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1.0 Executive Summary

1.1 Content of Document
This Design and Access Statement (D&A S) has been prepared by PM Devereux on behalf of Chelsea and Westminster NHS Foundation Trust for the redevelopment and extension of both their existing Neonatal Intensive Care Unit (NICU) located on the 3rd floor and Intensive Care Unit (ICU) located on the 5th floor of Chelsea and Westminster Hospital.

This document is to be read in conjunction with the proposed architectural drawings and the following accompanying documents:

- Plant Noise Assessment by ‘Cole Jarman’
- Transport Statement by ‘Sanderson Associates’

1.2 Application Site
Chelsea and Westminster Hospital is located within the Borough of Kensington and Chelsea, Southwest London. The hospital is sited within a mixed used area of the borough, surrounded by various retail shops, leisure facilities and residential housing.

1.3 Planning Policy
The hospital has an established Healthcare use. A previous outline planning submission has been approved for part of the proposed development. Both sections of the proposed development will respond to all relevant policies as described within the RBKC Consolidated Local Plan 2015.

1.4 Design Intent
Our proposed design intent is to respond thoughtfully to the original traditional and modern architecture to which our proposal adjoins. The proposed extensions will continue the theme of the existing architecture in terms of symmetry, rhythm and materials where appropriate and they are also to be set back where appropriate so as not to compete with the existing architecture of the existing buildings. Our proposals aim to enhance on existing architectural additions to the hospital improving the functionality and urban design.
2.0 Introduction

2.1 Chelsea and Westminster Hospital

Chelsea and Westminster Hospital is a 430-bed teaching hospital and has 5,000 members of staff caring for near one million people locally, regionally and internationally. The Hospital provided variety of specialist clinical services as well as general Hospital services for people living locally, which include A&E and maternity. The Hospital is operated by Chelsea and Westminster Hospital NHS Foundation Trust and has close ties with Imperial College London. Although the current Hospital was completed in 1993, Chelsea and Westminster Hospital has a rich history dating back to 1664.

The Trust’s vision is to see the ICU and NICU departments transformed into world class facilities, by increasing the treatment numbers to meet the local area population need and to ensure that its status as a leading healthcare provider in the country is maintained.

The Trust approached the Design Team, including PM Devereux, Maleon (M+E Engineers) and Elliotwood (Structural Engineers) to prepare proposals for the refurbishment and extension of NICU and ICU in August 2015. It was important for the quality and integrity of the project that the selected consultants were involved from early stages of the design development process to ensure that all involved developed a thorough understanding of the existing Hospital and its aspirations.

The Statement has been prepared following discussions with ‘The Royal Borough of Kensington and Chelsea Planning Department’, Chelsea and Westminster Hospital and their respective consultants.

The D&AS has been prepared in accordance with the government circular 01/06 “Guidance on changes to the development control system” and best practice as identified by CABE in their document “Design and Access Statements: how to write, read and use them.” In line with CABE guidance, this document is structured as follows:

- Assessment: sets the context of the site.
- Involvement: discusses the consultation that has taken place throughout the design development.
- Evaluation: identifies the opportunities and constraints that the previous sections outlined.
- Design: explains the development proposals in terms of use, amount, layout, scale, landscape and appearance.
- Access: considers the vehicular and transport links and issues of inclusive access.
2.0 Introduction

1. Existing Hospital facade facing Netherton Grove
2. Existing ambulance entrance off the Fulham Road
2.0 Introduction

2.2 Clinical Aspirations

The Trust aspires to provide exemplary services throughout the Chelsea and Westminster Hospital. Its aspiration is that the proposed NICU and ICU will become worldwide models for delivery of specialist clinical care. To achieve this, the Trust will embrace new and emerging design developments in the field of health and develop a strong philosophy for a world class patient care.

The Trust’s philosophy of service and model of care is:

- Provide clinical facilities for the critically ill patients that are well integrated with research and education, accessible and connected within the current Hospital strategy.

