



# Royal Brompton Hospital Supplementary Planning Document

Adopted April 2021



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

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## Foreword by the Lead Member for Planning, Place and Environment

The coronavirus pandemic has reminded local people of the importance of world class medical facilities in our neighbourhoods.

In Kensington and Chelsea - where we have put protecting lives and protecting livelihoods at the core of our mission - we are fortunate to have:

- The Chelsea and Westminster Hospital,
- The Royal Marsden Hospital,
- and, of course, The Royal Brompton Hospital.

Together, these institutions form an internationally renowned medical hub on our doorstep.

However, we have recently learned of NHS plans to merge the Royal Brompton and Guy's and St Thomas' NHS Trusts. This could see the closure of the Brompton and presents a threat that the site could be sold to the highest bidder.

Kensington and Chelsea Council will actively oppose any plans to close the hospital.

We believe first rate, financially viable medical facilities can be protected and enhanced on the site. We have produced this Supplementary Planning Document to demonstrate the options available to protect this brilliant centre for healthcare and research in the future.

We are grateful to residents for working with us to make these protections future guidance.



Councillor Johnny Thalassites

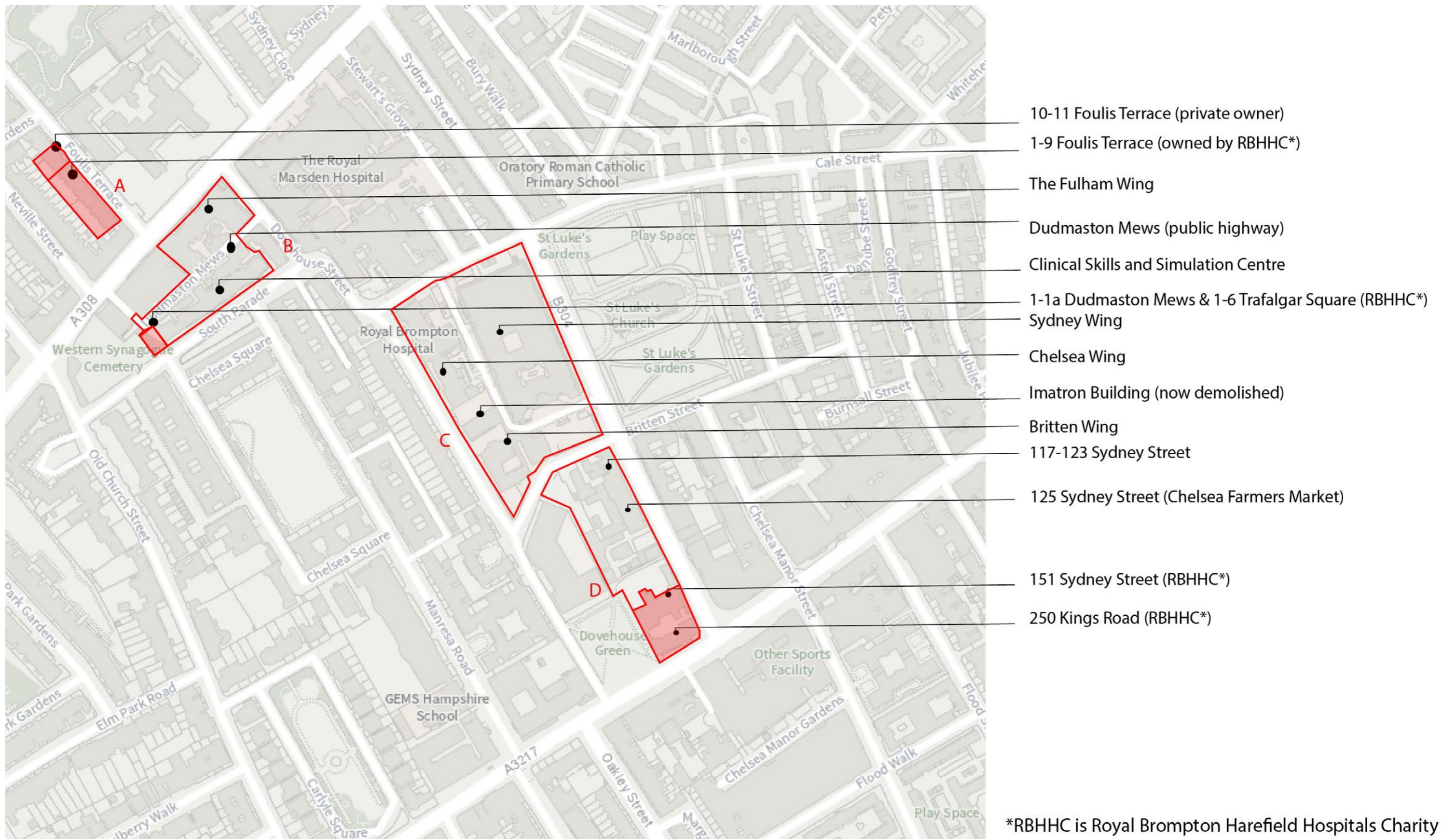


Figure 1 - Supplementary Planning Document (SPD) site area and Royal Brompton Harefield Trust land ownership (no fill)

# Chapter 1 - Introduction

## Background and Context

1.1 The Royal Brompton Hospital is the largest specialist heart and lung centre in the country. It has been located in Chelsea for the past 180 years, expanding and developing both clinically and physically since its early origins at Manor House as a Tuberculosis hospital. It now occupies 12 sites within Chelsea, mainly between the Kings Road and Fulham Road, and provides world class clinical services as well as medical research, innovation and education.

