

Salisbury District Hospital Diagnostic and Surgical Hub

Planning Statement

Salisbury NHS Foundation Trust

17 July 2026

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1.0 Introduction

- 1.1 A partnership has been established between Salisbury NHS Foundation Trust (SFT) and Salutem Developments Ltd (Salutem) to bring forward plans for an innovative mixed-use development at Salisbury District Hospital (SDH). The objectives of the Salisbury Health, Education and Technology (HEAT) Project are two-fold:
- 1 The proposed consolidation, modernisation and concentration of existing hospital buildings around the acute centre in order to provide the facilities and accommodation that reflect current and anticipated future needs; and,
 - 2 The need to complement and support the hospital with new campus-style facilities which will support the delivery of life science & R&D employment, University-level skills and training, and additional key worker accommodation.
- 1.2 A key aim of the project is to replace existing hospital buildings that are no longer fit for purpose with new facilities that meet new healthcare guidance and will be able to accommodate future needs. Following completion of the new Elizabeth Building in 2024, which contains the Imber Ward, the highest priority now relates to the current day surgery unit. The existing facility was developed in the 1990s and comprises a building that is of modular construction and two pre-existing theatres which are now 50 years old and do not comply with expected standards. The modular building and the older theatres have considerably exceeded their operational life and now create a significant maintenance challenge.
- 1.3 An additional immediate priority for SFT relates to its diagnostic provision. There is a national shortage of CT and MRI scanners, and the existing endoscopy facilities are both limited in size and at risk of potential de-accreditation. In the light of this and following the recommendation of the national review of NHS diagnostic capacity to provide Community Diagnostic Centres, SFT has undertaken a search for a potential location for the delivery of a new Diagnostic Centre. The conclusion of this process was to identify the SDH site as the preferred location for the provision of diagnostic services in an accessible, high-quality healthcare environment.
- 1.4 SFT has been awarded a grant by the Department for Health to address these priorities through the delivery of a Diagnostic and Surgical Hub (DASH). This is to include enhanced diagnostic services alongside a replacement day surgery unit on the site of the existing helicopter landing pad and part of Car Parks 8, 9 and 10.
- 1.5 These different areas to be referred to as:
- 1 DASH Surgical Hub;
 - 2 DASH Endoscopy Unit; and,
 - 3 DASH CT/MRI.
- 1.6 Whilst this new facility will form part of the wider HEAT project, it is to be delivered by SFT. The relationship between DASH and the wider HEAT project is set out in Section 6 of this Planning Statement.

- 1.7 The funding that has been secured is associated with two separate (surgical and diagnostic) budgets and is time-limited such that the surgical fund is to be spent by the end of the 2027/28 financial year. It is expected that the total construction period will extend to 18 months and so construction will need to begin at the start of 2027 in order for the conditions associated with the funding to be met. The implication of this is that there is a time sensitivity in respect of the planning process.
- 1.8 This application is accompanied by the following:
- 1 A completed application form
 - 2 This planning statement
 - 3 Site location plan
 - 4 Proposed designs prepared by P+HS architects:
 - a Existing site plan;
 - b Proposed site plan;
 - c Site sections (existing and proposed);
 - d Site elevations (existing and proposed);
 - e Building sections;
 - f Ground floor plan;
 - g Lower ground floor plan;
 - h First floor plant layout; and,
 - i Roof plans.
 - 5 Design and Access Statement
 - 6 Heritage Statement
 - 7 Landscape and Visual Assessment
 - 8 Arboriculture report
 - 9 Ecological Appraisal
 - 10 Biodiversity Net Gain
 - 11 Flood Risk and Drainage Strategy
 - 12 Ground Investigation Report
 - 13 Ground Investigation Assessment
 - 14 Transport Assessment
 - 15 Travel Framework Plan
 - 16 External Lighting Statement
 - 17 Noise Impact Assessment
 - 18 Sustainable Energy Strategy
 - 19 Waste Strategy

Structure

- 1.9 The remainder of this report is structured as follows:
- **Section 2** provides an overview of the application site and context;
 - **Section 3** provides an overview of the proposed development;
 - **Section 4** sets out and considers the relevant national and local planning context;
 - **Section 5** identifies the key matters relevant to the determination of the planning application for the proposed DASH;
 - **Section 6** considers the relationship between DASH and the wider HEAT project; and,
 - **Section 7** provides a summary and conclusions.

2.0 The Application Site and Context

- 2.1 This section details the existing uses and condition of the site and surrounding area. A more detailed overview of the site and the surrounding area is set out in the Design and Access Statement.

Existing site

- 2.2 The proposed development site, which extends to 1.07ha, is located on the eastern part of the SDH grounds, on the site of the helicopter landing pad and part of Car Parks 8, 9 and 10 which are currently used for patient/visitor (Car Park 8) and staff (Car Parks 9 and 10) parking.
- 2.3 The site is bound:
- 1 To the north and south by existing car parking.
 - 2 To the west by Victoria Drive East which separates the site from SDH north. This road connects to Odstock Road at two points (hospital entrances A and B) and acts as an internal loop road within the site.
 - 3 To the east by the 7ha expansion land that was proposed for allocation in the (now withdrawn) emerging Wiltshire Local Plan for healthcare and associated uses, including life science, education and key worker/student accommodation.
- 2.4 The site slopes from south to north, with topography ranging from c.81.5m AOD to the northeast to c.87.0m AOD to the southwest. The land continues to fall to the north of the site, with the lowest part of the SDH site being at the most northerly point of Car Park 9.
- 2.5 The helipad is used infrequently for the transport of patients to the hospital, typically accommodating approximately 20 patient transfers per year. It is also used for training purposes, with approximately 60 aircraft movements each year. An operational review is currently being undertaken with consideration being given to relocating the helipad or suspending the service. In the event the service is discontinued, equivalent helicopter retrieval services remain available at other nearby hospitals, ensuring continuity of patient care. Any proposal for the relocation of the helipad elsewhere on the site would be subject to a separate planning application.
- 2.6 The main hospital buildings that are located north of the proposed development site form the most modern part on the site, having been constructed in the 1980s and 2000s. Other facilities in this part of the site include the mortuary, laundry and the spinal treatment centre. A priority of the design and development process is to ensure that all existing facilities can remain fully operational during the construction phase.

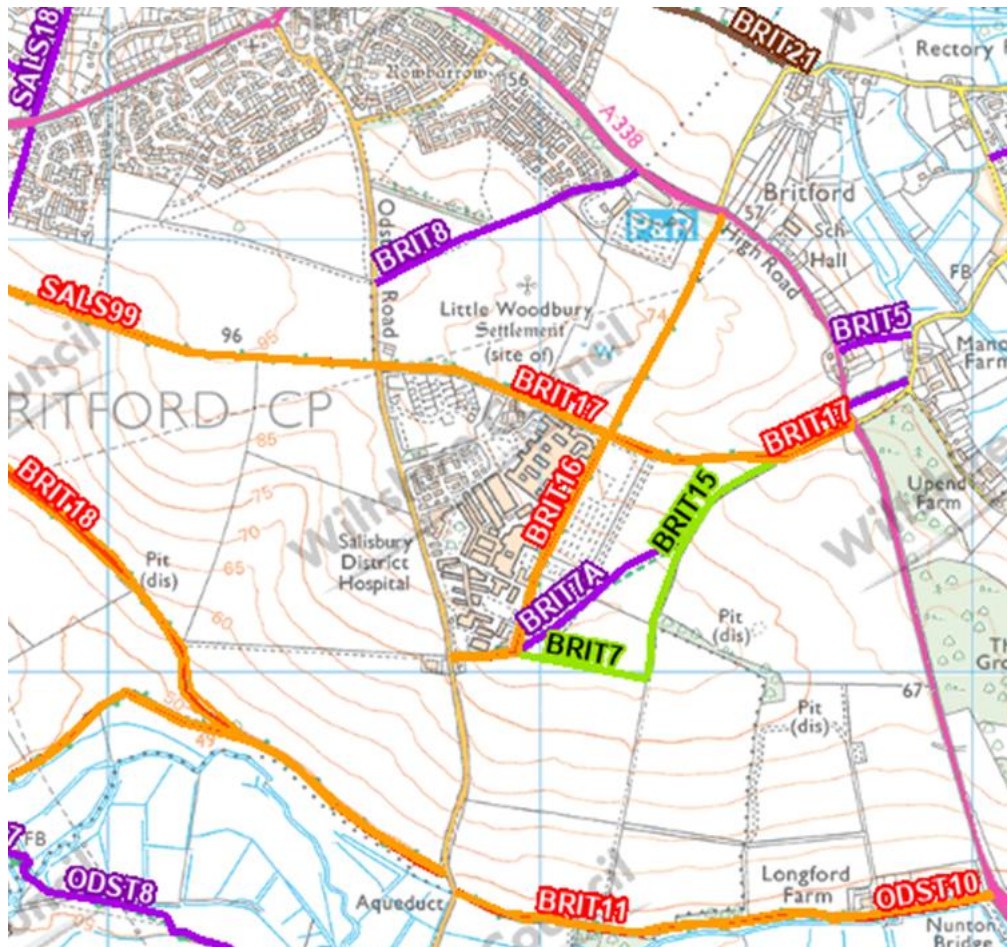
Site constraints

- 2.7 Four Public Rights of Way cross the hospital site and the adjoining expansion land:
- 1 BRIT16 starts at Odstock Road, to the south of SDH South and then follows the north-south route of Victoria Drive East. It continues to the north to connect SDH and the Britford Park and Ride site. It intersects with the A338.

- 2 BRIT7a connects with BRIT 16 at the south eastern corner of the existing hospital site and bisects the expansion land.
- 3 BRIT 7 and BRIT15 connect with BRIT 16 at the same point as BRIT7a and broadly follows the perimeter of the expansion land along two sites.

2.8 None of these Public Rights of Way will be directly affected by the proposed development.

Figure 2.1 Public Rights of Way in the area around SDH



Source: [Rights of way - Wiltshire Council](#)

2.9 The area around SDH is characterised by a number of environmental and heritage constraints. As illustrated in Figure 2.2 below, these include:

- 1 Cranbourne Chase and West Wiltshire Downs National Landscape to the south and west;
- 2 Special Landscape Area all around the hospital and providing a setting to Salisbury more generally;
- 3 River Avon System SSSI 0.9km to the north and east, Britford Water Meadows SSSI 1km to the east, Odstock Down SSSI 2km to the southeast and East Harnham meadows SSSI 1.3km to the north;
- 4 Area of Priority Habitat to the south and east (predominantly grassland and woodland);

- 5 Lime Kiln Chalk BAP Key (Priority) Habitat and local wildlife site to north;
- 6 Flood Zone 2 and 3 to the north, east and south (although SDH itself (including the proposed development site) is located within Flood Zone 1); and,
- 7 The River Avon Special Area of Conservation 0.9km to the northeast.

