

APPENDIX A2: LETTERS AND EMAILS RECEIVED

From: [REDACTED]
Sent: 04 December 2013 20:27
To: Neighbourhoods Team: PC-Plan
Subject: RE: Thank you for responding - Royal Brompton Hospital consultation

Dear Sirs,

Further to my attached consultation response, my response to 'Do you have any other comments?' is as follows:

"This initial consultation does not reflect the possibility that the primary objective of Core Strategy Policy CK 2 which is to 'ensure that social and community uses are protected or enhanced throughout the Borough and will support the provision of new facilities' could be supported through not only allowing for works to deliver an upgraded Royal Brompton Hospital facility but also by allowing for the creation of additional social and community facilities on sites already occupied by such facilities.

This would be very much in accordance with the 'sequential approach' set out in Policy CK 1 in which the preferred approach in the hierarchy is to 'protect land and/or buildings where the current use is or the last use was a social or community use, for re-use for the same, similar or related use'. The next (second) option is re-use of 'land and/or buildings' for a different social and community use. Permitting enabling development (assumed to be through a use which is not a social and community use e.g. residential) is the third option in this hierarchy. Notably, each of these parts of the policy refers to land and buildings rather than to floorspace.

In our view, the proposed supplementary planning guidance would better accord with Core Strategy policy if it acknowledged that primarily another healthcare facility and secondarily an alternative social and community use are preferred uses for land currently used as such.

With respect to the wider objective of enabling development at Royal Brompton Hospital, it is worth noting that private healthcare facilities for example could themselves provide enabling development. In short, such development is not necessarily restricted to residential uses."

I am grateful if you can confirm receipt of this email.

Kind regards,

[REDACTED]

We have now moved office. Please see our new address below.

[REDACTED]
TURLEYASSOCIATES
The Charlotte Building, 17 Gresse Street, London, W1T 1QL
[REDACTED]

From: [REDACTED] (The Victorian Society)

Sent: 10 December 2013 14:53

To: james.masini@rbkc.gov.uk

Subject: Royal Brompton Hospital Issues and Options Consultation

Dear James

RE: Royal Brompton Hospital Consultation

Thank you for the opportunity to comment as part of this consultation. The sheer number and scale of the buildings in question render considerations over their future of great importance, not only for the immediate area, but for the Borough as a whole. In addition, a number of the buildings in question are architecturally and historically significant and their future must be carefully considered.

The former Chelsea Hospital for Women (1913) is a large and impressive building, its vivid polychrome elevations and imposing proportions commanding a large section of Dovehouse Street and contributing positively to the townscape and conservation area in which sits. On Sydney Street and at the corner of Sydney St and the King's Road are two buildings, 151 Sydney Street and 250 King's Road. Both are highly characterful and handsome buildings. The Sydney St facade of number 151 is tall and narrow, with powerful flanking turrets and effective use of stone dressings. The more delicate 250 King's Road is very well-preserved, retaining its picturesque chimneys and attractive Dutch gables. Both buildings help to define the character of the streetscape and contribute greatly to the character of the wider conservation area. The Fulham Wing (South Block) of the Brompton Hospital is another impressive and important building in streetscape and setting terms. The common language of red brick and stone dressings is continued here in its tall, imposing elevations. The central block is particularly impressive, with corner turrets and a decorative three-storey oriel window that rises above the attractive main entrance. On the other side of Fulham Road is the Hospital's grade II-listed north block of 1844-6 and 1851-4, the setting of which is enhanced by the South Block opposite. Behind the South Block, on South Parade, is a grand terrace of houses with the listed Victorian fire station at the end. This is a fine ensemble of buildings. Lastly, Foulis Terrace is another excellent terrace of mid nineteenth-century stucco houses and is grade II-listed.

