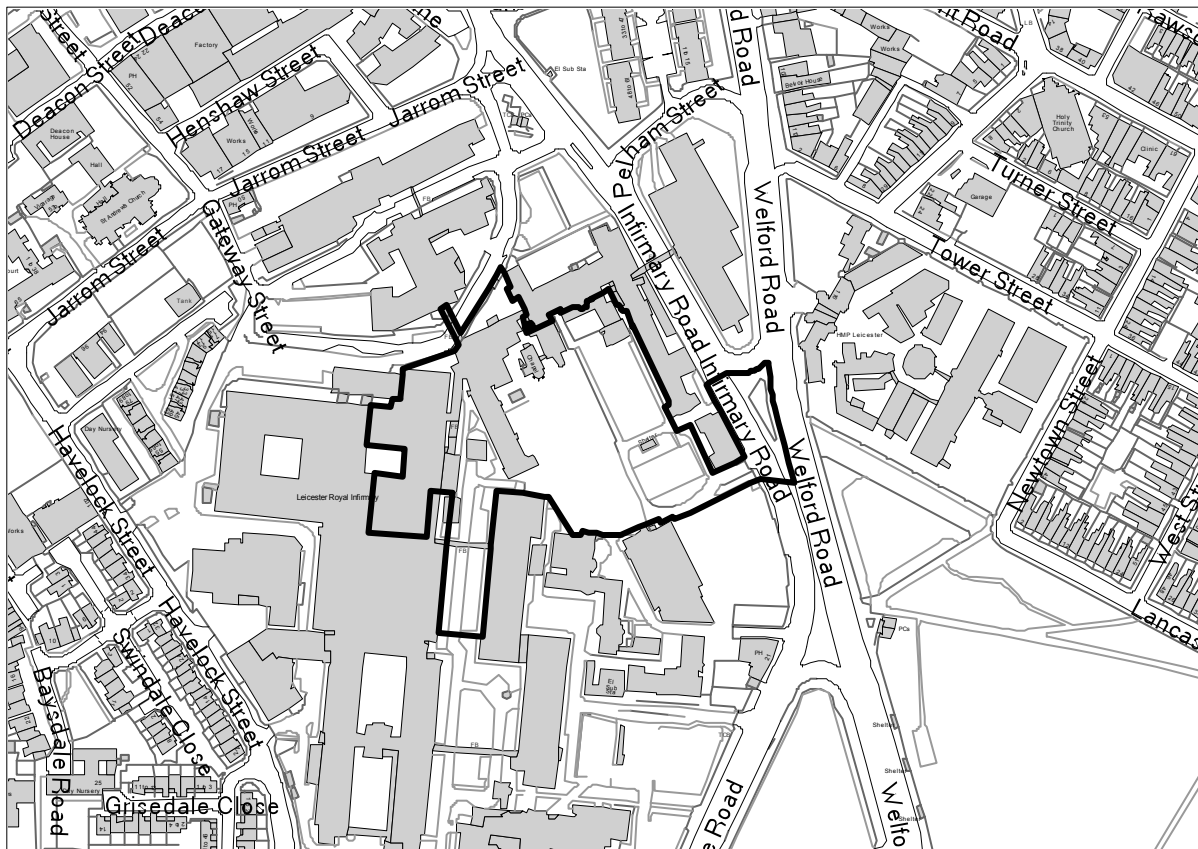


Recommendation: Conditional approval	
20141023	INFIRMARY SQUARE, LEICESTER ROYAL INFIRMARY
Proposal:	DEMOLITION OF LANGHAM WING, WOOD WING, TWO BRIDGE LINKS AND ST LUKES CHAPEL; NEW EMERGENCY DEPARTMENT BUILDING (CLASS D1); PEDESTRIAN AND VEHICULAR ACCESS AND LANDSCAPING (AMENDED PLANS) (S278 AGREEMENT)
Applicant:	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
App type:	Operational development - full application
Status:	Largescale Major Development
Expiry Date:	7 September 2014
AP	WARD: Castle



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Summary

- Application reported to committee as we have received 236 objections to the proposal, particularly the loss of St Luke's Chapel.
- Main issues are principle of use, loss of St Luke's Chapel, highway impacts and vehicular/pedestrian access.
- Recommended for APPROVAL subject to conditions.

Introduction

The application site is part of the Leicester Royal Infirmary site on Aylestone Road. The site is currently occupied by the existing Victoria Langham Wing, Wood Wing, St Luke's Chapel and staff car park and bounded by the existing Balmoral, Knighton Street and University of Leicester Buildings.

St Luke's Chapel is on the list of Local Buildings of Interest. Also adjacent to the site is the formally listed 1771 building which is a Grade II listed building.

Background

The new emergency department is required as the current accommodation for emergency care is unsuitable; flows through the department are poor and it is cramped and undersized in comparison to the latest Department of Health guidelines. The limited provision of an adequate number of majors cubicles compromises many elements of care and patient experience, particularly:

- Increase in A and E attendances
- Double peak in daily activity
- 4 hour wait below national standard of 95%
- Poor department adjacencies and patient pathways – excess of patient transfers
- Poor patient safety
- Low recruitment and retention of staff
- High requirement for agency staff, increased revenue costs.

The Proposal

The applicant proposes to provide a new Emergency Department for the Leicester Royal Infirmary. The proposed building will consist of two floors, a lower level which will provide staff accommodation and an upper floor which will provide the new emergency floor.

The development also includes works within the first floor of the Balmoral Building which currently contains the existing emergency department.

To facilitate this proposal it is proposed to demolish the Langham Wing, Wood Wing, St Luke's Chapel and two bridge links.

