs however the lead source is electrical energy. This is currently proposed as 3No 500kVA Combined Heat and Power Units (CHP), BESS and an anticipated 510kVA main supply contribution. The CHP units shall be located externally within the plant compound. BESS is also proposed to be located externally within the Plant compound. This is designed to store energy from the Photovoltaic Arrays on the roof of the DASH building.

A 1500kVA emergency standby diesel generator is proposed to be housed within the plant compound building and intended to automatically operate if mains and temporary electrical power supplies fail. A Generator Connection Point (GCP) will also be provided to provided flexibility for the trust in servicing or failure of the generator allowing them to bring in a temporary generator as required. Inlet and outlet louvers shall be attenuated to ensure a sound pressure level of 75dB @ 1 meter. A double skinned bulk fuel storage tank with local fill point shall be located externally within the plant compound and will serve the day tank located within the internal generator room. The tank shall be located with easy access from the road to aid fuel delivery.
The generator will run on Hydrotreated Vegetable Oil (HVO) fuel rather than traditional diesel oil.

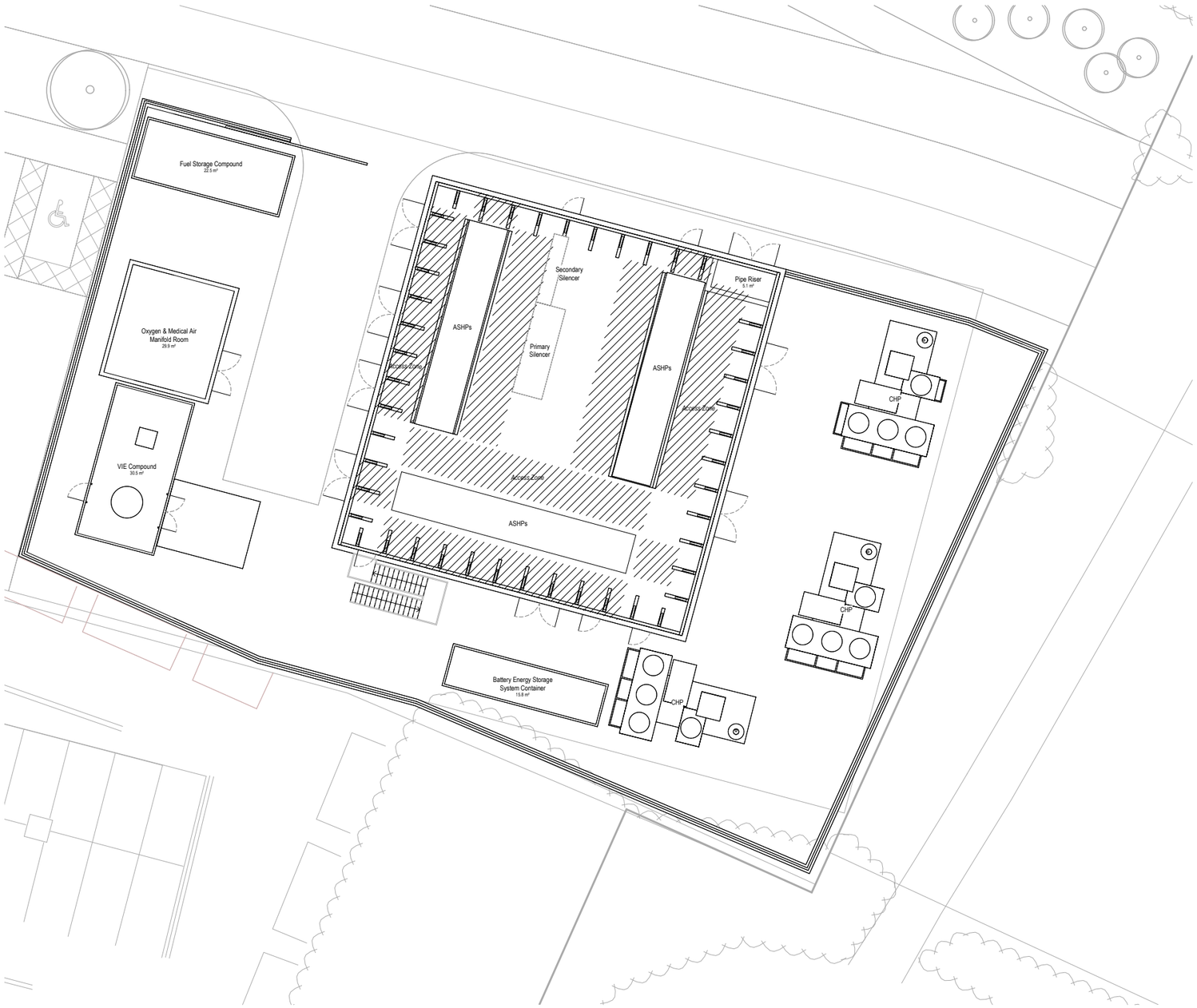
Mechanical Plant

The plant compound will house high efficiency Air Source Heat Pumps(ASHPs) that will act as the primary source of heating and cooling dedicated to serve DASH. There are 3no units proposed, providing N+1 resilience ensuring 100% demand is provided all year round. Pipework will distribute from the ASHPs within the service yard via dedicated risers and a below ground accessible trench to the DASH building.



Plant Compound GA Plan (NTS)

5.3 Proposed GA Plans: Plant Compound



Plant Compound Roof Plan (NTS)

6.0 **Site Strategy**

Salisbury Diagnostic and Surgical Hub

P+HS architects

6.1 DASH within HEAT

Ryder Architecture were appointed by Salisbury NHS Foundation Trust to support its plans to develop the hospital campus by undertaking a masterplanning study.

In terms of its positioning on the site, it is important the DASH project is a standalone development; with physical separation from acute services to support ring-fencing planned care capacity all year round. The building is still close enough to the wider hospital to build in resilience, and allow for vital connectivity to facilities management areas such as laundry, stores, waste disposal and also allows for patients to be transferred in an emergency situation if required, or admitted to the hospital if they require care for longer.

The DASH project is to be the first plot built on the masterplan site and the area allocated is sized appropriately for the building use and schedule of accommodation to suit the clinical requirements.



Drawing produced by Ryder Architecture (with DASH site area shown in red added by P+HS Architects)

6.1 DASH within HEAT

The diagram below shows the building massing on the site, in line with the principles that have been set out, exploring the proposal's connection with the future masterplan.



6.2 Proposed Site Plan



Proposed Landscape Plan (NTS)

7.0 **Appearance & Materiality**

Salisbury Diagnostic and Surgical Hub

P+HS architects

7.1 Local Building Materiality

Salisbury's traditional building materials vary based on location within the city. The eastern part of Salisbury, characterized by heathland and chalk downs, features buildings primarily constructed from brick, timber-frame and brick, or brick and flint. In contrast, the western hills and valleys utilize local limestone for construction.











7.2 Elevational Concept

Elevational Design Concept

Responding to the site's semi-urban and rural landscape context to benefit the patient experience, creating three distinct but unified 'pavilions'.

7.2 Elevational Concept

Pavilion 1

Inspired by the characteristics of a **grove of trees**.

Due to the enduring nature of trees, groves symbolize strength, longevity, and protection, with specific trees like the birch representing renewal

Architecturally, this could be achieved through vertical mullions at irregular intervals on the glazed curtain walling.

The design of the entrance needs to assist in decreasing the patient's anxiety as much as possible. It firstly needs to be easily **identifiable** and differentiate from the rest of the building.

Then it must be **approachable**, by it's **human scale** and **warm** materiality.

A **layered threshold** of firstly the green screen of trees, then the arrival forecourt and entrance allow a moment to pause and softens entering the building.

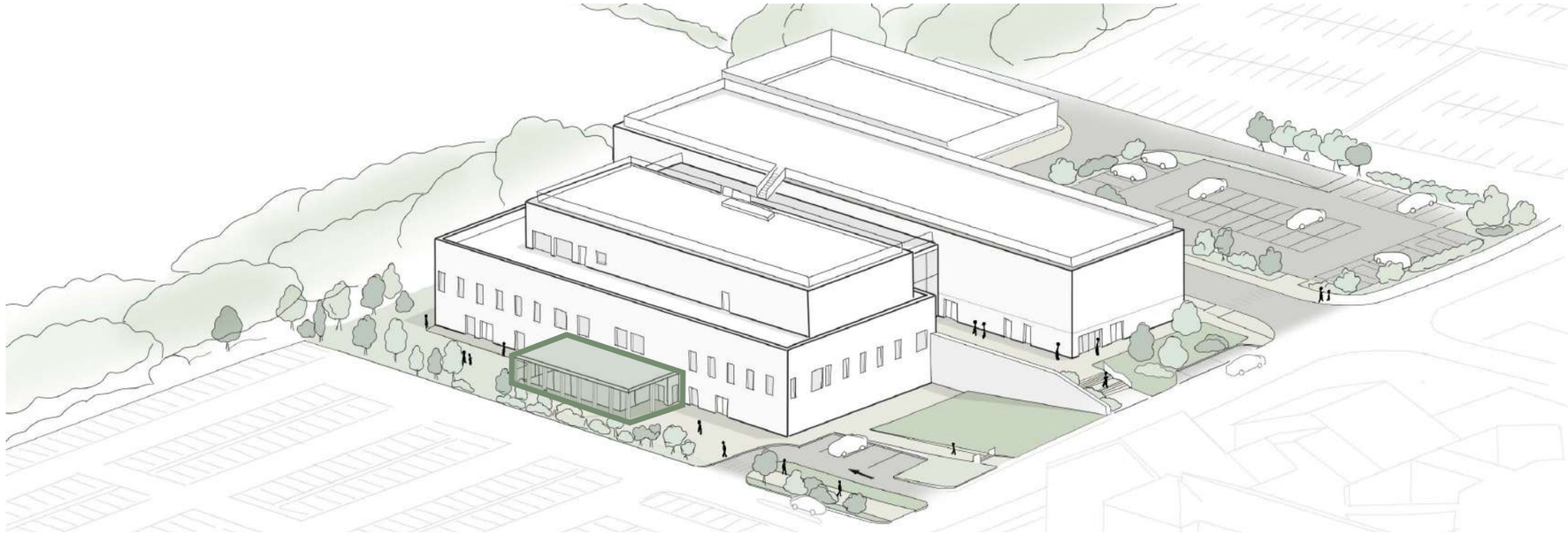
Once within, you feel protected from the exposure of the site.



Mottled, filtered light creating a sense of shelter and calm



Layered landscape creating the feeling of protection













Precedent Imagery

7.2 Elevational Concept

Pavilion 2

Inspired by the characteristics of a **Georgian facade.**

Salisbury is defined by a mix of styles, but Georgian frontages are highly prevalent, often featuring older medieval, timber-framed buildings hidden behind them

Architecturally, this could be achieved through brick, balanced and orderly appearance, mathematical proportion and storey hierarchy.

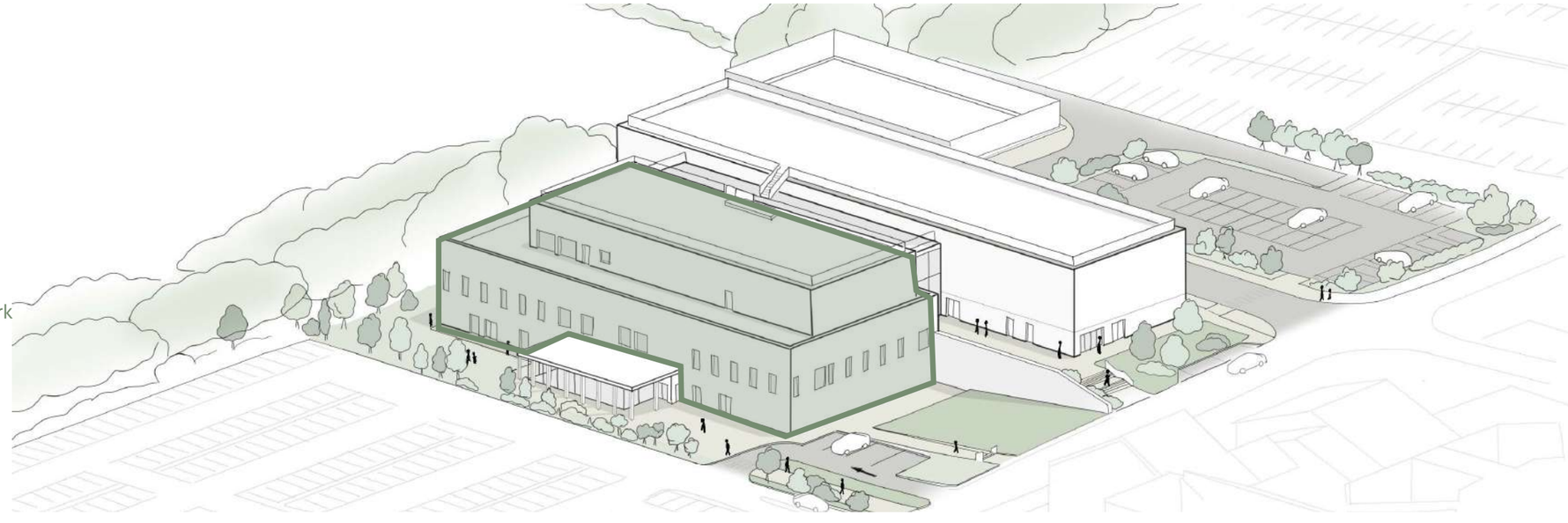
The hospital facing edges are more **semi-urban** and act as a counterpoint to the elevations that respond to the Salisbury landscape. The facade will express **robustness, safety** and **solidity** to patients.

