

**GOSH REVISED PROPOSALS OCTOBER 2022
CAMDEN PLANNING REF: 2022/2255/P**

ALEC FORSHAW COMMENTS NOVEMBER 2022

1. BACKGROUND

1.1 I submitted a detailed appraisal of the original application in June 2022 which covered the following subjects:

- Community engagement
- Justification for the proposals
- Massing, height and bulk
- Daylighting and sunlight
- Heritage assets and townscape
- Sustainability
- Detailed design
- Land use
- Public realm and Traffic
- Construction Management Plan and impacts
- Balancing harm against public benefits

1.2 I will not repeat what is said in that document, but I set out below my response to the changes made under the revised submission by GOSH on 21st October 2022, and to new information or matters that have subsequently come to light since the original application.

2. COMMUNITY ENGAGEMENT

2.1 The GOSH CCC Project Team held a drop-in session on the evening of 10th November. This was well attended, thanks to the efforts of local residents and businesses to advertise the event more widely than had been done by GOSH. Nevertheless, the degree of engagement or potential for discussion was limited. The contractor SISK was not present to answer any questions about the revised Demolition and Construction Management Plan. Nobody from Turley or BDP were able to discuss daylighting impact issues in the absence of any representative from their daylighting consultants, Avison Young.

2.2 My strong impression from other meetings held by the CCC Team with local residents following the original submission and prior to the revised submission is that any meaningful dialogue was almost

impossible, with all suggestions and comments met with a stonewall answer that the scheme cannot possibly be amended or reduced.

2.3 It appears that the only changes made in the revised proposals have resulted from pressure exerted by UCHL pointing out the impossibility of using Powis Place as a temporary main entrance during construction, minor tweaking of the eastern core at roof level in an attempt to meet Historic England's concerns about blocking protected views of St Paul's Cathedral, and repositioning of cranes and hoarding positions in response to Camden Highways concerns. The local community have felt and been completely ignored.

2.4 The initial statement in Table 1 of the applicant's 'Summary of Public Consultation Feedback' is entirely wrong and misleading; there is NOT support among neighbours, either residents or businesses, for the Children's Cancer Centre as currently proposed. Any goodwill that might previously have existed between the local community and GOSH has been severely eroded by the tick-box approach and complacent attitude to community engagement.

3. JUSTIFICATION FOR THE PROPOSALS

3.1 It is now clear that no meaningful attempt has been made by GOSH to explore alternative strategies for relocating medical facilities, either locally, elsewhere in London, or indeed outside London. The short response on Page 24 of the applicant's Summary of Public Consultation Feedback does not answer the very legitimate questions raised previously by objectors.

3.2 Potential relocation has never been part of the scoping brief for the CCC Project. There has been total reliance on an old masterplan for the development of the current GOSH site, apparently adopted by LB Camden in 2015 (without any form of public consultation). Given the evolving requirements for clinical space both for GOSH and for the National Hospital for Neurology and Neurosurgery who share the same street-block site and share the only off-street vehicle access provisions in Powis Place and the Guilford Street loading area, the masterplan is in very urgent need of updating. The current GOSH proposals in any event do not comply with the old 2015 Masterplan.

3.3 The severely restricted nature of the site is evidenced by the two large scanning units for the Neurology Hospital that now occupy public highway on the east side of Queen Square, on a seemingly permanent

basis. There are ugly, noisy and obstructive, and certainly do not enhance the character and appearance of the Bloomsbury Conservation Area or the setting of nearby listed buildings, but presumably have to be there because there is no space within the hospital site itself.

3.4 The number of ambulances parked for long periods of time along the north and south sides of Great Ormond Street has increased significantly over the last five years. The 2015 Masterplan specifically required hospital vehicle access and parking to be accommodated within the hospital site. That is not achieved in the current proposals, nor is it proposed at any future stage.

