

1 September 2004

St. Bartholomew's Hospital, West Smithfield

in the City of London

planning application no. PT_EVR/04/00344/FULEIA

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

Demolition of six buildings, alterations to East wing, KGV block, Old and New Pathology building, Robin Brook Centre and catering block and construction of a new 8-storey hospital complex, a surface car park and new pedestrian and vehicular access.

Context

1 On 5 May 2004, the City Corporation 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 – (a) in the City of London and with a total floorspace of more than 30,000 square metres."*

3 If the City Corporation subsequently decides that it is minded to grant planning permission, it must first allow the Mayor an opportunity to decide whether to direct the Corporation 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 of the St. Bartholomew's Hospital (the Bart's) is bounded by West Smithfield to the northwest, Little Britain to the northeast, King Edward Street to the east, the new Merrill Lynch building on Newgate Street to the south and Giltspur Street to the west. This area is known as the 'island site'. The Bart's operates buildings just outside the island site (on Bartholomew Close and Little Britain, currently leased from 'The St. Bartholomew and The London Charitable Foundation') but this planning application is solely concerned with the island site.

7 By being located in the City of London, the hospital has excellent public transport connections. The nearest underground stations are St. Paul's, Barbican and Farringdon (all circa 5 minutes walking distance). The nearest mainline stations are Farringdon, City Thameslink, Blackfriars, Cannon Street and Moorgate stations (all within 15 minutes walking distance). Buses 4, 8, 25, 56, 100, 242 and 521 stop outside or near the hospital.

Details of the proposal

8 Currently the St. Bartholomew's Hospital has clinical functions on the island site and just outside the application boundary. The proposal, designed by HOK Architects, London, consolidates these functions within the island site in a dedicated Cardiac and Cancer facility to prevent inefficiencies and difficult departmental adjacencies.

Proposed ground floor plan. To the right of the courtyard the existing wing integrated in the new hospital building.

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

The existing gross external floor area	79,304 sq.m.
Proposed demolition	- 40,693 sq.m.
Retained floor area	= 38,611 sq.m.
Refurbishments	19,349sq.m.
Residual retained buildings	19,262 sq.m.
New build	+ 59,093 sq.m.
Proposed total gross external floor area	= 97,704 sq.m.

The increase in floorspace is thus 18,400 sq.m., which is a little over 23%.

10 The existing hospital has a main entrance at the Outpatients Wing on Giltspur Street and additional entrances through the Henry VIII gate (Ancient Monument and Grade I Listed) on West Smithfield and the New Gate and Nurses Gate on Little Britain. A new main entrance is proposed on the southwest corner of the site, opposite Postman Park and closest to the St. Paul's Underground station. This new entrance at the new hospital building links up with a straight access route across the courtyard to the Henry VIII gate, which is retained as an entrance from the north - closest to Farringdon and Barbican stations.

11 A new 'transport forecourt' is proposed on the southwest corner of the site, off Giltspur Street through an old gate, to accommodate the cars displaced from the courtyard, parking for disabled users, motorcycles, bicycles and ambulances.

12 The anticipated construction period is 8 ½ years, scheduled to start in 2005, during which the hospital will be operational at all times. The development will take place in three phase:

Phase 1: Enabling works, demolition of the Queen Mary Wing and King George V (KGV) tower block; construction of the eastern part of the new building and the refurbishment of the catering block.

Phase 2: Demolition of the KGV back block and Outpatients' department; construction of the western part of the new building and atrium space; refurbishment of the KGV front block and Pathology.

Phase 3: Demolition of existing buildings, refurbishment of the East Wing & the Residential Staff Quarters; construction of a new basement level energy centre and external works including re-landscaping the courtyard, refurbishing the fountain, streetlamps and shelters.

13 The site is within the Smithfield Conservation Area and contains a number of listed buildings:

Scheduled Ancient Monument and Grade I Listed: The Gate House (Henry VIII gate);

Grade I Listed: the West, North and East Blocks, around the courtyard;

Grade II* Listed: the Church of St. Bartholomew the Lesser;

Grade II Listed: the Northeast Block with attached buildings, the Medical School, the circular pool with fountain and three lamp standards in the courtyard.

All of these listed structures will be retained. A few buildings that are not listed are also retained, primarily the South Block (King George V Medical block) that, with the Grade I listed blocks, define the courtyard. The South Block is integrated in the main new hospital building.

Case history

14 In 1997 a review panel, chaired by Sir Leslie Turnberg, recommended that a new hospital of about 900 beds be provided at the Royal London Hospital at Whitechapel, and a specialist cardiac and cancer hospital be provided on the Bart's site.

