



## Minutes

# Royal Brompton and Harefield NHS Foundation Trust Community Liaison Group

## Meeting 2

Date: 19<sup>th</sup> April, 2016, 6.30pm – 8pm  
Location: Seminar Room 2, Hospital Reception,  
Sydney Street, London SW3 6NP

Chair: Steve McAdam

### Attendees:

Jane	Dorrell	JD	Dovehouse Street Residents' Association
Gillespie	Robertson	GR	Dovehouse Street Residents' Association
Damian	Greenish	DG	Chelsea Society
Paul	Lever	PL	Jubilee Place Residents' Network
Cynthia	Rich	CR	Chelsea Square Residents' Association
Susan	Spiller	SS	Sydney Street Residents' Association
Richard	Burgess		King's Road Association of Chelsea Residents
Peter	Fawcett	PF	Astell Street Residents' Association
Helen	Morgan-Edwards	HM-E	Astell Street Residents' Association
France	Hamilton		Chelsea Square Residents' Association

Apologies: Brian Leathard BL St Luke's Church  
Eva Skinner ES Onslow Neighbourhood Association

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
Andrew	Bickerdyke	AB	WSP
Richard	Grocott-Mason	RP-M	Acting Medical Director RBHT
Steve	McAdam	SM	Soundings
Lizzie	Bird	LB	Soundings
Karolina	Zahradniczek	KH	Soundings

Agenda: 1.0 Introduction  
2.0 Review minutes & consultation findings  
3.0 Update 1: Daylight and sunlight , traffic/ Q&A session  
4.0 Update 2: Design issues, townscape, plant/ Q&A session  
5.0 AOB and close

## 1.0 Welcome and Introductions

1.1 SM conducted introductions and reviewed the agenda for the evening.

## 2.0 Review of Consultation Findings & CLG 01 Minutes

2.1 SM provided an overview of the Stage 1 consultation findings and that the Stage 1 consultation report is now available on the Royal Brompton Hospital consultation website. SM set out:

- the updated consultation timeline
- the role of the CLG
- the extension to the consultation boundary to Old Church Street
- a summary of the key issues raised at the first CLG.

2.2 SM led a review of the CLG 01 minutes. Minutes had been circulated to CLG members electronically, prior to the meeting and in hard copy at the meeting. SM shared the two amendments requested by PL. CLG members agreed these amendments to the minutes.

2.4 SM opened the floor for any questions/ points of clarification.

2,5 Q&As

*Q. It was emphasised that the impact of the hospital redevelopment on St Luke's Church Gardens needs to be carefully considered.*

SM confirmed that this point is understood and recorded in the CLG 1 minutes.

*Q. Should RBKC councillors be attending CLG meetings as observers?*

SM identified that Councillors are likely to be considering/ seeing how the process unfolds. CB confirmed there is a requirement for RBHT to engage with key statutory stakeholders. CB also clarified that when the RBKC set up a previous group this was to support the development of the SPD and with the SPD now on hold, RBHT have established the CLG directly.

*Q. What was the sample size for the exhibition feedback?*

SM outlined that 30 feedback forms were completed and acknowledged that while this is a relatively small sample - which we'd expect to grow over time - it is important to help understand views of those attending the exhibition.

## 3.0 Update 1: Daylight, Sunlight & Traffic, RBHT & WSP

3.1 JT highlighted that the CLG meeting was looking to address some of the issues raised at the first CLG. JT focussed on outlining the impact of the proposed redevelopment on sunlight in St Luke's Church Gardens and surrounding properties and presented the latest sun path diagrams at the spring equinox. Following, JT introduced AB from WSP to explain the impact of proposals on transport and parking.