The site slopes from east to west which has been incorporated into the proposals to achieve a single floor solution for the proposed emergency floor development.

The new emergency department will provide a separate paediatric entrance and section accessed from Infirmary Close, a new adult entrance and section accessed from a new access off Aylestone Road and a new blue light/ambulance access including highway works to facilitate this from Aylestone Road.

The paediatric emergency department will include subzones:

- Majors, Minors, Assessment unit, Resus (shared with adults), Initial assessment

The adult emergency department will include subzones:

- Main entrance, Initial assessment, Minor injuries and minor illness, Majors, Resus, Minors and Eye casualty

The adult assessment unit subzones include:

- Rapid assessment unit, Acute care bay, Elderly frail unit, Acute frail unit, Emergency decisions unit and Initial assessment

Also provided within the new emergency department will be diagnostic imaging, pathology, pharmacy and other support services such as staff support, portering and security.

The application is accompanied by a:

- Design and Access Statement
- Planning Statement
- Options Appraisal Process Report
- Transport Assessment and Travel Plan
- Flood Risk Assessment
- Ground Investigation Report
- Chapel contents record
- Heritage Statement and Strategy
- Renewable energy assessment
- Phase 1 Ecology report
- Tree report
- Topographical survey
- Noise Impact Assessment
- Landscape plans and materials

Options considered to deliver the new Emergency Department (ED)

The applicant has carried out an options appraisal looking at the allocation of 7,200sqm of required floorspace for a new emergency department before submitting the proposal as detailed. Seven options were considered including:

- Refurbishment of facilities within the Balmoral Building.
- Demolition of the Jarvis Building and part new build or new build/refurbishment.
- Demolition of the Victoria Building and part new build or new build/refurbishment.
- Refurbishment of two floors of the Sandringham Building and new build extensions.

- New build two storey development on Havelock Street car park.
- New build two storey development on Havelock Street offices car park.
- New build two storey development on Victoria Building car park.

Each option was reviewed in a number of clinical forums to assess against the projects success and benefits criteria and was subjected to a technical appraisal to determine impact relating to site constraints and requirements of the building.

An important element to the considerations of each option was the required adjacencies to deliver the best emergency medical care. Those adjacencies were:

- Direct access to imaging facilities (x-ray and CT scanning) and other modalities, minimising crossover with public routes.
- Ease of access for adults to the adult critical care unit and children to paediatric critical care unit, minimising crossover with public routes.
- Ease of access to operating theatres, minimising crossover with public routes.
- Ease of admission from the ED front door to medical and surgical assessment units, minimising crossover with public routes.
- Ease of admission to in-patient wards, minimising crossover with public routes.
- Direct access to shared staff support facilities discrete from public routes.
- Access to other pathology services and the blood bank.
- Access to whole-hospital clinical support services.

The key objective is to provide a facility where clinical teams can provide a rapid and comprehensive assessment, diagnostic and early treatment service.

Patient requirements to be met are:

- Patients can be assessed and treated according to acuteness of condition in a range of flexible clinical spaces.
- There shall be high levels of patient privacy, notwithstanding the need for staff supervision. Patients shall in most instances be assessed and treated in individual rooms.
- A patient/nurse call system is essential through patient areas in ED.
- There must be adequate design and operational measures to prevent and contain the spread of infection. A proportion of patient rooms will have en-suite sanitary facilities to enable isolation of patients.

The list of seven options was then reduced to four, these included:

- Do minimum - ensure critical backlog maintenance is undertaken and review clinical processes and procedures.
- Balmoral Building – existing first floor refurbishment with some assessment provision elsewhere.

- Jarvis Building – demolition of Jarvis Building and new build ED and refurbishment assessment on single floor.
- Victoria Building – demolition of building and part new build/part refurbishment assessment on single floor.

These four options were then subject to a qualitative and quantitative appraisal. A weighting and scoring exercise was carried out. The Project Team that considered the options included the Lead Consultant for Emergency Department High Acuity, the CBU Medical Lead, the Lead Consultant for Paediatric ED, the Building Services Manager amongst other representatives from UHL and the agents Capita.

What became the chosen option, to demolish the Victoria Building, demonstrated through the non-financial appraisal process that the UHL Trust would be able to realise benefits and achieve strategic objectives and critical success factors of providing an appropriate solution to meeting current and future capacity demands for emergency care.

Also compared with the other options the enabling moves associated with the chosen option were the least disruptive to the wider hospital with regard to clinical and non-clinical operations and is more in line with the overarching vision for the LRI site. It provides an effective solution to the Trust's needs and in particular will be significantly more effective than the other options at providing flexibility, meeting capacity demands, enhancing patient experience and emergency care pathway efficiencies. It also offers a solution with the least impact on the Trust's clinical and non clinical operations.

The quantitative appraisal of the four short listed options found the chosen option also offered the best value for money. Its construction costs were slightly less than the Jarvis Building option and there was a substantial difference in the decant costs compared with the Balmoral Building option which was nearly double the cost and would have been 25% of the cost of that option.

The submitted Options Appraisal Report also contains the work carried out to look at the options to retain the Chapel and include it in the new ED.

Option A considered retaining the Chapel in a courtyard setting with the emergency floor development (paediatric department) built around its current location. Option B considered retaining the Chapel by incorporating its structure into the new development and for the paediatric department to part operate from within the confines of the Chapel structure.

The advantage to each option is that the chapel is retained. However, the study showed that the disadvantages are substantial and would have a dramatic effect on the day to day working of the new ED internal to the development and would also add substantial costs to the delivery of the new ED.

The Trust has also looked at the costs of deconstructing the Chapel and rebuilding it on another part of the LRI site. This is estimated at approximately £2.5 million along with a time impact of six months on delivering the new ED.

