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EXECUTIVE SUMMARY

DP9 Ltd have been appointed by Royal Brompton & Harefield NHS Foundation Trust (The Trust) to prepare and submit an application for full (detailed) planning permission for the demolition of 30 Britten Street and the Imatron building to facilitate the extension to the existing Sydney Street hospital to provide a consolidated healthcare building and an associated imaging centre.

The Trust has a clear vision to develop its Sydney Street site to provide high quality inpatient facilities for patients with respiratory disease, including cystic fibrosis, and enhance its diagnostic imaging services for patients with suspected lung and heart disease.

The development will also provide the opportunity to enhance outpatients and ambulatory care facilities and to improve access and flows around the site.

The Trust’s objective is to be the UK’s leading specialist centre for heart and lung disease. The existing facilities at its Chelsea campus require improvement for modern healthcare. They do not afford sufficient opportunity to support future growth or flexibility to respond to new technological developments. The Trust’s vision is to create a hospital environment that promotes world-class patient care and supports innovation, cutting edge research and education.

The delivery of an integrated hospital with an extension to Sydney Street is based on a cross-subsidy funding strategy, whereby the Trust disposes of property that it owns in non-medical use for development to finance the Hospital proposals.

There are two sites that sit within the Trust’s Chelsea medical campus that it is seeking to dispose of to release value. Separate planning applications have been submitted for these two sites. This planning statement solely relates to the Imaging Centre and the extension to Sydney Wing at the Royal Brompton Hospital.

This application is for:

(i) “The demolition of 30 Britten Street and the Imatron building to facilitate the extension to the existing Sydney Street hospital to provide a ground plus five storey consolidated healthcare building with 2 storeys of basement and a ground plus two basement level imaging centre, together with the formation of a new pedestrian entrance along Sydney Street, reconfigured vehicular access, associated landscaping and car parking, plant and all necessary enabling works.”

This planning statement assesses the planning considerations associated with the development in the context of national, regional and local planning policy and guidance and other material considerations. In summary, the development delivers the following benefits, inter alia:
- The Sydney Wing extension will comprise of five floors of Respiratory In-patient accommodation and clinical support. The extension will accommodate 92 specialist respiratory patient beds and accommodate clinical services such as Lung Function, Minimal Dependency Unit, Weaning Unit, Sleep Studies, Cystic Fibrosis and General Respiratory Wards.

- High quality inpatient facilities for patients will be provided with respiratory disease, including cystic fibrosis, and enhancement to its diagnostic imaging services for patients with suspected lung and heart disease.

- Clinical facilities have been designed in accordance with current ‘best practice’, healthcare guidance and NHS space standards allowing for sufficient space for patient care, modern monitoring equipment, wheelchairs and hoists.

- The creation of a Cardiovascular Magnetic Resonance Unit that will accommodate three MRI scanners, replacing the poor quality Imatron and 30 Britten Street buildings.

- Relocation of parking on the site with parking facilities being located below ground of the Sydney Street extension.

- Re-configuration of vehicular access to the hospital with hospital management vehicular activities (including delivery and pick up services) being segregated from staff, patient and visitor access.
1. INTRODUCTION

1.1. This Planning Statement has been prepared by DP9 Limited (DP9) on behalf of The Trust, to support an application for full (detailed) planning permission.

1.2. The application involves the demolition of some existing buildings on site (30 Britten Street and the Imatron building) in order to facilitate the extension to be located on the existing car park adjacent to the Sydney Street wing.

1.3. The description of the development proposed as included on the submitted planning application form for planning permission, is:

(i) “The demolition of 30 Britten Street and the Imatron building to facilitate the extension to the existing Sydney Street hospital to provide a ground plus five storey consolidated healthcare building with 2 storeys of basement and a ground plus two basement level imaging centre, together with the formation of a new pedestrian entrance along Sydney Street, reconfigured vehicular access, associated landscaping and car parking, plant and all necessary enabling works.”

1.4. This submission is the culmination of detailed pre-application discussions with RBKC planning, design/conservation and other specialist officers as well as the Greater London Authority (GLA). The Applicant has also undertaken extensive public consultation with key stakeholders including local community groups, local residents and business owners. Two public consultation events were held in February and May 2016 for members of the local community and stakeholders to view and comment on the proposals. A Community Liaison Group (CLG) has been set up to allow representative members of the local community and residents to be regularly informed of the proposals. Further details of the consultation process are provided at Section 3 of the planning statement.

1.5. The statement provides an overview of the Site and the proposals. It sets out justification for the development against relevant planning policy. It comprises:

- Section 2 – this section provides a description of the Site, its planning history and its context;
- Section 3 – this section provides an overview of the pre-application consultation;
- Section 4 – this section summarises the development;
- Section 5 – this section evaluates the development against relevant planning policy and other material considerations;
- Section 6 – this section sets out the conclusions of this Statement.
2. SITE CONTEXT

Description of the Site and Existing Buildings

2.1 The Royal Brompton Hospital site specifically comprises the Sydney and Chelsea Wings, the Imatron Centre and the National Heart and Lung Institute.

2.2 The Royal Brompton Hospital has a long history in the Royal Borough. The Hospital for Consumption and Diseases of the Chest, which would eventually become the Royal Brompton Hospital, began in 1842 at the Manor House.

2.3 The Sydney Street campus forms the main hospital building. Built in the 1980s, it has provided most of the hospital’s principal functions since opening. This building also provides services for other medical institutions such as the Royal Marsden Hospital. It is linked to the Wings fronting Dovehouse Street via bridge over the servicing ramp. The Sydney Street building is five storeys in height. The main entrance to the hospital is currently located facing Britten Street but accessed off Sydney Street.

Existing Sydney Street Wing

2.4 The Sydney Wing houses several of the Hospitals key services including Acute and Intensive care (AICU), Endoscopy, operating theatres and bed wards. The Britten Wing, Imatron and 30 Britten Street house an Imaging diagnostic facility with healthcare consultation rooms and some ancillary support rooms. The Chelsea Wing houses consultants’ offices and administrative staff facilities.
2.5 The Site is bounded to the north by Cale Street and the Royal Marsden Hospital beyond, to the east by Sydney Street and the Grade I listed St Luke’s Church, to the south by Britten Street leading to Chelsea Farmers Market and the Chelsea Gardener and to the west by Dovehouse Street. There are a number of Grade II listed terraced buildings located to the south of the Site across Britten Street (117-123 Sydney Street) at the corner of Britten and Sydney Street.

2.6 The Sydney Street building is not located within a conservation area. It sits immediately adjacent to the Chelsea Conservation Area, which incorporates St. Luke’s Church. The Britten Wing, Chelsea Wing and existing Imatron building all fall within the Chelsea Park/Carlyle Conservation Area but 30 Britten Street and the remaining car park in front of the Hospital entrance sit outside the conservation area boundary.

2.7 On the eastern side of Sydney Street lie the public green spaces of St. Luke’s Gardens and to the North a large children’s playground and floodlit sports pitches. Dovehouse Green is approximately 200m to the south. The majority of the other green spaces in the immediate area are private London Squares such as Chelsea Square and Carlyle Square.

2.8 The site is accessed primarily by vehicular traffic and pedestrians via the main car park off Sydney Street which is located opposite the Hospital’s main entrance. The car park has capacity for circa 28 parking spaces including vehicular and ambulance drop-off. Most of these drop-offs are related to pre-booked consultations for patients.

2.9 The existing public transport accessibility of the development site has been assessed using the Public Transport Accessibility Level (PTAL) methodology. Based on TfL’s web-based Planning Information Database, the Site benefits from an “Excellent” PTAL rating of 6A.

Planning History of the Site

2.10 There are a number of planning permissions relating to the site. Outlined below are the recent permission. The planning history from 2000 prior to 2009 is contained in Appendix 1.

April 2015 (PP/15/02628)

2.11 Planning permission was granted in 2015 for the installation of air handling units and a brick faced duct on the Sydney Street elevation in connection with the new hybrid theatre.

November 2014 (PP/12/00661)

2.12 Planning Permission was granted in 2014 for the erection of a two storey extension to the Sydney Wing, along Cale Street, to allow for approximately 710sqm of new D1 floorspace.
August 2011 (PP/11/01859)
2.13 Planning Permission was granted in 2011 for the development of a roof extension along the East and South Wings of the hospital to allow for 455 sq.m of new D1 (non-residential institutions) floorspace and refurbishment of 484 sq.m of existing D1 floorspace at 4th floor level on West Wing of the hospital.

January 2011 (PP/10/03720)
2.14 Planning Permission was granted in 2011 for the erection of a two storey extension into the Northern Lightwell of the hospital to provide additional hospital accommodation (Use Class D1) in the form of 14 single bed units and associated roof top plant.

August 2010 (PP/10/01823)
2.15 Planning Permission was granted in 2010 for the installation of a new heat recovery unit on the existing roof of the hospital.