- A high quality environment that provides patients privacy and dignity. To create a comfortable, therapeutic, calming and safe environment in order to reduce patient anxiety and infections.

- A clear and legible organisation; the patient care and experience will be central to both the NICU and ICU schemes. Ease of access, limited travel distance to point of use, clarity of wayfinding, and legibility are key components. The major circulation for the public, visitors and staff will connect across the hospital without any change of level. The design of these links will provide for intuitive wayfinding. Facilities Management and servicing routes will be segregated both vertically and horizontally from patient, visitor and staff circulation.

- The incorporation of an Arts Programme in synergy with the Trust’s vision and priorities.

- Optimised use of technology, including integrated IT (ICRS, PACS and EPR) and near patient testing, it is hoped that clinical staff will be able to input care, decision and request pharmacy needs at the bedside.
2.0 Introduction

The points above will have a negative impact on patient experience, staff morale and there is a knock-on effect on the Trust’s financial position and their status to deliver world class healthcare. Cancellations also have the potential to increase clinical risk if the capacity is so tight that urgent patients experience delays to their treatment.

As demonstrated above the current ICU is operationally undersized in order to meet the needs of the existing admission numbers, predicted growth in population & increased emergency attendances which will then require admission to the ICU from the ED as explained above. Without building further capacity the current ICU department cannot meet the rise of these additional patients per year.

Although NICU is only seeking a small increase in overall cot numbers, it is the spatial requirements of these cots that desperately require improvement in order to provide an appropriate clinical working environment permitting an improved patient recovery centred on an enhanced environment for patients, staff and visitors.

2.3 Clinical Operations

Current clinical pressures experienced within the ICU & NICU departments at Chelsea & Westminster Hospital can be understood simply as when the hospital opened in 1993 patient yearly admissions were significantly less than present day. The current ICU is as designed in 1993 providing a total of 10 beds, consisting of a 4 bedded bay for Level 2 patients and 6 beds for Level 3 patients.

The adjacent table taken from the Trust ICU Operational Policy shows the overall activity and occupancy levels for the ICU in 2014-15. The occupancy % is significantly higher than the Trust wish to target for this department to operate efficiently.

In addition to this pressure, the recent Shaping a Healthier Future (SaHF) for North West London governmental review, has proposed departmental closures at some of the North West London Hospitals, meaning additional pressures on other local hospital departments. In Chelsea & Westminster’s case this has been the downgrading of Charring Cross’s Emergency Department (ED) to ‘Urgent Care’ status meaning more critically ill patients are now transferred to Chelsea and Westminster Hospital.

Chelsea & Westminster’s ED in 1993 was designed for 40,000 attendances (per year), prior to Charring Cross’s downgrade their department experienced circa 112,000 yearly attendances. Chelsea & Westminster Hospital is currently in the process of re-configuring its ED to cater for up to 140,000 attendances to take into account Charring Cross’s downgrade in status and general increases in patient numbers experienced over time. SaHF plans have suggested that there will be a corresponding increase in ICU bed days required of approximately one third adding significant pressure on the already stretched unit. This growth in demand of the ICU facilities has caused the following operational challenges:

- Refused admission relates to major surgery being cancelled due to lack of ICU beds.
- Peaks in activity relate to cross infection issues which result in patients refused admissions to the ICU.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Admissions</th>
<th>Refused Admissions</th>
<th>LOS</th>
<th>Occupancy</th>
<th>Target</th>
<th>Bed Days</th>
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<tbody>
<tr>
<td>Burns</td>
<td>23</td>
<td>0</td>
<td>8</td>
<td>66%</td>
<td>75%</td>
<td>479</td>
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<tr>
<td>Bariatrics</td>
<td>24</td>
<td>2</td>
<td>2</td>
<td>N/A</td>
<td>75%</td>
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<tr>
<td>ICU Level 2</td>
<td>280</td>
<td>23</td>
<td>3</td>
<td>107%</td>
<td>75%</td>
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<td>5</td>
<td>80%</td>
<td>75%</td>
<td>1757</td>
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<tr>
<td>Total</td>
<td>465</td>
<td>25</td>
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2.0 Introduction

