

Technical Note

Response to Highways Comments

Hinckley & District General Hospital, Mount Road

Project Number: 23013
Doc Number: TN02
Prepared for: NHS Properties

20 December 2023

Rev	Issue Purpose	Author	Checked	Reviewed	Approved	Date
A	First Issue	SEC	DJT	SEC	DJT	16/11/2023
B	Clarifications	SEC	DJT	SEC	DJT	20/12/2023

1. Introduction

Purpose of the Note

- 1.1 Markides Associates have been instructed by NHS Properties to provide this short Note in response to comments issued by the Highway Authority at Leicestershire County Council (LCC) in respect of outline planning application for the redevelopment of a Community Diagnostics Centre (CDC) and Endoscopy building (Use Class E(e)) at Hinckley and District General Hospital, Mount Road, Hinckley. Access, scale, and layout are to be determined as part of the application.
- 1.2 A Transport Statement (TS) authored by Markides Associates and dated 24 August 2023 was submitted in support of the proposals.
- 1.3 The officer's comments in full are included as **Appendix A**.

Updates

- 1.4 This TN (REV B) has been updated to provide additional clarifications within Section 4, in response to additional comments received from the highway authority, and following additional discussions with the NHS.

Main Comments

- 1.5 The conclusion of the comments is as follows:

The LHA requires the Applicant to submit additional information to the LPA in respect of the following points, for further consideration by the LHA:

- Provision of the general arrangement drawing for the site access and clarity in respect of whether any amendments are proposed to the existing access where it connects to the adopted highway at Mount Road. Provision of a Stage 1 Road Safety Audit (and Designers Response to any issues) if the access design at the Mount Road junction is proposed to change.
- Consideration of Personal Injury Collision data, it has been advised within the TS this is to be submitted to the LPA.
- Further clarity in respect of both existing and proposed staff and patient numbers at the development site and clarity as to how many staff/ patients will be on-site at any one time as a result of the proposals or would have been under the physio use.
- A first principles approach in considering trip generation, which could consider the level of vehicle trips the physio use could have generated during the AM and PM peaks as well as throughout the day in comparison to the proposals.
- Clarity in respect of parking provision and how this was operated under the physio use and how it would be operated under the proposed use, e.g., any staff parking allocations within the overall site and where patients would be directed to park.

1.6 The remainder of this Note addresses the comments above in turn.

2. Amendments to the Highway

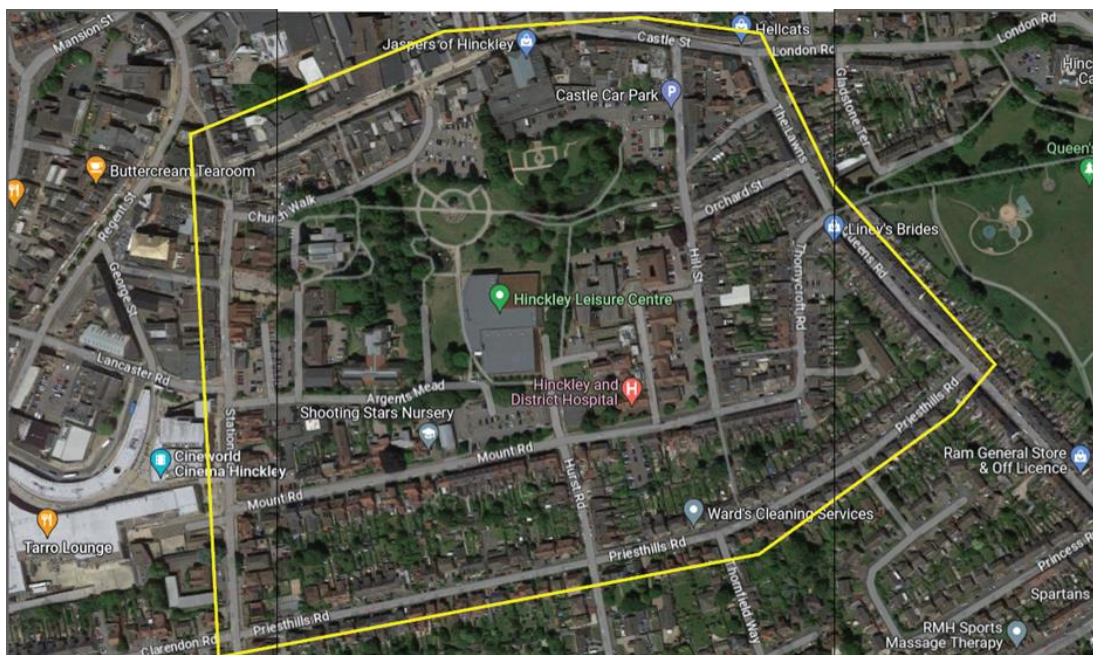
2.1 A General Arrangement should now have been issued as a planning application document by separate cover, including the Road Safety Audit Stage 1. This shows that no material change is proposed to the junction of Argents Mead and Mount Road; there is an option for an inset delivery bay in place of the existing on-street painted bay, but all of these fall outside of the extent of the public highway boundary.