October 2009 (PP/09/01904)
2.16 Planning Permission was granted in October 2009 for part redevelopment of the existing hospital basement floor and erection of a new single storey extension in existing internal courtyards for accommodation of goods-in departments, Female and Male change facilities and the Cardiovascular Biomedical Research Unit.
3. **EXISTING FACILITIES**

3.1 The Royal Brompton currently has:
- 5 operating theatres and 1 hybrid theatre
- 5 catheter laboratories
- 312 inpatient beds
- Over 2,200 staff

**Current Challenges and Clinical Needs**

3.2 The existing specialist respiratory inpatient facilities are outdated and present many clinical challenges to those delivering care to patients. Respiratory patients are chronically and often seriously ill and the Trust is under increasing pressure to improve and modernise existing inpatient facilities.

3.3 Challenges that the Trust currently face include:

- Specialist respiratory inpatient beds are currently located in Fulham Wing, a separate building from Critical Care, CT scanning and Theatre services, necessitating ambulance transfers of a few hundred yards.
- Imaging facilities (X-ray, CT, MRI) are dispersed across the hospital, with one located in a mobile unit outside the hospital building in the carpark.
- Patient wards are cramped and undersized with existing facilities below recommended NHS guidance.
- Despite the Trust’s excellent record in infection prevention, the current lack of space presents an increased risk of infection issues to patients.
- Patient bathroom and WC facilities are shared creating privacy and dignity problems.
- Fulham Wing is remote from the main hospital campus, causing operational inefficiency to patients who have to be taken by ambulance, or wheelchair between sites.

**New Facilities**

3.4 The Trust has a clear vision to redevelop its Sydney Street site to provide high quality inpatient facilities for patients with respiratory disease, including cystic fibrosis, and enhance its diagnostic imaging services for patients with suspected lung and heart disease. The new developments will also provide the opportunity to enhance outpatients and ambulatory care facilities and to improve access and flows around the site (refer to section 4 for development proposals).
4. PRE-APPLICATION CONSULTATION

4.1 Substantial pre-application consultation has taken place to guide and inform the final submitted proposals. These include pre-application meetings with respect to Royal Brompton Hospital including discussions with planning, design and other specialist officers at RBKC and the GLA. This also comprised extensive public consultation and discussions with other key stakeholders, including Ward Councillors, Amenity Groups and local residents and businesses, as detailed further within this Section.

Meetings with RBKC

4.2 The Trust has been exploring options of how it can address its building requirements and address the current need for expansion for its medical facilities for a number of years. Previously, the Trust were considering a wider project with six sites that were owned by the Trust and the Royal Brompton & Harefield Hospitals Charity. This process concluded that this wider masterplan was not economically viable. Due to the increasing need to modernise its current facilities the Trust is now proposing to bring forward the proposals that are the subject of this application.

4.3 The proposals for RBH have been subject to pre-application meetings on the following dates;
- Pre-application Meeting - 23rd February 2016.
- Pre-application Meeting - 17th May 2016
- Pre-application Meeting – 31 May 2016
- Highways Meeting – 26th May 2016

4.4 Consultation with Officers at RBKC have been ongoing for a number of years with regards to the redevelopment of Royal Brompton and its associated sites. The summaries below relate to the relevant recent discussions on this submitted planning application.

4.5 RBKC officers were supportive of the overall concept of developing an extension to the Sydney Street wing and were in agreement that the Clinical needs of the Trust require the maximum permissible development volume to be achieved

4.6 Officers at RBKC were in agreement with the public/patients main entrance which featured on Sydney Street and to the principle of a central reception point within the proposed ‘atrium’ zone to facilitate clear way finding.

4.7 Officers raised concerns about the extent and visibility of roof top plant on the Sydney Street extension and recommended that as far as possible the plant is located at basement level or where required at roof level distributed across the existing roofscape and hidden behind a plant screen. It was explained that that the hospital is a highly serviced building
and there are specific technical requirements that need to be adhered to particularly it being a respiratory hospital. Following further design detail, the extension plant level was subsequently reduced below the height of adjacent existing plant on top of the Sydney Wing.

4.8 RBKC officers requested that if plant is to be relocated on the roof of the existing hospital then it needs to be pushed back as far away as possible from St Luke’s Church and that we need to ensure that no longer term views are not significantly adversely affected.

4.9 Officers welcomed the retention of the former Nurses Home on the corner of Dovehouse Street and Britten Street, as well as the retention of the Chelsea Wing on Dovehouse Street which sits within the Chelsea Park Carlyle Conservation area.

4.10 Officers supported the principle of the re-provision of providing a basement beneath the extension that would accommodate all staff and visitor parking, servicing and ambulance transfer points and that the lower ground floor level would provide servicing yard and ambulance transfer. It was requested it would be necessary to demonstrate that the basement ramp could adequately support the additional vehicle movements without risk of obstructions or queuing vehicles which could disrupt the hospital function and result in the use of the kerbside.

4.11 The relocation of parking bays around the vicinity of the site was considered acceptable by Officers at RBKC, however further details will be required to demonstrate their proposed locations and that they can reasonably be reprorvided and It should be clarified whether any on street parking bays would be lost. The car parking for the site has been clearly detailed within the accompanying Transport Assessment prepared by WSP.

Meetings with GLA & TfL

4.12 A pre-application meeting was held with Planning Officers at the GLA on 22nd June 2016 February. The pre-application meeting covered all three sites that are part of the enabling development.

4.13 GLA officers welcome the reduced scope of the overall masterplan and welcomed the retention of key heritage assets which does not result in any change of use existing health care facilities or loss of nurse’s accommodation.

4.14 The GLA outlined that the provision of improved healthcare facilities in lieu of affordable housing could be acceptable in strategic planning terms, subject to provision of a detailed viability report demonstrating that it is not possible to provide any affordable housing in addition to the delivery of the proposed health care provision, and that all monies raised through the redevelopment of the other sites is required to fund that provision.
4.15 Officers noted that the design of the extension appropriately respects the setting of the adjacent conservation area, the listed Georgian terrace at Nos 117-123 Sydney Street, the historic Sydney Arms PH and the Grade I listed St Luke’s Church - the masonry elevations and their vertical rhythm sit comfortably in this part of Chelsea, and the development of the car park will fill a detrimental void in this historic thoroughfare. Officers supported the overall approach to the design of the extension.

Meetings with Key Stakeholders and Public Consultation Events

4.16 Consultation began in early February 2016 through raising awareness of the proposed development. The first public consultation events consisted of a three-day drop-in exhibition and the inaugural meeting of the Community Liaison Group (CLG) in March, 2016. The role of the liaison group was agreed at the inaugural meeting and is to:
- Capture CLG members’ interests, concerns and broad agendas
- Provide a forum to discuss and exchange a range of thematic issues, to resolve conflicts where possible.
- Provide direct and regular access to key representatives of the Trust and the design team.
- Act as a sounding board for the design process.
- Communicate and distribute information to CLG member networks and to collate feedback.
- Hold regular meetings attended from time to time by councillors and officers and other consultants as appropriate.
- Review and discuss consultation.

4.17 These events gathered local residents’, hospital patients’ and staff’s views of the redevelopment and aspirations for the area. The second CLG took place in April 2016.

4.18 Many respondents were of the view that the current approach was an improvement on the previous scheme. It was suggested that high quality design and materials were used in order to limit the impact on the setting of St Luke’s Church. Respondents also emphasised that the impact on traffic, including ambulance floors are fully considered.

4.19 The second series of consultation began in May 2016 where the design team’s progress was presented through a public exhibition and a CLG meeting.

4.20 For local residents the principal topics of interest during the consultation process have been the scale and massing of the proposed extension and the impact to sunlight on St Luke’s Church, the plant, the access routes, drop-offs and proposed car parking.
4.21 In conclusion, all the comments received from key stakeholders have been taken into consideration and addressed where possible within the submission of this planning application.

4.22 Full details of the pre-application consultation process are included within the Statement of Community Involvement (SCI) prepared by Soundings which accompanies the planning application.
5. **THE DEVELOPMENT**

5.1 This section provides a summary of the development. A full description of the proposal is set out in the Design and Access Statement.

5.2 The description of the Development is as follows:

*The demolition of 30 Britten Street and the Imatron building to facilitate the extension to the existing Sydney Street hospital to provide a ground plus five storey consolidated healthcare building with 2 storeys of basement and a ground plus two basement level imaging centre, together with the formation of a new pedestrian entrance along Sydney Street, reconfigured vehicular access, associated landscaping and car parking, plant and all necessary enabling works.”*

5.3 The development will:

- Provide an extension to the Sydney Street Wing extension on the main car park site that will provide respiratory medicine inpatients accommodation and supporting facilities, reproviding existing facilities in Fulham Wing.

- Ensure that the hospital will remain operational and open throughout all of the works. This has been instrumental in the approach that has been undertaken for construction management.

- Accommodate 92 specialist respiratory patient beds and accommodate clinical services such as Lung Function, the Minimal Dependency Unit, Weaning Unit, Sleep Studies, in addition to the Cystic Fibrosis and General Respiratory Wards.