1.2 The Hospital in part defines the south of the Borough, bringing a cluster of medical, research and clinical uses into the heart of the Borough. Its presence certainly enriches this neighbourhood, ensuring a mixed and diverse community exists with a large workforce presence supporting the health uses in the immediate area.

1.3 For a number of years, the future of the Brompton and Harefield Hospital Trust has been considered at a Strategic level with NHS England. In January 2020 Guy's and St Thomas' and Royal Brompton and Harefield issued a joint statement that they were to merge and that a hub for highly specialised clinical academic cardio-respiratory services would be created at the Guys and St Thomas' site.

1.4 This announcement has very significant implications for the Brompton Hospital estate and has confirmed the importance of developing detailed planning guidance to steer any future development of the Hospital sites.

1.5 To bring forward this guidance, the Council appointed HOK (design and architecture firm) to consider in detail, how medical uses can be retained at the site, with financial viability being considered by CBRE (commercial real estate firm). HOK have expert knowledge of the medical industry and of architecture relating to healthcare uses. CBRE have a specialist healthcare arm which focuses on healthcare-specific viability advice. Their findings are included throughout this document.

1.6 It remains the aspiration of the Council that the Royal Brompton Hospital continues to function from its Chelsea site. At an extraordinary Full Council meeting in September 2020, Councillors voted unanimously to support the Save Royal Brompton Hospital motion. A petition named 'Save our Brompton Hospital!' was set up by the Council in response to the merger announcement, and now has over 2700 signatures. A separate, community led petition named 'Save the Royal Brompton' is also ongoing.

1.7 If the Council's aspirations prevail and the Royal Brompton remains and consolidates in Chelsea, the Estate would need an

ongoing strategy of refurbishment and renewal to ensure state of the art medical facilities can be provided into the future. This may require release of some of the buildings to enable such a strategy to be realised. Previous planning permission (PP/16/04357) demonstrates that the Royal Brompton had started this process to modernise parts of its' estate and upgrade its physical environment. This SPD addresses this potential and provides clear principles for this to happen.

1.8 This SPD also addresses the eventuality of an alternative outcome based on the presumption that the Brompton Hospital relocates to Guys and St Thomas' site. This is not an outcome supported by the Council but it is important that we now set out some clear principles that would steer any partial or full release of the land for future and new uses.

1.9 The Council's revised Local Plan 2019 supports the Royal Brompton Hospital in continuing to further their international reputation for delivering world class health care and seeks to uphold our residential quality of life through facilitating local living and maintaining and updating social infrastructure (Policy CV1). The Plan protects social and community uses – this Hospital site falls within that policy presumption (Policy CK1). This SPD builds on this policy. It also recognises the importance of preserving and enhancing the historic fabric of the Borough (Policy CL3, CL4, CL11), of exceptional design quality (CL2) and of high sustainability standards (CE1).

1.10 This SPD seeks to ensure the mixed, diverse and historic nature of this Chelsea community is protected. It seeks to retain and enhance medical uses, within this part of Kensington and Chelsea, with an aspiration they contribute to a wider Health Hub in the Borough. It recognises that not all the current estate is suitable for long term medical functions and therefore provides guidance which buildings may be suitable for alternative use and which areas should be prioritised for medical uses. It acknowledges that some enabling development may be necessary in order to facilitate any future strategy, but the aspiration is that the enabling development should be relevant and beneficial to an ongoing medical presence in the area, and should complement the healthcare hub. For the purpose of this SPD, the term 'enabling' relates to development which would financially facilitate the delivery (or retention) of medical uses on the site (not as per Paragraph 202 of the NPPF).

1.11 The SPD sets out a series of principles that will steer any new development and has provided an indicative masterplan which sets out how a medical centre of excellence could be viably retained or newly provided on these series of sites. The SPD also stresses the importance of a place based approach to any new development. Individual sites should not come forward in isolation but should be part of a wider masterplan for all of the Hospital sites recognising the context in which the sites are located and the wider aspirations of the Council and community for the future. The

Council understand and accept that at present there are multiple site owners (Figure 1) and that enabling development across ownerships would therefore not be possible.

## Vision & Objectives

1.12 The vision sets out the Council's overall aim for the site. The objectives detail what we want to achieve through this SPD, and the development principles state how this should happen.