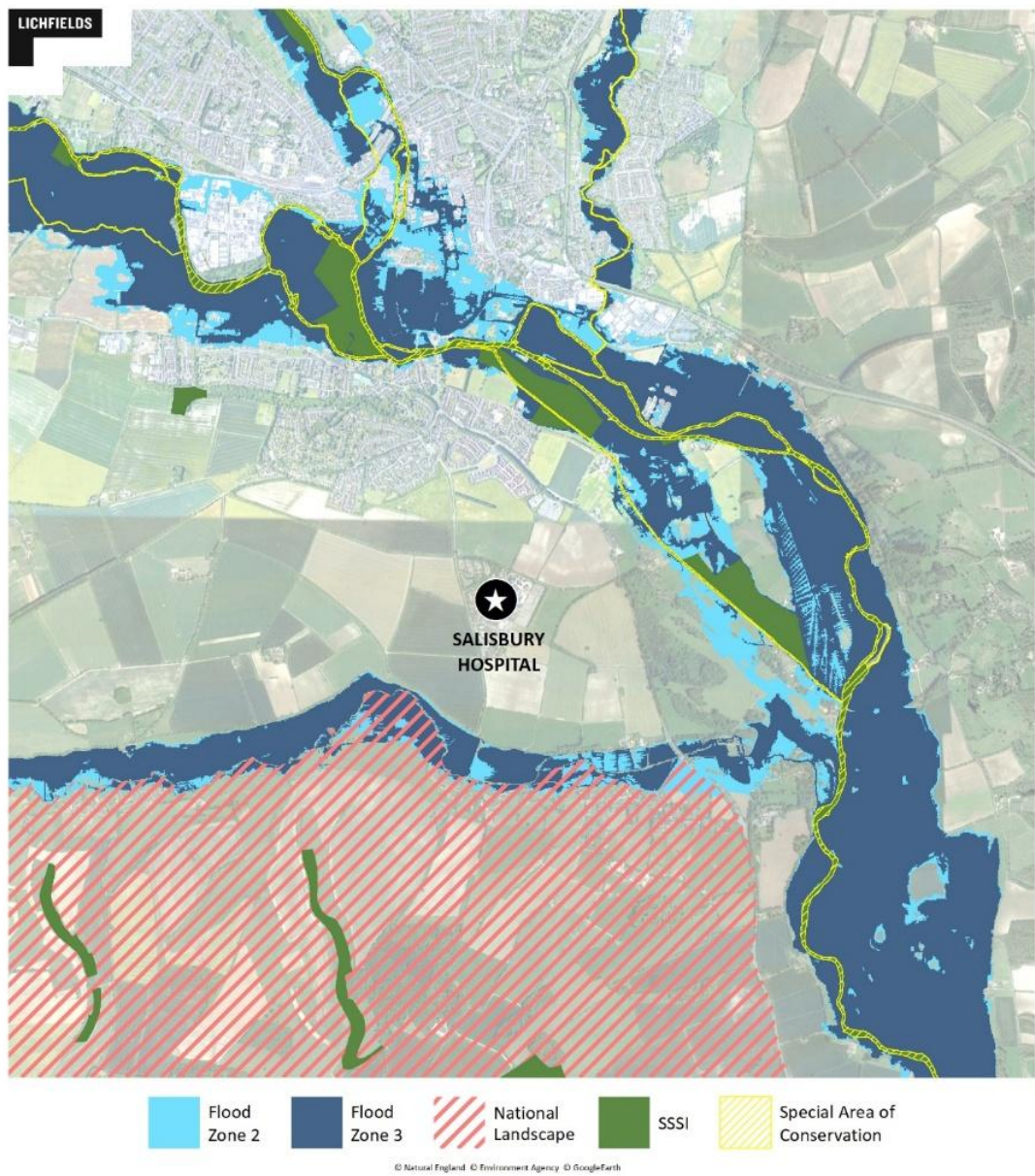
2.10 The surrounding area is also subject to a range of heritage constraints, as illustrated in Figure 2.3. These include:

- 1 A large concentration of listed buildings within Salisbury City Centre;
- 2 Britford Conservation Area to the north east;
- 3 Woodbury ancient villages Scheduled Ancient Monument to the north;
- 4 Areas of archaeological importance to the north; and,
- 5 Longford Castle Historic Park and Garden to the east.

2.11 None of these environmental or heritage constraints relate specifically to the proposed development site although the location, scale, massing and design treatment of the new building have all had regard to these wider considerations and the importance of minimising any adverse impacts on the surrounding area. In particular, the relationship with the National Landscape, Scheduled Ancient Monument and other constraints has inspired a focus on landscape design for the HEAT masterplan. This is reflected in the design process for the current DASH proposal.

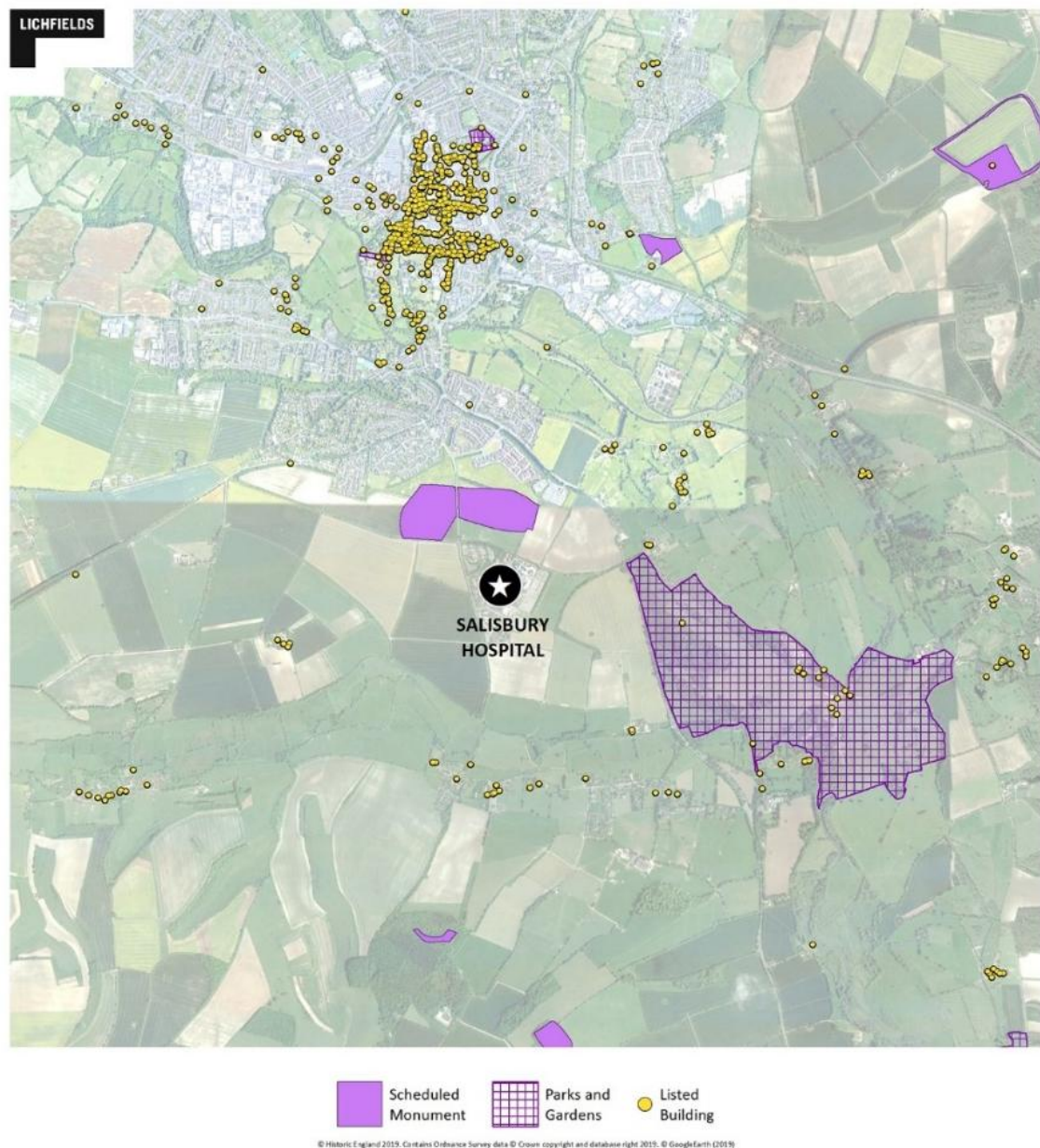
2.12 The site is relatively well screened to the east by mature tree and hedgerows belts. This reduces the visual impact of the lower height buildings. However, the existing large-scale hospital buildings are more visible from further away.

Figure 2.2 Key environmental designations around Salisbury District Hospital



Note that the Special Landscape Area is not shown on this plan

Figure 2.3 Key heritage designations around Salisbury District Hospital



Note that conservation areas are not shown on this plan

Rationale for site selection

2.13

An options appraisal undertaken by Ryder Architects on behalf of SFT concluded that the Proposed Development would be most appropriate as:

- 1 The topography of the proposed site is best suited to providing patient accommodation on a level access;
- 2 Although the land falls steeply from south to north, a two-storey building could be located on the proposed development site without exceeding the height of the highest adjacent roof ridgeline of SDH North and therefore without any adverse landscape impacts;

- 3 It would necessitate the loss of fewer car parking spaces than the alternative options (locating the DASH on the site of Car Parks 9 or 10);
- 4 Replacement car parking could be provided elsewhere on the SDH site, the expansion land or within the Park and Ride car park; and,
- 5 It would be well integrated with the wider HEAT project, including future development on the existing car parks and adjoining expansion land.

2.14

The site selection was also informed by:

- 1 A change in guidance from NHS England which now requires elective care facilities to be kept separate from other parts of the hospital that offer acute services. Indeed, this was a requirement of the funding being made available for DASH. The rationale for this is to prevent the delivery of planned care being compromised by pressure from other hospital services at times of peak emergency hospital demand. This has given greater flexibility in respect of the potential siting of the DASH.
- 2 A review of potential locations for the delivery of Community Diagnostic Centres (CDCs) that was undertaken by JLL. The aim of the CDC programme is to improve access to diagnostic services by providing care closer to patients' homes, thus reducing the need for attendance at acute hospital sites. By separating planned diagnostic services from urgent and emergency diagnostic activity, CDCs help to reduce waiting times, minimise cancellations caused by higher-priority cases, and improve the overall patient experience. In doing so, they also support better clinical outcomes while increasing diagnostic capacity within the community and reducing pressure on acute hospitals.

3.0 **Proposed Development**

- 3.1 This section details the development for which planning permission is sought. It also sets out the response that has been received from Wiltshire Council and Design West in respect of the development proposal.

Proposed development and uses

- 3.2 The proposed description of development is as follows:

“Development of a Diagnostic and Surgical Hub (DASH) together with means of access and new landscaping.”

- 3.3 The new DASH will include five surgical theatres (including one laminar flow theatre) allowing for operations under general anaesthetic, as well as one MRI theatre, one CT theatre and four endoscopy procedure rooms.

- 3.4 In order to support this level of clinical output, the facility will include:

- 1 36 pre- and post-surgery ‘pods’ within which patients will be prepared for, and to which they will return after their surgical procedure;
- 2 Six first stage recovery bays and two first stage individual recovery rooms to which patients will be transferred following their procedure under general anaesthetic;
- 3 Male and female recovery areas, for endoscopy, each accommodating six recovery trolleys;
- 4 Entrance, reception and waiting room facilities;
- 5 Staff welfare and changing areas; and,
- 6 Administration and storage areas.

- 3.5 As set out above, the DASH facility will be located in a separate building from other hospital departments and will be designed to optimise patient through-flow. In particular, the internal layout of the building provides an efficient flow which will enable multiple operations to be carried out in a single day in line with the NHS Getting It Right First Time principles. The clinical accommodation will be provided across two floors, with diagnostics on the lower ground floor and operating theatres and recovery pods on the ground floor. Staff changing facilities will be located on the lower ground floor and clinical/staff support and plant will be located on the first floor.

- 3.6 No patients would stay in the facility overnight. In the rare event that any patient does need to remain in hospital for an overnight stay, they would be transferred by ambulance under clinical supervision.

