

Committee: Strategic Development Committee	Date: 14 th July 2005	Classification: Unrestricted	Report Number: SDC004/056	Agenda Item No: 7.3
Report of: Corporate Director of Development and Renewal		Title: Agreement to Unilateral Undertaking as an addition to the Section 106 Agreement Associated with Conditional Town Planning Permission dated 31 st . March 2005		
Case Officer: Owen Whalley		Location: SITE OF THE ROYAL LONDON HOSPITAL, SOUTH OF WHITECHAPEL ROAD AND NORTH OF NEWARK STREET, NEWARK STREET, LONDON, E1 1BB		
		Ward: Whitechapel		

1. EXECUTIVE SUMMARY

1.1 Registration Details

Reference No: PA/04/00611

Date Received: Unilateral Undertaking received 24th
June 2005

Last Amended Date:

1.2 Details

Approved Proposed Use:

Redevelopment and refurbishment of the Royal London Hospital (as considered and approved by the Development Committee at its meeting on the 23rd March 2005)

The Full Planning Permission included the consideration of an Environmental Statement, which addressed all revisions and issues raised under Regulation 19 in addition to the general provisions of the Town and Country Planning (Environmental Impact Assessment) Regulations 1999.

Ownership:

Brats and the London NHS Trust

Historic Building:

Several Grade II Listed Buildings & Structures

Conservation Area:

London Hospital

1.3 Background

1.3.1 On 23rd March 2004 the Development Committee resolved to conditionally approve (subject to referral to the Mayor of London pursuant to the Town & Country Planning (Mayor of London) Order 2000 as an application for a new building exceeding 30 metres in height) applications for Full Planning Permission, Listed Building Consent and Conservation Area Consent for the redevelopment and refurbishment of the Royal London Hospital in Whitechapel (a copy of the Development Committee report of the 23rd March 2004 is appended to this report as Appendix A)

1.3.2 Following confirmation from the Mayor for London that he was content that the Council should grant planning permission for the proposed development the conditional planning decision was issued on the 31st March 2005. At the same time conditional listed building and conservation area consents were also issued.

1.3.3 The planning permission had thirty nine (39) conditions attached to it including conditions requiring the submission and approval of a construction traffic management plan and an

LOCAL GOVERNMENT ACT 2000 (Section 97) LIST OF BACKGROUND PAPERS USED IN THE DRAFTING OF THIS REPORT

Brief Description of background paper:	Tick if copy supplied for register	Name and telephone no. of holder
Application case file, plans, supporting technical reports, UDP, PPGs.		Owen Whalley: Major Project Development: -020 7364 5314

operational traffic management plan and was accompanied by a legal agreement under the provisions of Section 106 of the Town and Country Planning Act incorporating provisions for a travel plan, public art, the proposed helipad, television reception works, employment and highway improvement works.

- 1.3.4 By letter dated 10th June 2005 a pre-action protocol was received by the Council of an intention to judicially review the decision that the Council had made in March on three broad grounds:-
- Listed building and conservation area concerns;
 - The adequacy of the environmental statement; and
 - The enforceability of the planning conditions.
- 1.3.5 The Council sought legal advice and determined that the suggested judicial review be contested. However, it was considered that that one of the proposed grounds for challenge of the decision, relating to the enforceability of the planning conditions, could be best addressed by a variation of the Section 106 agreement. This was provided by means of a Unilateral Undertaking in the form of a deed dated the 24th June 2005 and made on behalf of the Barts and the London NHS Trust (the land owners) and Skanska Innisfree (the applicants and developers).
- 1.3.6 This report seeks to bring the Strategic Development Committee's attention to the current position and invite the Committee to formally endorse the unilateral undertaking and accept it as a supplement to the original Section 106 agreement.

2. RECOMMENDATION:

- 2.1 That the Local Planning Authority resolves to agree to the Unilateral Undertaking provided to it in the form of a Deed by the Barts and the London National Health Service Trust and Skanska Construction UK Limited under the provisions of Section 106 of the 1990 Town and Country Planning Act as outlined in Section 5 of this report and as appended in full as Appendix D to this report

3. BACKGROUND

- 3.1 At its meeting on the 23rd March 2005, the Development Committee considered a comprehensive report recommending planning, listed building and conservation area consents for the redevelopment and refurbishment of the Royal London Hospital. The applications had originally been submitted in April 2004 and were accompanied by an Environmental Statement.
- 3.2 In October 2004, the proposals were revised and were again revised in February 2005. Revised Environmental Statements also accompanied each of these revisions and the Council undertook further public consultation on each of the revisions.
- 3.3 The Development Committee report set out in some detail the changes to the proposals that resulted from the revisions as well as setting out the representations that had been received to the proposals. A copy of the Development Committee report is attached to this report as Appendix A.
- 3.4 Following the receipt of deputations and considering the officers reports, the Development Committee resolved to conditionally grant planning permission, listed building consent and conservation area consent for the proposals subject to the resolution of a Section 106 agreement and referral of the planning application to the Mayor for London.
- 3.5 The decision notices in respect of the three permissions were issued on the 31st March 2005, the Mayor having determined that he was content for the Council to grant consent. The accompanying Section 106 agreement, which incorporated provisions for a travel plan, public art, the helipad, television reception works, employment provision and highway improvement works was signed on the same day.

- 3.6 The planning permission had 39 conditions attached to it, many of which were designed to control environmental impacts and minimise the impact on the amenity of residents surrounding the development site. Specifically, Condition 18 required the submission and approval of an Environmental Management Plan, Condition 19 required the submission and approval of a Construction Traffic Management Plan before any demolition or construction works could commence and Condition 20 required the submission and approval of an Operation Traffic Management Plan before phase 1 of the building could be occupied.
- 3.7 Current legislation requires that if anyone wishes to challenge the decision of the authority by means of judicial review they should do so within 3 months of the decision being made, although guidance encourages such challenges to be made as early as possible after the decision has been made. The expiry period for the submitting a claim for judicial review in this instance would have been the 30th June 2005.
- 3.8 By letter dated the 10th June 2005, solicitors acting on behalf of 6 residents of the Sidney and Ford Square areas immediately to the south and east of the Royal London Hospital gave notice of their intention to apply for permission by way of judicial review the Council's granting of planning permission, listed building consent and conservation area consent for the redevelopment and refurbishment of the hospital. This process is known as the pre-action protocol.

4. THE PRE-ACTION PROTOCOL

- 4.1 Those wishing to challenge a local authority's decision must follow a legal process which in the first instance is the service of a pre-action protocol which gives notice of an intention to seek permission from the courts for the application for judicial review to proceed. The Council then has 14 days to decide how it wishes to react to the points made in the pre-action protocol letter and let the claimant have a response. The claimants then have to decide whether they wish to proceed and make a formal application for permission to judicially review the decision. If that application is successful a date is set for the claim to be heard before a judge in the high court.
- 4.2 In this instance the pre-action protocol letter was submitted to the Council on the 10th June 2005 on behalf of the 6 local residents contended that in granting the permissions:
- (1) The Council had failed to comply with its duties as regards conservation areas and listed buildings; and
 - (2) The Council had granted the Permissions in the light of an inadequate Environmental Impact Assessment submitted in support of the Applications; and
 - (3) The Council had granted planning permission in a manner that failed to provide enforceable controls over many of the proposed mitigation features which the Council regarded as essential, and in doing so had acted in a manner in which no reasonable authority would act. In essence it was suggested that although the Council had attached various conditions in granting the planning permission including the submission and approval of both construction traffic and operational traffic management plans, there was explicit requirement in the conditions that once approved the developer would actually be required to carry them out.
- 4.3 A copy of the pre-action protocol letter is attached to this report as Appendix B

5 UNILATERAL UNDERTAKING AND RESPONSE TO LETTER BEFORE CLAIM

- 5.1 The Council immediately sought expert legal advice to determine how best to respond to the points made in the pre-action protocol. The advice indicated that the suggested judicial review be contested.
- On ground (1) of the challenge relating to conservation and listed building matters it was considered that the Council could rebut the suggested failure to comply with its duties by pointing out and reinforcing where within the Development Committee report and other supporting documents and drawings including the Environmental Statement that these matters had been properly addressed.
 - On ground (2) of the challenge relating to environmental impact matters it was considered that the Council could defend its position and that it should be argued that the

Environmental Statement and the addenda to it were adequate and did not disclose any ground on the basis of which the planning permission for the redevelopment of the hospital should be quashed.

- On ground (3) relating to the enforceability of the planning conditions it was considered that this could be best addressed by a supplement to the Section 106 agreement

- 5.2 This was provided by means of a Unilateral Undertaking in the form of a Deed dated the 24th June 2005 and made on behalf of the Barts and the London NHS Trust (the land owners) and Skanska Innisfree (the applicants and developers). A copy of the Unilateral Undertaking is attached to this report as Appendix D.
- 5.3 As the name suggests the Unilateral Undertaking has been given unilaterally by Barts and the London NHS Trust and Skanska to the Council and provides that in carrying out the development of the hospital the developer will comply with the requisite Environmental Management and Construction Traffic Management Plans. It also provides that the developer will also implement and maintain the Operational Traffic Management Plan from the first occupation of the new hospital. It also includes provisions for securing a Section 61 Agreement under the Control of Pollution Act to ensure an appropriate code of construction practice and other environmental protection measures are in place before the development is started.
- 5.4 The Council was required under the judicial review procedures to respond to the pre-application protocol within 14 days by way of a “response to letter before claim”. This letter dated the 24th June was sent to the solicitors acting on behalf of the group of local residents. This Response to Letter Before Claim is attached to this report as Appendix C.
- 5.5 Within this letter the three points of challenge are addressed in some detail and the letter also points out that those wishing to challenge decisions of the Council are encouraged to do so quickly. In this instance there had been a 10-week delay before the pre-action protocol was started. The Council’s response therefore reinforced the implications of the delay in commencing the development in terms of the adequacy of the existing hospital buildings and the public interest in securing their early redevelopment and refurbishment.
- 5.6 Attached to this letter was a signed copy of the Unilateral Undertaking which confirmed that one of the grounds of challenge relating to the enforceability of the planning conditions had been addressed.
- 5.7 The Council’s legal advisors took the view that the provisions within the Unilateral Agreement would be reinforced if the appropriate Committee of the Council formally considered and endorsed the approach taken and agreed its content. This would reinforce the Council’s position in the event that the judicial review was progressed.

6 COMMENTS OF THE CHIEF LEGAL OFFICER

- 6.1 JUDICIAL REVIEW grounds fall into 3 categories:
- (1) illegality (the decision-maker misunderstood the law)
 - (2) irrationality (this is known as *Wednesbury* unreasonableness)
 - (3) procedural irregularity.
- 6.2 It is concerned with process, and not with the planning merits of the Council's decision.
- 6.3 There are 3 stages to the Judicial Review process:
- (1) The Pre-Action Protocol stage: the pre-action protocol letter should follow a standard format and a response must be made, again in a standard format within 14 days.
 - (2) The Initial or Permission Stage, which must be applied for within 3 months of the date of the planning permission being issued, which was on 31 March 2005 so any person wishing to have the process reviewed has to file papers at the court by 30 June 2005.
 - (3) If the Judge decides that there is a point to be argued further, he will set a date for the main Hearing. The Council will be then able to file further evidence.

7. SUMMARY AND CONCLUSIONS

- 7.1 Following the receipt of the pre-action protocol, officers have been concerned subject to legal advice to be in a position to robustly respond to the challenge that may be made to the Development Committee's decision. The legal advice received suggests that this challenged should indeed be defended and that this position would be reinforced by the additional provision of a Unilateral Undertaking to ensure that conditions attached to the planning permission are enforceable.
- 7.2 The Strategic Development Committee is therefore invited to endorse the approach so far taken by officers and to agree the provisions of the Unilateral Undertaking as outlined in Section 5 of the report and as appended in full as Appendix D.

Appendix A
Development Committee Report of the 23rd March 2005

Committee: Development Committee	Date: 23 rd March 2005	Classification: Unrestricted	Report Number: DC110/045	Agenda Item No: 7.1
Report of: Corporate Director of Development and Renewal		Title: Town Planning Application		
Case Officer: David McNamara		Location: SITE OF THE ROYAL LONDON HOSPITAL, SOUTH OF WHITECHAPEL ROAD AND NORTH OF NEWARK STREET, NEWARK STREET, LONDON, E1 1BB		
		Ward: Whitechapel		

1. EXECUTIVE SUMMARY

- 1.1 **Registration Details**
- Reference No:** PA/04/00611 (FPP), PA/05/00122 (CAC), PA/04/00123 (LBC)
- Date Received:** FPP - 30/04/2004
CAC - 04/02/2005
LBC - 04/02/2005
- Last Amended Date:** FPP - 04/02/2005
CAC - 04/02/2005
LBC - 04/02/2005
- 1.2 **Application Details**
- Existing Use:** Hospital and associated facilities
- Proposal:** Redevelopment and refurbishment of the Royal London Hospital including applications for Full Planning Permission, Conservation Area Consent and Listed Buildings Consent. Detailed descriptions are attached as **Appendix A, B & C** to this report.
- The Full Planning Application includes the submission of an Environmental Statement, which addresses all revisions and issues raised under Regulation 19 in addition to the general provisions of the Town and Country Planning (Environmental Impact Assessment) Regulations 1999.
- Applicant:** Skanska Construction Group
- Ownership:** Barts and the London NHS Trust
- Historic Building:** **Several Grade II Listed Buildings & Structures**
- Conservation Area:** **London Hospital**
- 1.3 **History of Revisions**
- 1.3.1 On 30 April 2004 applications for Full Planning Permission (FPP), Listed Building Consent (LBC) and Conservation Area Consent (CAC) were submitted. The applications were the subject of a 21 day consultation period for statutory consultees commencing on 17 May 2004. The same period was provided for local residents to comment with letters being sent to over 4100 occupiers and a press advertisement was placed in East End Life on 24 May 2004 in accordance with the relevant legislation including the Environmental Impact Assessment (EIA) Regulations 1999.
- 1.3.2 After an initial review of the Environmental Statement was undertaken a request for further information in accordance with Regulation 19 of the EIA regulations was made on 12 July 2004 and information provided on 16 July 2004. The additional information was subject to 21 Days consultation to statutory consultees, local residents and a press advertisement in East End Life, all of which commenced on 19 July 2004. This was in accordance with the requirements of relevant legislation including the provisions of Regulation 19, clauses 3-9, of the EIA Regulations 1999.
- 1.3.3 As a result over concerns over some aspects of the design that had been raised by LBTH & key Stakeholders in the consultation process further revisions to the planning application were

submitted in October 2004 along with new LBC & CAC applications. The extent of the revisions is outlined in section 3.13 of this report. These revisions were subject to consultation to statutory consultees, local residents and a press advertisement in East End Life all of which commenced on 18 October 2004 for a period of 21 Days in accordance with the relevant legislation including the EIA Regulations 1999.

1.3.4 In February 2005 further revisions to the planning application were submitted along with new LBC & CAC applications after additional design development and negotiation with LBTH and the key stakeholders. The revisions were subject to consultation to statutory consultees, local residents and a press advertisement in East End Life all of which commenced on 7 February 2005 for a period of 21 Days in accordance with the relevant legislation including the requirements of the EIA Regulations 1999.

1.4 **Scope of revisions**

1.4.1 The application for Full Planning Permission was revised, rather than a new application submitted, as it was considered that in terms of the overall scale of development the changes were not substantial, did not alter the overall nature and form of the original development proposal and the external effects regarding the appearance were similar. Nonetheless a full consultation process was undertaken that mirrored the original process and thus ensured that no person or organisation was prejudiced by not being made aware of the changes to the original proposal and that the requirements for consultation contained within the relevant legislation had been met.

1.5 **Redevelopment Benefits**

1.5.1 The following benefits can be attributed to the proposed development: -

- New modern hospital building providing clinical and educational excellence that will benefit both the local community and the residents of East London as a whole.
- Employment opportunities for local residents secured by planning obligation package;
- Significant investment in Tower Hamlets and localised economic benefits as a result of increased employment during both the construction and operational phases of the development;
- Likely catalyst for further regeneration in the Whitechapel area;
- Creation of a significant new civic space, The London Square;
- Significant improvement to accessibility within the site for mobility impaired persons;
- Refurbishment of retained listed buildings particularly the Whitechapel Road frontage where original features are to be reinstated.

1.6 **Redevelopment Impacts**

1.6.1 The following impacts must be acknowledged as being likely to arise from the proposed development: -

- Construction impacts – including noise, traffic & dust;
- Localised significant loss of daylight and sunlight to the Student Hostel in Newark Street;
- Possible impact to existing TV reception north of the site. Appropriate mitigation is secured by the planning obligation legal agreement;
- Temporary closure of Stepney Way during construction for up to 5 years. This matter requires a further separate license to be obtained from LBTH Highways section.
- Demolition of a number of listed buildings.

1.6.2 The impacts listed above are considered in more detail within the body of this report and also within the submitted documentation, particularly the Environmental Statement. It is the conclusion of the Environmental Statement and this assessment report that the impacts can be effectively and adequately mitigated against. There will be inconvenience to local residents, however a degree of impact is inevitable if the hospital site is to be redeveloped and indeed with any large redevelopment within a mixed inner city location. Furthermore the demolition & construction phases will be required to comply with relevant licensing & other regulatory requirements in addition to the conditions recommended by this report. The use of conditions and the planning obligation legal agreement will ensure the proposed mitigation measures are

implemented and monitored to the satisfaction of the local planning authority and other relevant statutory bodies.

2. RECOMMENDATION:

2.1 That the Local Planning Authority which has taken into account the environmental information required under Regulation 3 of the Town and Country Planning (Environmental Impact Assessment) (England and Wales) Regulations 1999 resolve to **grant** full planning permission subject to the satisfactory completion of a legal agreement to include the matters outlined in section 2.2 and the conditions outlined in section 2.3:

2.2 Planning Obligation Legal Agreement.

- 1 Local Labour
- 2 Public Art Provision
- 3 Green Travel Plan
- 4 Section 278 Agreement
- 5 Helicopter Landing Facility
- 6 TV Reception

2.3 Conditions

- 1 Time limit for development to commence (5 years)
- 2 Demolition time limit (5 years)
- 3 Phasing
- 4 Full details & samples – The London Square, St Phillips Square, Multi Storey Car Park, Workplace Nursery Building
- 5 Ground floor elevations – detailed drawings & samples
- 6 Elevations above ground floor – detailed drawings & samples
- 7 Detailed landscape scheme
- 8 Full details of external signage and security measures
- 9 Full details of all directional signage
- 10 Full details of all window cleaning and maintenance equipment
- 11 Full details of materials for all atriums, canopies and awnings
- 12 Full details of road barriers to be installed on Newark Street
- 13 Separate planning permission required for use of retail units and kiosks
- 14 Full details disabled access
- 15 Car, motorcycle and bicycle parking provision
- 16 Restricted hours – building and demolition works
- 17 Restricted hours – hammer driving piling or impact breaking
- 18 Environmental Management Plan prior to works commencing
- 19 Construction Traffic Management Plan prior to works commencing
- 20 Operational Traffic Management Plan prior to occupation
- 21 Wheel Cleaning equipment
- 22 Noise levels – operational plant and equipment
- 23 Prior approval for additional plant and equipment not shown on approved drawings
- 24 Full details of all refuse and recycling facilities
- 25 No obstruction of parking, access, loading or manoeuvring areas
- 26 Loading and unloading
- 27 Parking areas only for occupiers and visitors
- 28 No obstruction of public highway – doors & gates
- 29 No obstruction of public highway – landscaping and advertisements
- 30 Vehicle access and parking (operational)
- 31 Archaeology
- 32 Contamination
- 33 Thames Water – sewerage
- 34 Thames Water – water infrastructure
- 35 Environment Agency – adequate sewerage infrastructure
- 36 Environment Agency – surface and foul drainage system
- 37 Section 61 agreement

- 2.4 That if the Committee resolve that planning permission be granted, that the application first be **referred to the Mayor of London** pursuant to the Town & Country Planning (Mayor of London) Order 2000 as an application for a new building exceeding 30 metres in height.
- 2.5 That the Local Planning Authority resolve to **grant** Conservation Area Consent subject to the conditions outlined below and not before granting of planning permission PA/04/00611:
- 1 Time limit
 - 2 Disposal of salvaged material
 - 3 Demolition not to commence in advance of letting the contract or commencement of implementation of the Construction of the new hospital buildings (to stop premature demolition in advance of the construction works)
 - 4 No demolition – treatment of boundary
 - 5 Mitigation measures to protect buildings in the Conservation Area during demolition
 - 6 Structural safety/stability
- 2.6 That the Local Planning Authority **grant** Listed Building consent subject to the conditions outlined below and not before the granting of planning permission PA/04/00611:
- 1 Time limit
 - 2 All works to match existing
 - 3 All materials
 - 4 Full details of all repairs & alterations to make good the facade of the truncated wings to the Mainwaring Block at a scale of not less than 1:20
 - 5 Detailed specification of all repairs to the exterior envelope to the Mainwaring Block, to include details of window repairs at a scale of not less than 1:10.
 - 6 Full details of all repairs & alterations to the front portico of Mainwaring Block at a scale of not less than 1:20
 - 7 Mitigation measures to protect the retained Listed Buildings during the associated demolition and construction of the new buildings (i.e. structural engineer's report)
 - 8 Disposal of salvaged material
 - 9 All new plant
 - 10 All new signage
 - 11 Recording of interiors
 - 12 Structural safety/stability

3. BACKGROUND

- 3.1 The need for new healthcare facilities to be provided on the Royal London Hospital site has been acknowledged for many years. Barts and The London NHS Trust (the Trust) currently operates from three sites; The Royal London Hospital in Whitechapel, St Bartholomew's Hospital in the City of London, and the London Chest Hospital in Bethnal Green. The Trust serves both a large local population, and a much wider catchment with a range of regional and national specialities.
- 3.2 A review panel that examined healthcare provision in the UK, chaired by Sir Leslie Turnberg, reported to the Secretary of State in November 1997. The recommendations of the panel in connection with the Health Service in East London included:
- 3.3 *"We recommend a package of services to meet the needs of the deprived local population, and also to ensure that tertiary services and teaching and research responsibilities are supported. These proposals will need to be kept under review as health care needs, and ways of meeting them, change over the years.*
- Investment in intermediate care beds and community services should be made now and advantage taken of the recent Government initiatives of community services for elderly people.*

Capacity at Homerton and Newham General Hospitals should be fully utilised.

A new hospital at Whitechapel is sorely needed and should include about 900 beds for secondary and tertiary care.

Some tertiary services should be maintained on the Smithfield site with a particular focus on cardiac and cancer services".

- 3.4 In order to guide future development of the site a planning brief was commissioned by Barts and the London NHS Trust. This brief was considered and supported in principle by the Council's Policy & Implementation Committee at its meeting on 11 October 2000. The brief outlines the broad principles for the provision of a new hospital and establishes the principle for demolition of some of the listed buildings located within the site.
- 3.5 The redevelopment of St Bartholomew's (Smithfield site) to provide specialist cancer and cardiac services has also meant some of its existing services need to be incorporated in to the Royal London Site. These factors along with the changing nature of clinical practice have driven the redevelopment in terms of the increased amount of floorspace required to be provided on the site in order to meet the operational brief of the Trust.
- 3.6 The demands upon the healthcare provided by the Trust have placed a strain upon a fabric that has provided healthcare to the people of Tower Hamlets and East London for over 250 years. The unsystematic development during this period, and the lack of adaptability of the older buildings has created a hospital in which it has become increasingly difficult to practice modern medicine efficiently and effectively. The poor location of key departments often makes the patient journey unnecessarily long, uncomfortable and overcomplicated and inhibits the ability of the hospital to operate more efficiently. The lack of expansion space and flexibility in the buildings has meant that key new departments have often had to be housed in remote or unsatisfactory locations.
- 3.7 The buildings at Whitechapel, with some exceptions, are in poor condition and unsuited to the delivery of modern healthcare. The total backlog maintenance required at The Royal London to bring the estate to a standard, which complies with all statutory obligations, is estimated to cost £74.2 million, of which £12 million relates to the Dental Hospital. Refurbishment in clinical areas is high cost and generally results in reduced space overall.
- 3.8 Following an intensive competition under the PFI rules over the past two years, Skanska were chosen by the Trust in December 2003 as their preferred partner for the redevelopment of Barts and the Royal London Hospitals. Since this time Skanska and the Trust have worked with Council officers and other key stakeholders to develop a suitable scheme for the redevelopment of the site. Site constraints, the need to achieve certain clinical dependencies (locating related departments so that travel distances are minimised for both patients and staff) and the operational brief of the Trust have heavily influenced this task.
- 3.9 The vision of the Trust and the applicant for The Royal London Hospital will be a large teaching hospital, accommodating 905 inpatient beds. The Hospital will be a centre of excellence for clinical service provision, clinical teaching and academic clinical research. The campus will be of national and international importance, providing modern, state of the art healthcare facilities and services primarily to the local population, but also for patients further a field.
- 3.10 The main features to be provided by the current proposals include:
 - Redevelopment to provide 905 inpatient beds in new contemporary accommodation, with approximately 40% in single bed rooms with en-suite facilities and all others in four-bedded bays also with ensuite facilities;
 - Refurbishment and alteration of listed buildings for ancillary health care uses;
 - The provision of the London Square, an extensive area of open space, providing a setting for the retained and new development and facilitating clear access to the principle hospital entrances;
 - A Central Health Mall running through the centre of the development provides a focus for wayfinding within the complex;
 - A helipad for London's Helicopter Emergency Medical Service (HEMS) as an integral part

of the Accident and Emergency (A&E) Department, effectively 20 storeys above ground level, to ensure the impact on local residents is minimal;

- A split level car park with approximately 322 spaces and ancillary retail accommodation, plus short stay car parking in locations around the site; and
- A nursery for approximately 100 children;

- 3.11 The proposals outlined above will result in the comprehensive redevelopment of the site involving construction of large new buildings and the refurbishment of much of the existing estate.
- 3.12 The proposals for The Royal London should be considered in the context of those for St Bartholomew's where a resolution to grant planning permission has already been made by the Corporation of London on 14th September 2004. Together these hospitals will provide a total of 1,248 in-patient beds, of which 905 will be located at the Royal London.
- 3.13 It must be noted that the proposals for the Royal London have been subject to continuous refinement and design development since the application for the main works was made in April 2004. The revisions to the planning application submitted on 10 October 2004 and again on 4 February 2005 draw together the changes that have been made over the last 9 months, partly in response to changing requirements of the Health Service and predominantly through the consultation process undertaken by the London Borough of Tower Hamlets that involved key stakeholders including CABE, English Heritage, the GLA and TfL.
- 3.14 The key changes made to the application as a result of the October 2004 & February 2005 revisions have included: -

October 2004

- The removal of the main front entrance steps on Whitechapel Road and lowering of the ground floor level through the to the new square opposite the new building, referred to as The London Square.
- The primary pedestrian entrance from Whitechapel Road will lead through a new foyer into the centre of the historic through to The London Square. From this point the entrance to the Health Mall and several other secondary entrances to the North side of the hospital are clearly visible and accessible from a level threshold.
- The demolition of the East Wing of the existing hospital quadrangle.
- Landscaping of the new square ('The London Square').
- HIV, GUM and Dermatology Outpatients to be moved into Alexander Wing allowing the historic parts of the hospital to accommodate non-clinical uses only.
- The originally proposed Health Mall to be extended, two storeys in height wrapping around the building to provide sheltered access to A&E, The Renal Institute and the Women and children's hospital.
- Parking for Patient transfer vehicles and short stay visitor parking for Accident and Emergency as well as Women's and Children's will be re - located to the east of East Mount Street. Thus keeping the main square free of parked vehicles.
- This will be a small urban square at the termination of Turner Street and Whitechapel Road and will act as a gateway to the teaching facilities of the Hospital Campus. Turner Street Place reconciles four distinct parts of the hospital campus, the dental school, the Mount Terrace housing, the Whitechapel Road Open Space and Turner Street leading down to Commercial Road.
- A link block will maintain a physical link between the historic west wing and the new north block at podium level. Both buildings will be linked by a 1 storey bridge link located at the second storey level of west wing.
- Two substations, one opposite Fielden House and the other adjacent to North Block will be submerged to facilitate the landscaping and layout of the development.
- Additional plant on top of Alexandra Wing and Grocer's Wing, due to the removal of East Wing. The internal configuration of the front block of Alexandra Wing has been re-planned.

