

DEMOLITION OF EXISTING STRUCTURES AND CONSTRUCTION OF A 3-STOREY EXTENSION TO THE NORTH-WESTERN CORNER OF THE MAIN HOSPITAL BUILDING TO PROVIDE A CRITICAL CARE AND HIGH DEPENDENCY UNIT – REF N^o 17/3282/F

COMMENTS AND OBSERVATIONS OF JENNY SHERRELL AND JOHN LARGE, RESIDENTS AND FREEHOLDERS OF THE GATEHOUSE, 1-2 REPOSITORY ROAD, SE18 4BQ

- 1 The following comments and observations are submitted by Jenny Sherrell and John Large, freeholders and residents of the nearby property known as the Gatehouse, 1-2 Repository Road, London SE18 4BQ (but referred to by the Applicant as 1-2 South West Gate).
- 2 The Grade II Listed Building Gatehouse borders onto Ha Ha Road and Repository Road, approximately 190m due east of the proposed development.

IN SUMMARY: The proximity of the Gatehouse to the development site is sufficiently close for its occupants to be subject to noise, dusts and fugitive airborne particulate matter, and other air entrained pollutants emanating from the proposed development during both its construction and operational phases.

CONSULTATION BY THE TRUST

- 3 We have been approached by an employee (Keith Howard) of the Lewisham and Greenwich NHS Trust (hereafter referred to as the Trust) who provided, at the Trust's own volition, some outline information about the proposed development.
- 4 Because this information was so limited we asked for further details, particularly relating to the engineering services works to the existing Hospital buildings that the Trust refers to in justifying the need for the proposed development. However, nothing further was forthcoming from the Trust for reasons, as it claimed, of '*commercial confidentiality*'.

IN SUMMARY: Because of the unwillingness of the Trust to divulge further details of the development we do not consider that we have been openly consulted with by the Trust should, that is, the Trust promote such a claim.

JUSTIFICATION FOR THE DECANT FACILITY

- 5 The Applicant's justification for the development is confused between the i) short-term need to expand clinical services (the Critical Care and High Dependency Unit) and the ii) near-future need for a Decant facility because of the 'major works' required to the engineering services of the existing hospital.

*"... The Clinical Decant building is planned to provide much needed appropriate ward accommodation before the on-set of Winter 2018 and the need is fully supported by the local Greenwich Health Service Commissioners. The Decant building is designed to provide maximum flexibility, so that it can be adapted to a variety of clinical uses. With the Decant building in place and **until it is required for the infrastructure improvement project** it will be used to enable decompression of the QE Hospital and enable the Trust to meet the Emergency Department waiting targets..."*

our highlighting – Applicant's Health Impact Statement

- 6 This muddled justification raises a number of issues:-

- 7 a) **ADDITIONAL CAR PARKING REQUIREMENT:** The use of the Decant facility to expand the clinical services of i) will surely require additional medical, support and administrative staffing along with which there would be an increased demand for staff, out-patient and visitor car parking – the Applicant does not explain this clear and obvious dichotomy between how it will be possible to provide additional clinical services without increasing staff, patient and visitor numbers.
- 8 b) **DISPOSAL OF BLOCK S:** The proposed sale of Block S (grey stock nurses' quarters on the southern edge of the Hospital estate) will remove potential capacity for additional car parking to meet the needs of i). Moreover, if the Block S land is redeveloped for private housing, which seems to be the intent, then there is bound to arise a further demand for kerbside car parking in the immediate area.
- 9 c) **STADIUM-BAKER ROAD IMPROVEMENT FOR ADOPTION:** The proposed works and widening of Stadium and Baker Roads to the appropriate standard for adoption by the Royal Borough of Greenwich (see 15/3605/F), will also result in losses of car parking spaces from the established car parks on the east side of the road as the road is widened and a cycleway incorporated.