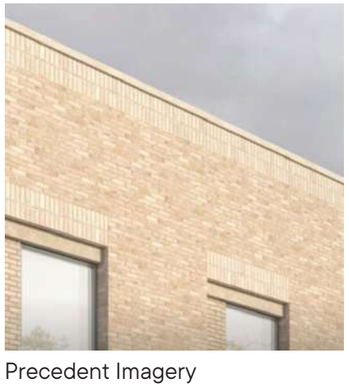


Georgian townhouses showcasing proportion and brickwork



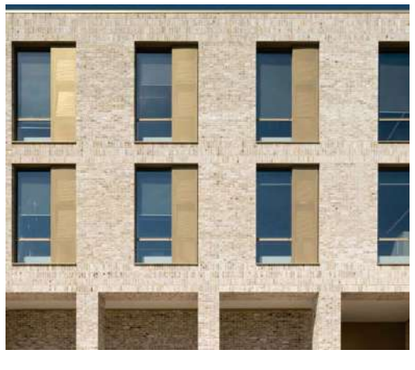
Rational and repeated window fenestration















Precedent Imagery

7.2 Elevational Concept

Pavilion 3

Inspired by the characteristics of a **mature hedgerow**.

A line of trees act as a natural barrier, marking edges and offering shelter, which can symbolize safety. They act as natural, aesthetic barriers that screen from traffic noise, dust, and prying eyes, enhancing privacy. They also symbolize a "corridor" or sanctuary for wildlife, allowing them to exist within developed land-scapes.

Architecturally, this could be achieved through abstracted pattern representing a tree scape. This could be done with repeated vertical geometry.

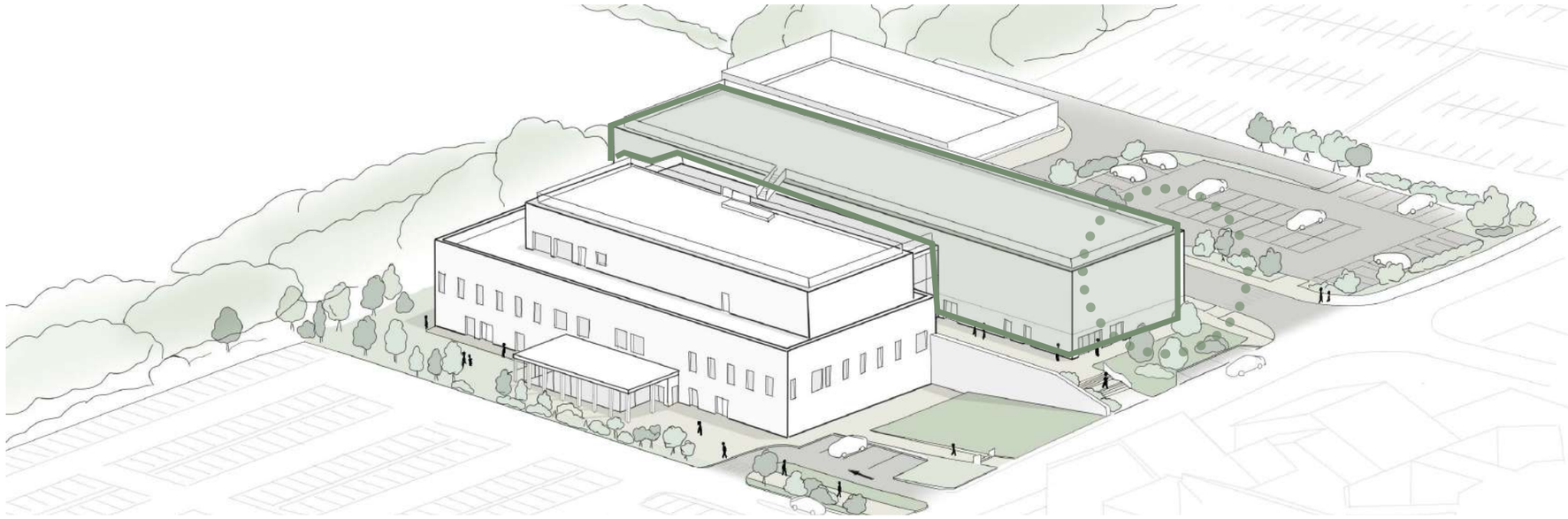
The design of the rear elevation is important for a number of reasons; it sits along to a **key thoroughfare** and acts as a **transition between 'hospital' and 'landscape'.** It is also viewed from the wider landscape and is a **defining 'edge'** of the hospital. The corner of this block is a **patient's first impression** of the DASH building so needs to act as a **wayfinding tool**.

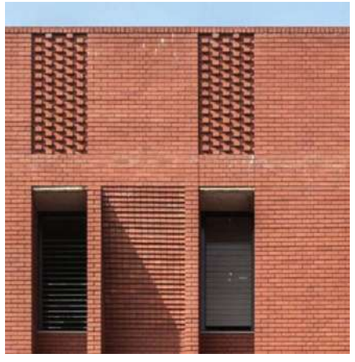


Repeated Verticality and organic lines creating a softened edge to the hospital from wider views



Abtracted pattern creating rythm and interest



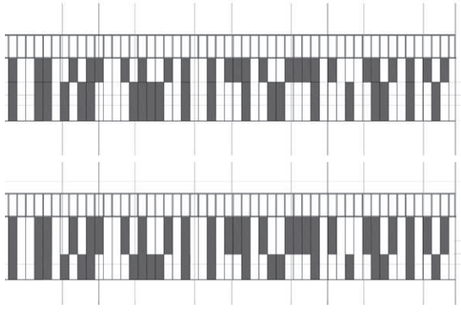












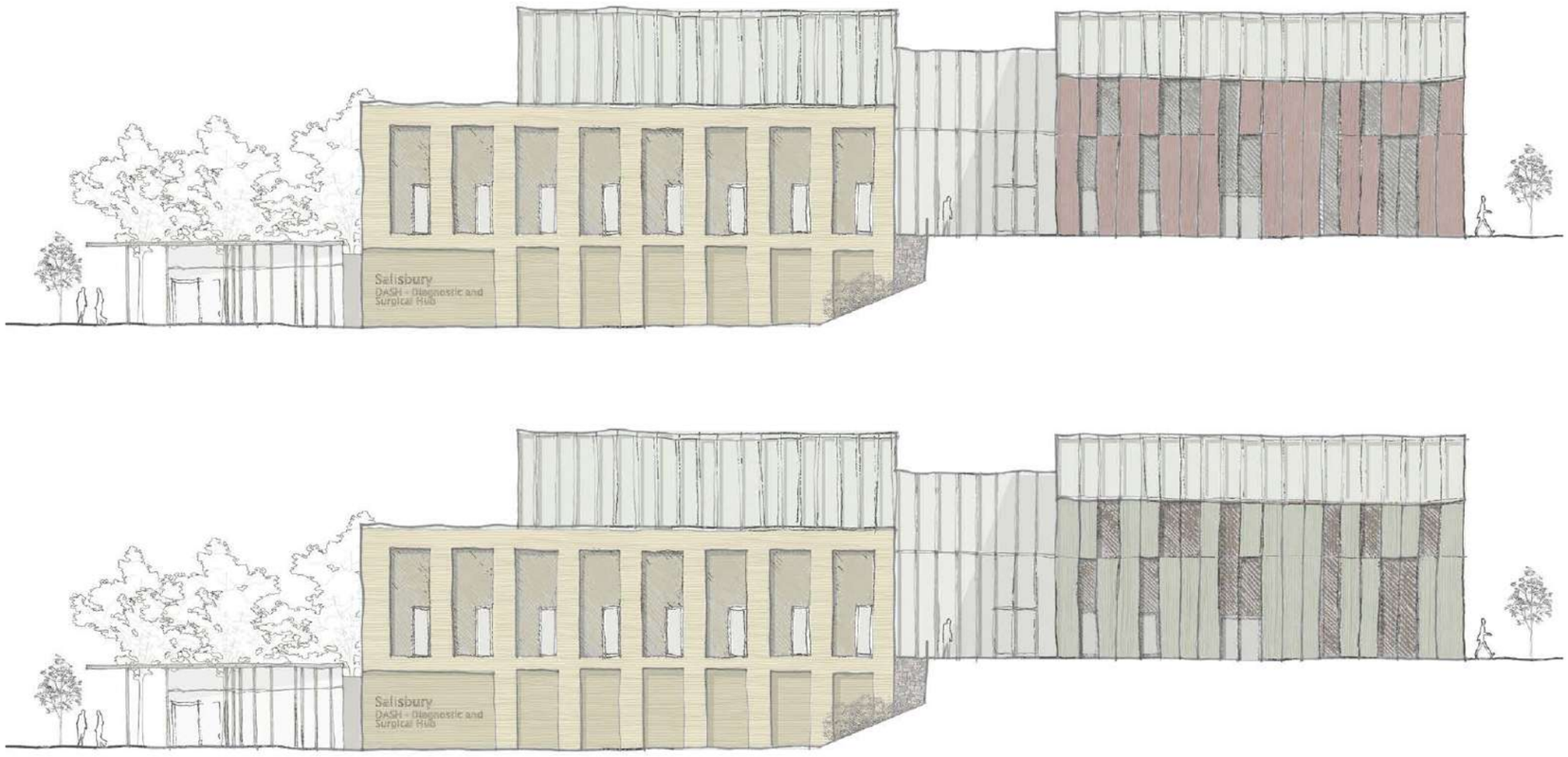
Precedent Imagery

7.2 Elevational Design Development

Design Development

Developing the concept into architectural language and testing material & detailing

7.2 Elevational Design Development



Grove of Trees — Georgian Facade — Glazed Link — Mature Hedgerow







7.2 Elevational Design Development





7.3 Proposed Elevations

Design Narrative
A New Layer
The DASH development presents an exciting opportunity to develop a new layer of the hospital that will be a catalyst for future development. It will set a new precedent and benchmark on which to build upon. Therefore, we have proposed a contemporary, muted and calming material palette that is harmonious with the natural landscape in which the hospital is set.

Three Pavilions
The building is large in it scale, but through the massing and the architectural language, we have broken this down which creates an approachable street scene and entrance, which is of human scale. There are three 'pavilions' which are unified, but each have their own character and identity. This reflects the patient pathway, as well as responding to the site's rural context.

Light Connections
Each pavilion has a lightweight connection between them so each reads separately. The lightweight curtain walling helps to break up the overall scale and massing through solid and void forms.

Verticality and Proportion
The building has long extents of facade, and in some instances have minimal window openings. One of the ways the three pavilions are unified is through the vertical language.

The vertical enclosure around the entrance creates a threshold upon entering the building and reflects the tree scape adjacent. It also helps patients feel protected once within the space.

The windows in the brick pavilion are extruded and lengthened to reinforce an elegant Georgian proportion.

The playful brick recesses along the theatres helps to create interest and rhythm from close proximity and from wide ranging views.



Elevation 1 - North View from Car Park 9
1 : 100



Elevation 2 - East View from Tree Belt
1 : 100



Elevation 3 - West View from Road
1 : 100



Elevation 4 - South
1 : 100

NTS

1. Plantroom Active Louvres: size and location indicative, colour TBC



2. Brickwork: colour and spec TBC
Recess pattern TBC



3. Curtain Walling: glazed and spandrel panels, mullion and framing pattern, colour and spec TBC



4. Cladding Panels: with vertical detailing colour, spec and panel widths TBC



5. Treated Timber: colour and spec TBC



6. Canopy



7. Building Signage

Salisbury Diagnostic and Surgical Hub

7.0 Appearance & Materiality

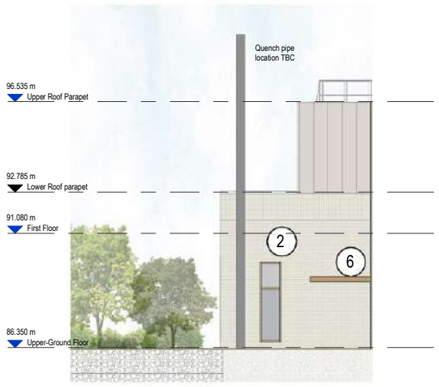
Sustainability & Low Carbon

The Net Zero Carbon Building Standard (NZBS) is a UK industry-led framework that defines what a building must achieve to be considered net zero carbon. The standard is applied to this building as one of the mandatory requirements of the NHS business case.

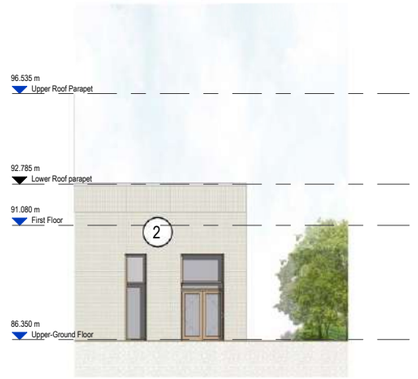
The NZBS emphasises the use of sustainable materials with low embodied carbon to further reduce the environmental impact of construction. It encourages designers to select materials with lower whole-life carbon while still meeting performance and durability requirements.

Maintenance & Durability

It is important the materials specified are robust and durable. The design team are considering the whole life cycle costs of the materials as well as upfront capital costs, therefore taking into account future maintenence and replacement.