2.4 Trust Clinical Space Constraints

Maintaining key departmental adjacencies for both units is instrumental for the Trust to deliver the required clinical service model. The ICU notably is positioned in-between Burns & Theatres on the 5th floor with ideal communication links via Core 8 lift & stairwell to the Acute Admissions Unit (AAU) which is directly below on the 4th floor and the Emergency Department located on the Ground floor.

The NICU is also optimally located supporting adjoining maternity departments and also sharing the same Core 8 lift to the Emergency Department. If there was alternative space in the hospital which there is not, it would still not be considered viable to re-locate these departments to other areas of the hospital due to these critical departmental adjacencies.

Therefore to expand the ICU & NICU to address these needs Chelsea & Westminster hospital has explored all options, including their relocations elsewhere but due to the defined hospital boundaries and associated departmental adjacencies, there is only one viable development opportunity which is to develop on adjoining roofs for both the units.

Key

- ICU
- Burns Department
- Theatres
- NICU
- Maternity Department
- Labour Ward
- Core 8

1. ICU department adjacencies diagram
2. ICU existing inadequate spatial provision
3. NICU department adjacencies diagram
4. NICU existing inadequate spatial provision
5. NICU roof space for proposed expansion

Note: The existing NICU and ICU photos show the lack of space within the Units, there are various medical equipment, trolleys and cots scattered throughout the corridors, circulation spaces and staff spaces.
2.5 Clinical best practice and design approach

The Department of Health’s ‘Health Building note 04-02 Critical Care Units’ & ‘Health Building note 09-03 Neonatal Units’ outlines best practice for each of the clinical departments.

The design proposals from the inception of the project have been developed with ‘clinical user groups’. Each developed scheme has considered all aspects within the HBN especially that concerning spatial area guidance.

It is crucial that both units’ derive plans that deliver the optimum balance between clinical and support spaces. The HBNs define key support spaces required in the form of schedules of accommodation, which the proposed plans adhere to where possible. Where it has not been possible to achieve these spaces due to constraints beyond the projects control, a schedule of derogations has been produced to ensure clinician’s acceptance & approval (an extract of this is show adjacent).

As already outlined the ICU is significantly undersized in the number of treatment beds, the key driver therefore in developing the proposed ICU was to maximise the number of treatment bed spaces & increase the number of isolation treatment beds due to the on-going rise in resistant infectious conditions. Layout options were developed considering the existing roof footprint constraints, the HBN spatial recommendations and their existing treatment areas. The optimum treatment bed space was consequently developed following a series of meetings & plan options concluding with the marking out on the floor of the proposed bed spaces. The proposed ICU plan achieves 20 treatment beds with the majority being able to be isolated in maximising the amount of glass used in their design.

Considering was given to replicate the existing hospital architectural fenestration as the levels below however it was not conducive to delivering the desired clinical layout, as predetermined mullion positions would not relate to the desired clinical layout as determined with the clinicians. Incorporating a design that reflects the existing fenestration mullion & transom positions would also have permitted less natural light from penetrating into the treatment areas & nursing areas beyond. On this note it is key to highlight that the significant glazing will not only benefit patients but also afford nursing staff who will be observing the patients (for significant periods of time) an improved exposure to more natural light thereby improving the health and wellbeing of all within the unit.

The proposed NICU façade extension follows the same design philosophy as that already described with the exception that the fenestration division & transom positions would also have permitted less natural light from penetrating into the treatment areas & nursing areas beyond. On this note it is key to highlight that the significant glazing will not only benefit patients but also afford nursing staff who will be observing the patients (for significant periods of time) an improved exposure to more natural light thereby improving the health and wellbeing of all within the unit.