3.2 Q&As - Daylight/ Sunlight

*Q. Concern was expressed that flats on Britten Street and Meriden Court have not been included in current sun path analysis, which currently cast big shadows on St Luke's Garden.*

JT felt that the analysis did include for buildings on Britten Street and those proposed on the Chelsea Farmers Market but undertook to check (*Post Meeting Note: this was confirmed to be the case*). JT confirmed the sun path analysis was a work in progress and that the spring equinox had been shown as BRE recommended this as the most appropriate time of year. JT confirmed further sun path analysis will be shared with the CLG. CB suggested that it would be useful to show the transit of shadow through the day i.e. from 8am to 6pm.

*Q. Is the impact of the proposed Chelsea Farmer's Market development included in this sun path analysis?*

JT agreed to clarify if it is shown on the current sun path analysis. (*Post Meeting Note: this was confirmed to be the case*).

*Q. Would it be possible to share the sun path analysis for the winter solstice?*

JT confirmed the sun path analysis for winter solstice would be included.

*Q, Could you give some indication on how reducing the height of buildings could impact the levels of sunlight? (A curve or wedge shape was suggested)*

JT agreed that this could be looked at.

*Q. Concern was raised that the loss of light will affect patients using St Luke's Garden.*

JT acknowledged that there are consequences/ impacts to what's being proposed but that there are positives too, with the primary aim to build much needed medical facilities.

*Q. Can solar panels be used to reflect sunlight onto a place that might not have it?*

JT felt that this would be difficult to achieve practically.

3.3

JT introduced traffic engineer AB from WSP to explain the proposed changes to parking and access strategies at the different areas of the hospital. AB outlined that the proposed widening of the Bell Mouth on Cale Street aims to mitigate the impact of an increased number of larger vehicles.

AB outlined the existing and proposed traffic movement figures between 8am -9am and the proposed changes to car parking. AB outlined the proposal for a reduction in the number of car parking spaces from 91 to 48, the bulk of which were for staff parking. However visitor parking would remain at the same number (15 spaces). AB set out that overall it was felt the proposal would deliver a better balance of the type of spaces required but with no reduction in the amount of visitor spaces.

3.4

*Q&As - Traffic*

*Q. Will there be an entrance from Dovehouse Street into the Hospital?*

AB confirmed pedestrian access will remain at Chelsea Wing but not elsewhere along Dovehouse Street.

*Q. Could you clarify what you mean by 'drop-off'?*

AB clarified that 'drop-off' is primarily a visitor drop-off.

*Q. Where will relatives be able to park? Concern was raised that current visitor car parking is not sufficient.*

AB outlined that currently there are 15 visitor car park spaces. The proposals are to re-provide visitor parking like for like.

JT outlined that currently the vast majority of patients arrive by ambulance. The proposals also include 10 ambulance layover spaces at basement level (currently there are 2) which will mean ambulances will not need to park on local residential streets. JT stressed that the proposed changes to car parking will mean no reduction in pay and display, disabled or resident spaces. The proposed reduction will be in staff car parking.

*Q. Does it make greater sense for ambulances to deliver at the centre of the hospital rather than at the front door?*

JT confirmed that this is the plan as part of the proposals. Ambulances will be received into a holding area, rather than through reception as currently happens. AB clarified all ambulances will access the hospital down the ramp.

*Q. What will be the arrangements for patients being picked up from the hospital?*

AB agreed to clarify but believed it is counted within the drop-offs.

*Q. Could you clarify the meaning of the term 'layby' please and have you done work to establish if the drop-off provision will be sufficient?*

AB clarified that a layby in this case meant 5 special parking spaces, a side of the street parking facility for drop offs. AB outlined that traffic surveys have been completed, mapping the various vehicular movements across the site, to establish that 5 spaces will be sufficient.

JT outlined that this was discussed recently with RBKC highways officers. The minimum space requirement is 3. It was agreed to provide 5 drop-off spaces so it could be made clear this stretch is for drop-offs. JT outlined that management will be needed and options include double yellow lines, loading/ unloading and the drop-off area being policed by RBKC and RBH staff.

*Q. Is a reduction in the width of Sydney Street being proposed?*

JT confirmed that there are no plans to narrow Sydney Street.