In summary both retention options as well as that to deconstruct and rebuild would exceed the current budget and make the development unaffordable.

Replacement Chapel – interim and permanent

An interim chapel will be provided at level 0 in the Balmoral Building adjacent to the multi faith centre.

The interim chapel is being designed by the Chaplaincy Team to ensure that it is fit for purpose and will be available before St Luke's is closed. I have proposed a condition to ensure this requirement is met.

The memory of the Chapel will be preserved with a 360 degree photographic survey. Other plaques throughout the Langham Wing have been photographically catalogued and will be carefully removed and stored for potential future use. A condition is proposed to require a level 4 record as defined in Understanding Historic Buildings; a guide to good recording practice (English Heritage 2005).

The permanent Christian chapel will be provided as part of a new multi-faith centre in 2017/18. This will be located in a new main entrance in the Windsor Building as agreed at the June 2014 Trust Board meeting and is part of the estates strategy. This location will be easily accessible to all as it will be on a main pedestrian access route and close to the lift lobby for inpatient access.

The Chapel will be designed by specialist architects and will include the artefacts from St Luke's Chapel and be flexible to allow larger services. Stakeholders will be involved in the design process including Leicester's multi faith leaders, the Hospital Chaplaincy, staff and other interested parties.

Artefacts from the Chapel

Specialist contractors are being used to ensure safe retrieval and storage of the artefacts pending a permanent replacement chapel. I have proposed a condition requiring a management plan for this work.

Policy Considerations

Development plan policies relevant to this application are listed at the end of this report.

National Planning Policy Framework (NPPF)

12. Conserving and enhancing the historic environment.

Paragraphs 128 – 138 and 140

Consultations

Local Highway Authority – no objections subject to conditions and a s278 agreement for the works within the highway.

Environmental Services (Noise) – no objections subject to conditions.

Energy Team – requested further details from the applicant in relation to best practice energy efficiency and sustainable construction methods. These issues have been satisfied as future extension of the building has been allowed for and this includes an element of future adaptability to climate change through the proposed future development of the building form.

Further details have been requested on the Combined Heat and Power system (CHP) on the hospital site and possible connection to the district heating system.

The Conservation Advisory Panel

The Panel were generally very supportive of the scheme and liked the architectural design of the new build. There was some concern from individual members that there was no longer an opportunity to enter into dialogue about alternative options for the A&E which would preserve the chapel. However whilst the majority of the panel noted they were saddened at the loss of the chapel, they considered the needs of the hospital outweigh its loss. They thought that all the historic artefacts that would be salvaged from the dismantling of the chapel should all be kept in one place.

The Panel recommended a condition for a recording exercise to be undertaken prior to demolition of the chapel and to ensure that the artefacts were appropriately relocated.

Representations

Objections

236 objections have been received. The grounds of objection are:

- Loss of St Luke's Chapel
- Question what investigation has been undertaken to put the new Emergency Department (ED) elsewhere on the LRI site.
- Question whether the Chapel can be incorporated into the new ED and what investigation has been carried out on this.

113 of the objections received consist of the same standard paragraph.

Leicester Civic Society – welcome an improved A and E facility at the LRI but consider this proposal is at odds with the City Council's aims to protect and enhance the historic environment of Leicester and object to the loss of the locally listed chapel.

Representations in favour of proposal

A representation in favour of the proposal has been received from the chaplains of various faiths serving the LRI. They state that although the loss of the chapel will inevitably cause great sadness, not least to the Chaplains who minister there, the need for a new Accident and Emergency department for the people of Leicester and Leicestershire is overwhelming. The Chaplains recognise that the sacrifice of this

treasured building will ultimately enable the provision of improved healthcare facilities.

The Chaplains state that given the UHL Boards commitment to the provision of a new Christian Chapel as a part of a new purpose built Spiritual Care Centre, the preservation of as much as possible of the heritage of the current chapel, and the assurance that all other options, including the construction of a new A and E around the Chapel, have been exhausted, they cannot lend their support to arguments that would ultimately frustrate the provision of improved healthcare facilities for the people of Leicester and beyond.

Further submission by applicant

This highlights the consultation process they have gone through. Meetings have taken place since November 2013.

An initial meeting was held with the Chaplaincy Team and volunteers in January 2014 to explain the project, the need for the new emergency department and the options appraisal process undertaken to identify the preferred option.

A meeting was held with ward councillors on the 3rd February and members of the project team attended the ward meeting to discuss the LRI site including the proposal.

An initial meeting was held on the 5th February with the League of Nurses to explain the project to members. Again the options appraisal process was explained and many questions were answered regarding the project including addressing concerns about timescales for provision of a long term Chapel. The League expressed a desire to be involved in discussions around the relocation of artefacts.

On the 12th February members of the project team attended CAP to explained the preferred option, the reasons for the development and the resulting impact on the Victorian estate.

27th February a meeting was held with the UHL Chaplaincy Team, the League of Nurses, some members of CAP and the Emergency Floor Project Team to discuss the relocation of artefacts. Other external heritage organisations were invited but declined to attend. The main part of the session was spent discussing the artefacts and agreed suitable locations for them to be re-housed if St Luke's was to be lost.

These locations were documented and circulated to the group after the meeting. Discussions were also held around how best to preserve the memory of the Chapel and some ideas were proposed.

27th March, 2nd April, 14th April and 28th April Chapel drop in sessions were held in St Luke's Chapel for any member of UHL staff to find out more about the emergency floor project and the impact on the Chapel. Packs of information slides were available for people to read and take away and well as project team members being there to answer any questions These sessions were advertised on posters around the hospital as well as on the UHL internal staff intranet.

