



Minutes

Royal Brompton and Harefield NHS Foundation Trust Community Liaison Group

Meeting 1

Date: 14th March, 2016, 6.30pm – 8pm
Location: Directorate Meeting Room, Mezzanine Floor, Fulham Wing,
Royal Brompton Hospital, Fulham Road, London SW3 6NP
Chair: Steve McAdam

Attendees:

Jane	Dorrell	JD	Dovehouse Street Residents' Association
Gillespie	Robertson	GR	Dovehouse Street Residents' Association
Brian	Leathard	BL	St Luke's Church
Paul	Lever	PL	Jubilee Place Residents' Network
Cynthia	Rich	CR	Chelsea Square Residents' Association
Susan	Spiller	SS	Sydney Street Residents' Association
John	Pollard	JP	Beaufort Gardens Residents' Association/ Knightsbridge Association
Peter	Fawcett	PF	Astell Street Resident's Association
Helen	Morgan-Edwards	HM-E	Astell Street Resident's Association*

Apologies:

Cllr Gerald	Hargreaves	GH	RBKC
Cllr William	Pascall	WP	RBKC
Cllr Andrew	Rinker	AR	RBKC
Hannah	Grievson	HG	Sloane Stanley
France	Hamilton	FH	Chelsea Square Residents' Association
Terry	Chaplin	TC	Chelsea Fire Station
Jo	Hammond	JH	Kings Road Retail Forum

RBH team:

Jo	Thomas	JTh	RBHT
Richard	Paterson	RP	RBHT
Jeremy	Titchen	JT	RBHT Property Advisor
Pedro	Roos	PR	PDP London
Chris	Beard	CW	DP9
Steve	McAdam	SM	Soundings
Lizzie	Bird	LB	Soundings
Kate	Honey	KH	Soundings

* Note – One resident attendee did not sign in and could not be identified from the recording. This matter will be set right at the next CLG meeting.

1.0 Welcome and Introductions

Introductions - Soundings

- 1.1 SM conducted introductions and reviewed the agenda for the evening. He explained that the scheme would develop through consultation with the CLG, among others, and this would be the first of a number of the meetings.

2.0 Project Introduction

Overview - Arcadis

- 2.1 JT provided an introduction to the project setting the context of the previous initiative, the Chelsea Masterplan. He also set out current proposals including new buildings - the new hospital wing and new imaging facility. He outlined that funds would be raised to enable development of the hospital through selling, with the benefit of planning consent, Chelsea Farmers' Market site along with 117-123 Sydney Street. A joint 'enabling' planning application would be submitted for the redevelopment of the RBH Sydney Street Car Park site along with the Imatron site in Dovehouse Street and Chelsea Farmers' Market. JT also outlined the impact of Crossrail 2 on the sites and explained that

RBH are in discussions with the Royal Marsden about the potential for joint facilities.

SM then took questions from the CLG members:

- 2.2 *Have RBH objected to a Crossrail 2 station in the proposed location?*
JT explained that RBH does not have a view about the location of a Crossrail station and does not want to enter into the debate. The hospital's obligation is to serve the needs of its patients and therefore patients and staff of the hospital can determine their view on the station location. If the station compromises the ability to provide appropriate care then the hospital's executive has to take account of its patients above everything else. RBH is in discussion with Crossrail 2 to secure a mutually satisfactory solution that will enable RBH to have funds in sufficient time to build the proposed new facilities.
- 2.3 *Is it in the interests of the patients and staff here to have a station access?*
JT explained that RBH will leave that to the patients and staff to determine. The hospital made its position clear last year that they felt from an organisational perspective it should be down to the people that use the hospital facilities to determine what they felt was best. The focus of the hospital is to provide the best clinical care to its patients.
- 2.4 *Did RBH and RMH write letters last year objecting to the Crossrail station?*
JT clarified that this was around the issue of the station potentially compromising RBH's ability to deliver the project – by blighting the site through safeguarding and thus impacting negatively on the Trust's ability to raise a fair value for the site. In this case RBH would have no alternative but to object.
- 2.5 *What level of pollution will be generated through construction and what will the impact be on patients?*
JT identified that discussions are currently underway with TfL. TfL have given RBH assurances about the impact of works themselves and the proximity to the existing hospital.
- 2.6 *Where do you stand with RBKC on all of this? I greatly appreciate that residents are being engaged earlier but is RBH already discussing the project with the council?*
JT outlined that RBH recommenced discussions with RBKC planning officers at the end of last year when the previous proposal was shelved. As designs have evolved over the first few months of 2016, RBH have met with planning officers but in no more detail than at the CLG. RP noted that discussions have taken place with RBKC Councillors and without knowing details, there is general, broad support.
- 2.7 *Are you able to discuss project costs with the CLG? Are there any ball park figures?*
JT agreed that figures, costs and sales proceeds will be discussed as part of the pre-application discussions. Broadly speaking costs could potentially be between £80 and £100 million plus inflation, but it is still very early stages.
- 2.8 *Will you ensure that the quality will be better than the Sydney Street wing which is not well built, not well designed and was unsuitable even before it had started to be built.*
JT outlined that the design team have been in very close liaison with the clinical bodies of the Trust to determine the evolving design. PDP and Murphy Philipps (specialists in hospital design) form a strong team and they are engaging on a regular basis, with the Trust and its clinicians.
- 2.9 *Are there plans to demolish the Chelsea Hospital for Women building (Chelsea Wing) or Nurses' Home (Britten Wing)?*
JT confirmed that there are no demolition plans for these buildings.