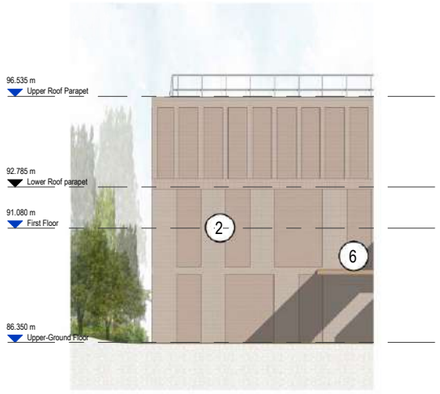


Elevation 5
1 : 100



Elevation 6
1 : 100





Elevation 7
1 : 100



Elevation 8
1 : 100

1. Plantroom Active Louvres: size and location indicative, colour TBC



2. Brickwork: colour and spec TBC
Recess pattern TBC



3. Curtain Walling: glazed and spandrel panels, mullion and framing pattern, colour and spec TBC



4. Cladding Panels: with vertical detailing colour, spec and panel widths TBC



5. Treated Timber: colour and spec TBC



6. Canopy

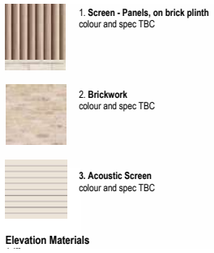


7. Building Signage

NTS

7.4 Proposed Elevations: Plant Compound

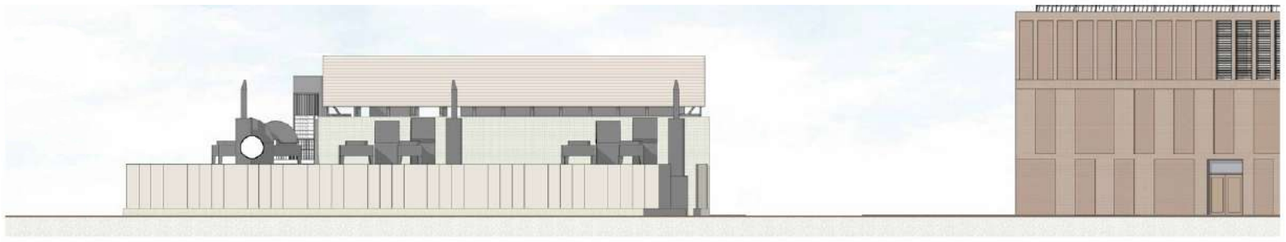
The plant compound echoes the materiality of the main building. It has been designed to be as simple and unobtrusive as possible. It's position on site assists in this. The perimeter screening ensures the plant equipment, necessary to support the building, is hidden from view.



Elevation Materials



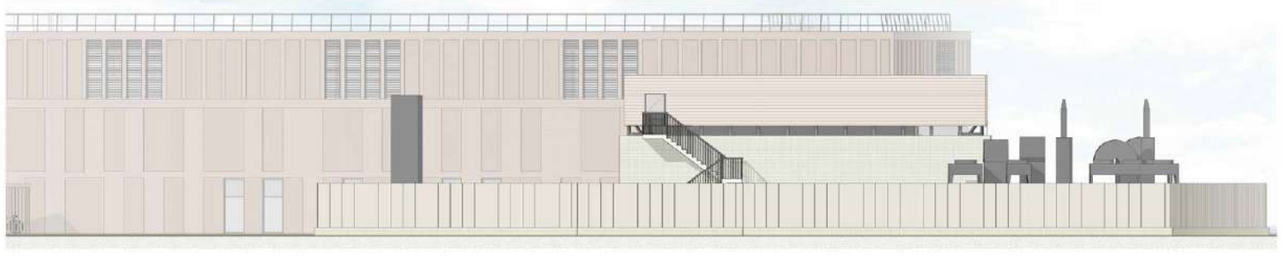
Elevation - North
1 : 100



Elevation - East View from Tree Belt
1 : 100



Elevation - West View from Road
1 : 100



Elevation - South View from Car Park 10
1 : 100

NTS

8.0 **Access**

Salisbury Diagnostic and Surgical Hub

P+HS architects

Salisbury Diagnostic and Surgical Hub

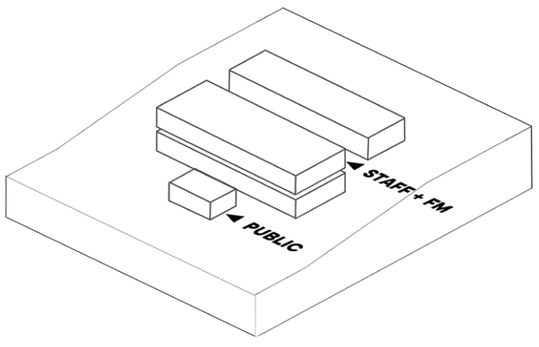
8.0 Access

8.1 External Access Strategy

There are 2 entry points to the building;

1. Public:
This is the main building entrance (Patients and Visitors)

2. Staff and FM:
This will be used for staff and separates the building flows. It will also be used to replenish stock, remove waste and will be a pick up point if a patient needs to be transferred to the main hospital (in an emergency situation or otherwise).



8.2 Internal Access Strategy

The design of the building is based on a fully inclusive environment that allows access to everyone regardless of disability.

The internal floor finishes to all areas of the building near the entrance will be slip resistant, whilst ensuring that the movement of wheelchairs is not impeded.

A bespoke wayfinding sign system will be developed to assist patients and visitors understand the process in the department and identify toilet/ washing facilities. Providing clear information to patients can help reduce aggression and make a safer environment for all.

8.3 Security

The access and security strategy ensures the building is always a secure and protected environment for both staff and patients.

Clear lines of sight have been created from the manned reception desk over the waiting areas.

The building will operate between the hours of 07:30 - 21:30

9.0 **Landscape Design**

Salisbury Diagnostic and Surgical Hub

P+HS architects

The following section covers the landscape design intent, proposed by *Colour* Landscape Architects.

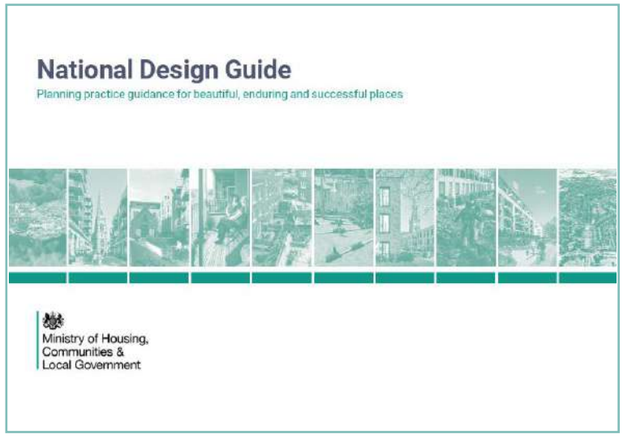
Landscape Approach
A considered landscape strategy for the DASH project is essential in mitigating potential landscape and visual impacts, while ensuring that the DASH project is consistent with the broader Health, Education and Technology (HEAT) strategy, aimed at transforming the wider hospital site into a sustainable 21st Century healthcare campus.

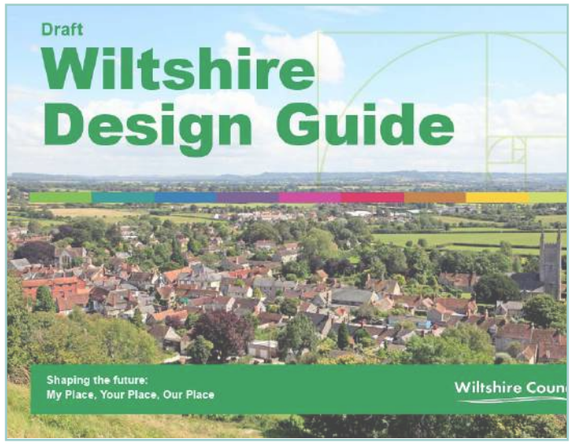
The landscape proposals therefore aim to provide a high-quality setting for the DASH building, helping to promote health and well-being while integrating the proposed building and external areas into the receiving site and wider landscape setting, in line with the HEAT strategy and consistent with local and national planning policies.



Design Guidance
In developing and refining the DASH proposals, we have drawn on published guidance to inform a holistic design solution that addresses the following key considerations:

- landscape character
- visual amenity
- sustainable drainage systems (SuDS)
- climate resilience
- biodiversity net gain
- integrated green-blue infrastructure
- active travel
- health and well-being
- secure by design issues
- low energy design
- carbon net zero

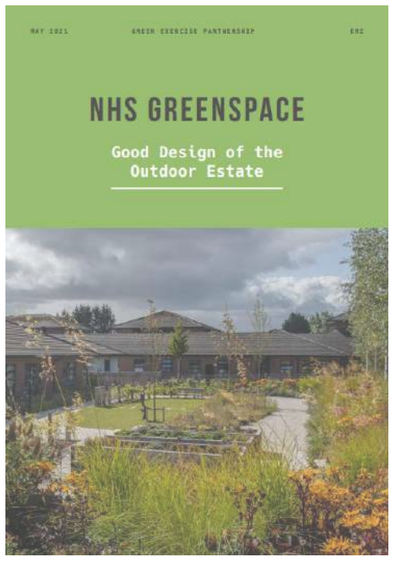




The landscape design therefore pays due regard to the following documents:

- National Design Guide (2019)
- Wiltshire Design Guide SPD (draft)
- Green & Blue Infrastructure Strategy for Wiltshire
- Wiltshire Council Local Plan: Looking to the Future Addressing Climate Change and Biodiversity Net Gain through the Local Plan - raising the ambition
- Landscape Strategy for Wiltshire (if published during the design phase of the project)
- NHS Greenspace - Good design of the outdoor estate (2021)





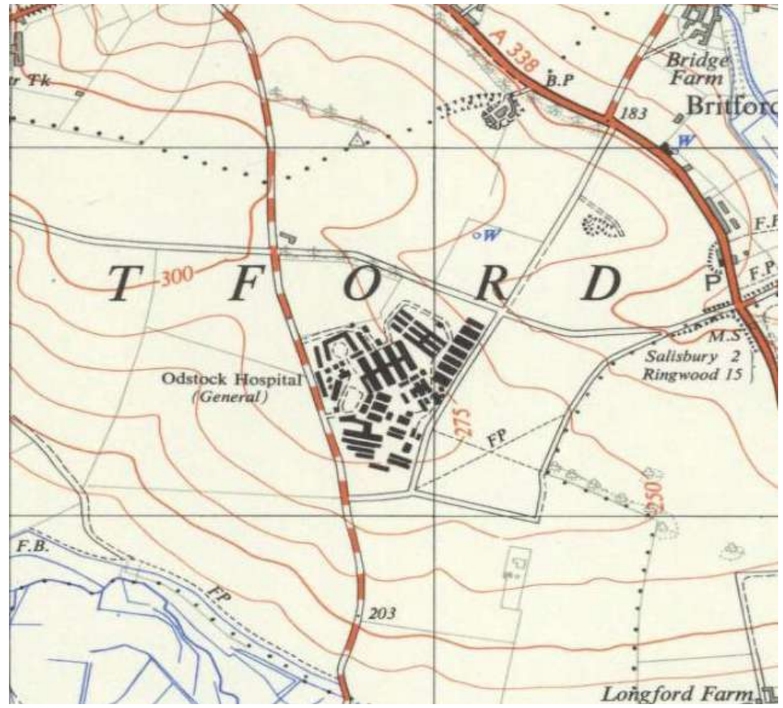
The site and landscape context
BRIEF HISTORY

Salisbury District Hospital, located within rural land on the southern edge of the city, has a long and evolving history, shaped initially by its wartime origins. The hospital's site at Odstock was developed during the Second World War, built by the United States Army in 1942 to serve military personnel stationed in the region. After the war, the facility transitioned into civilian use, gradually integrating into the UK's healthcare system and serving the needs of the local population.

Throughout the second half of the 20th century, the hospital site was expanded and modernised. Key specialist services were introduced which have since contributed to the hospital's reputation for clinical excellence. By the early 1990s, a major consolidation project brought together healthcare services from across Salisbury, including those previously based at Salisbury General Infirmary. A new hospital building was constructed to support this integration, and in 1993 the site was formally named Salisbury District Hospital, marking the beginning of its modern chapter.