- The creation of a new Cardiovascular Magnetic Resonance Unit that will accommodate three MRI scanners, replacing the Imatron and 30 Britten Street buildings. The Imaging Centre is entered by staff and patients via the single storey glazed link between the Sydney Wing extension and the Imaging Centre.

- Reconfigure the hospital entrance on Sydney Street for staff and visitors, to improve access and wayfinding and enhance the hospital environment.

- Provide a glazed Atrium creating a covered and rationalised Main entrance point for the Hospital. The Atrium includes the main reception for the whole Hospital and key circulation.

- Enable re-location of parking on the site with parking facilities being situated below ground to the lower floors of the Sydney Wing extension.
- Provide the reconfiguration of vehicular access to the hospital site with hospital management vehicular activities (including delivery and pick-up services) being segregated from public and visitor access.
- An Energy centre and associated plant on the Southern roof of the existing Sydney Wing to facilitate air movement and servicing for critical care.
- An enhanced garden within the courtyard of the Britten Wing for use as a rehabilitation space for respiratory patients.

**Land Use**

5.4 The existing and proposed floorspace areas to be provided by the development are outlined in table 1 below. In total there will an uplift of 10,217 (GIA) sqm of Social and Community Use.

<table>
<thead>
<tr>
<th>Areas in Sqm</th>
<th>Existing (GIA)</th>
<th>Proposed (GIA)</th>
<th>Existing (GEA)</th>
<th>Proposed (GEA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sydney Wing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Above Ground</td>
<td>18,066</td>
<td>18,066</td>
<td>19,224</td>
<td>19,224</td>
</tr>
<tr>
<td>Below Ground</td>
<td>5,006</td>
<td>5,006</td>
<td>5,193</td>
<td>5,193</td>
</tr>
<tr>
<td>Extension</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Above Ground</td>
<td>306</td>
<td>7,963</td>
<td>317</td>
<td>9,520</td>
</tr>
<tr>
<td>Below Ground</td>
<td>2,113</td>
<td>3,405</td>
<td>2,382</td>
<td>3,825</td>
</tr>
<tr>
<td>Imaging Centre</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Above Ground</td>
<td>222</td>
<td>534</td>
<td>240</td>
<td>1,281</td>
</tr>
<tr>
<td>Below Ground</td>
<td>463</td>
<td>1,419</td>
<td>511</td>
<td>1,618</td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Above Ground</td>
<td>20,948</td>
<td>26,563</td>
<td>22,433</td>
<td>30,025</td>
</tr>
<tr>
<td>Below Ground</td>
<td>5,228</td>
<td>9,830</td>
<td>5,433</td>
<td>10,636</td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combined</td>
<td>26,176</td>
<td>36,393</td>
<td>27,866</td>
<td>40,661</td>
</tr>
</tbody>
</table>

Table 1: Existing and Proposed Areas.
**Design**

5.5 The proposed site layout has been designed so as to maximise the current access routes into the site and improve the overall access for pedestrians and for vehicles, whilst maintaining the critical access and operations for the hospital. A new main entrance has been incorporated along Sydney Street. Pedestrian and vehicular flows have been separated to provide a more accessible environment. The new front door reflects the status of a World class respiratory facility as one of the many services at the Royal Brompton. A new glass fin clad front façade and glass canopy has been added over the new entrance which acts as a signpost for incoming patients and visitors.

5.6 The palette of materials has been chosen to complement the local material palette and mediate between the more utilitarian brown/ red brick of the existing Sydney Wing. The roof level material treatment has been carefully considered to achieve the demanding servicing and acoustic requirements of the plant rooms beyond whilst achieving a recessive appearance, blending into the sky, reducing the visual impact of the roof line.

5.7 As part of the proposal the existing AICU in the Sydney Wing will be remodelled and enhanced internally to rationalise the proposed and essential clinical link into the Sydney Wing extension. As a result of this enhancement a new chiller and services enclosure is proposed on the roof of the Sydney Wing on the South West corner. The enclosure will be treated as a series of planted metal panels in a regular elevation rhythm. The Plant screens will have a matt finish and an anodised perforated metal panel cladding system.

5.8 The Imaging Centre is entered by staff and patients via the glazed link between the Sydney Wing extension and the Imaging Centre. The MRI imaging suites are located on the lower ground floor. The floor plan is arranged around a central courtyard with rooms overlooking the courtyard with fully glazed windows overlooking the courtyard. The basement comprises plant and services that facilitate the Imaging Centre. This area is not accessible for staff and patients. The elevations will be in a red brick with inset stone flush panels to be in keeping and complementary to the Chelsea Wing and Britten Wing.

5.9 The development has been designed to positively contribute to the character and appearance of the existing area. The extension to the existing Sydney Wing has been carefully considered; it is no higher than the current Sydney Wing building. The scale of the Sydney Street extension has been driven by the requirements of this clinical facility which needs a large amount of air handling and dedicated ventilation equipment.
5.10 The design of the development was established with advice from RBKC planning and design officers, GLA officers, the RBKC Architectural Appraisal Panel (AAP) and taking account of feedback provided as part of the public consultation. For further detailed information, please refer to the accompanying Design and Access Statement prepared by PDP LDN.

Transport & Servicing

5.11 This application seeks to continue to use the established routes onto the existing site and improve them by splitting pedestrian and vehicular access to the site. Pedestrians travelling from Kings Road will approach the site from Sydney Street and enter via the new Sydney Street entrance. All vehicles will approach via Cale Street and proceed down the existing ramp, which is altered and enhanced to improve vehicle manoeuvring capacity. The proposed continuation of the ramp beneath the Sydney Wing extension allows service vehicles into the proposed service yard at lower ground floor. Ambulances and visitor vehicles proceed to the basement where patients can be dropped off in a dedicated drop off bay adjacent to the circulation core or make use of one of the pre booked parking spaces. Cyclists arriving at the Hospital can make use of the cycle stands proposed adjacent to Cale Street and make their way by foot along Sydney Street to the main entrance. Staff who work in the Sydney Wing can either enter on foot via the new entrance or the proposed secondary staff entrance on Sydney Street.

5.12 The Transport Assessment provides information on the predicted movements into and out of the Cale Street ramp comprising those attributed to the visitor and employee car parking provision, ambulance layover bays, nonemergency and blue light drop off, and servicing movements. There is a maximum of 20 vehicles entering in any one hour and 19 vehicles exiting or 39 two-way movements. This is on average one vehicle every three minutes entering or exiting the ramp. This peak occurs only between 11.00am and 12.00pm; at all other times of the day the flows into and out of the Cale Street ramp will be significantly lower. The design of the ramp has been altered to accommodate free flowing movement from Cale Street and easy priority controlled movement back onto Cale Street. The expected number of trips will be easily accommodated by the existing highway network and the proposed access arrangements with no detrimental impact to the highway.

5.13 Three existing staff car parking will be removed as part of the development proposals. These will be replaced with 18 staff parking spaces and 15 visitor parking spaces within the basement. Due to the constrained nature of the basement car park and the loss of onsite parking, no extra-wide spaces are proposed within the basement. Accessible spaces will be provided in the same way as they are at present, with the hospital security team parking vehicles for people who require additional space to access and exit their vehicles. Provision for adapted vehicles will be
accommodated where necessary within the proposed ambulance layover bays. The table below outlines the proposed parking provision.

<table>
<thead>
<tr>
<th>Car Park</th>
<th>Capacity (Number of marked Bays)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Britten Street South</td>
<td>27</td>
</tr>
<tr>
<td>Britten Street North</td>
<td>5</td>
</tr>
<tr>
<td>Sydney Street</td>
<td>28</td>
</tr>
<tr>
<td>Cale Street</td>
<td>13</td>
</tr>
<tr>
<td>Proposed Basement</td>
<td>33</td>
</tr>
</tbody>
</table>

Net change (from existing) -41

5.14 There are currently 90 cycle spaces already on the existing hospital site. As part of the proposal, the number of cycle parking spaces will increase to 150 spaces.

5.15 The quantity of on street public and resident car parking will remain the same, however the proposals involve some relocation of existing pay and display and disabled parking spaces on Britten Street, and Cale Street. There will be no loss of on street car parking provision as a result of the proposed development.

Servicing and Refuse

5.16 There will be three loading bays provided at lower ground floor, which will cater for general deliveries to and from the site. The bellmouth of the access ramp will be widened and the current pedestrian footway will be removed to allow two-way movement of vehicles on the ramp.

5.17 Bulk oxygen, oil and medical gas deliveries will be from the bulk oxygen delivery bay on Cale Street.

5.18 The service yard will be actively managed to ensure all of the various operations are able to take place. The majority of regular delivery and service trips would be restricted to the hours of 10:00-16:00 although a limited number of trips would be permitted in the early morning or after the evening peak period (before 07:00 or after 19:00).

5.19 Servicing movements are not expected to change, the number of catering, laundry, medical delivery, and refuse collections, will remain the same as they do at present, albeit with larger deliveries and collections per vehicle. It is noted that the Sydney Wing currently receives all goods for the Fulham Wing and redistributes them as necessary via the hospital’s facilities management team. Based on the survey data set out in Transport Assessment, it is anticipated that there will be no more than 13 servicing vehicles entering or exiting the site per hour.
5.20 The clinical waste is collected 6 times per week (Monday to Saturday) between 05:00-06:00. At Fulham Wing the vehicle stops in Dovehouse Street facing north and then reverses from Dovehouse Street into Dudmaston Mews.