All the buildings described above possess architectural merit and are positive contributors to the character of the conservation areas in which they are situated. We would call for all these buildings to be retained and reused. Some, such as the former Chelsea Hospital for Women, have been crudely extended and the opportunity to remove unsightly accretions is one that should not be missed. Taken together, the buildings constitute a sizeable portion of the area's enviable historic streetscape (with the potential to impact on five separate conservation areas) and it is essential that any future plans take this into account. Thank you again for the opportunity to comment and I look forward to engaging in future consultation.

Yours sincerely

[REDACTED]

[REDACTED]
The Victorian Society

[REDACTED]
[REDACTED]
[REDACTED]
www.victoriansociety.org.uk

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The Victorian Society is the national charity campaigning for the Victorian and Edwardian historic environment. Registered Charity

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Dovehouse Street Residents' Association

12 December 2013

James Masini,
Neighbourhood Planning.
The Town Hall,
Hornton Street
London W8 7NX

Dear Mr Masini,

Royal Brompton Hospital Redevelopment

I am writing on behalf of the Dovehouse Street Residents' Association in response to your initial consultation regarding the proposed redevelopment of the Royal Brompton Hospital.

Overall, we welcome the objective of developing the hospital site to create a world class centre for specialist heart and lung treatment and research. We look forward to working with you as your plans progress, in order to achieve the best balance between the needs of the hospital and those of the local community as a whole.

In order to achieve this, we would be grateful if you would adopt the following core principles to guide the planning process:

- Respect for the historic and current community environment and, in particular, the preservation of the east side of Dovehouse Street as it is today.
- The preservation of the current open space located on the site at the centre of the east side of Dovehouse Street.
- The preservation of light generally, and the avoidance of any loss of light to residential properties.
-
- The provision of all patient family, key worker and student temporary housing needs on-site.
- The provision of parking facilities for hospital staff on-site.
- The formulation of a building/nuisance plan which adequately addresses all environmental, health and safety issues.
- The formulation of a traffic plan for emergency vehicles.

- The incorporation of all temporary scanner buildings within the main hospital structure.
- The minimisation of artificial light pollution.

In addition, the Dovehouse Street Residents' Association would be grateful if the following points could also be taken into account: concern for security and safety during the building process; consultation regarding all historic facades; a competitive, open invitation to architects to design the hospital; and the possible formulation of a Neighbourhood Plan.

Please note that, for the purposes of this letter, we have focused on the main hospital site. The additional planning proposals relating to the other buildings and sites owned by The Royal Brompton and Harefield NHS Foundation Trust, together with Crossrail and other local proposals, will be considered at the next meeting of the Dovehouse Street Residents' Association in January.

Thank you very much in advance for your consideration of this letter.

Yours sincerely

██████████
Vice Chairman of the Dovehouse Street Residents' Association

for ██████████, Chairman.

copies to:

Mr Bob Bell,
Chief Executive,
Royal Brompton Hospital
Sydney Street
SW3 6NP

Cllr Tim Coleridge
Cllr.Coleridge@rbkc.gov.uk

Cllr Sir Merrick Cockell
Cllr,Cockell@rbkc.gov.uk

Cllr Will Pascall
CllrPascall@rbkc.gov.uk

Cllr Paul Warrick
Cllr.Warrick@rbkc.gov.uk



December 3rd 2013

Royal Brompton Hospital Consultation,
R.B.K.C. Town Hall,
Thornton st.,
W87NX

Re-planning the Royal Brompton Hospital Sites

Dear Sirs,

Thank you for the above consultation document and arranging the exhibition and workshops. I have now attended both.

This is a massive potential redevelopment in a sensitive area, and the R.B.K.C. is right to tread carefully and canvas views.

Certainly this is a golden opportunity for tidying up some dreadful eyesores, whilst at the same time raising development funds for the hospital and releasing currently blighted sites for sympathetic non-hospital use. It has genuine win-win potential, but could so easily turn into a disaster pleasing no one.

The difficulty with the attached tear off questionnaire is that with so many unknown potential variables, the desirability or otherwise of each depending size, location, and quality of design, it is impossible in the absence of specific proposals to indicate preference.