Two meetings were held with Stuart Bailey of the Leicester Civic Society on the 31st March and 14th April to discuss the proposals the impact on the Chapel. Mr Bailey proposed that the Chapel be retained either fully embedded within the building or by enclosing it in a courtyard. The architect responded to this and an assessment was made of the impact of these options.

14th May members of the project team met the City Mayor to outline the project and its impacts on the Chapel and listed building.

18th June members of the project team presented the emergency floor application to CAP.

A representation signed by the 12 members of the Emergency Department clinical leadership team has been received highlighting the problems with the existing facilities. These are summarised below:

- Lack of a single front door – the urgent care centre and emergency department are currently in different buildings separated by a large slope/lift journey.
- Inadequate footprint and capacity of all five areas of A and E.
- The whole layout of the ED is outdated – x-ray and scanning facilities are too far away, the paediatric ED is not located adjacent to the resuscitation room with long corridors in between to navigate.
- The existing ED is non-compliant with national guidance. The ED breaks many of the rules about size of cubicle, washbasin proximity to basin, IT provision, patient spaces with no doors, resus cubicles are less than 50% of the recommended size. Patients and their families are so close to other patients and treatments that it is very distressing.

They consider that keeping the chapel close to the new ED, due to the nature of their work, would make it an unsatisfactory place for a chapel as a place of sanctuary.

Consideration

Principle of use

The proposed development is to provide a new medical facility within the grounds of the existing Leicester Royal Infirmary site and is therefore in accordance with policy.

Effect on Listed Building

Physical interventions

The junction between the existing building and the new build element is within the non-listed fabric of the building. Therefore this proposal has no effect on the historic fabric of the listed building.

Setting

Impact of landscaping

The key character of the setting of the listed building affected by this proposal is the formal green area to the south of the listed building. It is proposed to remove a substantial part of this to allow for the new blue light/ambulance access. Whilst it is acknowledged that much of the green area needs to be lost to facilitate the new use, all opportunity should be taken to reinstate a formal green area directly to the south.

The applicant has therefore amended the landscape proposals to include the area directly adjacent to the listed building and proposes to add raised landscaped planters. The terrace surface will be re-laid with Yorkstone paving flags. Further seating is proposed in the area providing an attractive area and environment for visitors and patients. The area cannot be drastically changed as there are hospital facilities under the patio area.

Impact of new building

The canopy as originally proposed on the east elevation had an impact on the setting of the listed building exacerbated by the visual weight and scale. The canopy projects into the space in front of the listed building but is necessary to shield patients and staff arriving at the ambulance bays. The design of the canopy has been amended to reduce its visual weight and scale.

Effect on locally listed building

Principle of demolition

It should be stated from the outset that the loss of a heritage asset should be extremely rare and only be a last resort when all options for its retention and reuse have been explored, and when it can be demonstrated that the need for any new development outweighs the significance of the heritage asset. With regard to the chapel the Hospital trust has submitted a significant level of information demonstrating the options appraisal undertaken regarding the location of the new emergency department. From this information I am confident that every effort has been made to establish that the site proposed is the only suitable location for the emergency department.

With regard to the possibility of incorporating the chapel building into the new development the Trust has undertaken an exercise to see if this would be possible. There is a clear logic to the requirements for various parts of the service and treatments to be adjacent. This is for reasons of dignity, efficiency and what can be lifesaving treatment. The exercise undertaken to address whether the chapel can be retained within the new emergency floor demonstrates that in public benefit terms it would not be appropriate and in historic environment terms it would drastically reduce the significance of the locally listed building and unacceptably affect the significance of the listed building.

In terms of public benefit the provision of the emergency floor and its ability to function in an efficient way will improve healthcare provision and save lives, this outweighs the historic significance of the chapel as a building of local interest. The

applicant has ably demonstrated that the same efficiencies would not be possible with the retention of the chapel within the footprint of the new building. The required proximity of relevant services could not be achieved, at best reducing the care provision and at worst endangering lives.

The retention of the chapel within the emergency floor also throws up a number of issues regarding the historic significance of the site. The significance of the chapel itself would be severely compromised. It would become land locked, with difficult access arrangements. This would make it difficult to maintain. Whilst not in an ideal position at the moment, it is at least possible to visually appreciate the structure externally and to allow light through the stained glass to create much of the interior character. If the chapel becomes buried within the building these views will be lost, the interior will become a dark uninviting space and the building will potentially become a relic. Whilst not as harmful to the chapel's significance as demolition, this coupled with the public benefit issues is a compelling argument for its loss.

The effect on the setting of the Grade II listed building (1771 building) from the proposals showing the chapel retained would be unacceptable. The formal courtyard setting would be completely lost, as would the appreciation of the symmetrical façade and bay.

Mitigation of demolition

The principle of development is acceptable for the reasons stated above. Para 141 of the NPPF makes it clear that;

“The ability to record evidence of our past should not be a factor in deciding whether such a loss should be permitted”.

The mitigation work outlined by the applicant is not justification for demolition; it is to ensure that once the principle of demolition has been established the understanding of the significance of the heritage asset is not lost.

The relocation of the memorial plaques, windows and other significant internal features is welcomed. But this needs to be managed to ensure that the new locations are appropriate for the individual items, and that their original context can still be understood. I note that there is likely to be a need for an interim measure for a number of items before relocation into the new multi faith centre. Again this needs to be carefully managed to ensure that they remain on display during this interim period.

A full record needs to be taken of the building, including advancing the understanding of the significance of the building, as required by para 141 of the NPPF. I have proposed conditions requiring a management plan/strategy for the removal and relocation, both interim and permanent, of the artefacts from the chapel and a full record of the chapel itself.

