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**From:** Chairman Queen Square Gardens [REDACTED]  
**Sent:** 13 June 2022 12:30  
**To:** Planning Planning; Patrick Marfleet  
**Subject:** Comments/Information Request Application No: 2022/2255/P

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Comments/Information Request Application No: 2022/2255/P 13th of June 2022 - receipt of delivery requested - confirmed send

Dear Mr Marfleet, Planning Officers

I am writing to you regarding Planning Application for a rebuild of the Great Ormond Street Hospital for Children - on Great Ormond Street.

I am writing in my capacity as Chair to the Trustees of Queen Square Gardens, as well as being a resident of 2 Queen Square.

We have a few comments and questions we need addressed before we can support this proposal.

We acknowledge that Children's medical services need support and should be of the highest priority in any society. However, this support, I fear, will not be coming from the local area and the residents if the project is as impactfully realised as proposed.

We are most concerned by the single statement that a consultation of local groups, members of public and ward area businesses has been ongoing for years. That is false and a misrepresentation, as many, if not all local groups have just only now heard of the scale and proposed plans. It follows that other misrepresentations are within the planning application documents.

The Statement of Community engagement is ineffective, as the proposals are new to many and most residents and interest groups in the area. The intent of community engagement - delivering better informed communities - has failed, but is being papered over as a successful engagement.

Our main questions which are NOT addressed at all are:

- Camden has obligations in place that are not being met or are made worse: Noise, Air Quality and Traffic. We do not see any addressing this in any form. Nor do we foresee any actual improvement to these conditions, despite the stated fact that Camden has an obligation, a duty, in place to deliver these improvements.

- It is wholly unclear how this proposal reflects the needs statement of the Hospital. A 500% increase does need justification, especially when it comes with a massively enlarged building envelope.

- Neighbourhood planning and Conservation Area planning guidelines are not addressed or met at all. This despite claiming that "local impacts of individual and cumulative schemes on the local environment and local community infrastructure, and how they are designed and integrated physically and socially with existing neighbourhoods are also very important issues."

- Camden's CIL has several very large budgetary holes, among one of these a 142.000-Pounds-plus deficit of repairs to Queen Square Gardens - It is wholly unclear how Camden is able to meet the infrastructure requirements of such a large scale project, its dependant contractor needs, suppliers and after completion, workers and maintenance personnel on top of patients' needs.

- Camden Climate Action Plan 2020-2025 is not being addressed at all. Please would you assure that the projected proposal actually addresses what you plan to achieve?

Specifically, I have a few concerns:

The environmental Impact study -Air Quality Assessment- deals with impacts on site - not with the wider neighbourhood. Prevailing mean wind conditions will transport the exhausts towards north-east. Residents and businesses in that immediate area have not been consulted.

The Air Quality assessment comes to the conclusion that large amounts of dust will be resulting in spiked PM readings (Particulate Matter) - Camden is already failing PM emissions - how would the spike be compensated during construction and when the enlarged hospital is operational? How will you ever meet future PM reductions? The construction dirt in form of dust is being deposited on the area's building facades. Are any removal or cleaning efforts in place or being discussed?

As far as I understand, the more than 500% increase in building volume, floor area and structure is owed not due to necessity, but the wish to combine services in one building which are now split over the campus into two. Therefore, beyond some improvement to structure of care there are no drivers warranting such a large massing of a building. Do we have a 500% increase in children cancer patients that we need to treat locally? If that answer is no, then the needs-test is failed.

From the design aspect, dropping the lightwell requirement in the proposal will condense the street scape. Together with the excessive height and mass, the impact on surrounding small-scale Bloomsbury street is massive. The attraction this small scale holds for local residents, will be irreparably broken. Benefits that would compensate such a break are nowhere to be found.

With all respect to the design team - the proposed amount of balcony terraces and street-facing openings is very atypical for London. I suggest focussing the recreation on the roof garden and internalise the terraces to lose height and mass on building elevation.

Most concerning is the auditory impact of the construction and once it is finished, during the lifetime of the building. There is a proposed top level (9th floor) Plant with diesel generators and AirConditioning converters, creating a constant large sound emission high up in the air. The proposals should include underground plant rooms only, especially to conserve and preserve nighttime sound levels. Additionally, Hospitals generally emit much more noise and sounds as they plan for. One instance is the mobile CRI and MRI units on Queen Square - effortlessly leaving any acoustic emissions limits behind, unfettered, for years now. Camden must recognise that it does not enforce nor monitor any such emissions at all - hence raising Residents concerns of factual irrevocable rises in disturbance and loss of quality.

It is highly interesting that the sound measurement dates were taken when the nation was in a specific restricted state due to a pandemic outbreak of a respiratory virus. These readings cannot seriously nor professionally be taken as benchmarks or having representative values.

Specifically during construction:

Road Safety and Access to/from Queen Square - If all roads are uni-directional traffic only, one single blockade of Boswell Road will lead to the trapping of residents requiring access with cars. Unidirectional traffic will also make Ambulances carrying patients from West London having a 10-15min longer trip time. This is not safe planning. Contingencies do not exist. A single access path failure will entrap and ensnare an entire ward.

Parking - how can you conceivable permit removal of disabled parking spaces from an already woefully underserved area? The need will not diminish, rather increase (after construction). Where are the parking spaces being moved to? What incentives will be in place to mitigate the loss of these areas paid for and maintained by residents council taxes? Is the developer paying for exclusive use of the road blockage? Will these funds funnel back to impacted residents?

I would welcome a more critical approach to large scale planning with actual deliverables monitoring in place as opposed to being just talked about. It would be the minimum of public governance one should expect of local government.

Please feel free to contact me - preferably via e-Mail to discuss the framework for working out the concerns - personally as well as for Queen Square Gardens.

Sincerely,

Matthias Suchert

Chair to Trustees of Queen Square Gardens