

Royal Free Hospital: Pears Building

Technical Response to Comments

January 2015

141209/N08

Planning Application Ref: 2014/6845/P

1. This note sets out a response to transport related comments received from various stakeholders in relation to the proposed Institute of Immunity and Transplantation at the Royal Free Hospital (planning ref: 2014/6845/P).
2. A Transport Assessment was submitted as part of the planning application package. This included a Travel Plan and Parking Strategy. The Transport Assessment was produced in line with guidance contained in the Department for Transport (DfT) publication 'Guidance on Transport Assessments' (March 2007), and best practice guidance outlined by Transport for London (TfL, 2010). The Travel Plan was produced to accord with TfL's 2013 document 'Travel Planning Guidance'.
3. All comments in relation to the submitted Draft Construction Management Plan have being responded to separately by Buro Four.
4. Transport related comments have been received from the following:
 - The London Borough of Camden;
 - Capital Traffic Management Ltd and DRK Planning, representing the Hampstead Green Neighbourhood Group; and
 - Other residents and local groups including the Heath and Hampstead Society
5. All of the comments have been reviewed and have can be grouped into the following categories.
 - Cycle parking;
 - The public transport accessibility of the site;
 - Trip Generation;
 - The Parking Strategy, including
 - The impact of the development of the local Controlled Parking Zones;
 - Disabled access parking;
 - The Travel Plan; and
 - Cumulative assessment (proposed A&E expansion).

6. Based on the above categories, this note provides a technical response to the comments received.

Cycle Parking

Cycle Parking Spaces

7. The Capital Traffic report (paragraph 2.9) suggests that the required cycle parking spaces has been incorrectly calculated.

“There are 130 cycle spaces at the RF [Royal Free] currently. LB Camden have reminded Vectos that 200 would be required for the Pears Building (TASF [Transport Assessment Scoping and Feedback]”.

8. Capital Traffic have misinterpreted LB Camden’s advice which states:

“Cycle parking for all 200 staff plus visitors should be provided in accordance with London Plan REMA [Revised Early Minor Alterations] standards”

9. It is clear that LB Camden are not suggesting that a cycle parking space should be provided per staff member and are instead suggesting that the London Plan REMA standards are followed.

10. Details on cycle parking provision are set out from paragraph 4.9 of the transport assessment. A total of 56 cycle parking spaces will be provided. This exceeds the requirements of the London Plan REMA standards which are set out below in **Table 1**. The B1 standard has been adopted for the Institute although it will remain ancillary to the overall hospital use of the site (Use Class C2) to represent a worst case scenario:

Table 1: Cycle Parking Standards and Provision

Land Use	Standard	Floor Area/Staff	Spaces
Institute (B1 R&D) and offices	1/150 sqm (staff) + 1/500 sqm (visitors)	4,525 sqm	40
Patient Hotel	1 per 10 staff + min 2 for visitors	5 Staff	3
Total			43

11. The London Plan REMA standards suggest that a minimum of 43 spaces should be provided. The overprovision of cycle parking in comparison to adopted standards will encourage cycling by users of the Pears Building.

12. Showers, lockers and changing facilities will be located next to the cycle storages area.

Cycle Store Location

13. LB Camden expressed some concerns regarding the location of the bike store and its access:

“I have some concerns about the proposed location of the bike store and the necessary access arrangements. Access would appear to be restricted with a narrow route between parked

cars and narrow corridors / doors between the car park and the bike store. I would have expected cyclists and motor vehicles to be kept apart to be honest”.

14. There are two access points to the cycle parking store; one through the lower level car park, and one from Pond Street. Both access points are accessible to cyclists and it is not considered that amendments are required for the cycle store to be acceptable.
15. As a result of LB Camden’s comments, Hopkins Architects has investigated whether the doors can be widened to improve the ease of accessibility into the cycle store. However, the layout of the building would require extensive reconfiguration to be able to provide this minor benefit to users. Therefore no amendments are proposed for the cycle store access points.