Archaeology

A 'Written Scheme of Investigation' has been received from University of Leicester Archaeological Services for the archaeological field evaluation (i.e. trial trenching) in the area to the south of the original Infirmary building in connection with the proposal.

That Written Scheme of Investigation has been approved, but it is highlighted that if the trial trenching indicates that significant heritage assets of archaeological interest be found on the site there may need to be further archaeological recording carried out under a separate Written Scheme of Investigation. I have proposed a condition to require this.

Design

The proposals seek to address the current poor relationship between the external approaches and the public realm.

The current arrangements suffer from a lack of quality external space and do not segregate pedestrian and vehicular movements. The volume of vehicular movement, parking and dropping off causes congestion within the main hospital entrance area. Pedestrian safety is of major concern where there is no clear separation from vehicular movement. Patient dignity is also compromised due to the overlapping circulation movements between the main entrance into the Balmoral Building and the trauma/ambulance bay entrance to A and E.

The proposals readdress the balance of vehicular and pedestrian movement to clearly express the specific function of the emergency floor entrances.

A key objective of the landscaping scheme is to provide a strong defined route for staff, patients and visitors and link into the site infrastructure.

The internal layout has been developed to support the key clinical adjacencies, ensuring efficient patient flows are provided to satisfy the demanding requirements of an emergency department.

The building has been designed to allow for future proofing linking with existing levels of the Balmoral Building and the upper levels of the Victoria Building. The design allows for additional floors to be added should they be required in the future.

The proposed emergency floor will be a single storey building incorporating double height spaces to the main public entrances to express their importance. The main entrance will read as a glazed façade with canopy extending over the ambulance drop off area.

The massing of the building is designed in such a way to provide a clear visual statement but will allow future vertical expansion.

The proposed canopy is both functional and a design feature. It is used to guide pedestrians and traffic to the appropriate entrance and its design/form reflects this. The height of the canopy is appropriately scaled to the user with the canopy to the front façade a suitable height to enable ambulance docking. Its form slopes down to

the public entrances, both adult and paediatric, creating a canopy of human scale for patients arriving on foot.

Materials

The choice of a modern palette is to purposely contrast with the style of the existing Victoria building. Three principle materials are proposed:

- Precast concrete panelling situated at low level and to the blue light façade.
- Pressed metal shingle used to surround the main entrance at high level and to the canopy. This will be colour treated and will offer a reflective surface. By the nature of the material it will react differently depending on lighting levels and weather conditions offering colour variation and character.
- Vertical seamed metal cladding to the roof plant and double height entrances.
- Glazing – the clinical nature of the building has informed the glazing choice. The use of full height glazing to the main entrances serves as a wayfinding device. High windows above eye level will be used for clinical spaces to maintain privacy. Roof lights will be used to provide daylight into the deep plan clinical spaces.

Access

Access to the building will be via automatic doors to accept wheelchair and stretcher patients. All access points will be at a level threshold and designed in conjunction with the Equality Act.

Wayfinding

A strategy is being developed for the whole LRI site. The new emergency department will be the epicentre of the site. A review is being carried out of the pedestrian routes in light of the construction site compound in the interim and the longer term strategy to access all parts of the site. A condition is proposed requiring a signing/wayfinding strategy to be submitted and agreed.

Highways and parking

Highway works to enable the development are included in the application. The Highway Authority has no objections in principle to the application subject to conditions, detail design of the highway works and a S278 Agreement. A Transport Assessment (TA) and a draft Travel Plan & Parking Statement (TP) have been provided to consider the impact on the highway.

The TA does not refer to a possible future multi-storey car park. Our preference would be to see total forecast traffic impact as an option, to determine the potential impact on the highway network. The multi-storey car park is not part of this application, therefore the TA is deemed to be satisfactory.

The Travel Plans Officer has advised on the content of the draft TP and will work with the applicant to produce a satisfactory final document.

The highway works are acceptable in principle and fine detail will be determined as part of the S278 approval process. Extensive pre-application discussion has taken place between the Highway Authority and the applicant. Subject to planning consent, we expect that agreement will be reached to enable the development, with minimal residual impact on the highway.

The new emergency vehicle junction and access has been proposed by the applicant in the knowledge that; the City Council may reduce the capacity of Welford Rd by the removal of one traffic lane. The applicant is satisfied that this would not have any effect on ambulance timings. This junction and access will be for the use of emergency vehicles only and will be controlled by traffic signals. Initially vehicle transponders were considered as an option, for emergency vehicles to trigger the traffic signals. This option was discounted as not all emergency vehicles are fitted with transponders.

In addition any unauthorised vehicle approaching the junction would block the road. Use of the junction will be restricted by Traffic Regulation Order which permits use by emergency vehicles only. Any other vehicle including buses or taxis would not be permitted to use this junction. During the construction phase, it is expected that construction vehicles will need to use the new junction. This proposed use needs further assessment and details will be required of the type, number and frequency of vehicle movements.

This use would be restricted to 09:30 to 15:00 hrs, seven days a week, to avoid the disruption of peak time traffic flows. Additional highway works may be required, such as temporary signals. There are two existing speed cameras that will be affected by the proposals. The applicant will be responsible for all costs associated with any relocation required by The Road Safety Partnership. If a decision is made to convert one or both of the cameras to red light enforcement, then we will seek a contribution equivalent to the relocation costs of the camera(s).

The proposal for separate points of access for emergency admissions (ambulance, adult drop off, child drop off) will be an improvement over the existing single point of access at Accident & Emergency. The redistribution of the existing traffic will ease pressure on the existing entrance and route around Infirmary Square.