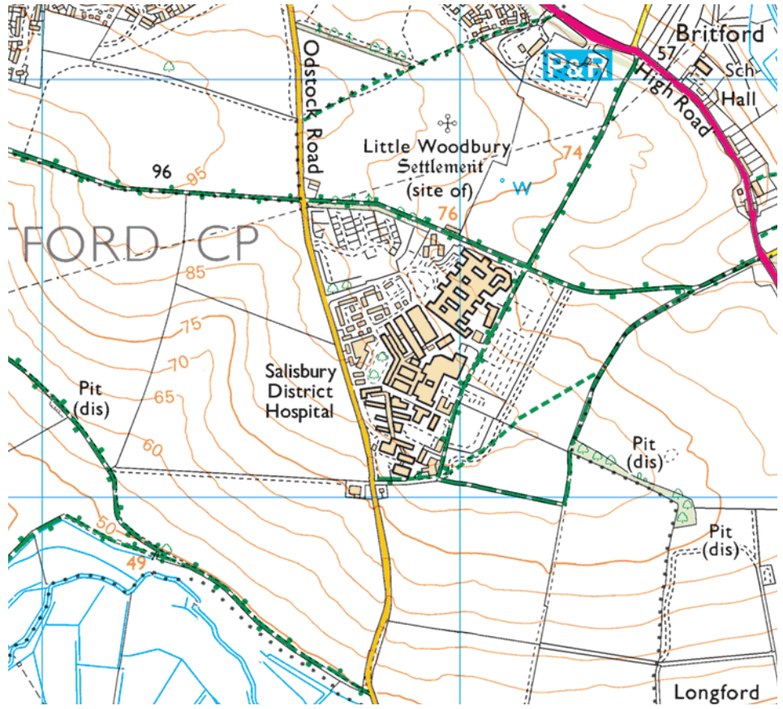
1900



1938



1973



2025

Landscape fabric and land use

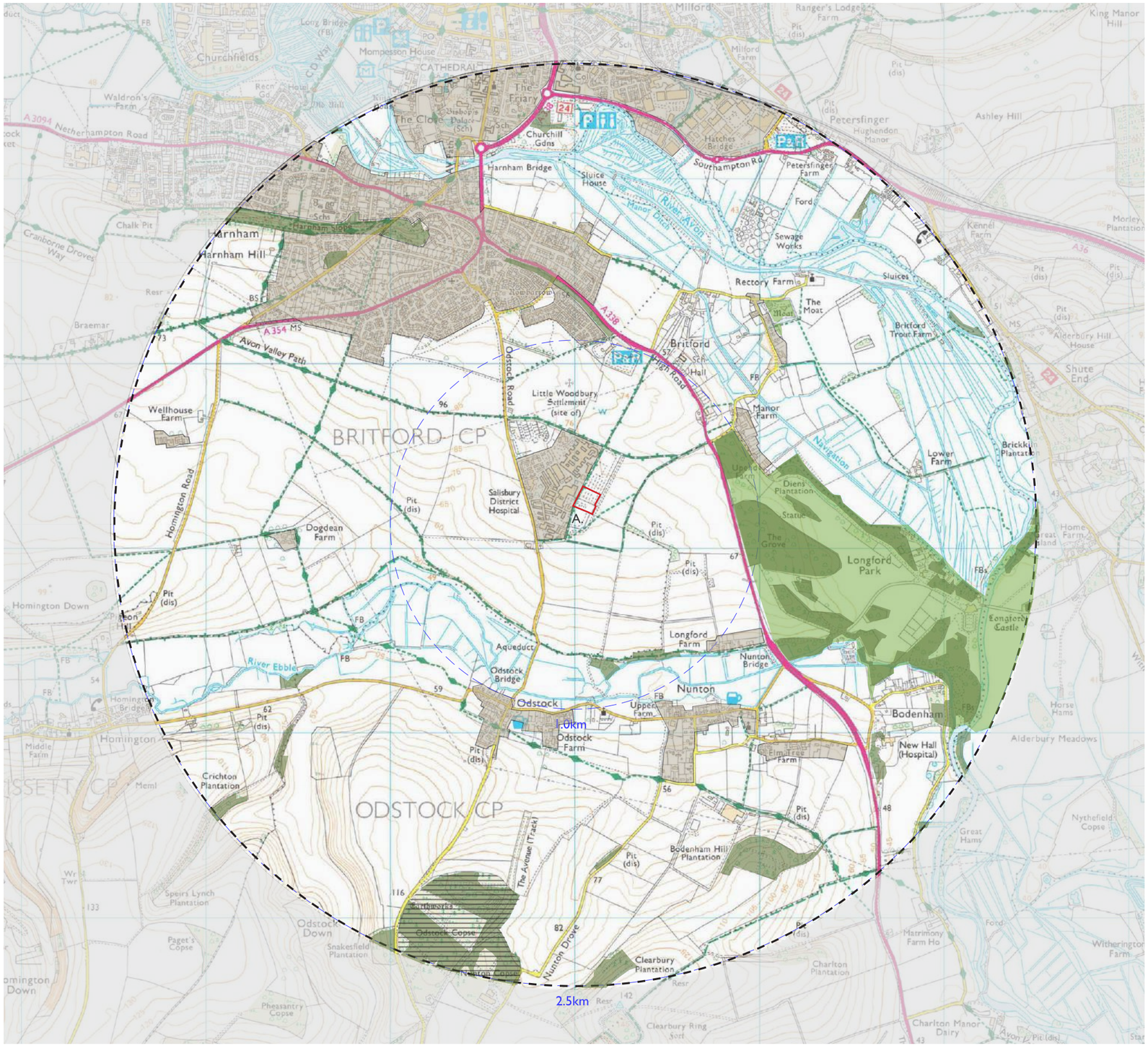
Though urban in character, the Salisbury District Hospital complex sits within a largely rural landscape. It lies on the southern side of the historic cathedral city of Salisbury and within one kilometre of the Hampshire Avon river.

The Development Site is located on the brow of a gently rising hill which falls steadily to the north and south and more gently to the east and west.

Settlement pattern within 3km radius of the Development Site comprises the suburban fringes of Salisbury to the north, and small nucleated villages in all other directions.

Field structure, which is predominantly defined by traditional native hedgerows, is largely medium-sized on high ground, with small enclosure on steeper slopes. On valley floors, wet meadows are riddled with channels that feed water from the Avon river.

The combined effects of geology, topography, agriculture and settlement give rise to a varied landscape subject to a range of uses, as illustrated on the map opposite.



Landscape Fabric & Landuse Map

Designations - Landscape, Nature, Heritage and Access
The Development Site lies within a landscape context that is both ancient and modern, shaped over millennia by natural forces and by humans. Within the resulting 'palimpsest' there are competing demands and pressures on natural and cultural capital, which has warranted the protection of such assets via statutory designations.

Within a radius of 3km from the centre of the Development Site, there are a number of important designations, relating to landscape, nature, heritage and access. These are illustrated on the map opposite.

Landscape
An Ancient Woodland is situated c.1km east of the Development Site, while there is a Registered Park and Garden c.2km to the south.

Nature
Within 3 km of the Development Site, there are a number of Site's of Special Scientific Interest (SSSI), many of which are influenced by the Hampshire Avon, including East Harnham Meadows SSSI to the north, Britford Water Meadows SSSI to the east, as well as Oldstock Down SSSI on dryer ground to the south-west

Heritage
There are numerous listed buildings within the valleys to the east and south of the Development Site, as well as within the historic core of Salisbury and, to a much lesser extent, its outlying suburbs. There is also an ancient monument of Woodbury Ancient Village, located c.150m the north-west of the Development Site.

Access
A Public Right of Way (PROW) footpath runs across and alongside fields immediately east of the Development Site, while a Restricted Byway runs alongside the Development Site's western boundary, within the hospital grounds.



Landscape Designations Map

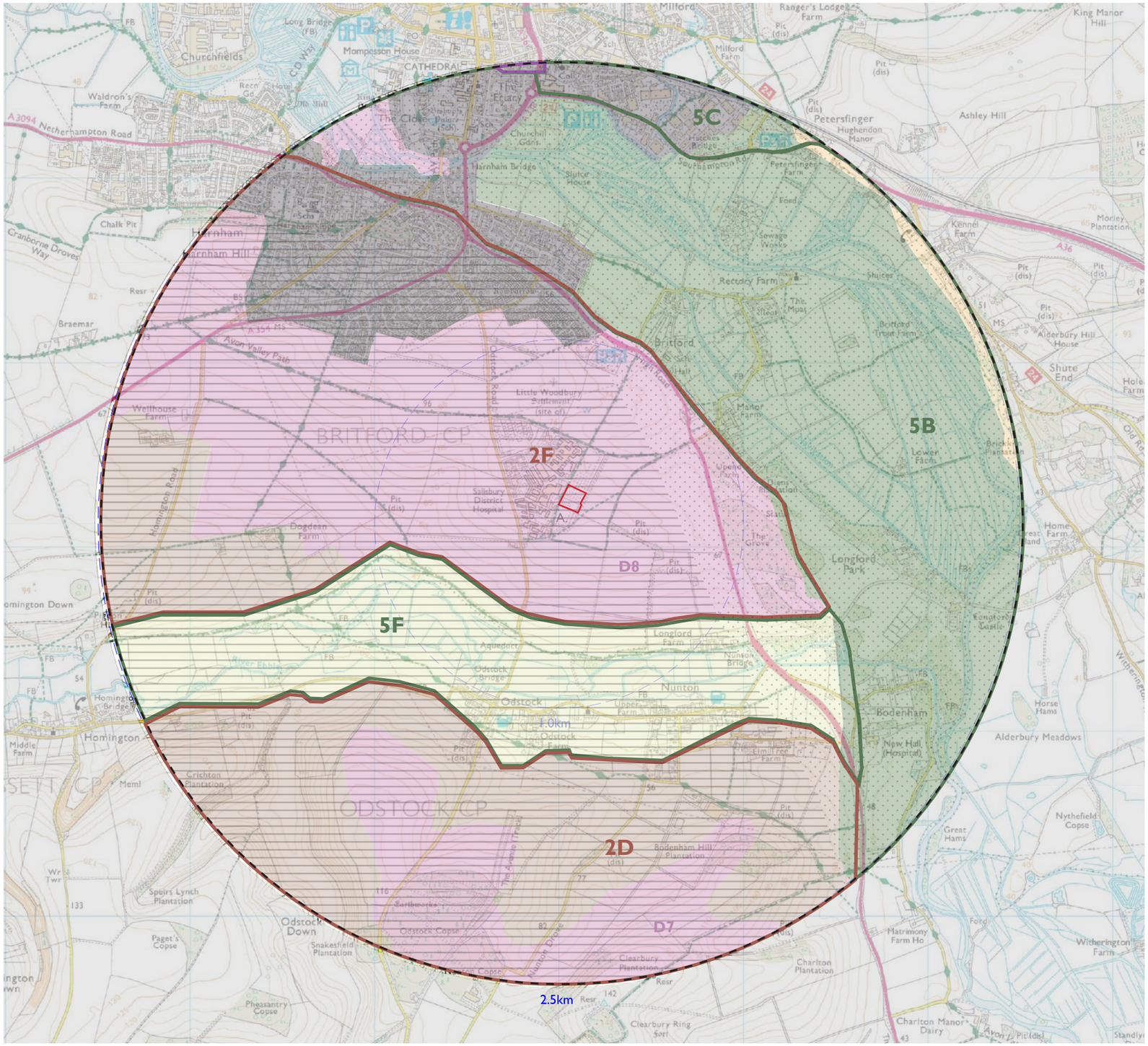
Landscape Character
The Development Site and wider hospital complex fall within the following established landscape character areas.

Natural England
- National Character Area (NCA)134: Dorset Downs and Cranborne Chase

Wiltshire Landscape Character Assessment
- County Landscape Character Type 2: Wooded Downland
- County Landscape Character Area 2F: Fovant Down Wooded Downland

District Landscape Character Type D: Chalkdownland
- District Landscape Character Area D8 Netherhampton Chalk Downland

The key characteristics of the above landscape character areas are outlined on the following pages.



Landscape Character Map

Landscape character - District Level
The Salisbury District Landscape Character Assessment (2008), published by Salisbury District Council describes the landscape of the district as follows:

D8: NETHERHAMPTON CHALK DOWNLAND

Location and Boundaries
Netherhampton Chalk Downland Landscape Character Area is situated to the south of Salisbury and is bordered by a number of different landscape types, including Chalk Downland, Chalk River Valley Floor and Slopes and Greensand Terrace.

Key Characteristics

- *Relatively small area of Chalk Downland sandwiched between the Ebble River Valley, Salisbury Urban Area and the Wylye River Valley;*
- *Gently sloping topography, consisting of a series of low ridges and slopes;*
- *Patches of woodland such as Warren Down and Hunt's Down create a localised sense of enclosure;*
- *Urban influence of the edges of Salisbury is strong, with strong intervisibility between the urban edge and surrounding landscape;*
- *Small linear settlement of Netherhampton and scattered farmsteads contribute to a dispersed and generally scattered settlement pattern;*
- *Sense of tranquillity is strong towards the southern edges of the area, becoming more greatly disturbed to the north, approaching the urban edges of Salisbury and Wilton;*
- *Corridor of the River Nadder is a recognisable landscape feature to the north of the area;*
- *The golf course at Wilton Park also imparts a human influence over the character of this landscape.*

Summary of Visual Character

Situated to the south-west of Salisbury, this Landscape Character Area is strongly influenced along its northern boundary by the settlement edges of Salisbury and Wilton, which impart a human influence over the landscape and introduce a source of noise and visual intrusion. From the north-eastern corner of the area, open views across Lower Avon river valley contribute to recognisable sense of place. Sense of enclosure varies throughout the landscape, dependent on proximity to patches of woodland. Overall sense of tranquillity is also varied depending on proximity to the urban edge and A354 road corridor.

Field Patterns and Boundaries

There are remains in the landscape of almost continuous settlement from the Iron Age (and possibly earlier) to the present, although the existing settlement pattern dates mainly from the post medieval period;
With the exception of where boundaries have been removed for recreational purposes, i.e. Salisbury and West Wilts Golf Course, fields are generally dictated by the needs of Wilton.
Biodiversity
This area is characterised by intensive and widespread arable cultivation; however, it also supports a number of sites of nature conservation importance particularly woodland. On the downland these are frequently interconnected creating a wooded framework enclosing the mosaic of arable farmland.

Remnants of floristically rich chalk grassland are an important habitat component within the landscape type, in particular, on the scarp slopes and the steep valley sides. This can be observed at Burcombe Down SSSI.

Parts of the River Avon System SSSI, of national and international significance for rare/vulnerable species – populations of Atlantic salmon, bullhead and brook and sea lamprey – and for its habitat value for flowing water vegetation and Desmoulin's whorl snail, lie within the area. West Harnham Chalk Pit, a site of great stratigraphic importance in the
Campanian of Wiltshire, is also located in the area.

EVALUATION

Current condition the blocks of mature woodland within this Landscape Character Area are generally in good condition, however field boundaries of hedgerows are gappy and declining in places, partly due to and intensification of agricultural practices.

Landscape Character Sensitivity

Sensitive landscape elements within this Landscape Character Area include, patches of woodland, remnant pockets of calcareous grassland and the small-scale, dispersed settlement pattern. This area has a mixed strength of character, resulting from the varying combination of elements, some of which impart a human influence over the character of the area. Overall landscape character sensitivity is considered to be moderate.