Public Transport Accessibility of the Site

16. The Public Transport Accessibility Level (PTAL) of the site was measured using Transport for London’s own PTAL calculator. This shows that the PTAL rating of the development site (i.e. the location of the Pears Building) is 5, although much of the wider Royal Free Hospital site has a PTAL of 4. A PTAL of 4 represents a ‘good’ level of public transport accessibility, and a PTAL of 5 represents a ‘very good’ level of public transport accessibility (based on the TfL PTAL scale). There are also good pedestrian facilities in the local area, and a number of local roads are designated as suitable for cycling by TfL.
17. Based on the above, the Transport Assessment concludes that the site is highly accessible by non-car modes of transport. However, Capital Traffic makes the assertion that this statement is incorrect without any contradictory evidence.
18. Considering that there is a London Underground Station and London Overground Station within a short walking distance, and five bus routes pass the hospital, it is considered that the conclusions set out in the Transport Assessment, in that the site is highly accessible by non-car modes of transport, is reasonable.
19. The accessibility of the site is demonstrated by the high proportion of staff who use non car modes of transport to travel to/from work (only 5% of staff use a car to get to work).

Trip Generation

Pears Building

20. Section 6 of the Transport Assessment sets out a detailed multi-modal trip generation exercise for the proposed Pears Building.
21. On a typical weekday there will be 180 staff members at the Pears Building (160 researchers, 15 office staff and five hotel staff). In addition there will be 50 visitors, including those assisting with research (who often also utilise the hotel) and visitors to the Royal Free Charity.
22. Capital Traffic has questioned the predicted number of visitors, stating that the prediction of 50 visitors is likely to be an under-estimate. However they have not provided any contradictory information to back up this statement and are not party to how the building will be used. This will be different from a more typical hospital ward.

23. The Pears Building will operate as an extension to the existing Institute of Immunity and Transplantation. As this service already exists at the Hospital, the Royal Free Charity is fully aware of the operational needs of the Pears Building and the number of visitors expected on a typical day. All trip generation calculations were made based on information provided by the Royal Free Charity which are not speculative as suggested, but based on the known operation of the building. Therefore the numbers presented are robust.
24. As mentioned at paragraph 6.5 of the Transport Assessment, researchers and staff at the Pears Building will not be allocated parking permits except in extenuating circumstances. It is anticipated that only a small number of visitors (approximately seven per day) will travel to the site by private vehicle. Therefore there will not be any material impact on the surrounding highway network or parking demand as a result on the proposals.

Royal Free Hospital

25. Capital Traffic has stated that there is no evidence to support the claim within the Transport Assessment that *“a reduction in parking will ultimately decrease demand and encourage alternative modes of travel to the Hospital”*.
26. As a result of the development proposals, there will be a reduction of 42 spaces across the Royal Free Hospital site. For clarity, parking spaces will be reallocated from staff members to patients and visitors, so there will be no net reduction in available parking spaces for patients and visitors.
27. With a reduction in parking supply and on-street parking around the site controlled (see details below), there will inevitably be a reduction in parking demand and a reduction in vehicle trips to the hospital. This is set out in paragraph 6.12 of the Transport Assessment. Parking demand will be managed through a Travel Plan and through limiting the number of parking permits that are issued.
28. As a result there will not be any negative impact on the observed existing queuing on the surrounding highway network.

Wider Network

29. Within their comments, DRK Planning and Capital Traffic states that *“the greater use made by many homes of home delivery (e.g. Amazon, Ocado, Tesco) does not appear to have been taken into account in establishing the current flow of traffic in the area”*.
30. This change in shopping patterns bears no relevance to the proposals for a new Institute of Immunity and Transplantation at the proposed Pears Building at Royal Free Hospital. Notwithstanding, it is widely acknowledged that an increase in individuals choosing to get their goods delivered will result in a reduction in individuals visiting retail units. As delivery vans can make multiple deliveries in one trip, there will be a reduction in total vehicle trips on the highway network.