- 3.7 The building will have an approximate gross internal floor area of 6,227sqm with a building footprint of approximately 2,586sqm (ground floor). It will have a maximum height of 96.535m AOD (upper roof parapet), with accommodation provided across three floors:

- 1 Lower ground floor: 1,553sqm accommodating first and second stage recovery, clinical support facilities, diagnostics, procedure and staff report rooms;

- 2 Ground floor: 2,586sqm accommodating admission and second stage, surgical, first stage recovery, shared recovery, facilities management, clinical support facilities and staff support rooms; and,
 - 3 First floor: 2,089sqm accommodating clinical support facilities and staff support rooms, alongside plant rooms.
- 3.8 The main patient/visitor entrance will be located on the northern side of the building at lower ground floor level while staff, service and blue light access will be provided on the western side of the building at ground floor level. Parking/waiting areas for ambulances and service vehicles will be provided to the southwestern side of the building and will be linked to the western access by a footpath.
- 3.9 Vehicular access to the proposed DASH will be taken from Victoria Drive East, which runs along the western boundary of the site. Dedicated short-stay parking bays within Car Park 9 will be located on the north side of the building. Pedestrian routes will be clearly defined and segregated from internal vehicular circulation routes to ensure safe and convenient access to the facility.
- 3.10 The proposed development will result in the loss of approximately 245 car parking spaces. Some replacement parking provision (60 new spaces) will be provided within Car Park 10. Consideration is being given to other locations in which replacement car parking can be provided within the hospital site. This will be subject to a separate planning application(s) which is to be submitted in the near future. A further planning application will also be submitted in respect of the proposed reconfiguration of Car Parks 8 and 9. Pending the implementation of those works, both car parks will continue to operate in their current configuration independently of the proposed development.
- 3.11 A 7.3m wide vehicular access route to the expansion land is to be located to the south of the new building. This will accommodate two-way traffic and a cycle way and footpath is to be provided along the side of the road, in order to provide active travel connections into the expansion area. This route will also provide access into the 372sqm plant compound which is to be located to the south of the building. This will accommodate:
- 1 A CHP plant which will act as a temporary hybrid electrical supply is proposed initially to bridge the gap between full mains capacity;
 - 2 Permanent main electrical power supplies, controls, Battery Energy Storage System (BESS) and emergency standby generation;
 - 3 A 1,500kVA emergency standby diesel generator which will automatically operate if mains and temporary electrical power supplies fail; and,
 - 4 High efficiency Air Source Heat Pumps that will act as the primary source of heating and cooling dedicated to serve DASH.
- 3.12 The plant compound will be surrounded by a 3m high acoustic fence which will reduce the risk of disturbance to patients in DASH and the remainder of the hospital as a result of noise emissions from the CHP activities.
- 3.13 Approximately 25 metres of scrub to the south of the existing tree and hedgerow belt to the east of the car park is to be removed, although it is anticipated that the individual trees within the scrub will be retained. The existing length of hedgerow adjacent to Victoria Drive

East will be removed to accommodate access and new landscaping. The landscape, ecological and aboricultural impact of this has been fully assessed. This loss of vegetation will be mitigated by the inclusion of soft landscaping and a network of green and blue infrastructure which will integrate the building into the wider landscape, whilst also creating an attractive and calming environment. The achievement of a high quality and restorative environment will be enhanced by the provision of an external play area and garden for patients and visitors. These are all to be located on the eastern side of the building, away from Victoria Drive East and the main focus of hospital activity.

- 3.14 SuDS systems will be integrated into some of the planted zones, which will function as rain gardens to intercept surface water runoff from the DASH building and hard-paved areas. Swale/tree pits will be located within the site and will intercept any water that is not absorbed or transpired by vegetation within the planted courtyards. Attenuation measures will be positioned at the northern part of the site.
- 3.15 The proposed development design has been shaped by the following key principles:
- 1 **Sustainable development:** Maximising sustainable solutions to meet Net Zero requirements alongside economic and social benefits;
 - 2 **Quality landscape:** Ensuring a landscape-led design which enhances biodiversity, provides SUDS solutions and limits any impact on the surrounding area;
 - 3 **Welcoming user experience:** Providing a positive built environment for patients, staff and visitors to the hospital and as a gateway development to the wider masterplan area;
 - 4 **Access and transport:** Maximising accessibility to the site, ensuring connectivity with other parts of the hospital site, minimising any loss of car parking spaces and ensuring that replacement car parking provision can be achieved albeit potentially in the context of a separate application;
 - 5 **Design flexibility:** Creating a building which could accommodate the proposed DASH in a manner that will maximise operational efficiency and the ease of use by patients;
 - 6 **Viable and deliverable:** The ease of delivery including financing, phasing and ownership between delivery partners – having regard to the time restrictions that are in place in respect of the funding allocation; and,
 - 7 **Operating costs:** Considering whole life costs and long-term maintenance across the whole campus.
- 3.16 In summary, the proposed site has the capacity to accommodate the new DASH CT/MRI and DASH Endoscopy Unit, as well as the DASH Surgical Hub. These surgical facilities will replace existing facilities, but within a high-quality building which is not subject to the existing operational and maintenance challenges, and which offers greater flexibility in terms of utilisation and patient care. The diagnostic facilities will offer a substantially enhanced level of provision and quality and will remove the risk loss of accreditation of the endoscopy services. These will ensure that SFT can continue to offer the highest quality of care to its patients in the context of increasing pressures being created by greater level of complex medical needs within the population and deepening financial challenges.

- 3.17 The contractors' compound will be provided in two locations:
- 1 A two storey portakabin type site accommodation in the south western corner of the red line boundary; and,
 - 2 'Management offices' adjacent to the Elizabeth Building; this part of the compound will be subject to a separate planning application.

Pre-application advice (April 2026)

- 3.18 A formal request for pre-application advice in respect of the proposed development was submitted to Wiltshire Council on 17 April 2026. The purpose of the pre-application process was to engage with the Council and key consultees at an early stage to identify any significant planning or technical matters and to inform the evolution of the proposals prior to the submission of this planning application.
- 3.19 As part of the pre-application process, consultation was undertaken with a number of statutory and specialist consultees. Written responses were received from the following:
- 1 County Archaeologist;
 - 2 Drainage Engineer;
 - 3 Arboriculturist;
 - 4 Public Protection Service;
 - 5 Public Rights of Way Officer;
 - 6 Conservation Officer; and,
 - 7 Landscape Officer.
- 3.20 The comments received through the pre-application process have informed the iterative design development of the scheme. Where appropriate, the proposed development has been amended to respond to the matters raised, ensuring that such considerations have been incorporated into the final proposals. Such matters have also been addressed within the relevant technical reports and documents submitted as part of this planning application.
- 3.21 Formal pre-application advice has not yet been received from the Local Planning Authority, although the Case Officer did provide an interim statement on 30 June 2026. This confirmed that:
- "No objections have been received from the consultees, who have raised the relevant issues for the proposal and provided advice to inform the scheme's development to full application stage.*
- "All the comments have been provided to you and I would draw your attention to the detailed advice provided.*
- "Therefore, at this stage and subject to the matters raised by consultees being appropriately addressed in any forthcoming full application, I can confirm on a without prejudice basis that the development is likely to be supported in principle at officer level. "*
- 3.22 The comments that have been raised by consultees have been carefully considered by the applicant and project team and has informed the final form of the proposed development.

The submitted application seeks to respond positively to the advice provided, demonstrating how the key planning, design and technical matters identified during the pre-application process have been addressed.

Design West

- 3.23 The proposed development was presented for consideration by the Design West Design Review Panel on 14 May 2026 to obtain independent design advice at an early stage in the evolution of the scheme. Following the review, a formal written response setting out the Panel's comments and recommendations was issued on 1 June 2026.
- 3.24 The Design Review Panel's comments have been carefully considered by the applicant and design team and, where appropriate, have been incorporated into the final development proposals.
- 3.25 A comprehensive schedule setting out the Design West recommendations and explaining how these have been considered and reflected within the submitted proposals is provided within the accompanying Design and Access Statement.

Community Engagement

- 3.26 A comprehensive programme of public consultation and stakeholder engagement has been undertaken in support of the proposed development. This has included:
- 1 The preparation of a dedicated consultation website providing information on the proposals and enabling members of the public to submit comments.
 - 2 A staffed exhibition held as part of the SDH Open Day on Saturday 16 May.
 - 3 An unstaffed exhibition at SDH, comprising information boards and comment cards/QR codes linking to the consultation website.
 - 4 Extensive engagement with key stakeholder groups, including:
 - a Clinical teams across the Surgical Hub, Endoscopy, and CT/MR departments;
 - b The Clinical Assurance Group;
 - c Trust Authorising Engineers (including ventilation and fire); and
 - d Trust Facilities Management teams (including domestic services, fire safety and CSSD);
 - 5 A public exhibition of the proposals in Salisbury city centre on 7 July, attended by 43 members of the public.
 - 6 Distribution of consultation leaflets to local households during the week commencing 29 June.
 - 7 A programme of advertising and digital promotion in the local press during the weeks commencing 29 June and 5 July.
 - 8 Stakeholder and NHS staff briefings.
 - 9 Media engagement, including two press releases and subsequent coverage in the Salisbury Journal and local community television.

- 10 Publication of project information and FAQs on the Salisbury NHS website.
- 11 An ongoing exhibition of the proposals within the hospital's Springs Restaurant.
- 12 Updates to the HEAT project website.

3.27 A Statement of Community Involvement, summarising the consultation undertaken, the comments received, and the applicant's response to those comments, will be submitted separately within the next two weeks to accompany the application.

4.0 **Planning Policy Framework**

- 4.1 This section summarises relevant policy at the local and national levels. In so doing, it highlights a very close strategic fit between the proposed development and all levels of relevant policy.

Statutory Development Plan

- 4.2 In accordance with Section 38(6) of the Planning and Compulsory Purchase Act 2004, the determination of a planning application should be made in accordance with the development plan unless material considerations indicate otherwise.

- 4.3 The development plan for the proposal site comprises the Wiltshire Core Strategy.

Wiltshire Core Strategy (January 2015)

- 4.4 The Wiltshire Core Strategy was adopted in January 2015 and establishes the land use and planning framework for the local authority for the period between 2006 and 2026. Despite now being time-expired, it remains the statutory development plan for the purposes Section 38(6) of the Planning and Compulsory Purchase Act 2004.

- 4.5 Relevant Planning Policies:

- Core Policy 1 Settlement Strategy;
- Core Policy 2 Delivery Strategy;
- Core Policy 3 Infrastructure requirements;
- Core Policy 20 Spatial Strategy: Salisbury Community Area;
- Core Policy 23 Spatial Strategy: Southern Wiltshire Community Area;
- Core Policy 34 Additional employment land;
- Core Policy 35 Existing employment sites;
- Core Policy 41 Sustainable construction and low carbon energy;
- Core Policy 42 Standalone renewable energy installations;
- Core Policy 50 Biodiversity and Geodiversity;
- Core Policy 51 Landscape;
- Core Policy 52: Green Infrastructure;
- Core Policy 57 Ensuring High Quality Design and Place Shaping;
- Core Policy 58 Ensuring the Conservation of the Historic Environment;
- Core Policy 60: Sustainable transport;
- Core Policy 61 Transport and New Development;
- Core Policy 62: Development impacts on the transport network; and,
- Core Policy 69 Protection of the River Avon SAC.

Emerging Wiltshire Local Plan

- 4.6 Wiltshire Council submitted the draft Wiltshire Local Plan for examination in November 2024. The site was included within the area covered by draft allocation under Policy 35. Stage 2 Hearing Sessions commenced in November 2025; however, during the examination the Inspectors raised significant concerns regarding the soundness of the Plan and advised the Council to consider withdrawing or risk it being formally found unsound.
- 4.7 At its meeting on 19 May 2026, Full Council resolved to withdraw the Wiltshire Local Plan from examination. Consequently, the draft allocations, including the proposed allocation under Policy 35, no longer carry weight as emerging policy.
- 4.8 The Council has since agreed a timetable for the preparation of a new Wiltshire Local Plan, which will replace the withdrawn Plan and establish a revised planning policy framework for the authority. The initial call for sites consultation commenced on 9 July and will continue until 30 September 2026.