1.13 Our vision: That the Royal Brompton site continues to provide world class medical uses, maintaining a healthcare hub that keeps life local for residents and upholds the renowned standards of care that this part of Chelsea is known for.

### 1.14 Objectives

- to promote the retention and enhancement of medical uses on site and to foster the ongoing rich mix of uses within this part of the borough;
- to provide guidance, in order to ensure the state of the art medical facilities can be provided into the future, which buildings may be suitable for healthcare uses via refurbishment or renewal, and which buildings may be suited to alternative enabling uses based on indicative commercial viability work;
- to provide an indicative masterplan which shows one way to viably retain medical uses on site;
- to identify where new connections and upgraded public realm could improve the pedestrian and cyclist experience;
- to set out expectations relating to the environmental aspects of redevelopment.

## Development Principles

1. To create a site-wide masterplan approach which retains and enhances the existing world class medical facilities, prioritising sites B and C for such uses;
2. If enabling development is required to facilitate the retention of medical uses and enhancing of medical facilities, to demonstrate how it is complementary to medical uses and/or its contribution to maintaining a healthcare hub;
3. To protect high quality historic environment within and nearby the site by ensuring exceptional design quality which takes opportunities to improve the existing streetscape;
4. To upgrade connections and the public realm environment;
5. To ensure any proposals adhere to or exceed the strict borough requirements for sustainability, waste, air quality, servicing, biodiversity, flooding, noise and vibration and contaminated land.

# Planning Policy Context

## National Policy

1.15 The [National Planning Policy Framework](#) (Feb 2019) emphasises the importance of delivering a sufficient supply of homes, building a strong, competitive economy and promoting healthy and safe communities. The indicative masterplan and mix of uses set out in Chapter 4 would contribute to meeting these objectives. In promoting healthy and safe communities, Paragraph 92 states that planning policies should:

- a) plan positively for the provision and use of shared spaces, community facilities and other local services;
- b) take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community;
- c) guard against the unnecessary loss of valued facilities and services, particularly where this would reduce the community's ability to meet its day-to-day needs;
- d) ensure that established facilities and services are able to develop and modernise, and are retained for the benefit of the community; and
- e) ensure an integrated approach to considering the location of housing, economic uses and community facilities and services.

1.16 This SPD would meet these aims by:

- providing further guidance for development on the site, supporting the delivery of the policies contained in the Council's adopted Local Plan;
- setting out detailed advice that is a material consideration in the assessment of planning applications if they propose the loss of valued medical facilities;
- Supporting the protection and provision of new medical facilities to meet the need for social and community facilities within the Borough into the future (subject to all other planning considerations);
- supporting the continued mix of uses (medical, residential, retail, leisure and open space) which already exist in this area.

## Local and Regional Policy

1.17 Were the Brompton Hospital to vacate the site, Policy CK1 of the Kensington and Chelsea [Local Plan \(2019\)](#) would protect the site for social and community uses, which, in the first instance, would be for medical use and then for other social and community uses. The [London Plan](#) (2021) takes a more strategic approach to healthcare provision. Policy S1 (F2) supports the reconfiguration of services where 'the loss is part of a wider public service transformation plan which requires investment in modern, fit for purpose infrastructure and facilities to meet future population needs or to sustain and improve services.' This policy allows bodies like NHS trusts to make strategic, London-wide decisions on the

location of their services, without the need to protect their existing sites for social and community use. It enables them to sell their sites for other uses (e.g. housing) to fund the strategic approach. It should be noted that any proposal to retain an NHS hospital on the site would have to be developed through the NHS procedure, which would include a needs assessment.

## Supplementary Planning Documents

1.18 An SPD forms the framework for which any future planning applications relating to the site(s) are determined. An SPD is a material planning consideration in the decision-making process.

1.19 Figure 2 demonstrates how the Royal Brompton Hospital SPD (and other SPDs for clarity) relates to the Local Plan and the chain of conformity with higher level plans. The SPD must be in accordance with the Local Plan and London Plan and cannot set new policy. The policies are contained only within the Local Plan. The SPD does, however, draw on the evidence and background information that was used to develop the Local Plan.