3.5 It is already increasingly clear that the existing restricted and congested site bounded by Great Ormond Street, Lamb's Conduit Street, Guilford Street and Queen Square is completely inadequate for the efficient operation and future development of both hospitals. Given that GOSH serves patients from all over the UK and abroad, with only a small percentage from central London, its current location is less justifiable than the Neurology Hospital.

3.6 Having previously been told by GOSH CCC that the new clinical facilities do not involve any increase in the number of beds within GOSH, but are purely a necessary upgrade of existing facilities elsewhere in the GOSH complex, it is now apparent from paragraph 4.8 of the Consultation Response and Submission Report (October 2022), that there is in fact 'some capacity increase in beds', and 'the increase in capacity will cater for general population growth and therefore will lead to a gradual increase in patient visits and staff while reducing waiting time for patients.'

3.7 Paragraph 4.2 of the Revised Transport Assessment states this more clearly:

'The Phase 4 proposals will form part of the wider proposals for GOSH in being able to accommodate an increase in patients, reflective of population growth in the UK.'

3.8 Given that the majority of projected population growth for the UK is not in central London, it is even more important to consider relocation or dispersal of GOSH activities. It is a matter that should concern the NHS and the government's Department of Health and Social Care..

3.9 In practical terms, as shown by Moorfields Eye Hospital moving to St Pancras, there is huge benefit from constructing new premises without

disturbance to existing medical operations, followed by a carefully managed relocation to new buildings on a new site.

3.10 As an addendum to Paragraph 12 of my Appraisal considering alternative locations, Addenbrooke's Hospital and its extensive Biomedical campus south of Cambridge is soon to be served by a new Cambridge South railway station (planned opening 2025), only 40 minutes by Thameslink from St Pancras. The campus is skirted by the M11/M45 motorways and is close to Stansted and Cambridge airports. Thameslink provides excellent access to all of London's airports.

3.11 Irrespective of GOSH's intentions to expand and the required improvement of facilities within GOSH, there is compelling evidence from neighbours and staff that the GOSH Phase 3 scheme, known as the Zayed Building, is greatly under-used and under-occupied.

3.12 It is significant that the NHS do not regard the CCC Project as a priority for NHS funding. It is well-known that GOSH Charity receives huge donations from well-wishers, so much so that it does not manage advantageously property that it already owns (e.g. 45 and 51 Great Ormond Street). The current proposals, supported by the Charity's wealth and the ambitions of its trustees, has gathered a degree of momentum that needs to be challenged at this important stage. There are no inherent reasons why the Charity's funds could not be spent elsewhere, and compelling arguments that they should be distributed more equitably around the UK.

4. MASSING, HEIGHT AND BULK

4.1 Apart from very minor tweaking of the roof-top plant at the eastern end, there is no change to the height, mass, scale and bulk of the proposed new building. The applicant's Response of Heritage Comments is arrogantly dismissive of the criticisms made by august and authoritative bodies such as Historic England, the Georgian Group, the Society for the Protection of Ancient Buildings, the Bloomsbury Conservation Area Advisory Committee, and by many local people who will be directly affected by the proposals.

4.2 Criticism of the existing post-war buildings on the site has focussed almost exclusively on their lack of architectural interest. Very little has been said about the appropriateness of their existing scale. In my opinion there was a very good reason why these frontage buildings to Great Ormond Street were built to a four-storey scale, to reflect the scale of the

Georgian buildings previously on the site (see Archaeology) and to respect the scale of those opposite, which remain today. The sensitivity applied by architects and planners in the 1950s needs to be matched by those of today.