As well as the number and size of the treatment spaces for both units, the internal environment is a critical design factor as ICU & NICU departments contain some of the hospitals most acutely ill patients. It is well documented that to aid patient’s wellbeing & recovery they do not only need excellent clinical care but also require an internal environment that receives significant natural light. The proposed layouts have been developed in such a way as to afford all treatment bed or cot spaces natural light where possible. The proposed ICU & NICU extension façade treatments (where beds & cots are to be located) deliver this in maximising the amount of glass used in their design.

The proposed ICU fenestration is designed to respond to the developed layout maximising the number of beds; the proposed equally sized glazed panels are sized to reflect this maximum treatment space division.

1. HBN 09-03 front cover
2. HBN 04-02 front cover
3. Derogation schedule extract
3.0 Assessment / Context

3.1 Site Location

The Chelsea and Westminster Hospital is located within the affluent Borough of Kensington and Chelsea, Southwest London. The Hospital’s main entrance faces the Fulham Road (A308), to the east is Nightingale Place, to the west is Netherton Grove and to the south Gertrude Street. Typically housing surrounds the hospital with further commercial offerings fronting the Fulham Road.

Key
1. Chelsea and Westminster Hospital
2. Fulham Broadway Station
3. Imperial Wharf Station
4. West Brompton Station
5. Earls Court Station
6. River Thames

Note: Map above is taken from Google Maps, www.google.co.uk
3.2 Site Surroundings

The Chelsea & Westminster site is not within a conservation area itself, however the ‘Sloane Stanley Conservation Area’ adjoins its east, south & west site boundaries. To the north of the Fulham road and hospital is the ‘Boltons Conservation Area’ which doesn’t directly adjoin the hospital as to the north of the Fulham road contains a block of accommodation that is not included within this conservation area as can be seen in the adjacent conservation map.

The Sloane Stanley Conservation Area was designated in December 1969. The area is largely residential and was built between 1845-c.1880 on land owned by the Sloane and Stanley families. The area is important as an example of mid Victorian speculative development arranged in a grid pattern of streets which has in some places survived in excellent condition. The area developed first from the north (Netherton Grove, Edith Grove and Fernshaw Road) with pairs of villas set in spacious gardens, with later development taking the form of well-mannered terraces. The area is predominantly residential with a small amount of other uses and building types scattered throughout. Bombing in the Second World War caused the loss of the Victorian church and a terrace of houses in Edith Grove leaving unexceptional buildings to take their places. Many of the semi-detached villas have been extended to the sides so that their character as a unit can only be appreciated with difficulty. Overall, however, the buildings in the conservation area are of good quality and retain many important original features such as timber sash windows with fine glazing bars; two and four panel timber doors with thick mouldings; and a wealth of moulded stucco detail around doors and windows. Towards the centre of the conservation area the terraces are united by unbroken parapet rooflines and the rear elevations are consistent in their materials and closet wing design giving them a highly uniform character.

Above text referenced from: Sloane Stanley Draft Conservation Area Appraisal
3.2 Site Surroundings

Terraces make up over half of the conservation area and are mostly well conserved. The most important feature of a terrace is its appearance as a single unit which is achieved by uniformity, regular matching details and an unbroken shared parapet roofline. Most are three storeys over original basements or half basements but there are exceptions to this rule. Many have projecting porches with steps leading over the basement to the gate. Detached houses are very rare in the conservation area. There is a matching handed pair of detached houses at the south end of Netherton Grove. These are fully stuccoed Italianate villas of three storeys over a basement with gable frontages and stucco details such as quoins, string courses, architraves to windows and pilasters. The entrances are set back to the side. Windows are arched to the first floor with a Venetian style group of three windows to the second floor. Ground floor windows are plain casements and the front doors are timber with four panels.