February 2005

- South Block moved eastwards by 9m;
- Ground floor extended westwards beneath 9m overhangs;

- Replan of FM yard to accommodate 'waste bins' underneath main building further away from Cavell Street;
- St Phillips Square extended slightly eastwards;
- New four storey glazed entrance and waiting areas for Outpatients Clinics in South Block;
- 3m projections to the eastern and western ends of both the North & South Towers;
- Removal of previously proposed glazed canopies within refurbished main entrance and portico on Whitechapel Road;
- Roofscape of front block amended;
- Bridge link over Stepney Way increased in width and realigned to facilitate the relocation of the South Tower Eastwards;
- Roof plant on North and South Tower Blocks reconfigured;
- Perimeter cladding raised by 4 metres to screen roof plant;
- Height of building changes from 88.57m to 90.4m
- Helipad raised from 96.4AOD to 101.69AOD (approximately 5.3m) to provide 3m air flow clearance above raised parapets;
- All HEMS facilities now located at roof level.

3.15 The redevelopment proposal considered by this report includes applications for Full Planning Permission (PA/04/00611), Conservation Area Consent (PA/05/00122) & Listed Building Consent (PA/05/00123).

4. PLANNING POLICY FRAMEWORK

4.1 The following Unitary Development Plan **proposals** are applicable to this application:

- (1) New Road/Whitechapel Road
- (2) Archaeological importance or potential

4.2 The following Planning Brief is applicable to this application:

London Hospital Planning Brief, Final Report, prepared by Llewelyn-Davies.

This brief was considered and supported in principle by the Council's Policy & Implementation Committee at its meeting on 11 October 2000.

4.3 The following Unitary Development Plan **policies** are applicable to this application:

- | | |
|-------|---|
| ST3 | Promote Sustainable Development |
| ST15 | Expansion and Diversification of the Local Economy |
| ST16 | Promote Job Opportunities for Local People |
| ST17 | High Quality Work Environments |
| ST18 | Economic Development with Protection & Enhancement of Local Environment |
| ST19 | Co-ordination of land use, transport & investment policies |
| ST27 | Support and Improve Safe & Accessible Public Transport |
| ST28 | Restrain Unnecessary Private Car Use |
| ST29 | Restricting and Calming Traffic in Residential Areas |
| ST30 | Safety & Convenience of Movement for Road Users |
| ST32 | Transport Generation |
| DEV1 | Design Requirements |
| DEV2 | Environmental Requirements |
| DEV3 | Mixed use Developments |
| DEV6 | Tall Buildings |
| DEV7 | Strategic Views |
| DEV8 | Local Views |
| DEV12 | Landscaping |
| DEV13 | Tree Planting |
| DEV15 | Retention or Replacement of Existing Mature Trees |
| DEV17 | Street Furniture |
| DEV18 | Public Art |

DEV25 Development in Conservation Areas
 DEV28 Demolition in Conservation Areas
 DEV29 Development Adjacent to Conservation Areas
 DEV36 Demolition and Listed Buildings
 DEV37 Development Affecting Listed Buildings
 DEV39 Development Affecting Setting of Listed Buildings
 DEV42 Nationally Important Archaeology Remains
 DEV43 Locally Important Archaeology Sites or Remains
 DEV44 Preservation of Remains
 DEV45 Proposals in Areas of Archaeological Interest
 DEV50 Noise Generation and Mitigation
 DEV51 Soil Tests
 DEV55 Development and Waste Disposal
 DEV56 Waste & Recycling Facilities
 T9 Discourage Non-Essential Private Car Journeys
 T13 Essential Parking Needs
 T14 Local Traffic Management
 T15 Capacity of Transport System
 T18 Safety & Convenience for Pedestrians – Design & Layout
 T19 Safety & Convenience of Pedestrian Movement
 T23 Safety & Convenience of Cyclists
 T30 Helicopter Landing Facilities (Helicopter Based in Borough)
 T31 Helicopter Landing Facilities (Helicopter Based out of Borough)

4.4 The following New Unitary Development Plan 1st Deposit Draft **proposals** are applicable to this application:

SP1 Job Creation
 SP8 Social Facilities
 SP11 Sustainable Transport
 SP12 Transport & Inclusive Development
 SP13 Urban Design
 SP14 Conservation
 SP15 Safety in the Community
 SP16 Environmental Protection
 SP26 The City Fringe Area Action Framework

4.5 The following New Unitary Development Plan Draft **policies** are applicable to this application:

CFR3 Activity Nodes – Whitechapel
 CFR6 Access
 SF1 Social Facilities
 TRN1 Transport and Development
 TRN2 Public Transport Schemes
 TRN3 Transport Interchange Growth Areas
 TRN6 Parking and Servicing
 TRN7 Transport Assessments
 TRN8 Travel Plans
 TRN10 Pedestrian Permeability
 TRN11 Bicycle Facilities
 TRN13 Air Transport
 UD1 Scale & Density
 UD2 Architectural Quality
 UD3 Ease of Movement & Access Through Inclusive Design
 UD4 Design & Access Statements
 UD5 Safety & Security
 UD7 Tall Buildings & Large Development Proposals
 UD9 Public Art
 UD11 Landscaping
 UD17 Protecting & Enhancing Statutory Listed Buildings

UD19	Demolition of Statutory Listed Buildings
UD22	Conservation Areas
UD23	Demolition in Conservation Areas
ENV1	Amenity
ENV3	Noise & Vibration Pollution
ENV5	Disturbance From Demolition and Construction
ENV6	Sustainable Construction Materials
ENV7	Air Pollution
ENV8	Energy Efficiency
ENV11	Waste Disposal and Recycling Facilities
ENV12	Recycling of Construction Waste
ENV18	Tree Protection
IM1	Planning Agreements
IM2	Area Action Frameworks
IM3	Transport Interchange Growth Areas
IM5	Master Plans & Development Briefs

4.6 The following Community Plan **objectives** are applicable to this application:

Living Safely
Living Well
Excellent Public Services

5. STATUTORY & OTHER EXTERNAL CONSULTATION

5.1 The statutory and other external organisations listed below were consulted regarding the main application on three (3) separate occasions. Relevant consultees were also notified of the CAC & LBC applications that have been submitted. Where received, comments have been included below for the original scheme (April 2004), the first revised (October 2004) scheme and the current or second revised (February 2005) scheme. Officer comments are provided where necessary:

Government Office for London

5.2 No response received to letters dated 17 May 2004, 18 October 2004 & 7 February 2005.

Greater London Authority (GLA)

Original Scheme

5.3 In a letter dated 3 August 2004 the GLA commented – *...the Mayor has concluded that the redevelopment of The Royal London Hospital presents a unique opportunity to improve significantly the care facilities for East London and the way the hospital campus is integrated in the Whitechapel area. Developing a new and bigger hospital will fulfil key policies on health and regeneration. The proposal fulfils the relevant detailed medical requirements but, in the Mayor's view, it fails on a number of spatial planning policies.*

5.4 *The spatial integration of the hospital campus in the wider area is ill-considered and subsidiary to the clinical adjacencies. The Mayor thinks that the spatial solutions offered are wholly inadequate.*

5.5 *As a result, the Mayor concludes that the proposal will fail to achieve Objective 6 of the London Plan, "to make London a more attractive, well-designed and green city". Since the design of buildings is inseparable from their success, the shortcomings in design for the hospital will seriously jeopardise the success of the environment. These design shortcomings include the fact that the ground floor frontages lack activities and some clearly identifiable entrances, which could contribute to anti-social behaviour. Also there is not a clear enough relationship between the new proposals and the existing uses and streets surrounding the hospital development.*

5.6 *In addition, the location of some entrances impedes clear wayfinding, which is contrary to London Plan policies on achieving an inclusive environment. Although there are some high quality inclusive design elements in the proposal, there are structural and detailed shortcomings,*

and considerably more work needs to be done in this area. The Mayor regards inclusiveness as an integral part of the quality of the proposal and he therefore insists that these issues are dealt with as a matter of priority. Ideally all issues of inclusiveness should be dealt with prior to being considered by Tower Hamlets Council. It is understood that the applicant has agreed to engage in dialogue with the appropriate parties to ensure that the principles of inclusive design, as published in the London Plan SPG "Accessible London", are fully integrated in the design of the hospital.

5.7 *Given these concerns, the Mayor is minded to direct refusal of the application if it is referred back to him without substantial changes in the design and inclusiveness of the scheme. The Mayor urges the applicants to have immediate discussions with his officers and Tower Hamlets Council to this effect.*

5.8 Full details of the GLA Officers Stage 1 report are attached for information as **Appendix D**.

October 2004 Revisions

5.9 In a letter dated 10 November 2004 the GLA formally commented on the first revisions to the scheme: - *On 3 August 2004 the Mayor sent a letter to Tower Hamlets Council in which he expressed his intention to direct refusal of the planning application unless substantial changes were made on a number of key issues. The accompanying report (reference PDU/0242a/01) explained the reasons for his decision. Since then the Mayor has been briefed on ongoing discussions between the applicants, the architects and his officers. On 10 November 2004 he considered the referred amendments to the planning application. The Mayor concluded that the amendments constitute substantial improvements to the orientation, wayfinding and accessibility of the proposed development and that, in general, people will be able to move around easily and clearly.*

5.10 *The amendments did not show, however, any changes to the upper storeys and the towers. The report of 2 August, to which I referred above, ties the success of the design of the proposal in with the success of the wider environment and the impact of the proposal on the townscape, and in this respect the Mayor is still convinced that the amended application has serious shortcomings. The Mayor would still be minded, therefore, to direct refusal if Tower Hamlets Council decided to approve the amended application.*

5.11 *On 10 November the Mayor also considered additional renderings and drawings that would change the spatial organisation of the upper storeys (known as 'Option C'). Option C includes moving the South tower 12 metres towards the east, re-organising the plant room at the top of the towers, adding floorspace to the east and west of a typical upper storey floorplate, introducing changes to the middle bays of the north and south elevations and introducing a noticeable variety in architecture of the different elevation elements. In addition, the treatment of the facades should be consistent with the new massing arrangement, with distinct elevational treatments to the vertical set-back elements of the towers. These changes, taken together, would substantially improve the visual impact of the development on its surroundings, and it would also improve the human experience inside the building, resulting in a better environment.*

5.12 *The Mayor has indicated that, if the changes proposed by 'Option C' were to be formally referred back to him in that form, he would be minded not to direct refusal of the scheme.*

February 2005 Revisions

Officers Response

5.13 The comments in 5.11 above makes reference to 'scheme c', a design version that formed the basis of the February 2005 revisions but with some differences. GLA officers have been supportive of the process that has led to the current changes being made and have continued to seek further improvement to the scheme. The mayor will formally consider the application and issue a stage II response to LBTH upon referral of the scheme should the committee resolve to recommend approval. We understand the mayor has informally viewed the February 2005 revisions and has indicated his willingness to support the scheme as outlined in the GLA comments of 10 November 2004

English Nature

Original Scheme

- 5.14 In an email dated 6 July 2004 the following comments were made: -

*I can confirm that English Nature has **no comments** to make on the proposal to redevelop The Royal London Hospital.*

October 2004 Revisions

- 5.15 No comment received.

February 2005 Revisions

- 5.16 No comment received.

Countryside Agency

- 5.17 No response received to letters dated 17 May 2004, 18 October 2004 & 7 February 2005.

Environment Agency

- 5.18 In letter's dated 18 June 2004, 26 October 2004 & 10 February 2005 the agency commented - *The Environmental Agency **objects** to the proposed development for the following reason: -*

- 5.19 *Whilst the site does not lie within an area at high risk from flooding, as shown on the maps held by the agency, due to the scale of the development we are concerned about the impact of the development on surface water runoff from the site. The developer has not provided a flood Risk Assessment (FRA) inline with the requirements of Planning Policy Guidance 25 – Development & Flood Risk (PPG25), which may enable the Environmental Agency to accept the proposal.*

- 5.20 In a further letter dated 1 March 2005 the agency commented – *Having assessed the information received we can now withdraw our objection as we are satisfied with the flood risk assessment for the proposed development provided that the following conditions are imposed on any planning permission granted:*

Officers Response

- 5.21 The latest letter includes 2 conditions that have been included in the recommendation contained within section 2 of this report.

Transport for London - Street Management

Original Scheme

- 5.22 In a letter dated 30 June 2004 TfL raised a number of concerns and queries in relation to the Traffic Assessment submitted as part of the Environmental Statement (ES). At a subsequent meeting the concerns were discussed and resolved. Additional traffic and transportation information was submitted in response to Council's Regulation 19 (EIA regulations 1999) request for further information dated 12 July 2004.

October 2004 Revisions

- 5.23 The following response was received (via email) on 16 November 2004: -

TfL's formal corporate view on the planning application will be included in the GLA's Stage 2 report to the Mayor. This will follow up the issues raised in the Stage 1 Report. As TfL has been working with the applicant and LBTH directly to consider impacts on the TLRN, it is providing initial comments on the highways issues ahead of the Stage 2. However, these are subject to consideration by the Mayor in the context of his wider responsibilities and do not cover the other transportation issues raised in the Stage 1. There is little spare capacity at the key junctions, in particular at Cambridge Road, and if any additional traffic is generated from this proposal then there will be unacceptable congestion at these points. The TA and appropriate revisions do not indicate any additional traffic on the TLRN. On review of the work undertaken to date, whilst TfL

has not been fully satisfied that there will be no additional traffic generated as a result of this proposal, it is not raising any objections in terms of impacts on the TLRN.

February 2005 Revisions

- 5.24 No comment received.

Royal Commission Historic Monuments - Threatened Buildings

- 5.25 No response received to letters dated 17 May 2004, 18 October 2004 & 7 February 2005.

English Heritage

Original Comments

- 5.26 In a letter dated 8 July 2004 the following comments were made: -

Listed Building Consent

- 5.27 *Proposals for refurbishment and alterations to the grade II listed buildings on Whitechapel Road are **acceptable subject to the submission and approval of details**. Our formal letter of authorisation, which is subject to approval by GOL, will follow once we have agreed the reserved matter conditions, which your Council should attach to the consent.*

A further letter received on 5 August 2004 set out conditions to be imposed on the original Listed Building Consent. This application was subsequently withdrawn but the conditions imposed are relevant to the scheme being considered by this report.

Conservation Area Consent

- 5.28 *The proposals would result in the demolition of the majority of buildings within the Whitechapel Hospital Conservation Area. Many of these buildings make a positive contribution to the character and appearance of the Area and the normal presumption, set out in PPG15 at para 4.27, is that they should be retained. However in this case, English heritage is satisfied that the demolition can be justified against the criteria set out within the guidance at para 3.19. In particular, we are mindful of the substantial community benefits which will arise from the construction of a new hospital. For these reasons, **English Heritage does not wish to object to the demolition of any of the buildings within the Whitechapel Hospital Conservation Area**. However, we do believe that some of these buildings, particularly those dating from the 19th or early 20th centuries, should be recorded before demolition. Can you please ensure that an appropriately worded condition is attached to the consent and that the Royal Commission on the Historical Monuments of England is consulted about the proposed method of recording.*

Planning Permission

- 5.29 *The proposed new hospital buildings are of a scale and architectural language which are wholly different from the buildings of the surrounding area. The main building would rise 18 storeys, plus plant and helipad, and the principle elevational materials would be coloured glass. Inevitably this will have a significant impact upon the setting of the listed buildings especially in views of the principle elevation from Whitechapel Road. The new buildings will also be prominent in views from the surrounding streets within the New Road & Sydney Square Conservation Areas. However, given the strategic decisions about the levels of investment to be made at the Royal London, it is inevitable that the new hospital will be of a totally different scale to the buildings of the surrounding area. In these **circumstances English heritage does not wish to raise objection to the proposals**. We would however urge that the advice of CABE, and possibly the NHS Design Review Panel, is sought in order to ensure that the architectural design of the building is of a high quality. In addition to clinical excellence, the aim should be to achieve an exemplar of modern hospital architecture which enhances the setting of the listed buildings and preserves or enhances the character and appearance of the adjoining conservation areas.*

October 2004 Revisions

5.30 In a letter dated 4 November 2004 the following additional comments were made – *Having considered the application in the basis of the submitted documentation we can now confirm that English Heritage has no objection in principle to the proposals. We do However have concerns about the height of the new addition to the rear of the main Building where the East wing is to be demolished. This should ideally be no higher than the parapet level of the top of the third floor. If, However, it is shown to be absolutely necessary for the lifts to reach the fourth floor (within the mansard roof) the new structure should not be higher than the existing roof level.*

5.31 *Whilst we welcome the lightweight modern approach to this new element it is important that it remains subservient and secondary to the newly restored rear elevation of the historic building. This will not be the case if it rises higher than the existing building. The issue is particularly important given the prominence that the newly created public piazza will have within the new hospital plans*

February 2005 Revisions

5.32 In a letter dated 1 March 2005 the following additional comments were made: - *We have considered the application and do not wish to make any further representations on this occasion subsequent to Applications PA/04/01484 & PA/04/01485. We recommend that this case should be determined in accordance with government guidance, development plan policies and with the benefit of conservation advice locally.*

Officers Response

5.33 The conditions requested in the original comments are applicable to the current applications and have been incorporated into the relevant recommendations for the various applications in section 2 of this report.

English Heritage (Archaeology)

Original Scheme

5.34 In a letter dated 28 July 2004 the authority raised **no objection** subject to conditions.

October 2004 Revisions

5.35 No comment received.

February 2005 Revisions

5.36 No comment received. Previous conditions still applicable to scheme.

Commission for Architecture & Built Environment (CABE)

Original Comments

5.37 In a letter dated 21 July 2004 detailed comments were provided. A full copy of the comments is attached to this report as **Appendix E**. The comments raised a number of areas of concerns that were subsequently considered during the refinement of the scheme.

October 2004 Revisions

5.38 In a letter dated 4 November detailed comments were provided in relation to the revised plans. A full copy of the comments is attached to this report as **Appendix E**. The comments acknowledged that significant improvements to the scheme had been achieved to the ground floor areas and wished to continue dialogue as the design further developed.

February 2005 Revisions

5.39 In a letter dated 15 February 2005 CABE made the following formal comments In relation to the latest amendments to the planning application: -

5.40 *We note that the more time and effort that has been directed to the design, the better the project has become. It is to the credit of all those involved that work on refining the design of the public realm, ground floor and elevation of the proposed hospital has continued despite the planning application already having been submitted. We note that the drawings we are commenting on here have now been submitted to the local authority as amendments to the planning application. The following comments should be understood in the context of our long involvement in the*

project and the fundamental criticisms of the initial development decisions. This letter should be read alongside our previous comments.

- 5.41 *We applaud the continuing design analysis and the further evolution of the scheme. The latest revisions represent a significant improvement in what we have seen before. This reconsideration of the design of the public realm and the atrium, which we have previously supported, combined with the latest variations to the modelling of the upper parts of the building and the elevations have, in our view, transformed this project from it's original, unacceptable proposition to one that we are now willing to support.*
- 5.42 *We understand that the detailed design of the landscape and the details of the elevations are to be reserved matters in this application. In terms of the post-planning decisions we wish to make the following comments.*
- 5.43 *In our view, the design of the new square, the most significant civic part of the scheme, should be treated as a design project in its own right. It is important that this space is designed not as an extension of the ground plane of a large hospital building but as a new civic space for this part of London. We are encouraged that the ground plane of St Phillips Square has been refined and that an entrance to the southern block for outpatients now addresses the square and Church opposite.*
- 5.44 *In our letter dated 3 November 2004 addressed to Tower Hamlets we remarked that we were disappointed that the architecture of the buildings had not moved on in the same way as the ground plane. We are encouraged that the architects have sought to address this aspect of the scheme. By 'slipping' the large blocks, varying the plane of the facades to the west and east, adding full height glazing to the waiting areas on each floor of the towers and using brises-soleil on the southern elevations, the architects have gone a considerable way to addressing our reservations about the architecture of the buildings. We find perspective images of the 'fluted' towers when viewed from the west far more convincing than the previous version.*
- 5.45 *We think that the consistency and rigour of the relationship between plan, use, elevation, cladding and materials results in greater clarity of the project as a whole. The clarity of the best elements should now be carried through to all parts of the building. This is particularly relevant to the design of the Women's and Children's Hospital, which we still find awkward. Given the prominence of this building in the views from the Royal London Hospital Square, we think that greater simplicity and clarity is required. For example, we are not convinced that the louvered part of the building is successful; it has little functional relevance and is not providing solar shading.*
- 5.46 *As a further matter, it is our intention to write to the relevant ministers in respect of the unavailability of the of the Post Office site to the consortium responsible for this project. In our view the decision not to include the site in the bid has compromised and damaged both the potential for the best possible design and the most efficient and economical way of phasing the construction and decanting of this huge project.*
- 5.47 *Finally we appreciate the Trust's positive approach to our criticisms and we acknowledge that the architects have made changes where possible. We also recognise the contribution which the Local Authority, GLA and English Heritage have made to improve this scheme substantially. We are now optimistic that major new civic space for East London can be designed and delivered to the highest standards. We would wish to play a part in its future development if that was felt appropriate.*

London Fire & Civil Defence Authority

Original Scheme

- 5.48 *In a letter dated 1 June 2004 the authority commented: - With reference to your recent request for advice the fire authority have **no objections** to grant of planning permission*

October 2004 Revisions

5.49 No comment received.

February 2005 Revisions

5.50 In a letter dated 25 February 2005 the authority commented: - *The Fire Authority has no objections in principal, but reserve final judgement subject to: -*

- (i) *the provision of detailed large scale plans of the proposed area of redevelopment, including all proposed buildings.*
- (ii) *Further information of the nature of the proposed barrier situated midway along Newark Street.*

London Underground Ltd.

Original Scheme

5.51 In a letter from the Engineers Directorate dated 25 May London Underground commented: -

5.52 *The applicant is already in contact with LU Ltd about the impact of the proposed redevelopment of the hospital on the East London Line tunnel that lies under part of the site and LUL is satisfied that its interests are being safeguarded. Therefore, LUL has **no comment** to make on this application.*

October 2004 Revisions

5.53 Not consulted, as the revisions made no change to the location of the scheme in relation to London Underground infrastructure. Furthermore London Underground Ltd is not a statutory consultee in terms of the EIA Regulations 1999.

February 2005 Revisions

5.54 No comment received.

Civil Aviation Authority

Original Scheme

5.55 In a letter dated 24 May 2004 the authority commented **No observations** to make.

October 2004 Revisions

5.56 No comment received.

February 2005 Revisions

5.57 Letter dated 22 February 2005 raises no objection but advises of matters the developer should be aware of which can be included as informatives to accompany any permission issued.