IN SUMMARY: Considered together, the near future developments in and around the Hospital estate (Decant facility, private redevelopment of Block S, and Stadium-Baker Road improvements) are bound to result in a nett increase in demand for car parking spaces with, at the same time, a reduction in the capacity of the Hospital estate to provide for these further spaces.

There is no evidence that the Trust has coordinated these aspects of the three separate schemes, a result of which will be the inevitable overspill of kerbside parking into the public roads of the immediately locality of the Hospital, including in roads passing through Metropolitan Open Land (MOL).

Overspill of additional kerbside parking in the roads passing through the MOL runs counter to RBG Policy OS1.

- 10 JUSTIFYING THE NEED FOR THE DECANT FACILITY: In justifying the need for a Decant facility ii) the Applicant exclusively relies upon its claim that the existing hospital's engineering services require major works for which wards and other clinical areas will have to be progressively vacated and temporarily moved into the Decant facility.
- 11 In other words, information relating to the justification or viability of this aspect of the development (ii) should not be denied to any party wishing to gain an informed judgment about the Application.
- 12 However, in response to our quite proper requests for this information the Trust has refused to provide any further information on the state of the Hospital's engineering services.¹

IN SUMMARY: We consider this refusal, being a tacit exemption under Section 41 of the *Freedom of Information Act 2000* and/or an exception under Regulation 12(5)(e) and 12(5)(f) of the *Environmental Information Regulations 2004*, to have denied us the opportunity to arrive at an informed judgment on the Application.

1 In *Elmbridge Borough Council v Information Commissioner and Gladedale Group Ltd* (Tribunal EA/2010/0106, 4 January 2011), the request was for a viability report for a new development submitted as part of the planning application. The council and the developer asserted that disclosure could harm the developer's interests and so was 'commercially confidential' applying Regulation 12(5)(e) and that the information requested was exempted under Regulation 12(5)(e), but in doing so did not accept that they needed to demonstrate that harm would result. The Tribunal ruled otherwise finding that the exception was not engaged, saying that "statements by interested parties that harm might or could be caused are insufficient [...] The use of words such as 'could' or 'may' do not in our view provide evidence of harm or prejudice to the required standard of proof".

LACK OF TRANSPARENCY OF INVOLVEMENT OF THE VARIOUS PARTIES INVOLVED

- 13 Whereas the Trust is the Applicant for this development, our understanding is that owner of the hospital estate is Meridian Hospital Company PLC (MHC).
- 14 However, the involvement of the various Public Finance Initiative (PFI) parties in the proposed development is less transparent, although we note that the VINCI consortium, including the *Construction, Waste Data Management and Facilities Management* divisions, provide management services to MHC. Also, the involvement of the PFI consortium is interlinked to MHC via the then *John Laing Group* and, more recently, to the *John Laing Infrastructure Fund* and the *John Laing Capital Management Fund*, all of which seem to double-back to contract management services to MHC.
- 15 What is known is that *VINCI Construction* is to complete the ~£14M building contract for the Decant facility and that it presently has a *Letter of Authority* issued by the Trust (as the contract '*client*') of £1.25M to complete preliminaries on the site.
- 16 Also, once the Decant has passed through '*practical completion*', the Decant facility will novate to MHC under, we assume, the existing PFI arrangements thereby involving the participants of paragraph 14 above in the post commissioning and longer term management of the Decant facility.

IN SUMMARY: We are concerned over this apparent lack of transparency about what seems to us to be the somewhat convoluted roles and responsibilities of the various parties involved.

It seems to us that it would have been much more straightforward and transparent if MHC had lodged the present planning application instead of, as seems to be, the Applicant being the Trust possibly acting in proxy.

PROPOSED DECANT FACILITY

- 17 There are a number issues arising from the Application relating to the Decant facility, these include:-
- 18 A) DEVELOPMENT ELSEWHERE ON THE HOSPITAL ESTATE: The Application locates the Decant facility in the north-west corner of the Hospital estate.

