



Our ref: 16/3725

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Dear Dr Batten,

**31 LONDON STREET, LONDON, W2 1DJ (WESTMINSTER CITY COUNCIL
PLANNING REFERENCE 16/09050/FULL)**

Further to your letter of 12th May and the attached AECOM Technical Note, this letter provides our response on each of the points raised by AECOM. Mark Day is currently on paternity leave and I am therefore responding in his absence; however Mark has had a significant input to the letter. The AECOM points are in italics, with our responses written below.

Road Safety Audit Procedure

'TfL state in their letter that the RSA Brief is contained within the correspondence (Appendix B) of the WSP|PB TN dated 2nd February 2017. However, the correspondence in Appendix B appears to be just an e-mail instructing the audit team to proceed along with a series of design drawings and a link to the Transport Assessment. No formal RSA Brief therefore appears to have been prepared or issued to the audit team... The absence of such a document makes it unclear what the scope of the RSA that was completed by Acorns Project Limited was...In the absence of such a brief it is unclear whether the scope of the RSA included consideration of the alignment of the road and comparison between the existing access route to the hospital provided by London Street and that of the Interim Access Road...It is therefore unclear whether the audit team have considered all user types that will need to utilise this link and the volume of traffic that it will carry...In the absence of a clear brief and being in receipt of the various correspondence between WSP|PB and AECOM it is unclear whether the RSA has fully considered the development proposals.'

We do acknowledge that the brief provided by WSP | PB to their safety auditors

could have been clearer. However, paragraph 2.90 of HD19/15 places the onus on the Road Safety Audit team to request further information from the design team if they feel that the brief is not sufficient. Clearly in this case, the Road Safety Audit team felt that they had been provided with sufficient information to carry out the audit in accordance with standards, and as a fundamental part of the proposals this will necessarily have considered the alignment of the road. As the Road Safety Audit team will have had access to both the Transport Assessment and correspondence from the Trust, they will have had full awareness of the different types of vehicles using the route in connection with the hospital, as well as the development proposals. This will have been reinforced by the site visit carried out as part of the audit. As such, we do not consider that the lack of a detailed brief renders the conclusions of the audit invalid. Please also see attached letter from Acorns in response to these points.

In addition, the RSA was completed in December 2016 some time after the planning application was applied for and just before the application was taken to committee. HD 19/15 states in paragraph 2.58, 'A Stage 1 Road Safety Audit (or combined Stage 1 & 2 Road Safety Audit where there has been no preliminary design) must be undertaken before planning consent is applied for.' As the audit was undertaken post-application it is unclear whether the procedure for conducting an audit as outlined in HD19/15 was followed and the result were fully reviewed and understood by the highway authorities before the planning application was taken to committee.'

As TfL are not the highway authority for any of the affected roads we did not feel that we had a locus to become involved in detailed design issues related to the new road upon submission of the application. However, following the Trust's representations we were asked by Westminster to provide an opinion on the appropriateness of the design during the determination of the application. In preparing this response we recommended that a safety audit was carried out prior to the application being considered by the planning committee and as you have stated, this took place.

It is also worth confirming that at paragraph 2.30 of HD19/15 it is explained that the reason a safety audit should be carried out prior to the planning consent being applied for is so that the audit '*considers any road safety issues which may have a bearing upon land take, licence or easement*'. As this is not the case in this particular instance, there is no disbenefit arising from the audit being carried out later in the process.

Response to TfL Comments on AECOM Recommendations

Recommendation A - TfL state that the level of visibility available from the proposed service yard at 2.4m x 17.7m (following the removal of the loading bay to