Visual Sensitivity

Overall visual sensitivity within this Landscape Character Area is considered to be moderate as a result of the variable sense of enclosure, strong intervisiblity with Salisbury urban area and partly with the Lower Avon River Valley corridor.

Key Landscape Changes

Decline of hedgerows and estate boundaries is evident in the landscape.
Some ancient woodland sites have been affected by widespread replanting in the past, their ecological value has diminished;
Loss of traditional management techniques has led to decline in coppice woodland and wood pasture over many years;
There has been some encroachment of arable cultivation onto chalk grassland and open downland in the past - this is particularly noticeable on the visible chalk bluffs and hillsides;
Expansion of the urban edges of Salisbury and Wilton and associated noise and visual intrusion.

Management Strategy and Objectives

The overall management objective should be to conserve the existing patches of mature woodland and sense of openness where this is apparent. There is also a need to enhance and restore hedgerows where gappy. Specific management objectives are to:
Restore hedgerows where gappy and fragmented and repair or replacement of estate boundaries where in decline;
Encourage planting of native species to restore deciduous character and ecological diversity of replanted woodlands. Beech may also be an appropriate species in this area, particularly planted as hedgerows and clumps;
Encourage traditional management techniques and marketing of local wood products to restore the character of coppice woodland and wood pasture;
Consider opportunities for reversion from arable to chalk grassland on hills and bluffs where highly visible;
Enhance urban edges of Salisbury and Wilton, where harsh, with using locally appropriate species.

Salisbury Diagnostic and Surgical Hub

9.0 Landscape Design

Constraints and opportunities

The Development Site occupies a high point in the landscape, with topography ranging from c81.50m AOD to the northeast to c87.00m AOD to the southwest.

Part of the site is very flat and surfaced with in-situ cast concrete, having served as the hospital helipad until recently. Surrounding the former helipad and its access road is soft ground, largely composed of grassland with peripheral areas of low lying scrub and ruderal vegetation. The redline boundary extends a little further south into the northern reaches of car park 10, and also northwards into the lower lying ground of car parks 8&9.

A belt of mature trees lines much of the site's eastern edge but does not extend along the eastern side of the former helipad. This gap allows some intervisibility between the site and the wider landscape to the east and southeast. The gap also presents an opportunity to forge a road link between the hospital grounds and the privately owned land to the east which has been earmarked for future expansion as part of the HEAT strategy.

There are also views toward Britford village to the northeast and parts of Salisbury's suburban fringes to the north.

The site's western edge is bordered by the hospital access road, which runs north–south and connects with internal roads and, ultimately, to the public highway at Oddstock Road.

There is potential to locate the DASH building and main entrance such that it benefits from road and footpath links along the site's western edge. These routes should be designed with legibility and inclusive access in mind.

Opportunities exist to visually connect the proposals with the existing rural landscape to the east and southeast, though this must be balanced with managing reverse views towards the building. Tree planting to the south could help to visually mitigate proposed built form.

The project offers scope to enhance green infrastructure to the benefit both wildlife and people, and to integrate this with blue infrastructure proposals that seek to manage runoff from buildings and hard-paved surfaces. As well as bringing improvements to the physical environment, an integrated green-blue infrastructure proposal that complements the function and character of the proposed DASH building, broader hospital campus and wider landscape context beyond, could also improve the social environment, thereby supporting the health and well-being of patients, staff, and visitors.



Constraints & Opportunities Diagram

Aims and objectives
A HOLISTIC APPROACH

The landscape proposals seek to complement the function and character of the proposed DASH building, help it to integrate into both the hospital grounds and the wider landscape.

The design incorporates green, blue, and social infrastructure to create a holistic, multifunctional external environment that benefits people (patients, staff, visitors) and nature alike.



HEALTHY HOSPITAL ESTATE
/ SOCIAL VALUE



BIODIVERSE HOSPITAL ESTATE
/ WILDLIFE VALUE



SPONGE HOSPITAL ESTATE
/ SuDS VALUE

Salisbury Diagnostic and Surgical Hub

9.0 Landscape Design

A responsive landscape design

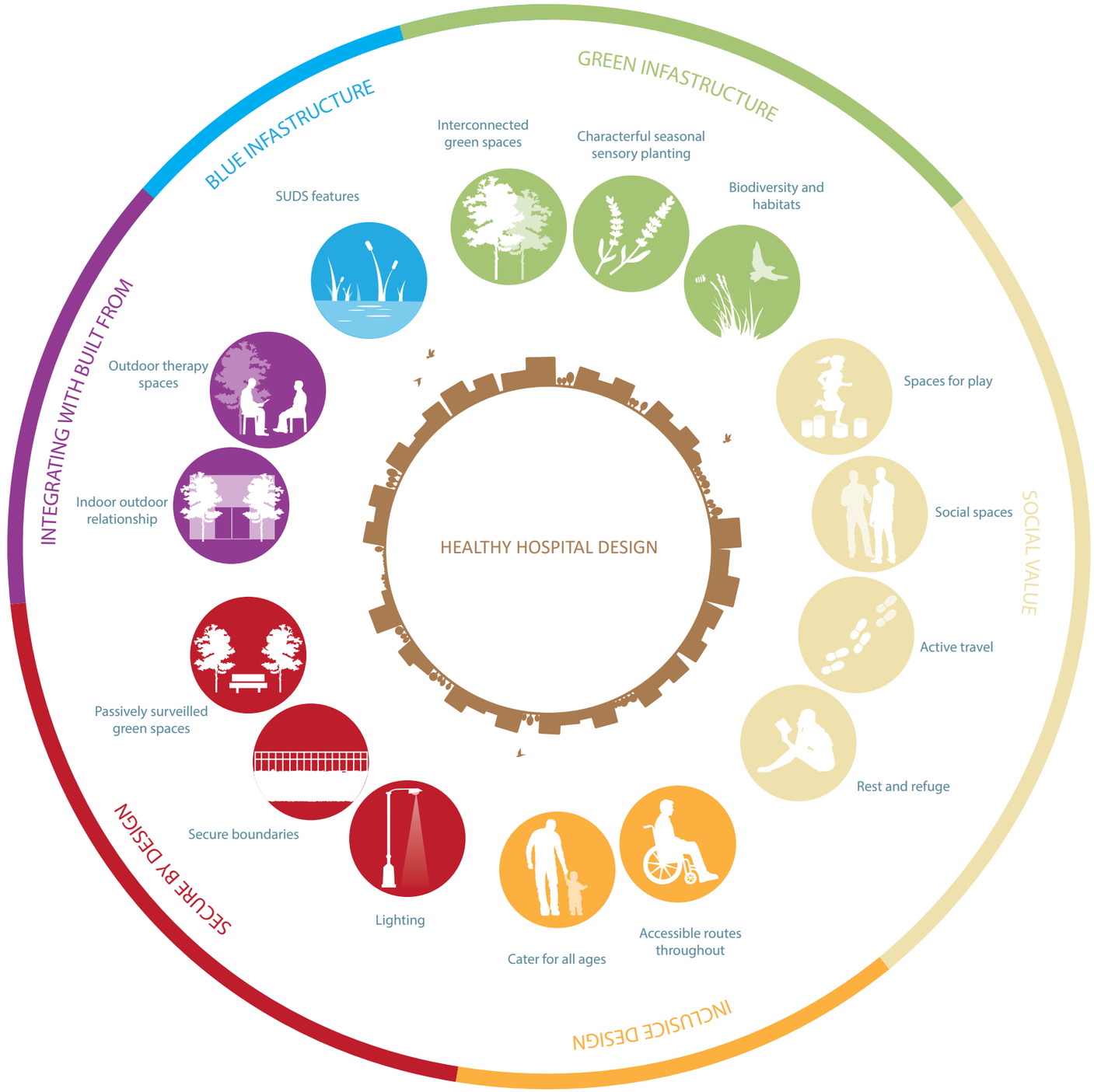
The landscape proposals seek to complement the function and character of the proposed building, supporting and strengthening its primary role as a diagnostic and surgical hub, and ensuring that it meets the day-to-day needs of patients, staff and visitors, while also promoting health and well-being.

The landscape design also meets planning requirements, which, in general terms, stipulate that the scheme must positively respond to its landscape context while also promoting positive outcomes for people and nature.

External spaces are therefore designed in a manner that balances and optimises requirements for:

- inclusive access
- legible wayfinding
- active travel
- parking
- services and emergency vehicle access
- habitat creation, ensuring a BNG uplift
- sustainable drainage systems (SuDS)
- visual amenity, including views to and from the site
- climate resilience, through site layout and choice of materials
- landscape character, within and beyond the hospital campus
- characterful landscape materials, helping to reinforce a sense of place
- high quality design that responds appropriately to function and location

The diagram opposite illustrates the underlying principles that drive the landscape design, contributing to the creation of a holistic site layout and design that balances the above factors and, ultimately, optimises the landscape solution.



Salisbury Diagnostic and Surgical Hub

9.0 Landscape Design

A responsive landscape design



PEDESTRIAN PRIORITY

Clear, calm, legible, inclusive routes for pedestrians and vehicles



USABLE SPACES FOR VISITORS, PATIENTS AND STAFF

A variety of attractive external spaces for patients, staff & visitors to use throughout the day

PLAY FEATURES

Create appropriate opportunities for play and natural play

INCLUSIVE ACCESS

Inclusive routes towards the building and throughout the site

SHAPE VIEWS

Shape views towards greenspaces and surrounding countryside whilst limiting views back into the site



GREEN NETWORKS

Creating green networks within the site that connect into the existing Hospital and surrounding green infrastructure



SPONGE LANDSCAPE

A variety of SuDS and other green blue infrastructure

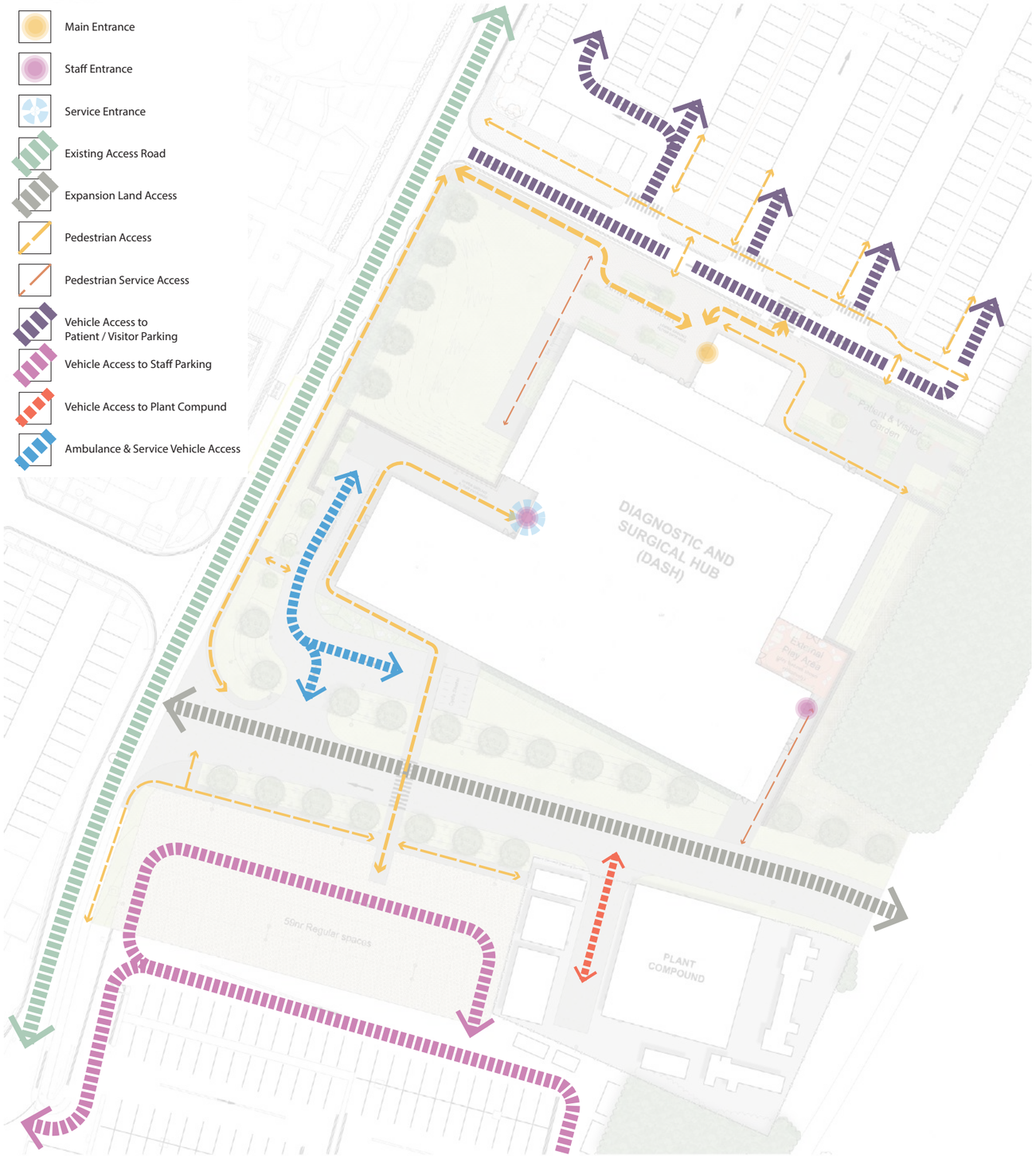
SOFTEN BUILT FORM

Visual mitigation of built form and hard materials

Salisbury Diagnostic and Surgical Hub

9.0 Landscape Design

A responsive landscape design - movement



MOVEMENT

The landscape design is first and foremost a rational response to anticipated movement patterns generated by the building and its relationship with the wider hospital complex and neighbouring land. The nature and extent of these patterns helps to define the zoning of external spaces within the Development Site, and subsequently informs their overall function and character.