4.3 In townscape terms there is no precedent in Bloomsbury among recent new medical buildings for such an obtrusive change in scale. In Huntley Street the new UCH Macmillan Cancer Centre, UCL Cancer Paul O’Gorman Building and the most recently completed Royal National ENT and Eastman Dental Hospital (by Eric Pilbrow) are all carefully scaled to respect the setting of nearby Georgian terraced houses and Victorian buildings. The scale and massing of the GOSH Phase 3 Zayed Building on Guilford Street similarly respects its setting next to Guilford Place and Millman Street. On those schemes existing context was clearly an important part of the architect’s brief. That has not happened with the GOSH CCC Project, where the brief has been driven by the over-ambitious floorspace requirements of the client. My opinion remains that the proposal is a gross overdevelopment of the site, with consequently very harmful impacts on neighbour amenity, the significance of heritage assets and the local environment, as set out below.

5. DAYLIGHTING AND SUNLIGHT

5.1 The proposed minor alteration to the roof plant area, supposedly to mitigate impact on St Paul’s Views, makes no difference to the catastrophic impact of the scheme on daylighting to neighbouring properties on the south side of Great Ormond Street. My previous objections still stand, although there is now additional evidence from independent Right of Light consultants which substantiate the very high degree of harm caused.

5.2 It is now clearly apparent that daylighting standards to some 57 residential units along the south side of Great Ormond Street, affecting about 110 single-aspect habitable rooms will be so severely reduced that permanent artificial electric light will be needed. It is categorically NOT the case, as suggested by Avison Young’s response, that these rooms already require supplementary electric lighting during the day, and therefore there will be no material worsening of the existing situation. Avison Young have not visited the vast majority of properties affected, and therefore have absolutely no basis on which to make such a statement. The change in lighting levels will be so severe that these rooms will technically no longer be fit for habitation.

5.3 It should be noted that the applicant's information continues to show some properties incorrectly as being in commercial use when in fact they are residential. Having previously pointed this out, Avison Young's response now is:

“ AV acknowledge that this may be the case, however, as is usual practice across the industry, access to neighbouring residential property is not actively sought during the planning application process”.

This is a very worrying admission. How are planning officers and planning committees able to take informed decisions if this is the case?

5.4 In terms of my own property at No.49 it is simply not correct as asserted in the Summary of Public Consultation Response that I already need to use supplementary electric light during the day in my north-facing rooms, and that any additional use of supplementary lighting will be immaterial. Nor is it correct to say that under the proposed scheme I will continue to enjoy a view of sky from 26%-53% of the floor area of all my rooms facing the site. This will palpable not be the case.

5.5 It is noted that Paragraph 1.15 of the applicant's Response to Heritage Groups refers only to loss of sunlight, not to loss of daylight. Given the severe loss of daylight acknowledged by the applicant's daylight consultants, the conclusion in paragraph 1.16 is highly misleading, and frankly unprofessional on the part of Turley. Such statements, completely ignoring loss of daylight, discredit anything they say.

5.6 It is noted that the construction site welfare unit at the eastern end of the site has been reduced in size and length of stay, and that the Paul O'Gorman Building is to be used as a site welfare unit (see below). This reduces the severe temporary impact on a few properties on the south side of Great Ormond Street near Lamb's Conduit Street, but does nothing to reduce the permanent adverse impacts of the completed scheme.

5.7 Advice from independent Right of Light consultants has confirmed that the degree of loss of daylighting to habitable rooms is so severe that, were planning permission to be granted, there would be grounds for civil action to be taken, including injunction. The applicant has already been notified of this potential procedure.

6. HERITAGE ASSETS

6.1 Paragraph 1.7 of the applicant's Response to Heritage Groups, prepared by Turley, states that “consideration of perceived impacts on the

significance of heritage assets is a matter of professional judgement". If that is the case, then greater weight should surely be given by the local planning authority to the judgement of impartial professional advice, from the likes of Historic England, the Georgian Group, SPAB, BCAAC, and its own conservation officers, rather than to the applicant's own assessment. It is also the case, of course, that perceived impact on heritage assets is NOT exclusively the preserve of heritage professionals, but a matter that affects the environment and well-being of ordinary people in the local community.