Parking

31. Parking is an emotive topic, is often a key issue at all Hospitals. The Royal Free Charity is seeking to strike an appropriate balance of providing sufficient parking for patient's needs, whilst aiming to encourage non-car modes of travel wherever possible.
32. There are currently 354 parking spaces at the Royal Free Hospital. Of the total 190 spaces are for staff and 148 spaces are for patients/visitors. The remaining 16 spaces are non-trust spaces. As a result of the proposals, there will be a reduction of just 42 parking spaces and not a reduction by almost half as suggested in paragraph 28 of the DRK Planning letter.

Parking Strategy

33. DRK Planning and Capital Traffic have questioned how a reduction of 42 parking spaces across the Royal Free Site will be managed in the following statements:
“Current parking demand by staff is met by current provision, although does appear to struggle at times. However, with parking capacity likely to be reduced by the application and further expansion leading to greater numbers of staff, this is likely to lead to a significant under-provision in parking spaces for staff”.
“Given the size and significance of this proposal, the application does not provide sufficient information to properly assess the impact on parking on the site”
“The likely lack of parking provision would add to the currently congestion experienced by local residents”
34. Section 8 of the Transport Assessment entitled 'Impact on Parking', sets out the existing parking supply and demand across the hospital, and how a reduction in parking will be managed.
35. In order to assess the existing parking demand for staff, patients and visitors, a parking beat survey was carried out across the entire Royal Free Hospital. The results are presented in Figure 8.1 of the Transport Assessment, indicating that the car parks are close to capacity across the site during peak parking demand between 10:00 and 15:00. A full breakdown of the results is included within Appendix B of the Transport Assessment.
36. The reduction of 42 parking spaces across the Royal Free Hospital will be managed by a Parking Strategy. This is shown in Appendix J of the Transport Assessment. The main aim of the parking strategy is to ensure that patient/visitor staff numbers are not reduced as a result of the proposals targeting the reprovision of patient and visitor spaces that will be lost on site during both the construction and permanent period. This will be achieved by reallocating staff spaces. It is easier to influence travel patterns by staff members, and the following tools will be utilised in order to free up sufficient space for reallocation:
 - Alternative parking provision – two park and ride sites have been identified; Free shuttle buses will be provided;
 - Removal of permits except in extenuating circumstances – this process is already underway; and
 - Travel Plan.

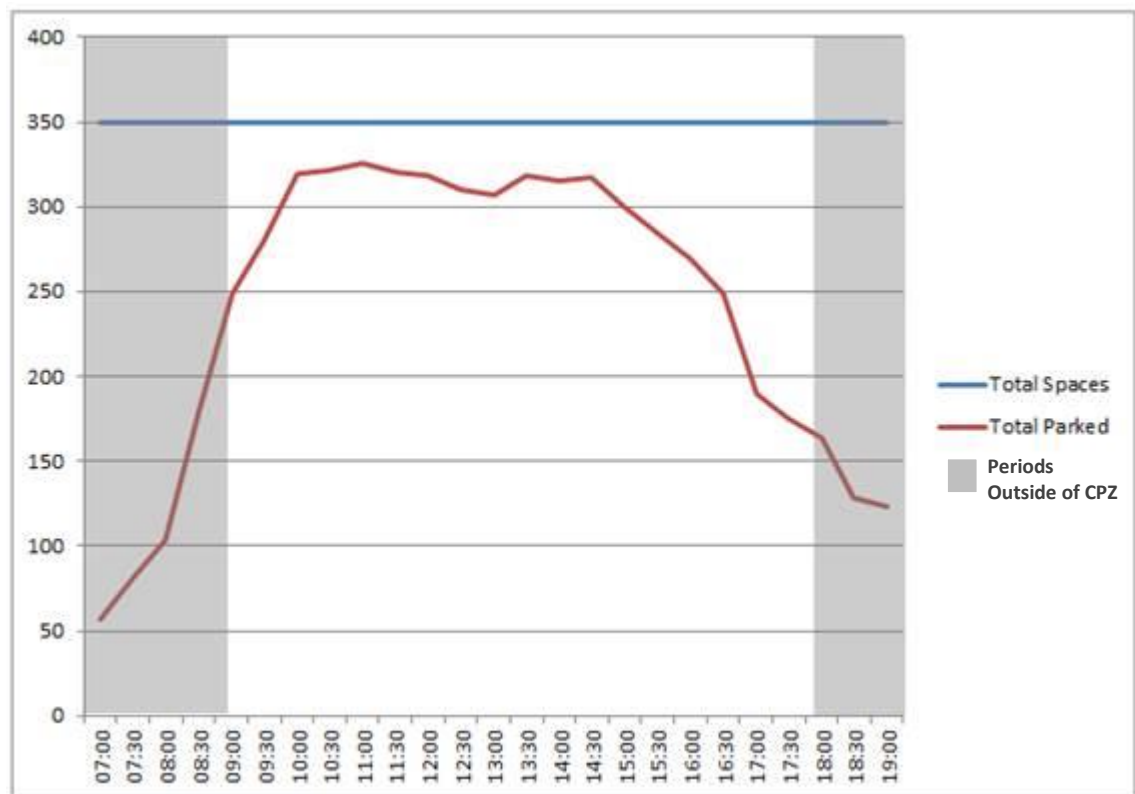
37. As a result, future demand will be met by future provision.