15 The application is financed under a PFI scheme combined with the redevelopment of the Royal London Hospital, lodged as a separate planning application with Tower Hamlets Council on 30 April 2004.

16 Refurbishment of the Kenton and Lucas wing began in November 2002, to accommodate an integrated rehabilitation unit and the Trust's sexual health and fertility clinics, each with a separate entrance. The restored West wing will house the Breast Cancer Care Unit.

Strategic planning issues and relevant policies and guidance

17 The relevant issues and corresponding policies are as follows:

- Health *London Plan*
- Transport *London Plan; the Mayor's Transport Strategy; PPG13*
- Regeneration *London Plan; London's Economic Development Strategy (LDA)*
- Urban design *London Plan: PPG1*
- Access/equal opportunities *London Plan; SPG Accessible London*
- Ambient noise *London Plan; the Ambient Noise Strategy; PPG24*
- Air quality *London Plan; the Air Quality Strategy; PPG23*

Health

18 The clinical improvements for the Bart's must be considered alongside those for the Royal London Hospital. Together these hospitals will provide a total of 1,248 beds, of which 343 will be located at Bart's. The St. Bartholomew's Hospital will become a Cancer and Cardiac Centre of Excellence, with a local, regional and national importance.

19 The functional content of the proposal is based on the Barts and The London NHS Trust's Output Specifications. The consolidation of the various functions on to the 'island site' is key in addressing key operating principles. Considering the proposed improvements in the health service provision, the proposal is consistent with policies 3A.17, 3A.18 and 3A.20 of the London Plan.

20 A key health-related issue for local residents and staff is likely to be the potentially negative impacts of the noise and disruption during construction. The proposal makes brief reference to some environmental control measures intended to minimise harmful effects. The applicant is urged to provide more detail on how the affected groups will be involved during the construction phases either in monitoring the actual affects - including unanticipated ones - or in identifying additional approaches to mitigation.

21 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 early and planned consultation, but does not 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 applicants are urged to develop such a communication and consultation plan.

Transport

22 Transport for London (TfL) welcomes the comprehensive and detailed Green Travel Plan included as part of the proposal. To secure any future growth in the use of sustainable transport modes, however, there must be a commitment from the hospital administration to enforce, monitor and review the plan. TfL will wish to see improvements to pedestrian and cycling facilities to mitigate the incremental impact of the development on the local public transport infrastructure, by encouraging the use of sustainable transport modes and reducing the number of trips made by private car.

23 TfL recommends that all the bus facilities within the vicinity of the development (especially the bus stand for route 56 along Giltspur Street) should be retained once the development has been completed.

Cycle Parking

24 TfL welcomes the reduction in car parking. However it considers the provision of 44-cycle parking spaces to be very low. It is important that an appropriate level of cycle parking is provided in accordance with the London Cycle Network Design Manual. This states that there should be at least one space per five staff plus one space per ten staff for visitors. TfL expects to see an increased level of cycle parking as part of this proposal. Cycle parking facilities for visitors should be located near entrances.

25 TfL recommends that cycle parking be covered, secure, well lit and overlooked and that showers, changing and storage facilities for staff are provided. Further guidance on encouraging an increase in cycling can be obtained from TfL's Cycling Centre of Excellence.

Pedestrian Access

26 In order to increase journeys by foot, TfL recommends that an audit of pedestrian routes between the site and local public transport facilities be undertaken to identify where safety and directness of pedestrian access could be improved. This could involve footway widening and/or resurfacing, the provision of additional at-grade pedestrian crossing facilities and improved pedestrian priority at signalised junctions.

27 The ground floor plan of the site illustrates the vehicle, pedestrian and emergency access routes into the development. However, it does not show cycle or public transport routes. TfL requests these routes to be shown clearly on the plans.

28 TfL recommends the implementation of good lighting and CCTV and also increasing the attractiveness of the environment to reduce fear of crime amongst pedestrians and encourage the use of sustainable transport modes.

Disabled Facilities

29 TfL considers that five disabled parking spaces is not enough. The London Plan states that developments should always include car parking and/or car based access for disabled people. Disabled parking is also currently provided on roads surrounding the site. However, TfL recommends that there is an increase in disabled parking within the site to meet London Plan standards.

30 TfL also recommends that accessibility to and around the development is compliant with the requirements of the Disability Discrimination Act. Any crossing improvements for pedestrians should include tactile paving to improve the environment for disabled people.