Material Considerations

National Planning Policy Framework (NPPF)

- 4.9 The NPPF (December 2024) sets out the Government's planning policies for England, which underpin both plan-making and decision-taking.
- 4.10 Chapter 2, "*Achieving sustainable development*", places an emphasis on the importance of promoting sustainable development. To achieve sustainable development, paragraph 8 states that the planning system has three overarching objectives which need to be pursued, including:
- "an economic objective – to help build a strong, responsive and competitive economy, by ensuring that sufficient land of the right types is available in the right places and at the right time to support growth, innovation and improved productivity; and by identifying and coordinating the provision of infrastructure;*
- "a social objective – to support strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering well-designed, beautiful and safe places, with accessible services and open spaces that reflect current and future needs and support communities' health, social and cultural well-being; and*
- "an environmental objective – to protect and enhance our natural, built and historic environment; including making effective use of land, improving biodiversity, using natural resources prudently, minimising waste and pollution, and mitigating and adapting to climate change, including moving to a low carbon economy."*
- 4.11 In relation to the development of public service infrastructure such as hospitals, paragraph 101 states that local planning authorities should "*work proactively and positively with promoters, delivery partners and statutory bodies.*" Importantly, it requires key planning issues to be resolved prior to the submission of an application.
- 4.12 The NPPF requires planning decisions to promote an effective use of land and to make as much use of previously developed land as possible. Paragraph 128 requires local planning

authorities to take a positive approach to applications for alternative uses of land which is currently developed but not allocated for a specific purpose in plans, where this would help to meet identified development needs. It refers in particular to the need to (inter alia):

“b) make more effective use of sites that provide community services such as schools and hospitals, provided this maintains or improves the quality of service provision and access to open space.”

Draft NPPF

4.13 A consultation on the draft NPPF ran between December 2025 and March 2026.

4.14 The final version of the revised NPPF is planned for publication in Summer 2026. Until this is published no weight can be afforded to the revised NPPF, but it is useful to note the Government’s direction in terms of planning policy. It is possible that the revised NPPF will be published while this application is being determined by Wiltshire Council. Should that be the case, we will a detailed assessment of the proposed development against the provisions of the new Framework in order to assist Wiltshire Council in its determination of the application.

5.0 **Policy Evaluation and Compliance**

- 5.1 This section provides an overview of the key issues that have shaped the development proposal and that we consider to be most relevant to the determination of this planning application. The purpose of this is to demonstrate the work that has been undertaken and explain how the scheme has been sensitively designed to ensure that it will not have any adverse impact on the surrounding area. By referring in each section to the applicable development plan policies, it also underlines the extent to which the proposed development achieves a clear compliance with the Core Strategy. Further consideration of the planning balance is set out in Section 8.

Principle of Development

- 5.2 Core Policy 1 ‘Settlement strategy’ identifies Salisbury as a Principal Settlement wherein sustainable development will be pursued to enhance its role as an employment and service centre and to improve the lives of residents.
- 5.3 Although relating to developer contributions, Core Policy 3 ‘Infrastructure requirements’ refers to the importance of essential infrastructure (in the form of significantly improved healthcare facilities and new transportation connections) and place-shaping infrastructure. This policy underlines the importance of delivering improved healthcare infrastructure whilst also emphasising the requirements associated with the provision of new development. Ensuring that the hospital has a strong sense of place for patients and employees is a key consideration in the design process.
- 5.4 Although the SDH site is not specifically allocated in the adopted Core Strategy, the principle of the proposed development is considered to be acceptable, having regard to the following:
- 1 The role of SDH in serving the Principal Settlement of Salisbury and its wider catchment;
 - 2 Notwithstanding its location outside of the settlement boundary, the SDH site is of a substantial scale, and the proposed development will be located on previously developed land within the existing hospital site;
 - 3 The proposed development will improve healthcare infrastructure and enhance the ability to meet the health needs of the local community;
 - 4 Whilst the emerging Local Plan has now been withdrawn, the inclusion of Policy 35 – which related to the future development of Salisbury District Hospital – highlights the Council’s support of SFT and its aspirations to enhance facilities at the hospital. Importantly, the Local Plan was not withdrawn as a consequence of Policy 35, and there were no unresolved objections to the policy. Furthermore, through the Statement of Common Ground, the Council and SFT reached agreement on the policy approach and the principle of development at the hospital site, demonstrating a clear alignment of position; and,
 - 5 Additional evidence of public sector support is provided by the Wessex Investment Prospectus prepared for UKREiiF, which identified the HEAT project as one of the two major strategic projects within the area. This represents a further material

consideration and demonstrates continued support for the proposed development and investment in the hospital site. Further details can be found at Appendix 1.

- 5.5 The proposed development will further be consistent with national policy relating to the efficient use of land, redevelopment of previously developed sites, delivery of essential public service infrastructure and achievement of sustainable development.
- 5.6 It should further be noted that pre-application advice was provided by Wiltshire Council back in 2022 for an Elective Care Centre facility, flexible life-science and education floorspace, and decked car park on the site of the existing Car Parks 8 and 9. The 2022 pre-application response noted that the development of hospital-related facilities was consistent with national and local planning policies relating to economic and employment, together with social policies involving the provision and the enhancement of public facilities and services. It concluded that:
- “such provision is considered to be of significant weight, which will be weighed against any impacts resulting from the development.”*
- 5.7 We therefore do not consider that there should be any policy objection to the principle of the proposed development in this location.

Clinical Need

- 5.8 The 2022 pre-application response recognised the need for SDH to be optimised to meet ongoing and future healthcare demands from the city and the wider area. As such, it was supportive of the proposed development which was focused on improving operational activities.
- 5.9 Nationally and locally, healthcare services are facing increasing pressure due to an aging population, rising prevalence of long-term health conditions, and the backlog of elective procedures which was exacerbated by the COVID-19 pandemic; this backlog has not been eased in the time. The British Medical Association reported¹ that as of January 2026:
- 1 The NHS waiting list for consultant-led elective care was 7.25 million cases, consisting of approximately 6.13 million individual patients waiting for treatment. Whilst this represented a reduction of 7% since the peak of 7.77 million cases in September 2023, it was 65% higher than the figure recorded in March 2020 (4.35 million cases) and more than three times the number of cases in January 2010 (2.32 million).
 - 2 The median waiting time for patients waiting to start treatment was 13.6 weeks – a significant increase from the pre-COVID median wait of 7.5 weeks in February 2020 and 5.3 weeks in February 2010.
 - 3 38.5% of patients had been on the waiting list for more than 18 weeks. Whilst this was lower than the figures of 43.4% in December 2023 and 52.7% in June 2020, it was very substantially higher than the 16.8% of patients waiting for more than 18 months in January 2020 and 5.5% in April 2013.
- 5.10 A similar situation has occurred at SDH where the total number of patients on the waiting list for consultation or treatment has increased by 66.1% since April 2022. The number of

¹ <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/nhs-backlog-data-analysis#:~:text=The%20median%20waiting%20time%20for,7.8%20weeks%20in%20January%202019.>

patients on the waiting list in February 2022 was 18,039, this increased to a figure of 29,968 as of February 2026.

- 5.11 Elective care (compromising planned, non-emergency procedures, treatments and surgeries) is a critical component of the NHS strategy to deliver timely and efficient healthcare. Both the 'NHS Long Term Plan' (January 2019) and 'Reforming elective care for patients' report (January 2025) identify the separation of elective care from emergency service as a priority in order to improve throughput, reduce cancellations and streamline patient pathways. There has been an increased focus on day case surgery as the preferred means by which to deliver a wide range of surgical procedures in the UK.
- 5.12 Reflecting this, day surgery treatments at SDH now represent the majority of surgical care provided to the local populations served – approximately 80% of surgery is carried out as a day case, with no overnight stay in hospital. For the majority of patients this represents a far superior patient experience.
- 5.13 The DASH proposal aligns closely with these objectives and responds directly to this demonstrable and growing clinical need through the provision of highly functional and efficient accommodation for the purpose of elective day case surgery.

Existing surgery facilities

- 5.14 The increase in the capacity to treat day surgery patients will protect the future sustainability and resilience of elective capacity being provided to the local population, recognising that the demand for surgical procedures is projected to increase, driven by a rise in chronic diseases and the continued ageing of the population. Although Sub National Population Projections are not available at a sub-district level, the number of people over the age of 65 in Wiltshire is projected to increase by 41.3% between 2024 and 2047, such that 29.0% of the total population would be within this age cohort, compared to 22.9% in 2024.
- 5.15 As set out in Section 1, the clinical case for the new day surgery facility at SDH is reinforced by the fact that the existing facility is no longer fit for purpose. It was constructed in the mid-1990s using a mixture of modular build which had an expected life of between 15 and 20 years and two pre-existing theatres which are now 50 years old. The facility has therefore already exceeded its expected lifespan and is no longer compliant with expected standards as set out in Health Building Notes (HBN) and Health Technical Memoranda (HTM). The poor quality of existing accommodation represents a constant maintenance challenge, and the resultant building resilience concerns represent the highest estates risk on the Trust's corporate risk register. In addition, the layout and size of the existing unit constrain efficiency and limits the opportunity to increase throughput at a time of increasing demand for services.
- 5.16 The six existing day surgery theatres at SDH comprise three general anaesthetic operating theatres and three local anaesthetic theatres. It is proposed to retain one of the existing theatres and replace the remaining five theatres with state-of-the-art facilities within the DASH. The surplus space is to be repurposed for administrative uses in order to facilitate the closure of the existing administration buildings at SDH South. It is likewise proposed to retain one existing endoscopy room in its current location but to repurpose the remainder of the endoscopy rooms for treatment under sedation.

- 5.17 SFT's clinical strategy seeks to increase further the amount and the range of surgical procedures undertaken on a day case basis. The DASH is an essential development in this regard given that, in addition to being at the end of its operational life, the current day surgery building does not support increased efficiency and effectiveness, or an expansion in the range of procedures performed. For example, while many hospitals now undertake knee replacements as day cases, the day surgery unit at SDH does not have the air handling infrastructure (laminar flow) to be able to do this.
- 5.18 By replacing the existing day surgery unit, the new facility will address the building quality and maintenance concerns and ensure that HBN and HTM standards can be met. In addition, the capacity for planned surgical procedures will be increased, thereby reducing waiting times for patients and the length of waiting lists.

CT and MRI facilities

- 5.19 There are presently two CT scanners and two MRI scanners at the hospital, all of which are less than ten years old. However, as set out in Section 1, there is a national shortage of diagnostic facilities and so the inclusion of additional MRI and CT scanning equipment would increase the number of patients that could benefit from such services, with the intention being to separate emergency diagnostics with routine/elective diagnostics which would be provided in the DASH.
- 5.20 The inclusion of MRI and CT scanning and endoscopy facilities within DASH will ensure that state-of-the-art equipment can be provided in a high-quality clinical setting which will be separate to urgent diagnostic scan facilities. It will enable SFT to respond to the current and expected increased future demand for such services by reducing the time that patients have to wait for appointments. This should ensure that any health issues are identified more quickly, thereby improving the prospects of successful treatment and recovery
- 5.21 As with the separation of the DASH Surgical Hub from emergency care, the provision of the DASH Endoscopy Unit and DASH CT/MRI away from urgent diagnostic facilities will result in shorter waiting times and a reduced risk of cancellation as a result of more urgent cases taking priority. This will result in an improved patient experience for those accessing the diagnostic and surgical services.

Principle of Development Summary

- 5.22 Overall, the proposed development accords with Core Policies 1, 3, and 20 of the Wiltshire Core Strategy together with the objectives of the NPPF relating to sustainable development, the effective use of previously developed land and the delivery of essential public service infrastructure, including paragraphs 8, 101 and 128.
- 5.23 The proposal represents an appropriate form of development within the existing Salisbury District Hospital campus and will deliver significant improvements to healthcare infrastructure in a highly sustainable location. Accordingly, the principle of development fully complies with both local and national planning policy.

Design

- 5.24 As the HEAT project progresses, it is expected that the new DASH will be surrounded on all sides by other buildings. However, as the first phase of the HEAT project, it is

acknowledged that the proposed development will introduce a new building onto a (brownfield) site that is currently open and occupied only by a helicopter landing pad and surface car park. A sensitive design approach is therefore essential in order to minimise the impact of the new building and integrate it into the wider landscape.