- 19 This specific location results in the loss of 60 or so car parking spaces during construction; it places the new building along the north boundary of the site immediately fronting onto the boundary of the Charlton Village Conservation Area development; and it has the potential to subject the nearby (190m) Gatehouse residence to noise, fumes and dusts emitted from the rooftop ventilation services and ground-mounted generator sets.
- 20 Following completion of the Decant facility building the intention is to recover the lost car parking spaces by on-road parking along the north perimeter service road of the Hospital, thereby reducing the carriageway width. The service road width is also reduced at the north-west corner of the Decant facility by the building outline oversailing the existing service road carriageway to form a pinch-point in the services road.
- 21 It is at this north-west pinch-point that the temporary ambulance road required for the Stadium-Baker Road improvement/adoption works (see 15/3605/F) accesses into the Hospital site. Emergency Services vehicles entering the Hospital have to negotiate a tight turn into the service road at the restrictive pinch-point.

IN SUMMARY: Impeding the flow of emergency services vehicles into the site during the Stadium-Baker Road works could have serious implications for the A&E services.

Once again the Applicant has failed to take into account other awaited developments on the Hospital estate. Accordingly, the Applicant should consider revisions to either the present Application and/or the previously granted 15/3605/F planning permission.

- 22 An alternative scheme avoiding car parking and access difficulties would be to utilise the land presently occupied by the much disused Block S (nurses' accommodation) located at the southern corner of the Hospital estate. The Block S land is about the same footprint area as the Decant facility development site and should have been considered suitable for the temporary needs of Decant facility following which it could be further developed for future Hospital needs.
- 23 There are a number of advantages in adapting the Block S area for the Decant facility including that

- 24 i) there would be no loss of car parking capacity;
- 25 ii) any built development would remain within the central area of the Hospital estate and be of minimal impact upon the Woolwich Common Conservation Area, quite unlike the present development site that is crammed up against the boundary of the site, physically and visually imposing upon the adjacent Charlton Village Conservation Area; and
- 26 iii) the disposal of the grey stock area removes the last vestige of land of the Hospital estate that is available for future expansion of the Hospital clinical services, other than heightening future built development of the Hospital that will impose visually on both the Woolwich Common and Charlton Village Conservation Areas.

IN SUMMARY: The Applicant should be asked to justify why the present development site is preferred to an existing area of the estate that is not presently in use with the majority of the buildings vacated and boarded up. We consider that it would be inappropriate to dismiss the use of this Block S site for the Decant facility solely on the basis that presently it is considered to have an unspecified '*opportunity*' value for the PFI parties.

IN SUMMARY: Disposal of the Block S part of the Hospital estate would result in the Trust having virtually no land available for meeting any future expansion needs, other than by an increase in building height. Such an increase in the built height would visually intrude into both Woolwich Common and Charlton Village Conservation Areas.

NOISE PROJECTED FROM THE DECANT FACILITY

- 27 There are a number of unsatisfactory aspects of the Applicant's sound analysis and the conclusions drawn from it.
- 28 Significant is that the location of the nearest residential receptor, our home the Gatehouse, seems to be incorrect being shown approximately 100m+ more distant from the sound source(s) (see FIGURE 16486.SP1 of the Applicant's Report 16486.PCR.01 Rev A).

29 In calculating the noise impact at the Gatehouse the Applicant back-calculates from the sound source(s) – the Decant facility – to the Gatehouse by deducting a constant 46dB derived from the air-distance sound attenuation coefficient.