3. Collision Data

Scope of Search

3.1 A PIA collision data search was commissioned from LCC, which included all roads within the vicinity of the hospital. Including Hill Street, Mount Road, Argents Mead, Hurst Road, Castle Street, Station Road, Priesthills Road, Orchard Street, The Lawns, and Queen's Road, which are the roads which would be expected to carry the distribution of site traffic in the first instance. The scope of search is shown overleaf in Figure 3.1.

Figure 3.1 Scope of Search



3.2 The search returned a total of 5 recorded collisions, which are shown diagrammatically overleaf in Figure 3.2.

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- 3.3 The data encompasses all records from 2018-2023 up to the most recent record held. Each collision resulted in a single casualty. A summary of the frequency of collision by severity is provided in Table 3.1.

Table 3.1 Summary of Collisions

Year	Severity			Total
	Slight	Serious	Fatal	
2018	1	0	0	1
2019	1	0	0	1
2020	1	0	0	1
2021	1	1	0	2
2022	0	0	0	0
2023	0	0	0	0
Total	4	1	0	5

- 3.4 As shown, there were no recorded collisions in the area in 2022 or so far in 2023. Four of the recorded collisions resulted in slight personal injury casualties and the final collision in a serious injury.
- 3.5 All of the collisions occurred in dry conditions, and none involved a turning movement. Three collisions resulted in pedestrian injuries, including the serious casualty.
- 3.6 No factors are noted as potential causes for any collision; however, some appear to have been rear end shunts in slow moving traffic. The pedestrian movements are also not noted. However, there is no clear pattern of accident to suggest that there is a material design issue on any part of the local highway near to the site, and that the accident rate is low.

4. Staffing

- 4.1 Additional detail has been provided by the NHS on staffing numbers, which has been set out here below in **Table 4.1** and the text box following.

Clarification: The numbers set out in **Table 4.1** are for the **proposed development and are considered the maximum.**

Table 4.1 Modelling for the CDC based on activity numbers and staffing plans

Hinckley CDC	Staffing	Patients
Monday to Friday (08:00 - 17:00)	39	44 per hour
Evenings (17:00 - 20:00)	21	24 per hour
Weekends (08:00 - 20:00)	21	24 per hour

Clarification: The figures set out in the blue text box below are for the **existing** situation. **These will be fully replaced by the staffing requirements in Table 4.1.** The physio unit is now closed and will not be re-provided by the proposals or within the wider campus of services at this time.

The CDC figures above also **include** the estimated patient/staffing figures associated with the existing endoscopy services (set out in Table 4.2 following) which will be relocated. (I.E., CDC equates to existing endoscopy relocated plus new diagnostic services)

Former Adults' physiotherapy and children's therapy facilities

Adult physio Service

- Patient numbers - 30-35 per day
- Staffing - 5.4 - 6.75 per day

Children's physio services

- Staff numbers – up to 10 per day
- Patient numbers – Variable as they are a community service but up to 16 per day

Please note that whilst this was the staffing and activity immediately prior to the prefabricated building's closure, it is/was a c. 650sqm healthcare building that could have been used in many different ways for the provision of healthcare and that staff and activity levels may have (and could have going forward if were to keep the building) fluctuated over time.