1. Q1 asks does one agree with consolidation onto one campus? The relentless growth of the Royal Brompton, the Cardiothoracic Institute, and the Royal Marsden over the years means that residents are already overwhelmed by hospital development, much of it of very poor quality. Therefore one cannot help but say one would like to see one or more go away and consolidate elsewhere. Both hospitals have seriously considered this. It does not appear to be the Council's preferred option but relocation would make very good sense for all concerned, and should not be dismissed.
2. Furthermore I do not believe the Royal Brompton could consolidate everything onto sites C & D, let alone allow for future expansion, without creating an horrendous, overbearing monster, blighting the area forever. The Royal Brompton declares that is not their intention, but one only has to look at what has happened to sites C & D over recent years to see how good intentions go awry.
3. The Old Chelsea Hospital for Women (without the hideous carbuncle at the Northern end and to the East.) and the nurses' home in Dovehouse Street are not unattractive and should

be retained and refurbished. Only if new building was to be of quite exceptional quality and modest scale should demolition be considered.

4. IF the Brompton is to stay on sites C & D it should be a requirement that the carbuncles to the North and East of the Chelsea Hospital for Women be removed, together with the seemingly permanent shipping containers in the service road. An attractive brick or stone gateway at the exit from the service road, and flush with the existing Northern end of the main hospital building could become an attraction instead of the present eyesore, shielding whatever may happen behind (including the British oxygen gas tank and store), and containing the many noises emanating from this area particularly at night and in the early hours.
5. There was considerable talk of Duke of York Square style opportunities. The idea sounds attractive but do the sites in question really afford sufficient space?
6. When the "New" Royal Brompton was built, height and proximity to neighbours (both residents and St Luke's Church) were major considerations. The tree planted area to the North (Cale St) was intended as a buffer. It was never really sufficient with the noises coming from the boilers in the basement and the Air Handling Units on the roof, but any further encroachment would be quite unacceptable.
7. Noise and Pollution.
When the "New" hospital was built, local residents pleaded with the hospital at planning/building stages for proper containment within the bowels of a very large building. We were ignored, with assurances the hospital and their consultants knew what they were doing. They didn't, and we had to complain on many occasions, even obtaining enforcement orders through the Council Environment Health Department. The hospital even ignored these, or paid lip service for a few weeks and then continued,

My point is here is an opportunity to get it right, but will it happen? The hospital authorities employ consultants to assure everyone there won't be a problem but there invariably is. In the end it costs the hospital authorities more to rectify matters than get the planning of noise producing equipment right in the first place.

8. The Fulham Road Wing is not in my view worthy of retention, provided any replacement is in scale and better.
South Parade Wing on the other hand has some merit and should be retained/refurbished (but not enlarged as all residential buildings need space. I refer to the space immediately to the North backing on to Dudmaston Mews.

Let us not waste this opportunity, or allow over dense and out of scale mediocrity.
Please keep me informed as idea crystallise.





ONSLOW NEIGHBOURHOOD ASSOCIATION



PRESIDENT: JULIAN LLOYD WEBBER

REG. CHARITY: 264296

Jonathan Bore
Exec Director, Planning & Borough Development
RBK&C

The Town Hall
Hornton Street
London W8 7NX

EAU	HEC	N&N	HFD	N&E	Policy	Obj	Trs
DC		Received RBKC Planning				Reg	
Enf		18 DEC 2013				LLC	Assess
Str Dev	N&N	Obj	Supp	No Obj	Rev	Other	

17.12.2013

Dear Mr Bore,

Development of the Royal Marsden & Brompton Hospitals

This Association is concerned that there has been insufficient time allocated to consultation on the planning application at the two locations above, on the Fulham Road bordering our area of influence. There are concerns that large establishments whose main use is communal will be sold to the highest bidder and converted to residential use, available only to the extremely wealthy. We would point out that currently the Borough is losing a fire station at Knightsbridge and is in the process of losing a police station off Sloane Avenue. It strikes us as a very short term measure to dispose of so much property that has such a clear public purpose, especially as this is not a declared feature of the Borough's Core Strategy. We anticipate their replacement by further underpopulated concrete canyons and would draw the director's attention to the Candy Bros' development in central Knightsbridge which has added so little to that area.