the east of the access) meets the recommended minimum visibility guidelines as set out in the Department for Transport's Manual for Streets 2. Therefore there would be no requirement to relocate the service yard further west. This level of visibility has been determined based upon the existing speed of traffic on Winsland Street. It is difficult to see how visibility splays from the service yard could be determined based upon the existing speed of traffic on Winsland Street as this road will be fundamentally changed by the development proposals. Instead visibility splays should be based upon the design speed of the road proposed. The route will have a 30mph speed limit and therefore this would be an appropriate starting point for the design speed of the road. As such the visibility requirement in accordance with Manual for Streets 2 as cited by TfL as being the appropriate guidance would be 43m. However, acknowledging that the speed of traffic on the interim access road and past the service yard itself will be constrained by the two dog legs introduced. If the interim access road is to be a replacement for London Street, it is not unreasonable to expect this route to be designed to accommodate traffic at the same speed as the existing. Traffic surveys undertaken for the Trust in 2015 showed a seven day average all vehicle speed northbound of 19.14mph (85th percentile). Taking this speed would require a visibility splay of 23.5m. In addition, the seven day average top speed of all traffic recorded on London Street in the survey northbound was 27.9mph. Considering this is a blue light route it is not unreasonable to assume that this is the speed at which emergency ambulances are travelling. This would require a visibility splay of 38.7m. The level of visibility from the proposed service yard is therefore inadequate and our recommendation to relocate it further west, appears the most suitable mitigation for this particular issue.'

TfL do not agree that speeds on London Street are more appropriate to use as the basis for a design than speeds on Winsland Street. The response from AECOM acknowledges that traffic speeds will be determined by the geometry of the road layout and in particular the proximity of a driver at a given point to bends in the road. The speeds recorded on Winsland Street were measured at the point where the service yard access would be located, and Winsland Street currently has a similar alignment to the proposed road.

Notwithstanding the above, we would again reference Manual for Streets 2 which is explicit in stating that a failure to meet the recommended visibility standards does not in itself mean that a junction would be unsafe.

Recommendation B – TfL state that they are content the service yard has been suitably sized to accommodate the volume of traffic anticipated and that movements will be controlled through a Service Management Plan. However, following the removal of the on-street loading bay it should be conditioned that all servicing takes place off-street to prevent congestion on Winsland Street

occurring.’

This will form part of the Delivery and Servicing Plan. No further action considered necessary on this point.

Recommendation C – AECOM raised concern with the presence of parking at the northern end of the interim access road at the junction with Winsland Street. In response TfL have requested that AECOM provide tracking plots to demonstrate the extent of this issue. This would be for the applicant to undertake not AECOM. However, more importantly this appears to ignore the concern raised, which for clarity is that vehicles manoeuvring into and out of these spaces would prevent a vehicle from being able to enter the eastern section of Winsland Street from the interim access road. This would then in turn block the interim access road and cause congestion. The congestion has the potential to delay emergency service vehicles on route to the hospital which is unacceptable. The recommendation that the parking layout will be reviewed at detailed design is not sufficient. This is a significant issue with the design presented and requires a suitable solution prior to consent being granted. If, at detailed design it is found that the parking cannot be accommodated in this location, there is the potential that parking would have to be omitted which would have a detrimental impact on the day to day operation of the hospital. This situation would be unacceptable and therefore requires resolution now.

This appears to be a newly raised issue, as the original recommendation made no reference to manoeuvring vehicles. For clarity, the original wording was ‘Remove the parking on the northern side of Winsland Street in the vicinity of where the interim access road meets Winsland Street. This will in turn allow a wider carriageway to be provided around the bend to provide a space for vehicles to wait to turn right’. However, given the number of other on-street parking bays along London Street and South Wharf Road, any of which a vehicle manoeuvring in or out of would temporarily block traffic along the blue light route, it is not felt that this is a particular issue or that there is any greater justification to remove these bays than any other bay.

Recommendation D - AECOM raised concern with the presence of the northern most parking bay on the western side of the interim access road and the column which both will limit forward visibility around the bend for northbound traffic. As stated in response to item A the design speed assumed by WSP|PB is insufficient given the purpose of this route and the type of vehicles it will carry. Forward visibility is therefore inadequate and the design unacceptable. It is welcomed that WSP|PB have agreed to review the provision of this parking space and the column location but the fundamental concern remains. These items should be removed from the design. If this is not possible, the interim access road in its current form is

suboptimal to the existing situation and should not be progressed.

As per the response to Recommendation A.