6.2 I take issue with the implication in paragraphs 1.11 and 1.12 that the GLA are a heritage authority. While their planning officers may express opinions, they do not have the heritage expertise or experience of Historic England London and South-East Region, or its statutory function. I urge Camden to exercise extreme caution in this respect.

Impact on Bloomsbury CA

6.3 The applicant's submission 'Response to Heritage Groups' implies that Historic England's concerns were solely to do with St Paul's Views, and are thus covered in the Built Heritage, Townscape and Visual Addendum Report. This is not the case. On page 5 of its letter of 10th June Historic England states that the additional mass on upper levels would be a jarring presence in the roofscape, that "the hard shift in scale would be accentuated by the transition to the forcefully expressed balconies of garden and entrance bay. In these ways the proposals would be out of keeping with character and appearance such that it would cause some harm to significance." I fully agree with this assessment.

6.4 Paragraph 1.3 of the applicant's response says that no heritage stakeholders commented on the applicant's understanding of the heritage assets' significance. However, the BCAAC stressed in paragraphs 5, 8 and 9 of its letter of 22nd June 2022 that the original Georgian development of the area is of the highest heritage significance. By implication, the character and appearance of the original buildings on the south side of Great Ormond Street are of paramount importance to the significance of the Conservation Area, rather than the Victorian or Edwardian buildings opposite. The BCAAC is completely clear in its view that no building of the scale proposed can be acceptable on this site. I agree with that assessment.

6.5 Paragraphs 1.8 and 1.9 claim that the impact of the additional height of the proposals will be 'well-contained' and 'not dissimilar to the height

of the Morgan Stanley Building to the north'. This is clearly not the case, judging from View 08 in Appendix 3 of the BHTVA Report, which shows the upper section of the proposal clearly visible from Coram's Fields and noticeably higher than the Morgan Stanley or Zayed Buildings. There are also long views from Queen Square to the west, as pointed out by Historic England.

Impact on listed buildings

6.6 As stated above under Daylighting, paragraphs 1.14 – 1.16 of the Response to Heritage Groups, are a woefully inadequate analysis of the harmful impacts of the proposals on the residential amenity of the listed houses on the south side of Great Ormond Street. There is clear evidence that those listed houses owned by GOSH are not put to their authorised residential use, and that GOSH has no interest in doing so, or even maintaining the properties in good condition. Indeed, GOSH has claimed that some of its properties zoned as residential are not used as such, and therefore will not suffer from a loss of light.

St Paul's Views

6.7 I disagree very strongly that the minor amendments made to the eastern part of the rooftop plant have satisfactorily mitigated the adverse impact on the protected views of St Paul's Cathedral, in particular the view from Primrose Hill. In my opinion both the original and amended proposals cause a substantial and totally unacceptable incursion into the Primrose Hill Protected View.

6.8 Good quality photographs, requested by Historic England, have now been provided by Hayes Davidson and are included within the BHTVA Report October 2022. They show conclusively that it is NOT just the roof top chimneys, pergola, roof top plant, railing that are a problem, but that the whole of the proposed top floor of plant accommodation erodes the existing view of the drum and peristyle of the dome of St Paul's and the lower part and base of the two western towers. The roof top clutter is an additional incursion. Historic England retain concerns that the proposal is a breach of policy.

6.9 Nothing has been done to lower the overall height of the proposals, which remain at 63.28 metres AOD. The protected vista defines a maximum height across the application site as 56-58 metres AOD, although I would argue that the visualisations of Hayes Davidson provide in themselves an excellent depiction of the incursion.

6.10 High resolution photographs do not appear to have been provided for the backdrop views from Greenwich and Blackheath, so it is not possible to make an assessment of the impact on these. Historic England did request these in its letter of 10th June 2022 but they are not included within the BHTVA Report.