5.25 Full details of the proposed design approach are set out in the Design Development report that has been prepared by P+HS architects and is provided as part of this pre-application submission. However, in summary, the following strategies have informed the design of the new building:

- 1 Through careful design of the internal layout of the building, a balance has been struck between meeting the needs of SFT in respect of the provision of enhanced elective care and diagnostic facilities, whilst also minimising the overall scale of the building.
- 2 The need to address the topography of the site whilst also ensuring level and convenient access for patients, staff, ambulances and servicing.
- 3 The massing of the building is intended to help break up its overall scale and appearance, create depth and shadow and provide views towards the surrounding landscape.
- 4 The introduction of glazed curtain walling on parts of the building will increase the views out of the building, whilst also creating a sense of openness and allowing natural light in.
- 5 The sensitivity of the wider landscape has been critical in informing the selection of materials, with an avoidance of vibrant colours or reflective materials. To that end, the combination of elevational design and a natural, muted material palette and green landscaping will soften the building, ensure that it is unobtrusive within the landscape and create a sense of calmness and legibility.
- 6 Recognising that the proposed development site represents the highest point within the existing SDH estate, building height is a particular sensitivity and it is an aspiration of the whole HEAT project not to increase the visual impact associated with the site. In compliance with nationally accepted guidelines a full Landscape and Visual Appraisal has been undertaken which demonstrates that the development does not exceed the height of any existing buildings and falls within the existing visual shadow of the hospital complex. It will therefore not be any more visible from the surrounding landscape, nor will it compromise the character of the wider landscape.

5.26 The careful design approach that has been adopted results in a building that:

- 1 Meets the clinical requirements of SFT;
- 2 Provides an attractive environment for patients, staff and visitors; and,
- 3 Is sensitively located within the wider landscape.

5.27 The proposed development adopts a contemporary architectural approach, incorporating a muted and carefully considered material palette that responds sensitively to the hospital's landscaped setting. The use of restrained tones and high-quality materials helps to articulate the building's elevations, reducing the perceived scale and massing while creating a cohesive and distinctive identity. The design respects the character of the surrounding

hospital campus and landscape, delivering a development that is both functional and visually appropriate.

5.28 Accordingly, the proposal is considered to accord with the relevant planning policies relating to design quality, local character and landscape integration. In particular, it has been designed in accordance with Core Policy 57 (Ensuring High Quality Design and Place Shaping), which requires development to respond positively to local character, create attractive places and reinforce a sense of place. The careful consideration given to building form, massing, materials, landscaping and patient experience demonstrates compliance with these objectives.

5.29 The proposal also reflects Chapter 12 of the NPPF, which seeks well-designed places that are visually attractive, sympathetic to local character and create high quality environments.

Landscape architecture

5.30 The proposed design of the building is to be complemented by the landscape strategy which has been developed in response to the elevated position and visual sensitivity of the site. Through the creation of attractive, functional outdoor spaces and the provision of legible and inclusive movement routes, the strategy is intended to:

- 1 Reinforce the role of the DASH within the hospital estate;
- 2 Complement the function, character and therapeutic aims of the new facility; and, in so doing,
- 3 Set a new direction in respect of landscape quality that will follow through into the wider HEAT project.

5.31 The landscape strategy has been shaped by the aspiration to:

- 1 Ensure clear, legible and inclusive routes to the building for all users;
- 2 Create external spaces for patients and visitors to use and enjoy, including opportunities for play;
- 3 Shape views towards green spaces and the adjoining countryside whilst limiting views back to the site and mitigating built form and hard materials;
- 4 Creating a green connection between the existing hospital and surrounding area;
- 5 Establishing suitable SuDS systems and other green and blue infrastructure.

5.32 These objectives will be achieved through the design of the building and careful use of green spaces with habitat creation to contribute to the delivery of biodiversity net gain. Planting will be designed to reinforce the green infrastructure, helping to achieve biodiversity net gain, climate resilience and visual screening.

5.33 In addition to contributing to the well-being of patients, staff and visitors, the landscape strategy is designed to integrate the new DASH within the wider landscape. In particular, it will help to mitigate the necessary loss of vegetation within the existing tree/hedgerow belt on the eastern edge of the car park and helipad.

- 5.34 This approach to landscape design aligns with relevant local and national policies relating to landscape character, visual impact, biodiversity, sustainable drainage, climate resilience, and design quality.

Landscape and visual impact

- 5.35 The landscape strategy has been developed in accordance with Core Policies 51 (Landscape), 52 (Green Infrastructure) and 57 (Ensuring High Quality Design and Place Shaping) of the Wiltshire Core Strategy. The proposals conserve the character of the surrounding landscape by respecting the existing pattern of development, retaining important landscape features where practicable and strengthening the site's green infrastructure through comprehensive new planting.
- 5.36 A Landscape and Visual Appraisal (LVA) has been prepared by Stephenson Halliday to accompany this application. The appraisal considers the likely landscape and visual effects arising from the proposed development during construction and operation.
- 5.37 The LVA concludes that the proposed development has been carefully designed and sited within the existing Salisbury District Hospital campus so that it remains within the established visual envelope of the hospital estate. As a result, the development does not introduce a new or isolated element into the wider landscape but is experienced as part of the existing hospital complex.
- 5.38 The assessment identifies that landscape effects are principally confined to the site itself and its immediate surroundings, with effects reducing with distance. Beyond the immediate area, the proposed building is generally viewed in the context of the existing hospital, with the majority of landscape receptors experiencing only negligible effects.
- 5.39 Visual effects would generally be limited to those receptors within 500m of the site, primarily users of the nearby Public Rights of Way. Beyond this distance, existing landform, vegetation and the established hospital buildings increasingly filter and screen views, resulting in small or negligible visual change. This is clearly illustrated in the wireframes contained within the LVA.
- 5.40 The design has evolved through an iterative process to minimise landscape and visual effects. The proposed building has been positioned to avoid extending development into the surrounding countryside, while retaining the majority of the existing shelterbelt planting. Additional native tree and shrub planting, reinforcement of the existing woodland edge, high-quality soft landscaping and new green infrastructure will further integrate the development into its setting as planting matures. These measures also contribute to biodiversity enhancement, sustainable drainage and the creation of attractive external spaces for patients, staff and visitors.
- 5.41 Overall, the LVA demonstrates that the proposed development would not give rise to unacceptable landscape or visual effects. The proposal has been sensitively integrated within the existing hospital campus, preserves the character of the wider landscape and accords with the relevant landscape and design objectives of local and national policies.

Ecology

- 5.42 Enims Ltd was commissioned to carry out an ecological appraisal (EA) of the proposed development site. This concludes that the application site is primarily comprised of grassland and other developed land, but also contains hedgerow, scrub and scattered tree planting. The EA determines that the proposed development will cause the loss of some of these habitats which have varying levels of potential to support badger, foraging and commuting bats, nesting birds, reptiles, and hedgehog.
- 5.43 The EA includes the following recommendations:
- 1 Retained and nearby habitats should be protected through the works and beyond;
 - 2 Excavations should be covered/back-filled/have an escape route for badgers, reptiles and hedgehogs;
 - 3 Clearance of ground vegetation should take place with badger, reptile and hedgehog species in mind;
 - 4 Wider vegetation clearance should take place outside the bird nesting season (i.e., works should take place September through February) or after a pre-works check by a suitably qualified ecologist; and,
 - 5 Any lighting used should be bat sensitive.
- 5.44 All of these matters can be satisfactorily addressed through the measures that are to be contained in a Construction Management Plan.
- 5.45 Enims also undertook a botanical survey of the existing helipad and the 7ha expansion area in June 2025 and May 2026². This found the land to comprise of species-poor grasslands and a small area of ephemeral growth on bare ground where the land surrounding the helipad had been re-graded. Some species associated with more calcareous soils were recorded, but the vast majority were more indicative of sites that have been disturbed in the recent past and of soils with elevated nutrient levels. No species or habitats of conservation importance were found, and the habitat condition of the land was found to be moderate when assessed against the DEFRA metric.
- 5.46 Ecological mitigation and enhancement measures have been incorporated throughout the design process in accordance with Core Policy 50 (Biodiversity and Geodiversity) and Core Policy 69 (Protection of the River Avon SAC). The proposals seek to minimise ecological impacts, protect retained habitats and provide measurable biodiversity enhancements through habitat creation, wildlife features and Sustainable Drainage Systems. The proposal is also consistent with Chapter 15 of the NPPF, which seeks to conserve and enhance biodiversity and minimise impacts upon designated ecological assets.

Biodiversity Net Gain

- 5.47 A Biodiversity Net Gain (BNG) Strategy has been prepared by Enims Ltd to accompany the application. The strategy has been prepared using the Defra Statutory Biodiversity Metric (Version 1.0.4) and demonstrates how the development will deliver measurable biodiversity enhancements in accordance with the statutory BNG requirements.

² Although the DASH proposal is not to be located on any of the expansion land, the survey covered both the helipad and the expansion area, and both areas are reported in a single document.

- 5.48 The proposals include a comprehensive package of habitat creation and enhancement measures, including new native tree planting, species-rich native hedgerows, areas of species-rich grassland, ornamental planting and wildlife-friendly sustainable drainage features. In addition, off-site habitat enhancement areas within the wider SDH campus will provide further biodiversity improvements through the creation and enhancement of species-rich grassland.
- 5.49 The BNG assessment confirms that no irreplaceable habitats or watercourses will be affected by the development. Whilst the on-site and hospital campus enhancement measures deliver substantial biodiversity improvements, a small residual deficit in area habitat units remains due to the loss of existing neutral grassland and scrub. This deficit will be addressed through the purchase of statutory off-site biodiversity units from an approved provider, ensuring that the development achieves the mandatory BNG requirements. This is to be controlled by way of a Section 106 agreement, as detailed in Section 7.
- 5.50 Overall, the proposed development will achieve the statutory BNG requirements and accords with Core Policy 50 (Biodiversity and Geodiversity) of the Wiltshire Core Strategy and the objectives of Chapter 15 of the National Planning Policy Framework, which seek to conserve and enhance the natural environment and secure measurable gains for biodiversity.

Nutrient neutrality

- 5.51 In respect of nutrient neutrality, it is acknowledged that SDH is located within River Avon catchment. This is a Special Area for Conservation within which Natural England's Nutrient Neutrality advice applies. However, given that the proposed DASH will not result in a net increase in beds and, as a replacement of the existing daycase and diagnostic units, will not generate a significant increase in wastewater discharge. It is therefore not considered that the nutrient neutrality requirements apply and so a Habitats Regulations Assessment would not be required as part of the planning application.
- 5.52 Guidance prepared by Natural England further confirms that nutrient neutrality is not applicable in this instance, stating that this would apply to development that results in a net increase in population and/or the provision of new overnight accommodation, neither of which is proposed as part of the development³.

Arboriculture

- 5.53 The proposed site layout has been informed by arboricultural considerations from the outset, with the retention and protection of existing trees incorporated wherever possible. The design has sought to minimise the loss of trees and vegetation, with unavoidable removals offset through a comprehensive landscape strategy incorporating replacement tree planting and new soft landscaping.
- 5.54 An Arboricultural Assessment, prepared by Bawden Tree Care, accompanies the application and confirms that the proposed development requires the removal of trees and vegetation

³ https://www.wiltshire.gov.uk/media/9120/Natural-England-water-quality-and-nutrient-neutrality-advice-to-councils/pdf/NE_Water_Quality_and_Nutrient_Neutrality_Advice_16_03_2022_Issue_1_Final_2.pdf?m=1651066998240

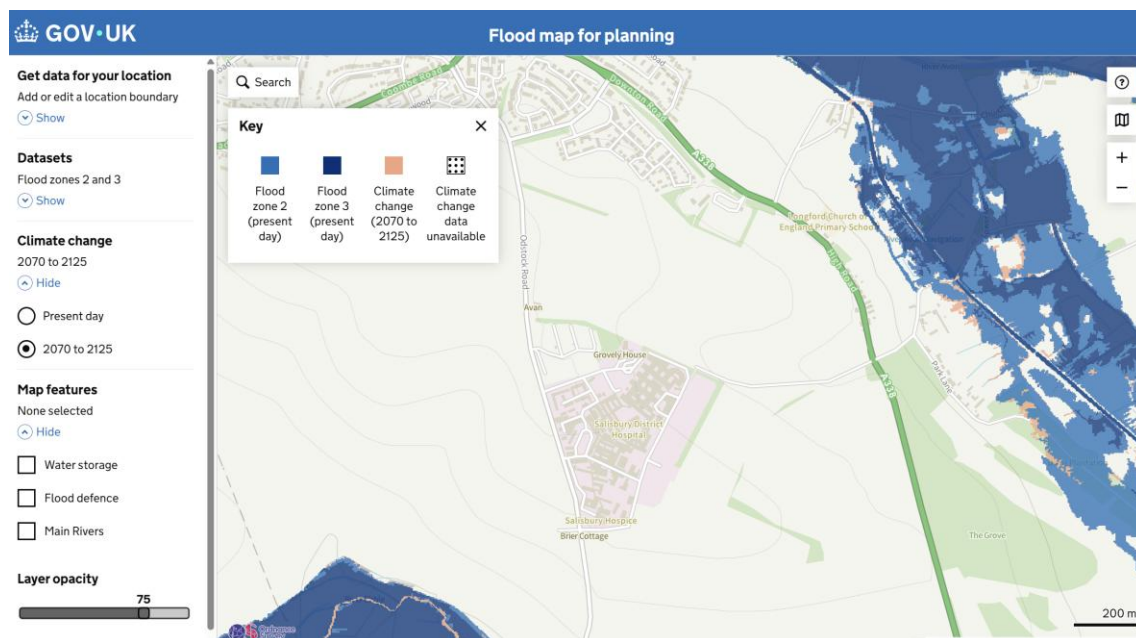
within the application site. However, when considered in the context of the wider hospital estate, the overall arboricultural impact is assessed as negligible.