Sloane-Stanley is a small conservation area with a fairly self contained character in which short views play an important part. The short streets to the south of the area tend to finish with a short vista to houses in the next street and this helps reinforce the tranquil domestic character of the area. A good vista is from Lamont Road to Langton Street and its terraces with shops at ground floor. Another is from Edith Terrace to the Chelsea Community Baptist Chapel. There are also views out of the conservation area and one of the best of these is the view from Fernshaw Road northwards towards the rebuilt terrace of shops on Fulham Road. There are two groups of large buildings outside the conservation area that have an adverse impact upon it. These are the Chelsea and Westminster Hospital seen behind Gertrude Street with its ugly chimneys and the red brick towers of the World’s End estate seen towards the south of the area.

Above text referenced from: Sloane Stanley Draft Conservation Area Appraisal
3.0 Assessment / Context

3.3 Site Description

The Chelsea and Westminster Hospital site is rectilinear in shape, orientated north-south along its longer side and covers 2.17 hectares. The land is effectively level, with a gradual slope down of 0.7 metres over 170 meters over the diagonal of the site (north to south).

Opposite the hospital to the east, is the underground Car Park Entrance and the South Kensington and Chelsea Mental Health Centre. Part of the west of the site contains the ‘St Stephens Centre’ and ‘Doughty House’. The south of the site contains the facilities management provision and associated access.

The NICU department is located on the 3rd floor and the ICU department is located on the 5th floor. Both departments can be accessed via the internal Hospital Street.

Key

1. Underground Car Park Entrance
2. South Kensington and Chelsea Mental Health Centre
3. St Stephens Centre
4. Doughty House

- Chelsea and Westminster Hospital
- Trust Ownership Boundary
- 3rd Floor Proposed NICU Extension
- 5th Floor Proposed ICU Extension

1. Site Plan of the Hospital
3.0 Assessment / Context

Note: Historic Maps are taken from Sloane Stanley Conservation Area Appraisal from RBKC website.
1. The vernacular architecture of St Stephen’s Hospital dating back to early 20th century.

2. Bird eye view of the site in 1978 before the combination of facilities of the four other hospitals to create Chelsea and Westminster Hospital.

3.4 History

The Chelsea and Westminster Hospital was built over five years and opened in 1993 on the site once occupied by the St Stephen’s Hospital. This hospital development at the time brought together staff, services and equipment from five London Hospitals as noted below:

**Westminster Hospital:** Founded as a voluntary Hospital in a small house in Petty France, Pimlico, with just 10 beds in 1719.

**Westminster Children’s Hospital:** Built in 1907 as The Infant’s Hospital. Originally in Vincent Square SW1, the Hospital pioneered the treatment of malnutrition in infants.

**West London Hospital:** Opened in 1860 the Hospital was known from the early 1970s for its women-centre maternity service.

**St Mary Abbots Hospital:** An infirmary occupied the site of what had been the Kensington work house. The hospital was founded in the late 19th century.

**St Stephen’s Hospital:** A map of 1664 indicates, on this site “The Hospital in Little Chelsea” Later there was a workhouse then an infirmary before St Stephen’s was founded in the late 1800s.

Following completion of the Hospital in 1993 there has been various other extensions and modifications applied to the original hospital most notably the Netherton Grove Children’s Extensions which was completed in 2010.
4.0 Planning Statement

4.1 Background

In relation to the NICU proposed development no former submissions have been submitted to the Local planning authority concerning this.

Regarding the ICU proposed development, previously outline planning permission application reference: PP/13/03150 was granted on 15/08/2013 for the Extension of roof level accommodation to create a 20 bed Intensive care unit with additional ancillary accommodation. Construction works include erection of lightweight, cold rolled steel frame structure and extension of external envelope.

4.2 Local Site Specific Policies

The hospital site has an established Healthcare use; our proposals consist of a continuation & enhancement of this Healthcare use.