Georgian Group

Original Scheme

5.58 In a letter dated 10 June the Georgian Group commented that, *The group welcomes the proposals to keep the hospital on its historical site and welcomes the opportunity to improve the surrounding area. This is a wonderful chance and could be a catalyst for regeneration.*

5.59 *It is proposed to redevelop the hospital site, retaining the original listed Georgian building and erect a number of new buildings. These should be designed so that they contribute positively and fit in with the surrounding historic environment as sensitively as possible. The group does not believe that this has been achieved and feels that the scale, massing and materials of the new tower blocks do not relate well to the existing areas.*

5.60 ***The Georgian Group urges your Council to call for revisions to the design of the new build as in its current state we feel we must object to the application.***

October 2004 Revisions

5.61 No formal comment received in response to the referral of the revised scheme.

- 5.62 Prior to the revisions being submitted the applicant arranged to meet with representatives of the Society and outline the proposed changes. After that meeting the Society made the following comments in a letter addressed to the applicant, dated 30 September 2004 - *The revised proposals are predominantly concerned with the accessibility of the new hospital provision and of "wayfinding" around the site, in response to the consultation documents received from the previous application submitted. There has been no significant change to the height and massing of the new hospital accommodation that concerned us previously, and as outlined in our letter of 10 June 2004.*
- 5.63 The Group would maintain its objection to the proposed development, in terms of the scale of the new build, and the impact such large masses will have on the appearance and character of the surrounding area. While we understand that such buildings are the result of the need for expansive revised hospital accommodation on a restricted site, we cannot support the application.
- 5.64 With regard to the proposed alterations to the Listed Building we defer to The Victorian Society for the proposals concerning the entrance block. We have no further comments concerning the Listed Building.

February 2005 Revisions

- 5.65 No comment received.

Officers Response

- 5.66 In relation to the objections raised it is accepted that the scale and massing and materials of the proposed hospital building is in contrast to that of the existing buildings that are to be retained. However, it must also be accepted that in order to provide a modern, state of the art hospital facility to meet the needs of community on this site a building of this scale is inevitable.
- 5.67 Furthermore to provide a smaller mass of building would require the demolition of some additional or indeed all the listed buildings. This may actually prevent the continued operation of the hospital during the construction process, something that is unacceptable to the Trust as their brief requires all clinical services to be maintained during the redevelopment of the site.
- 5.68 In relation to the specific issue of materials Members attention is drawn to the detailed comments of CABE, the GLA and section 8.5 of this report.

The Society for the Protection of Ancient Buildings

Original Scheme

- 5.69 Letter received 6 July 2004 – *The apparent date of this building places it outside of the SPAB's period of interest in casework. We therefore do not wish to comment, although other local or national bodies may not have observations.*

October 2004 Revisions

- 5.70 No comment received.

October 2004 Revisions

- 5.71 No comment received.

The Victorian Society

Original Scheme

- 5.72 In a letter dated 21 May 2004 the Society commented: - *This scheme is accompanied by a considerable volume of supporting material and the committee felt that it was laudable that the site has been subject to a detailed heritage analysis prior to the design work being started. The society recognises the problems that must arise in trying to run an efficient modern hospital with the disparate collection of buildings on the site and thus has no objection in principle to the*

redevelopment of the site. We welcome the fact that the new development is accompanied by the conservation of several key buildings on the site and their improvement by the removal of later detrimental additions and alterations. The Society recognises the important need for an efficient modern hospital to serve East London and **does not wish to object to the current scheme.**

October 2004 Revisions

- 5.73 No formal comment received in response to the referral of the revised scheme.
- 5.74 Prior to the revisions being submitted the applicant arranged to meet with representatives of the Society and outline the proposed changes. After that meeting the Society made the following comments in a letter addressed to the applicant, dated 27 September 2004 – *The society accepts that much of the historic fabric of the hospital has been altered over time. The fenestration of the central block is a case point, with the flooring of the Victorian chapel. Given the scale of the alterations that have already occurred and the need to create a modern functional hospital the Society feels that your proposal to lower the ground floor of the central block to pavement level to permit a clear route from Whitechapel Road through to the main hospital, whilst having some impact on the historic character, is clearly justified as helping achieve a coherent design for users.*
- 5.75 *The society would thus not wish to object to the proposals when they become a revised application.*

February 2005 Revisions

- 5.76 In a letter dated 18 February the Society commented: - *The revised scheme was discussed by the Societies Southern Buildings Committee Last night and I write to set out their response. The Committee considered the alterations to the scheme and felt that the changes did not require comment from the Society. Thus we would have no objection to consent being given for the current applications.*

Ancient Monuments Society

Original Scheme

- 5.77 In a letter dated 27 July 2004 the Society commented - *In broad terms we accept the view set out within the environmental statement that no fabric of major significance will be lost though we have some regard for some of the Roland Plumbe buildings such as Edith Cavell House. We accept that some of the demolitions, such as that of Fielden House, will have a beneficial effect on the setting of listed buildings.*
- 5.78 *Our principal concern is the effect of the substantial new building on the setting of the principal listed building and on the conservation area. Two linked 18 Storey towers will rise from behind the old hospital, related rather haphazardly to it and somewhat looming presence in the conservation area. While it could be argued that the needs of the hospital and benefits of the community outweigh these considerations we believe that such arguments would have been stronger had the new buildings sought a more sympathetic and contextual approach. **While we do not wish to formally object to the applications we do not view them with great enthusiasm.***

October 2004 Revisions

- 5.79 No comment received.

February 2005 Revisions

- 5.80 No comment received.

Council for British Archaeology

- 5.81 No response received to letters dated 17 May 2004, 18 October 2004 & 7 February 2005.

20th Century Society

5.82 No response received to letters dated 17 May 2004, 18 October 2004 & 7 February 2005.

British Gas PLC

5.83 No response received to letters dated 17 May 2004, 18 October 2004 & 7 February 2005.

Thames Water

Original Scheme

5.84 In a letter dated 19 May 2004 the following comments were made - **No objection**, subject to conditions.

5.85 *If off site drainage works required outside of application site section 106 agreement recommended.*

October 2004 Revisions

5.86 Not comment received.

February 2005 Revisions

5.87 No comment received.

EDF Energy

Original Scheme

5.88 In a letter dated 12 May 2004 the following comment was made - **No objections to the proposal.**

October 2004 Revisions

5.89 Not consulted, as the revisions had no material impact on the requirements of the scheme or its location in terms of infrastructure and supply requirements. Furthermore, EDF energy is not a statutory consultee in terms of the EIA Regulations 1999.

February 2005 Revisions

5.90 No comment received.

6. Internal Consultations

6.1 The following internal departments and officers listed below provided comments on this application.

Head of Highways Development

6.2 The following comments have been made. *A Transportation Assessment for the Royal London Hospital was carried out by Buro Happold being completed in March 2004. The proposals will increase the gross floor area from 128,742 to 221,443sq m giving an increase of 72%. The proposals will increase the number of people trips from 7527 to 10,426 giving an increase of 39%. The Transport Assessment covers much detailed information and is reassuring in that no problems are identified that would suggest that the proposals would have any adverse effects on the transport network in the locality.*

6.3 *It must be borne in mind that the road traffic levels are near capacity throughout the day, so there will always be pressure for travellers to use public transport. Future transport initiatives including Crossrail and East London Line Extension will interchange at Whitechapel.*

6.4 *The Whitechapel Road (A11) and Commercial Road (A13) with their connections to the regional highway network make this a good location for access by ambulances from the east side of London. New bus lanes make emergency access easier. Although ambulances still struggle to*

get through the London traffic, the implementation of the recent congestion charging zone has enabled emergency vehicles to travel more quickly through the city.

- 6.5 *The rescue helicopter is considered an essential part of the hospital's operation. The proposal to relocate the helipad to the top of the new 20 storey tower will reduce the noise levels at street level.*
- 6.6 *There is a considerable amount of demolition work associated with the project. Material should be removed along Stepney Way to New Road or Sydney Street and hence to Whitechapel Road (A11) or Commercial Road (A13).*
- 6.7 *Under section 247 of the Town and Country Planning Act 1980 the Secretary of State may authorise the stopping up of any highway if he is satisfied that it is necessary to do so.*
- 6.8 *The provision of the multistorey car park is welcomed. Our parking control section currently have to issue temporary public service permits for the staff at the hospital. The provision of the car park will reduce the demand for on-street parking spaces. The area is already suffering from parking stress.*
- 6.9 *I understand you are consulting TfL on the proposals as they effect Whitechapel Road.*
- 6.10 *The developer should enter into a section 278 agreement with LBTH to repave the roads and footways effected by the development. This will include Stepney Way and Newark Street between New Road and Cavell Street.*
- 6.11 *Subject to the above there are no objections to this application on transport grounds.*
- 6.12 *As highway authority LBTH would wish to have a representative on site to ensure the developer adheres to requirements relating to the highway. The cost of providing the representative should be borne by the developer. Details of this should be agreed with the developer prior to the commencement of work.*

Officer Comments

- 6.13 *Subject to a number of conditions and the provisions of the planning obligation legal agreement the above requirements will be met.*

Conservation & Urban Design Team

- 6.14 *The following comments are related to the February 2005 revisions to the proposal.*
- LISTED BUILDING CONSENT**
- 6.15 *The Royal London Hospital dates originally from the mid-eighteenth century, when the principal Mainwaring block was erected on the Whitechapel Road frontage. The hospital was continually expanded throughout the nineteenth and twentieth centuries, to accommodate both the growing population of east London and developments in medical practice and care.*
 - 6.16 *As it now stands the hospital comprises a collection of buildings, mostly in London stock brick with slate roofs. In seeking to redevelop the site the Barts and the London NHS Trust commissioned a study by Manchester University Archaeology Unit of the relative architectural merits of the complex to understand the importance of each building in its context. Additionally a study of the archaeological potential of the site was commissioned from the Museum of London Archaeological Service.*
 - 6.17 *The building study established that the building of principal importance in the complex was the main eighteenth century block, the Mainwaring building which comprises the Whitechapel Road frontage. It is this significant architectural element that is to be retained with improvements in terms of repair and appropriate re-introduction of missing architectural features. This block will in the main provide for ancillary office use to the new hospital, for which the building can be converted without harm to its special architectural and historic interest.*

- 6.18 Repaired and restored, the Whitechapel frontage will provide the entrance to the new hospital. Significantly the existing portico, the most significant architectural element of the whole complex will be taken back to its original nineteenth century appearance, together with improvements at ground level to allow access at grade through to a new public space which in turn gives onto the new hospital buildings. This space provides a way of joining the new hospital to the old without harm to the setting of the Listed building and creates a new square, a very significant public space and circulation area, at the heart of the hospital.
- 6.19 The truncated rear of the Mainwaring block is to be refinished and repaired, to form the new north facade to the square and to take account of the break between the historic building and the new hospital buildings. This will allow the setting of the Mainwaring block to be protected; the architecture of the new hospital buildings had been designed in such a way as to make for a suitable transition between the scale of the eighteenth century frontage and the twenty-first century hospital.
- 6.20 This is effected by the use of a ground floor two storey base to the hospital in glass to modulate between the scale of the existing buildings and the new hospital. Further some parts of the main new hospital complex are designed at a lower height than the main ward blocks, for example the outpatients at four stories and the health mall, which again rises at maximum to four stories. The main ward blocks rise to eighteen stories.
- 6.21 The other significant Listed building to be affected by the redevelopment is the late nineteenth century St. Phillips Church, now the medical college library. This is Listed at Grade II* currently much hemmed in by buildings. The setting of this library will be greatly improved by the selective demolition in its proximity and the formation of St. Phillips Square. The library will have its current setting greatly improved by the proposals.
- 6.22 The application must be determined having regard to the Development Plan, and must be in accordance with the Plan unless material considerations indicate otherwise. In addition the Listed Buildings and Conservation Areas Act 1990 requires " In considering whether to grant planning permission for development which affects a Listed building or its setting, the local planning authority shall have special regard to the desirability of preserving the building or its setting or any features of architectural interest which it possesses". Having reviewed the information comprised in the application I am satisfied that there are proposals for the proper preservation of the principal Listed building that comprises the main road frontage. This should be additionally controlled by planning conditions to ensure an appropriate standard of works when the development is implemented.

CONSERVATION AREA CONSENT

- 6.23 The Royal London Hospital is contained within the boundaries of the London Hospital Conservation Area, which also contains parts of the Medical College and streets to the south as far as Walden Street. This was designated in 1990.
- 6.24 The character of the Conservation Area is principally determined by the original eighteenth century plan for the area, with a grid of streets set behind the principal Whitechapel Road frontage. The Conservation Area contains the eighteenth, nineteenth and twentieth century hospital complex together with nineteenth and twentieth century buildings forming part of the Medical College.
- 6.25 In general the appearance of the Conservation Area comprises a series of large brick blocks of four stories and above together with some smaller scale buildings. The relative importance of each building to be demolished was assessed prior to the development proposals being formulated by a study commissioned by the Barts and the London NHS Trust from Manchester University Archaeology Unit, which informed the subsequent Planning Brief for the Hospital Development which was approved by the Council in 2000.
- 6.26 The development affects the setting of three further Conservation Areas; Whitechapel Market, Myrdle Street and Ford Square. It also affects the setting of the Listed buildings within the

Conservation Area,

- 6.27 The principal tenet of a Conservation Area is that it is an area of special architectural and historic interest, the character or appearance of which it is desirable to preserve or enhance. Planning Policy Guidance Note 15 sets out that " it is the quality and interest of areas, rather than individual buildings, which should be the prime consideration in identifying Conservation Areas. There has been increasing recognition in recent years that our experience of an historic area depends on much more than the quality of individual buildings - on the historic layout of property boundaries and thoroughfares; on a particular mix of uses; on characteristic materials; on appropriate scaling and detailing of contemporary buildings; on quality of advertisements, shop fronts, street furniture and hard and soft surfaces; on vistas along streets and between buildings; and on the extent to which traffic intrudes and limits pedestrian use of spaces between buildings. Conservation Area designation should be seen as the means of recognising the importance of all these factors and of ensuring that Conservation Area policy addresses the quality of townscape in it's broadest sense as well as the protection of individual buildings".
- 6.28 In determining this application affecting the character and appearance of the London Hospital Conservation Area development must be seen to preserve or enhance the Conservation Area as well as protecting the setting of the surrounding Conservation Areas.
- 6.29 Notwithstanding the extent of demolition it is my view that this criteria is satisfied. In discussion with the Hospital Trust the extent of demolition within the Conservation Area has been kept to the minimum to accommodate all the new facilities in this very large new hospital. Principal buildings identified in the Manchester University study have been preserved and the very significant architectural composition to the Whitechapel Road has been preserved intact.
- 6.30 The new hospital is of an uncompromisingly contemporary design with a bold use of facade treatment and a striking 'landmark' skyline. It does not seek to take its cue from the current buildings within the Conservation Area, but to enhance by contrast with the existing architecture. It does however seek to modulate its impact at ground level with permeable facades. It further seeks to be as active as possible at ground level and achieve as far as possible a suitable join with the existing historic townscape. This has been greatly assisted by the use of the two new public spaces.
- 6.31 The new hospital is principally a glass curtain wall building, laid out so different height 'fingers' creating an overall irregular skyline profile. These folds to the buildings facade break up the mass adding appropriate shadowing to the building mass and effectively reducing it's overall apparent bulk. The curtain walls finished in either glass polychromatic finish or a horizontal rainscreening to further differentiate the buildings fingers. This leads to an appearance of a cluster of buildings, and such careful handling of the massing allows the scale to sit comfortably within the existing townscape, enhancing the conservation area by contrast of the old and the new.
- 6.32 Overall it produces:
- A very high standard of design in the new development and in the alterations to the existing buildings;
 - Brings the historic buildings that remain on the site into suitable new uses;
 - Contains a series of measures that bring about improvements to the area, for example the extensive repair of the Whitechapel Road frontage, and the creation of two new public spaces, particularly The London and St Philip's;
 - Enhancement of the appearance of the area through measures to control parking and divert through traffic.

ARCHAEOLOGY

- 6.33 A study was undertaken at the start of the process of considering development by the Museum of London Archaeology Service to look at the archaeological potential of the development site. This is in line with advice comprised within PPG 16 that archaeological potential for the site should be considered. Archaeological remains are protected by policies in the Councils UDP. The MOLAS study identifies archaeological remains; these are not considered to be of such a

significant nature that the development would seriously compromise but conditions are in place for on site evaluation, a mitigation strategy during the development process and monitoring of construction activity by MOLAS in a "Watching Brief".

Cleansing Officer

- 6.34 Memo dated 26 May 2004 raised **no objection** subject to conditions. No further comments required.

7. Community Consultation

- 7.1 The following consultation was initially undertaken in May 2004 following submission of the applications on 30 April 2004: -

- Letters dated 17 May 2004 sent to more than 4100 local addresses;
- Site notices at various locations around the hospital site;
- Newspaper Advertisements in East End Life & East End Advertiser.

- 7.2 A second round of consultation was undertaken for the Full Planning Application after additional information was provided in response to a Regulation 19 request for further information dated 12 July 2004: -

- Letters dated 19 July 2004 sent to more than 4100 local addresses;
- Site notices at various locations around the hospital site;
- Newspaper Advertisements in East End Life.

- 7.3 A third round of consultation was undertaken for the revised Full Planning Application, new Conservation Area Consent and new Listed Building Consent applications in October 2004: -

- Letters dated 18 October 2004 sent to more than 4100 local addresses;
- Site notices at various locations around the hospital site;
- Newspaper Advertisements in East End Life.

- 7.4 A fourth round of consultation was undertaken for the revised Full Planning Application, new Conservation Area Consent and new Listed Building Consent in February 2005: -

- Letters dated 7 February sent to more than 4100 local addresses;
- Site notices at various locations around the hospital site;
- Newspaper Advertisements in East End Life.

- 7.5 The total responses received from these four consultation processes were as follows:
No. Responses: 45 In Favour: 7 Against: 38 Petition: 0

- 7.6 The issues raised by the consultations are summarised and individually discussed below. The figure in brackets represents the approximate number of people who raised a particular issue in their objection. It should be noted that 14 of the responses received are an identical letter that has been circulated by concerned local residents.

- 7.7 Location of helipad & helicopter noise impact on residential homes (4)

Comment

These issues were considered as part of the Environmental Statement and the proposed location found to be satisfactory. The location of helipad on top of the building (equivalent to 19 storeys) reduces the noise impacts and the number of takeoffs & landings is not proposed to increase from the current situation. It must be accepted that there may be a perceived increase in disturbance to some residences over and above the current situation. However, this has been found to be within acceptable standards and the important role of the service and degree of impact (minor) are such that the proposed location is considered to be both acceptable and the most appropriate within the site.

7.8 Loss of light (2)

Comment

This comment was received from residents located south of the hospital site in Sydney Street. Given the distance of Sydney Street from the site the extent of any loss of light would be well within accepted standards. Indeed the daylight and sunlight studies completed for the proposal concluded that loss of daylight and sunlight will be acceptable with only site specific negative impacts to the Students Hostel in Newark Street. More detailed discussion including those properties that are affected is contained within **Sections 8.9 & 8.13** of this report.

7.9 Loss of views (2)

Comment

The height of the proposed main hospital building (19 Stories plus helipad) will have an impact on some views and be prominent, particularly within the immediately surrounding area. The scheme proposes the introduction of a large scale and mass into the built environment. The degree to which views will be affected and the nature of the impact will be both variable and subjective. Studies carried out and detailed within the Environmental Statement have concluded that the impact of the buildings will not lead to an unacceptable visual impact.

It must be noted that it is only certain strategic views (St Paul's etc) that are given protection by planning policy. In conclusion it is accepted that some people will have a perception that views are negatively impacted but it is not considered to be an issue that carries sufficient weight to refuse permission for the proposed buildings.

7.10 Height out of keeping with area (4)

Comment

The height of the building is far greater than currently found within the surrounding area. When considering if the height is acceptable the question must be asked what has caused, or driven the height of the development? The provision of a new hospital facility on this site is required to meet the operational brief of the Trust and provide a high level and wide range of services. In doing so there are operational factors such as clinical adjacencies (locating certain operations close together and reducing the distance staff & patients travel) that must be considered. Whilst this new facility is provided all existing hospital facilities must be maintained and this places a significant restriction on the area available for new development. The final factors in this case are the constraints of the site created in particular by the historic environment with the requirement to retain some listed buildings also restricting the size of the land available.

The result of the various factors that influenced this development is a large building that is uncharacteristic when compared to the traditional form and scale of the surrounding area. To provide the required modern health facilities on this site means such a large landmark structure is inevitable. Furthermore, it is considered that the proposed built form makes a strong and suitable transition between the original Whitechapel Road frontage and the new main hospital buildings. Conservation comments noted that the careful treatment of the massing has enabled the scale to sit comfortably within the existing townscape and enhance by contrast with the existing buildings. The benefits of an improved health facility must also be considered in coming to any decision. It is considered that the quality of the proposed buildings and inherent benefits of the scheme provides a degree of justification that overcomes the concerns in terms of the impact related to the height of the development.

7.11 Objects to 'lurid' colours (1)

Comment

This is a subjective issue and one that has been subject to continuing review and development. The external cladding material for the new buildings has evolved since this specific objection was made and the materials now proposed are considered to break up the bulk and mass of the buildings and relies less on colour. Officers and CABE support the general form of the external

appearance. The detailed materials are to be subject of a condition requiring submission of full details of the materials to be used should the project be approved. More detailed discussion on the materials and design is contained within **section 8.6** of the report.

- 7.12 Colour would become dirty & faded (1)

Comment

In relation to the durability of the materials it is considered that subject to high quality of components being selected there will be no real problem. The colouring to the glass is an emulsion added to the back of the glass and as such the finish will not fade. The elevations will be cleaned in accordance with the maintenance contract between the Trust and Skanska. A condition requires full details of all window cleaning equipment to be provided to LBTH for approval.

- 7.13 Impact on character of Conservation areas (3)

Comment

English Heritage has not raised objection on this ground. Furthermore, council's Conservation section concluded the impacts would not be negative. Conservation area issues are discussed in more detail in **sections 6.13 to 6.32 and section 8.5** of this report.

- 7.14 More of areas historic character should be retained (3)

Comment

There are a number of reasons why greater portions of the historic buildings on the site are not proposed to be retained. These include the buildings current condition, site constraints, clinical adjacencies and the adopted brief for redevelopment of the site. English Heritage have commented that the loss, whilst unfortunate, can be supported when the bigger picture is considered. CABE have provided comments that support the revised scheme and these are outlined in **sections 5.38 to 5.46**. Furthermore it has been stated (in previous comments of CABE) that in design terms the wholesale demolition of the historic elements should have been given stronger consideration.

More detailed consideration of the demolition of historic buildings is contained within **sections 6.15 to 6.33 and section 8.5** of this report.

- 7.15 Proposal does not meet aspects of PPG15, UDP & London Plan policies (1)

Comment

Policy matters are discussed in detail within **section 8** (below) of the report and the comments of the GLA are included and discussed in **sections 5.3 to 5.11**. The GLA do not raise any policy objections to the scheme.

- 7.16 Blue Light Ambulance route will lead to increased pollution, traffic & danger with no consideration appearing to have been given to impacts on residential areas (14)

Comment

Proposed blue light ambulance routes are proposed for the surrounding streets including Whitechapel Road, Commercial Road, New Road, Cavell Street, Sydney Street, Milward Street & part of Stepney Way. The objections raise specific concerns over the impacts on Cavell & Sydney Streets as well as Stepney Way. The Environmental Statement (ES) considered the traffic impacts from the development to be satisfactory. A condition will require submission of an Operational Traffic Management Plan to control service and emergency vehicles and reduce unnecessary use of local roads. Furthermore the ambulance service is required to adhere to normal road rules and the use of sirens is restricted to where their access is impeded and to alert motorists to their presence.

- 7.17 New Accident & Emergency (A&E) location will create increased traffic & social impacts (14)

Comment

The Environmental Statement, specifically the transport assessment section, submitted with the application found the predicted increase in traffic to be minor and within acceptable limits. Potential negative social impacts from intoxicated people using the A&E facility are an operational issue for both the Trust and a local policing issue.

7.18 Impact of Heavy Goods Vehicles (HGV's) on Cavell Street (14)

Comment

The objection raised concerns over both the operational and construction impacts from HGV's. In relation to the operational phase of the development the Environmental Statement, specifically the transport assessment section, submitted with the application found the predicted increase in traffic to be minor and within acceptable limits.

In relation to construction the Construction Traffic Management Plan outlined with the information submitted to support the application will provide control over HGV's in terms of routes, dust & noise impacts. This plan is required by a condition to be fully developed and approved to the satisfaction of the local planning authority prior to works commencing. Nonetheless some disturbance will be caused to residents on and in the vicinity of Cavell Street particularly during the 1st phase of the redevelopment.

7.19 Traffic & parking implications on local streets (16)

Comment

The Environmental Statement, specifically the transport assessment section, submitted with the application found the predicted increase in traffic to be minor and within acceptable limits. Further details of the traffic proposals and their acceptability on policy grounds are contained within **section 8.7** of this report.

7.20 Threat to children & local residents from HGV's & ambulance traffic (14)

Comment

This is an issue of obvious concern for local residents. The controls to be placed on construction traffic by the Construction Traffic Management Plan (CTMP) will be sufficiently robust and the vehicles will also be required to adhere to normal road rules. The measures mentioned previously for the Ambulance Service should control the operation of these vehicles. Adherence to these measures will adequately control the additional traffic.

Specific concerns have been raised in relation to the John Smith Children's Centre located on Stepney Way between Cavell & Sydney Streets. It is considered that further detailed consideration should be given to construction traffic operation in this area. To secure this the applicants should liaise with management of the centre and LBTH highways section when preparing the Construction Traffic Management Plan. The CTMP will be required by condition to be submitted and approved by the local planning authority before works commence.

7.21 Car park will encourage car use, attract traffic & are aesthetically 'ugly' (1)

Comment

Levels of car parking provision are actually quite low, and not significantly greater than at the moment. Ideally from the applicants point of view the car park would have been much larger. Indeed comments have made suggesting more parking, in the form of visitor parking should have been provided. The car park is designed to cater for a limited number of staff and consultants and will not attract levels of traffic substantially above the existing.

In terms of its appearance the car park will be subject of a condition requiring more detailed plans of the materials and design of the elevations. The aim will be for the exterior of the building to not to have the appearance of a traditional car park and to integrate into the

architecture of New Road.

7.22 Routing for motorists using the multi storey car park (14)

Comment

The car park is located at the western end of the site and fronts onto New Road, Newark Street & Stepney Way. Access to the car park is from Newark Street, which at its western end is two-way. All vehicles using the car park will access Newark Street from New Road, as a barrier will be in place mid way along Newark Street preventing access through to Stepney way (accept for service vehicles). These arrangements are considered to be satisfactory.