1920s/30s extensions of the Cottage Hospital

The old records wing was vacant and not in use so there are no patient and staff numbers to report for that area. The demolition of the Atkins Ward will not impact overall patient and staff numbers as patients can be relocated elsewhere within the hospital until the end of the year at least.

4.2 A full breakdown for the endoscopy service currently at Hinckley is given in **Table 4.2.**

Clarification: The endoscopy activity is currently located off-site but immediate to it within the main hospital building (I.E., outside the redline boundary but within the same campus of services) It will be moved inside the redline boundary as part of the development

proposals – I.E. No material change when the slightly wider immediate area is considered. The existing endoscopy is accessed by similar means to the site, with potentially some endoscopy staff parking within the red line boundary, and others in the main car park. Likewise, it is expected that some patient visitors may drop off at the front of the hospital building or on Argent's Mead and others park in the main car park – it cannot be identified exactly where and how because access to the endoscopy is combined with access to any other service at the hospital. Trips would have been captured in the 2019 survey, but cannot be precisely disaggregated from any other patient trip to the wider campus of services.

Table 4.2 is for information only therefore, and is **not additional** to the figures already given in **Table 4.1** and **only Table 4.1 should be considered for the proposed development scenario.**

Table 4.2 Endoscopy Staffing

Modality	Activity	Staffing
Endoscopy	6.4 (patients come in staggered depending on the time of scopes)	9 - 10 nursing staff (07:30 - 18:00) 1-2 Reception Staff (08:00 - 18:00)

Clarification/correction:

In summary, the site within the redline boundary would have provided employment floorspace for 15-17 staff (I.E., just the physio unit) and catered to around 50 patients per day at most. There would have been perhaps 5 patients on site within the red line boundary at any given time, assuming a total of 10 children plus 30 adults in any given day and a 10 hour day, with appointments of roughly 1 hour.

When considered beyond the redline boundary, the physio and endoscopy combined would have generated around 28 staff on site at any given time and catered to 10-11 patients on site at any one time.

In the proposed scenario, there would be a maximum of 39 staff on site at any given time and 44 patients. This represents a difference of 11 staff and 33 patients more than the former situation.

5. First Principals Approach

Clarification/Correction:

Based on the information above, the 28 staff associated with the physio unit and existing endoscopy services would have largely arrived prior to the AM Peak at 06:30-08:00, and departed between 16:00-18:00, based on observations from the survey footage and assuming a worst-case scenario.

In the proposed scenario, up to 39 staff would arrive between 07:00 and 07:30 for the morning shift prior to the AM peak hour and depart after 17:00 during the PM peak. For the evening shift, 21 staff would arrive prior to 17:00.

A high level estimate of in and out movements across the day has been calculated. This is, by necessity, somewhat rough and assumes a worst case of the maximum staffing and patient numbers, with each patient on-site for at least one hour (in reality, some CDC services such as blood tests or ultrasound may be as little as 10 minutes, and others longer, with average endoscopy procedures taking 30 minutes plus administration and recovery time – up to 4 hours in total for a complex endoscopy).

The results are given in Table 5.1.

Table 5.1 Staff/Patient Arrival-Departure profile (Worst-Case Estimate)

Hour	Staff		Patients		Total		
	In	Out	In	Out	In	Out	Acc.
05:00-05:30					0	0	
05:30-06:00					0	0	
06:00-06:30					0	0	
06:30-07:00					0	0	
07:00-07:30					0	0	
07:30-08:00	39	0	22		61	0	61
08:00-08:30			22	22	22	22	61
08:30-09:00			22	22	22	22	61
09:00-09:30			22	22	22	22	61
09:30-10:00			22	22	22	22	61
10:00-10:30			22	22	22	22	61
10:30-11:00			22	22	22	22	61
11:00-11:30			22	22	22	22	61
11:30-12:00			22	22	22	22	61
12:00-12:30			22	22	22	22	61
12:30-13:00			22	22	22	22	61
13:00-13:30			22	22	22	22	61
13:30-14:00			22	22	22	22	61
14:00-14:30			22	22	22	22	61
14:30-15:00			22	22	22	22	61
15:00-15:30			22	22	22	22	61
15:30-16:00			22	22	22	22	61
16:00-16:30			22	22	22	22	61
16:30-17:00	21	0	12	22	33	22	72
17:00-17:30	0	39	12	12	12	51	33
17:30-18:00			12	12	12	12	33
18:00-18:30			12	12	12	12	33
18:30-19:00			12	12	12	12	33
19:00-19:30			12	12	12	12	33
19:30-20:00				12	0	12	21
20:00-20:30	0	21			0	21	0
20:30-21:00					0	0	0