5.21 The non-clinical waste at Fulham Road is picked up by standard style refuse vehicle (15.5 tonnes). They collect 5 times per week (Monday to Friday) between 06:00-07:00.

*Landscaping*

5.22 The proposed landscape is designed to provide seasonal interest throughout the year, whilst creating a strong sense of place. The planting palette is responsive to the different microclimatic conditions found throughout the existing and proposed Hospital site.

5.23 Along the colonnade and Britten Street continuous raised planters are to be provided which will contain a series of uniform clipped hedges. The area behind the planters toward the junction between the Sydney Wing extension and Britten Wing will include planting of several semi mature silver birch trees within a loose gravel border to create a soft visual break.

5.24 Within the Britten Street Wellness therapy garden there will be two linear raised planters containing shrubs, herbaceous perennials and ornamental grasses, clipped curved hedges and trees. The central part of the garden will be planted with a small selection of trees and shrubs. The small area between the glazed link and Britten block will have a collection of small raised planters.

5.25 The Imaging Centre garden sits as a linear garden space between the existing garden wall to Dovehouse street and the new pavilion building. The idea is that it offers a visual buffer from Dovehouse street to the Imaging centre beyond. It sits as a row of trees that compliments and augments the existing Dovehouse Street planting and acts as a buffer to provide a tree canopy over the proposed boundary wall. The landscaped deck is located behind the new Imaging Centre and creates a backdrop to the building as its deck projects over the existing ramp. This opportunity to soften the edges of the proposal by creating a landscaped walled sculpture garden in a space that would otherwise sit as a dominant view of the ramp out of treatment rooms and circulation.
6. **ASSESSMENT**

6.1 This section provides an assessment of the development against the Development Plan and other material considerations. There are three levels of adopted and emerging policy – national, regional and local. Within each level there is both planning policy and guidance which combine to provide the framework for the consideration of the Development. The key planning policy documents taken into account at this stage and referred to in this Statement include those listed below.

6.2 National planning policy is set out in the form of the National Planning Policy Framework (NPPF) which was adopted on 27 March 2012. The NPPF establishes overarching principles of the planning system, including the requirement of the system to “drive and support development” and supports “approving development proposals that accord with the development plan without delay”. There is also a “presumption in favour of sustainable development... which should be seen as a golden thread running through both plan-making and decision-taking”. The NPPF is a material consideration in the determination of planning applications.

6.3 Regional planning policy is set out in the London Plan, which was published by the Mayor of London in March 2015. This is the overall strategic plan for London, setting out a fully integrated economic, environmental, transport and social framework for the development of the capital to 2036.

6.4 The GLA has produced a number of documents, which provide more detailed strategic guidance regarding London Plan policies, and are also relevant to the proposed development. These include:

- Sustainable Design and Construction Supplementary Planning Guidance (SPG) (April 2014);
- The Mayor’s Climate Change Mitigation and Energy Strategy (2011);
- The Mayor’s Transport Strategy (May 2010);
- The Mayor’s Economic Strategy (October 2010);
- Use of Planning Obligations in the Funding of Crossrail, and the Mayoral Community Infrastructure Levy (April 2013);

6.5 Local planning policies relevant to the Development are set out in RBKC documents, as follows:

- RBKC UDP Saved Policies (September 2007).
- RBKC Consolidated Local Plan (Local Plan) (July 2015).
6.6 In July 2015 the Council adopted their Consolidated Local Plan which combines alterations since the Core Strategy adoption (December 2010), incorporating the Pubs and Local Character Review (October 2013), the Miscellaneous Matters Review (December 2014) and the Basements Review (January 2015). The Consolidated Local Plan and the ‘saved’ policies of the UDP are therefore the relevant local planning policy documents for consideration of this planning application.

6.7 The draft Royal Brompton Hospital Draft Supplementary Document (SPD) has been prepared by RBKC following an Issues and Options consultation in November and December 2013. The objective of the document was to provide a framework for the assessment of planning applications for the Royal Brompton sites. This document was prepared on the basis that the Trust were looking to taking forward the wider masterplan and consolidating all of the hospital’s services and clinical needs into one integrated building by selling some buildings and redeveloping six sites. The SPD is in draft format and has not been adopted. However, it should still be taken into account as a material consideration in determining the planning application.

6.8 The statutory development plan for the Site comprises the following documents:

- The London Plan (2015);
- RBKC UDP Saved Policies (September 2007); and
- RBKC Consolidated Local Plan (Local Plan) (July 2015).

6.9 A number of heritage assets surround the Site. These are listed in the supporting Design and Access Statement and Heritage Statement.

6.10 The following sections assess the Development against relevant planning policies from the documents listed above and provide an assessment of how it will comply with planning policy in respect of the following topics:

- Enabling Development
- Land Use
- Transport and Access
- Heritage
- Design
- Open Space and Public Realm
- Energy and Sustainability

**Enabling Development**

6.11 Enabling development is an established planning tool used to secure the implementation of a proposal for the long term future of a place of heritage significance or scheme of significant regional or sub-regional public benefit. Enabling development typically seeks to subsidise the cost of maintenance, major repair, conversion to the optimum
viable use of a building, or of a development of significant regional or sub-regional benefit, where this is greater than its value to its owner or market value.

6.12 London Plan Policy 3.12 reinforces the importance of improving health and addressing health inequalities within London. The policy states that “the Mayor will work in partnership with NHS in London, boroughs and the voluntary and community sector as appropriate to reduce health inequalities and improve the health of all Londoners.”

6.13 Policy CK 1 of the RBKC Local Plan states that the Council will ensure that social and community uses are protected or enhanced throughout the borough and will support the provision of new facilities. In addition, the Council will “permit enabling development on land and of buildings where the current use is or the last use was a social and community use in order to: significantly improve that use; provide another social and community use on site or significantly improve or provide new social and community uses elsewhere within the borough and where it can be demonstrated that there is a greater benefit to the borough resulting from this enabling development.”

6.14 The existing specialist respiratory inpatient facilities are outdated and present many clinical challenges to those delivering care to patients and there is now critical need for the facilities to be updated and improved. The Trust’s objective is to be the UK’s leading specialist centre for heart and lung disease.

6.15 The existing facilities at its Chelsea campus require improvement for modern healthcare. Respiratory inpatient facilities are outdated and present many challenges to those delivering care to patients. They do not afford sufficient opportunity to support future growth or the flexibility to respond to new technological developments. The Trust’s vision is to create a hospital environment that promotes world-class patient care and supports innovation, cutting edge research and education.

6.16 The Trust’s vision is to provide an extension to Sydney Street (for the building on the car park) and Imaging Centre (for the imaging building). The delivery of the integrated hospital is based on a cross-subsidy funding strategy, whereby the Trust disposes of some sites for alternative use (predominantly residential) and development to finance the development proposals.

6.17 There are two other sites that sit within the Trust’s Chelsea medical campus that it is seeking to dispose to release value. The other buildings and sites include:

- Chelsea Farmers Market & Chelsea Gardener: The area known as the “Farmers Market” consists of a collection of chalets and kiosks containing a variety of uses falling within Classes A1 (Retail) and A3 (Food and Drink). It includes the Chelsea Gardener. The area known as the “Chelsea Gardener” includes the covered showroom on the Sydney Street frontage and the area behind nos 117-123 Sydney Street which has a frontage on Britten Street.
• 117-123 Sydney Street, a small terrace of grade II listed Georgian terraces comprising retail and residential uses.

6.18 Whilst the applications have sought to be designed to be compliant with planning policy there are aspects of the development proposals across the three sites which do conflict with planning policy (each of these aspects is addressed within the relevant planning statements) in order to be able to facilitate this extension to Sydney Street and Imaging Centre.

6.19 By providing additional specialist respiratory facilities within and outside the UK is a significant public benefit and will significantly improve the social and community uses at the Royal Brompton Hospital by providing an uplift of 10,217 sqm of new D1 medical social and community use for RBKC. The proposals are considered to be enabling development as the three sites are all directly linked due to the fact The Trust cannot develop the extension to Sydney Street or the Imaging centre without the funds from the sale of Chelsea Farmers Market or 117-123 Sydney Street.

6.20 On balance, it is therefore considered that providing this additional social and community use significantly outweighs the disbenefits of a departure in planning policy, particularly when it results in greater benefits to the Borough.

Land Use

6.21 At the heart of the NPPF is a presumption in favour of sustainable development. Sustainable development considers three ‘dimensions’ of development – economic, social and environmental. The economic role includes contributing towards building a strong, responsive and competitive economy. The social role includes creating a high quality environment and supporting health well-being. The environmental role contributes towards protecting and enhancing the built and historic environment.

6.22 London Plan Policy 3.2 outlines that the Boroughs should “work with key partners to identify and address significant health issues facing their area and monitor policies and interventions for their impact on reducing health inequalities”.