For these and other reasons which will come to light, we ask you grant a 3 month stay on consideration of this application as a matter of some urgency.





Mr Jonathan Bore
Executive Director for Planning and Borough Development
Royal Borough of Kensington and Chelsea
Planning and Borough Development Department
Town Hall
Hornton Street
London, W8 7NX

5 December 2013

Dear Mr Bore

I am writing on behalf of the Institute of Cancer Research (ICR) in respect of the pre planning consultation regarding the proposals for the consolidation of the Royal Brompton Hospital's estate (RBH) to their Sydney Street site which will be formally consulted on in a draft Planning Brief in February 2014.

ICR's laboratory building is at 237 Fulham Road, to the west of the Royal Brompton's Fulham Wing and therefore in close proximity to the Royal Marsden Hospital which is to the east of the Fulham Wing. There is a unique partnership between ICR and the Royal Marsden, this manifests itself in a 'bench-to-bedside' approach that allows us to create and deliver results for patients in a way that other institutions cannot. Together the two organisations are rated in the top four cancer centres globally.

ICR is a College of the University of London, and one of the world's leading cancer research organisations. It generates more invention income on a per capita basis than any other academic organisation in the UK. ICR is ranked as the UK's leading academic research centre, and leads the world at isolating cancer-related genes and discovering new targeted cancer drugs. The ICR has a growth agenda with many of our employees being from the local community however our Chelsea site is severely constrained therefore a joint acquisition or space utilisation with The Royal Marsden would be of great benefit to us.

In view of this background I hope that you will acknowledge that ICR, together with the Royal Marsden Hospital is an important stakeholder in the consideration of the future of the Royal Brompton Hospital estate. It is important that due regard is given to our interests.

I was surprised to learn that the consultation document was being published without any prior discussions with either the Royal Marsden

The Institute of
Cancer Research



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VAT Registration No. 849 0581 02

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or the ICR. Both organisations are strong potential alternative users of parts of the estate closely related to our sites. There is no evidence that any account has been given to the use of any part of the estate for healthcare uses, other than the Royal Brompton's own proposed uses. I do not understand why there seems to be no consideration given to the sequential approach in policy CK1 in the Core Strategy which seeks to protect social and community uses. There appears to be no evidence that attempts have been made to seek the 'same, similar or related use' for the Fulham Wing for example.

I am concerned about the timeline for this proposed development which fails to give sufficient time for due consideration of alternative uses, particularly for the Fulham Wing. It is crucial that ICR and the Royal Marsden's aspirations to continue to offer a world class academic and medical facility in this location within the borough is not frustrated. Over recent years ICR and the Royal Marsden have made significant Investment in our facilities and in order to maintain our position as the largest comprehensive cancer centre in Europe, our alternative proposals for part of the Royal Brompton estate related to the Fulham Wing and properties in South Parade need to be fully considered.

I understand that the Royal Marsden Hospital has requested a meeting with you to discuss this matter. On behalf of the ICR I would like to support this and for ICR to be represented at the meeting.

I look forward to hearing from you as a matter of urgency.

Yours sincerely



The ROYAL MARSDEN

NHS Foundation Trust

Our ref: CP/DF5432

9th December 2013

Mr Jonathan Bore
Executive Director for Planning and Borough Development
Royal Borough of Kensington and Chelsea
Planning and Borough Development Department
Town Hall
Hornton Street
London, W8 7NX

The Royal Marsden

Fulham Road
London SW3 6JJ
Tel 020 7352 8171

www.royalmarsden.nhs.uk

Dear Mr Bore,

RE: Royal Brompton Hospital

I am writing in respect of the pre planning consultation regarding the proposals for the consolidation of the Royal Brompton Hospital's estate (RBH) to their Sydney Street site which will be formally consulted on in a draft Planning Brief in February 2014.