Disabled Parking

38. Comments from residential groups express concerns that the number of disabled parking spaces will reduce as a result of the development proposals.
39. The requirement of disabled visitors is of utmost importance, and their needs will be accommodated throughout the site. There are plans in place to provide additional disabled spaces at the existing drop off area. Where necessary, disabled spaces will also be incorporated to the reallocated section of the existing staff car park.

Impact on the Controlled Parking Zone

40. Based on local residents concerns, LB Camden expressed the following observation:
“I am expecting objections from local residents due to the proposed loss of on-site car parking spaces. So I will be asking you to discuss potential displacement of parking into the CPZ and the associated impact on parking stress. This might be a problem outside of CPZ hours. Although I appreciate you are talking about mitigating such problems via a revised travel plan and a parking strategy for the entire Royal Free Hospital site”.
41. Surrounding the Royal Free Hospital there are three Controlled Parking Zones (CPZ) as follows:
- CA-B (Belsize) – Monday to Friday 09:00-18:30, Saturday 09:30-13:30
 - CA-H (Hampstead Town Centre and Vale of Heath) – Monday to Saturday 09:00-20:00 (no charge on Pay and Display after 18:00)
 - CA-Ha (Hampstead: South Hill Park) – Monday to Saturday 09:00-18:00
42. Parking demand at the Royal Free Hospital (as with any hospital) is highest during the weekday period. There are no clinics at the weekend, so parking demand is significantly reduced during these periods.
43. Figure 8.1 of the Transport Assessment set out a parking accumulation for the hospital site. This is replicated below in **Figure 1**, but with the periods outside of the CPZ hours shaded in grey.

Figure 1: Total Daily Parking Accumulation for the Royal Free Hospital

44. Figure 1 indicates that, during the periods outside of the CPZ hours, parking demand is low. Therefore, all parking will be accommodated on site during these periods. During the CPZ hours (when peak parking accumulation occurs), parking is prohibited on street unless the correct parking permit is displayed.
45. Whilst it appreciated that there will be a reduction in parking spaces, it should be noted that the aim of the parking strategy is to prevent a loss in spaces for patients and visitors. Staff will be encouraged to seek alternative modes of travel to work through a reduction in permits provided and through the updated Travel Plan.
46. Therefore there will be no impact on parking stress within the CPZ.
47. Capital Traffic and DRK Planning also state that there are “*significant Blue Badge holders occupying residents’ parking spaces in proximity to the hospital, soaking up residents’ spaces in the surrounding area*”. This has been expressed as an existing issue which is unlikely to be exacerbated as a result of the proposed Pears Building given that patient and visitor car parking is not being reduced through this application.