6.23 London Plan Policy 3.17 also states the “Mayor will support the provision of high quality health and social care appropriate for a growing and changing population, particularly in areas of under provision and where there are particular needs.”

6.24 One of the key visions outlined within the RBKC Local Plan Policy CV1 is to enhance the reputation of RBKC’s national and international destinations. The policy specifically states “The Royal Marsden and Brompton hospitals will continue to further their international reputation for delivering world class health care, education and research.

6.25 Policy CK 1 of the Local Plan states that the Council will ensure that social and community uses are protected or enhanced throughout the borough and will support the
provision of new facilities. The policy goes on to state that the Council will “protect land and/or buildings where the current use is or the last use was a social or community use, for re-use for the same, similar or related use.”

6.26 This planning application is seeking to improve and enhance the existing Royal Brompton Hospital which requires significant improvements and expansion in order to provide respiratory medicine inpatients accommodation and supporting facilities, replacing the unsuitable Fulham Wing wards. The Fulham Wing will continue to be used for essential medical purposes by the Trust including for outpatients, research, offices and other associated uses.

6.27 The existing specialist respiratory inpatient facilities are outdated and present many clinical challenges to those delivering care to patients. Respiratory patients are chronically and often seriously ill and the Trust is under increasing pressure to improve and modernise existing inpatient facilities.

6.28 The application is not seeking to remove any existing social or community use as defined by the RBKC Local Plan (2015). The proposals enable the Royal Brompton to further their international reputation and deliver world class respiratory health care in line with policy CV1.

6.29 For the reasons outlined above, the principle of the development is consistent with the broad objectives of planning policy and in accordance with the Government’s overarching objectives for sustainable growth. The proposed development is acceptable in principle and should be supported in this location.

**Design, Heritage and Townscape**

6.30 This section should be read in conjunction with a number of other application documents, of which the principle documents are listed below;

- Application Plans
- Design and Access Statement including Landscape Strategy.
- Heritage Statement prepared by Donald Install & Associates.

6.31 The NPPF states that: “The Government attaches great importance to the design of the built environment. Good design is a key aspect of sustainable development, is indivisible from good planning, and should contribute positively to making places better for people” (Para 60). It states that when determining applications, great weight should be given to outstanding or innovative designs which help to raise the standard of design more generally in the area. Applicants are expected to work closely with those directly affected by their proposals to evolve designs that take account of the views of the community. Proposals that can demonstrate this in developing the design of the new development should be looked on more favourably.
6.32 London Plan Policy 7.6 on architecture states that the proposed development should incorporate the highest quality material and design appropriate to its context. Details and material should complement and not necessarily replicate the local architectural character. Regarding heritage assets, London Plan policy 7.8 makes clear that development affecting these should be sympathetic to their form, scale, materials and architectural detail.

6.33 Local Plan Policy CL1 requires all development to respect the existing context, character, and appearance, taking opportunities available to improve the quality and character of buildings and the area and the way it functions, including being inclusive for all.

6.34 To deliver this the Council will:

- Require development to contribute positively to the townscape through the architecture and urban form addressing matters such as scale, height, bulk, mass, proportion, plot width, building lines, street form, rhythm, roofscape, materials and historic fabric as well as vistas, views, gaps, and open space;
- Require development to respond to the local context;
- Require the density of development to be optimised, but sensitive to context;
- Require a comprehensive approach to site layout and design including adjacent sites where these are suitable for redevelopment, resisting schemes which prejudice future development potential and/or quality.

6.35 Local Plan Policies CP3 and CP4 state that the Council will protect, promote and enhance the local distinctiveness and economic success of the Places of the Borough, and improve their character and quality and the way they function and will safeguard the existing high quality townscape and finely grained mix of uses to uphold the residential quality of life.

6.36 The proposed development has been designed through a process of pre-application consultation with stakeholders to respond positively, in scale and mass and architectural treatment, to the existing townscape, the settings of local conservation areas, listed buildings, registered landscapes and local views towards the site.

6.37 The five storey building would be located on the site of 30 Britten Street and the former hospital car park at the junction of Sydney Street and Britten Street. The building, which would be set above two levels of underground parking, would be separated from the hospital by a glazed atrium which forms a new entrance from Sydney Street. The extension would align with the street layout, but with the ground floor set back slightly from the pavement line in order to provide privacy for patients and echo the rhythm of the ground floor glazed bays of the original hospital.
6.38 The development has been designed to positively contribute to the character and context of the existing area. The extension to the existing Sydney Wing has been carefully considered and designed to be in keeping with the buildings in the surrounding area and is designed to be no higher than the existing Sydney Street Wing. The scale of the Sydney Street extension has been driven by the requirements of this clinical facility which needs a large amount of air handling and dedicated ventilation equipment.

6.39 In summary, it is considered that the proposed design fully accords with the requirements of Policy CL1 and provides a carefully considered scheme which respects the existing context, character and appearance of the surrounding area.

**Heritage**

6.40 The Heritage Statement submitted with this application identifies relevant heritage assets in the vicinity of the site (117-123 Sydney Street, Grade I-listed St Luke’s Church and buildings of merit within the Conservation Area, Britten Wing) and assesses the impact of the proposed development on these in the context of relevant national and local policy. The report concludes that “the development as a whole responds sensitively to its historic context and would cause no harm to the setting of neighbouring heritage assets in particular, the setting of the Grade I listed St Luke’s Church and its associated gardens and the listed buildings at 117-123 Sydney Street.”

6.41 In addition, the report outlines that “the high quality of the architecture and the creation of well defined, active street frontages would enhance the local townscape character; preserve the setting of the listed buildings both within and adjacent to the site boundaries; enhance the character and appearance of the Chelsea Park/Carlyle Conservation Area and also preserve and enhance the setting of the Chelsea and Cheyne Conservation areas.”

**Townscape & Views**

6.42 The suitability of the design of the development in its spatial location has been assessed using 12 different viewing positions, which were selected in consultation with RBKC. These views permit the development to be assessed in the context of the existing character and composition of the agreed townscape views allowing the potential effects of the development on views, townscape character and the settings of heritage assets to be understood.

6.43 A Townscape and Visual Assessment The assessment has been undertaken by the Professor Robert Tavernor Consultancy Ltd (‘Tavernor Consultancy’). This assessment has taken into account the physical fabric of the area including local listed buildings and conservation areas, future consented development, the appropriateness of the Site for the Development, and the character of the proposed design.

6.44 The Townscape and Visual Assessment concludes that “the proposed massing as a whole responds sensitively to its unique townscape context and the high quality of the
architectural and urban design proposal and the creation of well defined, active street frontages and high quality new public realm would significantly enhance the local townscape character, and views.”

**Daylight and Sunlight**

6.45 Delva Patman Redler LLP have prepared a daylight and sunlight study to assess the likely impact of the proposed development on the neighbouring residential amenity adjacent to the site. This study has been carried out in accordance with the recommendations of the Building Research Establishment Report “Site Layout Planning for Daylight & Sunlight 2011” (BRE_209). All relevant neighbouring residential and commercial buildings within the vicinity of the site have been included as part of this assessment.

6.46 The analysis has been conducted on the basis that all the blocks at both the Chelsea Farmers Market and the Royal Brompton Hospital are developed at the same time. Therefore, the analysis within this report can be said to consider the “worst case scenario” and demonstrates the results on a cumulative basis.

6.47 The VSC analysis demonstrates that the scheme proposals will have a negligible impact on the neighbouring rooms when tested in the alternative scenario with a mirrored Sydney Street existing massing. Only a small number of rooms at Thamesbrook Care Home fall below the BRE guidelines. However, 11 of the 12 rooms serve bedrooms which are predominately occupied at night time and therefore have a naturally lower expectation for daylight.

6.48 The No Sky Line analysis shows that all neighbouring residential rooms around the site will remain comfortably compliant in BRE terms when tested in the alternative scenario with a mirrored Sydney Street existing massing. However, 4 rooms at the Thamesbrook Care Home fall shy of the BRE guidelines. 3 of the 4 rooms serve bedrooms which are predominately occupied at night time and therefore have a naturally lower expectation for daylight.

6.49 The sunlight analysis demonstrates that all neighbouring rooms considered will remain beyond the levels set out in the BRE guidelines when tested.

6.50 The report concludes that “the scheme proposals demonstrate a minimal impact on neighbouring residential amenity with only highly localised infringements of the BRE Guidance. Where there are infringements of the daylight criteria the effects measured are not sufficiently adverse so as to make the light in rooms within the neighbouring properties unacceptable for their purpose. The actual quantity, quality and distribution of daylight remaining will remain high for a dense urban location such as this.”
**Subterranean Development**

6.51 The partial review of the RBKC Core Strategy that gave rise to the adoption of the Consolidated Local Plan included changes to basement policies. The relevant policy, CL7, was adopted by the Council on 21 January 2015. A subsequent Subterranean Development Supplementary Planning Document was adopted in April 2016.

6.52 The extension to the existing Sydney Street hospital requires two basement levels of underground staff and ambulance parking in order to provide the specialist respiratory care above ground within the available footprint and building massing.