As shown in the table above, the level of trip generation per hour remains steady throughout the day. Compared to the existing use within the red line boundary, there is an increase in trips; however, arrivals and departures peak prior to the AM peak hour in the morning period and patient arrivals/departures likewise reduce by the PM peak hour.

The table above also assumes all patients and staff travel to work by car, which will not be the case. Whilst some CDC procedures may necessitate vehicle travel, others will not require anaesthetic and may be routine procedures on otherwise generally able-bodied patients capable of travelling by alternate modes of transport to the private car.

6. Parking

- 6.1 As is clearly stated within the 2019 parking study document, the parking adjacent to the site in the area known as area G is allocated to staff parking but it was never allocated specifically to staff within the separate uses. Any and all staff could park there and did. It was not possible to disaggregate which staff were parking there and users would have comprised staff for the physio unit, staff for the hospital, and potentially staff for adjacent units as monitoring of the parking was limited.
- 6.2 Patients generally parked in all other areas, with a high number of patients for the physio unit collected or dropped off from the bay on Argent's Mead as observed via the survey footage. These were **not** counted as U-turns within the TS and formed part of the assumed baseline.

APPENDIX A – LHA COMMENTS

Substantive response of the Local Highway Authority to a planning consultation received under The Development Management Order.



Response provided under the delegated authority of the Director of Environment & Transport.

APPLICATION DETAILS:

Planning Application Number: 23/00851/OUT

Highway Reference Number: 2023/0851/04/H

Application Address: Hinckley And District General Hospital Mount Road Hinckley Leicestershire
LE10 1AE

Application Type: Outline (with access)

Description of Application:

Outline planning permission for the redevelopment of a Community Diagnostics Centre (CDC) and Endoscopy building (Use Class E(e)) (some matters reserved except for access, scale and layout)

GENERAL DETAILS

Planning Case Officer: Emma Baumber

Applicant: C/O Agent

County Councillor: Cllr Stuart Bray

Parish:

Road Classification: Adopted Unclassified

Substantive Response provided in accordance with article 22(5) of The Town and Country Planning (Development Management Procedure) (England) Order 2015:

The Local Highway Authority does not consider that the application as submitted fully assesses the highway impact of the proposed development and further information is required as set out in this response. Without this information the Local Highway Authority is unable to provide final highway advice on this application.

Advice to Local Planning Authority

Background

The Local Highway Authority (LHA) has been consulted on an outline planning application for the redevelopment of a Community Diagnostics Centre (CDC) and Endoscopy building (Use Class E(e)) at Hinckley and District General Hospital, Mount Road, Hinckley. Access, scale and layout are to be determined as part of the application.

The Applicant has submitted a Transport Statement (TS) authored by Markides Associates and dated 24 August 2023 in support of the proposals.

Site Access

Access to the site is proposed from the existing point of access off Argents Mead, which based on available records to the LHA is an unadopted road. This connects to the adopted highway at the junction of Mount Road with Hurst Road. Both roads are unclassified and subject to a 30mph

speed limit. It is understood the access is currently used for staff, waste collection and a laundry vehicle that visit the site.

The Applicant has stated that some localised widening is proposed along the access to create better turning space within the car park for refuse and delivery lorries and to improve pedestrian access along the public right of way. Swept path analysis of a refuse collection vehicle and a fire appliance have been provided on Markides Associates drawing numbers 23013-MA-XX-XX-DR-C-0001 Rev P02 and 23013-MA-XX-XX-DR-C-0020 Rev P01 respectively.