6.11 As someone who was professionally involved for several years in the Working Party led by the Corporation of London and LPAC set up in the late 1980s to identify and establish protected views of St Paul's I consider that the encroachment of the proposal into the existing view from Primrose Hill to be fundamentally unacceptable. There should be no position for compromise, whatever the exceptional circumstances of the application. I rebut the argument put forward in paragraph 2.26 of the BHTVA Report: the use of the proposed building is irrelevant to whether it blocks the protected view or not. If there is an incursion it sets a dangerous and uncontrollable precedent for further breaches, and for the gradual diminution of this protected view and others. Anybody can argue that their new building will be a positive contribution. It is a fatuous argument that should be dismissed.

6.12 Section 3 of the BHTVA sets out Turley's assessment of the heritage significance of St Paul's, although I would place more weight on Historic England's opinion. In paragraphs 3.7-3.10 Turley's assessment undervalues the London-wide setting of St Paul's as part of its heritage significance. It also incorrectly says in paragraph 3.10 that the Protected View LVMF only seeks to maintain the legibility of the silhouette of St Paul's against open sky. Foreground views to the base of the dome and western towers are also protected from obstruction, hence the specific AOD height limits. Turley suggest that St Paul's primacy as a landmark has already been eclipsed by tall buildings. This may be so, but those views that do survive, and particularly those that have been afforded protected status, are therefore of even greater importance. No other designated heritage asset in London, possibly in the UK, has such detailed, specific and long-established policies to protect its setting. These surely indicate that setting is a crucial and outstanding part of its heritage significance.

6.13 In terms of finding a solution, it would be perfectly possible to reduce the height of the proposed CCC building to comply with the protected views of St Paul's without compromising its primary purpose. The proposed building is not 100% clinical space, with the ground floor intended for retail, café and school uses. These could be removed from

the new building and located elsewhere in the hospital complex (see **Land Use** below), allowing the clinical space to be lowered by one whole storey. I do not therefore agree that all possible measures have been explored to mitigate or reduce the harm to the protected view. This issue alone is grounds for refusal.

Archaeology

6.14 The Revised Archaeological Report still does not include an adequate analysis of the historic buildings that occupied the application site immediately prior to the construction of the existing buildings. Paragraphs 7.53-7.59 fail to include a thorough analysis or record of the very fine early 18th century buildings that occupied the site until the late 1930s, demolished in 1938 for the current building. Paragraphs 8.3.-8.5 do not address the possible remains of 18th century fabric below the existing buildings. I therefore do not agree that archaeological concerns have been met. It is very disappointing that Camden officers did not pass on these concerns, expressed in Paragraph 40 of my June Appraisal, to GLAAS, but I request that they are properly considered and that Historic England is urgently requested to review its advice.

7. SUSTAINABILITY

7.1 The existing Variety Club Building, immediately north of the application site, at present has a long array of photovoltaic solar panels, angled to maximise their southerly aspect to catch direct sunlight. These generate sustainable electricity. The proposals make no mention of their existence, but the impact of the new building, by reason of its height, will be to completely overshadow and negate their effectiveness. The statement made on page 24 of the applicant's Summary of Public Consultation Feedback that they will not be affected is totally wrong. Solar panels do NOT operate efficiently in shade.

7.2 The impact on property on the south side of Great Ormond Street requiring permanent supplementary electric lighting is a further move in the wrong direction in terms of energy use.

7.3 A much bigger sustainability issue is that the demolition of the existing buildings and the digging of deep basements will emit many thousands of tons of carbon into the atmosphere, in addition to the construction of the new building. Relocation of new medical facilities to an alternative unrestricted site (such as the green-field Addenbrooke's

campus) would probably obviate the need to dig deep basements or to construct such a tall building. It would also enable the retention and retrofitting of the existing buildings at Great Ormond Street for alternative uses, thus retaining embodied carbon,

8. DETAILED DESIGN

8.1 There has been no amendment to the design of the building, and my previous comments stand. No meaningful attempt has been made to address the concerns of Camden's Design Review Panel, the Bloomsbury CAAC or Historic England.