An existing access road serving the wider hospital estate runs alongside the site's western boundary. This road provides a logical point from which vehicles and pedestrians can enter the DASH site. As a result, main entrances to the building are located on its western elevation which connect to the existing access road via carefully designed routes.

It is anticipated that most patients and visitors will arrive at the DASH site via car. Parking for these users is provided in car parks 8&9 located to the north. This will generate subsequent movement on foot or by wheelchair to/from the Pavilion Entrance of the DASH building.

Staff parking is located on the southern side of the DASH building, as a physical extension of existing car park 10. Pedestrian routes are provided between this and the staff entrance to the building.

A separate access road is required along the southern side of the DASH building, to provide access to the proposed Plant Compound located in the south eastern corner of the site, as well as access to the Growth Land to the east.

Regular service vehicle access and occasional ambulance access and parking is provided close to the service entrance on the southern portion of the DASH building's western elevation.

In accordance with the wider HEAT strategy, an Active Travel Route is proposed to connect the hospital site with the Growth Land to the east. While the route does not form part of the DASH project, the proposals safeguard a 3.5m wide corridor along the site's western boundary and along the northern side of the proposed access road to the Growth Land, to facilitate its future delivery.

For detailed information regarding the transport and parking strategy, refer to the Transport consultant's report.



Proposed landscape - zoning
ZONING

External areas have been rationalised into a number of zones serving certain functions, which are largely determined by each zone's position relative to the proposed building and the surrounding context.

A patient/visitor **Arrivals Forecourt** is positioned at the north end of the DASH site, acknowledging that people will arrive by vehicle (car or bus) or via active means from the existing access road immediately west of the site, or from car parks 8&9 to the north.

The people-focussed function and character of the Arrivals Forecourt and Pavilion Entrance is further complemented by a **Patient & Visitor Garden** to the east, which serves to provide a quieter outdoor space away from busier external areas.

Ambulance and service vehicles access to the upper ground floor is also provided on the western elevation but at a more southerly location, where the ground level is c4m higher than the northern reaches of the DASH site. Access to the ambulance and service vehicle parking areas is provided via the east–west access road located to the south of the building. This 'back-of-house' area also serves as the principal staff entrance, with staff car parking and cycle storage conveniently located immediately to the south of the building.

The large external **Plant Compound** is located in the south eastern corner of the DASH site alongside the proposed access road in order to facilitate its access requirements, and also to mitigate its visual and acoustic impact.

An external **Children's Play Area** is provided adjacent to the paediatric pods in the south eastern portion of the DASH building. This discrete location, situated within a building alcove and in close proximity to the existing woodland immediately east of the DASH site, provides a relatively calm setting for children.

Buffer planting around the site, particularly within its southern portions, serves to mitigate the visual impact of the proposed DASH building, particularly from longer range viewpoints in the wider landscape. This planting also serves to enhance the site's character and contributes positively to issues such as well-being, biodiversity net gain and climate resilience.



Proposed landscape - blue infrastructure
BLUE INFRASTRUCTURE

The ground investigation boreholes indicate that the DASH site is underlain by approximately 0.5m of made ground over the Structureless Chalk Formation. Boreholes extending to a depth of 15m did not encounter groundwater, and there are no public surface water sewers within the vicinity of the development site.

These ground conditions significantly influence the site's drainage strategy and the range of sustainable drainage systems (SuDS) that can be incorporated. With the exception of permeable paving, all infiltration-based SuDS features must be located at least 10m from buildings and structural retaining walls. Furthermore, in the absence of a suitable surface water sewer connection, surface water must be managed through infiltration rather than attenuation. Further detail is provided within Mott MacDonald's Flood Risk and Drainage Study.

Working closely with the drainage engineers, an integrated drainage strategy has been developed to create a 'sponge landscape', whereby rainfall is absorbed, stored and infiltrated as close as possible to where it falls.

This approach combines conventional landscape design with sustainable drainage systems to:

- slow the movement of surface water through a 'treatment train'
- improve surface water quality
- naturally irrigate planting areas
- create an interconnected network of SuDS features

These objectives are achieved through the following measures (illustrated opposite):

- maximising planted areas to increase rainfall interception and infiltration
- incorporating permeable paving, including block paving and porous asphalt wherever practicable
- directing runoff from impermeable paving into adjacent soft landscape areas and shallow bioretention features
- using underground soakaway tanks to receive roof runoff from the DASH building for infiltration into the underlying chalk



Proposed landscape - green infrastructure
GREEN INFRASTRUCTURE

The landscape design seeks to create a multifaceted green infrastructure network that provides:

- An attractive, characterful setting for the DASH building
- A biophilic environment that promotes health and well-being
- Habitat for wildlife, including the establishment of corridors/stepping stones for invertebrates, birds and mammals
- Planted areas that help ameliorate adverse environmental impacts such as the urban heat island effect and air pollution.
- Visual mitigation of proposed built form, through screening / visual softening
- Biodiversity net gain (BNG)

The landscape design therefore includes a network of vegetation that spans external areas of the DASH site, and creates connections to existing off-site green infrastructure assets. The is achieved by:

- Conserving the existing woodland belt, east of the DASH site
- Minimising the loss of existing vegetation within the site
- Providing the replacement trees, scrub and grassland vegetation in suitable locations
- Proposing native tree and hedgerow scrub species and biodiverse grass mixes
- Creating a characterful palette of ornamental shrubs that are suited to the aspect/microclimate in which they are placed

The table below sets out loss and replacement of site vegetation (as per the Landscape consultant's proposals, encapsulated in the Planting & Contour Plan):

Vegetation type	Quantity removed	Quantity replaced
Trees	3nr cat M, 4nr cat C	total 88nr
Native hedgerow	0	40.8 lin m
Ornamental hedge	23.5 lin m	73.8 lin m
Ornamental shrubs	89 sq m	168.1 sq m
Scrub	542 sq m	232 sq m
Grassland	7543sq m	1879.5 sq m

This is covered in more depth in the ecological consultant's Biodiversity Net Gain Strategy which notes that 10% BNG cannot be achieved within the Development Site. Locations within Salisbury Hospital campus have therefore been sought to achieve the necessary enhancements 'offsite' with the remaining units purchased from an offsite provider.



Movement space
Dwell space
Play area
Seating

Proposed landscape - social infrastructure
SOCIAL INFRASTRUCTURE

The landscape proposals seek to create an external environment that meets the various and varied needs of patients, visitors and staff. This is achieved by ensuring the landscape design:

- complements the function and character of the DASH building
- provides an inclusive environment for all, regardless of ability
- resolves potential conflicts between pedestrians and vehicles
- responds to and helps shape movement patterns
- provides an attractive, safe and calming environment in which people feel cared for

To these ends, a series of complementary spaces have been created:

Movement spaces
Paving surfaces, planting and seating are configured to enable people to access building entrances safely and intuitively, with incidental seating to provide rest points. As well as responding to and further shaping movement patterns, these spaces are designed to provide an uplifting, experience conveyed through a considered choice of hard and soft landscape materials. These employ colour, texture and rhythm to create a character that fully complements that of the DASH building.

Dwell spaces
These provide quieter break-out spaces away from the fray whether alone or with company, where seating is set amongst more enclosed areas of planting. Within the DASH site the Patient & Visitor Garden provides an attractive, fully accessible planted space with seating, set between the Pavilion Entrance and the existing woodland belt.

Play spaces
A specifically child-focussed play space is created next to the children's ward on the eastern side of the building. This space benefits from close range views towards the existing woodland belt on the eastern side of the site, and will include complementary naturalistic elements such as logs, boulders and timber play features set on a suitable wet-pour rubber safety surface.

All routes and spaces, whether focussed on movement, dwell or play are designed to facilitate intervisibility and passive surveillance between themselves, the DASH building and wider hospital site.



Landscape General Arrangement Plan

The overarching aim of the landscape design is to create a multifunctional environment that not only complements the function and character of the proposed DASH building but also addresses socio-environmental concerns set out in Wiltshire planning policy. This includes the provision of green and blue infrastructure which, in turn, forms the setting for the people-oriented elements of the design, referred to here as 'social and landscape infrastructure'.

This holistic approach to landscape design is embodied in the Landscape General Arrangement Plan, illustrated opposite and described in more detail on the following pages.

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 Damp tolerant grass mix to swales
- **Ornamental Planting** Biodiverse mix of ornemental 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 flint filled gabions
- **Plant Compound Enclosure** 2.4m high fence Slidig 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** Sheffield stands
- **Bollard**
- **External Lighting** To Engineer's details

Levels

- **Proposed Contours**



Landscape design - patient and visitor arrival
PATIENT & VISITOR ARRIVAL

Most DASH patients and visitors will arrive by car, parking in car parks 8&9 situated immediately north of the DASH site. To make parking and onwards routes to DASH as intuitive as possible, the entrance to car park 9 will be reconfigured so that vehicle ingress runs alongside the DASH building's main entrance, thereby aiding way-finding between setting down points and the Pavilion Entrance. Pedestrian movement from the car park will be via the shared surface of the car park access road, with pedestrian pavements and zebra crossings provided at its southern end, in order to facilitate safe, intuitive access between the car park and the patient/visitor Pavilion Entrance. Disabled parking is provided within 50 lin m of this entrance, by utilising existing blue badge parking in car park 8, and by providing additional spaces located in the SE corner of car park 9. The above changes to will be delivered outside the redline boundary via a separate Planning Application.

The Arrivals Forecourt provides a pedestrian only surface that connects the main Pavilion Entrance to car parks 8&9 to the north and to the existing access road (including proposed bus stop) plus wider hospital campus to the west. This largely hard-paved surface is punctuated with plant beds, seating and lighting, designed to create an attractive setting and highly legible approach to the building's patient/visitor entrance, from both the north and the west. 10nr cycle spaces are provided just off the Arrivals Forecourt, on a hard-paved area that also provides maintenance access to the MRI scanner, via a removable panel in the external wall.

To complement the 'movement space' of the Arrivals Forecourt, smaller, more intimate 'dwell spaces' have been created in the Patient & Visitor Garden, located in a relatively quiet location between the Pavilion Entrance and existing woodland east of the site.

Both the Arrivals Forecourt and Patient & Visitor Garden help to establish an attractive, welcoming green setting for the Pavilion Entrance.



Landscape design - ambulance, servicing and staff arrival
AMBULANCE, SERVICING AND STAFF ARRIVAL

Ambulance and service vehicle access is provided at the south western corner of the DASH building, with parking for these vehicles located opposite the service doors on the building's western elevation. Physical protection between the two is provided by a 0.9m high pedestrian balustrade. A turning head for ambulances and service vehicles is created on the southern side of the DASH building to ensure that vehicles can exit this area, onto the proposed access road, in forward gear.

Access to the DASH building's Plant Compound is provided via a proposed 7.3m wide access road. This road also enables future access to the HEAT Growth Land to the east.

The site layout ensures that sufficient staff parking is provided by effectively extending car park 10 into the DASH site, thereby creating an additional 59nr regular car parking spaces (refer to the Transport consultant's report for details relating to net replacement parking). The extended car park is accessed solely from car park 10, save for a proposed pedestrian link that connects to the main staff entrance of the DASH building, located at upper ground floor level on its western elevation.

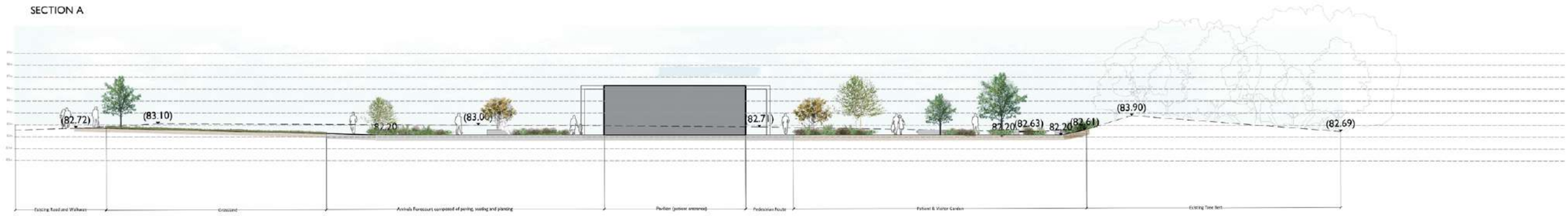
A covered cycle store, capable of housing 20nr staff cycles is located between the proposed access road and the southern elevation of the DASH building. The cycle store will be easily accessed by cyclists using the Active Travel Route, once implemented in a future phase of the HEAT project.