3.0 Design Update

Design Update - PDP London

- 3.1 PR gave a design update, explaining that PDP London have been working on the project since 2009 and understand the context very well. Broadly speaking, PDP are working on the exterior and Murphy Philipps on the interior. Designs are fully taking into account, and will complement, the existing context - with reference to Georgian architecture.

PR set out:

- New wing incorporating 80 - 100 bed specialist respiratory unit
- Height of new wing will be broadly the same as the existing Sydney Street building
- Inpatients will be relocated from Fulham Wing to the new wing (Fulham wing will remain in clinical use)
- Connection of new wing to Sydney Wing - which will allow for new entrance
- Provision of underground parking and servicing

- A new imaging suite which will house 3 MRI scanners, developed on the site of the existing Imatron Building

4.0 Q&A

Q & A Session

- 4.1 *Will light be reduced for the apartments/houses on the new square? The scale of the new buildings look too large for a typical Chelsea square.*
PR explained that the proposed buildings are the same height as the previous historical building located on the site. For new buildings there are minimum standards PDP will comply with and they are currently working on daylight studies.
- 4.2 *Will designing 'a typical London square' not reduce/ privatise public space?*
PR explained that in the previous iteration the building was set back and arranged around a small courtyard. However, RBKC planners required the scheme to reinstate the historical streetscape, and thus for the new frontage to align with the adjoining frontages.
- 4.3 *Will 70 - 90 Sydney Street be overshadowed?*
PR confirmed that daylight / sunlight is a key issue. Light consultants are modelling the scheme. PR explained that there will be impact at the lower levels - it will reduce direct sunlight, but all within acceptable standards and to be expected on many London streets.
- 4.4 *Have these plans gone to RBKC planners?*
CB outlined that RBH have had some discussions about the development of the market with planning officers. All discussions at this point are at pre application stage. CB outlined that because RBH and Chelsea Farmers' Market are separate sites, separated by a road, that they will be submitted as separate, but linked, planning applications. This means they will be determined at the same time.
- 4.5 *At the moment there is a lockable gate between Dovehouse Green and The Farmers' Market - the image appears to show open access between the two. To clarify there is no public right of way across Dovehouse Green and without consultation with St Luke's Church, a right of way across the ancient burial ground should not be implied.*
JT apologised for the artistic licence and understood there should not be an implied route of access. Agreed that RBH would need to consult closely with St Luke's Church.
- 4.6 *While the main atrium entrance shows pedestrian access, how will access to the hospital work for those arriving by car, taxi and ambulance?*
JT acknowledged that vehicular access is still under design development. Currently ambulances come to main entrance. With the redevelopment there will be fewer ambulances, with none transferring from the Fulham Wing. The proposal is for ambulances to use the existing ramp that will be continued downward into an underground facility. This is favoured as it already exists and is seen to have a lesser impact on surrounding streets - Cale Street and Guthrie Street.
- 4.7 *Why don't you build over the gangway where the deliveries arrive, as there's a lot of capacity down there?*
JT set out that currently RBH doesn't have the funds to do it and what the hospital is focussed on is addressing the need for improved respiratory inpatient and imaging facilities.
- 4.8 *In the proposals the northern end is much lower (2 storeys) than the buildings on the southern end. The southern end will get a large block which will take light away from the church gardens which are very well used and the only public garden in Chelsea. Is there capacity to redistribute height and build up higher on the northern end of the existing block?*
JT identified that the design team have started to look at the sunlight/ daylight impact and will also be looking at the impact on strategic views to St Luke's Church. It is very unlikely that height could be added to the north as this would break the facility into two poorly connected parts.
- 4.9 *Concern was expressed that there will not be sufficient car parking and Dovehouse Street and Sydney Street will become congested.*
JT outlined that the majority of visitors come by foot. Currently cars/ taxis drop off at the bellmouth on Sydney Street and it is anticipated this will remain the same. Patients will arrive via the underground facilities. A number of options are being looked at.
- 4.10 *Is part of the plan to make Cale street two way?*
CB confirmed that there is no plan for the traffic on Cale street to become two way - there will only be two way traffic on the ramp.