Recommendation E – AECOM recommended that parking is considered on the Paddington Cube site to mitigate the potential loss onstreet and the detriment this will have to the operation of the hospital. TfL dismiss this as being contrary to policy and on the grounds that only four parking spaces are being lost. However, the total volume of parking that will be lost as a result of the development is not known at this stage. If, as AECOM have previously highlighted, the loss of parking could be much greater once the review at detailed design has taken place, this need for alternative parking could become greater. The provision of parking on the Paddington Cube site would not be contrary to Westminster Council policy and should therefore be explored.

In addition, the parking proposed on the western side of the interim access road close to the Praed Street junction should be removed.

Our position on this point has not changed. No justification has been provided for the parking on the western side of the road close to Praed Street being removed.

Recommendation F – AECOM have highlighted the inadequate visibility from the Winsland Mews junction with the interim access road and the road safety issue this presents. TfL have dismissed this on the basis that the volume of traffic using this link is low. It is poor practice for a new highway to be designed with a clear road safety constraint, especially given the significance of this link. This issue could easily be rectified by realigning the road further west as recommended by AECOM. If this is not possible, the interim access road in its current form is sub-optimal to the existing situation and should not be progressed.

Whilst our response on this point in our letter of May 4th was in part based on the low flows on Winsland Mews, it should also be recognised that restricted visibility is present at junctions with London Street at present, as per the photo sent as part of the previous response. As such, we do not agree with the statement that the proposals are 'sub-optimal to the existing situation'. As the existing restricted visibility has not given rise to any accidents in the last five years, we do not feel that the likely impacts arising from this restricted visibility are suitably severe in comparison to the current situation to justify the planning application being refused on this point.

Recommendation G – The implementation of the interim access road will require the relocation of the bus stop on Praed Street. TfL have agreed the location can be confirmed at detailed design. AECOM are content that this can only be addressed at detailed design but would seek to ensure that sufficient visibility from the access

is guaranteed.

Agreed, no further action on this point considered necessary.

Recommendation H – Double-yellow lines should be extended to the east on the southern side of Praed Street along with the no loading restriction to ensure that access to the interim access road remains clear at all times. The plan prepared by WSP/PB indicates an extension to the no loading restriction but not the double-yellow lines. Both need to be extended to the east.

Agreed, no further action on this point considered necessary.

Recommendation I – The provision of an uncontrolled crossing at the northern end of the interim access road should be provided along with a footway on the northern side of Winsland Street east of the interim access road. It is welcomed that the uncontrolled crossing will be incorporated into the detailed design. The footway widening could be provided by the developer under a section 278 agreement by narrowing Winsland Street. This should be secured by condition.

Requirements for agreeing and carrying out the highway works are contained within the Section 106 agreement and TfL will be consulted as part of this process. No further action on this point considered necessary.

Recommendation J – Servicing of the linen store by smaller vehicles to enable them to enter and exit in a forward gear. The need for this measure is created by the Paddington Cube development and as such any cost implication of this should be funded by the developer and secured through the S106 agreement.

The need for the measure is not created by the Paddington Cube development as the reversing manoeuvre happens at present, blocking ambulances on the existing London Street alignment. The development also removes the requirement for service vehicles to reverse across the paths of ambulances on Praed Street and Winsland Mews by creating a new servicing arrangement for the McDonalds, Mercure, Hilton and rail station. We do not consider that a request for the costs of this to be funded through the Section 106 agreement would meet the relevant tests.

Recommendation K – The offset between the carriageway of the Interim Access Road and Outpatients Building is as small as 0.587m. Once boundary lines are taken into account it is considered that the lateral clearance that remains within the highway will be less than 450mm. As such this design is insufficient and the carriageway of the interim access road should be relocated further west.

As is normal practice final boundary lines and setting out will become fully resolved in the design development and enabling phase and in particular once demolition and site clearance has taken place. This applies to the alignment of the interim

road and the margins on both sides and the way the Cube would touch the ground and the final details of the public realm. GWD have undertaken to ensure in detailed design that a minimum of 500mm clearance will be provided along the hospital boundary, which is more than the minimum set out in WCC and TfL guidance documents, the Freight Transport Association guidance and the Design Manual for Roads and Bridges and that adequate safe vehicle turning and tracking will also be maintained also in accordance with this guidance.

I trust that this is helpful and please let me know if you would like to discuss any of these points further or if you require any further information or documentation

Yours sincerely

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