*Q. How will disabled bays be kept available for hospital patients or will all with a blue badge be able to use them?*

JT acknowledged that this was outside the remit of RBHT. AB highlighted that there are proposed

disabled car parking spaces in the basement.

#### 4.0 Design Issues, Townscape & Plant Update, PDP

4.1 PR gave a design update focussing on issues raised at the last CLG meeting, including bulk and massing, landscaping, street treatment and traffic circulation. PR also gave an update on the historical context for the emerging plans for the Chelsea Farmers Market.

*Q. Will the plant on the new wing equivalent to another floor in height? Can the plant be put in the basement? Concerns were raised about noise of the current and future plant.*

PR confirmed that it is a significant height but that ways of eliminating the noise impact are being looked at. PR highlighted that while some of the plant will be in the basement, some needs to be open to the environment.

AB outlined that over the last couple of years the number of noise complaints related to the plant have been very low and dealt with by the hospital.

*Q. Are there any plans to include renewable energy (solar panels) as part of the plans?*

AB outlined that designs are being finalised and the new wing will be very energy efficient with a new efficient heat power plant designed to supply the new wing.

*Q. Is it possible build deeper i.e. 3 basement levels?*

PR confirmed that current plans are for two basement levels. CB outlined that plans are for the entrance and consulting rooms on the ground floor, with daylight, basement level 1 to house the scanning equipment and basement level 2 to house the plant to serve scanning facilities. A third basement is not required.

*Q. What are the plans for the scanning facility at the back of the Chelsea Hospital for Women?*

It was confirmed that there are no current plans to move or relocate this scanner.

*Q. Will the plant facility on the roof of the new wing be slightly higher than the existing wing? How much would the height of the plant need to be reduced to reduce the loss of light on St Luke's Garden?*

PR confirmed that the new wing will be the same height as the existing wing and that some of the plant needs to be in the open air for heat rejection. PR set out that a number of options have been looked at including distributing plant on the existing Sydney Street wing, however this generates the need for ducts/flues.

*Q. Can the plant be located on the north end of the building where it's lower?*

AB confirmed this option has been looked at, however this means it is further from the wing that needs to be serviced and the closer it can be to that wing, the less impact it will have.

*Q. Is it technically possible to put the plant on the new imaging unit? Depending how set back it is from the street, people on Dovehouse Street may prefer more green space and a two storey imaging unit.*

AB identified that where possible the plant is being concealed, including the plant for the energy centre being placed in a concealed space on the Sydney Street wing and considerable plant in basement.

*Q. Can you preserve the existing hedge that's running along Britten Street?*

PR agreed that this can be looked at.

*Q. Can you continue those 4 buildings on the corner - they're so attractive?*

PR confirmed that they are being preserved. PR also identified that the problem is they are very narrow so it is difficult to fit contemporary apartments within the floorplan.

*Q. It was suggested that the preferred neo-classical design for the Chelsea Farmers Market, from the 1990s Chelsea Society and Prince's Trust exhibition, should be revisited as the preferred scheme of Chelsea Society and Chelsea residents.*

PR confirmed that this style was not his preference and identified that this design is for considerably taller buildings. PR also highlighted that current design proposals are a result of working with officers at RBKC.

*Q. Are you considering the entrance that connects Sydney Street to Dovehouse Green a public right of way?*

JT outlined that this was raised by BL last week, who understood it was not a public right of way and a result of which it had been looked into. As it stands the public right of way between Chelsea Farmers Market and the car park stops short of Dovehouse Green.

## **5.0 Closing comments and next meeting**

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

Closing comments included:

- GR expressed gratitude to RBHT and the whole consultation to the extent that CLG members' issues are being listened to and responded to where possible.
- It was suggested that CLG meetings be extended to 2 hours. SM agreed to try to arrange 6.30 - 8.30pm next time.

SM confirmed that as yet there is no fixed date for the next CLG and this would be circulated once agreed upon. In the meantime the provisional dates for the next exhibition are for 4<sup>th</sup>, 6<sup>th</sup> and 8<sup>th</sup> June.