- 5.55 The trees proposed for removal comprise predominantly young to semi-mature specimens of lower arboricultural quality, categorised as Category B and Category C in accordance with BS 5837:2012. These trees are considered replaceable through new planting.
- 5.56 The development also requires the removal of approximately 72 metres of formal hedgerow and approximately 25 metres of scrub and other informal vegetation. These landscape features are of limited arboricultural value, are capable of replacement and do not represent a constraint to the proposed development. Their loss will be appropriately mitigated through the proposed landscaping scheme.
- 5.57 Overall, the proposed approach to tree retention, replacement planting and landscape enhancement accords with the objectives of Core Policy 51 of the Wiltshire Core Strategy, which seeks to protect, conserve and enhance landscape character while ensuring that development incorporates high-quality landscaping and appropriate mitigation measures.

Drainage and flood risk

- 5.58 The site is identified by GOV.UK's flood maps for planning as occupying an area with a low probability of flooding, specifically with less than a 1 in 1,000 (0.1%) annual probability of river, sea or groundwater flooding (defined as flood zone 1). As such, a FRA is not required as part of the planning application.

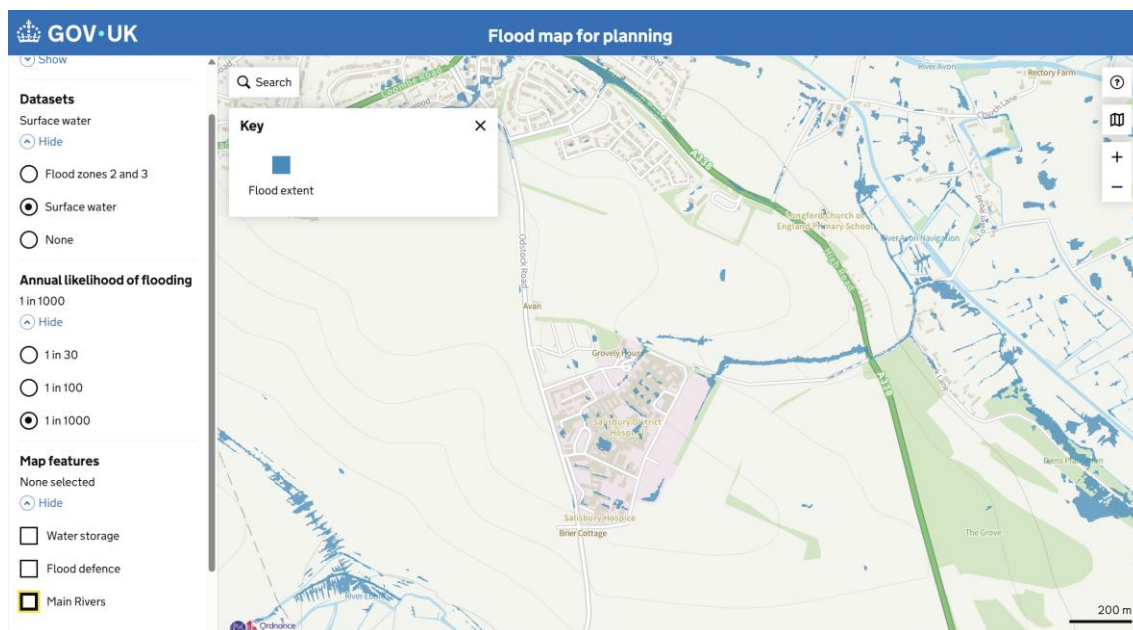
Figure 5.1 Flood map for planning: Flood zones 2 and 3 to 20125



Source: Flood Map for Planning (gov.uk)

- 5.59 Although some parts of the SDH site are potentially at risk of surface water flooding under a 1 in 1,000-year scenario, the proposed development site is not subject to any risk of surface water flooding.

Figure 5.2 Flood map for planning: Surface water (1:1,000 year event)



Source: Flood Map for Planning (gov.uk)

- 5.60 This application is accompanied by a Flood Risk and Drainage Strategy prepared by Mott MacDonald. The Report sets out that surface water will be attenuated to accommodate a 1 in 100-year storm event with a 45% allowance for climate change before infiltrated into the ground throughout the proposed development area.
- 5.61 Storage and infiltration are split across the site based on proposed topography and the retained ground levels. Infiltration via pervious paving is provided for all footpaths and car parking spaces within the development. Larger storage and infiltration areas are provided using below-ground attenuation tanks. Bioretention areas are also proposed around landscaped areas to promote capture of source runoff and initial retention for lower return periods.
- 5.62 The introduction of a SuDS system into the site will ensure that strategy is proposed in order to ensure that any runoff from the DASH building and hard-paved areas can be managed in an appropriate manner. The blue infrastructure could include rain gardens and drainage swales which will slow the flow of water, absorb it, and improve water quality across the site. This will contribute to a climate-resistant environment that promotes biodiversity and enhances the wellbeing of patients, staff, and visitors.
- 5.63 The peak foul flow rate from the development is estimated to be 10.3l/s. This will be discharged into the existing Wessex Water foul sewer running parallel to Victoria Road East along the western boundary of the site.
- 5.64 Overall, the proposed drainage strategy reflects the requirements of Core Policy 52 (Green Infrastructure) and Core Policy 41 (Sustainable Construction and Low Carbon Energy) by integrating Sustainable Drainage Systems throughout the site. The strategy will ensure that runoff rates are appropriately managed whilst also providing wider biodiversity and landscape benefits. The proposals also accord with Chapter 14 of the NPPF by ensuring that

flood risk is appropriately managed and that climate resilience is embedded within the development.

Heritage and archaeology

- 5.65 Wessex Archaeology has been commissioned to provide on-going heritage support in relation to the proposed development and wider HEAT project and has produced three baseline reports relating to the wider HEAT project alongside a heritage statement which was produced in relation to the proposed development concerning this application submission:
- 1 Built Heritage Assessment (May 2019);
 - 2 Setting Assessment (June 2019);
 - 3 Archaeological Desk-Based Assessment (July 2019); and,
 - 4 Heritage Statement (July 2026).
- 5.66 The Built Heritage Assessment (May 2019) concluded that SDH does not contain or intersect any designated heritage assets. The assessment identified that the existing buildings and structures hold varying degrees of heritage value and significance, ranging from high to none, with the majority assessed as moderate or moderate-low significance.
- 5.67 The Settings Assessment (June 2019) recommended that further detailed assessment should be carried out with regards to the precise effects on the significance of affected assets. In particular, the assessment advised that Longford Estate and Woodbury Ancient Villages were subject to further detailed impact assessment, although it is noted the Heritage Statement (2026) concludes that the proposed development would have no impact on the setting of Woodbury Ancient Villages and there are no specific design considerations which should be taken into account with regard to Longford Castle Registered Park and Garden nor associated assets such as the Grade I Longford Castle.
- 5.68 The Archaeological Desk-Based Assessment identified no overriding archaeological constraints which are likely to prohibit the proposed DASH development, although it did identify two recorded non-designated heritage assets, including the former location of a WWII anti-aircraft battery located on the part of the expansion land; this may have associated buried remains but will have no bearing on the DASH proposal which does not extend into the expansion area.
- 5.69 The Heritage Statement notes that there are no overriding heritage constraints that would prevent the proposed development. The proposals would not harm the significance or setting of any designated heritage assets within the study area and no designated heritage assets within the surrounding area are considered sufficiently sensitive to experience harm through changes to their setting.
- 5.70 The Statement confirms that there is potential for archaeological remains on the site, particularly later prehistoric and Romano-British features. However, no remains of the previously recorded WWII anti-aircraft battery were identified. Any adverse effects on archaeological remains can be appropriately managed through a programme of archaeological investigation, monitoring and mitigation.

- 5.71 As previous archaeological investigation has been limited, the presence, extent and significance of any buried archaeological remains cannot be confirmed. Given that any impacts would be permanent, further archaeological investigation will be required to inform and mitigate development.
- 5.72 The Assistant County Archaeologist was consulted regarding the scope and timing of any further archaeological works. Across the site, archaeological potential is less well understood and as the site remains in active use, pre-determination investigation is not considered practicable. Accordingly, a programme of strip, map and record is proposed for these areas.
- 5.73 The proposal therefore demonstrates compliance with Core Policy 58 (Ensuring the Conservation of the Historic Environment) through a design approach that preserves the significance and setting of nearby heritage assets. The proposals also satisfy Chapter 16 of the NPPF by conserving heritage assets in a manner proportionate to their significance.

Transport

- 5.74 A Transport Assessment (TA) has been prepared by SLR which demonstrates that the proposed development can be accommodated within the local transport network without giving rise to unacceptable impacts on highway capacity or safety.
- 5.75 The TA concludes that the development would generate approximately 313 two-way vehicle movements across a typical weekday, comprising 51 staff vehicle trips and 262 patient vehicle trips. Due to the shift-based nature of hospital operations, these movements occur throughout the day rather than coinciding with the traditional highway peak periods. Around 16 two-way vehicle trips are forecast during the AM peak hour and 18 during the PM peak hour, equating to around one additional vehicle movement every three to four minutes. The TA therefore concludes that the proposal will not have a material impact on the operation or capacity of the surrounding highway network.
- 5.76 Junction capacity modelling further demonstrates that the proposed access will continue to operate well within capacity, including when forecast traffic associated with adjacent growth land is taken into account.
- 5.77 The TA also confirms that the site is highly accessible by a range of sustainable transport modes. SDH is well served by existing pedestrian and cycle routes, local bus services and the nearby Britford Park and Ride facility. The Trust already operates a dedicated shuttle bus between the hospital and the Park and Ride at approximately 10-minute intervals during weekdays for staff, whilst the accompanying Framework Travel Plan (FTP) demonstrates continued promotion of walking, cycling, public transport and car sharing.
- 5.78 The development also includes new active travel connections through the hospital campus, together with secure covered cycle parking, visitor cycle stands, staff changing facilities and showers to encourage active travel.
- 5.79 Further sustainable transport improvements will be delivered (albeit via a separate application) through the provision of a new bus stop adjacent to the DASH building, which is anticipated to be served by the existing Red 1 service at a frequency of four buses per hour. Salisbury Red has confirmed that it raised no objection in principle to the proposed

bus stop. This enhancement significantly improves the accessibility of the site, increasing the BREEAM Accessibility Index score from 3.37 to 5.66.