7.23 Newark Street should be closed at one or both ends between Sydney & Cavell Street & home zone extended (2)

Comment

The portion of Newark Street referred to is currently residential in nature. The proposal does not indicate this portion being an access route for hospital trips or for construction traffic however it will be used for some service deliveries. There will continue to be some pressure on parking in the area as relevant LBTH permit holders can park in the street. The proposal includes a green travel plan designed to seek further increases in the use of non-car based modes of transport by staff & visitors and help alleviate the current problems.

The issue of the possible extension of the home zone is a matter for highways to consider and falls outside the relevant considerations of this planning application.

7.24 Loss of swimming pool (1)

Comment

The application material discusses the demolition of all buildings. In relation to the swimming pool it is noted that the building is of poor architectural quality and it has been identified for demolition within the planning brief for the site to accommodate for the new hospital.

7.25 Loss of Public House (1)

Comment

The pub in question is at the corner of Stepney Way & Milward Street. There are numerous bars and public houses on Whitechapel Road and the public house on the corner of Stepney Way & Turner Street will remain. There are no specific policies in relation to the retention of public houses and the building is not listed.

7.26 Section 106 agreement should seek social & economic benefits (1)

Comment

As indicated within the recommendation of this report a section 106 agreement is anticipated to include requirements relating to a public art, local labour in construction, a Green Travel Plan, Section 278 agreement for highways works and monitoring of TV reception to the north of the site. The objection suggests the agreement should also seek an agreed living wage for all jobs in the PFI, 30% use of local labour, improvement to health facilities (local doctor's surgeries) and improvement to education facilities.

The Hospital will itself provide an enormous amount of social and economic benefit to the area. A new state of the art hospital facility for east London will be the result of the proposed redevelopment process. The provision of 106 monies from the applicant to fund improvement to local doctor surgery provision or similar social facilities would have little or no justification given the extent of the clear and significant health benefits the scheme itself will deliver.

7.27 More open space should be provided (2)

Comment

The scheme will provide for 2 significant areas of public open space. The London Square will provide an area of approximately 4500m². Further space is provided by St Phillips square, approximately 2500m² that has the additional benefit of greatly enhancing the setting of the Grade II* Listed St Phillips Church. Further discussions on the provisions to be made for open space and their function are contained within **section 8.8** of this report.

7.28 Construction impacts (4)

Comment

The most likely impacts from construction will include dust, noise & traffic. The length of the construction process (9 years) in this case is also a significant issue. Relevant legislation and enforcement powers will be used to control the impact with accepted levels. Furthermore, a detailed construction management plan (CMP) is being developed to further control impacts.

7.29 Air Quality & noise (14)

Comment

These matters are considered in detail within the submitted Environmental Statement and have been found to be satisfactory. Mitigation measures will be subject to a condition requiring an Environmental Management Plan to be submitted and approved by LBTH. This is a normal procedure for any large development and provides not only for mitigation but also ongoing monitoring to ensure the effectiveness of the proposed measures.

7.30 Unauthorised use by HGV's of local streets (14)

Comment

This is an issue for LBTH to ensure that Construction Traffic Management Plan that is approved provides the necessary protection against the use of local streets and the restrictions are enforced. The approval of the plan combined with the Section 61 agreement will provide a legal mechanism through which LBTH can enforce against any breach of the agreed arrangements.

7.31 Scheme changes home zones to delivery vehicle and ambulance route (14)

Comment

Streets used for deliveries and blue light routes are not classified as 'home zones'. Ashfield street is a home zone but is not used by the development for deliveries or as an ambulance route. The residential streets to be used include Cavell Street and a Part of Stepney Way to the east of the site.

7.32 Impact on visual character from 94m 'Sky Scrapers' (14)

Comment

The Environmental Statement's visual assessment found the impact of the revised scheme to be acceptable with only isolated negative impacts. The comments of CABI and conservation officers are clearly supportive of the revised scheme in terms of its design and appearance.

7.33 What compensation is proposed for residents due to length of redevelopment process (1)

Comment

Conditions of consent will require detailed traffic & construction management plans to be developed to ensure compliance with all relevant standards. These plans will be assessed and approved prior to the works commencing with monitoring of compliance carried out throughout the construction process. The assessment has concluded that there are not any significant impacts that would require substantial mitigation measures such as decanting of residents or secondary glazing. It should also be noted that through the phasing of the project levels of

impact would vary greatly, with the demolition phase of each stage providing the most likelihood of impacts. The phasing of the development will also mean that the impacts are spread across different location throughout the process.

7.34 Letters of support were received from local residents (2) and the following organisations: -

- John Biggs AM (GLA Member for City & East London);
- Queen Mary School of Medicine & Dentistry;
- Tower Hamlets Primary Care Trust;
- Newham Primary Care Trust;
- The East London Mosque Trust Ltd.

8. ANALYSIS

8.1 The Proposal

8.1.1 Applications have been submitted for Full Planning Permission, Listed Building Consent and Conservation Area Consent to enable the comprehensive redevelopment of the Royal London Hospital. The development can be broken into several components – demolition, retention & new build replacement and each of these are described individually. The existing and proposed (February 2005 revision) building gross external areas are summarised below: -

Existing gross external floor area	127,296m ²
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Proposed demolition	77,528m ²
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Retained Buildings:

Refurbishment will include	39,426m ²
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Residual Retained buildings	10,342m ²
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Retained Total	49,768m²
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New Build replacement	175,461m ²
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Proposed Total Gross Built Area	225,229m²
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Demolition

8.1.2 Construction of the proposed new hospital buildings requires the demolition of a number of existing buildings within the campus including parts of the listed Royal London Hospital (including the helipad on the roof of the Alexandra Wing). The majority of the buildings to be demolished were identified within the Llewelyn Davies Planning Brief (2000) as being demolished to accommodate the new hospital buildings.

8.1.3 In addition, the original application proposed the demolition of Fielden House adjacent to St Philip's Church to improve the setting of this important grade II* building and to facilitate the creation a large area of open space that would act as a focus for the whole hospital campus by integrating it with the Medical College facilities. Fielden House has been identified as a building of low townscape value. The revised application also includes the demolition of the east wing of the main hospital building. Through consultation with English Heritage this portion of the listed building is considered to be of little townscape or historic value and the improvements to the hospital environment in terms of accessibility and the creation of a large civic space outweigh the case for its retention.

8.1.4 The planning policy and merit considerations of the demolition aspect of the applications are discussed in detail within **sections 8.5.1 to 8.5.5 (inclusive)** of this report.

Retained Buildings

- 8.1.5 The following buildings will be retained, altered and/or refurbished as part of the proposals to provide the support and office functions as well as some clinical functions not accommodated in the main new hospital buildings. The proposed functions are those most suited to being located in retained buildings, particularly given the historic nature of the buildings.
- 8.1.6 *The retained sections of the original hospital building (listed grade II).* This includes the main front block along Whitechapel Road, sections of the west block back to and including the link block and the Grocers' Wing.
- 8.1.7 *The Alexandra Wing (1980s wing to the main hospital but as attached to it viewed as listed grade II).* This will be refurbished as part of the Dental School.
- 8.1.8 *The Existing Outpatients Building (identified within the Planning brief as being of architectural merit) and the Annex*
- This building will be retained as an area of future opportunity by the Trust.
- 8.1.9 The planning policy and merit considerations of the retained buildings aspect of the applications are discussed in detail within **sections 8.5.6 to 8.5.15** of this report.

New build

- 8.1.10 It is proposed to construct four new buildings within the hospital campus area.
- A 4 storey block, plus enclosed roof top plant to rear of the west wing and east of the Medical College building, extending south to Stepney Way;
 - A podium and 18/19 tower block with a helipad to the south and east of the west wing extending south to Stepney Way and east to Milward Street;
 - A single storey bridge link at second floor level from West Wing to the Podium Block;
 - A glazed 4 storey health mall;
 - A 18/19 storey tower block between Stepney Way and Newark Street connected by a glazed link block and canopy to the other tower block across Stepney Way;
 - Canopies above Stepney Way, to the east and west and linked to the two tower blocks;
 - A 322 space multi storey car park and ancillary retail development;
 - A new nursery building on the site of the old boiler house;
- 8.1.11 In addition to the current application there have been two recent permissions granted within the wider hospital campus that should be noted. The permissions provide for a new Pathology building at the eastern edge of the campus between Newark Street and Ashfield Street and a new medical school building to the south west corner of the campus area. Both proposals are currently under construction with scheduled completion dates during 2005. Both proposals fall outside the site area of the applications subject of this report.
- 8.1.12 The planning policy and merit considerations of the new build aspects of the applications are discussed in detail within **sections 8.5.16 to 8.5.21** of this report.

Phasing

- 8.1.13 The NHS Trusts brief requires all clinical services to be maintained at the hospital throughout the redevelopment process. This presents a complicated set of issues for both the Trust and the Skanska that has resulted in the redevelopment being separated into 3 distinct phases of construction running over a total of 9 years. A construction program has been developed for the project and is summarised below. In order to develop the program it was necessary to assume planning permission would be received in March 2005. The dates given are the earliest possible start or finish date for each aspect of the program and could be subject to slight variations. Indeed various revisions to the scheme that have occurred since the application was submitted in April 2004 pushed back the original project completion date by approximately 12 months to August 2014.

Phase 1

- 8.1.14
- Enabling Works to Facilitate Decant/Vacate Blocks, 79 days duration, commencing July

2005 completed late October 2005.

- Phase One Demolition & New Build Construction, 1,314 days duration, commencing July 2005 completed November 2010.
- Phase 1A Completion August 2010.
- Phase 1B Completion late November 2010.

Phase 2

- 8.1.15
- Operational Commissioning of Phase 1A & Final Medical Equipment Decant, 179days duration, commencing July 2010 completed April 2011.
 - Phase Two Demolition, 221 days duration, commencing March 2011 completed February 2012.
 - Phase Two Refurbishment, 683 days duration, commencing January 2011 completed at various times (see below).
 - Phase Two New Build, 537 days duration, commencing September 2011 completed November 2013.
 - Ambrose King Refurbishment Complete October 2012.
 - Dental Hospital/Training Centre Complete December 2012.
 - Front Blocks Complete November 2013.
 - Extension to Phase One Complete December 2013.
 - New Outpatients Complete December 2013.

Phase 3

- 8.1.16
- Decant of Dental Hospital to Refurbished Alexandra Wing, 60 days duration, commencing December 2012 completed March 2013.
 - Demolition of existing Dental Hospital and Boiler House, 141 days duration, commencing March 2013 completed October 2013.
 - Demolition of Fielden House and Landscape works, 127 days duration, commencing January 2014 completed July 2014.
 - Construction of Car Park and Nursery, 231days duration, commencing August 2013 completed August 2014.
 - Overall Project completed August 2014.

8.2 The Site

- 8.2.1 The Royal London Hospital is located on Whitechapel Road (A12), approximately 1.5 kilometres east of the City of London. It is located to the south of the road, opposite Whitechapel Station and the busy Whitechapel Markets, between New Road to the east and Cavell Street to the west and stretches south across Stepney Way and to Newark Street.
- 8.2.2 The site covers most of the London Hospital campus, extending to approximately 5.39 hectares and is located almost wholly within the London Hospital Conservation Area. The site sits adjacent to the Whitechapel Conservation Area, located directly to the north; Myrdle Street Conservation Area, located directly to the west; and the Sidney Street Conservation Area, located to the south east.
- 8.2.3 The hospital itself comprises a dense cluster of buildings ranging up to 12 storeys in height of mixed age, from the 1750's through to the present day, and consequently comprises of a wide variety of architectural styles. A significant number of the buildings have been substantially adapted and extended over many years, to form an eclectic array of buildings which sit in sharp contrast to considerable new healthcare facilities, such as the Pathology Building on the southern margin of the application site, the new medical college laboratories to the west of Turner Street, which are both currently under construction and due for completion in 2005.

8.3 Land Use

- 8.3.1 In terms of the sites land use the current UDP and the First Deposit Draft UDP designate the site for hospital/social facilities uses respectively. The proposal for redevelopment of the Royal

London Hospital clearly meets both these designations.

- 8.3.2 In order to help shape and influence the redevelopment of the site a planning brief was commissioned a number of years ago. The brief, supported in principle by Council in 2000, envisaged the redevelopment of the hospital by the Trust through a Private Finance Initiative (PFI). The brief outlined the anticipated scale & nature of the new hospital, development principles and likely key impacts.
- 8.3.3 Throughout the following sections of this assessment report further references will be made to both the adopted and emerging UDP Policies. It should be noted that the planning brief was not aimed at setting rigid guidelines for redevelopment but rather the broad principles for the provision of a large state of the art hospital with as much as 150 000m² of additional floor space on the site and the scope for demolition of existing buildings.

8.4 Design Approach

- 8.4.1 The applicant's approach to the design of the new hospital has necessarily been influenced by the clinical needs of the Trust. Although the Royal London site is extremely large in the context of sites within inner London, the clinical requirements and functional arrangements also dictate that a large building composition will be required on redevelopment. This requirement had been envisaged at the time that the planning brief was prepared some 6 years ago, although not within the context of current day space demands for clinical planning. The proposed buildings for The Royal London Hospital campus also make attempts to recognise and reflect the nature of the Conservation Area and its surroundings.
- 8.4.2 The enormous scale of the proposed development requires an architectural response that deals with large building elements with both clarity and consistency. In preparing these proposals, and through their further refinement since the application was submitted to Council, the applicant had to carefully consider the building form and proposed disposition of buildings by reference to the need to ensure the correct clinical adjacencies as required by the Trust and to ensure the hospital will continue to function throughout the redevelopment period. Indeed the need to assess and integrate much of the listed retained estate, having first carried out an assessment to establish the architectural and historic merit of the listed and other buildings in the Conservation Area and the contribution the buildings make to the area, proved to be a complex task.
- 8.4.3 The Council has acknowledged the difficulties that the Trust and its future development partner would face following earlier unsuccessful attempts to redevelop this important estate in the late 1990's. The preparation of a Planning Brief for the site and the involvement of key stakeholders both at the pre-application stage and during the assessment of the application has assisted in developing and guiding the design approach as well as interpreting the Trust's requirement for clinical facilities to provide state of the art healthcare facilities for the residents and those who work in East London.
- 8.4.4 The design solution integrates what are considered to be the most important components of the original health estate whilst allowing the Trust to meet its clinical and operational needs. Furthermore the complex will be the heart of the healthcare campus at Whitechapel, large components of which are already under construction.

8.5 Conservation and Historic Buildings

Demolition

- 8.5.1 The redevelopment proposal includes the demolition of the following buildings within the conservation area: -
- Block 6 – Holland Wing (mid/late 20c)
 - Block 8 – Knutsford House (modern to late 20c)
 - Block 9 – The Old Home (1887)
 - Block 10 – Alexandra House (1884)
 - Block 11 – Edith Cavell House (1916)

- Block 12 – Institute of Pathology (1960's)
- Block 13 – Swimming Pool (mid/late 20c)
- Block 14 – Laundry (1904)
- Block 15 – Eva Lukes Nursing Home (1905)
- Block 16 – Estates Department (1909)
- Block 19 – Temporary Office Accommodation (modern)
- Block 27 – Garden House (modern)
- Block 29 – Fielden House (1901)
- Southern Section of East Wing Of Main Hospital (1775 & 1825-40)
- Southern Section of West Wing of Main Hospital (1825-40)
- Link Block Between East & West Wings of Main Hospital (1950-60)
- Single Storey Buildings to the front of the Main Hospital (modern)
- Building within current Courtyard of Main Hospital (late 19c & mid to late 20c)

8.5.2 As previously noted in paragraph 5.19 of this report the comments of English Heritage were sought in relation to demolition. English Heritage did not raise objection to the demolition although they did note that the normal presumption would be for retention of these buildings. In this case they felt the significant public benefit obtained through the provision of improved health services provides justification required by PPG15.

8.5.3 In relation to the current UDP policies (DEV28 & DEV36) the same principles can be applied. These policies seek to ensure demolition only occurs where there is a strong case for such action. Factors to be considered include condition of the building, maintenance and repair costs as well as the suitability of replacement buildings. In this case the condition of the buildings in relation to health care provision and maintenance costs are accepted as justification for demolition.

8.5.4 In terms of the suitability of the replacement building it must be accepted that the new buildings will (by virtue of their scale & design) impact on the setting of the retained listed buildings and the appearance of the conservation area. This must be weighed against securing improved health services for East London. Detailed consideration of the impacts of the new buildings is contained in sections below.

8.5.5 It is concluded that in relation to demolition the scheme can be accepted subject to conditions. The cost of maintaining and upgrading the existing buildings to modern health standards is prohibitive. Although there will arguably be some impacts to the remaining listed buildings and the conservation area from the new buildings these are not necessarily negative. Furthermore, the significant and broad ranging benefits in terms of health care provision, improved accessibility and creation of a large civic space are also considered to significant in this case.

Refurbishment

8.5.6 Refurbishment works will be carried out to the following retained buildings/items located within the Conservation Area: -

- Front Block of Main Hospital Building;
- Grocers Wing of Main Hospital Building;
- Alexandra Wing;
- Ambrose King Centre;
- Victorian Post Box;
- Statue of Queen Alexander.

8.5.7 Given the extent of alterations and additions to the hospital, with new wings and additional floors being added during the late 19th and early 20th Century, the overall regularity of the hospital's original design is not apparent. It is impossible to simply strip away the latest accretions and reveal a Georgian entity. The approach has therefore been to create a more coherent whole, and to retain the evidence for each phase of building.

8.5.8 It is intended to reinstate the original window openings of the front elevation of both the Grocers Wing and front portico to enhance and improve the clarity and identity of the front elevation (particularly the entrance) which has been adversely affected by previous alteration works. On the line of the demolition at the rear of the west wing new elevations have been designed that respond to the classically designed building with new pediments and cornices. For the cut

elevation where the east wing is removed a lightweight structure with contemporary cladding is proposed to mark the major change. Rationalisation of the window fenestration and detailing are also proposed to re-instate a sense of the original proportions and design to the rear facades.

- 8.5.9 Internally the building has been heavily altered and there is little left of the original features and finishes. It will undergo complete refurbishment, with removal of modern internal walls, whilst retaining most original main structural walls, new services throughout using where possible existing service routes. The front reception area and passage way to the southern courtyard will be opened up to create a greater area of open space for circulation and waiting and to improve wayfinding to the new hospital buildings beyond.
- 8.5.10 The main hospital building, once refurbished, will provide a number of non-clinical facilities. The basement will house the central archive and some plant. The ground floor of the Grocers' Wing will accommodate non-clinical offices and a multi faith worship space whilst the Front Block will house retail and income generating facilities, accommodation for voluntary groups and further non-clinical offices.
- 8.5.11 The Front Block will house Clinical and Non-clinical office space with staff on call accommodation in the Grocers Wing. There will be facilities management offices at fifth floor level. The west wing will also contain dental laboratories.
- 8.5.12 This Alexandra Wing was constructed in the 1980s following demolition of the original wing and in the Planning Brief is identified as a building of 'low townscape value'. As it is attached to the main hospital building it is viewed as being part of the listed hospital. The building will be completely refurbished, with all new internal partitions and services as shown on the plans included as part of the planning application.
- 8.5.13 There will be some external alterations, with the helicopter-landing pad being removed from the rooftop along with associated plant and accommodation rooms, alterations to the windows on the west elevation and the removal of the existing canopy entrance and the formation of a new entrance into the building. The Alexandra Wing will house the new Dental Hospital and Medical College accommodation.
- 8.5.14 The statue of Queen Alexandra and Victorian Post Box will be dismantled by a specialist conservator and placed into temporary storage during the main construction phases. The statue will be re-erected in a new location adjacent to the Women's and Children's Entrance of the new building. The Victorian Post Box will be re-erected in a new location within the Front block Entrance Hall.
- 8.5.15 The assessment of this aspect of the application concludes that the proposed refurbishment works are acceptable. The principles and extent of the works are generally acceptable and compliant with the relevant policies of both the Adopted and Draft UDP's. Key stakeholders including English Heritage and The Victorian Society support the proposals. A number of conditions will be required to be included in permissions issued for listed building and conservation area consent. These conditions will need to be carefully considered and enforced to ensure delivery of the anticipated quality of refurbishment works to the retained buildings.

New Works

- 8.5.16 The relevant policies in relation to new building works within or adjacent to conservation areas and works effecting the setting of listed buildings include PPG15 and UDP Policies DEV25, DEV29 & DEV39.
- 8.5.17 The London Hospital Conservation Area was established in 1991. A character assessment was not undertaken at that time, nor has one been commissioned subsequently. The area includes a range of buildings dating from the 1750's to the present day. The buildings are of varying degrees of quality and condition with a number having being altered over the years. The main impacts of the new buildings will be on the original hospital building, St Phillips Church and the nearby Sydney Square and Ford Square
- 8.5.18 The application was accompanied by conservation and design statements, which included consideration of the impacts of the new buildings. The design of the new buildings creates a strong juxtaposition between the new and listed buildings in terms of massing, scale and

materials. The new building impacts on the setting of the conservation areas both within the London Hospital site and from the adjacent Conservation Areas. Views from the adjacent squares (Ford & Sydney) are impacted upon with the tower elements of the proposed building becoming a dominant new feature within the surrounding built environment.

- 8.5.19 The provision of a modern health facility to meet the needs of East London is long overdue and has been anticipated on this site for many years. To provide the required services on the site and achieve the necessary clinical adjacencies impacts such as those discussed above are to an extent inevitable. Regardless of these facts it must be accepted that in terms of policy the scheme does not fully comply with detailed policy DEV25. The new buildings do not fully preserve the character of the conservation areas as a significant portion is to be demolished. At the same time the new buildings by way of their contrast are able to enhance the conservation area as do the improvements to the public realm and the enhanced setting of the retained listed buildings. The proposals are considered to meet the broad objectives DEV25, DEV29 & DEV39.
- 8.5.20 In considering the acceptability of the proposed scheme in conservation terms it is important to consider some potential alternatives. In order to reduce the massing and scale of the new buildings in order to reduce the impact on the conservation areas and listed buildings wholesale demolition of listed buildings would have to be considered. This approach was not considered to be appropriate at the early stages of the design process and was therefore not explored in more detail. Furthermore in order for the Trust to meet its brief and continue to provide services throughout the construction process the provision of a significant amount of floorspace within a confined area of the site has been necessary.
- 8.5.21 The technical non compliance with the detailed policy needs to be weighed against the strategic benefits of the scheme. The fact that the brief of the Trust to maintain all clinical services whilst the redevelopment is undertaken, restricts the degree to which alternative designs might be able to lessen the impact on the adjacent listed buildings and adjoining conservation areas.
- 8.5.22 It should also be noted that the revised scheme had received the support of both CABE and English Heritage. The Council's conservation sections comments are contained in **sections 6.15 to 6.34** of this report and they are also supportive of the revised scheme, stating it will actually enhance the area by way of its contrast with the original building and the quality of the design.

8.6 DESIGN

- 8.6.1 The design provides for vastly improved accessibility and more legible wayfinding for pedestrians. The design revisions included the provision of a step free access from Whitechapel Road through the original hospital building to the new proposed buildings. A condition is recommended to require the submission of a detailed accessibility statement for approval by the local planning authority.
- 8.6.2 Choice of building materials and external cladding is crucial to the delivery of a successful redevelopment of this site. The cladding system for the new buildings is proposed to be in a combination of glass and metal brises-soleil. The proposed cladding & colour submitted as part of this February revision to the application and assessed within the Environmental Statement represented only one approach to the possible array of coloured glazing and patterning that had been considered in the design development. The proposed design and external appearance have been found to be satisfactory by the Environmental Statement. It is considered appropriate for the precise nature of the external cladding to be the subject of a planning condition requiring detailed information and samples to be submitted and agreed. The applicant agreed to this process.
- 8.6.3 Design of car park is considered to be generally satisfactory in terms of its bulk scale and internal functioning. The car park will provide for 322 car parking spaces as well as motor cycle parking spaces for use by employees of the Trust. The building will also provide for a small amount of retail/office space fronting onto New Road, ensuring an active frontage and disguise the main function of the building. However, as its not being built until final (3rd) phase it will be important to ensure at that time the design is suitably integrated with the surrounds, particularly New Road. A condition will require details of elevations & materials to be submitted for approval prior to the car park being built.

- 8.6.4 A single storey building is proposed on the site of the demolished boiler house. The buildings will be used as a day nursery. The design of the buildings includes clerestorie windows that give the impression of the building being greater than 1 storey. The scale and mass of the building is considered to be suitable. Similar to the car park building, as its not being built until final (3rd) phase it will be important to ensure at that time the design is suitably integrated with the surrounds, particularly New Road and Mount Terrace. A condition will require details of elevations & materials to be submitted for approval prior to the nursery being built.
- 8.6.5 In relation to urban design the proposal will introduce a large scale and mass into the existing built environment. It has been concluded that the clinical and health requirements of the Trust combined with the site constraints make such a scale and mass inevitable. The evolution and refinement of the design achieved as a result of LBTH's and key stakeholders working with applicant has vastly improved the proposal from that which was submitted in April 2004. This has been achieved while still maintaining the same form of development and ensuring the requirements of the Trust were not overlooked. The revised design is considered to be compliant with the broad principles of the relevant policies.