9. LAND USE

9.1 I reiterate my previous comment that the proposed ground floor retail, café and school be removed from the proposal. These do not comprise clinical accommodation. There is already a large cafeteria (The Lagoon) within the centre of the hospital, and a shop. These do not require duplication at the hospital entrance. Indeed staff, parents and visitors who are at or near the entrance should be encouraged to use existing facilities in the local area, supporting local businesses rather than acting in competition.

9.2 The proposed ground floor location for the hospital school is totally inappropriate, directly overlooked by residential premises opposite and at street level where pollution levels are at their highest. The whole building could be reduced by a complete storey if the school, shop and café were removed from the scheme.

10. PUBLIC REALM AND TRAFFIC

10.1 It continues to be the case that NO public realm improvements are contained within the proposals. Upon completion of the scheme vehicle, servicing and pedestrian access will revert to the existing situation with ambulances, patients and visitors using Great Ormond Street.

10.2 The loss of large numbers of existing trees will result in an overall worsening of public realm, given that replacement trees will take years to reach equivalent size. The proposals involve very little greening at street level, and the proposed roof-top garden will have no public realm benefit.

10.3 All the indications from the proposal are that, with its new internal retail and café accommodation, GOSH sees itself as insular and self-

contained, with little interest in improving the public realm on Great Ormond Street. The north kerbside will revert to becoming a continuous parking space for ambulances, incapable of being accommodated within the site. Smokers will use the south side of the street and the entrance to Barbon Close as they do now.

10.4 While there is vague mention about future intentions to improve the environment of Great Ormond Street, the current proposals offer nothing to advance that, and instead perpetuate and exacerbate an existing situation which makes the prospects of improvement unlikely. In my opinion it is essential that genuine public realm improvements which will benefit the local community are included as an integral and fully funded component of any large-scale development in Great Ormond Street. No redevelopment should be approved without them.

11. BALANCING HARM AGAINST PUBLIC BENEFITS

11.1 I conclude that the revisions submitted by GOSH do not change in any significant way the balancing exercise that has to be carried out by the local planning authority, or if necessary by the Secretary of State.

11.2 In my view the harm to designated heritage assets, while less than substantial in terms of the NPPF test, is towards the middle to upper end of the scale. The heritage assets affected, including St Paul's Cathedral, the Bloomsbury Conservation Area and adjoining listed buildings dating from the late 17th and early 18th century, are of very high heritage significance.

11.3 Paragraph 199 of NPPF requires that:

“When considering the impact of a proposed development on the significance of a designated heritage asset, great weight should be given to the asset's conservation (and the more important the asset, the greater the weight should be).”

11.4 In addition to heritage matters, the proposals cause very severe infringement of daylighting standards and thus permanent harm to the amenity of a large number of long-established residential units. They also cause very considerable harm to the viability of numerous local businesses and to the livelihood and well-being of local residents during the three-year construction period and thereafter.

11.5 The public benefits arising from the scheme are limited to improved medical provision. These benefits are highly challengeable in terms of

whether they could, or indeed should, be provided in an alternative location which is less constrained, better able to accommodate further change and expansion, and better located to serve the patients, parents, staff and visitors to the hospital from the rest of the UK and abroad. There are no public benefits to the local community. All the medical benefits could be provided elsewhere and in a manner that causes less harm. The benefits of the proposals do not therefore outweigh the high level of harm that they cause.

12. REVISED DEMOLITION AND CONSTRUCTION MANAGEMENT PLAN

The absence of SISK at the Drop-In meeting on 10th November meant that detailed questions about the Revised DCCM could not be answered. Some of these queries and comments are set out below.

It is noted that the temporary main entrance for GOSH for patients and visitors, including ambulance deliveries, is to be moved to Guilford Street. What alterations will need to be made to the existing entrance in the Morgan Stanley Building to enable this to function? Have drawings been submitted?