Taxis

31 TfL welcomes the provision of two drop-off spaces. However, a dedicated taxi rank area will also need to be provided at both sides of the hospital, preferably in close proximity to the Out Patients' department and the Main Entrance to provide efficient operation of taxi services.

Servicing

32 TfL recommends that the impacts of servicing and deliveries should be addressed through a management plan. This can be achieved by seeking to minimise deliveries during peak hours, combining deliveries and promoting the use of quieter and less polluting vehicles. Furthermore, TfL would like the opportunity to comment on the Construction Management Plan for the construction phases of this development and the traffic management.

Regeneration

33 The London Development Agency (LDA) generally supports the schemes, considering the contribution towards improved health care provision within London. It is noted that the applicant is proposing a range of employment and training initiatives which are intended to enable local people to take up job opportunities that will arise during construction. The proposal also includes plans to further develop relationships with local businesses so that there is local procurement of goods and services where possible. These proposals are welcome. Consideration should be given, however, to extending these to cover vacancies as they arise within the NHS Trust itself or with other employers of non-construction staff at the hospital. In this respect the model developed for Whipps Cross Hospital may be worth following at the Barts.

Urban design

34 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."*

35 At the start of chapter 4B Designs on London, the London Plan states that *"Good design is central to all objectives of this plan."* The chapter identifies how good design has an influence on these objectives. Policy 4B.1 through 4B.7, 4B.10 and 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. In the following paragraphs the various issues of the proposal are analysed.

Scale and massing

36 The scale of the new buildings is similar to the existing buildings and its wider urban context. The new hospital building will have a very large footprint but the triangular shape, the central diagonal access spine and the atrium help to mitigate disorientation.

37 Even though the building line of the new building is closer to Little Britain than the existing building, the building height is not significantly higher. Therefore the massing does not have a significantly more dominant impact on the townscape than the existing building. At the south end of the new building the top storey is, as the existing building, set back. Visibility of St. Paul's Cathedral, along the southern end of Little Britain, is not impeded.

38 The new hospital building is taller than the existing buildings around the central courtyard. The visual impact on the courtyard, however, is marginal as a result of the limited height of the new building and distance to the courtyard. Considering the set piece urban design of the courtyard, the symmetry of the new building helps the new building to fit in the townscape. When seen from the upper stories of the listed buildings around the courtyard, the design of the new building is strong but restrained enough to create a positive relation with the existing buildings.

Wayfinding and permeability

39 The wayfinding and permeability is focused around a central axis that connects the Grade I listed Henry VIII Gate on West Smithfield and the new main entrance on Little Britain. This axis runs across the courtyard, which will bring more prominence to this historic space. The proposal removes all car parking spaces currently on the courtyard to a new dedicated car park on the southwest corner of the complex. This will increase visibility and therefore orientation from within the courtyard.

40 The new car park leads in to the courtyard via a route perpendicular to the central axis. There is, however, also a direct access to the new hospital building from the car park.

41 A new main entrance is proposed for the southwest corner of the site, opposite Postman Park. This entrance is spatially signalled by a change in the building mass, a tall opening and by a suspended glass canopy. Whilst there is, therefore, considerable prominence to the entrance, the wayfinding for people who visit the hospital for the first time could still be increased by large lettering on the return blank south facing facade, north of the entrance.

Architecture

42 The architecture of the new hospital building is generally acceptable. It succeeds in letting the new building blend in with its historic surroundings, without having to revert to traditional architecture. The materials that are used strengthen this concept.

43 The most public side of the new hospital building is on Little Britain. The design of that elevation is less elaborate than the existing Queen Mary Nurses' Home from 1923 - 1930, but it does have similar elevational proportions. The first two floors are combined in a double height window, which helps to create a balanced streetscape. A successful composition is reached between the different parts of the building on Little Britain and with different materials. Portland stone is used for lower levels, while dark polyester powder coated metal is used for the fifth level and all setbacks. In the bend of Little Britain, the elevation has a large glazed gap to prevent the building from having a defensive appearance at this very visible point.

44 The internal arrangements are adaptable to allow future requirements. The central atrium between the retained building on the courtyard and the new hospital building will provide an important sense of space and orientation. The atrium contains waiting areas and is directly visible from the main reception. The space will be animated by a café on the basement level and small retail facilities on the ground level.

The atrium with the retained building on the right.

The atrium from above. The bridge connects the main entrance with the courtyard.

45 Considering the issues above the proposal is consistent with policies 4B.1 through 4B.7, 4B.10 and 4B.11 of the London Plan.