As you know, the Royal Marsden Hospital is a close neighbour of the Royal Brompton Hospital and for some time now we have been expressing an interest in developing the South Block (referred to in your consultation document as Fulham Wing) for healthcare activities. We also run a joint clinical training facility with RBH in the South Parade. We currently own 147, 149 and 151 Dovehouse Street which is within the same block as the buildings on South Parade.

The Royal Brompton Hospital is well aware of our interest and we have had correspondence with them regarding our interest in these properties dating back to late 2009 / 2010 when we were looking at a potential joint use / development of aspects of their redeveloped site. More recently we have sought to engage with the Council in order to discuss our proposals for the Fulham Wing and submitted a request for a pre application meeting in a letter dated 6th March 2012. Following your response on the 16 March 2012, we wrote to you on the 16th May 2012 with a formal pre application enquiry which included the payment of a fee of £3,600. For some reason, this request has not resulted in the offer of a meeting date so far, although I understand that recently we have been informed that the Council is proposing to contact us to arrange a meeting.

As discussed with Councillors recently, it would be extremely helpful if RBH and RMH were able to conclude their discussion about healthcare use and configuration of adjacent sites before a change in use is considered. I note that none of the options in the consultation document preserve any part of the Fulham Wing and South Parade for this purpose. There is no evidence that any account has been given to the use of any part of the estate for healthcare uses, other than the Royal Brompton's own proposed uses.



Patron
Her Majesty The Queen
President
HRH The Duke of Cambridge, KG

Life demands excellence



I do not understand why no consideration appears to have been given to the sequential approach in policy CK1 in the Core Strategy which seeks to protect social and community uses. There is no evidence that any attempts have been made to seek the 'same, similar or related use' for the Fulham Wing for example.

I am concerned about the proposed timeline for this proposed development which does not give sufficient time for the proper consideration of alternative uses, particularly for the Fulham Wing. It is important that the Royal Marsden's aspirations to continue to offer a world class medical facility in this location within the Borough is not frustrated. Investment in facilities has been continuing to take place over recent years, since 2008 we have invested c.£100 million in developing our Chelsea site and we are internationally recognised as world-leading cancer centre specialising in diagnosis, treatment, care, education and research. In addition we have a strong academic partnership with the Institute of Cancer Research (ICR) which has a laboratory building adjacent to the Fulham Wing, to the west.

While our patients are referred to us from all over the world many of our patients come to us from the local community. Any expansion in the service we can offer on our Fulham Road site is constrained by our current land ownership. The acquisition of further land and buildings is now our only option to expand to meet the growing demand for cancer care, treatment and research.

While I fully appreciate that landowners need to consider their landholdings from a commercial perspective, I am concerned that the interests of other stakeholders in the Borough have not been given fair consideration at this point in the planning process. This is a unique opportunity to explore the optimal configuration of adjoining estate and buildings for the benefit of local people. I would appreciate a meeting with you to discuss this along with ICR representatives. Please note that our Board wishes to pursue the pre application process.

Yours sincerely





BY EMAIL AND FIRST CLASS POST

9 December 2013

The Royal Borough of Kensington & Chelsea
Planning and Borough Development
The Town Hall
Hornton Street
London W8 7NX
(the “**Council**”)
Attention: Ms Joanna Hammond

By email: joanna.hammond@rbkc.gov.uk
and neighbourhood.planning@rbkc.gov.uk

And to:

Royal Brompton Hospital
Sydney Street
London SW3 6NP
(the “**Hospital**”)

By email: rbconsultation@rbht.nhs.uk

Copy to:


DP9
Planning Consultants to Royal Brompton Hospital
100 Pall Mall
London SW1Y 5NQ
Attention: Mr Chris Beard

By email: chris.beard@dp9.co.uk

Dear Sirs

Re: Re-planning the Royal Brompton Hospital’s sites

We are writing this letter on our own behalf and also on behalf of other residents of Guthrie Street who we have consulted in relation to the above matter.