For the new traffic routes to be successful and not cause driver confusion, a signing scheme will be required for both the highway approaches and within the site. The HA are concerned that the patient drop off parking may get congested when drivers wish to accompany the patient. This can be addressed as part of the Travel Plan and Parking Statement.

As a consequence of the development 257 staff car parking spaces will be lost. It is suggested that these spaces will be relocated to NCP on Welford Road. This or any other suggested location will need to be confirmed as a long term strategy. In addition any substitute car parking sites should be suitably near to the hospital to avoid parking within the residential streets.

The TA also refers to parking on the Havelock Street car park with an option to install Pay & Display. This would not deter commuter or match day parking, so a system of

control and tariff needs to be agreed. Again these matters can be included as part of the Travel Plan.

Landscaping

The proposed landscaping will be sympathetic to the setting of the listed building and will include a feature retaining wall, refurbishing existing hand railings and retention of existing seating. Increased planting is proposed along the boundary of the Victoria Building to replace trees removed during construction.

A planting buffer is incorporated between the ambulance and public drop off areas to further separate the access routes physically and visually.

The submitted landscaping plan gives an indication of the proposed scheme but further discussion is required on the details of the specific species to be used and numbers and also details of hard landscaping. I have proposed a condition requiring details to be submitted and agreed.

Sustainable drainage

Further discussion is required to resolve the detailed design of the drainage scheme for the development. I have therefore proposed a condition requiring details to be submitted and agreed before development is begun.

Ecology

The ecology survey was completed on 18th March 2014. It concluded that the site has potential to support bats (UK/European Protected Species) and nesting birds (UK Protected Species).

A total of nine buildings were surveyed of which the Chapel was of moderate potential; Langham Ward, Plant Room, Sub-Station, Balmoral were of low potential and the remainder of the buildings negligible potential. Because of the number and type of features and proximity of previous roost records in the area, further activity surveys were required.

The surveys were completed and no more than two bats were seen at any one time, although the bats were seen frequently and were observed foraging over and near to buildings. Those species of bat were soprano pipistrelle and common pipistrelle. On the information provided in the report it does not appear that any roosts are present in the buildings and no licence from Natural England is required.

As all bats are protected by UK/EU legislation their presence is a material consideration and the level of activity does warrant that sufficient mitigation is put in place to assure the planning authority that no bats will be harmed as a result of the development and no roosts damaged or destroyed. It is recommended that this is placed as a condition on the application.

A repeat survey will also be required should demolition and development not commence within 12 months of the last survey (4th July 2014).

Measures will also be required to ensure that any loss of foraging grounds is compensated for through the enhancement and addition of new vegetated areas. This is detailed below.

The development will need to comply with national and local planning policies by ensuring that there is no net loss of biodiversity where possible and that any losses are adequately mitigated and/or compensated for.

A number of trees were found to have potential to support bat roosts and a number of landscaped areas will be lost including one mature tree, grassland and shrub areas which are of biodiversity value in terms of supporting nesting birds and invertebrates as well as providing a foraging area for bats and birds. The bat survey report dated August 2014 found these areas to be used by bats to forage.

Mitigation for the loss of these areas should be in the form of an agreed landscape plan that will include specific biodiversity features to support these species – including planting native species of trees and plants that will also attract pollinating insects.

The locations of green roof and also of green walls that will form part of the landscape design should be provided for agreement prior to approval to agree the principles. It is recommended that this is then made a condition. These structures are also likely to contribute to limiting runoff from the site and contribute towards Green Infrastructure benefits.

New bat roost and bird nesting provision should be incorporated into the built development in the form of appropriate bat and bricks/tiles and bird boxes – the number, type and location to be agreed and placed as a condition.

Restrictions on lighting are also sought – to ensure that lights are located in areas away from ecological sensitive areas and that light is focused away from vegetation and nesting/roosting sites. This will provide mitigation against immediate and long-term impact on biodiversity.

Renewable energy/energy efficiency

The new ED building will be connected to the main CHP boiler plant, serving the entire hospital site, to provide heating and hot water to the new building. The Trust is to explore the potential for the Hospital CHP system to be linked to the city wide district heating network.

Although the energy reduction proposals do not include for any renewable on site micro generation for the new building I consider this acceptable. The CO₂ reduction benefits from connection to the site wide gas fired CHP plant are substantial and the potential for future adaptability of this building is such that considerable CO₂ benefits will be derived from this approach to reducing CO₂ emissions through localised energy generation.

Conclusion

Although the loss of the locally listed St Luke's Chapel is regretted by all involved in this project I consider that the hospital board have taken all possible steps to consider alternative locations and proposals including the incorporation of the chapel.

The decision locate the new emergency department on this part of the hospital site follows detailed consultation with the emergency medicine staff and the identified clinical needs to provide the most effective and efficient emergency service now and for the future.

In all other respects the proposals are acceptable and will provide a welcome enhancement of the hospital facilities.

I recommend APPROVAL subject to the following conditions:

CONDITIONS

1. START WITHIN THREE YEARS
2. Before the development is begun, details of the design and materials for all external finishes shall be submitted to and approved by the City Council as local planning authority. (In the interests of visual amenity, and in accordance with Core Strategy policy CS3.)
3. Before the demolition is commenced a detailed management plan containing the methods of removal and the relocation strategy, interim and permanent locations, for the artefacts within St Luke's Chapel shall be submitted to and agreed in writing with the City Council as local planning authority. The works shall only be carried out in accordance with the approved management plan. (In the interests of the historic environment and in accordance with Core Strategy policy CS18)
4. Before any works are undertaken in relation to the demolition, a full recording survey shall be undertaken of St Luke's Chapel in line with a level 4 record as defined in Understanding Historic Buildings; a guide to good recording practice (English Heritage 2005). The survey shall be submitted to the City Council as local planning authority for approval and then sent to the records office for archiving. (In the interests of the historic environment and in accordance with Core Strategy policy CS18)
5. PROGRAMME OF ARCHAEOLOGICAL INVESTIGATION
6. Before the development is begun details of the method of removal and interim location of the Wood Memorial Shelter shall be submitted to and agreed in writing with the City Council as local planning authority. The works shall only

be carried out in accordance with the agreed details. (In the interests of the historic environment and in accordance with Core Strategy policy CS18)