6.53 The policy sets out a number of criteria which proposals that include basements should comply with. These, together with an assessment of how the development meets the relevant tests, are set out in the table below.

<table>
<thead>
<tr>
<th>Response</th>
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<tbody>
<tr>
<td><strong>a.</strong> Not exceed a maximum of 50% of each garden or open part of the site. The unaffected garden must be in a single area and where relevant should form a continuous area with other neighbouring gardens. Exceptions may be made on large sites.</td>
<td>The Development is on a large Site as per the Council’s definition. Section 4 sets out the characteristics of several examples of large sites that should be shared by proposed sites to be considered under this exception to the policy. The examples of large sites are all over 0.5 hectares in size and stated to be a substantial part of an urban block. The development proposed is 0.9 ha and is part of an urban block and is large enough to accommodate all the plant, equipment and vehicles associated with the development within the site.</td>
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<tr>
<td><strong>b.</strong> Not comprise more than one storey. Exceptions may be made on large sites.</td>
<td>As above. The Council have confirmed that the proposed double basement level is acceptable in principle due to the nature of the development (provision of a Hospital).</td>
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<tr>
<td><strong>c.</strong> Not add further basement floors where there is an extant or implemented planning permission for a basement or one built through the exercise of permitted development rights.</td>
<td>N/A</td>
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<tr>
<td><strong>d.</strong> Not cause loss, damage or long term threat to trees of townscape or amenity value.</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>e.</strong> Comply with the tests in national policy as they relate to the assessment of harm to the significance of heritage assets.</td>
<td>There will be no harm to the significance of Heritage Assets arising from the proposed basement levels as outlined</td>
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<td>PLANNING STATEMENT</td>
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<tr>
<td>f.</td>
<td>Not involve excavation underneath a listed building (including vaults).</td>
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<tr>
<td>g.</td>
<td>Not introduce light wells and railings to the front or side of the property where they would seriously harm the character and appearance of the locality, particularly where they are not an established and positive feature of the local streetscape.</td>
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<tr>
<td>h.</td>
<td>Maintain and take opportunities to improve the character or appearance of the building, garden or wider area, with external elements such as light wells, roof lights, plant and means of escape being sensitively designed and discreetly sited; in the case of light wells and roof lights, also limit the impact of light pollution.</td>
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<tr>
<td>i.</td>
<td>Include a sustainable drainage system (SUDs), to be retained thereafter.</td>
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<tr>
<td>j.</td>
<td>Include a minimum of one metre of soil above any part of the basement beneath a garden.</td>
</tr>
<tr>
<td>k.</td>
<td>Ensure that traffic and construction activity does not cause unacceptable harm to pedestrian, cycle, vehicular and road safety; adversely affect bus or other transport operations (e.g. cycle hire), significantly increase traffic congestion, nor place unreasonable inconvenience on the day to day life of those living, working and visiting nearby; be designed to</td>
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safeguard the structural stability of the existing building, nearby buildings and other infrastructure including London Underground tunnels and the highway.

Trust have undertaken discussion with RBKC Highways and Transport Officers prior to submission to ensure all the necessary information is provided.

<table>
<thead>
<tr>
<th>I.</th>
<th>Ensure that construction impacts such as noise, vibration and dust are kept to acceptable levels for the duration of the works.</th>
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<tbody>
<tr>
<td>These issues are dealt with in the Acoustics Planning Report, Construction Management Plan and draft Construction Traffic Management Plan submitted with the Application.</td>
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<th>m.</th>
<th>Be designed to safeguard the structural stability of the existing building, nearby buildings and other infrastructure including London Underground tunnels and the highway.</th>
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<tbody>
<tr>
<td>The scheme has been designed with this in mind. A Subterranean Construction Method Statement and Construction Management Plan are submitted with the Application and have been assessed and agreed with the Council prior to submission of the application.</td>
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<th>n.</th>
<th>Be protected from sewer flooding through the installation of a suitable pumped device.</th>
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<tr>
<td>SuDS measures have been integrated into the basement design. Details are provided with the supporting Drainage Strategy.</td>
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6.54 Whilst the proposed development provides more than one level of basement, RBKC do outline that exceptions are made on occasion for large sites. The extension to the Sydney Street hospital requires two basement levels of underground staff and ambulance parking, together with some of the plant and air handling units in order to provide the specialist respiratory care above ground within the available footprint and building massing. In light of this, and the compelling medical need for this facility, the provision of two storey basement is acceptable.

**Transport**

6.55 Local Plan Policy CT1 and Policy CP3 notes that the Council will ensure that there are better alternatives to car use and to achieve this they will

- Require high trip generating development to be located in areas of the Borough where public transport accessibility has a PTAL score of 4 or above and where there is sufficient public transport capacity;

- Require it to be demonstrated that development will not result in any material increase in traffic congestion or on-street parking pressure;

- Require that parking in non-residential development is for essential need only;

- Require cycle parking, showering and changing facilities in new development;
• Require new development to incorporate measures to improve road safety, and in particular the safety of pedestrians, cyclists and motorcyclists, and resist development that compromises road safety;

• Require Transport Assessments and Travel Plans for larger scale development; and

• Ensure that development does not reduce access to, or the attractiveness of, existing footways and footpaths used by the public, or land over which the public have a right of way

6.56 The proposals for the Site include consolidating all servicing access and egress into the existing Cale Street egress. The egress bellmouth has already been widened to ease the left turn manoeuvre out from the ramp, and the pedestrian route along the ramp will be removed to allow two-way vehicle movements to take place. It is also proposed to ease the access and egress arrangements for the bulk oxygen delivery vehicles by removing part of the brick wall fronting Cale Street.

6.57 The Transport Statement prepared by WSP submitted to accompany the planning application and provide a full description of the proposed car and cycle parking, servicing arrangements and other related details, as well as an assessment of the proposals against relevant policy requirements. These documents should be referred to for a full assessment of the transport impacts of the proposals. A summary of their conclusions is provided below.

6.58 The quantity of on street car parking will remain the same. The proposals will mean that some of the existing pay residential, Pay and Display and disabled parking spaces on Britten Street, Dudmaston Mews, and Cale Street will be relocated. These spaces will be reprovided in the same quantities elsewhere along Sydney Street, Britten Street, Cale Street and Dovehouse Street. Three existing staff car parks will be lost as part of the development proposals. These will be replaced by a provision of 18 staff parking spaces and 15 visitor parking spaces within the basement.

6.59 The design of the ramp has been altered to accommodate free flowing movement from Cale Street and easy priority controlled movement back onto Cale Street. The expected number of trips will be easily accommodated by the existing highway network and the proposed access arrangements with no detrimental impact to the highway.

6.60 Servicing movements are not expected to change, the number of catering, laundry, medical delivery, and refuse collections etc. will remain the same as they do a present, albeit with larger deliveries and collections per vehicle.

6.61 The staff trip generation assessment identifies that the proposals are expected to reduce car trip generation by 32 trips in the am peak (0800-0900) and 26 trips in the pm peak.
(1700-1800). There will be an additional 29 AM Peak / 19 PM Peak trips by Underground services and 27 AM Peak / 18 PM Peak trips by bus services.

6.62 Patient movements, visitor, and servicing movements are not expected to generate any material changes in trips in the peak hours, and only very limited changes during the interpeak. A maximum of 39 two-way vehicle movements is expected in any hour into and out of the Cale Street ramp comprising 20 arrivals and 19 departures during the hours of 11:00 – 12:00. The expected number of trips will be easily accommodated by the existing highway network and the proposed access arrangements with no detrimental impact to the highway.

6.63 The Development is not considered to result in demonstrable harm to the operation of the highway network within the vicinity of the Site and is therefore considered acceptable in highway and transport terms and compliant with RBKC Policies CT1 and CP3.

Construction Impacts and Phasing

6.64 One of the main priorities for the Trust is to ensure that the running of the Hospital is not disrupted during the construction or completion of the proposed extension and Imaging Centre.

6.65 There will be complete separation of hospital and construction activity during the works. The works will be accessed via the site entrance on Sydney Street with separate pedestrian access for site operatives and visitors.

6.66 The phasing of the development has been carefully considered. The intention is that the Imaging Centre will be built and completed ahead of the Sydney Wing extension works commencing. The demolition scope of works will be conducted in two stages. The existing Imatron Building and glazed link to Britten Wing will be demolished initially to facilitate construction of the Imaging Centre. Once construction is complete and the Imaging block is available for clinical use, 30 Britten Street will be demolished along with the remaining buildings and structures within the application site to facilitate construction of the Sydney Wing extension.