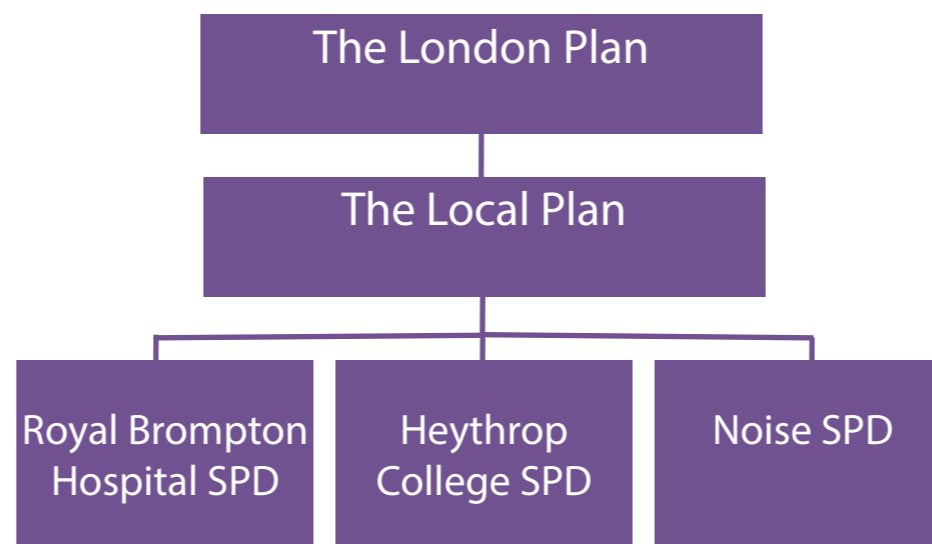


Figure 2 - Planning Policy chain of conformity

## Relevant Local Plan Policies

1.20 This section provides a summary of the Local Plan policies which have particular implications for development proposals within the Royal Brompton site. The policy wording should be read in full and all policies within the Local Plan should be taken into account when developing proposals within the Royal Brompton site.

1.21 Policy CV1 sets out the Vision for the Borough. It states that, by 2028, we will enhance the reputation of our national and international destinations (including The Royal Brompton Hospital) and will continue to further their international reputation for delivering world class healthcare, education and research activities.

We recognise that in order to continue this reputation, some refurbishment and renewal would be necessary. We will uphold our residential quality of life through cherishing quality in the built environment, acting on environmental issues and facilitating local living, including through strengthening neighbourhood centres and maintaining and updating social infrastructure. It is important to recognise that the medical uses provided at the Royal Brompton site serve the local community as well as the wider public. Any proposals for this site are expected to comply with this vision.

1.22 Policy CA9 is a site allocation for Chelsea Farmers Market which forms part of the Royal Brompton land holdings. The site is allocated to deliver a minimum of 50 residential units; retail units at ground level facing 151 Sydney Street; creation of a new public square facing 151 Sydney Street and linking to Dovehouse Green. This allocation should be considered when developing proposals for this part of the site.

**Policy CA9**  
Chelsea Farmers' Market

The Council allocates development on the site to deliver, in terms of:

**Land use**

- a. a minimum of 50 (C3) residential units;
- b. retail units at ground level facing 151 Sydney Street;
- c. the creation of a new public square facing 151 Sydney Street and linking to Dovehouse Green;

**Principles**

- d. residential-led mixed use development;
- e. provision of active retail frontages facing onto the new public square;

**Infrastructure and Planning Contributions**

- f. development will be liable to make planning contributions in accordance with the CIL Regulations, the Council's Regulation 123 List and other relevant Local Plan policies and SPDs;
- g. provision of a new public square.



Figure 3 - Chelsea Farmers Market Site Allocation Location Map (CA9)

1.23 Policy CK1 protects social and community uses. The reasoned justification explains that a key role of the planning system is to protect the uses that have lower land values, but high value to the community. The high land values in Kensington and Chelsea, particularly for residential uses, mean that local services are threatened as they typically have a lower land value than other uses. It is important to protect social and community uses as they stimulate a sense of community and provide valuable social infrastructure. It sets out that some facilities within the borough have a national or international catchment and that they also offer significant benefits to borough residents. The Royal Brompton Hospital falls into this category and is therefore a social

and community use. Part (c) (i) of the policy sets out a sequential approach that, in the first instance, requires land to be used for the same, similar or related use. Due to viability assessment concluding that the medical uses are viable, the Council would expect the site to be retained for such uses.

1.24 Policy CF1 supports the Location of New Shop Uses in certain areas. It sets out a town centre first policy, which applies to one part of the Royal Brompton site - 250 Kings Road which is in a Major Town Centre. This means that the Council would support the creation of new shops and new shop floorspace within this part of the site (subject to detail).

1.25 Policy CT1 seeks to improve alternatives to car use by making it easier and more attractive to walk, cycle and use public transport. It requires all new additional development to be permit-free and for cycle parking, showering and changing facilities to be included within new development. Part (g) requires improvements to the walking and cycling environment, including securing links through new developments. These elements and the policy as a whole should be applied to any development at the site.

1.26 Policy CR1 requires a well-connected, inclusive and legible street network. Part (c) requires new links and the removal of barriers that disconnect access for pedestrians, cyclists and people with limited mobility. In particular, development at the site should consider how new links could improve connectivity for the above users, particularly in north/south directions between Dovehouse Green and Britten/Sydney Street, and Britten Street and Cale Street. Any new routes should be legible and safe. Proposals should take opportunities to improve the street network and public realm.