What alterations (‘enabling works’) are being proposed to the front elevation and lightwell of the Charles Barry Paul O’Gorman Building? Have drawings been submitted for this? Will there be an impact on the ‘protected’ tree outside the Paul O’Gorman Building?

Page 10 Figure 2 Project Timetable is not very informative, with nothing set out beyond commencement date in September 2023.

Page 13 states that a first stage hoarding line, shown in Figure 4, takes over half the existing carriageway of Great Ormond Street with the hoarding well south of the centre line of the carriageway, leaving barely more than 3 metres for normal traffic. It is not clear how long this initial hoarding is in place before its replacement with the main demolition and construction hoarding. It seems highly likely that large vehicles such as refuse vehicles or delivery lorries will need to mount the pavement on the south side of Great Ormond Street during this initial period.

Page 14/15 makes no mention of temporary street lighting. There are at least three Edwardian-style street-lights on the north side pavement of Great Ormond Street that will fall within the construction site. They will

be removed, as stated on page 47. How will street lighting be maintained during the entire demolition and construction programme?

Page 15/16 the list of works that might take place outside permitted hours is far too extensive. It includes almost all possible construction and site preparation activities. Under such a loose arrangement, living and bedrooms within a few metres of the proposed site hoarding could be chronically affected by out-of-hours work, far more acutely than patients within the hospital. The statement that "Residents will be informed where necessary prior to works commencing" is completely unsatisfactory. How will residents be informed and how long 'prior to works commencing'? Who decides if it is necessary?

Page 16 mentions community events led by GOSH. What about community events led by the local community, such as the Queen Square Fair, Coram's Fields, Lamb's Conduit Street traders or the Bloomsbury Festival? The lack of community awareness by GOSH CCC is extraordinary.

Page 16 states that "No construction vehicle deliveries will be permitted within two hours of the scheduled start time of an event"?

What is "an event"? What are "major event days"?

It is unclear how there will be any meaningful liaison with residents on this, and extremely worrying given the poor track record so far of Turley and Sisk in terms of community liaison.

Page 16 It appears from para 5.1 that any complaints about Sisk are assessed and dealt with by Sisk with no recourse to the Council or other body of arbitration.

Page 19 Land use is shown inaccurately on Figure 5, Nos 19, 25, 33-35, 41 Great Ormond Street are predominantly residential, not business.

Page 21 As a regular cyclist living at No.49 Great Ormond Street, I object to being forced to use Boswell Street and Theobald's Road as the only possible way of travelling east or north from my house. A contraflow cycle lane should be provided eastbound along Great Ormond Street. In the third paragraph of 7.1 Sisk should know that Great Ormond Street is already within a 20mph zone. I hope they inform their construction vehicles accordingly.

Page 21 The eastern section of GOS is already very narrow and difficult for cyclists to pass a single on-coming vehicle. It will be impossibly

dangerous for two-way vehicles and two-way cycles, even if all the parking is removed from the northside kerb.

Page 21 It is unclear what is meant by “Sisk propose to extend the quiet cycle link onto Russell Square”. There is no existing cycle provision on the east side of Russell Square, not even a bus lane, and no safe provision for cyclists going south to turn right onto the south side of the Square. It looks like a potentially very dangerous manoeuvre for cyclists, cutting across traffic.

Page 26 All construction traffic continues to exit via Boswell Street, and then onto Theobald’s Road. Large vehicles leaving Boswell Street are likely to cause serious hazard to the large number of cyclists using the existing bus lane. No swept-path analysis has been provided for large vehicles negotiating this junction.

Page 27 Figure 13 shows the necessary removal of existing seating outside the Perseverance PH and a highly hazardous situation for pedestrian crossing from the pavement on the west side of Lamb’s Conduit Street.

Page 28 Figure 16 swept path analysis shows incursions over the pavement in Guildford Place, and a threat to the existing mature plane trees. It seems likely that a major limb of at least one tree will need to be removed, permanently disfiguring it.