The LHA note that the Applicant has stated that a general arrangement drawing of the site access proposals, including kerb lines, road markings, tactile paving and other pedestrian provisions along with the extents of the highway boundary will be provided at the earliest opportunity. It is also stated that a Stage 1 Road Safety Audit will be submitted as an addendum to the TS once completed.

The LHA advise at this stage it is unclear what, if any, improvements are proposed at the access junction with Mount Road. Provision of the general arrangement drawing is therefore required for review. It should be noted that if no amendments are proposed to the access road at the highway boundary and the amendments would not affect the adopted highway, the LHA would not require a Stage 1 Road Safety Audit from the Applicant.

Highway Safety

The Applicant states analysis of Personal Injury Collision (PIC) data for the surrounding highway network is pending at the time of writing. The LHA advises that this information is therefore still required. It is suggested the analysis considers PIC's along Mount Road and Hill Street. PIC data can be obtained from NDI@leics.gov.uk if necessary.

Trip Generation

It is understood the development site is currently occupied by a physio unit (613 sqm), which is in a temporary building and already scheduled for closure/ removal. The site is also occupied by 450sqm floorspace comprising of wings of the main hospital which would be demolished subject to a separate prior approval application. A total area of 1,063sqm existing floorspace is therefore proposed to be removed.

The proposed new building consists of 1,920.30 sqm floor space including:

- 1 x MRI
- 1 x CT
- 1 x Ultrasound
- 1 x Plain Film X-Ray (relocation of existing equipment)
- 2 x JAG accredited Endoscopy rooms
- Renovation to OPD space
- 8 activity rooms to deliver a range of diagnostics
- A 378.98 sqm plant room on the second floor.

The Applicant estimates there would be 28 patients per hour by appointment only, or 342 across the day assuming a 12-hour day (likely to be less, with most appointments taking place between 09:00 and 19:00). There would be a total of some 59 full-time equivalent staff (again assuming a 12-hour working day, 7 days a week).

The LHA advise it is unclear how many of the proposed 59 employees are likely to be on-site at any one time and clarity should be provided in this respect. Furthermore, the LHA advise if appointments are more likely to take place between 09:00 - 19:00, whether in reality this means there would be an increase in the number of patients on-site. Again, clarity should be provided in respect of actual opening hours and the level of patients on-site.

It is unclear how many staff/ patients could have been on-site within the physio building or the hospital wing which is to be demolished. The LHA therefore advise the Applicant should also compare the proposed level of employees against the existing number of employees which could have worked within the physio building and the hospital wing which is to be demolished as a result of the proposals. A comparison of the number of the number of patients visiting the site per hour should then be made.

The LHA understands at the time this application was submitted, it had not been possible for the Applicant to undertake traffic surveys in the area due to roadworks. The Applicant did however undertake a parking survey of the entire hospital site on Wednesday 19 October 2019. This included a 24-hour video survey of all accesses into the overall site. The Applicant has used the data from the video survey to calculate an anticipated level of traffic the proposed development could generate by assessing a proportion of the vehicle trips using the Argents Mead access (excluding vehicles which undertook U-turns as they are assumed to be not associated with the site) only.

While it is understood this data was collected at a time when the hospital site was fully occupied and prior to the Covid-19 pandemic (which the Applicant states has seen a fall in the number of face to face appointments), unfortunately the data is over three years old and would not be accepted by the LHA. Furthermore, the car parking area (area G) which is served by the Argents Mead access, is stated to be a staff car park for the Cottage Hospital within the overall site (not the physio unit). The LHA therefore advise it is unclear whether a survey of this access would actually pick up all patients who have driven to the site specifically to attend appointments for the buildings which are to be demolished, or the staff working within the buildings.

The LHA advise a first principles approach could be adopted, which compares the level of traffic the existing development could generate during the AM and PM peak hours, as well as throughout the day to the proposed level of traffic the proposed development could generate. This could take into account staff start/ finish times as well as the maximum number of patients likely to be on-site.

The LHA advise it would also be beneficial for the Applicant to clarify what catchment area the proposed facilities are intended to serve, e.g. at a district, county or more regional level.