1.27 Policy CR6 requires the protection of existing trees and the provision of new trees that complement existing or create new high-quality green areas. This policy should be applied to any development across the site.

1.28 Policy CR7 requires servicing facilities to be well designed, built to accommodate the demands of new development and to be sensitively integrated into the development and surrounding townscape. Given the levels of servicing required for medical and healthcare uses, a Servicing Management Plan for all sites with on-site servicing space is essential alongside any development proposal.

1.29 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. This SPD sets out where there are opportunities to improve the character of certain parts of the site.

1.30 Policy CL3 requires development to preserve and take opportunities to enhance conservation areas. The majority of the site is within or in close proximity to a conservation area and the highest architectural and urban design quality will be sought. All proposals must ensure that they preserve or enhance the character or appearance of the conservation area(s).

1.31 Policy CL4 requires development to protect the heritage significance of listed buildings. There are two sets of listed terraces within the site (1-11 Foulis Terrace and 117-123 Sydney Street), and Grade I listed St Luke's Church is immediately to the east of site C. Their special architectural and historic significance, including consideration of setting, must be protected.

1.32 Policy CL5 requires development to ensure good living for occupants of new, existing and neighbouring buildings. The relatively tight street layout and low rise average height of existing buildings in this area mean the relationship between existing homes and new development must be carefully considered.

1.33 Policy CH1 aims to increase housing supply by protecting residential uses. It is acknowledged that some enabling development may be necessary in order to retain medical uses, and that this could be in the form of a range of preferred complementary residential uses. It is therefore expected that, if the site were to be redeveloped, the number of residential units would at minimum be maintained and likely be increased.

1.34 Policy CH4 Specific Housing Needs aims to ensure that new housing development meets the housing needs of a range of groups. In particular, it supports the provision for older people's housing including new extra care and sheltered housing to meet specific local needs. When considering need, proposals should take into account the proximity of the site to the approved extra care development at Dovehouse Street.

1.35 Policy CE1 details how the Council will tackle climate change. Proposals on this site would require an assessment to demonstrate that development would meet BREEAM very good standard, amongst others.

## Existing consents

1.36 There are a number of existing consents on the site. These are:

- Imatron Building (PP/16/04357) - Permission was granted (subject to S106 agreement) for the demolition of 30 Britten Street and the Imatron Building to facilitate the extension to the existing Sydney Street Hospital to provide ground plus 5 storey consolidated healthcare building with 2 storeys of basement and a ground plus 2 basement level imaging centre, together with

the formation of a new pedestrian entrance on Sydney Street, reconfigured vehicular access, associated landscaping, and car parking, plant and all necessary enabling works. In 2018, an application (PP/18/03291) was granted (subject to S106 agreement) which varied Condition 2 (compliance with approved drawings) of the 2016 application, in order to provide a two storey Imaging Centre with a two storey basement, relocation of the substation and associated temporary and enabling works including mobile MRI and support accommodation facilities. A series of discharge of conditions applications have been submitted since.

- Chelsea Farmers Market (PP/16/04366) - Permission was granted (subject to S106 agreement) for demolition of existing buildings and erection of part 5, part 6 storey buildings with part 1, part 2 storeys of basement to provide a mixed use development comprising 59 residential units, and flexible retail uses (Class A1, A2, A3) and the creation of new publically accessible landscape spaces, associated car, cycle parking, landscaping and amenity and all necessary enabling works.
- Chelsea Farmers Market (PP/16/02375) - Permission was granted for the continued use of Chelsea Farmers Market, ancillary shopping and cafe for a period of 5 years up until 2021.
- Fulham Wing (PP/14/07871) - An application was submitted for the part demolition and redevelopment of hospital for specialist oncology in-patient and out-patient services. A decision was not made on this application.
- Foulis Terrace (PP/19/02691) - Planning permission was granted (subject to a legal agreement) for internal works to modernise and reconfigure the existing HMOs within nos 3-9 Foulis Terrace to provide 44 HMO rooms with en-suite bathrooms and shared facilities, and a change of use and internal works within nos 1-2 Foulis Terrace to provide 10 studio apartments, with linked external upgrade works.
- 151 Sydney Street (PP/16/04088) - Planning permission was granted for the continued use part of of basement and ground floor premises as A1 retail and D1 clinic.
- 250 Kings Road (PP/04065) Planning permission was granted for the continued use part of lower ground floor premises as D1 clinic.

## Chapter 2 - Site Analysis

2.1 The Royal Brompton Hospital site is in Chelsea, primarily between the Fulham Road and Kings Road. The site can be divided into four key areas: A, B, C and D.

2.2 Site A consists of 1-11 Foulis Terrace which is Grade II listed and is north of Fulham Road. Site B includes the Fulham Wing, Dudmaston Mews and the Clinical Skills and Simulation Centre. This cluster is bound to the north by Fulham Road and the south by South Parade. Site C is the largest of the four areas, is located between Dovehouse Street and Sydney Street and consists of the Chelsea Wing, the Imatron Building, the Britten Wing and the Sydney Wing. Site D consists of 117-121 Sydney Street (Grade II listed), 125 Sydney Street (Chelsea Farmers Market), 151 Sydney Street and 250 Kings Road.