8.7 Traffic & Transport

- 8.7.1 The Traffic Assessment (TA) submitted as part of the application confirms that the proposed development can be safely and reasonably accommodated at this location. There will be a degree of impact upon the surrounding road network as a consequence of the demolition and construction period, however the TA confirms that this too can be accommodated and a Construction Traffic Management Plan (CTMP) will be formulated to control this aspect of the redevelopment. The proposal is considered to meet the requirements of UDP Policies T15 & T16 and the relevant first deposit draft UDP policies.
- 8.7.2 The hospital is located in a highly sustainable location, readily accessible by public transport with Whitechapel Underground Station immediately opposite the site. In the future, if Crossrail and the East London Line Extension are constructed, both will have interchanges at Whitechapel. It is therefore likely that in the future, Whitechapel will become an increasingly important transport hub for East London. The hospital will further benefit from its proximity to these proposed facilities and it occupies one of the most appropriate location's within the Borough for this land use type, which given its nature, does generate large flows of people, as can be witnessed by the present hospital development.
- 8.7.3 The proposed development is highly sustainable with only 322 car parking spaces proposed, representing about half the amount of staff parking envisaged in the Planning Brief, and well below the figure used for the TA modelling purposes, being 450 spaces. The main area of car parking is the proposed multi storey car park located at the junction of New Road & Newark Street. UDP policy T13 is met by the proposals as the offsite parking at the hospital at the proposed level of 322 car spaces effectively equates to operational use only. Similarly the parking provision meets the requirements first deposit draft UDP transport policies.
- 8.7.4 UDP Policy T9, which seeks to discourage non-essential journeys by private car, is also met by severely limiting on site parking compared with the unconstrained demand position. Only essential staff car parking is provided for by the development. The Trust's Green Travel Plan (GTP) provides a mechanism to further reduce car dependency and encourage use of non-car modes of transport further assists this position. The GTP will form part of the Section 106 legal agreement and is discussed in more detail in **section 8.11** below.
- 8.7.5 Visitor parking is not provided with the exception of a small number of disabled parking bays. Visitors to the hospital are encouraged to use the various modes of public transport although LBTH residents with the appropriate parking permit would be able park their vehicle in the surrounding residential streets. A drop off & pick up area is provided in Stepney Way in front of the Outpatients and Main Hospital buildings.
- 8.7.6 Adopted UDP policy T6 seeks the provision of taxi facilities to support the role of providing public transport. The original proposal did not provide a designated taxi area and the GLA stage 1 report raised this as a concern. The revised scheme provides for a 3 bay taxi waiting area to the east of the proposed London Square. Taxis carrying passengers to the hospital would also be

able to use the drop of zones at the eastern end of the proposed London Square and the drop of area along Stepney Way. The provisions of the revised scheme are considered to be satisfactory.

- 8.7.7 In the operational phase the servicing (deliveries and collection of waste) of the hospital will be carried from the eastern end of the site between Stepney Way and Newark Street and adjacent to Cavell Street. Access to facilities management area is from Newark Street and will be controlled by a security barrier to ensure potential conflict between hospital traffic is minimised. Vehicles using the facility will arrive from Cavell Street and Newark Street. On exiting the site they will travel west along Newark street to New Road.
- 8.7.8 The main vehicle type using the facility will be 7.5 tonne Luton type vans. The largest vehicle to access the service area will be 16.5 metre articulated lorry. The layout of the servicing area will accommodate these types of vehicles entering and leaving the site in a forward direction. The TA submitted as part of the ES indicates the facility will generate approximately 150 vehicle trips per day. The core operating hours will be 8am to 5pm weekdays during which time the majority of the vehicle trips are to occur. Operations are also required on weekends, predominantly between 8am and 12pm (noon). However, the facility needs to have the ability to operate 24 hours a day to ensure the hospital is able to fully function and in this regard there will be collections of clinical waste during the evening, limited to 1-2 vehicles. To ensure that vehicles use the residential streets to the south of the site as little as possible it is considered to be appropriate to require an Operational Traffic Management Plan to be submitted and approved prior to occupation in addition to the CTMP discussed earlier in the report.
- 8.7.9 Pedestrian safety and convenience are major issues within the area with higher than average accident rates at some existing intersections and high numbers of movements within the site. The design has focused both on wayfinding within the new complex itself and also on Whitechapel Road in particular. There is proposal by TfL to include provision for a wide pedestrian crossing, which will provide a safe and convenient crossing at grade directly to Whitechapel Station entrance, opposite the application site. This access point does create a conflict with the main entrance to the Hospital being approximately 45m to the west of this crossing point. However the safety issues and legibility of wayfinding when exiting the underground station (given the presence of the busy market on the northern side of Whitechapel Road) are considered to be paramount in the short to medium term. Future redevelopment of the station may be able to clarify this through locating a station entrance opposite the main hospital entrance. In conclusion the requirements of UDP policies T18 and 19 will be met by the proposal and the separate provision of an improved crossing on Whitechapel Road by TfL is welcomed.
- 8.7.10 Concerning cycling, the requirements of UDP Policy T23, are met by the proposal, as adequate facilities proposed to encourage cycling including cycle racks, lockers and changing facilities. The proposed Green Travel Plan (GTP) will also be required to assist in securing more sustainable trips in the years to come for hospital staff in particular. The Green Travel Plan is discussed in more detail in **section 8.11**.

Helicopter Landing Facility & Helicopter Emergency Medical Service (HEMS)

- 8.7.11 A helicopter landing facility is proposed to be located on the top of the tower block (equivalent of 20 storey height) immediately north of Stepney Way. This will replace the existing facility, which has been part of the fabric of the existing hospital for many years. Until now, the planning permission for the use of the helicopter-landing pad was permitted by a series of term consents. The applicants have advised this is a fundamental requirement of the Trust and the new facility has been designed and located to minimise harm from noise from flights.
- 8.7.12 London's Helicopter Emergency Medical Service (HEMS) currently operates from a helipad above the Accident & Emergency (A&E) Department at the Royal London Hospital. It should be stressed that the helicopter is an integral part of the A & E Department and the new helipad has been designed to minimise noise nuisance from these operations. The service carries a senior A&E physician and a paramedic to the scene of serious accidents anywhere within the M25 within an average of 14 minutes of someone dialling 999. The helicopter operates seven days a week in daylight hours and attends approximately 1,000 incidents a year.
- 8.7.13 The service is dedicated to helping trauma patients with multiple injuries (e.g. pedestrians hit by

cars, crash victims, people injured falling from buildings or suffered heart attacks). The service was put in place to airlift doctors experienced in trauma medicine, to enable them to treat multiple injury patients in the fastest possible time after accidents occur. With specialist skills and medical equipment, HEMS doctors are able to provide interventions at the scene of the accident that could normally only take place in hospital emergency departments.

- 8.7.14 The circumstances in relation to need for the service are readily apparent. The benefits of the proposal to redevelop the hospital at Whitechapel with a permanent helipad facility are such that the normal presumption in Policy T30 and Policy T31 to resist such develop, (below) should be waived. This would be consistent with previous decisions on the hospital site to allow the helicopter landing facilities.
- 8.7.15 The potential for noise impacts resulting from the operation of the facility were considered acceptable by the assessment carried out for the Environmental Statement. The operation of the facility can be controlled by the planning obligation legal agreement, as has previously been the case. The only departure from the terms of the previous agreement will be the ability for the helicopter (subject to other relevant licensing requirements) to be kept on the helipad overnight, thus reducing the number of trips by two per day and saving on operating and fuel costs. Details of the planning obligation package are discussed in **section 8.11**.
- 8.7.16 The exceptional circumstances prevailing at the Royal London are such that there are overwhelming reasons for permitting a helicopter landing facility, as this will bring significant and measurable improvements in the provision of a life saving emergency service. The grant of permission is therefore fully justified in this location due to the benefits that this service brings.
- 8.7.17 Overall the proposal is considered to meet the strategic and detailed transportation policies that are relevant to the application. Any permission granted must be subject to a planning obligation legal agreement requiring a GTP, control of the operation of the helicopter landing facility and highways improvement works and standard conditions requiring further detailed information to be provided in terms of disabled parking and cycle facilities and the provision of additional taxi stands.

8.8 Landscaping & Open Spaces

- 8.8.1 The existing hospital has evolved and expanded over the past 200 or so years and as a result it has extremely limited amounts of open space. The main areas are located between the rear of the main hospital building and Garden House. The proposed scheme looks to increase the amount of dedicated open space areas. The demolition of Fielden House and the Institute of Pathology allows for the creation of public square at the front of St Phillip's Church. From this southern part of the site the covered health mall runs northwards where it meets the London Square which extends across to the existing main hospital entrance.
- 8.8.2 The demolition of the rear of the East Wing of the main hospital building allows for the creation of large new civic space to be known as the London square. The square will be situated behind the original hospital building stretching southwards to meet with the new outpatients and main hospital buildings. The square measures approximately 140 metres from east to west and 34 metres from north to south, making it comparable in scale to the forecourt of the British Museum. This space is seen by the applicants as being the external heart of the hospital and will be able to provide for a variety of uses including access, recreation and relaxation. Precise detailing of the finishes and layout of the area is subject to further refinement to ensure the most effective design to reflect its intended uses.
- 8.8.3 The demolition of Fielden House & the Institute of Pathology provides for the creation of a second significant area of open space, St Phillips Square. The square is located to the north of Stepney Way between the proposed south tower and the existing St Phillips Church. The creation of this square greatly improves the setting of the listed Church. The square will measure 37 metres from north to south and 80 metres at its widest point. The square will provide for a variety of users and is proposed to include formal tree planting and high quality materials. Precise detailing of the finishes and layout of the area is subject to further refinement to ensure the most effective design to reflect its intended uses.

- 8.8.4 The proposed redevelopment provides a significant amount of additional and improved public open space that meets the requirements of the relevant strategic and detailed policies. The delivery of these elements as both functionally and aesthetically high quality open spaces is critical to the future success of the overall scheme. Careful control over the design detail and finished materials is required to ensure the potential opportunities and benefits to all users of the facility and indeed the local community is delivered in the long term.
- 8.8.5 UDP Policies DEV12 & DEV13 require landscaping and tree planting to be provided as part of redevelopment schemes. The proposal includes both hard and soft landscaping within the site and is considered to meet these policies subject to conditions being imposed.
- 8.8.6 UDP Policies DEV17 & DEV18 relate to street furniture and public art. The detailed schemes for landscaping will be required to provide a variety of seating located so not to impede pedestrian flows and this is secured by standard conditions. In relation to public art a number of sculptures and pieces of art are to be commissioned for various parts of the site particularly the newly created squares. The public art will be secured through the planning obligation legal agreement.
- 8.8.7 Several mature trees are to be removed to facilitate the construction of the new hospital buildings. The tree species to be removed include 11 Plane trees, 4 Laurel's, 4 Cherry, 3 Conifer and 1 Rowan tree. The tree removal, whilst not normally being encouraged, can be undertaken in accordance with UDP policy DEV15 where the mature trees are being replaced elsewhere on the site. The location of the trees to be removed is predominately within the courtyard at the back of the main hospital building and along the walkway linking this courtyard with Stepney Way. It would not be possible to provide the required facilities and maintain operation of the hospital without the proposed tree removal. A detailed landscape proposal including tree planting has been developed and will form a key part of the redevelopment scheme.
- 8.8.8 The landscaping and open space aspects of the application are considered to be acceptable and consistent with the aims and intent of the relevant strategic and detailed UDP Policies. The delivery of the final product to the standard expected requires conditions to be imposed and rigorously applied to ensure there is no 'cheapening' of the works and the materials selected are of a high quality both in terms of appearance and durability. The conditions will require detailed plans and samples to be provided and approved by Council before the various landscape works are commenced and for the works to be carried out before the occupation of completed buildings at each various phase.

8.9 Daylight & Sunlight

- 8.9.1 The daylight and sunlight assessment undertaken as part of the Environmental Statement found that the proposed redevelopment would be generally acceptable with some localised impacts that are considered to be within acceptable standards for built up urban areas. The study considered the impacts on a number of properties in Cavell Street, Ford Square, Philpot Street and Whitechapel Road and the London Hospital Students Hostel. All public open spaces and residential gardens will continue to receive adequate sunlight in accordance with the relevant Building Research Establishment (BRE) guidelines.

70-82 & 84-96 Cavell Street

- 8.9.2 These properties do not meet the BRE guidelines but have after development figures for daylight factors that are consistent with the existing levels of daylight of neighbouring properties. For example the existing Vertical Sky Component (VSC) or sunlight values of 58-60 Cavell Street are 11-14% and the post development values of 70-82 & 84-96 Cavell Street will be similar. Furthermore the orientation for the windows is only marginally south of due west, if they were north of due west the BRE requirements would not apply. This provides justification for less weight to be given the BRE guidelines in these cases. It should also be noted that the after development figures are not uncommon in built up urban areas and the BRE requirements are only a guide.
- 8.9.3 In relation to these properties the proposal does not fully meet requirements of the BRE guidelines and hence Policy DEV2 of the adopted UDP. However, given the orientation of the windows and the fact the property is location within a built up urban area it considered that the

policy could be varied in this case and the that level of impact does not justify the refusal or significant modification of the proposal.

Student Hostel (Newark Street frontage)

- 8.9.4 The students hostel is located between Newark Street and Stepney Way and to the east of Philpot Street Gardens. The northern elevation of the hostel will face towards the southern tower of the new hospital building. Across this elevation there are nine (9) rooms on each of the first, second and third floors. The original proposal would have had a significant impact on all of the windows with the exception of the westernmost window on each level. The daylight and sunlight values calculated showed reductions of between 50% and 90% of their current values, well outside the basic standards of the BRE guidelines.
- 8.9.5 The revisions to the scheme now submitted have included the slipping of the southern tower slightly eastwards. The aim of this change was to improve the design and appearance of the new buildings as well as the circulation at ground level within the development. However, the slipping of the tower has had the added benefit of improving the sunlight and daylight conditions for a number of the rooms. The daylight figures for the five western most rooms on each of the first, second and third floors are now considered to be in excess of the BRE guidelines for bedrooms. Furthermore a sixth set of rooms is only marginally below the guideline and given the orientation for the building (north) and the use of the room (bedroom) this is not considered to be a significant impact.
- 8.9.6 The three eastern most windows on each of the first, second and third floor levels still do not meet the BRE guidelines and will have a loss of daylight as a result of the obstruction caused by the proposed tower. It must be noted that the figures for all of these windows have improved as a result of the revisions. The applicant's assessment of this impact acknowledges there will be a significant impact but suggests that the BRE figures do not reflect the true situation. It has been suggested that the reflected light that will be provided by the proposed building and the hostel building will mitigate the impact. It is suggested the extent of the mitigation is likely to make the values for the rooms in excess of the BRE guidelines. However, the full extent of any improvements cannot be fully quantified at this stage. So although there is a strong indication there will be improvement from reflectance it is necessary to assume the base position in terms of impact will be the final outcome and the loss of daylight indicated within the applicant's report must be acknowledged.
- 8.9.7 In relation to the students hostel there is a technical non-compliance with the BRE guidelines and Policy DEV2 of the adopted UDP for three rows of windows at the eastern end of the building. Having considered the impact, and assuming the worst case scenario of no improvement from reflectance of light it is not considered to be a matter that can justify the refusal of the application. The hostel is located within an inner city location and therefore daylight levels cannot always be expected to be maximised. Furthermore, the north orientation of the building further reduces its ability to meet the BRE guidelines and it must be emphasised that these guidelines are not a statutory control, but rather a useful tool for planners and designers to identify and evaluate impacts.
- 8.9.8 The context of the accommodation is also, in the opinion of officers, a relevant factor in considering the impact. The student hostel is not a permanent form of residential accommodation. The more transient nature of the occupants will mean they do not occupy a room for more than a year or so.
- 8.9.9 The revised proposals will have limited and isolated negative impacts in terms of sunlight and daylight. The specific areas of concern have been considered above and it is the conclusion of officers that on balance degree of impact in relation to loss of sunlight and daylight is acceptable and does not warrant the redesign or refusal of the applications. Furthermore the degree of impact is not significant enough to consider decanting of occupants of the affected buildings. It is considered to be appropriate to allow the technical non compliance with Policy DEV2 of the adopted UDP in this case. The decision to vary the policy will not lead to a precedent being set given the site specific factors that are relevant in this case.

8.10 Archaeology

- 8.10.1 The northeastern corner of the site is designated as an area of archaeological importance in the

adopted and emerging UDP. Therefore a desk based assessment has been undertaken by the applicant and included in the Environmental Statement. The assessment has found there is a moderate potential for surviving remains associated with 17th century civil war defences as well as human burials associated with the hospital. As a result there will be a programme of archaeological evaluation required by condition.

8.10.2 It is considered that subject to conditions the proposal meets the intention and requirements of UDP Policies 42, 43 & 44 as well as those relevant polices within the emerging UDP.

8.11 Planning Obligation

8.11.1 A redevelopment scheme of this scale would normally be expected to provide a significant package of planning benefits. In the case of the redevelopment of the Royal London Hospital, significant social, economic and educational planning benefit is built into the scheme itself. The improvement of health facilities within East London is a massive and long overdue benefit for both the borough and the wider London region. The scheme will deliver both direct benefits (new & improved health facility) and indirect benefits (catalyst for regeneration of Whitechapel area and local employment opportunities).

8.11.3 Given the degree of benefit received from the use of the site it is difficult to make a balanced justification for additional monetary contributions. The matters that are to be included in the Section 106 legal agreement include Local Labour in Construction, Public Art, Green Travel Plan (GTP), a Section 278 for highways works associated with the redevelopment as well as monitoring of TV reception.

8.11.4 Local Labour in Construction

The following points summarise the key aspects of the agreement: -

- Offer a partnership job brokerage service addressing the recruitment needs of key stakeholders whilst maximising the employment of Tower Hamlets residents;
- Target local people for recruitment in order to develop a more diverse and representative workforce leading to better and more culturally sensitive services;
- Identifies those job fields to be targeted by the programme;
- Trust contribution of £75 000.00 per year for 5 years towards the staffing of costs of this the partnership brokerage service (Employment Solutions);
- Skanska Innisfree to secure 15 waged apprenticeships each year;
- Skanska Innisfree will use all reasonable endeavours to meet a target of 20% local labour in relation to general construction vacancies arising as a result of the rebuild of the London Hospital;
- Rent free provision of an on site office comprising 2000 square feet of accommodation for Employment Solutions from commencement until completion of the proposed development;
- After completion provision of a unit providing at least 3000 square feet of accommodation for Employment Solutions for a period of 15 years.

8.11.5 Green Travel Plan

- Plan aims to reduce car dependency for both workers and visitors and increase use of public transport and green transport (walking & cycling);
- The plan will be subject to regular review of the key goals by the Trust & LBTH to ensure targets are being met;
- In addition to the regular reviews the plan will be required to be fully reviewed after completion and then again every 5 years.

8.11.6 Section 278 agreement

- Standard requirement for a redevelopment scheme where improvements to roads within the development site to rectify damage caused during construction and generally allow works to be carried out to the public highway;
- The agreement will contain a specification for the works and a plan outlining the extent of the area of work;

- Monetary contribution based on estimated cost of specified works.

8.11.7 Provision of Public Art

- £1million in monies for a programme of public art provisions both within the buildings and the open spaces;
- Involvement of local community will be required including the Whitechapel Art Gallery & Rich Mix Asian Arts Venue.

8.11.8 Helipad

- The requirements of the existing agreement are to be applied to the new location;
- The agreement will control take off and landing heights at set distances from the helipad as well as controlling operation hours and flight paths.

8.11.9 TV reception

- A capped sum of £500 000.00 is to be held in trust by LBTH towards any mitigation works that are required where an identified loss of TV reception can be directly attributed to the development;
- Surveys required before, during & after development to quantify any impacts;
- Survey area to be agreed with LBTH based on information contained within the environmental Statement.

8.12 Construction Period Impacts

- 8.12.1 Given the length of time (9 years) required for the redevelopment the construction impacts issue needs to be closely considered and controlled. Throughout the length of the development there will be localised impacts as a result of construction traffic, noise, dust & vibration. The most intensive works in terms of impact will be during the demolition associated with Phase 1 & 2 and to a lesser extent the phase 1 building works. The works will be controlled by an Environmental Management Plan (EMP) and a Construction Traffic Management Plan (CTMP) that will be approved by LBTH prior to works commencing.
- 8.12.2 In addition to the EMP & CTMP the developer will be entering into an agreement under Section 61 of the Highways Act relating to control of construction impacts including dust, noise, vibration and other relevant environmental impacts. These three mechanisms allow LBTH to influence the measures to be used to control the impacts so as to ensure they are appropriate. Once agreed LBTH has the ability to enforce those requirements upon the developer.
- 8.12.3 The anticipated access for construction vehicles will focus on the main roads servicing the site including Cavell Street, Sydney Street, Stepney Way and New Road. From these routes both Whitechapel Road and Commercial Road can be reached. The use of minor residential streets will not normally be contemplated except where there are extenuating circumstances, and then, only for limited periods.
- 8.12.4 Phase 1 of the construction process will require Stepney Way to be closed between Philpot Street & Cavell Street with only construction and emergency vehicle access permitted. This closure will in effect reduce the amount of traffic using local residential streets as a 'rat run' compared to the existing situation.
- 8.12.5 Obviously a redevelopment of this scale will lead to additional impacts over existing situations. The redevelopment of this site is required to be carried out while the hospital maintains its full clinical functions thus making it inevitable that a longer construction period will be required. The fact the construction is phased lessens the degree of impact at any one time and it must be noted the potential impacts will vary both in terms of location and magnitude. Hence both the EMP & CTMP will be flexible documents considering each phase and potential impact in relation to those residents or areas likely to be impacted upon. It is felt the EMP & CTMP along with the Section 61 agreement will provide adequate tools to ensure the potential impacts are minimised as much as possible at each phase of the development.

8.13 Review of ES

- 8.13.1 Due to the nature and size of the scheme an Environmental Statement (ES) was required by LBTH to be submitted with the application. Such a statement is required to consider the potential and nature of impacts that would result from the development and where necessary recommend measures to mitigate such impacts.
- 8.13.2 The Environmental Statement submitted as part of the application has been independently assessed on behalf of LBTH against the requirements of the EIA regulations. The review of the original ES led to a request for further information to be submitted in accordance with Regulation 19. This request related specifically to matters within the Ecology and Transportation chapters. The revisions to the scheme in October and February required the preparation of addenda to the Environmental Statement to reflect the changes and consider their potential impacts.
- 8.13.3 The February revisions were again reviewed and it has been found that the ES meets the requirements of the EIA Regulations and is satisfactory. Minor areas of clarification were raised in the review report and where required these have been addressed by the applicant at the request of LBTH. None of these matters were substantial and they did not influence the conclusions of the statement or require modifications to the scheme. None of the matters were related to compliance with the EIA regulations.
- 8.13.4 Some matters of clarification raised by the independent report were not required to be clarified in the opinion of the Council. The report recommended that the Council seek clarification on a number of particular points. However, when considering some of these specific points (relating to specific socio-economic, historical, ecology & contamination matters) the view was taken that the clarification had no material impact on the content or findings of the Environmental Statement, was not required by the relevant regulations and would not lead to any alteration to the scheme. An example of the points Council decided not to have clarified was requests for more appropriate cross referencing between the text and the appendices.
- 8.13.5 The planning obligations legal agreement and conditions will secure the relevant recommendations of the ES in terms of mitigation of identified impacts. It is the opinion of officers that the findings of the ES are robust and that the identified mitigation measures will ensure the proposed development will not lead to any substantial environmental impacts.

9. SUMMARY

9.1 Adopted UDP Compliance

- 9.1.1 The proposal for the redevelopment of the Royal London Hospital is considered to be compliant with the relevant strategic policies contained within the adopted UDP.
- 9.1.2 The proposal for the redevelopment of the Royal London Hospital complies with the relevant detailed policies with limited exceptions. Arguably the scheme does not fully meet the requirements of policies DEV1, DEV2, DEV25, T30 & T31 as previously outlined within Section 8 of the report.
- 9.1.3 The analysis within section 8 of the report details the extent to which some of the detailed UDP policies are not fully met by this development. Whilst it is important to acknowledge these areas of non-compliance any decision cannot be made based only on the relationship of the scheme to the adopted UDP detailed policies. It is necessary with such a large development, given its scale, strategic nature and importance, to place more emphasis on strategic policies from which the various detailed policies are derived. The scheme clearly meets the strategic policies.
- 9.1.4 Furthermore, it is felt that the scale of the redevelopment exceeds the intent and scope of the detailed policies. These policies would not have been developed to consider such a strategic development which is capable of benefiting not only those who live and work within Tower

Hamlets but the wider area of East London & the Thames Gateway. Therefore non-compliance with some of the detailed policies is not seen as providing any planning justification for the refusal of the application.

9.2 Emerging UDP Compliance

- 9.2.1 The proposal for the redevelopment of the Royal London Hospital is considered to be compliant with the relevant strategic policies contained within the Draft UDP. The redevelopment meets the emerging plan's aims for providing social facilities (hospital), employment and regeneration.
- 9.2.2 The proposal for the redevelopment of the Royal London Hospital is considered to be compliant with the relevant detailed policies contained within the Draft UDP with the following exceptions - UD22, ENV1 & TRN13.
- 9.2.3 In relation to the redevelopment's compliance with the detailed policies of the Draft UDP a similar argument to that outlined for the current detailed policies prevails. The benefits of provision of a new hospital in East London provide a compelling argument for the detailed policies to be set aside or relaxed in this case. The degree of non-compliance is not of such an extent that the development should be considered for refusal and the relevant strategic policies are met. The proposed conditions will allow for further refinement of the scheme and ensure the level of detail and quality of finished is of a high quality. The benefits of the scheme and strategic objectives should take precedent over the requirements of the emerging UDP policies listed previously.

9.3 Redevelopment Benefits

- 9.3.1
- New modern hospital building providing clinical and educational excellence will benefit the both local community and more broadly the residents of East London as a whole;
 - Employment opportunities for local residents secured by planning obligation package;
 - Significant investment in Tower Hamlets and localised economic benefits as a result of increased employment during both the construction and operational phases of the development;
 - Likely catalyst for further regeneration in the Whitechapel area;
 - Creation of significant civic space, The London Square;
 - Significant improvement to accessibility within the site for mobility impaired persons;
 - Refurbishment of retained listed buildings particularly the Whitechapel Road frontage where original features are to be reinstated.