Travel Plan

48. The existing Hospital wide Travel Plan was updated as part of the planning application package. The Travel Plan is shown in Appendix G of the Transport Assessment.
49. Capital Travel’s main concern with regard to the travel plan is that it does not cover travel by patients and visitors. This statement is incorrect.
50. The Travel Plan is aimed at all users of the Hospital. However, as with all hospital Travel Plans, it is difficult to set specific aim targets for patients and visitors as their travel is beyond

the control of hospital management, and patients travelling to the hospital are unwell and their ability to travel by non car modes is often more limited. This is stated in paragraph 4.12 of the Travel Plan. Therefore aim targets are only set for staff members as their travel is easier to influence through measures such as permit restrictions, car sharing schemes and financial incentives. The reduction of vehicle trips by patients and visitors forms part of the overall Travel Plan objectives, and measures such as park and ride facilities and information provision is provided for their use.

51. At paragraph 5.5 of their report, Capital Traffic question the validity of the baseline mode split as it is based on a travel survey undertaken in 2006 and predictions made as part of the previous Travel Plan. As discussed in Section 3 of the Travel Plan, upon implementation, a new baseline travel survey will be carried out to derive an accurate baseline mode split. This is unlikely to deviate significantly from the baseline mode split set out in Table 3.1 of the Travel Plan.
52. At paragraph 5.6 of their report, Capital Traffic suggests that the Travel plan targets are not ambitious. The targets are set out as a percentage. Given the high number of staff members at the hospital daily, a small percentage shift in modes represents a significant number in real terms. Therefore the targets are considered ambitious. The Travel Plan will be monitored throughout the Travel Plan period. The targeted percentage change can be increased if the monitoring supports this.
53. Capital Traffic suggests a number of additional measures such as the provision of Real-Time departure boards for local rail and bus services. The provision of these measures will be investigated as part of the Travel Plan.

Cumulative Assessment (Proposed A&E Expansion)

54. Both DRK Planning and Capital Traffic expressed concerns a cumulative impact assessment was not carried out as part of the proposals, notably that plans to expand the A&E department have not been assessed.
55. The physical changes to the Accident and Emergency Department were granted planning permission on 25 March 2014. Planning permission is not required for an increase in the number of patients as this does not represent a change of use of the building and is therefore not development.
56. The A&E Department anticipates treating 101,500 cases in 2014/15. It is forecast to grow by 2-3% per annum. This increase in the use of the A&E Department is occurring as a result of a number of complex social issues which have received coverage in the press recently and will occur naturally regardless of whether the A&E Department is physically expanded. Rather the physical changes will enable the hospital to cope better with this increase.
57. The proposals at Bartrams Convent contain 28 blue badge parking spaces to serve the 60 extra care apartments proposed. The Transport Assessment prepared for that application demonstrates that the scheme will result in very low levels of vehicular trip generation (only a total of 3 and 5 in the AM and PM peaks respectively). The Lawn Road development has not been submitted for planning permission to date. However, the pre-application exhibition

indicated that it would be providing 74 units, all of which would be car free and therefore will not affect vehicular trips on the highway network.

58. Notwithstanding the above, a cumulative assessment was not considered necessary within the Transport Assessment as the proposals surrounding the Pears Building will generate insignificant/if any vehicle movements or parking demand.

Summary

59. This note provides a technical response to the transport related comments received on the proposed Pears Building development at the Royal Free Hospital.
60. Comments have been received relating the cycle and vehicle parking, the accessibility of the site, trip generation, the travel plan and cumulative development schemes. All comments have been responded through clarification, and references to the Transport Assessment and its appendices have been provided where relevant.
61. Capital Traffic references the National Planning Policy Framework within their report which states:
- “Development should only be prevented or refused on transport grounds where the residual cumulative impacts of development are severe”*
62. It is clear from the information contained within this note and within the Transport Assessment that the transport impact of the development proposals will not be material, let alone severe.
63. In light of the above, this report has demonstrated that there are no traffic or transport reasons why the development proposals should not be granted planning permission.