- 5.80 The proposed development impacts approximately 245 existing parking spaces, predominantly staff parking within the red line boundary. As part of the application, Staff Car Park 10 will be extended to provide a net gain of 38 spaces, whilst the accompanying FTP and the Trust's wider parking management strategy include measures such as parking permit controls, promotion of the Park and Ride shuttle service, car sharing initiatives and travel demand management to ensure parking demand continues to be effectively managed whilst continuing to promote sustainable modes of travel.
- 5.81 The current entrance to Car Park 9 is located within the site of the proposed DASH building and will be removed to facilitate the new development. A series of changes to the layout of Car Parks 8 and 9 are proposed to ensure that the remaining parking areas can operate in an efficient manner. These works will be subject to a separate planning application. Crucially, however, both car parks will continue to be operational pending the implementation of such works; access to and egress from both car parks can be achieved from existing entry/exit points and circulation will continue to be possible. The proposed works will simply improve the operational efficiency and the ease of use by staff and patient/visitors. As part of the proposed works to Car Parks 8 and 9, a new bus stop is to be provided on Victoria Drive East, adjacent to Car Park 7.
- 5.82 Consideration is also being given to a range of measure that will help to mitigate the loss of car parking provision through the creation of replacement parking areas. These will be subject to separate planning applications which will be submitted as soon as possible so that they can be determined in conjunction with this application and that the replacement parking can be made available prior to the expected loss from Car Parks 8 and 9.
- 5.83 The transport strategy therefore accords with Core Policies 60, 61 and 62 of the Wiltshire Core Strategy by promoting sustainable travel, providing safe and accessible access for all users, mitigating transport impacts and ensuring that the development can be accommodated without adverse effects on the local highway network.
- 5.84 The proposals also align with Chapter 9 of the National Planning Policy Framework, which seeks to promote sustainable transport, provide genuine travel choice and ensure that developments only give rise to acceptable impacts on highway safety and network capacity.

Contamination

- 5.85 Given the current existing use of the site, the potential for areas of contamination has been appropriately assessed through a Ground Investigation Report (GIR), prepared by Mott MacDonald. The report concluded that there are no significant geo-environmental constraints that would prevent development of the site. Potential risks to construction workers, future site users, controlled water sand neighbouring land were found to be generally low to moderate/low, with no unacceptable pollutant linkages identified. Groundwater monitoring and contamination testing confirmed that no remediation strategy is required at this stage, although good construction practice should be adopted during development.

- 5.86 The report concluded that the site is suitable for the proposed devolvement and that there are no significant contamination risks that would preclude planning permission. Accordingly, the proposals accord with Policy 56 (Contaminated Land) of the Wiltshire Core Strategy and the objectives of Chapter 15 of the NPPF, which seek to ensure that land is suitable for its proposed use and that unacceptable risks from pollution are avoided.

Sustainability, energy and engineering

- 5.87 A Sustainable Energy Strategy has been prepared by Mott MacDonald to accompany this application. The report demonstrates how the proposed development has been designed to meet the sustainability objectives of the NHS Net Zero Building Standard and Core Policy 41 (Sustainable Construction and Low Carbon Energy) of the Wiltshire Core Strategy.
- 5.88 The proposed development forms an important part of SFT's Trust's wider decarbonisation programme and has been designed in accordance with the NHS commitment to achieving net zero carbon. The design adopts a fabric-first approach, incorporating high-performance building fabric, energy efficient building services and low carbon technologies to minimise operational energy demand and carbon emissions. The strategy also promotes the use of modern methods of construction and material-efficient design to reduce embodied carbon whilst providing a flexible building capable of adapting to future clinical needs.
- 5.89 The Sustainable Energy Strategy confirms that the development is targeting a BREEAM Excellent rating under BREEAM UK New Construction Version 6.1, with a current predicted score of 77.40%, exceeding the threshold required for an 'Excellent' certification. The report also demonstrates how the proposals address wider sustainability objectives through responsible material selection, efficient water use, waste minimisation, ecological enhancement and climate resilience measures.
- 5.90 Overall, the Sustainable Energy Strategy demonstrates that sustainability considerations have been embedded throughout the design process. The proposals accord with Core Policy 41 of the Wiltshire Core Strategy and the objectives of Chapter 14 of the National Planning Policy Framework by delivering a highly sustainable healthcare facility that minimises energy demand, reduces carbon emissions and supports the transition to a low carbon future.

Noise

- 5.91 A Noise Impact Assessment (NIA) has been prepared by Mott MacDonald and accompanies this application. The assessment considers the principal operational noise associated with the development, namely:
- 1 Noise from mechanical plant associated with the building services; and,
 - 2 Noise from additional road traffic generated by the proposed DASH.
- 5.92 The assessment states that the mechanical plant has been designed in accordance with recommended standards. A package of mitigation, including a 3-metre acoustic barrier around the rooftop air source heat hump enclosure together with acoustic screening and attenuation measures, has been incorporated into the design. This ensures appropriate internal and external noise criteria are achieved.

- 5.93 The NIA further concludes that additional traffic associated with the development will generate negligible increase in road traffic noise k.
- 5.94 Accordingly, the NIA concludes that the proposed development can be accommodated without giving rise to unacceptable impacts on neighbouring occupiers or the operation of the surrounding healthcare facilities. The proposals therefore accord with Policy 57 of the Wiltshire Core Strategy and the objectives of the NPPF (specifically paragraph 198(a)), which seek to prevent development from resulting in unacceptable levels of noise pollution whilst safeguarding health, amenity and quality of life.

Lighting

- 5.95 An External Lighting Strategy has been prepared by Mott Macdonald to accompany this application. The lighting scheme has been developed to provide a safe and secure environment for patients, staff and visitors alike, whilst minimising light spill, glare, sky glow and impacts on neighbouring receptors and ecological interests.
- 5.96 The proposal incorporates full cut-off LED luminaries, careful directional lighting, shieling, warm colour temperature lighting, curfew controls, dimming and presence detection to minimise unnecessary illumination and reduce energy consumption. The strategy also adopts the principles of avoiding, minimising and mitigating impacts on bats and other nocturnal wildlife.
- 5.97 The accompanying LVA confirms that the proposed lighting has been carefully considered in relation to the surrounding landscape and the nearby Cranborne Chase and West Wiltshire Downs National Landscape. Whilst the development will introduce new external lighting, it will be located within the existing illuminated hospital campus and therefore represents only a minor addition to an already established lit environment.
- 5.98 Through the use of measures to minimise light spill and sky glow, such as full cut-off LED luminaries, directional lighting, shieling, warm colour temperature lighting, curfew controls, dimming, presence detection etc, lighting effects are predicted to remain localised. The LVA concludes that there would be a Negligible Neutral effect on the National Landscape's special quality of its expansive dark night skies, including the ability to experience the Milky Way, demonstrating that the proposal would not give rise to unacceptable landscape or dark skies impacts.
- 5.99 The lighting strategy and LVA demonstrates that the development has been designed to protect amenity whilst providing an appropriate and safe external environment. The proposals therefore accord with Policies 57 and 41 of the Wiltshire Core Strategy and paragraph 198(c) of the NPPF.

Waste Management

- 5.100 A Waste Audit has been prepared by Mott MacDonald to accompany the planning application. The audit demonstrates that the proposals have been developed in accordance with the waste hierarchy, prioritising prevention, reuse, recycling and recovery of materials before disposal.
- 5.101 A Construction Management Plan will include a detailed Construction Waste Management Plan, setting out arrangements for waste segregation, storage, transportation and

monitoring during construction. Once operational, the facility will be managed in accordance with the Salisbury NHS Foundation Trust’s existing waste management procedures, including the management of clinical and domestic waste streams.

Construction management

- 5.102
- A Construction Management Plan (CMP) is to be prepared and submitted alongside the planning application. This will explain how the effects of construction impacts – such as noise, fumes and dust, vibration from foundation works and construction lighting – on the surrounding receptors are to be minimised and mitigated. The plan will also provide details in respect of how the hospital will remain operational during construction phase and how and potential impacts on patients, staff and visitors will be identified and mitigated. In order to avoid the requirement for a pre-commencement condition in respect of construction management, the CMP will be submitted to Wiltshire Council during the determination period.

Economic impacts

- 5.103
- The proposed development will contribute to improved economic and social value outcomes during the construction phase, as summarised below.

During construction

- 5.104
- We are advised by SFT that the construction cost of the DASH will be approximately [REDACTED] million, and it is anticipated that it will be delivered over an 88-week (1.7 year) period.
- 5.105
- Labour coefficients from the HCA Calculating Cost per Job Best Practice Note (2015) assume that 10.7 direct FTE construction jobs will be created for every £1 million investment in public sector non-housing development (based on 2011 prices). Using this data, we have calculated that the proposed development could be expected to support 190 gross direct FTE jobs annually over the construction phase.

Table 5.1 Assessment of Construction Employment

[REDACTED]	
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Source: HCA Calculating Cost per Job Best Practice Note (2015)/Lichfields Analysis

- 5.106
- It is acknowledged that levels of employment on-site will not remain uniform throughout the construction period. Rather, they will vary to reflect different stages of the build – some of which will, inevitably, be more labour intensive than others.

⁴ Source: Calendar years 2011 to 2025 taken from ONS series MNF2 in data tables: Table O.
<https://www.ons.gov.uk/file?uri=/economy/grossdomesticproductgdp/datasets/uksecondestimateofgdpdatatables/quarter1jan-to-mar2023quarterlynationalaccounts/quarterlynationalaccountsdatatables.xlsx> For years 2023-24 to 2027-28 (2023 to 2027): taken from the Office for Budget Responsibility (OBR) GDP deflator forecasts as of March 2023 Economy Supplementary tables.
<https://obr.uk/efo/economic-and-fiscal-outlook-march-2023/>

- 5.107 In addition, the development will also support 230 indirect FTE jobs in the supply chain and related services per annum over the build period. This figure is based on the application of Research by CEBR for the National Housing Federation (2022)⁵ which indicated that the construction industry has an indirect and induced employment FTE multiplier of 1.21 for public sector non-housing development in the South West⁶.
- 5.108 Taking account of the net direct and indirect/induced jobs generated by the construction phase, a total of 420 FTE jobs are expected to be supported each year. Given the need for the proposed development, it is reasonable to assume that this level of job creation would be net additional as it would not result in the diversion of activity from other development sites.
- 5.109 The HACT Social Value Bank quantifies the social value derived from taking people from unemployment to full-time employment. There are currently 5,700 people aged between 16 and 64 in Wiltshire that are out of work and seeking employment⁷. This means that all of the new construction opportunities that are to be created have the potential to help reduce local unemployment. As such, we have applied the HACT value of £14,661 per job created taking somebody out of unemployment to the number of direct FTE construction jobs that are to be created. This means that the proposed development provides an opportunity for c.£2.8 million of social value per annum to be generated through the construction period – equivalent to a total of c.£4.7 million over the full build period.

Improved skills

- 5.110 Local workers employed during construction could also benefit from the training typically offered by housebuilders to employees, helping to develop their skills. This can include courses focused on:
- 1 General Health and Safety;
 - 2 Upskilling; and,
 - 3 Manual Handling.
- 5.111 The development will create a range of trainee and apprenticeship positions. These will play a vital role in attracting more young people into the sector. They offer the benefit of providing pay to individuals whilst they acquire training and develop highly credible and transferable skills.
- 5.112 The HACT UK Social Value Bank identifies a social value figure of:
- 1 £1,001 per on-the-job training opportunity created; and,
 - 2 £13,171 per apprenticeship created.

⁵ <https://www.housing.org.uk/globalassets/files/resource-files/leic/nhf-local-economic-impact-calculator---methodologyassumptions-2022>

⁶ This multiplier relates to total employment and means that 1.21 indirect/induced jobs will be created across the South West for every new direct job in the construction of housing.