Page 29 Figure 17 shows incursion over the pavement at the Orde Hall Street junction. Barbon Close has not been modelled, despite my previous request. Figure 18 shows incursion over the footway at junction of Great Ormond Street and Queen Square, and the ice cream van position. Given that this western section of Great Ormond Street remains two-way up to Powis Place, there is potential conflict here, and with the existing pedestrian crossing.

No swept path analysis is shown for vehicles turning from Boswell Street into Theobald’s Road. No swept path analysis is shown for the exit of vehicles from the construction site onto Great Ormond Street, directly outside No.49, and Barbon Close, indicated in Figure 22 on page 35. Figure 23 on page 36 shows the eastern end, but nothing for the western exit.

The large tree outside the Paul O’Gorman Building is likely to be damaged by construction vehicles leaving the site because it overhangs the highway.

Page 33 No mention is made of provision of facilities for smoking for workers. This MUST be provided within the mess facilities.

Page 38 Section 8.2 The location numbers in the text and plan need to be the same. Are any alterations needed to the existing entrance of the Morgan Stanley Building in order to function as the main hospital entrance? Where do ambulances (up to 20 at a time) park?

The section of Guilford Street east of Grenville Street will continue to be two-way, and there is no way of changing this now that the south side of Brunswick Square has been closed to traffic.

Page 39 there is no right turn into Bernard Street for vehicles travelling north up the east side of Russell Square. The alleged one-way circulation system would involve going right around Russell Square.

Pages 39-42 The proposed relocation/suspension of parking bays takes no account of those already required during Tybalds Estate construction or scheme completion.

Page 44 Figure 32 shows ambulance parking on the east side of Queen Square where the space is already taken up by MRI scanner units.

Page 45 Figure 33 shows that protection of pedestrians and York stone paving with bollards or some form of safety barrier will be required. This needs to include Great Ormond Street south side and Guilford Place.

Page 46 Section 8.3 indicates that there will be over 100 days of total road closures to Great Ormond Street from Lamb's Conduit Street to Powis Place. This is totally unacceptable, denying any form of vehicle access to properties along the south side of the street. Such closures also limits access to Queen Square or Boswell Street via Old Gloucester Street, and restricts access to Orde Hall Street and Barbon Close. The only mitigation considered is for ambulances. No consideration has been given to other vehicle access requirements, not even fire engines.

Page 47 Section 8.4 I have strong objection to the tree works, and the species analysis. The trunks of the Guilford Place planes will be under threat. Removal of upper branches will deform these magnificent trees. The trees on south side of Great Ormond Street will require specific protection, and none is offered. It is worrying that Figure 37 on Page 50 does not show the existing large tree on the corner of Orde Hall Street

and Great Ormond Street. It is unclear what the red zone on Figure 37 indicates?

Page 51 The final sentence is nonsense. Figure 39 on page 53 shows that there is massive oversailing of adjoining properties. Risk of oversailing has NOT been eliminated.

Pages 58-62 I am extremely concerned about potential acoustic disturbance particularly affecting the use of my ground floor front room as a music practice facility and performance space.

Page 62 Section 9.2 mentions only that construction works are proposed close to existing clinical buildings. There is no mention of the proximity to fragile historic buildings on the south side of Great Ormond Street.

Page 63 lists activities where vibration is clearly going to be a considerable issue, with likely impact on adjoining historic buildings. It is essential, to avoid dispute, that a full pre-construction photographic survey is undertaken of all properties on the south side of Great Ormond Street. There must be an agreed baseline for any claims of structural damage resulting from construction works, including vibration.

In terms of monitoring there must be a procedure for being able to stop work if damage is actually happening to an historic building. The methods set out on pages 63 and 64 appear completely inadequate to cover this eventuality.

Alec Forshaw
49 Great Ormond Street
London WC1N 3HZ

November 2022