9.4 Redevelopment Impacts

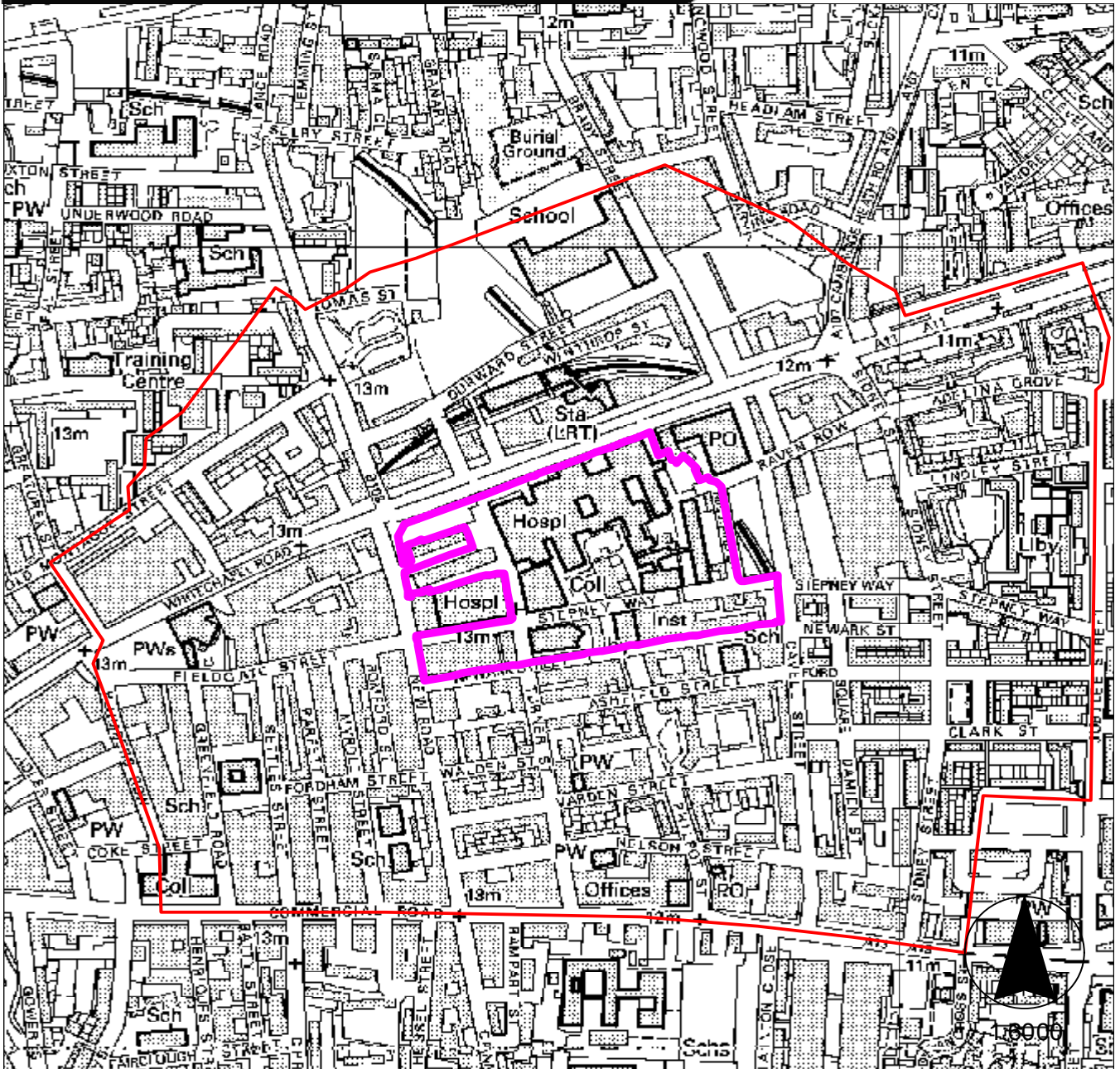
- 9.4.1
- Construction impacts including noise, traffic & dust;
 - Localised significant loss of daylight and sunlight to the Student Hostel;
 - Possible impact to existing TV reception north of the site. Appropriate mitigation is secured by planning obligation legal agreement;
 - Temporary closure of Stepney Way during construction for up to 5 years. This matter requires a further separate license to be obtained from LBTH Highways section;
 - Demolition of a number of listed buildings.

9.5 Conclusions

- 9.5.1 It is important to note that this report discusses and makes recommendations for three (3) applications. Firstly the application for Full Planning Permission that was accompanied by an Environmental Statement for the redevelopment of the site as outlined in the description contained in **Appendix A**. Secondly application for Conservation Area Consent proposing demolition of a number of existing buildings as outlined in the description contained in **Appendix B**. Thirdly application for Listed Building Consent proposing for redevelopment of the site as outlined in the description contained in **Appendix C**. The following conclusions are considered to relate equally to the three applications.

- 9.5.2 To achieve the desired community benefits and meet the brief of the Trust a degree of impact is inevitable as a result of the redevelopment of this site. It is a site that is constrained by its size, the nature of the existing buildings and the fact the Trust are forced to remain fully operational during construction. The design has evolved greatly in an attempt to minimise as many of the impacts as is practical (for the reasons stated above) whilst delivering the best quality environment, both clinically and outwardly.
- 9.5.3 The benefits of provision of a new hospital in East London provide a compelling argument for the detailed UDP policies to be set aside or relaxed. It is the opinion of officers that the benefits of the scheme and strategic planning objectives take precedent over the requirements of the detailed UDP policies not fully meet by the revised design.
- 9.5.4 To ensure that the completed development is of a suitably high quality a number of detailed design matters should be conditioned. The conditions are included in the recommendations in **section 2** of this report. These relate the multi storey car park design, the London Square, landscaping, security and the management and monitoring of the demolition and construction processes. This allows for best solutions to be provided over the course of the construction period and gives LBTH greater control of the detail & quality of the development.
- 9.5.5 It is the opinion of officers that the scheme for redevelopment is suitable for approval on planning grounds and the three applications be approved in accordance with the recommendations contained within section 2.

Appendix A – Schedule of development for FPP as advertised with latest revisions (February 2005)
Appendix B – Schedule of development for CAC as advertised with latest revisions (February 2005)
Appendix C – Schedule of development for LBC as advertised with latest revisions (February 2005)
Appendix D – GLA 1st stage report (August 2004)
Appendix E – CABE letters (3 in total)



SITE OF THE ROYAL LONDON HOSPITAL, SOUTH OF WHITECHAPEL ROAD AND NORTH OF NEWARK STREET, NEWARK STREET, LONDON, E1 1BB

Appendix A – Full Planning Permission

A) Redevelopment of the Royal London Hospital comprising:

- A 4 storey block, plus enclosed roof top plant to rear of the west wing and east of the Medical College building, extending south to Stepney Way;
- A podium and tower block with helipad to the south and east of the west wing extending south to Stepney Way and east to Milward Street;
- A single storey bridge link at second floor level from West Wing to the Podium Block;
- A glazed 4 storey health mall;
- A tower block between Stepney Way and Newark Street connected by a glazed link block and canopy to the other tower block across Stepney Way;
- Canopies above Stepney Way, to the east and west and linked to the two tower blocks;
- A 322 space multi storey car park and ancillary retail development;
- A new nursery building on the site of the old boiler house;

B) Refurbishment and alterations to:

- The original hospital building (listed grade II) comprising the main front block to Whitechapel Road;
- West Wing and the Grocers' Wing; and
- Alexandra Wing (1980s wing to main hospital, listed grade II, by virtue of attachment to other listed buildings);
- Ambrose King Centre (unlisted).

C) Conservation and relocation of the statue of Queen Alexandra and the Post Box;

D) Demolition of;

- The East Wing of the main hospital;
- Block 4 Link Block, between the east and west wings of the main hospital;
- Buildings within the current courtyard of the main hospital (Listed grade II as attached to the main hospital);
- Single storey Buildings to the front of the main hospital (Listed grade II as attached to the main hospital);
- Block 6 - Holland Wing and associated link corridor (Listed grade II as attached to the main hospital)
- Block 8 – Knutsford House
- Block 9 - The Old Home (within the curtilage of the listed Royal London Hospital)
- Block 10 - Alexandra House)
- Block 11 - Edith Cavell House
- Block 12 - Institute of Pathology
- Block 13 - Swimming Pool
- Block 14 – Laundry
- Block 15 - Eva Luckes Nursing Home
- Block 16 - Estates Department
- Block 19 - Temporary Office Accommodation
- Block 27 - Garden House
- Pub and adjacent buildings
- Block 43 -The Dental Institute
- Block 39 - Boiler House
- Fielden House
- The helipad and associated structures.

E) Engineering operations including alterations to highways and construction of major new public open spaces;

- to the south of Stepney Way and east of St Philip's Church;
- to the rear of the Front Block / Grocers' Wing, to form an area known as London Square, leading to the principal new hospital development.

F) Landscape works comprising primarily:

- St Philip's Square;
- The creation of The London Square comprising open space between the new hospital buildings and retained Front Block / Grocers' Wing;
- Front Green; and
- The Whitechapel Road side of the Front Block.

Appendix B – Conservation Area Consent

D) Demolition of;

- The East Wing of the main hospital;
- Block 4 Link Block, between the east and west wings of the main hospital;
- Buildings within the current courtyard of the main hospital (Listed grade II as attached to the main hospital);
- Single storey Buildings to the front of the main hospital (Listed grade II as attached to the main hospital);
- Block 6 - Holland Wing and associated link corridor (Listed grade II as attached to the main hospital)
- Block 8 – Knutsford House
- Block 9 - The Old Home (within the curtilage of the listed Royal London Hospital)
- Block 10 - Alexandra House)
- Block 11 - Edith Cavell House
- Block 12 - Institute of Pathology
- Block 13 - Swimming Pool
- Block 14 – Laundry
- Block 15 - Eva Luckes Nursing Home
- Block 16 - Estates Department
- Block 19 - Temporary Office Accommodation
- Block 27 - Garden House
- Pub and adjacent buildings
- Block 43 -The Dental Institute
- Block 39 - Boiler House
- Fielden House
- The helipad and associated structures.

Appendix C – Listed Building Consent

A) Redevelopment of the Royal London Hospital comprising:

- A 4 storey block, plus enclosed roof top plant to rear of the west wing and east of the Medical College building, extending south to Stepney Way;
- A podium and tower block with helipad to the south and east of the west wing extending south to Stepney Way and east to Milward Street;
- A single storey bridge link at second floor level from West Wing to the Podium Block;
- A glazed 4 storey health mall;
- A tower block between Stepney Way and Newark Street connected by a glazed link block and canopy to the other tower block across Stepney Way;
- Canopies above Stepney Way, to the east and west and linked to the two tower blocks;
- A 322 space multi storey car park and ancillary retail development;
- A new nursery building on the site of the old boiler house;

B) Refurbishment and alterations to:

- The original hospital building (listed grade II) comprising the main front block to Whitechapel Road;
- West Wing and the Grocers' Wing; and
- Alexandra Wing (1980s wing to main hospital, listed grade II, by virtue of attachment to other listed buildings;
- Ambrose King Centre (unlisted).

C) Conservation and relocation of the statue of Queen Alexandra and the Post Box;

D) Demolition of;

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- The East Wing of the main hospital;
- Block 4 Link Block, between the east and west wings of the main hospital;
- Buildings within the current courtyard of the main hospital (Listed grade II as attached to the main hospital);
- Single storey Buildings to the front of the main hospital (Listed grade II as attached to the main hospital);
- Block 6 - Holland Wing and associated link corridor (Listed grade II as attached to the main hospital)
- Block 8 – Knutsford House
- Block 9 - The Old Home (within the curtilage of the listed Royal London Hospital)
- Block 10 - Alexandra House
- Block 11 - Edith Cavell House
- Block 12 - Institute of Pathology
- Block 13 - Swimming Pool
- Block 14 – Laundry
- Block 15 - Eva Luckes Nursing Home
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- Block 43 -The Dental Institute
- Block 39 - Boiler House
- Fielden House
- The helipad and associated structures.

E) Engineering operations including alterations to highways and construction of major new public open spaces;

- to the south of Stepney Way and east of St Philip's Church;
- to the rear of the Front Block / Grocers' Wing, to form an area known as London Square, leading to the principal new hospital development.

F) Landscape works comprising primarily:

- St Philip's Square;
- The creation of The London Square comprising open space between the new hospital buildings and retained Front Block / Grocers' Wing;
- Front Green; and
- The Whitechapel Road side of the Front Block.

Appendix D – Greater London Authority 1st Stage Planning Report (August 2004)

planning report PDU/0242a/01

2 August 2004

The Royal London Hospital

in the London Borough of Tower Hamlets

planning application no. PA/04/0611

Town & Country Planning Act 1990 (as amended); Greater London Authority Act 1999; Town & Country Planning (Mayor of London) Order 2000 – strategic planning application stage 1 referral

Redevelopment and refurbishment of the Royal London Hospital, comprising demolition of twenty buildings and construction of five buildings, including two 94 m. tall buildings, a 322 space multi storey car park and a nursery, with a total proposed gross floor area of 221,443 sq.m.

Context

1 On 17 May 2004 Tower Hamlets Council consulted the Mayor of London on a proposal to develop the above site for the above uses. Under the provisions of the Town & Country Planning (Mayor of London) Order 2000 the Mayor has the same opportunity as other statutory consultees to comment on the proposal. This report sets out information for the Mayor's use in deciding what comments to make.

2 The application is referable under Category 1B of the Schedule of the Order 2000: "*Development (other than development which only comprises the provision of houses, flats, or houses and flats) which comprises or includes the erection of a building or buildings - (b) in Central London (other than the City of London) and with a total floorspace of more than 20,000 square metres.*" and 1C of the Schedule of the Order 2000: "*Development which comprises or includes the erection of a building in respect of which one or more of the following conditions is met – (c) the building is more than 30 metres high and outside the City of London.*"

3 If Tower Hamlets Council subsequently decides that it is minded to grant planning permission, it must first allow the Mayor an opportunity to decide whether to direct the Council to refuse permission.

4 The environmental information for the purposes of the Town and Country Planning (Environmental Impact Assessment) (England and Wales) Regulations 1999 has been taken into account in the consideration of this case.

5 The Mayor of London's comments on this case will be made available on the GLA website www.london.gov.uk.

Site description

6 The application site is located between Whitechapel Road to the north, East Mount Street, Milward Street and Cavell Street to the east, Newark Street to the south and New Road to the west. The site is crossed by Stepney Way and Turner Street and is 5.39 hectares in area.

7 The hospital lies adjacent to Whitechapel Underground station with service from the East London Line, the District Line and the Hammersmith & City Line. A Crossrail station is proposed to be built immediately east of Whitechapel station, on the corner of Whitechapel Road and Cambridge Heath Road. The Docklands Light Railway station at Shadwell lies fifteen minutes walking distance south of the site, while Central Line and WAGN National Rail lie fifteen minutes walking distance north of the site at Bethnal Green station (both circa 1 kilometre).

8 The larger context area is identified within the London Plan as the Whitechapel/Aldgate Opportunity Area, as well as an Area for Regeneration. The London Plan estimates that the Opportunity Area can accommodate 14,000 new jobs and 700 new homes by 2016.

9 The hospital campus extends beyond the application site. Planning consent has recently been granted for a new Pathology and Pharmacy building at the southeastern corner of the campus between Newark Street and Ashfield Street and a new School for Medicine and Dentistry to the south west corner of the campus area. These buildings are currently under construction.

Details of the proposal

10 The redevelopment of the Royal London Hospital is one of the largest hospital development projects in the United Kingdom. The proposed gross floor space is 221,443 sq.m., which represents an increase of 92,701 sq.m. over the existing floor area.

11 It is proposed to construct five mixed use buildings within the hospital campus area:

- A 4-storey block, plus enclosed roof top plant, to the rear of the existing west wing and east of the medical college building, extending south to Stepney Way. This building is intended for outpatients. A small public restaurant is proposed for the ground floor. A glazed four storey 'Health Mall' atrium provides a physical connection with:
- A Main Building, located south and east of the existing east wing and extending south to Stepney Way and east to Milward Street. The north side of this building is three and twelve storeys tall, while the tower at the south end is eighteen storeys tall. A helipad is proposed on top of this tower for London's Helicopter Emergency Medical Service (HEMS). This building is intended for Accident and Emergency, Women and Children's hospital, Renal Institute and part of the Inpatients wards. A glazed bridge on all upper levels provides a physical connection with:
- An eighteen storey South Building, between Stepney Way and Newark Street. This building is primarily intended for Inpatients.
- A four storey staff-parking garage for 322 cars with ancillary retail development on the ground floor. This building is located on New Road between Stepney Way and Newark Street.
- A nursery for approximately 100 children, located on New Road, immediately south of Mount Terrace.

12 In addition, a refurbishment is proposed of the 'front building' on Whitechapel Road, the Alexandra Wing west of the front building and the Ambrose King Centre. The front building will contain several small retail units on the ground floor.

13 A new small retail unit is proposed on East Mount Street that would enliven the redesigned East Mount Square.

14 The existing and proposed gross floor areas are summarized below:

The existing gross floor area	128,742 sq.m.
Proposed demolition	- 73,506 sq.m.
Refurbishments	44,894 sq.m.
Residual retained buildings	10,342 sq.m.
Retained sub total	= 55,236 sq.m.
New build replacement	+ 166,207 sq.m.
Proposed total gross floor area	= 221,443 sq.m.

15 The application to Tower Hamlets Council is accompanied by a Conservation Area Consent application and a Listed Building Consent application.

Case history

16 In 1998 the Government announced its commitment to the “*major and urgent redevelopment*” of the Royal London Hospital, in recognition of the “*special needs of the East End and the current inadequacy of many primary, community and hospital services in that part of London.*” The Barts and The London NHS Trust has procured the redevelopment of the Royal London Hospital as a Private Finance Initiative (PFI). The current plans include the redevelopment of The Royal London Hospital, Whitechapel, as a general teaching hospital, and the establishment of a cancer/cardiac centre at St. Bartholomew’s Hospital, West Smithfield. The Whitechapel scheme was included in the second wave of PFI approvals announced in April 1998.

17 In February 2004 three advanced works applications were made to Tower Hamlets Council for:

- Temporary staff/visitor restaurant and consultants’ car park on the grassed area at the corner of Whitechapel Road and New Road;
- Temporary facilities management hub off East Mount Street;
- Temporary workshops located to the north of Varden Street; and
- Intrusive surveys, removal of hazardous material and geotechnical and archaeological investigations.

These applications have not yet been approved.

Strategic planning issues and relevant policies and guidance

18 The relevant issues and corresponding policies are as follows:

- Health *London Plan*
- Regeneration *London Plan; London’s Economic Development Strategy (LDA)*
- Employment *London Plan; PPG4*
- Transport *London Plan; the Mayor’s Transport Strategy; PPG13*
- Access/equal opportunities *London Plan; SPG Accessible London; PPG1*
- Tall buildings/views *London Plan; RPP3A; Strategic Planning Advice on Tall Buildings and Strategic Views in London (LPAC)*
- Urban Design *London Plan: PPG1*
- Ambient noise *London Plan; the Ambient Noise Strategy; PPG24*
- Air quality *London Plan; the Air Quality Strategy; PPG23*

Health

19 The original buildings of the Royal London Hospital were constructed in the eighteenth century. The hospital has continued to develop and grow over the years, expanding into surrounding locations. Constraints of the existing estate include:

- Extremely poor functionality for modern medicine;
- Very poor physical environment;
- Insufficient capacity;
- Inability to meet statutory standards; and
- Very poor patient privacy provision.

20 The vision for The Royal London Hospital is for a large teaching hospital, accommodating 905 inpatient beds. The Hospital will be a centre of excellence for clinical service provision, clinical teaching and academic clinical research. The retention of the hospital at this highly accessible location and subsequently the intensification of its use by 70%, are consistent with policies 3A.17, 3A.18 and 3A.19 of the London Plan.

21 A key health issue for local residents and staff is the provision of a new hospital and better health care. However, there is likely to be the potentially negative impacts of noise and disruption during construction. The proposal refers to some measures intended to minimise harmful effects. However, the application provides limited detail on this and does not appear to include a commitment to involving affected groups throughout the construction phases either in monitoring the actual affects - including unanticipated ones - or in identifying additional approaches to mitigation.

22 The plans include provision of cycle storage and changing facilities for staff, but do not appear to include an intention to work with staff to find out what else needs to be done to encourage them to cycle to work, which seems important given the uptake of cycle-related provision to date has been lower than expected.

23 Another key issue with health consequences is the extent to which local communities and staff will be involved and feel some sense of ownership and control over major changes happening around them. The proposal refers to some early and planned consultation, but makes little mention of any specific concerns raised by consultees or how these will be addressed. Neither does it describe an ongoing communications strategy to ensure that local residents and staff are kept up to date about progress and any changes to plans or timescales. The proposal should include a clear communication and consultation plan.

24 Several of the stated intentions around sustainability are good although limited detail is provided on how key objectives will be achieved, and in particular there is very little information on how the people-oriented objectives will be realised. In addition, the arrangements for monitoring this aspect of the scheme seem to be limited – mention is made of monitoring by the ‘project environmental manager’ but external validation and/or involvement of external experts and local communities do not appear to be planned.

Regeneration and employment

25 The site is located in a part of London that is dominated by Areas for Regeneration. It also lies within the Whitechapel/Aldgate Opportunity Area which indicates a potential for accommodating substantial

numbers of new jobs or homes. The proposal does not contain plans to construct new homes, but there will be an estimated growth of 710 jobs for this site, which would bring the total employment of the hospital to an estimated 4,830.

26 The job increases are due to the additional beds, which will lead to an increase in the nursing staff of 50 whole time equivalent. Also the introduction of housekeepers increases the Technical HCSW staff by 70. Some of the increase will be due to the relocation of London Chest Hospital staff, Bethnal Green, to the Royal London Hospital at Whitechapel. These increases will be offset by reductions in administration and clerical staff, and by reductions in Pathology staff.

27 In addition, the Royal London Hospital site is within the London Development Agency's (LDA) Priority Area for the City Fringe of the East London sub-region. The proposed expansion and intensification of the hospital uses in this area will have positive regeneration and employment effects. Additional employment and greater hospital capacity will create more economic activity within the Whitechapel area. This area is one of the most economically deprived in East London and the additional economic activity will have positive impacts on local service and retail businesses – many of which are SME's (Small and Medium sized Enterprises) and BME's (Black and Minority Ethnic groups). The construction phases will also provide local employment opportunities.

28 Coupled with long-term transport initiatives such as the extension of the East London Line and possibly the construction of Crossrail, this proposal will contribute positively to the regeneration aspirations of the area. The architecture of the proposal should contribute to the street life of Whitechapel and consider the impacts on listed buildings and structures in and around the site.

29 The proposal includes fairly comprehensive proposals to ensure the hospital development provides increased opportunities for local residents to access employment. Of note are stated intentions to:

- Engage local schools, colleges and employment support initiatives in working to develop the skills required to access employment opportunities - both during construction and once the new hospital is operational;
- Develop an employment strategy with Local Labour in Construction and relevant local groups;
- Extending opportunities for modern apprenticeships and application of the NHS Skills Escalator approach to support local people to access and progress in employment opportunities;
- Achieve identified targets for employment of local people, including targets for minority ethnic communities and women;
- Review relationships between local businesses and the hospital, including procurement processes, and seek to identify additional opportunities for local businesses to provide goods and services; and
- Aim to improve the working environment for hospital staff and providing childcare on site.

30 Given the magnitude of the development, it is disappointing that the post office site northeast of the application site, and the car park site east of the application site were not included in long term development considerations.

Transport

31 The site is well served by public transport and is also bounded by the Transport for London Road Network (TLRN) routes A11 Whitechapel Road and A13 Commercial Road. The hospital has good

access to the East London Line, the District Line and the Hammersmith & City Line, while the Docklands Light Railway, the Central Line and WAGN National Rail are all within fifteen minutes walk (circa 1 kilometre). 80% of the visitors to the hospital use the Whitechapel Underground station, therefore the clarity of the route from this station to the hospital is crucial for the success of the hospital.

32 Transport for London (TfL) has raised some queries and points of clarification regarding the trip generation and modal share included in the Transport Assessment. The applicant has helpfully provided a response to these queries, which is currently being reviewed by TfL.

33 Following this consideration, TfL will be seeking to understand the precise impacts on TLRN junctions. An initial assessment using larger trip generation figures indicated that several junctions would have unacceptable impacts. In this scenario TfL would seek section 106 funding to be made available for appropriate improvements. This will be clarified following the review of the applicant's response to TfL's initial queries.

34 TfL would like to further examine the proposed crossing facilities on Whitechapel Road near the underground station to ensure that bus services are not adversely affected.

35 In general there is a high level of taxi use for patient movements to and from major hospitals. In addition, taxis often provide the only form of public transport that is 100% wheelchair accessible and is convenient for mobility-impaired travellers. It is therefore important to maximise the use of taxis by providing appropriate permanent facilities. TfL is seeking the provision of a 3 car (15 metres) taxi ranking facility near to the main entrances. It is understood that the applicants are examining options for such facilities.

36 TfL welcomes the commitment to implement measures to encourage travel to the hospital by modes other than the private car. The Green Travel Plan should cover the following issues:

1. Improvements to pedestrian routes to and from existing public transport interchanges, where appropriate including footway widening, pedestrian crossings and safety measures;
2. Provision of cycle facilities and parking, which should include showering, changing and storage to the standards set out in the London Cycle Network Design Manual (LCNDM); and
3. Measures to control the levels of car parking and provision of a hospital minibus service.

TfL would welcome further consultation in the development of such measures.

37 In order to deal with the car-parking requirements for employees of the Trust, a 322 space multi storey car park is proposed on the corner of New Road and Stepney Way. On the ground floor of the New Road frontage a provision for new retail units is proposed. Visitor's parking will continue to take place on nearby streets.