30 This is a very crude and unreliable methodology² because:

31 i) if the Applicant's Gatehouse incorrect location (paragraph 28) is carried through in the air-distance attenuation calculation then the -46dB would be significantly in error (ie too low);

32 ii) the air-distance attenuation (ie -46dB) is, itself, subject to considerable variation under ambient conditions, whereas it is incorrectly assumed to be constant for all ambient conditions and, similarly, invariable over the entire sound frequency spectrum;³

33 iii) the Applicant's modelling of the sound source to receptor pathway (ie Decant facility to Gatehouse) apparently gives no regard to the height of the Decant facility and imposition of barriers that could, by diffraction, result in enhanced low frequency noise nuisance at the Gatehouse;

34 iv) the Applicant makes a number of unsubstantiated assumptions about the layout, occupancy use and windows (location and type) of the Gatehouse, all of which have bearing on the noise reception at our home – to our knowledge, the Applicant (and or agents thereof) have never inspected the Gatehouse nor are such details publicly available; and

2 British Standard BS 4142:2014 (*Methods for Rating and Assessing Industrial and Commercial Sound*) recommends that the A-weighted *background sound level* ($L_{A90,T}$) should be, where possible, measured at the assessment locations or at an alternative location where the ambient and residual sound is comparable to the assessment location(s) – if neither can be achieved then a justification is required for the changed location and/or the calculation method adopted. It is not clear if and how the Applicant has incorporated the background and residual noise levels into the Gatehouse receptor noise impact calculations – simply regurgitating a computer program output without any explanation of the assumptions and inputs that from the basis of the assessment is entirely unsatisfactory.

3 For example, the noise attenuation with distance in air is presented as a constant -46dB, although the atmospheric/ambient conditions for calculating this attenuation level are not specified. Whereas in reality the attenuation coefficient for atmospheric absorption is a complex function of the noise frequency spectra and relative humidity at the pertinent atmospheric conditions (temperature, pressure), so much so that the coefficient attenuation coefficient varies considerably, particularly under short-term diurnal and longer-term seasonal variations.

A second example is that, whereas the Applicant claims that frequency related noise characteristics are not available for the Broadcrown BC800P-50 generators sets, this is not the case with all such information provided as a manufacturer's data sheet that in fact show the generator noise emissions at 500Hz to be 101dB compared to the 70dB assumed by the Applicant

- 35 v) by targeting the maxima of the Royal Borough of Greenwich's (RBG) criterion any proposed sound reduction measures adopted for the final design of the Decant facility will not necessarily be *as low as reasonably practicable* (ALARP).

IN SUMMARY: We consider that the Applicant's noise assessment (Report 16486.PCR.01 Rev A) should be reviewed and resubmitted in a corrected version with clarification of the assumptions made and the method of calculation.

The resubmission of the Applicant's noise assessment Report should specifically address RBG Policy DH(b) in that the noise nuisance may cause an unacceptable loss of amenity to the occupancy of the Gatehouse and its garden.

CONNECTION TO THE EXISTING SEWER

- 36 The Application shows the surface and foul waters of the Decant facility connecting to an existing 375mm diameter sewer with this same sewer presently receiving surface and foul inputs from the existing Hospital complex. The sewer is shown exiting the development site at a ~3.74m invert level at the east boundary thereafter running to the east. Details of further Hospital-sourced inputs and final connection to the public sewer are not available from the Applicant's documents.
- 37 There is a similar diameter sewer of about 4.5m invert level running west-east passing under the garden of the Gatehouse. In or around 2013 RBG diverted the road surface drainage from Ha Ha Road – Charlton Park Lane kerbside drainage gully into this sewer to obviate the frequent flooding of the road at its lowest section just west of the K6 telephone kiosk located in the Ha Ha of Ha Ha Road.
- 38 Since the RBG diversion, it is not uncommon during and flowing periods of rainfall for the water level to rise in the inspection chamber located in the Gatehouse garden this being, we assume, indication that the sewer is running at or near its maximum flow capacity.
- 39 It may be that the sewer exiting the Decant facility development site flows into the Gatehouse sewer – the Applicant has not determined this.

IN SUMMARY: The Applicant should determine the connection of the ~375mm sewer to the public sewer. If connected to the Gatehouse sewer then the capacity of this sewer to receive further inputs from the Decant facility should be established.