As you will be aware, Guthrie Street lies to the north of the Royal Brompton Hospital campus (the “**Campus**”, also referred to as Buildings C and D in some information we have received). Guthrie Street runs off Cale Street. It is a quiet residential street with 14 terraced houses. The main view at the southern end of Guthrie Street is that of the northern facade of the Campus. Accordingly, as a resident of Guthrie Street, I will be directly affected by likely proposals for re-planning the Hospital’s sites.

1. Purpose of this letter

The purpose of this letter is to set out some of our initial concerns and responses to the consultation information and materials that have been circulated by the Hospital and the Council. We appreciate that no firm plans or detailed proposals have yet been prepared, and that the Hospital is taking a consultative and constructive approach to issues that affect local residents. In that spirit, we thought it would be helpful to write regarding certain matters.

We note that the Council’s Summary of Preferred Approaches questionnaire (“**the questionnaire**”) uses a multiple choice format and a generalised approach, which does not enable residents to give specific feedback at this stage. The questionnaire does not touch on issues that would directly affect Guthrie Street residents, and does not refer to the northern aspect of the Campus that borders Cale Street and therefore most directly affects Guthrie Street residents.

Accordingly we do not think that, by responding to the questionnaire alone, you will receive sufficient feedback in relation to issues that affect us as residents of Guthrie Street at present or in the future.

This letter takes into account the views and concerns that some of the other residents of Guthrie Street have shared with us, and sets out our own concerns and views in relation to this proposal. We have both taken the trouble to attend the workshops which have been organised in relation to this very substantial matter (as have a number of other residents of Guthrie Street). On 27 November 2013 Amanda Tipples spoke to the Council’s planning officers, James Masini and Jane Hammond, at the workshop at St Luke’s Church Hall and they said they would welcome further views in writing.

We note that the Hospital has an existing permission to extend the Campus to the boundary at Cale Street. It is not clear to us at this stage how the Hospital’s existing permission will interact with the proposal for a much more extensive alteration to the area adjacent to Dovehouse Street, which is marked “D” on the plans. For example, the information provided does not explain whether this extension is still to take place in relation to the Building marked “C” on the plan. It would be helpful if this could be clarified.

2. Height of building and proximity to Campus boundary on Cale Street

While there are no detailed proposals at this time, we would be extremely concerned about, and would oppose, the addition of a storey on top of the existing Campus if that storey is in any way close to or could affect light for the dwellings on Guthrie Street, or have any impact on the aspect from Guthrie Street facing southwards.

Light

Given the southerly aspect of the arc of the sun, any additional storey close to the Cale Street boundary of the Campus could have a detrimental impact on the light in Guthrie Street. This could indirectly affect houses at all levels of the street, given that light for the street as a whole tends to reflect off the stucco fronts of the buildings. In addition, some of the windows of the house at the southern most end of Guthrie Street (technically, 70 Cale Street) directly face the Cale Street end of the Campus.

Massing and scale

The Campus is already one storey higher and significantly taller in absolute terms than the surrounding buildings at the Cale Street end of the Campus. Guthrie Street buildings are all of three storeys, and no greater. Similarly, the residential buildings on Cale Street and Sydney Street are three or four storeys high. The addition of a further storey on the Campus that is visible from Cale Street or Guthrie Street would add massing that is not in keeping with the scale of buildings in the surrounding area. It may also spoil views of the spire of St Luke's Church from the top floor windows of houses on the western side of Guthrie Street.

Overlooking and light

Any plans to extend to the boundary of the Campus on Cale Street should take into account the impact of numerous windows on the surrounding residences. At present, there are relatively few windows on the northern facade. They are frosted. We would resist the addition of further windows, and particularly would resist clear windows. Such additions could lead to Guthrie Street, and the outlook from residences in Guthrie Street, being overlooked by windows showing views of quasi industrial scenes. If the relevant rooms were in use 24 hours per day, this could also lead to light pollution.