Internal Layout

The Applicant is proposing a total of 29 car parking spaces within the proposed development site, including four disabled bays. It is understood there is currently 10 marked car parking spaces, however an additional five, unmarked/ unofficial spaces are also available. The proposals would therefore result in an increase in 14 spaces, including the provision of disabled spaces.

The LHA advises it is unclear where staff or patients would park as a result of the proposals. For example, would staff have parking reserved within the overall hospital site/ proposed car park, or would patients be directed to park in any specific area within the site. This requires further clarification from the Applicant.

A comparison of what the arrangements were in place for the physio building would also be beneficial.

Junction Capacity Assessments/ Off-Site Implications

At this stage, it is difficult for the LHA to advise whether it would require junction capacity assessments as a result of the proposals, given the multiple access points, car parks and lack of clarity about existing traffic levels which could be generated to the development site. Following further clarification in respect of this, the LHA may be able to advise further.

As a guide, usually when the proposed development generates approximately 30 or more two way trips (e.g. 15 arrivals and 15 departures) over and above the level of traffic the existing development generates in either the AM or PM peak hours, the LHA would require a capacity assessment of affected key junctions.

Pre-Commencement Condition

Within Paragraph 1.2.4 of the TS, the Applicant has stated they are willing to commit to updated surveys and a revised TS being a condition to any planning approval and as a pre-commencement condition. The Applicant has also stated this has been agreed in principle with the LHA.

It is not possible for the LHA to advise it has no objection to the proposals and all of the above points could be dealt with as part of a pre-commencement condition within a revised TS. Should additional traffic surveys be necessary to enable capacity assessments, these would be required by the LHA as part of this application in order for the impact of the proposals on the surrounding highway network to be fully assessed.

Transport Sustainability

The LHA considers the site to be in a sustainable, town centre location and within walking distance to Hinckley Railway Station and several bus stops with a variety of services.

The Applicant has submitted a Travel Plan in support of the proposals. While this is welcomed by the LHA and the Applicant is encouraged to implement the measures proposed to encourage sustainable travel, given the proposals would result in an additional 857sqm floorspace, the LHA would be unable to condition the Travel Plan.

Public Rights of Way

Public Footpath V19 runs through the proposed development site. The Site Plan overlaid with an extract from the Definitive Map of Public Rights of Way has been provided on Figure 1 overleaf for information.

The outline Landscaping Plan labels Historic Tree Lined Pathway To Castle To Be Retained which is Footpath V19 on the Definitive Map – the official legal record. However, on the enclosed plan orange dashes highlight 40 metres from V19 to Mount Road is neither an adopted road or footway, nor recorded on the Definitive Map. Any public rights are unprotected so leaving all of Footpath V19 vulnerable to obstruction.

The unprotected 40 metres is all on land explicitly or implicitly owned by the applicant. To properly protect public pedestrian rights the applicant should be required to work with the County Council to legally 'dedicate' the unrecorded section as a public right of way. This could however be dealt with by means of a condition.



Figure 1: Definitive Map Extract, V19.

Closing

The LHA requires the Applicant to submit additional information to the LPA in respect of the following points, for further consideration by the LHA:

- Provision of the general arrangement drawing for the site access and clarity in respect of whether any amendments are proposed to the existing access where it connects to the adopted highway at Mount Road. Provision of a Stage 1 Road Safety Audit (and Designers Response to any issues), if the access design at the Mount Road junction is proposed to change.
- Consideration of Personal Injury Collision data, it has been advised within the TS this is to be submitted to the LPA.

- Further clarity in respect of both existing and proposed staff and patient numbers at the development site and clarity as to how many staff/ patients will be on-site at any one time as a result of the proposals or would have been under the physio use.
- A first principles approach in considering trip generation, which could consider the level of vehicle trips the physio use could have generated during the AM and PM peaks as well as throughout the day in comparison to the proposals.
- Clarity in respect of parking provision and how this was operated under the physio use and how it would be operated under the proposed use, e.g. any staff parking allocations within the overall site and where patients would be directed to park.

Date Received
7 September 2023

Case Officer
Ben Dutton

Reviewer
DH

Date issued
28 September 2023