Access/equal opportunities

46 The London Access Forum (LAF) has held a joint meeting with the Corporation of London's Access officer and the applicants. The proposal includes many good practice measures or commitments. A number of general and detailed comments were made. These include, among others:

- The need for seating to be at a suitable height and with arm- and backrests;
- The need to avoid a shared surface of bicyclists and pedestrians;
- A request for further details on external paving materials;
- The need to replace revolving doors with double sliding doors within a drum;
- The need to design the entrance to the refurbished Pathology building to be fully inclusive;
- A request to follow latest good practice guidance on wayfinding and signage.

47 Some of the comments raised can be dealt with by planning condition. The applicants are advised to discuss any changes with the LAF and the Access officers of the Greater London Authority and the Corporation of London to ensure full compliance with the London Plan's Supplemental Planning Guidance Accessible London.

Ambient noise

48 The most significant noise impacts will be during the demolition and construction phases, as recognized by the Environmental Statement, on both the retained elements of the hospital and on surrounding properties. There may also be significant vibration levels generated in nearby buildings. As stated in the Environmental Statement, these will need careful management and control. The City Corporation has powers to ensure this under the Control of Pollution Act. Mitigation is likely to be required in some cases and particular attention will need to be paid to vibration, especially if operating theatres or other vibration-sensitive premises may be affected.

49 New plant and equipment noise sources are to be controlled to meet a reasonable standard. The City Corporation will be able to confirm this in detail in the light of its local knowledge and experience.

50 Road traffic noise impacts are relatively small (increases are expected to be less than 1 dB(A) in the worst case). Although any increase is undesirable, this is unlikely to be noticeable to surrounding residents and businesses. The impacts of new and existing noise sources (primarily road traffic) on the new building will be controlled by the design of the proposed buildings to NHS standards.

Air quality

51 Because of the need to protect views of St. Paul's Cathedral, there is a restriction on the maximum stack height. More information is requested on the impacts for ground-level concentrations, particularly if backup oil supply were used.

CABE

52 The Commission for Architecture and the Built Environment (CABE) has a long history of involvement in the project for the redevelopment of the Bart's, via both its Enabling Initiative and its Design Review Committee. In November 2002 concerns were raised about the new main entrance, the atrium space and daylight entry. In June 2004, after a number of meetings and

after assessing the application plans, CABE is broadly satisfied that most of its comments have been addressed. Concerns remain about the deep plan nature of the new hospital building, but CABE trust that the internal design and wayfinding will be intuitive and mitigate the feeling of claustrophobia that the plan might generate. The local authority is urged to apply robust planning conditions to ensure that the quality of the detailing and materials is as high as possible.

English Heritage

53 English Heritage supports the general principles of the scheme in seeking to develop major new clinical facilities at this historic hospital site, whilst seeking to retain and re-use the existing listed buildings and to preserve their setting. The proposed removal of car parking from the courtyard is considered to be particularly important to mitigate the impact of new development on the setting of listed buildings.

54 Although the demolition of the 'tower' of the Outpatients Block is regretted, English Heritage acknowledges that the competing objectives which guide the overall scheme will prove demolition necessary.

55 Concerns are raised about the overall bulk of the new hospital building and the way it would be perceived from the immediate and wider street scene. English Heritage urges that advice from CABE and, if relevant, the NHS Design Review Panel, is sought to refine the design of the building.

56 English Heritage welcomes the revisions that are proposed, but calls for appropriate planning conditions for the many matters of detail, specifically details that have an impact on the setting of the listed buildings and the appearance of the central courtyard.

Local planning authority's position

57 It is anticipated that the application will be considered at the City Corporation's Development Committee on 14 September, with a recommendation for approval, subject to a Section 106 Agreement.

Legal considerations

58 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 the City Corporation 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

59 There are no financial considerations at this stage.

Conclusion

60 The proposal will substantially improve the healthcare facilities of the St. Bartholomew's Hospital. The consolidation of the various clinical functions into one new building is evidently of great benefit.

61 Although some buildings will be demolished that make a positive contribution to the Smithfield Conservation Area, the overall result of the proposed development fits in with its urban context. The improvements for the historic central courtyard will substantially improve the setting of the Grade I listed buildings.

62 The wayfinding and permeability is clear. The building heights and the disposition of the new hospital building are in character with the buildings around it. The architecture and materials strengthen the concept of a restrained contemporary building in a historic context.

63 A number of detailed accessibility and inclusiveness issues can still be improved to ensure that the new hospital is in full compliance with the London Plan's SPG Accessible London. Similarly, a number of transport issues can still be improved to ensure that the proposal is in full compliance with the London Plan.

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