6.67 To ensure continued maintenance and clinical access to the Sydney Wing a turning area will be created at the bottom of the current ramp adjacent to the lower ground access to the Sydney Wing, this will be used for clinical deliveries, blue light access and patients’ transfers. A temporary main entrance will be formed on Sydney Street through an existing secondary door at ground level. Once the works to Imaging have been completed 30 Britten Street and the temporary MRI scanner will be removed and demolished before the works to the Sydney Wing extension begin. This phase will also include the proposal to locate a new energy centre and associated plant enclosures and plant screens onto the roof of the Sydney Wing.
6.68 The permitted working hours for all construction works on site will be as per RBKC’s permissible working hours which currently are:

- 08.00 – 18.00 hours week days
- 08.00 – 13.00 hours Saturday
- Sundays and Bank Holidays – No working

6.69 Keeping neighbours and the general public informed of the works is of key importance to the Trust. The Contractor will be responsible for managing impact and will carry out both formal and informal liaisons by way of newsletters, specific activity notices relating to any particular unusual or particularly disruptive works such as road closures or piling works. Signage will notify contact details for the site together with site information as appropriate.

6.70 The procedure for dealing with public enquiries receiving positive comments and complaints will be prioritised with the contractor once appointed. The contractor will be required to liaise directly with the Public Consultation consultant who will act as an impartial voice in the planning process. The contractor and the Public Consultation Consultant will engage with and inform the local community and local stakeholders of particular construction tasks and indicative timelines across the individual construction phases for the overall master plan, and will ensure that both parties are fully involved in any such dialogue. Matters for public consultation during the works will be brought to the public through staging drop-in exhibitions, the circulation of bespoke newsletters within the established catchment area and the use of a dedicated website. Local Stakeholders will be engaged in direct communication with the landowner, contractor, design team and other such consultants as required from time to time through the established Resident's and Community Liaison Groups. These groups shall be open to new members as and when required and will be run in accordance with the stipulations of RBKC.

6.71 In addition to reporting to regular meetings of the Residents' and Community Liaison Groups, the contractor and Public Consultation Consultant’s procedures will allow for:

- a clear point of contact for the public to make enquiries and to submit complaints
- details of how enquiries will be registered and progressed
- advising the intended timescale for responding to the matter raised
- records of any responses given, and to whom
- Escalation of procedures if the response is not satisfactory.

6.72 It will also be a requirement that the contractor shall follow the principles of Good Construction Practice and that the scheme will be registered under the Considerate
Constructors Scheme. The Building Contract specifically identifies the need for resources to be allocated to meeting the Considerate Constructors Scheme requirements and this will allow assessment of the contractors’ intended resources for compliance with such requirements.

6.73 The Construction Method Statement will form part of the building contract and will outline the different procedure to be undertaken to be complete the various works on site. The Contractor will be required to comply with RBKC Considerate Constructors Scheme as well as RBKC’s Code of Construction Practice, and all trade contractors will incorporate requirements for environmental control, based on best working practices and adhering to current H&S regulations and quality procedures. The Construction Method Statement call for contractors to provide;

- a plan of their intended activities and their sequencing
- a programme for the elements of works including labour and plant requirements
- an overall programme linking the activities
- detailed site layout arrangements
- review of the needs for access, resources, accommodation, vehicle movements, material delivery, material storage and any temporary works
- identification of prohibited or restricted works
- identification of any operations that could result in disturbance with duration and timing

6.74 A separate Site Waste Management Plan will form part of the contractor’s obligations. Site teams will be engaged in the project to understand how they may impact on others and how they can contribute effectively to mitigating such impacts. The method statement will be a dynamic document and will evolve during the project. Trade contractors will demonstrate how they will achieve the provisions of the CMS and how potential impacts will be reduced, minimised or removed.

6.75 Please refer to the Construction Management Plan and Draft Traffic Management Plan for further details.

Air Quality

6.76 The NPPF (Para 109) states that “the planning system should contribute to and enhance the natural and local environment by: preventing both new and existing development from contributing to or being put at unacceptable risk from, or being adversely affected by unacceptable levels of soil, air, water, or noise pollution.”
6.77 In 2010 the Greater London Authority (GLA)/Mayor of London published a new Mayor’s Air Quality Strategy for London. This strategy is focused on improving London’s air quality. It also explains the current air quality experienced across London and gives predictions of future levels of pollution.

6.78 The Strategy sets out a framework for delivering improvements to London’s air quality and includes measures aimed at reducing emissions from transport, homes, offices and new developments, promoting smarter more sustainable travel, as well as raising awareness of air quality issues.

6.79 RBKC Local Plan policy CE 5 Air Quality states that “the Council will carefully control the impact of development on air quality, including the consideration of pollution from vehicles, construction and the heating and cooling of buildings. The Council will require development to be carried out in a way that minimises the impact on air quality and mitigates exceedances of air pollutants. To do this the Council will:

- Require an air quality assessment for all major development;
- Require developments to be ‘air quality neutral’ and resist development proposals which would materially increase exceedance levels of local air pollutants and have an unacceptable impact on amenity or health unless the development mitigates this impact through physical measures or and financial contributions to implement proposals in the Council’s Local Air Quality Management Plan;
- Require that the Code for Sustainable Homes or BREEAM assessments obtains all credits available for reducing pollution and emissions, and improving air quality;
- Resist biomass combustion and combined heat and power technologies / CCHP which may lead to an increase of emissions and seek to use greater energy efficiency and non-combustion renewable technologies to make carbon saving unless its use will not have a detrimental impact on air quality;
- Control emissions of particles and NOx during demolition and construction and carry out a risk assessment to identify potential impacts and corresponding mitigation measures, including on site monitoring, if required by the Council.

6.80 An air quality assessment has been undertaken by WSP which addresses the potential air quality impacts during both the construction and operational phases of the Royal Brompton Hospital development. For both phases, the type, source and significance of potential impacts are identified, and the measures that should be employed to minimise these described.

6.81 The site is located in an area where air quality is mainly influenced by emissions from road traffic, in particular, vehicles using the Sydney Street which borders the eastern
site boundary as well as using the A3217 to the south. There are no known industrial pollution sources in the immediate vicinity of the site that will influence local air quality.

6.82 The total volume of buildings to be demolished on site is less than 20,000m³, and demolition activities will occur below 10m above ground level. Therefore, the potential dust emission magnitude is considered to be small for demolition activities. WSPs have undertaken a qualitative assessment of the potential impacts on local air quality from construction activities using the IAQM methodology. This identified that there is a medium risk of dust soiling and health impacts. However, through good site practice and the implementation of suitable mitigation measures, the effect of dust and particulate matter releases would be significantly reduced and the residual effects are considered negligible. A comprehensive list of mitigation measures have been detailed within the air quality assessment. Some have been identified below:

- A stakeholder management plan that includes community engagement before work commences on site should be developed and implemented.

- A dust management plan which may include measures to control other emissions, in addition to the dust and PM10 mitigation provided in the report should be developed and implemented.

- All dust and air quality complaints should be recorded and causes identified. Appropriate remedial action should be taken.

- On and off site inspections to monitor compliance with the Dust Management Plan.

- Ensure sand and other aggregates are stored in bunded areas and ensure bulk and cement and other fine powder materials are delivered in enclosed tankers and stored in silos with suitable emission control systems to prevent escape of material and overfilling during delivery.

6.83 A qualitative assessment has also been undertaken and detailed within the report prepared by WSP. The results show that there would be an increase in annual mean NO2 concentrations that would occur due to the proposed energy centres on site. With appropriate mitigation measures detailed within the WSP report future users should be exposed to acceptable air quality within the proposed development.

6.84 For further information, please refer to the Air Quality Assessment prepared by WSP.

**Energy and Sustainability**

6.85 The NPPF establishes a presumption in favour of sustainable development, and requires development to contribute to the transition to a low carbon future including through the conversion of existing buildings and the use of renewable energy sources.
6.86 The London Plan (Policy 5.2) seeks to minimise carbon emissions through the Be Lean, Be Clean and Be Green energy hierarchy. As a minimum, between 2013 and 2016, all residential and non-domestic developments must reduce carbon emissions by 40% over the 2010 Building Regulations.

6.87 London Plan Policy 5.3 requires developments to demonstrate that sustainable design and construction standards have been integral to a proposal, including:
- Minimising carbon dioxide emissions;
- Avoiding internal overheating;
- Efficient use of natural resources;
- Minimising pollution;
- Minimising waste and promoting reuse and recycling;
- Avoiding impacts from natural hazards (such as flooding);
- Employing sustainable construction practices; and
- Promoting biodiversity.

6.88 New developments are also required to evaluate the feasibility of Combined Heat and Power (CHP) (London Plan Policy 5.6) and reduce potential overheating and reliance on air conditioning systems (London Plan Policy 5.9). The Mayor establishes essential and preferred standards for achieving sustainable design and construction in the Sustainable Design and Construction – The London Plan Supplementary Planning Guidance (April 2014). This document also identifies several methodologies that can be used to measure and demonstrate sustainability.

6.89 Local Plan Policy CO7 states the Council’s strategic objective is to respect environmental limits, contribute to the mitigation of, and adaption to, climate change; significantly reduce carbon dioxide emissions; maintain low and further reduce car use; carefully manage flood risk and waste; protect and attract biodiversity; improve air quality; and reduce and control noise within the Borough.