7. Before the development is occupied details of a signing/wayfinding strategy for the application site and vehicular/pedestrian access points shall be submitted to and agreed in writing by the City Council as local planning authority and the agreed strategy shall be carried out and retained thereafter. (In the interests of highway and pedestrian safety and in accordance with Core Strategy policy CS03)
8. Before the development is begun a detailed design plan of external lighting to be used shall be submitted and approved in writing by the local planning authority. The lighting should be designed to cause minimum disturbance to protected species that may inhabit the site. The approved scheme shall be implemented and retained thereafter. (In the interests of protecting wildlife habitats and in accordance with policy BE22 and policy CS 17 Biodiversity of the Core Strategy)
9. Before the development is begun details of the 25 x bat bricks/tiles/box; 10 x bird bricks/boxes to be incorporated within the elevations of the proposed buildings shall be submitted to and agreed in writing with the City Council as local planning authority. The development shall be carried out in accordance with the agreed details and the agreed features retained thereafter. (In the interest of biodiversity and in accordance with Policy CS 17 Biodiversity of the Core Strategy).
10. Should the development not commence within 12 months of the date of the last protected species survey (4th July 2014), then a further protected species survey shall be carried out of all buildings, trees and other features by a suitably qualified ecologist. The survey results shall be submitted to and agreed in writing with the local planning authority and any identified mitigation measures carried out before the development is begun. Thereafter the survey should be repeated annually until the development begins. (To comply with the Wildlife and Countryside Act 1981 (as amended by the CRoW Act 2000), the Habitat & Species Regulations 2010 and CS 17 of the Core Strategy)
11. Development at the Leicester Royal Infirmary may impact on protected species of wildlife. It is a criminal offence to kill, injure or disturb protected species and their habitat in accordance with the Wildlife and Countryside Act (1981) as amended and The Habitat & Species Regulations (2010). Mitigation measures provided in Capita Bat Ecology Report dated August 2014 Paragraph 6.4 should be followed and a letter of confirmation provided to the Local Planning Authority following completion of each roof dismantled. If, during the development a protected species is found, work must cease immediately and a suitably qualified ecologist or Natural England be contacted. Contact details for Natural England are: 0845 600 3078 8.30am - 4.15pm (Monday - Friday) (In the interests of nature conservation and in accordance with Core Strategy policy CS17)
12. LANDSCAPING TO BE APPROVED & CARRIED OUT: VERSION 1

13. Before the development is begun, full specification details of the proposed green roof and green walls including construction, planting details and maintenance strategy shall be submitted to and agreed in writing with the City Council as local planning authority. The green roof and green walls shall be provided and maintained thereafter in accordance with those details. (To ensure sustainable construction and adaptation and mitigation of climate change in accordance with policy CS2/7 and CS 17 of the Leicester City Core Strategy Plan).
14. SIGHT LINES TO ACCESS
15. STREET WORKS TO BE SATISFACTORY
16. PEDESTRIAN CROSSING POINTS
17. REINSTATE/ALTER/PROVIDE FOOTWAY CROSSINGS - DETAILS APPROVED
18. TRAVEL PLAN - DETAILS REQUIRED
19. SURFACING, MARKING OUT, LOAD/UNLOADING, TURNING SPACE - DETAILS APPROVED
20. No part of the development shall be occupied until secure and covered cycle parking and powered two wheeler parking has been provided and retained thereafter, in accordance with written details previously approved by City Council as local planning authority. (In the interests of the satisfactory development of the site and in accordance with policies AM02 of the City of Leicester Local Plan).
21. At least 1 car parking spaces for the use of disabled people shall be provided before the development is occupied in accordance with guidance in the Leicester City Council and Leicestershire County Council document `6Cs Design Guide` and shall be retained and kept available for use by disabled people. (To ensure adequate provision for the needs of disabled people, and in accordance with policy AM11 of the City of Leicester Local Plan and Core Strategy policy CS3.)
22. TPO TREES TO BE PROTECTED FROM DAMAGE
23. TREES FOR REMOVAL TO BE MARKED
24. BRITISH STANDARD FOR TREE WORK
25. CONSTRUCTION METHOD STATEMENT (MAJOR SCHEMES) - DETAILS TO BE AGREED
26. No part of the development shall be occupied until surface water drainage works following the recommendations within the flood risk assessment have

been implemented in accordance with details that have been submitted to and approved in writing by the local planning authority. Before these details are submitted an assessment shall be carried out of the potential for disposing of surface water by means of a sustainable drainage system and the results of the assessment provided to the local planning authority. Where a sustainable drainage scheme is to be provided, the submitted details shall: (i) provide information about the design storm period and intensity, the method employed to delay and control the surface water discharged from the site and the measures taken to prevent pollution of the receiving groundwater and/or surface waters; (ii) include a timetable for its implementation; and (iii) provide a management and maintenance plan for the lifetime of the development which shall include the arrangements for adoption by any public authority or statutory undertaker and any other arrangements to secure the operation of the scheme throughout its lifetime. (To reduce the risk of flooding and in accordance with policy BE20 of the City of Leicester Local Plan.)