Salisbury Diagnostic and Surgical Hub

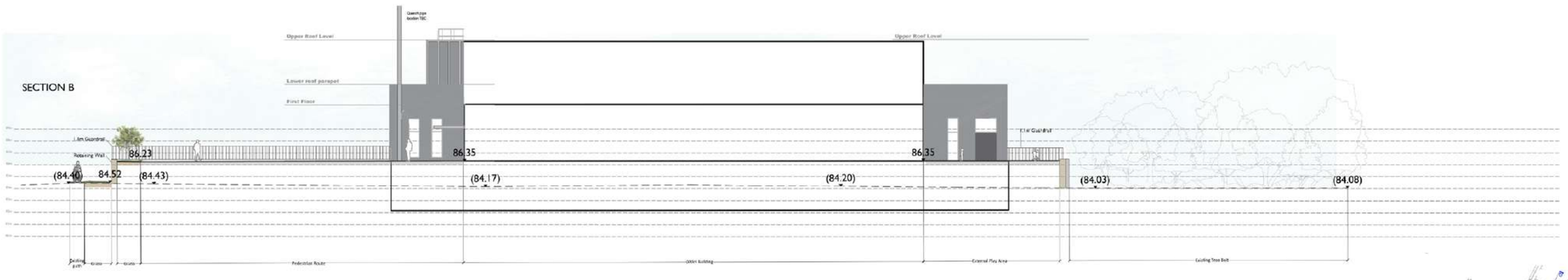
9.0 Landscape Design

Landscape proposals - Sections A-D

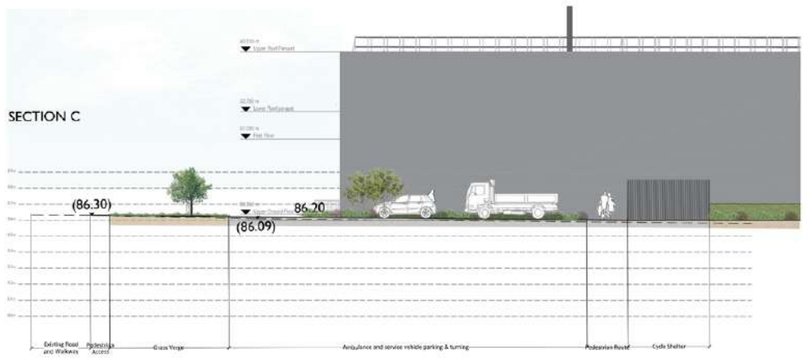
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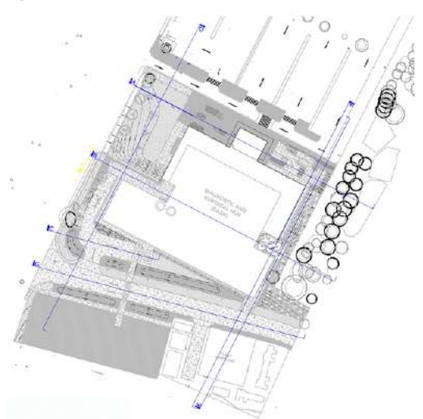


SECTION B



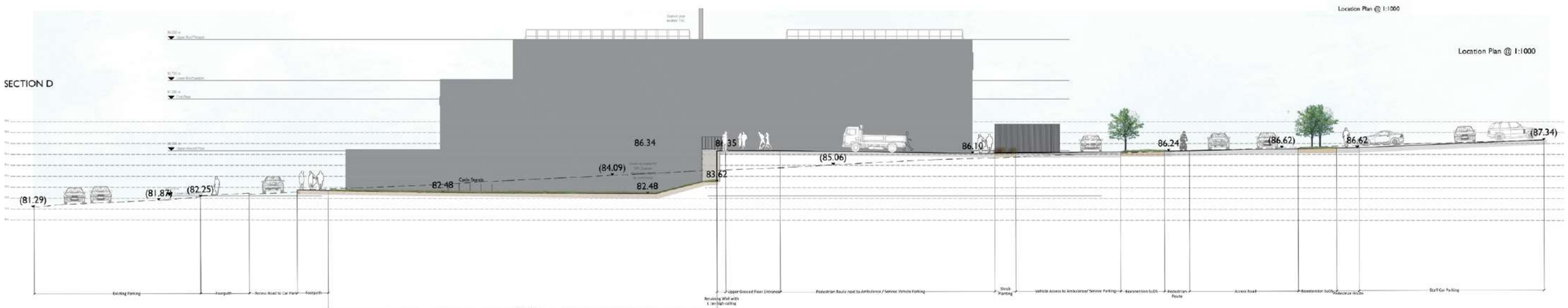
SECTION C





Location Plan @ 1:1000

SECTION D

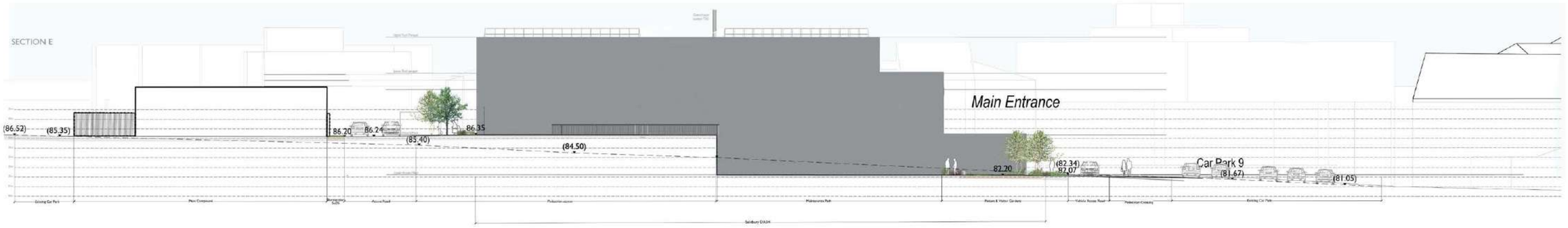


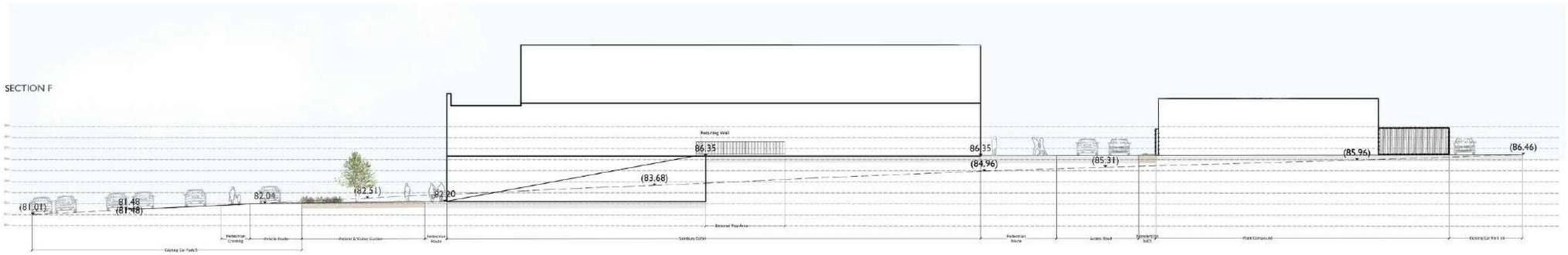
Location Plan @ 1:1000

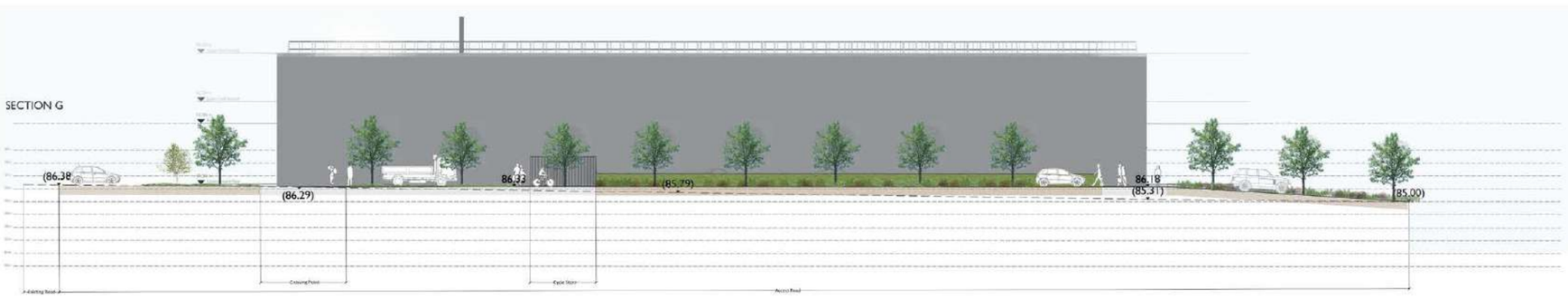
Salisbury Diagnostic and Surgical Hub

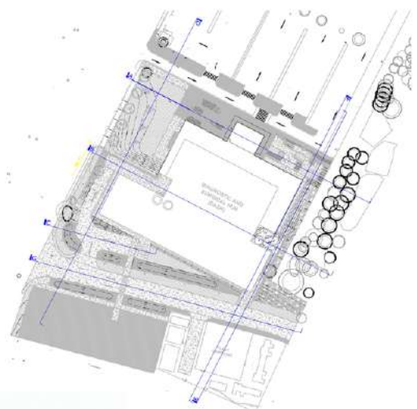
9.0 Landscape Design

Landscape proposals - Sections E-G









Location Plan @ 1:1000

Materiality - Hardworks palette

A complementary suite of hardscape materials is proposed for external areas. As well as enhancing the setting of the building through their aesthetic qualities, the various elements also ensure the landscape serves all necessary environmental and social functions.

Refer to the Landscape Architect's Hardworks & Levels Plan for the precise location and extent of the proposed hardscape materials.



Tobermore Hydropave
(slate & cedar colour)
permeable block paving
to Arrivals Forecourt



Streetlife Rough & Ready Benches with back and arm rests
to Patient & Visitor Garden



Timber play structures/equipment with wetpour EPDM rubber safety surface to
Children's Play Area



Lang+Fulton Rimini, 1.1m high
vertical bar railing



Broxap BXMW SSS0
stainless steel Sheffield stands



Broxap BX47
semi-domed
stainless steel bollard

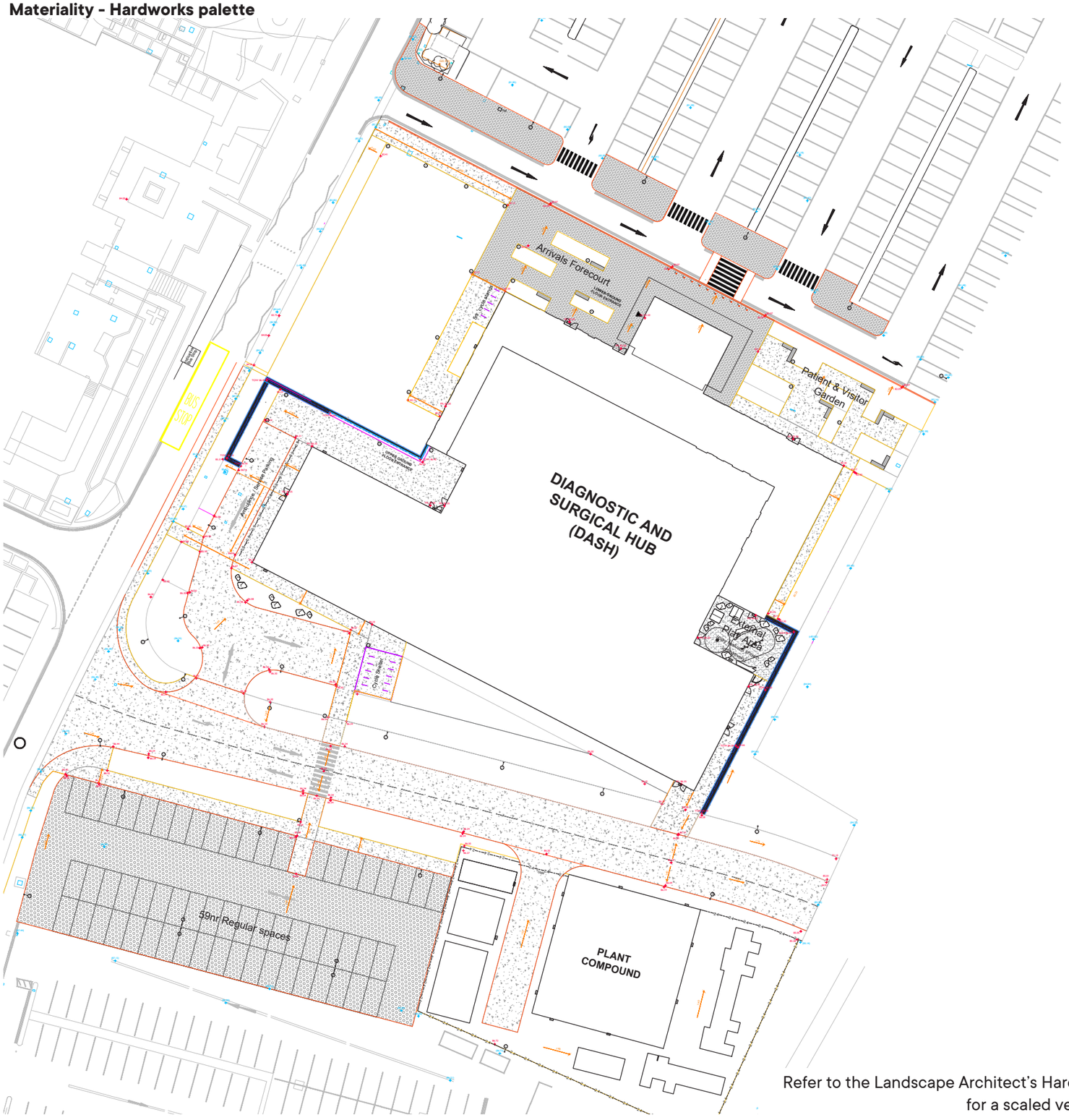


Bespoke cycle store by BSFG

Salisbury Diagnostic and Surgical Hub

9.0 Landscape Design

Materiality - Hardworks palette



KEY

Existing Features

Existing Service cover
To be adjusted to proposed levels

Proposed Features

Vehicular Paving
Non-porous macadam

Pedestrain Paving
Porous macadam

Car Park Paving
BodPav60 filled with 10-16mm limestone chippings

Arrival Forecourt
Tobermore Hydropave in slate and cedar, or equivalent approv
stagger bond coursing, freedraining bedding & jointing

Play Surface
EPDM rubber crumber play surface
Consistency and depth of impact absorbing rubber layers
to comply with ROSPA safety standards for specific fall heights

Road Kerb
British standard PCC road kerb
125 x 225 x 915mm

Pedestrian Kerb
50mm wide PCC concrete pin kerb

Retaining Wall
To Engineer's details

Plant Compound Enclosure
2.4m high fence to Architect's details
Sliding gates with posts to Engineer's details

Balustrade to Protect Falls
1.1m high vertical bar railing
Rimini by Lang+Fulton or equivalent approved

Pedestrian Barrier to Service Vehicle / Ambulance Parking
0.9m high metal barrier

Benches
Streetlife Rough & Ready Benches
with back and arm rests, or equivalent approved

Cycle Stands
Sheffield cycle stands, Galvanized finish
by Broxap or equivalent approved

Cycle Shelter
Bespoke cycle store by BSFG or equivalent approved

Bollard
BX47 semi-domed by Broxap or equivalent approved
Hot dip galvanised mild steel with yellow reflective band

External Lighting
To Engineer's details

Levels

Existing Levels

Proposed Levels

Proposed Gradients

Refer to the Landscape Architect's Hardworks & Levels Plan
for a scaled version of this drawing

Salisbury Diagnostic and Surgical Hub

9.0 Landscape Design

The plants proposed within soft landscape areas are designed to complement the character and function of hardscape areas, therefore shaping the setting of the DASH building. Whether native or non-native, all proposed plants species contribute to the various social and environmental enhancements within the DASH site, while also seeking to connect to existing green infrastructure elements beyond its boundaries.
Refer to the Landscape Architect's Planting & Contour Plan for the precise location and extent of the proposed planting.