2.3 The site is surrounded by high-quality townscape, much of which is designated conservation area. Grade I listed St Luke's church is located immediately to the east of the Sydney Wing, the largest building in the estate. The surrounding area is rich in variety of uses, providing residential, medical, community, retail and commercial space. The site is very well served by public transport (Public Transport Accessibility Level 6a) and major strategic vehicular routes, providing good links for those travelling by foot and for emergency vehicles. Six Santander bike stands are located within a five minute walk of the site and it scores highly in public transport accessibility levels. The medical facilities provided here are an ideal location for a hospital that serves both the local community and patients from further afield.

2.4 The sites contain a mix of building typologies both in terms of architecture and use, reflecting the piecemeal nature of development through time. They include Georgian terraced housing, grand Victorian architecture constructed largely of red brick, and more modern hospital and residential buildings.

2.5 The following maps, diagrams and photos form a detailed site analysis, in the neighbourhood context. Site analysis helps the process of assessing site constraints and opportunities, and subsequently creating spatial recommendations.

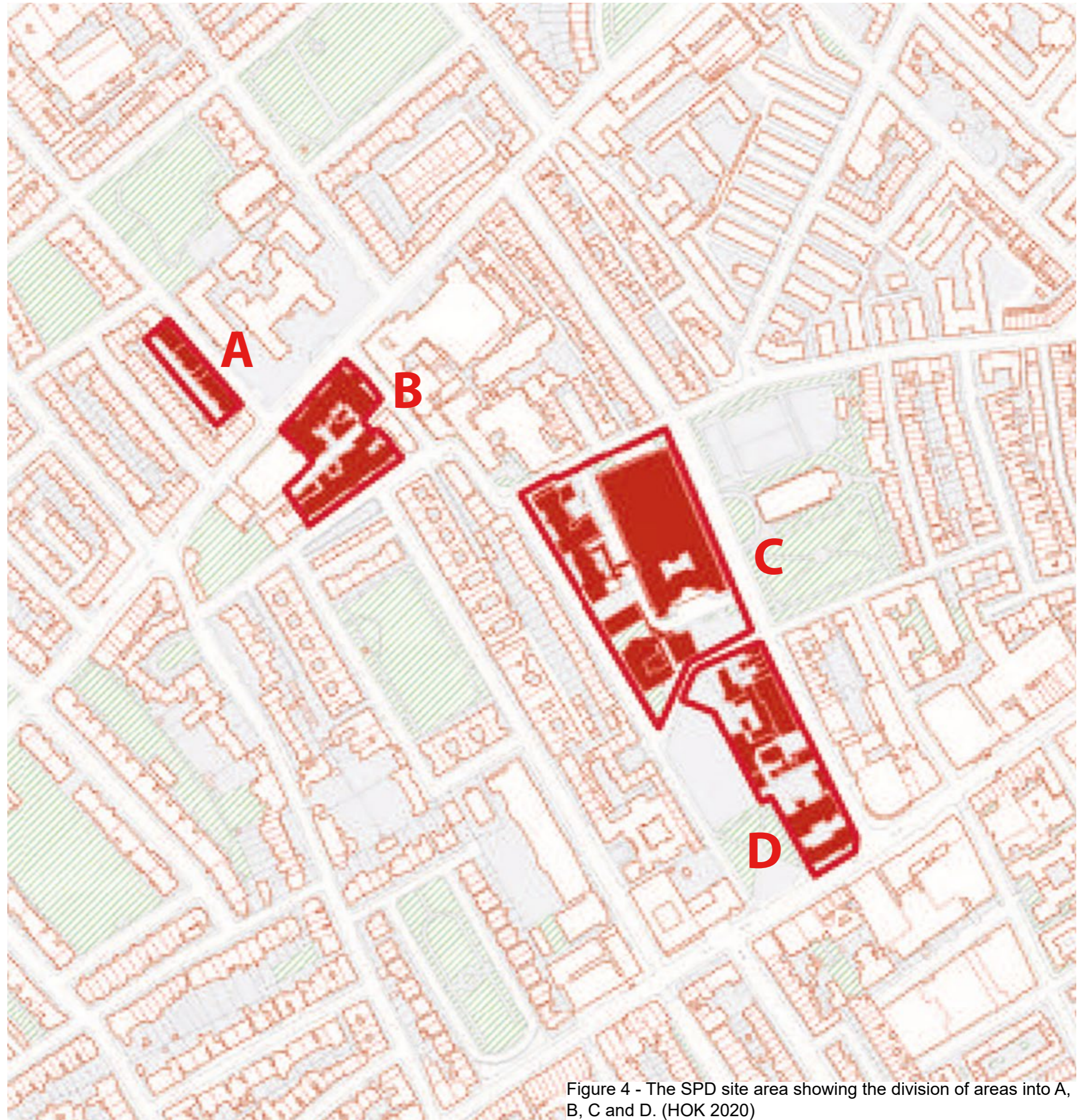


Figure 4 - The SPD site area showing the division of areas into A, B, C and D. (HOK 2020)