The RBKC Consolidated Local Plan 2015; Section 1 - Spatial Strategy, Chapter 17, Fulham Road – Keeping Life Local notes;

‘Fulham Road Town Centre provides local shops and community services, such as health care to local residents, workers and students. The Council recognises the importance of this district centre in catering for local needs and will work towards reinvigorating these facilities and services. The Council acknowledges the contribution that the Chelsea and Westminster Hospital plays in delivering healthcare, to both local and Londonwide residents alike.’

Other local policies from the RBKC Consolidated Local Plan 2015 which we reference as relevant to our development are as follows: (we have extracted relevant descriptions from each)

Policy CL 1 Context & Character

The Council will require 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. To deliver this the Council will:

a. 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;

b. require development to respond to the local context;

c. require the density of development to be optimised, sensitive to context;

d. 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;

e. ensure that, in carrying out alterations and extensions, the characteristics of the type of building, such as mews, terrace or mansion block, is preserved and enhanced;

f. require applicants to take into account the prevailing conditions;

Policy CL 2 Design Quality

The Council will require all development to be of the highest architectural and urban design quality, taking opportunities to improve the quality and character of buildings and the area and the way it functions. To deliver this the Council will:

a. Require a development to be:

i. Functional - fit for purpose and legible;

ii. Robust - well built, remain in good condition and adaptable to changes of use, lifestyle, demography and climate;

iii. Attractive - pleasing in its composition, materials and craftsmanship;

iv. Locally distinctive - responding well to its context;

b. require an appropriate architectural style on a site by-site basis, in response to:

i. the context of the site;

ii. the building’s proposed design, form and use;

iii. whether the townscape is of uniform or varied character.

Policy CL 5 Living Conditions

The Council will require all development ensures good living conditions for occupants of new, existing and neighbouring buildings. To deliver this the Council will:

a. require applicants to take into account the prevailing characteristics of the area;

b. ensure that good standards of daylight and sunlight are achieved in new development and in existing properties affected by new development, and where they are already substandard, that there should be no material worsening of the conditions;

c. require that there is reasonable visual privacy for occupants of new development and for occupants of existing properties affected by new development;

d. require that there is no harmful increase in the sense of enclosure to existing buildings and spaces, neighbouring gardens, balconies and terraces;

Policy CL 8 Existing Buildings – Roof Alterations/ Additional Storeys

The Council will require roof alterations and additional storeys to be architecturally sympathetic to the age and character of the building and group of buildings. To deliver this the Council will:

a. permit additional storeys and roof level alterations where the character of a terrace or group of properties has been severely compromised by a variety of roof extensions and where infilling between them would help to reunite the group;

b. resist additional storeys, and roof level alterations on:

i. complete terraces or groups of buildings where the existing roof line is unpaired by extensions, even when a proposal involves adding to the whole terrace or group as a co-ordinated design;

ii. buildings or terraces that already have an additional storey or mansard;

iii. buildings that have a roof structure or form of historic or architectural interest;

iv. buildings that are higher than surrounding neighbours, or where they would detract from significant skylines or profiles;

v. buildings or terraces where the roof line or party walls are exposed to long views from public spaces, and where they would have an intrusive impact on that view or would impede the view of an important building or open space beyond;

vi. buildings that, by the nature of the roof construction and architectural style, are unsuitable for additional storeys, e.g. pitched roofs with eaves,

vii. Secure - designs out crime.
Policy CL 9 Existing Buildings – Extensions and Modifications

The Council will require extensions and modifications to existing buildings to be subordinate to the original building, to allow the form of the original building to be clearly understood, and to reinforce the character and integrity of the original building, or group of buildings. To deliver this the Council will resist proposals for extensions if:

a. the extension would extend rearward beyond the existing general rear building line of any neighbouring extensions;

b. the extension would rise above the general height of neighbouring and nearby extensions, or rise to or above the original main eaves or parapet;

c. the extension would spoil or disrupt the even rhythm of rear additions;

d. the detailed design of the addition, including the location or proportions or dimensions of fenestration or the external materials and finishes, would not be in character with the existing building;

e. the extension would breach the established front building line;

f. an important or historic gap or view would be blocked or diminished;

g. the architectural symmetry of a building, terrace or group of buildings would be impaired;