Materiality - Planting palette

EVERGREENS


Lavandula angustifolia 'Hidcote'


Lavandula angustifolia 'Alba'


Lavandula x intermedia 'Provence'


Persicaria affinis 'Superba'


Pachysandra terminalis


Liriope muscari 'Blue Spire'


Liriope muscari 'Munroe White'


Ajuga reptans 'Atropurpurea'

CLIMBERS


Trachelospermum jasminoides


Hydrangea anomala subsp. petiolaris

FERNS


Dryopteris felix-mas


Asplenium scolopendrium


Polystichum setiferum 'Proliferum'

HEGDING & TOIARY


Taxus baccata (hedge & topiary)


Ilex crenata (low hedge & topiary)

HARDY PERENNIALS


Oenothera lindheimeri 'Whirling Butterflies'


Geranium macrorrhizum 'Album'


Geranium phaeum

ORNAMENTAL GRASSES


Stipa tennuisima 'Pony Tails'


Calamagrostis x acutiflora 'Karl Foerster'

TREES


Acer campestre 'Streetwise'


Betula pendula


Betula pubescens


Amelanchier lamarckii

NATIVE HEDGEROW MIX



NATIVE SCRUB MIX



NATIVE MEADOW MIXES





Salisbury Diagnostic and Surgical Hub

9.0 Landscape Design

Materiality - Planting plan



Refer to the Landscape Architect's Planting & Contour Plan
for a scaled version of this drawing

Planting Schedule

Trees

Species	Specification	Height	Density
Acer campestre 'Streetwise'	3x :Extra Heavy Standard :Clear Stem min. 200 :5 brks :RB	250-300cm	Counted
Amelanchier lamarckii	2x :Selected Standard :Clear Stem 175-200 :5 brks :RB	250-300cm	Counted
Betula pendula	2x :Standard :Clear Stem 175-200 :3 brks :RB :2x :Standard :Clear Stem 175-200 :3 brks	250-300cm	Counted
Betula pubescens	2x :Standard :Clear Stem 175-200 :3 brks :RB	250-300cm	Counted
Betula utilis jacquemontii	2x :Standard :Clear Stem 175-200 :4 brks :RB	250-300cm	Counted

Shrubs

Species	Height	Specification	Pot Size	Density
Calluna vulgaris	60-80cm	C :Bushy :Several shoots	2L	6/m²
Cornus sanguinea	60-80cm	1+1: Transplant - seed raised :Branched :3 brks: B	2L	0.3Ctr Double Staggered at
Corylus avellana	60-80cm	1+2: Transplant - seed raised :Branched :3 brks: B		0.3Ctr Double Staggered at
Crataegus monogyna	60-80cm	1+1 :Branched :3 brks	2L	6/m²
Crataegus monogyna	60-80cm	1+1: Transplant - seed raised: B		0.3Ctr Double Staggered at
Cytisus praecox 'Albus'	30-40cm	C :Bushy :5 brks	2L	2/m²
Ilex aquifolium	60-80cm	Leader With Laterals :C		0.3Ctr Double Staggered at
Ilex crenata	100-125cm	Bushy :7 brks	5L	6/m
Lavandula angustifolia 'Alba'		Bushy :5 brks	2L	6/m²
Lavandula angustifolia 'Hidcote'	20-30cm	Bushy :5 brks	3L	6/m²
Ligustrum vulgare	40-60cm	C :Branched :3 brks	2L	2/m²
Pachysandra terminalis 'Green Carpet'		Several shoots :7 brks	2L	9/m²
Prunus spinosa	40-60cm	C :Branched :3 brks	2L	6/m²
Prunus spinosa	60-80cm	1+1: Transplanted - seed raised :Branched :2 brks: B		0.3Ctr Double Staggered at
Rosa arvensis	60-80cm	1+1: Transplant - seed raised :Branched :2 brks: B		0.3Ctr Double Staggered at
Sambucus nigra 'Aurea'	40-60cm	C :Branched :2 brks	2L	3/m²
Taxus baccata	100-125cm	Leader	3L	3/m
Ulex europaeus	20-30cm	C :Bushy :3 brks	2L	3/m²
Vaccinium myrtillus	15-20cm	C :Bushy :5 brks	2L	4/m²
Viburnum opulus	60-80cm	1+2: Transplanted - seed raised :Branched :3 brks: B		0.3Ctr Double Staggered at

Herbaceous

Species	Specification	Pot Size	Density
Ajuga reptans 'Atropurpurea'	Full Pot	2L	6/m²
Geranium macrorrhizum 'Album'	Full Pot	2L	5/m²
Geranium phaeum	Full Pot	2L	5/m²
Oenothera lindheimeri	Full Pot	2L	5/m²
Persicaria affinis 'Superba'	Full Pot	2L	5/m²
Salvia nemorosa 'Caradonna'	Full Pot	2L	5/m²

Ferns

Species	Specification	Pot Size	Density
Asplenium scolopendrium	Full Pot	1.5-2L	4/m²
Dryopteris filix-mas	Full Pot	1.5-2L	5/m²
Polystichum setiferum 'Proliferum'	Full Pot	2L	5/m²

Grasses

Species	Specification	Pot Size	Density
Calamagrostis x acutiflora 'Karl Foerster'	Full Pot	2L	5/m²
Liriope muscari 'Big Blue'	Full Pot	2L	5/m²
Liriope muscari 'Monroe White'	Full Pot	2L	5/m²
Molinia caerulea 'Transparent'	Full Pot	2L	5/m²
Stipa tenuissima 'Pony Tails'	Full Pot	2L	5/m²

Biodiverse Scrub Mix

Species	Height	Specification	Pot Size	Density
Crataegus monogyna	60-80cm	1+1 :Branched :3 brks	2L	6/m²
Cytisus praecox 'Albus'	30-40cm	C :Bushy :5 brks	2L	2/m²
Ligustrum vulgare	40-60cm	C :Branched :3 brks	2L	2/m²
Prunus spinosa	40-60cm	C :Branched :3 brks	2L	6/m²
Sambucus nigra 'Aurea'	40-60cm	C :Branched :2 brks	2L	3/m²
Ulex europaeus	20-30cm	C :Bushy :3 brks	2L	3/m²
Dryopteris filix-mas		Full Pot	1.5-2L	5/m²
Molinia caerulea 'Transparent'		Full Pot	2L	5/m²
Polystichum setiferum 'Proliferum'		Full Pot	2L	5/m²
Vaccinium myrtillus	15-20cm	C :Bushy :5 brks	2L	4/m²
Asplenium scolopendrium		Full Pot	1.5-2L	4/m²
Calluna vulgaris	60-80cm	C :Bushy :Several shoots	2L	6/m²

Native Hedgerow

Species	Height	Specification	Pot Size	Density
Crataegus monogyna	60-80cm	1+1: Transplant - seed raised: B		0.3Ctr Double Staggered at 0.3m offset
Cornus sanguinea	60-80cm	1+1: Transplant - seed raised :Branched :3 brks: B	2L	0.3Ctr Double Staggered at 3m offset
Corylus avellana	60-80cm	1+2: Transplant - seed raised :Branched :3 brks: B		0.3Ctr Double Staggered at 0.3m offset
Ilex aquifolium	60-80cm	Leader With Laterals :C		0.3Ctr Double Staggered at 0.3m offset
Prunus spinosa	60-80cm	1+1: Transplanted - seed raised :Branched :2 brks: B		0.3Ctr Double Staggered at 0.3m offset
Rosa arvensis	60-80cm	1+1: Transplant - seed raised :Branched :2 brks: B		0.3Ctr Double Staggered at 0.3m offset
Viburnum opulus	60-80cm	1+2: Transplanted - seed raised :Branched :3 brks: B		0.3Ctr Double Staggered at 0.3m offset

Ornamental Hedge

Species	Height	Specification	Pot Size	Density
				1/m
Ilex crenata	100-125cm	Bushy :7 brks	5L	6/m
Taxus baccata	100-125cm	Leader	3L	3/m

KEY

Existing Features

Existing Trees
To be conserved

Existing Trees RPAs

Existing Trees / Vegetation
To be removed

Proposed Features

Proposed Trees
Refer to planting plan

Lawn
Species rich grassland
EG6 Meadow Grass Mixture for Chalk & Limestone Soils

Swale Mix
Species rich damp teolerant grassland
EG8 Meadow Grass Mixture for Wet Soils

Native Scrub Planting
Biodiverse mix to Ecologist's details

Ornamental Planting
Biodiverse mix of ornamental shrubs, herbaceous plants, ferns & grasses
Planted in double-staggered rows

Green Roof
BauderGREEN XF 301

Ornamental Hedges
Composed of single species evergreen plants

Native Hedgerow
Species rich

Existing contours
to be conserved

Proposed contours

Landscape design summary

The landscape proposals for the Diagnostic and Surgical Hub (DASH) at Salisbury District Hospital ensure that proposed external areas complement the DASH building's function, character, and therapeutic aims, while responding sensitively to the site's immediate and broader landscape context.

The overall site layout seeks to minimise the number of parking spaces that will be lost from Car Parks 8 & 9 as a result of the proposed development, by minimising northwards expansion of the Development Site. Replacement car parking is provided on the southern side of the DASH building by, effectively, extending the Car Park 10 into the DASH site.

The landscape design responds to the split level nature of the building, ensuring that level access is provided from setting down points and the wider hospital footpath network, to building entrances.

Patient and visitor parking is provided within the southern reaches of Car Parks 8&9, which sit in close proximity to the Pavilion Entrance in the lower northern portion of the DASH building.

Entrances for staff are located in the southern upper ground portion of the DASH building. Vehicle access is provided accordingly, with service vehicle parking and turning located near the south western corner of the building. A dedicated staff car park is located further to the south, as an extension of existing car park 10, as noted above.

The site layout minimises potential conflicts between pedestrians and vehicles by establishing a pedestrian-focused building curtilage which is further enhanced by a carefully chosen palette of complementary hard and soft landscape materials.

As well as addressing access issues, the landscape proposals also seek to create attractive, functional outdoor spaces that add social and environmental value to the Development Site while also complementing and enhancing the setting of the architectural proposals. This includes an attractive and welcoming Arrivals Forecourt plus Patient&Visitor Garden, located either side of the main Pavilion Entrance on the northern side of the building, plus smaller and more discretely positioned Children's Play Area located on the eastern side of the building. These spaces visually connect with the existing woodland located on the eastern side of the DASH site.

The remaining northern, southern and western boundaries of the DASH site will be planted with trees, shrubs, hedgerows and grassland, to extend green infrastructure around the edge of the building. Though 10% Biodiversity Net Gain cannot be achieved on site, it will be delivered within the wider Salisbury Hospital campus. This will improve habitat networks available for wildlife within and in close proximity of the DASH site while also enhancing landscape character and visual amenity. This holistic approach to green infrastructure planning and design will positively contribute to the environmental and social value to the scheme.

Blue infrastructure proposals, including bioretention SuDS, will work hand-in-glove with green infrastructure proposals to ensure that vegetation is passively irrigated wherever possible.

Elsewhere, pervious paving will be utilised to help create a 'sponge landscape', while underground infiltration tanks will be used to receive run-off from the roofs of the DASH building.

The landscape design is therefore fundamental to delivering a coordinated series of improvements that enhance the social and environmental value of the DASH site, the wider Salisbury Hospital campus, and the surrounding area.

10.0 **Conclusion**

Salisbury Diagnostic and Surgical Hub

P+HS architects

10.1 Conclusion

The submission is intended to demonstrate the suitability of the Diagnostic and Surgical Hub.

The design team have carefully considered the planning, site and budgetary constraints and worked closely with the client and key stakeholders to develop an exciting proposal. The building will replace outdated facilities that are no longer fit for purpose and improve the lives of countless staff and patients through high quality environments. It will be the catalyst for future development on the Salisbury Hospital site.