- 4.11 *What is the affordable housing requirement for the Chelsea Farmers' Market site? Can you give an example of the types of homes?*
 CB outlined that the affordable housing requirement is 50% London, 40% Chelsea. It's likely that the planners will allow a reduced proportion of affordable housing on the basis a hospital is a planning priority. RBH will not be developing the site and are selling the site to raise the funds to build the hospital. It is looking likely that units will be a mix of sizes from 1 bed, up to 4 / 5 bed apartments.
- 4.12 *Why have RBH and charitable assets been separated?*
 RP set out that the charity became fully independent of the Trust in April 2012. The charity has an endowment which generates the income to pay for its accommodation and staff, so that any money it raises goes directly to the Trust.
- 4.13 *Are there any plans for the nurse's home on South Parade, Dudmaston Mews and the lavatory block?*
 JT confirmed that there are no plans for these buildings - at the moment the priority is the redevelopment of a new respiratory wing and imaging centre.
- 4.14 *Will the independent businesses/ tenants from the Chelsea Farmers' Market be displaced temporarily or permanently?*
 JT stated that the initial proposal was to locate retail pavilions in the square and there were discussions with the Chelsea Gardener relocating within the new scheme proposals, but these stopped before they could be progressed due to Crossrail 2.
 PR confirmed that initially the proposals included a retail hub, and affordable rents on the Farmers Market site. However with Crossrail the amount of retail space has been considerably reduced. The development would not be looking to add more retail but to just re-provide.
- 4.15 *Considering the enlarged footprint of the imaging unit, and the concern about the impact on residents of Dovehouse Street, should scanning equipment go underground? There needs to be discussion about height, depth, width and greenery.*
 PR acknowledged this is something that is being looked at - if the proposed building is moved back there may be an opportunity for a row of trees. The design team are aware that there is a need to provide some green relief space. However, it is not possible to get rid of the unit altogether. PR explained that there is a lot of plant associated with the scanners.
- 4.16 *What will the impact be of having plant on the roof, in terms of noise for local residents?*
 JT outlined that environmental health guidelines will have to be complied with, and these will cover noise levels.
 PR outlined while some plant can be put in the basement there will be a requirement for certain plant to be in the open, therefore it will need to go on the roof. PR also clarified that currently the height is even across the building.
- 4.17 *What are the timelines for the project? How does it relate with all other neighbouring developments (Sutton Estate, Thamesbrook House, Crossrail 2). Can works be phased to reduce impact?*
 JT outlined that RBH is keen for the projects to run as smoothly as possible as the hospital will be operating immediately adjacent two of these sites, therefore will require that the impact be minimised as much as possible. Following planning permission being granted, RBH will be looking to start on site as soon as possible. JT expressed the view that RBKC would need to lead on this issue as the Trust would have no control over wider events.

5.0 Role of the CLG/ Future CLG Meeting

Consultation - Soundings

- 5.1 SM ran through a proposal for the CLG's role and how it would operate. He asked for commentary (now or via email) as to whether there are groups or organisations missing. It was agreed that the CLG design update presentation would be uploaded on the website. SM agreed to speak to PR about disseminating information and ran through some general management issues.

6.0 AOB & Next Meeting

- 6.1 SM checked about preferred meeting days, setting out that meetings were likely to happen monthly/ when new information was available. It was agreed Monday worked well for CLG members.
- 6.2 AOB included:
 - JT clarified that there is not currently a buyer for the Chelsea Farmers' Market.
 - The setting of St Luke's Church was discussed as a key consideration. JT identified that this was a key message coming from the consultation and will need to be addressed.
 - JT outlined the current timeline and that construction is looking to start at the beginning of 2018. RBH is working on the basis the planning application would be submitted sometime in the summer

of this year. If planning permission is granted by the end of 2016 or beginning of 2017 it would then take a further 9 -12 months to get on site and construction would finish within 3 or so years after that completing in 2021

6.3

- SM agreed to circulate an estimate of the sqft of the hospital with the CLG minutes.

SM asked for suggestions on the agenda of the next meeting. It was suggested these should reflect the themes discussed in the meeting, including:

- Setting for the church

- Daylight and sunlight

- Traffic

- Surrounding developments and the collective impacts (i.e. temporary road works/ construction traffic for which JT suggested RBKC involvement)

- Construction

7.0

Closing comments and next meeting

7.1

SM brought the meeting to a close, and thanked all for their attendance.

The date of the next CLG meeting has been set for **19th April from 6.30-8pm**, at Seminar Room 2 in the Ground Floor of the Sydney Wing near the café.. Tuesday had to be selected in preference to the agreed Monday slot as two team members could not attend.

Soundings to circulate minutes.