38 Wherever possible, bicycle lanes and footpaths should be separated to avoid dangerous situations. In particular the proposal for a shared two way cycle path and footpath for Stepney Way should be revised.

Access/equal opportunities

39 To fulfil the ambitions of policy 4B.5 of the London Plan, and of the Supplemental Planning Guidance 'Accessible London, achieving an inclusive environment' (GLA, April 2004), the proposal must demonstrate how the principles of inclusive design are integrated into the development. Although there are some high quality inclusive design elements in the proposal, there are some structural and detailed shortcomings and considerably more work needs to be done in this area.

40 Success in achieving the highest standards of access and inclusion is dependent on strategic decisions made at an early stage in the design process. The decision to retain the listed facade on Whitechapel

Road has required the substantial level change at the main entrance to be maintained, requiring all users to negotiate a flight of steps or a steep ramp to enter the building. It also results in a number of necessary level changes in both the new and retained buildings. This is a major barrier for many disabled and non disabled people alike. It is disappointing that on such a major scheme the opportunity has not been taken to remove these physical barriers and create more inclusive access.

41 The problems with wayfinding and orientation referred to later in this report will also make the building difficult to use by people with visual impairments, people with learning difficulties and people with cognitive impairments. Signage and colour contrast can be very helpful but should be used in addition to, not instead of, logical layout of buildings and location of entrances and building design.

42 No consultation appears to have yet taken place with local organisations of disabled people or the Tower Hamlets Council Access Officer who will be able to use their personal experience to help inform the design process and assist in removing some of these barriers. An independent access consultant with expertise in this area should be appointed as soon as possible to assist the applicant in setting out an Access Strategy to ensure that inclusive design is at the heart of the design process.

43 A number of the new buildings appear to have ramps and steps at their entrances. Compliance with the minimum standards of Part M of the Building Act 1984, 'Access to and Use of Buildings' (ODPM 2004), does not necessarily mean that the hospital complex will be easy and comfortable to use. The lack of sufficient taxi drop off points for each of the building entrances, and insufficient car parking facilities for blue badge holders may also make arriving at the building difficult for many disabled and older people.

44 The Access Statement must set out the process by which the applicant is going to ensure that detailed designs will be scrutinized by an independent access consultant (ideally with input from local disabled people and local access expertise) to meet best practice standards. Furthermore a number of practical and detailed issues will need to be dealt with in the Access Statement or by further design revision. For example the shared pedestrian and cycle routes could be problematic for some people and may need further consideration. Tower Hamlets Council is urged to provide a planning condition that would ensure that a mechanism is set in place which results in satisfactory access and inclusion.

45 The design of the nursery should include a fully accessible toilet within the children's toilet block. Furthermore the fire escape leading on to the service road, south of the nursery, should have accessible ramps included within the design as the exit is not level. The fire escape from the basement also has a number of steps. Ofsted National Standards for day care suggest that if staff can assist children in the event of a fire this is sufficient. It would, however, be helpful to ensure one of the fire escape is fully accessible for disabled children. The centre is designed to support 100 children and it would be advisable to ensure independent movement of disabled children if an emergency arises.

46 The inclusion of multi-faith worship facilities, with clear distinction between female, male and children's prayer areas, is commended. The design should ensure that external noise is kept to a minimum (it is located close to the restaurant and external seating area).

Tall buildings/views

47 The proposal lies outside the strategic viewing corridors and local viewing corridors. Other material considerations include the impact on adjoining conservation areas and listed buildings. As such, the proposal will have a significant visual impact on the Myrdle Street Conservation Area to the west and Sidney Street Conservation Area to the southeast, and will have a less significant impact on Whitechapel Conservation Area to the north. In addition, the proposal will have an impact on the various listed buildings in and around the site. Given the agreed general bulk of the new hospital the effect of this

impact depends greatly on the disposition of the various volumes, the choice of architecture and the detailed design.

Urban design

48 In paragraph 14 of PPG1, 'Urban design' is defined as: "...*the complex relationships between all the elements of built and unbuilt space.*" Policy 1.1 of the London Plan states that the Mayor will work with strategic partners to implement the six objectives of the Plan. While the proposal is consistent with most of these strategic objectives, the lack of quality in some Urban Design issues will jeopardize the delivery of Objective 6: "*To make London a more attractive, well-designed and green city.*"

49 At the start of chapter 4B Designs on London, the London Plan states that "*Good design is central to all objectives of this plan.*" It identifies how good design has an influence on all objectives. Policy 4B.1 through 4B.11 are relevant for this proposal. The success of the delivery of strategic objectives depends on the way the building is designed on every relevant scale-level. The proposal has serious shortcomings on a number of urban design/spatial planning issues. In the following paragraphs the various issues of the proposal are analysed.

Scale and massing

50 The brief for the redevelopment of the Bart's and the Royal London Hospitals was written by Llewelyn-Davies consultants in 2000 and considered by the Policy and Implementation Committee of Tower Hamlets Council, on 11 October 2000, which expressed in principle support. It outlines the ambition of the hospital in terms of medical requirements and overall program. The necessary floorspace was estimated at 150,000 square metres. The current planning application has increased the building program in some areas by about 10% (905 Inpatient beds to 850 beds in the brief, 120,000 A&E attendances to 110,000 in the brief) but the required floorspace has been increased by circa 47% (total proposed gross floorspace is 221,443 square metres). This increase is as a result of 'consumerism', an NHS concept that calls for more space per patient (larger rooms, wider corridors etc.).

51 The height of the tallest buildings has been increased from a suggested 7-8 storeys in the brief to 19 storeys including the helicopter landing pad. The concentration of built mass has been moved away from Whitechapel Road in order to have a lesser impact on the listed front building on Whitechapel Road.

52 The redevelopment of the hospital will inevitably result in a dramatic increase of built form in the area, which is appropriate considering the excellent and still improving public transportation links and the Mayor's ambitions for regeneration of the area. It is, however, of vital importance that the buildings are designed in such a way that an uncomfortable relationship between the remaining hospital buildings, the surrounding buildings (generally of lower scale) and the new buildings is avoided. The proposal as it stands is contrary to policy 4B.9 of the London Plan.

Wayfinding and permeability

53 The proposal will rationalise the currently confusing lay-out of the hospital. Currently the location of the main entrance on Whitechapel Road is clear but the ancillary entrances, including the access of the Accident and Emergency (A&E), are not. The confusing orientation behind the main entrance is a result of various additions and alterations over the course of two and a half centuries. Apart from a growing number of beds throughout that time, the complex grew with a Medical School (1785), which was replaced by the current School of Medicine and Dentistry in 1887.

54 The wayfinding of the proposed hospital complex is centred on a main north-south axis and an east-west axis. The introduction of a straight route (north-south) through the complex provides a clear orientation and is highly welcomed. On this axis are located the main entrance in the listed building on

Whitechapel Road, the central 'Patients Garden', the new 'Health Mall', the new square at St. Phillip's Church and Philpot Street that runs to Commercial Road.

55 The wayfinding becomes confusing by the introduction of entrances off this main axis, in particular the entrances to the Women and Children's Hospital, the Renal Institute and the A&E. While it is almost impossible to have all entrances close together with a hospital of this magnitude, the visibility and legibility of those entrances are not as clear as might have been possible. The use of colour to identify these entrances is too heavily relied upon, particularly for the significant proportion of the population afflicted by various degrees of colour blindness. The north side of the main building does not have a consistent spatial solution to deal with wayfinding and orientation and the inactive frontage of this side, facing the new East Mount Square, is clearly unhelpful. The proposed canopy running along this frontage does not address the lack of spatial orientation. The lack of legibility is contrary to policy 4B.1 of the London Plan.

56 The staff car park is located on the edge of the hospital campus. Since this car park is particularly necessary for staff members who have to travel at night, when there is no public transportation, it is vitally important that their safety is at the forefront of the planning and design process. The current design is inadequate to satisfy these matters of staff safety.

Architecture

57 The architecture of the main buildings has been the subject of debate between the applicant, Tower Hamlets Council and CABI for some time prior to the submission of the planning application. The applicants have made considerable effort to reconcile the various requirements. The result is an architectural language that is primarily based on a grid of 200 cm. tall and 75 cm. wide panels (terra cotta for the lower storeys and the western Outpatients building, glass panels for the rest of the proposal).

58 The most visible part of the proposal will be the two 94 metres high towers. The current proposal is to wrap the rectangular volumes in glass and to apply a pattern and colouring. The patterns and colouring will enable orientation and will provide a welcome bright and colourful addition to the townscape. The use of only one size panels results in a repetition that provides little visual or spatial relief. As a result, and taking into consideration the scale of the proposal, the east and west facades come too close to being monotonous.

59 The design of the car park is monolithic and very defensive and is therefore inappropriate for the location on the busy New Road. The retail units on the ground floor are thoroughly unconvincing, being dominated by the proposed expanse of red bricks and painted metal balustrading. The choice of architecture results in a building that is vulnerable to anti-social behaviour. The covered open space between the garage and the existing student union is also vulnerable to anti-social behaviour.

60 It is understood that the parking garage will be redesigned under a planning condition. The applicant should take this opportunity to replace the conventional parking garage concept with an automatic system that would require significantly less space and would have a significant positive visual impact on the townscape, thus dramatically increasing the sought innovative image of the hospital. Since the garage is only for staff, there would be only a minimal risk of misuse as a result of unfamiliarity with the system.

61 The proposal for the nursery has a public interface that, like the car park, renders it vulnerable to anti-social behaviour. The ground floor layer of London stock brick makes the building look unduly defensive and incongruous with the rest of the building, which is light and colourful. Since the nursery is on the edge of the hospital campus it should, in accordance with policy 4B.1 of the London Plan, be attractive to look at and set a high standard. The proposal falls short of that standard.

Open space

62 The proposed designs for the public realm will result in a considerable improvement over the existing situation. Not only will the campus have a better permeability, but the finishing of the surfaces, the quality of the street furniture and the quality of the soft landscaping are also proposed to be of a high standard.

63 There is, however, a lack of integration between the design of the public realm and the design of the buildings. The proposed placement of entrances and inactive frontages results in a number of unresolved spaces which puts a strain on wayfinding and which could lead to anti-social behaviour. The north side of the main building, facing the new East Mount Square, presents an inactive frontage towards this square, while the entrances to the A&E, the Renal Institute and the Women and Children's Hospital are to the side and lacking in spatial prominence. Someone at Whitechapel Road looking for the A&E would be dependent on written signage. Similarly, the south entrance will not be clearly visible from Philpot Street while the inactive south frontage of the five storey Outpatients building will be a prominent feature on the new St. Phillip's Square. At these places the proposal does not enhance the public realm, it does not respect local context, is not legible and also not attractive to look at and is therefore contrary to policies 4B.1 and 4B.4 of the London Plan.

64 The character of St. Phillip's Square, and the way the proposal addresses this new civic space, can be improved by opting for diagonal columns, as suggested under point 8 of 'Skanska-Innisfree response to CABE charette 17th May 2004', dated 25 May 2004. The diagonal columns would be in character with the randomness and the cheerfulness of the coloured glass panels, and would offer a welcome relief from the west elevation above, which could otherwise dominate the character of this space. As stated in the Planning Brief, these new hospital frontages need to be designed with particular care (figure 6.2 of the brief).

Impact on conservation areas and listed buildings

65 The proposal will have a significant visual impact on the London Hospital Conservation Area, Myrdle Street Conservation Area to the west and Sidney Street Conservation Area to the southeast. It will have a less significant impact on Whitechapel Conservation Area to the north. Views from the Sidney Street Conservation Area and the Myrdle Street Conservation Area will, to a large extent, be determined by the east and west elevations of the two towers. Both areas are described in the Townscape and Visual Assessment as 'small scale' and 'textured'. Because of the unrelenting repetitious design of these elevations, these views will be adversely affected.

66 In addition, the proposal will have an impact on the various listed buildings in and around the site. The setting of the Grade II* listed St. Phillip's Church will benefit from the new open space created east of the church. The design of the two new buildings that face this space, however, will have a detrimental effect on the setting of the church.

67 The difficulties created by retaining the listed building on Whitechapel Road have not been fully resolved. Demolition of the front building would remove some of the difficult juxtapositions and would enable the architect to arrange the built volume closer to Whitechapel Road.

Ambient noise

68 Demolition and construction impacts on surrounding noise sensitive properties will be significant in a substantial number of locations and will be experienced over longer periods than for 'normal' construction projects. Consequently, the noise impacts during demolition and construction will need extensive monitoring and control throughout the work, to ensure that the proposed noise and vibration limits are adhered to and that mitigation is applied where appropriate. This should form part of the conditions set by the proposed section 61 agreement, under the Control of Pollution Act, between the

Tower Hamlets Council and the applicant. Also, extensive community consultation will be needed to help address issues as they arise.

69 Changes in road traffic noise appear to be mostly small, although properties in Stepney Way may receive more noticeable changes. Consideration should be given to the routing of emergency vehicles in the immediate vicinity of the hospital, to minimise potential noise impact from the regular use of sirens in particular locations.

70 Detailed agreement on the noise emissions from fixed plant and equipment will need to be reached between Tower Hamlets Council and the applicant as design work proceeds, in line with Tower Hamlets Council's normal standards. Careful consideration of any cumulative impacts will be needed, given the multitude of fixed plant and equipment.

71 The helipad of the Helicopter Emergency Medical Services (HEMS) will be relocated to the top of the new 18 storey tower north of Stepney Way, even though the Environment Statement suggests that the helipad would remain at the existing location at a greater height. A re-assessment of the noise impact of the new helicopter pad at its correct location is needed.

72 While there is an expected reduction in noise of 8 dB(A) at ground level in the immediate vicinity, where the main impact occurs (due to take-offs and landings), the helipad itself will be located in a significantly quieter area to the southeast of the site. As a result, the helicopter may have a greater impact on the (now) nearest residential properties than assumed, despite any lowering of noise levels. Furthermore, the expected 8 dB(A) reduction at ground level may not occur in practice due to reflections from sides of the tower block and the 'canyon effect' in nearby streets. Even if the 8 dB(A) reduction were to occur, Stepney Way immediately outside the new tower has existing noise levels 10.5 dB(A) quieter than Whitechapel Road, while Newark Street has existing levels 22.5 dB(A) lower. When HEMS first commenced operations, sound insulation was provided to nearby dwellings in Mount Terrace based on measured noise levels for simulated operations and a similar approach may be needed at the newly affected properties.

73 In the past, there were agreements on the normal routes across the borough which the helicopter would take on departure and approach, but no mention is made of this in the noise assessment. Tower Hamlets Council may wish to consider the advantages and disadvantages of such agreements in the new situation. Advantage could also be taken in this redevelopment, where appropriate, of the opportunity to provide a higher standard of sound insulation for the hospital's own residential accommodations at the hospital campus in regard to noise from the helicopter.

74 The Environment Statement applies the Noise Exposure Categories of PPG 24. Strictly speaking, these categories should not be applied to noise from a new development, rather to existing noise that might impact on a new residential development. It would be better to reference the World Health Organisation's Guidelines for Community Noise, which suggests similar values. Table 6.1 of the Statement misquotes the draft IEMA (Institute of Environmental Management and Assessment) and IoA (Institute of Acoustics) Guidelines for Noise Impact Assessment, which indicates 'no impact' at increases below 0.1 dB, not 1 dB as given in the Environment Statement.

Air quality

75 During the construction phase there is a potential for PM10 concentrations (particulate matter 10 micrometers in diameter) to reach elevated levels locally, but it is very difficult to quantify any likely impacts. The applicant should follow Building Research Establishment (BRE) guidance on controlling pollution impacts from construction and the emerging (as yet unpublished) Thames Gateway Code of Construction Practice on dust, which will introduce standardized air quality monitoring protocols and which will establish BRE guidance recommendations as best practice.

76 During the operational phase of the hospital the PM10 impacts appear not to be significant. Nitrogen dioxide levels will increase significantly in a number of locations as a result of the development but the annual mean concentrations appear likely to remain below air quality objective levels. Since the air quality model was verified on the basis of diffusion tubes and since future reductions in emissions from road transport are uncertain, however, the applicant is urged to further reduce road transport-related impacts on air quality.

77 Although emissions from the boiler plant are unlikely to cause a significant problem, an assessment of the air quality impact of this source is necessary prior to determination of the application.

CABE

78 The Commission for Architecture and the Built Environment has, through its Enabling and Design Review programmes, offered advice to the Barts and The London Trust on the development of the proposal over the course of two years. Various design review meetings about the redevelopment were held before submission and one after submission of the planning application. In a letter of 21 July 2004 directed to Tower Hamlets Council, the CABE Design Review committee sums up its assessment of the design development and of the current, submitted scheme.

79 The committee applauds the Trust's willingness to engage in dialogue with CABE, and it acknowledges the effort that has been put into addressing concerns raised in that dialogue. The committee concludes, however, "*the standard of the design ... falls a long way short of what ought to be expected of one of the largest public sector building projects in the country*". In its publication 'Healthy Hospitals' (CABE 2003) the Commission lists its own set of principles for a good hospital:

1. Urban Design and integration with public transport;
2. Quality of entrances;
3. Quality of landscape design;
4. Coherent layout;
5. Clear signage;
6. Spacious interiors with good daylight;
7. Adequate storage;
8. Thoughtfully designed rooms and interiors;
9. Integration of art, architecture and landscape for therapeutic effect; and
10. Versatility in use and adaptability.

80 The committee remarks that success in some of these factors is dependent on strategic decisions made early in the design process while others are more dependent on matters of more detailed design. It concludes that the scheme is flawed at a strategic level because of inadequacies in urban design, coherence of layout, provision of daylight or adaptability.

81 The committee acknowledges the constraints the Trust and its preferred bidder were subject to: "*The most fundamental and most difficult of the design challenges is to reconcile the operationally and technically driven demands of the clinical brief with the creation of a human and humane healing environment which works, in terms of urban design and of architecture, as a very large scale addition to a sensitive cityscape.*" The committee regards its disapproval of the scheme as much a criticism of the process of hospital procurement in the United Kingdom as of the efforts of the Trust or their preferred bidder.

82 C A B E believes the scheme lacks a clear organisational diagram, which results in unclear wayfinding. It also considers that if the layouts are based too closely on a very detailed set of requirements while lacking an overall organisation, the building will be difficult and expensive to change.

83 According to C A B E, the disposition of the new blocks appears “*jumbled and ad hoc*”, leading to visual confusion in the relationship between the new blocks and in relation to the streets, spaces and buildings around them. The design of the public realm, on the other hand, will, according to the committee, be a success, although the quality will heavily depend on the quality of materials and details.

84 The committee states that the architecture of the main buildings has been improved over earlier versions but that the result is not a success, partly because changes have been carried out “*without any corresponding re-examination of the plans and sections*”. The committee members are sceptical towards the coloured glass facade proposals because it may soon look dated, no glass artist has been involved and the elevations are “*unambitious in environmental terms*”.

English Heritage

85 English Heritage has been involved in the pre-application phase attending regular meetings at Tower Hamlets Council offices. In its final advice, English Heritage focuses on three topics:

- The proposed refurbishment of the principal listed buildings on Whitechapel Road;
- The proposed demolition of buildings within the Whitechapel Hospital Conservation Area; and
- The impact of proposed new hospital buildings upon the setting of the listed buildings and the character and appearance of the Whitechapel Hospital, Sidney Square and New Road Conservation Areas.

86 In the opinion of English Heritage, the proposals for refurbishment and alterations to the grade II listed buildings on Whitechapel Road are acceptable subject to the submission and approval of details.

87 English Heritage acknowledges that the proposal would result in the demolition of the majority of buildings within the Whitechapel Hospital Conservation Area, many of which make a positive contribution to the character and appearance of the Conservation Area. In light of the special circumstances, in particular the substantial community benefits which will arise from the construction of a new hospital, English Heritage is satisfied that demolition can be justified against the criteria set out in PPG15, paragraph 3.19.

88 English Heritage acknowledges that “*the proposed new hospital buildings are of a scale and architectural language which are wholly different from the buildings of the surrounding area*”. In its opinion this is a direct result of strategic decisions about the level of investment to be made at the Royal London. In these circumstances English Heritage does not wish to raise objections to the proposals. English Heritage does, however, urge that the advice of C A B E and possibly the NHS Design Review Panel is sought in order to ensure that the architectural design of the building is of a high quality.

Local planning authority’s position

89 It is anticipated that the application will be considered at Tower Hamlets Council Development Committee on 18 August 2004 and that Tower Hamlets Council officers have not at this stage formulated their recommendation.

Legal considerations

90 Under the arrangements set out in article 3 of the Town and Country Planning (Mayor of London) Order 2000 the Mayor has an opportunity to make representations to Tower Hamlets Council at this stage.

If the Council subsequently resolves to grant planning permission, it must allow the Mayor an opportunity to decide whether to direct it to refuse planning permission. There is no obligation at this present stage for the Mayor to indicate his intentions regarding a possible direction, and no such decision should be inferred from the Mayor's comments unless specifically stated.

Financial considerations

91 There are no financial considerations at this stage.

Conclusion

92 The redevelopment of The Royal London Hospital clearly presents a unique opportunity to significantly improve the care facilities of the hospital and the way the hospital campus is integrated in the Whitechapel area. Developing a new, and bigger, hospital will fulfil key general policies on health and regeneration. The proposal also fulfils the relevant detailed medical requirements but it fails on a number of policies regarding spatial planning.

93 The spatial integration of the hospital campus in the wider area is ill-considered and subsidiary to the clinical adjacencies. The location of some entrances impedes clear wayfinding, which is contrary to policies on achieving an inclusive environment. Although there are some high quality inclusive design elements in the proposal, there are some structural and detailed shortcomings and considerably more work needs to be done in this area.

94 There are outstanding concerns regarding transport and ambient noise.

95 Since the design of buildings is inseparable from its success, the shortcomings in design for the hospital will seriously jeopardize the success of the healing environment over its proposed lifespan.

96 Given the magnitude of the development, it is disappointing that the post office site northeast of the application site and the car park site east of the application site were not included in long term development considerations.

for further information, contact Planning Decisions Unit:

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Appendix E – Letters from CABA

Appendix B
Pre-Action Protocol Letter 10th June 2005

10 June 2005

Mark Norman
Chief Legal Officer
London Borough of Tower Hamlets
Town Hall
Mulberry Place
5 Clove Crescent
London E14 2BG

Your Ref:
Our Ref: JWB/SC/181338-1
E.Mail: j.bosworth@ashfords.co.uk
Direct Dial: 0870 427 3154
Direct Fax: 0870 427 3174

Dear Sir

Judicial Review - Pre-Action Protocol Letter regarding proposed Judicial Review of the Grant by London Borough of Tower Hamlet of Planning Permission for the Redevelopment of the Royal London Hospital and the Grant of Conservation Area Consent and Listed Building Consent for demolition of buildings associated with the Development.

To: **Chief Legal Officer**
London Borough of Tower Hamlets
Town Hall
Mulberry Place
5 Clove Crescent
London E14 2BG

The Claimants: **Christabel Scott, Noel Anderson, David Fell, Priscilla Coleman, Kate Teckman and Ray Pryor, all being residents of the Sidney and Ford Squares area of London**

Reference details:

See details of legal advisers below.

Details of Matters being challenged:

The Claimants intend to apply for permission to challenge by way of Judicial Review the grant by the Council of planning permission, listed building consent and conservation area consent for the redevelopment and refurbishment of the Royal London Hospital, south of Whitechapel Road and north of Newark Street, London E1 1BB ("the Development") dated 31st March 2005 ("the Permissions") pursuant to applications dated 30th April 2004 (in respect of the planning application) and 4 February 2005 (in respect of the conservation area and listed building applications) ("the Applications").

The Issues:

The Claimants are local residents living in close proximity to the Royal London Hospital. She will be closely affected by the Development. The Claimants, along with other local residents, objected to the Council in respect of the proposals submitted by the Skanska Construction Group for the redevelopment of the Royal London Hospital. A report was submitted to the Council's Development Committee on 23rd March 2005 which recommended that planning permission, conservation area consent and listed building consent be granted for the proposals.

The Claimants contend that in granting the Permissions:

- (1) **The Council has failed to comply with its duties as regards conservation areas and listed buildings; and**
- (2) **The Council has granted the Permissions in the light of an inadequate Environmental Impact Assessment submitted in support of the Applications; and**
- (3) **The Council has granted planning permission in a manner that fails to provide enforceable controls over many of the proposed mitigation features which the Council regards as essential, and in doing so has acted in a manner in which no reasonable authority would act.**

Chapter 1 The Listed Building and Conservation Area Issues

Under Section 16 of the Planning (Listed Buildings and Conservation Areas) Act 1990 the Council is under a duty in considering whether to grant listed building consent for the demolition of any listed buildings or for any other works to listed buildings to have special regard to the desirability of preserving the building or its setting or any features of special architectural or historic interest which it possesses.

Section 72 of the Planning (Listed Buildings and Conservation Areas) Act 1990 imposes a general duty as respects conservation areas in the exercise of planning functions and provides that with respect to any buildings or other land within a conservation area when the Council is exercising its functions under the planning acts (including the grant of planning permission) special attention shall be paid to the desirability of preserving or enhancing the character or appearance of the conservation area.