6.90 Local Plan Policy CE1 also requires the following:

- That carbon dioxide and other greenhouse gas emissions are reduced to meet the Code for Sustainable Homes and BREEAM standards in accordance with the hierarchy;
- Provision of a Combined Cooling, Heat and Power plant which can connect to, or be able to connect to, other existing or planned CCHP plant or similar to form a district heat and energy network;
- Development to incorporate measures that will contribute to on-site sustainable food production commensurate with the scale of development; and
In due course, development to further reduce carbon dioxide emissions and mitigate or adapt to climate change.

6.91 Local Plan Policies CE5 and CE6 consider air quality and noise and vibration and require appropriate mitigation and protection for occupiers as applicable.

6.92 This application is supported by an Energy and Sustainability statements prepared by WSP. The Development has been informed by the principles of sustainable development and will maximise the potential of previously developed land.

6.93 The proposed development is targeting a BREEAM 2014 New Construction Excellent rating as a minimum. A pre-assessment under the BREEAM 2014 New Construction system has been undertaken to develop a strategy for achieving the target.

6.94 The Energy Strategy has been structured in accordance with the energy hierarchy: Be Lean, Be Clean, Be Green. The proposals for the scheme have been developed in accordance with the desire to achieve an energy efficient and sustainable development.

6.95 During pre-planning design development, significant consideration has been given to how the building fabric will respond to its environment in order that the energy consumption of the building is reduced as far as possible through passive means. The building fabric will be designed to significantly exceed the minimum fabric requirements of Part L2A (2013) of the Building Regulations wherever possible.

6.96 A high performance MEP building services solution is proposed for the scheme. The Sydney Street extension will be cooled by constant volume systems via a central chilled water circuit. Chilled water will be generated by water cooled chillers located in the rooftop plant room.

6.97 The Imaging Centre will be heated and cooled via Variable Refrigerant Flow (VRF) heat pumps at ground and lower ground levels. Mechanical ventilation will be provided by centralised air handling units with fresh air distribution throughout the whole development.

6.98 WSP have looked the London Heat map to understand the existing and potential opportunities for decentralised energy projects in London. The map shows that there are no existing district heating networks in the vicinity of the development. There are also no heat networks proposed for the future at this stage. On that basis an immediate connection to a district heating network is not proposed.

6.99 A Connection to a future network will be allowed for and space for the district heating system plant will take the place of the CHP engine and associated storage which would not be utilised if a district heating connection was established.
6.100 In line with the requirements of RBKC’s Local Plan (July 2015), we propose a centralised CHP led low temperature hot water (LTHW) heating system to serve the Sydney Street extension. The CHP system and associated storage will be designed to meet most of the total building annual heating demand.

6.101 Roof mounted PVs will be installed on the rooftop of the Sydney Street extension with around 190 sqm available.

6.102 Overall, the development is shown to achieve a 24.2% reduction in carbon emissions compared to the Part L2A 2013 (new construction) baseline (Table 1-1). For a healthcare facility this is considered to be an exemplary level of carbon savings and the maximum which can be feasibly achieved on site. As a clinical facility with specific healthcare requirements for the building services to achieve the opportunity to reduce energy consumption and carbon emission further is limited without compromising on patient well-being.
7. CONCLUSION

7.1 This application is seeking full (detailed) planning permission for the demolition of 30 Britten Street and the Imatron building to facilitate the extension to the existing Sydney Street hospital to provide a ground plus five storey consolidated healthcare building with 2 storeys of basement and a ground plus two basement level imaging centre, together with the formation of a new pedestrian entrance along Sydney Street, reconfigured vehicular access, associated landscaping and car parking, plant and all necessary enabling works.

7.2 The development has been designed to positively contribute to the character and context of the existing area. The extension to the existing Sydney Wing has been carefully considered and designed to be in keeping with the buildings in the surrounding area and is designed to be no higher than the existing Sydney Street Wing.

7.3 The proposed development will provide high quality inpatient facilities for patients with respiratory disease, including cystic fibrosis, and enhance its diagnostic imaging services for patients with suspected lung and heart disease.

7.4 The Trust’s objective is to be the UK’s leading specialist centre for heart and lung disease. The existing facilities at its Chelsea campus require improvement for modern healthcare. They do not afford sufficient opportunity to support future growth or flexibility to respond to new technological developments. The Trust’s vision is to create a hospital environment that promotes world-class patient care and supports innovation, cutting edge research and education.

7.5 The delivery of an integrated hospital with an extension to Sydney Street and imaging centre is based on a cross-subsidy funding strategy, whereby the Trust dispose of some sites of non-medical use sites within the combined property portfolio for development to finance the Hospital proposals.

7.6 The proposed development provides a significant increase in social and community uses for RBKC and will enable the Royal Brompton Hospital to further its international reputation and deliver world class respiratory health care in line with policy CV1.

7.7 The planning statement has assessed the development against the provisions of the Development Plan and other material considerations. The development accords with the Development Plan, representing sustainable development of the highest quality and is in accordance with the NPPF. As such, it is considered that the planning application should be approved and planning permission should be granted.
## Planning History

<table>
<thead>
<tr>
<th>Reference no.:</th>
<th>Decision</th>
<th>Description</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PP/15/02628</td>
<td>Grant Planning Permission/Consent</td>
<td>Installation of air handling unit and brick faced duct on Sydney street elevation in connection with the new hybrid theatre (Retrospective application)</td>
<td>01 Jul 2015</td>
</tr>
<tr>
<td>PP/12/00661</td>
<td>Grant Planning Permission/Consent</td>
<td>Erection of a two storey extension to the Sydney wing, along Cale Street, to allow for approximately 710sqm of new D1 floorspace.</td>
<td>12 Nov 2014</td>
</tr>
<tr>
<td>ARB/13/07116</td>
<td>Raise No Objection</td>
<td>Prune 1 x cherry</td>
<td>06 Dec 2013</td>
</tr>
<tr>
<td>PP/11/01859</td>
<td>Grant Planning Permission/Consent</td>
<td>Development of roof extension along East and South Wings of the hospital to allow for 455 sq.m of new D1 office (non-residential institutions) floorspace and refurbishment of 484 sq.m of existing D1 office floorspace at 4th floor level on West Wing of the hospital</td>
<td>14 Dec 2011</td>
</tr>
<tr>
<td>CON/10/03720/ad</td>
<td>Discharge of Conditions - Grant</td>
<td>Discharge of Condition 3 of planning permission approved 19/01/11 (PP/10/03720).</td>
<td>26 Aug 2011</td>
</tr>
<tr>
<td>Reference</td>
<td>Application Description</td>
<td>Additional Details</td>
<td>Date</td>
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<tr>
<td>PP/10/03720</td>
<td>Grant Planning Permission/Consent Erection of two storey extension into the Northern lightwell of the hospital to provide additional hospital accommodation (Use Class D1) in the form of 14 single bed units and associated roof top plant</td>
<td>19 Jan 2011</td>
<td></td>
</tr>
<tr>
<td>PP/10/01823</td>
<td>Grant Planning Permission/Consent Installation of new heat recovery unit on existing roof of hospital</td>
<td>12 Aug 2010</td>
<td></td>
</tr>
<tr>
<td>LB/09/01904</td>
<td>Grant Planning Permission/Consent Part redevelopment of existing hospital basement floor and erection of new single storey extensions in existing internal courtyards for accommodation of goods-in departments, Female and Male change facilities and Cardiovascular Biomedical Research Unit</td>
<td>29 Oct 2009</td>
<td></td>
</tr>
<tr>
<td>PP/07/02687</td>
<td>Grant Planning Permission/Consent Erection of a new operating theatre at level 3 of Sydney wing building located in lightwell at western end of building</td>
<td>31 Jan 2008</td>
<td></td>
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<tr>
<td>PP/07/02124</td>
<td>Grant Planning Permission/Consent Installation of new roof level air handling unit to secure new</td>
<td>28 Jan 2008</td>
<td></td>
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<tr>
<td>Application No.</td>
<td>Type of Consent</td>
<td>Description</td>
<td>Date</td>
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<tr>
<td>PP/06/03169</td>
<td>Grant Planning Permission/Consent</td>
<td>Erection of a new five storey extension in central lightwell of Sydney Wing Building, to provide additional space for existing clinical services.</td>
<td>15 Feb 2007</td>
</tr>
<tr>
<td>PP/04/00510</td>
<td>Grant Planning Permission/Consent</td>
<td>Replacement of existing medical oxygen storage vessel with a larger vessel in a revised location 3m. from existing.</td>
<td>14 Apr 2004</td>
</tr>
<tr>
<td>PP/00/00196</td>
<td>Grant Planning Permission/Consent</td>
<td>External renovations to hospital building, replacement of roof level windows, together with new entrance porch and bicycle store to Dovehouse Street elevation.</td>
<td>14 Apr 2000</td>
</tr>
<tr>
<td>PP/00/00137</td>
<td>Grant Planning Permission/Consent</td>
<td>Provision of an external lift, stair and balcony within rear courtyard, together with extract vents and louvred panel on Dovehouse Street elevation.</td>
<td>14 Apr 2000</td>
</tr>
</tbody>
</table>