3. Noise

Another area for concern will be the location and operation of a much larger building's equipment, including its HVAC system. It is therefore worth noting that we will be very concerned to understand in detail the proposals for the location and usage of the much more extensive equipment and HVAC system that would be required for a much larger building.

Please note that Guthrie Street, being a cul-de-sac, is a very quiet street. Any additional noise created by situating HVAC systems or their inlets near the northern boundary of the Campus could increase the observable noise on Guthrie Street, particularly at night.

In December 2007 the residents of Guthrie Street obtained a baseline noise survey.

The survey was carried out professionally and undertaken from 14 Guthrie Street (which is at the northern end of Guthrie Street, furthest from the Campus). Based on the results of that survey, and the criteria set out by the Council, the maximum noise level generated from any plant installation must not exceed LAEQ,T of 33db at 1.0m from the facade of the nearest residential window in Guthrie Street or at 1.2m above any adjacent residential garden, terrace, balcony or patio.

The Council is aware of our noise survey (and has been for some time) and has respected it in determining previous planning applications (both in relation to the Hospital and Royal Marsden Hospital) affecting Guthrie Street residents. Indeed, the fact that noise must not

increase above the level identified above, has been made a condition of recent planning permissions which affect the residents of Guthrie Street.

4. Safety and emissions

We note that the Campus presently includes the outdoor storage of a large BOC tank and another medium sized tank on the northern edge of the campus. We believe that these are oxygen tanks. The oxygen tanks are to the south of the back of the houses on the western side of Guthrie Street.

The tanks are an eyesore and are visible from the windows of some of the houses to the south on the eastern side of Guthrie Street. The tanks are out of keeping with the residential and domestic nature of the buildings (apart from the Campus) on Cale Street and Guthrie Street, as well as Dovehouse Street. They also pose a considerable risk for residents of Guthrie Street. Approximately six years ago all residents of Guthrie Street were evacuated from their homes at 10.30pm in the evening due to a leak from an oxygen tank. We would hope that fuel and oxygen tanks could be housed away from residential areas and disguised from view from residential areas. We would also like to see a safety plan or specific information about the location of hazardous and explosive substances.

5. Traffic

The Campus has a service road that runs southward, accessed from Cale Street. Cale Street is a narrow one-way street that nevertheless has a large volume of pedestrian and bicycle traffic, particularly during school hours. Because vehicles access the service road through the Campus by entering from Cale Street, this means that there are often very large lorries and other industrial vehicles that drive along Cale Street at all hours of the day and night. They often mount the pavement on either side of Cale Street because it is too narrow for such vehicles. The Council has installed bollards on parts of the Cale Street pavement, but that results in vehicles mounting the other side of Cale Street and cracking the pavement, as well as causing more serious traffic incidents at times.

We would be concerned to study in detail arrangements in relation to traffic for deliveries into and out of the Campus. Such information is not often provided in planning proposals, but would be of key concern. It would be troubling to see that increased traffic was going to use such a narrow street to make deliveries at all hours of the day and night.

6. Trees and greenery

While the northern aspect of the Campus is not visually pleasing, being out of step with the materials and rhythm of the surrounding architecture, at least there is some open space and greenery to soften its ugly nature. We would expect detailed proposals to contain specific information about the retention of at least the same number of trees and green plantings on the northern side of the Campus.

7. Conclusion

We have focused on matters relating to the northern side of the Campus and affecting Guthrie Street residents. We have not included here our views on other aspects of re-planning for the Hospital's sites. These comments are of course not our final comments, but preliminary views in advance of any detailed proposals.

We would be grateful if you could take these views into account in relation to the preparation of the Council's planning brief. We understand that other residents of Guthrie Street have written to you independently. You must of course take their views into account as well as they are in addition to our views set out above.

We would also be grateful if the Hospital could take account of all of these points in relation to preparing any detailed plans.

For the purposes of data protection, we would be grateful if you do not make this letter or any of our details publicly available or place them on any website.

We would be grateful if you could acknowledge safe receipt of this letter.

Yours faithfully