IMPOSITION OF THE BUILT DEVELOPMENT ON THE CHARLTON VILLAGE CONSERVATION AREA

40 Page 6 of the Applicant's *Design and Access Statement* claims that the

41 "... Proposal is more likely to have *prominence* and contribution to the Charlton
Park Lane, adding fresh character, colour and active street frontages which
otherwise {sic} a grey institutional campus."

our highlighting

42 We consider that with this statement the Applicant is deliberately setting out to flout
the protection of the immediately adjacent *Charlton Village Conservation Area* from
unnecessary visual intrusion.

43 Yet this is contradicted by the statement of page 12 of the Applicant's *Design and
Access Statement*

44 "... The proposed site is *well screened* by existing vegetation on {the} boundary
and further assisted by the drop in road level to Charlton Park Lane."

our highlighting

45 So, on one hand, the Applicant claims that the proposal will have a positive and
'*prominent*' impact on the Charlton Village Conservation Area but, on the other,
argues to the contrary that the proposal is '*well screened*', etc..

46 Neither of these claims is true.

47 ARCHITECTURAL MERIT OF THE DECANT FACILITY: There is, we subjectively and objectively
maintain, nothing outstanding and of architectural distinction about the Applicant's
Decant facility. Indeed, in the *Pre-Application Advice* the RBG Officers opine that the
proposed Decant facility has little merit in terms of its design appearance.

48 MERIT OF DECANT BUILDING AND EXTANT BUILDINGS CONSIDERED AS A WHOLE: Nor does the
proposed Decant facility support and blend in with the extant Hospital buildings of
regular, grey and white facade appearance that have the virtue of almost
camouflaging themselves into the local environment. Indeed, the introduction of

starkly contrasting coloured panels intermittently in the facades of the proposed Decant facility is no more than a poorly rendered architectural device to catch and focus the attention of the viewer.

49 Once again, this is at odds with the Applicant's *Heritage Statement* claim (Section 5.5) that the proposed Decant facility is designed to appear as a '*seamless continuation*' of the extant Hospital buildings.

50 The addition of these contrasting coloured panels supposedly as claimed in the Applicant's *Design and Access Statement*

51 "4.7.7 *Presenting visual relief and interest to the overall appearance of the proposed building.*"

52 Anyone visually literate would consider this to be lacking of any architectural and aesthetic merit. Moreover, the contrasting coloured panels simply do little more than visually penetrate and dominate through the tree screening drawing in the attention and eye to the building façade.

53 Considered together and as a whole, the addition of the contrasting Decant facility building will devalue the architectural form of the Hospital complex as a whole.

54 SCREENING OF THE DECANT FACILITY: Facing onto the Charlton Village Conservation Area (to the north), the proposed Decant facility building will represent a 2 to 3 storey (14 to 15m high) façade set back about 7m from the Hospital estate northern fence. This compares to the present hospital setting where the nearest 2 storey building (13 to 14m high) is set back about 55m from the perimeter fence.

55 In the hours of darkness any illumination from within the proposed Decant facility (via the regular arrays of windows presented along the façade), together with external lighting (which is not specified by the Applicant's plans) will spill almost directly into and be visible from the Charlton Village Conservation Area.

56 There are a number of viewpoints from the Charlton Village Conservation, these viewpoints are:-

57 a) FROM HA HA AND CHARLTON PARK LANE: The primary screen from the viewpoints along the western end of Ha Ha Road and through the length of Charlton Park

Lane up to the junction with Cemetery Lane, is formed by the regular pitched stand of Leylandii trees spread out along the 1.5 to 2m embankment on the south side of the carriageway.

58 Each of the Leylandii trees has been undercut with all branches removed to a height of between 2 to 3.5m height and there are individual trees missing from the stand.