Policy CE 6 Noise and Vibration

The Council will carefully control the impact of noise and vibration generating sources which affect amenity both during the construction and operational phases of development. The Council will require new noise and vibration sensitive developments to mitigate and protect occupiers against existing sources of noise and vibration. To deliver this the Council will:

a. require that noise and vibration sensitive development is located in the most appropriate location and, wherever located, is protected against existing sources of noise and vibration, through careful design, layout and use of materials to ensure adequate insulation from sound and vibration;

b. resist developments which fail to meet adopted local noise and vibration standards;

c. resist all applications for noise and vibration generating development and plant that would have an unacceptable noise and vibration impact on surrounding amenity;

d. require that development protects, respects and enhances the special significance of the borough’s tranquil areas.

Policy CK 1 Social and Community Uses

The Council will ensure that social and community uses are protected or enhanced throughout the borough and will support the provision of new facilities. To deliver this, the Council will:

a. provide a new academy for the communities of North Kensington;

b. permit new, and the expansion of existing, social and community uses which predominantly serve, or which provide significant benefits to, borough residents, except where the proposal results in a shared or communal residential/social and community entrance;

c. apply the following sequential approach:

i. protect land and/or buildings where the current use is or was a social or community use, for re-use for the same, similar or related use;

ii. permit the change of use of land and/or buildings where the current or last use was a social or community use from one social or community use to another social and community use which predominantly serves, or which provides significant benefits to borough residents and where it is demonstrated that there is a greater benefit to the borough resulting from this change of use;

iii. 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; 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.

Policy CT 1 Improving alternatives to car use

The Council will ensure that there are better alternatives to car use by making it easier and more attractive to walk, cycle and use public transport and by managing traffic congestion and the supply of car parking. To deliver this the Council will:

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

e. require that parking in non-residential development is for essential need only.

In addition to the above policies Section 3, Chapter 44, ‘Health and Social Care’ also notes the following aims which is particularly relevant to our proposed schemes:

Aim 1: To improve and protect the overall health of the local population and reduce inequalities in health

Aim 2: To improve the experience of patients, carers and users of local health and social care services and offer greater choice of services.

Aim 3: Work to increase residents’ choice and control to improve their independence and quality of life.

Aim 4: To improve the quality and access offered by local health and social care services.

The policy aims above align with the Trust’s strategic objectives in the delivery of world class healthcare facilities for the local and London population.

Full consideration of these and other policies has been given to the design and functionality of the proposals throughout the development of the scheme proposals.
4.0 Planning

4.3 Consultation

As encouraged by planning practice guidance, The Trust and its advisors have consulted with the Royal Borough of Kensington and Chelsea Planning & Building Control via its pre application advice service to discuss the proposed development proposals.

The detailed design of the building has evolved following the pre application meeting with Simon Westermorland, who is the allocated planning officer for the NICU and ICU schemes on the 22 February 2016 and subsequent feedback was received in the Councils letter dated 08.03.16.

Initial proposals shown adjacent were submitted to RBKC at the end of December 2015 as part of the pre-application advice service.
4.0 Planning

4.4 Consultation Feedback

The case officer reviewed our initial proposals and a meeting was arranged between RBKC & PM Devereux at the hospital on the 22 February 2016 to discuss the proposals.

Initial case officers concerns included the additional 6th floor extension for the ICU & related extent of plant.

The other key concern was the proposed elevation facing Nertherton Grove and the extent and height of the proposed plant room.

PM Devereux along with the Trust & appointed services engineers have consequently reviewed the proposed designs to address this feedback and revised our proposed designs accordingly.

The revised proposals are shown adjacent where one can clearly visualise the design development made to address our case officers initial comments in reducing the overall mass and scale of both developments.