Guidance on the consideration of applications to demolish listed buildings is contained in Planning Policy Guidance Notice 15. Paragraph 3.19 of that note provides guidance to authorities where the proposed works will result in the total or substantial demolition of the listed building or any significant part of it. In those circumstances, the Secretary of State expects authorities to have addressed various considerations including the following :-

- “(i) The Condition of the building, the cost of repairing and maintaining it in relation to its importance and to the value derived from its continued use....*
- (ii) The adequacy of efforts made to retain the building in use. The Secretaries of State would not expect listed building consent to be granted for demolition unless the authority....is satisfied that real efforts have been made without success to continue the present use or to find compatible alternative uses for the building.....*
- (iii) The merits of alternative proposals for the site. Whilst these are a material consideration, the Secretaries of State take the view that subjective claims for the architectural merits of proposed replacement building should not in themselves be held to justify the demolition of any listed building. There may very exceptionally be cases where the proposed works would bring substantial benefits for the community which have to be weighed against the arguments in favour of preservation. Even here, it will often be feasible to incorporate listed buildings within new development, and this option should be carefully considered; the challenge presented by returning listed buildings can be a stimulus to imaginative new design to accommodate them.”*

The Applications identify the demolition of the following facilities:

- The east wing of the main hospital;
- Block 4 link block, between the east and west wings of the main Hospital;
- Buildings within the current courtyard of the main Hospital;
- Single storey buildings to the front of the main Hospital;
- Block 6 – Holland Wing and associated link corridor;
- Block 8 – Knutsford House;

- Block 9 – the Old Home;
- Block 10 – Alexandra House;
- Block 11 – Edith Cavell House;
- Block 12 – Institute of Pathology;
- Block 13 – Swimming Pool;
- Block 14 – Laundry;
- Block 15 – Eva Luckes Nursing Home;
- Block 16 – Estates Department;
- Block 19 – temporary office accommodation;
- Block 27 – Garden House;
- Pub and adjacent buildings;
- Block 43 – the Dental Institute;
- Block 39 – boiler house;
- Fielding House;
- The Helipad and associated structures.

Of the above buildings proposed to be demolished the Applications disclosed that the buildings within the current courtyard of the main Hospital, the single storey buildings to the front of the main Hospital, Holland Wing and associated link corridor and the Old Home are all listed by virtue of either being attached to the main Hospital building or within the curtilage of the Royal London Hospital. The Applications describe the works proposed to the original hospital building (comprising the main front block to Whitechapel Road) as being refurbishment and alterations.

Nowhere in the Officer's report to Committee are the listed buildings within the site specifically identified. Nowhere in the report to Committee are the buildings proposed to be demolished or partly demolished identified with any clarity. At no point in the report to the Committee is it spelt out the extent of the demolitions to the main frontage building and at no point in the report to the Committee is the duty under section 16(2), to have special regard to the desirability of preserving the building or any features of special architectural or historic interest considered.

Furthermore, the decision to grant listed building consent for the demolition of the buildings was taken without any reference in the Committee report to Government policy as contained in the PPG15. There is no evidence of any consideration having been given by the Committee to the retention of the buildings and even if it is to be assumed that the demolition of the buildings in question were considered to fall within paragraph (iii) of paragraph 3.19 of PPG 15, there is no consideration by the Council that this was an exceptional case or that the proposed works would bring such substantial benefits to the community that they outweighed the arguments in favour of preservation. Quite simply the report states at paragraph 6.22 *"having reviewed the information comprised in the application I am satisfied that there are proposals for the proper preservation of the principle listed building that comprises the main road frontage."* This analysis by the Council plainly fails to have regard to both the statutory test and the policy advice in respect of the listed buildings affected by the Development.

The Royal London Hospital is also situated within the London Hospital Conservation Area which was designated by the London Borough of Tower Hamlets in 1990. Paragraph 6.28 of the Report to the Committee misquotes the statutory requirement set out, saying that, *"development must be seen to preserve or enhance the conservation area as well as protecting the setting and the surrounding conservation areas"*. The following paragraph goes on to say that notwithstanding the extent of the demolition it is the Officer's view that this criteria is satisfied. Such a conclusion in itself is perverse when considering the before and after elevations as shown on Drawing No. LST-003-T-DWG-XX-XX-LO2-012 Revision T05, which show the new skyscraper towering over the current listed buildings.

Chapter 2 Inadequate Environmental Impact Assessment

We have today received the full Environmental Impact Assessment from Atis Real, so the following comments are made without prejudice to any further points that may arise from our consideration of the document.

The Officer's Report to Committee acknowledges the environmental effects of the construction period, construction traffic and eventual traffic using the Development. All of these matters are regarded as potentially having significant environmental effects upon the area.

Any Environmental Statement should not only identify the significant environmental effects of a proposed development but should also deal with the proposed mitigating matters. Paragraph 5 of Part I and Paragraph 2 of Part II of Schedule 4 to the Town and Country Planning (Environmental Impact Assessment) Regulations require the statement to include a description of the measures envisaged to prevent, reduce and where possible offset any significant adverse effects on the environment. Here, the Environmental Statement is defective because rather than dealing with the environmental impacts it is proposed that these matters will be controlled by way of an Environmental Management Plan, a Construction Traffic Management Plan and an Operational Traffic Management Plan. The details of each of these three plans are not described but are to be submitted and approved at a later stage. It is therefore far from clear what the mitigation requirements will be in respect of construction traffic, environmental management or operational traffic.

The failure of the Environmental Statement to stipulate these important mitigation measures is a fundamental flaw of the Statement and therefore planning permission granted in the light of such a statement is itself flawed and unlawful – see *Hereford Waste Watchers Limited –v- Hereford Council [2005]*.

Chapter 3 Inadequacy of the Planning Conditions

As stated above the report to Committee recognises the importance of mitigation measures for controlling construction traffic, operational traffic and other environmental matters, including the suppression of dust and dirt and the provision of breeding and roosting sites for birds and bats.

Chapter 4 Traffic and Transport

Paragraph 8.7.1 of the report to Committee accepts that there will be a degree of impact upon the surrounding road network as a consequence of the demolition and construction period but states that this will be accommodated and controlled through the Construction Traffic Management Plan. Paragraphs 8.7.7 and 8.7.8 recognise the sensitivity of vehicles upon the residential streets (which traditionally have not been used as a means of access to the Hospital) and paragraph 8.7.8 stipulates *“to ensure that vehicles use the residential streets to the south of the site as little as possible it is considered to be appropriate to require an operational Traffic Management Plan to be submitted and approved prior to occupation in addition to the Construction Traffic Management Plan discussed earlier in this Report”*.

Condition 20 of the Planning Permission imposes this requirement. It provides as follows :-

“Prior to occupation of the completed Phase 1 an Operational Traffic Management Plan must be submitted to and approved by the local planning authority. The Plan must acknowledge all potential impacts to the surrounding area as well as detailing adequate mitigation measures to fully address each potential impact”.

Nowhere in Condition 20 is there any requirement for the developers or occupiers of the Hospital to comply with or to put into force the Operational Traffic Management Plan.

Chapter 5 Construction Impacts

Paragraph 8.12 of the report to Committee deals with construction period impacts which under paragraph 8.12.1, are described as needing *“to be closely considered and controlled”*. Throughout the nine year length of the Development it is stated that there will

be localised impacts as a result of construction traffic, noise, dust and vibration. The paragraph goes on to say that the works will be controlled by an Environmental Management Plan and a Construction Traffic Management Plan that will be approved by the Council prior to works commencing. With regard to residential streets paragraph 8.12.3 says that the use of minor residential streets will not normally be contemplated except where there are extenuating circumstances and then only for limited periods.

Paragraph 8.13.5 of the report to Committee considers the Environmental Statement and states, *“the planning obligations legal agreement and conditions will secure the relevant recommendation of the Environmental Statement in terms of mitigation of identified impacts. It is the opinion of officers that the findings of the Environmental Statement are robust and that the identified mitigation measures will ensure the proposed Development will not lead to any substantial environmental impacts”*.

We believe that the Permissions fail to deliver these safeguards.

The proposed Environmental Management Plan is dealt with under Condition 18 of the Planning Permission. This provides as follows :-

“Prior to any demolition or construction works commencing on each phase of the Development an Environmental Management Plan must be submitted to and approved by the local planning authority. The Plan must acknowledge all potential impacts both within the site and to the surrounding area as well as detailing adequate mitigation measures to fully address each potential impact.”

The Construction Management Plan is dealt with under Condition 19 of the Planning Permission. This provides as follows :-

“Prior to any demolition or construction works commencing on each phase of the Development a Construction Management Plan must be submitted to and approved by the local planning authority. The Plan must include (but not be limited to) details of all proposed routes for construction traffic and the measures/practices to [.....]”

A further condition purports to require the provisions of the Environmental Statement to be complied with and this is Condition 32. This requires as follows :-

“The scheme the subject of this permission shall only be implemented in accordance with the recommendations contained within the Environmental Statement submitted with the scheme before any works thereby affected are commenced”.

Further protection is purported to be given to the amenity of local residents arising from the impacts of demolition and construction works by Condition 37 which provides as follows :-

“The Applicant is requested to enter into an agreement under Section 61 of the Highways Act. A copy of the Agreement must be submitted to the local planning authority before any works thereby affected commence on the site.”

Provision for wildlife existing within the existing buildings, including the protected species Black Redstarts, is contained in Condition 38 which provides as follows :-

“Details of the provisions for breeding and roosting sites for birds and bats is to be submitted to and approved in writing by the local planning authority prior to the commencement of works. This should reflect the demolition and the construction and operational phases of the Development”.

All of the above conditions are considered to be defective because they are unenforceable. Conditions 18, 19 and 38 do not require the implementation of any of the matters approved under those conditions. Accordingly the requirements for an Environmental Management Plan, a Construction Traffic Management Plan and provisions for the breeding and roosting of birds and bats, all considered important matters in the report to Committee, cannot be enforced by the Council in accordance with the provisions of the Planning Permission. Similarly Conditions 32 and 37 are both too vague to be enforceable.

It is established law that planning conditions will be interpreted in accordance with their common sense meaning and the Courts will not imply any terms in them in order to enforce the provisions of the conditions. See, for example, the decision of Sullivan J in *Sevenoaks District Council –v- The First Secretary of State and Pedham Place Golf Centre Limited* decided on 22nd March 2004.

Furthermore, the conditions imposed do not comply with the Guidance issued by the Secretary of State on the use of planning conditions as contained in the Circular 11/95, *“The Use of Conditions in Planning Permission”*. Paragraph 30 of that Circular advises as follows :-

“The framing of conditions requires care, not least to ensure that a condition is enforceable. A condition, for example, requiring only that a “landscape scheme should be submitted for the approval of the local planning authority” is incomplete, since if the applicant were to submit the scheme even if it is approved the local planning authority is unlikely to be able to acquire this scheme to be implemented. In such a case the requirement that needs to be imposed is that landscape works shall be carried out in accordance with the scheme to be approved in writing by the local planning authority; and the wording of the permission must clearly require this. A condition of this kind also sets no requirement as to the time or the state by which the landscape work must be done, which can similarly lead to enforcement difficulty. Conditions which require specific works to be carried out state clearly when this must be done”.

Given that the local planning authority through their report to Committee considered that it was important to have enforceable plans through the Operational Traffic Management Plan, the Environmental Management Plan, the Construction Traffic Management Plan and other matters, it is both perverse and unreasonable of the Authority not to have imposed conditions which adequately deal with these matters. accordingly the planning permission that has been granted subject to the conditions set out above is one which no reasonable planning authority could have issued and for that reason is considered to be *Wednesbury* unreasonable. See for example the comments of Laws L J in the case of *R –v- Bristol City Council ex parte Moira Anderson* where he states:

“The difficulties of enforcement are an entirely different matter. They might, on certain sets of facts which it is possible to envisage, give rise to a good challenge on *Wednesbury* grounds.....”

Chapter 6 Proposed Grounds of Challenge

We have not set out the full factual background in this letter, but it is well known to the Council and it will be referred to in any application to the Court.

The Claimants intend to seek permission to challenge the Permissions on, amongst other, the following grounds:-

- (1) The Council erred in law in its consideration of the Listed Building Consent and Conservation Area Consent for the reasons given above;**
- (2) The Council erred in law in granting planning permission in the light of the Environmental Statement for the reasons given above;**
- (3) The Council erred in law in its issue of the Planning Permission with unenforceable planning conditions.**

Chapter 7 Action the Council is expected to take

Planning Permission, Conservation Area Consent and Listed Building Consent now having been issued the Council cannot withdraw them. Therefore the only remedy of the Claimants is to pursue Judicial Review. They will do so unless the Council explains within 14 days why the analysis contained in this letter is either not factually correct or legally unjustified.

Chapter 8 Details of Claimant's Legal Advisors

Ashfords, 1 Friary, Temple Quay, Bristol BS1 6EA
Our ref: JWB/181338-1
Telephone: 0870 427 3154
Fax: 0870 427 3501

Chapter 9 Interested Parties

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Isleworth
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Skanska Rashleigh Weatherfoil Limited
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Synergy Healthcare PLC
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Derby
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Chapter 10 Address for service:

c/o Ashfords, 1 Friary, Temple Quay, Bristol BS1 6EA

Chapter 11 Proposed Date for Reply

The Council is requested to confirm by return that it will respond within fourteen days of the date of this letter. The Claimants will issue proceedings immediately after the expiration of fourteen days unless a satisfactory explanation as to the approach of the Council is received within that period.

Yours faithfully

ASHFORDS

cc Owen Whalley, Emma Peters, and Linda Saunders – LBTH by email only

Appendix C
Response to Letter Before Claim 24th June 2005

Ashfords
1 Friary
Temple Quay
Bristol
BS1 6EA
Date 24 June 2005

Chief Executive's Directorate
Legal Services

2nd Floor
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5 Clove Crescent
London E14 2BG

Tel **020 736 4346**
Fax **020 7364 4804**

linda.saunders@towerhamlets.gov.uk
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My Ref: L/NC/ CDB/Royal London/LS
Your Ref: JWB/181338-1

Dear Sirs

Grant by London Borough of Tower Hamlets on 31 March 2005 of Planning Permission for the Redevelopment of the Royal London Hospital, Conservation Area Consent and Listed Building Consent for demolition of buildings associated with the Development – pre-action protocol letter dated 10 June 2005

**To: The Claimants:
Christabel Scott, Noel Anderson, David Fell, Priscilla Coleman, Kate Teckman and Ray Pryor,
all being residents of the Sidney and Ford Squares area of London**

**From: The Defendants
The Mayor and Burgesses of the London Borough of Tower Hamlets
Town Hall Mulberry Place 5 clove Crescent London E14 2BG**

Reference Details:

**Chief Legal Officer London Borough of Tower Hamlets Town Hall Mulberry Place
5 Clove Crescent London E14 2BG**

Our Ref L/NC/CDB/Royal London /LS
Ask for: Linda Saunders

Telephone: 0207 364 4346
Fax: 0207 364 4804

Details of Matters being challenged:

The Claimants intend to apply for permission to challenge by way of Judicial Review the grant by the Council of planning permission, listed building consent and conservation area consent for the redevelopment and refurbishment of the Royal London Hospital, south of Whitechapel Road and north of Newark Street, London E1 1BB ("the Development") dated 31st March 2005 ("the Permissions") pursuant to applications dated 30th April 2004 (in respect of the planning application) and 4 February 2005 (in respect of the conservation area and listed building applications) ("the Applications").

Response to the proposed claim:

1. We refer to your letter dated 10 June 2005 giving the Council fourteen days to reply to the contentions advanced on behalf of your clients that the above planning permission and related listed building and conservation area consents are liable to be quashed.

2. In summary, you contend on behalf of your clients that, in granting the permission and related consents, the Council:

- (1) failed to comply with its duties as regards conservation areas and listed buildings; and**
- (2) granted the planning permission on the basis of an inadequate environmental impact assessment; and**
- (3) granted planning permission without imposing enforceable controls on various proposed mitigation measures and therefore acted in a manner in which no reasonable authority would act.**

3. The Council resists those contentions and further contends that your clients' proposed claim should not be granted permission to proceed on the grounds that it has not been made "promptly" as required by CPR 54.5(1) in that more than ten weeks have elapsed since the grants of planning permission and other consents on 31 March 2005.

4. This letter, which should be taken to be the Council's response for the purposes of CPR Pre-Action Protocol PRO 7, deals with each of these points in turn below.

(1) Conservation area and listed buildings duties

5. Your letter asserts that the listed buildings within the development site are nowhere specifically identified in the Officer's report to Committee (albeit that your letter acknowledges that the various listed buildings affected are identified in the developer's applications) and that the buildings proposed to be demolished or partly demolished are not identified "with any clarity" in the report. Your letter also takes the point that the Committee report does not "spell out" the extent of the demolitions to the main frontage building and does not expressly consider the duty in section 16(2) of the Listed Buildings Act 1990 to have special regard to the desirability of preserving listed buildings and their features of special architectural or historic interest.

6. Your criticisms however overlook the fact that what officers regarded as the "principal" or "significant" listed building consent issues are addressed in paras. 6.14 to 6.22 of the Council's committee report (in which reference is made to the study commissioned by the developers from Manchester University Archeology Unit of the architectural merits of the listed buildings in the hospital complex) and that, in any event, the proposals for demolition are comprehensively identified in the plans accompanying the relevant applications and in the environmental statement and the addenda to it. These plans and supporting documentation were all either on display or available for inspection at the meeting on 23 March 2005 at which the committee report was considered.

7. There is therefore nothing in your criticism that the proposals for demolition of listed buildings are not identified sufficiently clearly in the committee report. Similarly, the absence of express reference to the duty in section 16(2) does not mean that it was overlooked or that the Council's decision was not in accordance with it. We note in any event that section 66(1) of the Act is set out in para. 6.22 of the committee report which, even though it relates to the grant of planning permission and not listed building consent, is in substantially similar terms to section 16(2). It is quite clear from the committee report that special regard was had to the desirability of preserving the listed buildings, their settings and the features of special architectural or historic interest which they possess, see for example paras. 8.5.2 to 8.5.5 of the committee report.

8. Your letter further contends that the Council's committee report does not address the tests in

para. 3.19 of PPG 15 to be applied where proposals for the demolition of listed buildings are in contemplation. This is a case, in the terms of para. 3.19, “where the proposed works would bring substantial benefits for the community which have to be weighed against the arguments in favour of preservation”, see reference at para. 8.5.2 and 8.5.5 of the report. Moreover, UDP policies DEV 28 and 36 which expressly import the policy objectives of para. 3.19 of PPG 15 are referred to in para. 8.5.3 of the report. In this context, the Council’s decision was made by reference to the relevant legal and policy tests and turned on the exercise of the Council’s planning judgement and discretion. The Council’s decision cannot be faulted merely on the basis of disagreement with it.

9. The points made on conservation area consent considerations are that paragraph 6.28 of the committee report “misquotes” the statutory requirement in section 72 of the Listed Buildings Act 1990 by stating that “development must be seen to preserve or enhance the conservation area as well as protecting the setting and the surrounding conservation areas” and that the conclusion that the criterion in the section was satisfied was perverse because the plans “show the new skyscraper towering over the current listed buildings”.

10. We take it that your point on section 72 is that the failure to refer expressly to the requirement in the section that “special attention” shall be paid to the desirability of preserving or enhancing the character or appearance of the conservation area means that the Council did not observe that requirement and therefore erred in law. There is no ground for drawing such an inference. It is quite clear that special attention was paid to these matters in the committee report and in the environmental statement and its addenda. Again, the absence of reference to the precise words of the section does not mean that the requirement in it was overlooked or that the Council’s decision was not made in accordance with the requirement. The relevant issues are addressed and balanced in the detailed discussion in the Council’s committee report at paras. 6.23 to 6.32 and under heading 8.5 in the Analysis section of the report.

11. As for the allegation that the Council’s decision was perverse, the issue for determination was again a matter for the Council’s own judgement.

(2) Environmental Assessment

12. On the environmental effects of the construction and implementation of the proposed development, your letter makes the point that the Town and Country Planning (Environmental Impact Assessment) Regulations 1999 require that an environmental statement submitted in accordance with the regulations should not only identify the significant environmental effects of a proposed development but should also deal with the measures proposed for mitigating those effects. Your letter makes specific reference to effects resulting from the construction of the development and from traffic generated during the construction process and after its completion. As you are aware the measures to mitigate those effects are intended to be imposed by means of an environmental management plan, a construction traffic management plan and an operational traffic management plan.

13. Your letter asserts that the environmental statement accompanying the planning application is defective in as much as the details of these plans have not yet been finalised but are to be approved at a later stage. What your letter entirely fails to take on board is that the mitigation measures to be imposed by these plans are described in the environmental statement and its addenda.

14. Each relevant chapter of these documents sets out these mitigation measures and they are summarised in Chapter 23 which in terms makes it clear that it is to be read in conjunction with the previous chapters. In relation to the environmental management plan, the environmental statement proceeded on an assessment of the measures identified in those preceding chapters, see for example Chapter 20 para. 20.4 which identifies proposed measures in relation to construction noise, vibration and airborne pollution and Chapter 21 para. 21.3.3 which similarly identifies the measures proposed for the operational stage (see also, for example, Chapter 5 para. 5.6.1). In relation to the traffic management plan, Chapter 20 para. 20.4.1.4 for example refers to the provision whereby all construction traffic movements will be allocated a delivery time slot and, if possible, accommodated

in a holding station so that no more than two vehicles would be on site at one time. The plans, which are referred to in the conditions on the planning permission, will enable these measures to be given effect. The plans will be drawn up in accordance with the recommendations in the environmental statement as required by condition 32.

15. We would also point out that there is in this case no doubt about the likely impacts of the development, which was the question at issue in the Hereford Waste Watchers case to which you refer.

16. The Council is therefore satisfied that, contrary to what is asserted in your letter, the environmental statement and the addenda to it are indeed adequate and do not disclose any ground on the basis of which the planning permission for the redevelopment of the hospital should be quashed. This is not a case where, to paraphrase the words of Waller LJ in Smith v. Secretary of State [2003] JPL 1316 (at para. 37) the proposed mitigation measures would allow the Council to approve a deviation from the plans for the redevelopment which might have a significant adverse effect on the environment. On the contrary, the Council is constrained (by the environmental statement itself reinforced by condition 32) when considering the imposition of those measures to confine them within the parameters identified by the proposals.

17. It is therefore quite clear, contrary to what is asserted in your letter, that the environmental statement does contain the matters required to be included by Parts I and II of Schedule 4 to the 1999 Regulations.

(3) Adequacy of planning conditions

18. The point made in your letter about the adequacy of the conditions to which the planning permission for the redevelopment of the hospital is subject is that those imposing controls on construction traffic, operational traffic and other environmental matters are unreasonable as being unenforceable, having regard to the terms of the guidance in Circular 11/95.

19. Condition 32 on the permission, which is referred to in your letter, is designed to operate as a "catch-all" in that it requires the redevelopment scheme to be implemented in accordance with the recommendations in the environmental statement. The reason given for the imposition of the condition is "to ensure the mitigation measures outlined in the environmental statement are complied with".

20. Notwithstanding the above, even if there were any force in your comments on the enforceability of the conditions on the planning permission, any perceived failings could be remedied by the completion of a section 106 obligation to cover the alleged deficiencies. Therefore, for the avoidance of any doubt over this issue, the Council has taken steps to secure that such an obligation will be provided. You will appreciate that this would dispose of any ground of challenge on your clients' part under this head. A copy of the obligation accompanies this letter.

(4) Delay

21. You state in your letter that your clients objected to the planning application which is the subject matter of their proposed application for judicial review. Self-evidently therefore they were in a position to make complaint about the circumstances of the grant very much sooner than ten weeks after the event. That is, they have not on any view acted "promptly" as required by CPR 54.5(1). No explanation for this delay is offered in your letter.

22. Moreover, save for the listed buildings/conservation area arguments which do not disclose any point of law, none of the arguments which you advance on their behalf go to the principle of the grant of permission. That is, even if the contentions advanced in your letter as to the inadequacy of the environmental statement and the conditions on the permission were to succeed, that would not prevent the re-issue of permission after any deficiencies had been remedied. This would be an unnecessary and unwarranted source of prejudice to a very important public project.

23. The Royal London Hospital currently suffers from numerous physical problems at present including inappropriate accommodation for the delivery of modern clinical services, teaching, training and research; wards which are not conducive to modern patient care; limited ability to introduce new technology for patient care cost-effectively; Health and Safety issues which potentially compromise a safe working environment; clinical functions which are dispersed rather than being centralised in collocated accommodation and the fact that the majority of the estate is made up of buildings with poor insulation and energy conservation capabilities. In many instances, these deficiencies have a detrimental impact on the delivery of healthcare: there are inadequate day surgery facilities at the Royal London; access to radiotherapy facilities for patients with cancer is poor; urology, ear, nose and throat and neurophysiology should be located at the Royal London but, due to space constraints, remain inappropriately located at St Bartholomew's Hospital; diagnostic imaging facilities are dispersed across the site, leading to inefficiencies and increased waiting times for patients; and outpatient facilities are located a long way from other clinical services, leading to inefficiencies for medical and support staff. If the Government's initiatives set out in the NHS Plan for modernising the Health Service are to be achieved, a modern purpose built facility is urgently required.

24. The above draws into sharp focus the need for prompt action where a planning permission is to be subjected to challenge. Again, you have provided no explanation as to why your clients have waited until now to call the redevelopment of the hospital into question.

(5) Conclusion

25. It follows from the above, in response to the question posed in your letter, that the Council does not accept that your analysis of the circumstances of the grant of planning permission and listed building and conservation area consent for the redevelopment of the hospital is factually correct or legally valid, notwithstanding that the Council has decided to ensure the enforceability of certain of the conditions on the planning permission by means of a section 106 obligation as set out above. The completion of such an obligation would be a complete answer to any proceedings based on the perceived inadequacy of the conditions.

26. You will be aware of the need to consider the above very carefully having regard to the duty on your clients to reassess the merits of their proposed claim in the light of the matters contained in this letter. We put you on notice that, if your clients pursue an application for permission to apply for judicial review, the Council will contest that application on the basis of the matters set out above and claim its costs of so doing from your clients. We would in any event urge on your clients the need to act reasonably in the context of a proposal which will bring with it substantial public benefits and which it would be inherently undesirable to subject to unnecessary delay.

27. It is confirmed that the planning permission, listed building consent and conservation area consent are all dated 31 March 2005.

Yours faithfully

Mark Norman
Chief Legal Officer

Details of any other interested parties

Interested Parties

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cc Owen Whalley, Emma Peters, and David Mcnamara – LBTH by email only

Appendix D
Unilateral Undertaking 24th June 2005