59 The relative openness caused by the undercutting of Leylandii trees is shown on the Applicant's Design and Access Statement Figures 4.7.11/12/13

60 Thus the view into the Hospital estate from these viewpoints is relatively open.

61 By simple geometry, a person on the north pavement of Ha Ha-Charlton Park Road would be able to see the higher 80% height of the Decant facility elevation through the screening and, at night, all of the light from all illuminated areas with windows on the north elevation of the Decant facility building will be visible. For comparison, the same person presently cannot see the nearest existing Hospital building from the pedestrian footpath.

62 Opportunity to improve the screening is limited, other than grubbing out and replacement of the trees because Leylandii are not a species that will re-bud from brown wood so, hence, the undercut foliage screening cannot be recovered. Also, there is a well established impromptu path trampled along the top of the roadside embankment so establishing shrubbery screen is likely to be unsuccessful.

63 b) FROM CHARLTON CEMETERY: A person located in the cemetery will not be able to see the Decant facility north elevation until he or she is positioned greater than around 4m north of (from) the cemetery wall and, similarly, at 22m from the wall about 90% of the Decant facility building elevation height is viewable. The same person could presently see the upper 50% height of the existing Hospital buildings although at around 80m+ distance away from the 22m observation point.

64 c) FROM CEMETERY LANE: There are direct sightlines from various positions in the southern section of Cemetery Lane looking directly onto that part of the Hospital estate that has no natural vegetation screening.

65 d) FROM CHARLTON PARK AND CHARLTON PARK LANE (WEST SECTION): Similarly, there are visibility splays and direct sightlines from the north-west viewing directly onto the west elevation of the Decant facility building through an unscreened section of the Hospital estate perimeter – this view is represented by the Applicant’s Design and Access Statement photomontage Figure 4.7.16.

66 Interestingly, virtually all of the Applicant’s photographs relating to the imposition of the proposed Decant facility are viewing OUT from the Hospital estate and/or ALONG Charlton Park Lane, rather than viewing IN to the proposed Decant facility site.

67 We are concerned about the over-reliance of the Applicant on vegetation to screen and reduce the visually imposing impact of the proposed Decant facility on Charlton Village Conservation Area.

68 This approach, which is central to this Application, relies upon the trees and vegetation remaining in good health and the screening barrier itself being subject of a well planned and long-term arborological maintenance and planting scheme.

69 In this respect the management of the Hospital estate and its natural environment has, since its inception in 2001, been appallingly poor with the loss of trees and vegetation, with litter and all manner of detritus accumulating throughout both public and staff areas. The risk is that, if this Decant facility development mirrors the neglect typical of the rest of the Hospital estate then it too will become neglected dumping ground of Hospital cast-offs.

70 In this instance, however, the Hospital Trust’s disgraceful disregard for the local ecology and natural environment will impose directly on the Charlton Village Conservation Area.

IN SUMMARY: The proposed Decant facility imposes upon and has an undesirable visual effect on the character and appearance of the Charlton Village Conservation Area and, in this respect, it is contrary to RBG Policy DH(h).

OPTIMISATION OF THE BENEFIT -V- DETRIMENT COMPOSITE

71 Finally, we note with concern that the Applicant's *Heritage Statement* assuages

72 "6.5 *Should it be considered by Officers that the proposal poses an impact and should that impact be considered negative the wider benefits of the proposal providing additional space for the QEH should be considered to outweigh this impact.*"

73 Other than strongly implying that however poorly thought-through and, quite frankly, shoddy this particular Application is, solely on the basis that it relates to a National Health Service facility then it should, whatever, proceed to planning grant unopposed.

74 We are not aware of any provisions in the planning regulatory framework that affords NHS Trust applications exemption from the rigours of the planning process examination. The Applicant in this case should not be allowed to ride roughshod over due process and, where relying upon the benefits of the development to outweigh the detriments that we have presented, the Applicant should present, identify and justify the benefits so claimed to arise from this muddled Planning Application.

CONCLUDING REMARK

75 For the reasons set out foregoing we consider that the present Planning Application N° 17/3282/F be refused.

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4 December 2017