27. Before the development is begun plans for the disposal of foul sewage shall be submitted to and approved by the City Council as local planning authority. The scheme shall be implemented in accordance with the approved details before the development is occupied. (To ensure that the development is provided with satisfactory means of drainage and to minimise the risk of pollution and in accordance with Core Strategy policy CS02)
28. Before the construction commences on the site, full details of the combined heat and power/ community heating scheme shall be submitted to and agreed in writing with the City Council as local planning authority. Before the development is occupied satisfactory evidence will be required demonstrating satisfactory operation of the agreed Combined Heat and Power and Community heating Scheme, including on-site installation, in accordance with agreed details. (To ensure sustainable energy efficiency in accordance with policy CS2/3 of the Leicester City Core Strategy Plan).
29. The scheme shall comply in all respects with the detailed guidance in BS 8300:2009 `Design of buildings and their approaches to meet the needs of disabled people`, and Approved Document M of the Building Regulations. (To ensure the development meets the needs of disabled people in accordance with Core Strategy policy CS3).
30. No construction or demolition work, other than unforeseen emergency work, shall be undertaken outside of the hours of 0730 to 1800 Monday to Friday, 0730 to 1300 Saturday or at any time on Sundays or Bank Holidays, unless the methodology has been submitted to the City Council as local planning authority. The methodology must be submitted at least 10 working days before such work commences and agreed, in writing, by the City Council. The City Council shall be notified of any unforeseen emergency work as soon as is practical after the necessity of such work has been decided by the developer or by anyone undertaking the works on the developer's behalf. (In the interests of neighbouring properties amenity and in accordance with Policy PS10 of the City of Leicester Local Plan)

31. This consent shall relate to the submitted plans as amended by plan ref. no. AR910008 P01, 910006 P06, 040001 P05, 061200 P06, 061200 P09, CE 930001 P01, LA 940006 P01, 940001 P05, 940004 P02, 940003 P02, 940002 P02, AR 062001 P03 AND CS/065963/SK012 received by the City Council as local planning authority on 27th June, 11th August, 6th September and 10th September unless otherwise submitted to and approved by the City Council as local planning authority. (For the avoidance of doubt.)

NOTES FOR APPLICANT

1. It is unlikely that any construction or demolition work will be agreed outside of the hours detailed above unless the City Council Noise Team is satisfied that:
 - a) the work will not be detrimental to occupiers of neighbouring properties
 - or b) the developer is able to demonstrate that there is no practicable alternative to the proposed work taking place outside of these hours.
2. Development on the site shall avoid the bird nesting season (March to September), but if necessary a re-check for nests should be made by an ecologist (or an appointed competent person) not more than 24 hours prior to the commencement of works and details of findings submitted to the LPA. If any nests or birds in the process of building a nest are found, these areas will be retained (left undisturbed) until the nest is no longer in use and all the young have fledged. An appropriate standoff zone will also be marked out to avoid disturbance to the nest whilst it is in use.

All wild birds are protected under the Wildlife and Countryside Act (1981) as amended making it an offence to kill, injure or disturb a wild bird during the nesting season or to damage or destroy an active nest or eggs during that time.
3. Highway works are required to enable this development. The applicant will be required to enter into a s278 agreement with the Highway Authority. The applicant should seek the advice of Ravi Mohankumar, (0116) 4542848 who will coordinate the highway works. For details of Travel Plans please contact Bal Minhas 0116 4542849.

Policies relating to this recommendation

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| 2006_AM01 | Planning permission will only be granted where the needs of pedestrians and people with disabilities are incorporated into the design and routes are as direct as possible to key destinations. |
| 2006_AM02 | Planning permission will only be granted where the needs of cyclists have been incorporated into the design and new or improved cycling routes should link directly and safely to key destinations. |
| 2006_AM11 | Proposals for parking provision for non-residential development should not exceed the maximum standards specified in Appendix 01. |
| 2006_BE16 | Planning permission will be granted for the development of renewable energy installations where local impacts are not outweighed by wider benefits. Major developments must realise their potential for incorporating renewable energy technologies. |

- 2006_BE20 Developments that are likely to create flood risk onsite or elsewhere will only be permitted if adequate mitigation measures can be implemented.
- 2006_BE22 Planning permission for development that consists of, or includes, external lighting will be permitted where the City Council is satisfied that it meets certain criteria.
- 2006_PS10 Criteria will be used to assess planning applications which concern the amenity of existing or proposed residents.
- 2006_UD06 New development should not impinge upon landscape features that have amenity value whether they are within or outside the site unless it can meet criteria.
- 2010_CS01 The overall objective of the Core Strategy is to ensure that Leicester develops as a sustainable city, with an improved quality of life for all its citizens. The policy includes guidelines for the location of housing and other development.
- 2010_CS02 Development must mitigate and adapt to climate change and reduce greenhouse gas emissions. The policy sets out principles which provide the climate change policy context for the City.
- 2010_CS03 The Council will require high quality, well designed developments that contribute positively to the character and appearance of the local natural and built environment. The policy sets out design objectives for urban form, connections and access, public spaces, the historic environment, and 'Building for Life'.
- 2010_CS14 The Council will seek to ensure that new development is easily accessible to all future users including by alternative means of travel to the car; and will aim to develop and maintain a Transport Network that will maximise accessibility, manage congestion and air quality, and accommodate the impacts of new development.
- 2010_CS15 To meet the key aim of reducing Leicester's contribution to climate change, the policy sets out measures to help manage congestion on the City roads.
- 2010_CS17 The policy sets out measures to require new development to maintain, enhance and strengthen connections for wildlife, both within and beyond the identified biodiversity network.
- 2010_CS18 The Council will protect and seek opportunities to enhance the historic environment including the character and setting of designated and other heritage assets.