Figure 5: Showing hospitals, medical research institutes and universities located in the borough and beyond. It highlights a local cluster of medical facilities around the Brompton site - with other hospitals and medical research institutes nearby. (Diagram - HOK 2020)

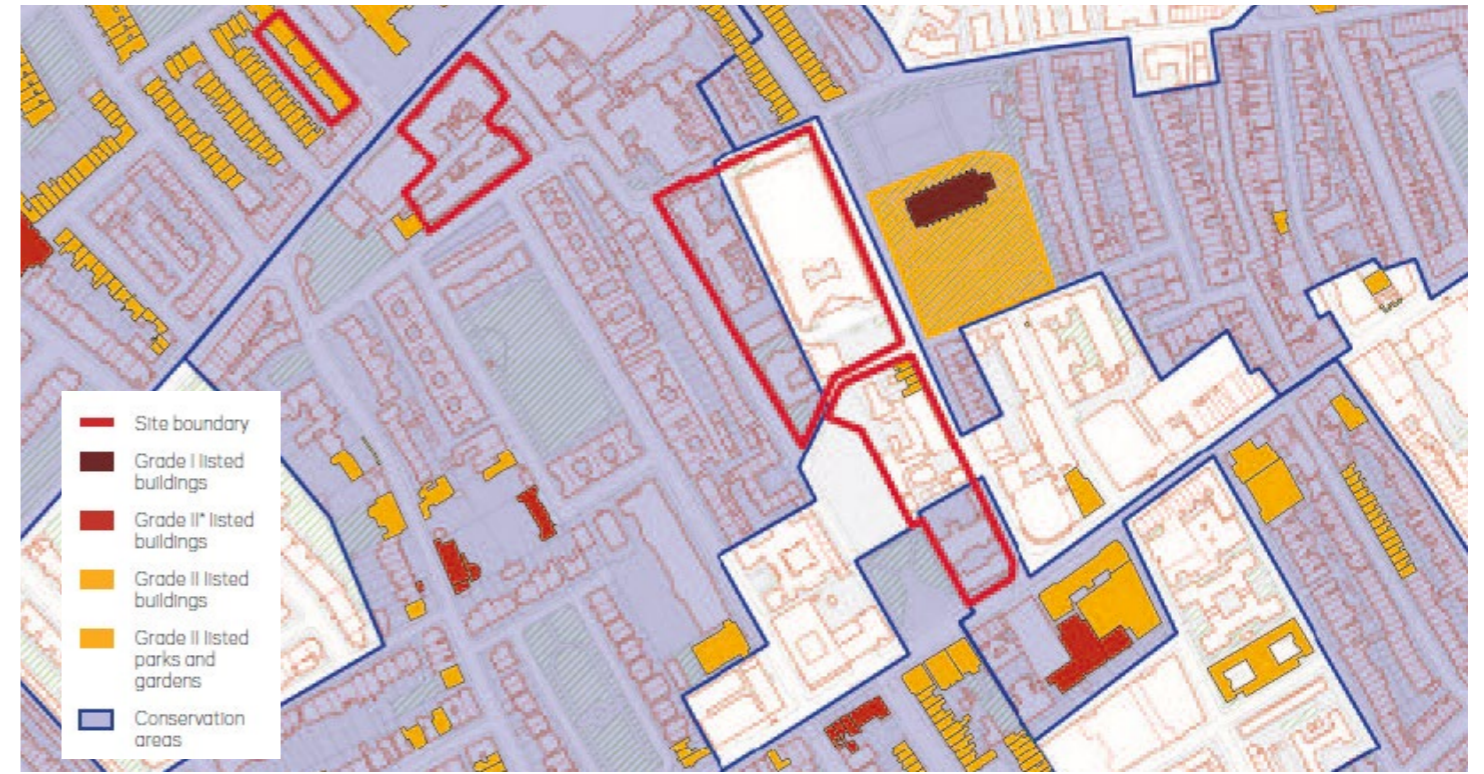


Figure 6: Site A is within Thurloe/Smith's Charity Conservation Area and Site B and the western part of Site C are within Chelsea Park/Carlyle Conservation Area. The southern part of Site D is within the Royal Hospital Conservation Area. 1-11 Foulis Terrace and 117-123 Sydney Street are Grade II listed. Opposite the Sydney Wing is Grade I listed St Luke's Church. The Old Firestation (Grade II) adjoins Site B. (Diagram - HOK 2020)