⁷ Annual population survey 12 months to December 2025

Growth in the local economy

- 5.113 The proposed development will support the growth of the local economy. In part, this will be achieved by increasing economic output as measured by Gross Value Added (GVA) which represents the additional value that is added through economic activity.
- 5.114 On average, the construction sector generates an average GVA per FTE worker of £87,328 per annum in the South West⁸. The GVA per FTE worker data provided by Experian is currently calculated based on 2019 GVA generation figures. As such, an uplift of 1.29 has been applied to these figures to translate them into 2026 figures⁹. Application of this (adjusted) figure to the number of FTE construction jobs identified above indicates that the proposed development has the potential to deliver a temporary uplift in direct GVA during construction equal to c.£21.3 million per annum during the 1.7-year build period, together with an indirect increase of c.£27.1 million per annum GVA over the construction period¹⁰. The total (direct and indirect) GVA over the full construction period will therefore equate to £82.3 million.
- 5.115 The social value of investment in the local economy cannot be monetised. However, this outcome will help improve the economic, social and environmental wellbeing of the wider community by supporting local businesses.

Operational employment

- 5.116 It is estimated that approximately 120 people will be employed within the new DASH facility following completion. The majority of the staff are already employed at SDH and work within the existing day surgery unit and diagnostics suite. It is estimated approximately 20 new members of staff will be employed at the DASH.
- 5.117 In the context of an overall workforce of approximately 5,500 people at SDH, this increase is not considered to be significant, and the Transport Assessment concludes that it will not have a material impact on traffic flows or highway capacity. However, this increase – which is required to service the additional diagnostic capacity that is proposed in the form of increase CT/MRI scanners and a further endoscopy suite – will be critical to ensuring that the new facilities can be operated in the most effective manner and that patient throughflow and care can be maximised.

⁸ Experian July 2023

⁹ Source: Calendar years 2019 to 2022 taken from ONS series MNF2 in data tables: Table O.

<https://www.ons.gov.uk/file?uri=/economy/grossdomesticproductgdp/datasets/uksecondestimateofgdpdatatables/quarter1jan-to-mar2023quarterlynationalaccounts/quarterlynationalaccountsdatatables.xlsx> For years 2023-24 to 2027-28 (2023 to 2027): taken from the Office for Budget Responsibility (OBR) GDP deflator forecasts as of March 2023 Economy Supplementary tables. <https://obr.uk/efo/economic-and-fiscal-outlook-march-2023/>

¹⁰ This figure is based on research undertaken by CEBR on behalf of the NHF which indicates that £1 of GVA would support £1.27 of indirect GVA for the construction of housing

6.0 Integration with the wider HEAT project

- 6.1 Although it is to be delivered by SFT, the proposed new DASH effectively represents the first phase of the HEAT project. In addition to addressing a key clinical priority for SFT, it occupies a gateway site that will integrate the existing hospital with future development on the expansion land. It will therefore set the tone for subsequent phases of development which will include additional hospital facilities, life science floorspace, education space and key worker accommodation.
- 6.2 This importance has been reflected in the careful selection of the proposed development site. The proposed location provides physical separation from the hospital whilst also affording good proximity to and connectivity with both the hospital and the expansion land. This is important in ensuring resilience and operational efficiency both in the short term and also in the longer term as the wider HEAT project introduces development to the north and east of the proposed new DASH. The inclusion of this building within the HEAT masterplan will ensure a sensitive and co-ordinated integration of this building into subsequent phases of development. Whilst the DASH building is appropriately sized to meet the identified clinical requirements, this Planning Statement and the associated submission documents demonstrate that it will be sensitively integrated into the landscape without being more visible than the existing hospital. These are principles that are central to the wider HEAT strategy.
- 6.3 The gateway nature of the site is reflected in the presence of the new 7.3m wide access route between Victoria Drive East and the expansion land on which a number of phases of the HEAT project are to be delivered. A 3.5m wide corridor is safeguarded along the northern side of the DASH building and the western corridor of the site for the future delivery of an active travel route into the expansion land.
- 6.4 The design approach therefore has had regard to the current setting around the site and its longer-term context. The integration of the DASH within the wider HEAT masterplan is illustrated in Figure 6.1.

Figure 6.1 HEAT illustrative masterplan



7.0

Conditions and Section 106 agreement

Conditions

7.1

It is recognised that planning permission for the DASH will necessarily be subject to conditions. In order to minimise any delay to the commencement of development, we would be keen to discuss the ways in which pre-commencement conditions might be avoided. This would likely be through the submission of any information that might usually be subject to condition during the determination period. It is for this reason that this application includes a substantial body of evidence, and we trust that this will be sufficient to inform Wiltshire Council's determination of the application and avoid the need for pre-commencement conditions.

7.2

A Construction Management Plan will be prepared and submitted to the Council during the determination period, and we trust that this can be agreed in conjunction with the grant of planning permission. This will set out (amongst other things) how the hospital will continue to operate during the construction period, including constriction traffic movements and the suppression of dust and noise. A condition requiring construction to be undertaken in accordance with the Construction Management Plan would be accepted.

7.3

Other detailed information – including the approval of any signage that is required – could be subject to pre-occupation conditions

7.4

We would be pleased to discuss planning conditions in more detail during the determination period.

Section 106 agreement

7.5

As set out above and in the accompanying BNG metric, the requisite 10% BNG is to be achieved through a combination of measures, including:

- 1 Improvement of biodiversity within the proposed development area;
- 2 Improvement of biodiversity elsewhere on the SDH campus noting that, for the purpose of this assessment, such measures would constitute off-site improvements, albeit that the fact that this land is within the same ownership as the application site will be important in facilitating delivery and maintenance of the BNG area; and,
- 3 Purchase of credits to make up the residual requirement.

7.6

A Section 106 agreement will be required in respect of all aspects of the BNG provision. Given the timescales associated with the delivery of this project, our preference would be to reach a final position in respect of the Section 106 agreement prior to the determination of the application.

7.7

To facilitate this process, the proposed Heads of Terms of the Section 106 agreement are set out below:

Schedule 1 – On-Site Biodiversity Land

- 1 Site plan.

- 2 Habitat creation obligations.
- 3 Habitat Management and Monitoring Plan.
- 4 30-year management obligations.

Schedule 2 – Off-Site Biodiversity Units

- 1 Details of off-site location and ownership of land.
- 2 Number and type of units.
- 3 Registration requirements.
- 4 Replacement unit provisions.

Schedule 3 – Statutory Biodiversity Credits

- 1 Credit purchase evidence.
- 2 Credit allocation provisions.
- 3 Mechanism for additional credits if required.

Schedule 4 – Monitoring

- 1 Monitoring timetable.
- 2 Reporting requirements.
- 3 Remediation provisions.
- 4 Council step-in rights.

7.8

We do not consider that any other matters would need to be subject to a Section 106 agreement which we would be pleased to discuss in more detail during the determination period.

8.0 **Conclusion: the planning balance**

- 8.1 The proposed development represents a significant investment in the future of SDH and the delivery of healthcare across Wiltshire and the surrounding catchment. The proposal will replace ageing facilities that have exceeded their operational lifespan with modern, purpose-built facilities capable of meeting current NHS standards and supporting future healthcare demands.
- 8.2 The proposal will deliver substantial public benefits, including:
- 1 Modern surgical and diagnostic facilities capable of reducing waiting times and improving patient outcomes.
 - 2 Increased resilience of elective care through separation from emergency services.
 - 3 Replacement of buildings which are no longer fit for purpose.
 - 4 Improved operational efficiency and patient experience.
 - 5 Investment in modern healthcare infrastructure.
 - 6 Biodiversity enhancements, sustainable drainage and landscape improvements.
 - 7 Significant economic benefits through construction investment, employment and long-term support for Salisbury District Hospital:
 - a An investment of £44.4 million.
 - b 190 direct FTE construction jobs will be created per annum, totalling 320 FTE construction jobs over the 1.7-year build period. The social value of the creation of jobs whereby employees can move from unemployment to full time employment is £2.8 million per annum – equivalent to £4.7 million over the full construction period.
 - c 230 indirect and induced FTE jobs will be created in the supply chain and related services per annum over the build period.
 - d The development will support local workers to access employment, training opportunities and upskilling.
 - e The development will support a total of c.£82.3 million increase in direct and indirect economic output over the full construction period, comprising £21.3 million direct GVA per annum and £26.1 million indirect GVA per annum.
- 8.3 The proposal has been carefully designed to minimise environmental impacts and is supported by detailed technical assessments covering landscape, ecology, heritage, transport, drainage, contamination and sustainability which demonstrate that any impacts can either be avoided or appropriately mitigated.
- 8.4 When assessed against the Development Plan, the proposed development clearly accords with the strategic objectives of the Wiltshire Core Strategy. It represents sustainable development that will deliver substantial social, economic and environmental benefits whilst making efficient use of previously developed land within the existing hospital campus. The proposal also aligns closely with the National Planning Policy Framework

through the delivery of essential healthcare infrastructure, the efficient use of land, high-quality design and sustainable development.

Table 8.1 Summary of policy alignment

Core Strategy Policy	Alignment
Core Policy 1 Settlement Strategy	Compliant Development supports Salisbury's role as the principal service and employment centre.
Core Policy 2 Delivery Strategy	Compliant Delivers strategic healthcare infrastructure in a sustainable location.
Core Policy 3 Infrastructure requirements	Compliant Provides essential healthcare infrastructure and place-shaping improvements.
Core Policy 20 Spatial Strategy: Salisbury Community Area	Compliant Supports strategic growth within the Salisbury Community Area.
Core Policy 23 Spatial Strategy: Southern Wiltshire Community Area	Compliant Contributes towards wider healthcare provision serving Southern Wiltshire.
Core Policy 34 Additional employment land	Compliant Supports employment and investment associated with the hospital campus.
Core Policy 35 Existing employment sites	Compliant Strengthens the long-term operation of an established employment site.
Core Policy 41 Sustainable construction and low carbon energy National planning policy relating to sustainable construction and climate change.	Compliant Incorporates sustainable construction and low-carbon technologies. Proposed drainage strategy fully complies with local and national policy relating to flood risk, sustainable drainage and climate resilience.
Core Policy 42 Standalone renewable energy installations	Compliant Renewable and low-carbon energy measures are integrated where appropriate.
Core Policy 50 Biodiversity and Geodiversity Biodiversity objectives of the NPPF.	Compliant Biodiversity mitigation and enhancement incorporated throughout the scheme. Protecting important trees where possible and delivering significant replacement planting and landscape enhancement.
Core Policy 51 Landscape Landscape objectives of the NPPF	Compliant Landscape impacts minimised through sensitive design and planting. Landscape-led design approach which mitigates visual effects and delivers significant environmental enhancements. Protecting important trees where possible and delivering significant replacement planting and landscape enhancement.

Core Strategy Policy	Alignment
Core Policy 52: Green Infrastructure Landscape objectives of the NPPF	Compliant High-quality green infrastructure and SuDS integrated throughout the site. Landscape-led design approach which mitigates visual effects and delivers significant environmental enhancements. Proposed drainage strategy fully complies with local and national policy relating to flood risk, sustainable drainage and climate resilience.
Core Policy 57 Ensuring High Quality Design and Place Shaping Design objectives of the NPPF	Compliant Delivers high-quality design and placemaking appropriate to its setting. Delivery of a high-quality healthcare building which is both functional and sensitive to its landscape setting. Protecting important trees where possible and delivering significant replacement planting and landscape enhancement. Safeguarding the amenity of existing and future users.
Core Policy 58 Ensuring the Conservation of the Historic Environment Heritage objectives of the NPPF	Compliant Heritage impacts appropriately assessed and mitigated. No unacceptable heritage impacts have been identified.
Core Policy 61 Transport and New Development	Compliant Transport impacts appropriately mitigated with replacement parking and active travel measures. Provision of appropriate access arrangements, replacement parking and sustainable transport measures.
Core Policy 69 Protection of the River Avon SAC Biodiversity objectives of the NPPF.	Compliant No adverse effects on the River Avon SAC and nutrient neutrality requirements appropriately addressed.

- 8.5 For the reasons set out above, it is clear that the proposed development accords in full with the relevant development plan policies. There are also a number of material considerations that weigh in support of the development, as set out in this document and summarised above.
- 8.6 There are no reasons to withhold planning permission, and Wiltshire Council is requested to support this important proposal by granting full planning permission for its development.

Appendix 1 : Wessex Investment Prospectus