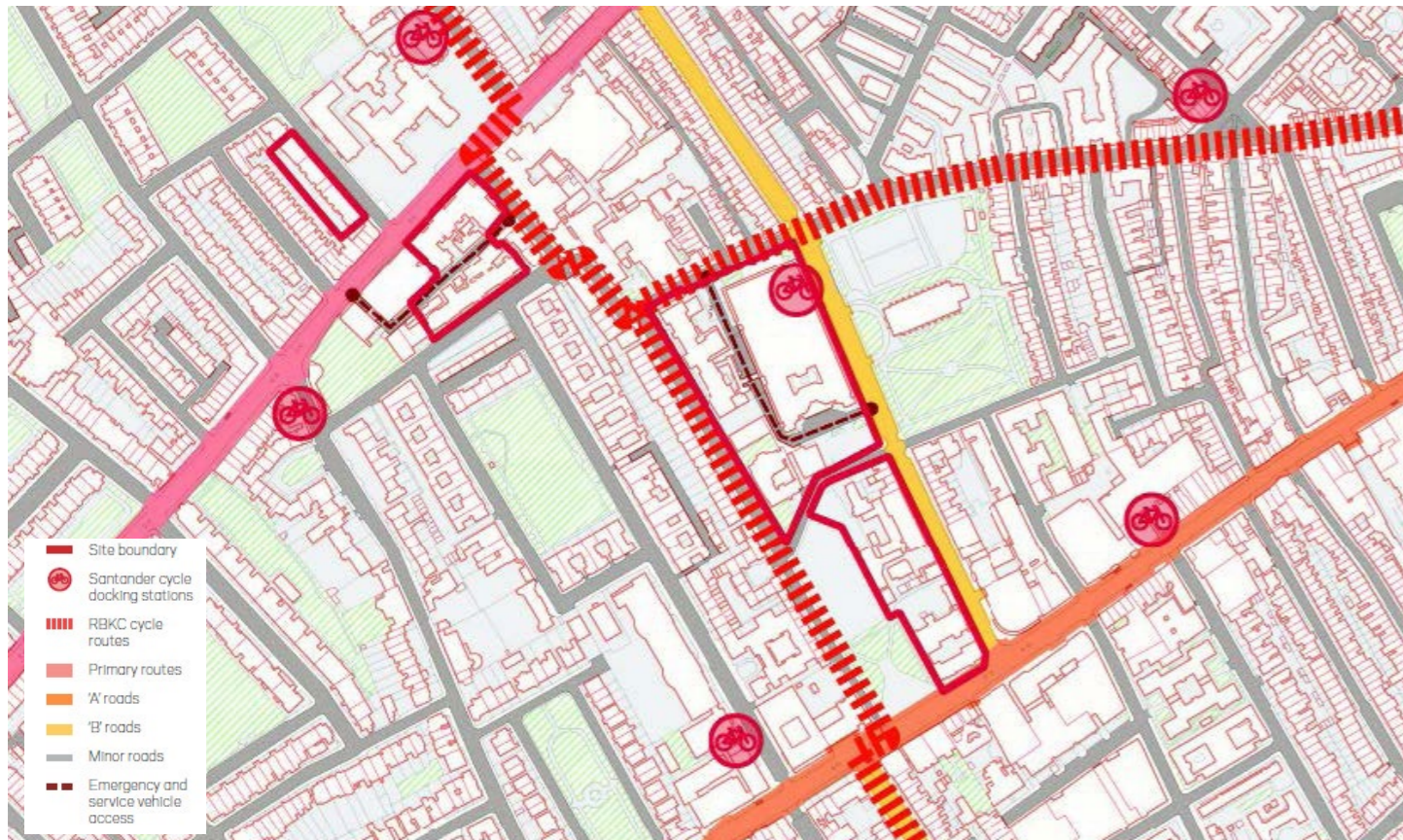


Figure 7: The sites are well served by major and local roads, with Fulham Road to the north and Kings Road to the south. Cycle routes are located on adjacent roads to the site. For emergency vehicles, access is provided by a gated one way road. (Diagram - HOK 2020)



Figure 8: The site is located close to several open spaces. Grade II listed St Luke's Gardens (opposite Sydney Street Campus) and Dovehouse Green are closest to the site, the latter is an ancient burial ground owned by St Luke's Church. (Diagram - HOK 2020)



Figure 9: The site is located within a predominately residential area, with mixed-use corridors along Fulham Road and Kings Road. There are several civic institutions and churches in the neighbourhood. Sites B and C house healthcare institutions, Site A comprises of residential terraces, and Site D is more mixed with retail and commercial uses. (Diagram - HOK 2020)



Figure 10: The majority of buildings are 1-3 storeys, reflecting the prevalence of residential terraced housing in the area. 4-6 storey buildings are also common. The sites include 3-6 storey buildings, with the majority of buildings adjacent to them at 2-4 storeys. (Diagram - HOK 2020)

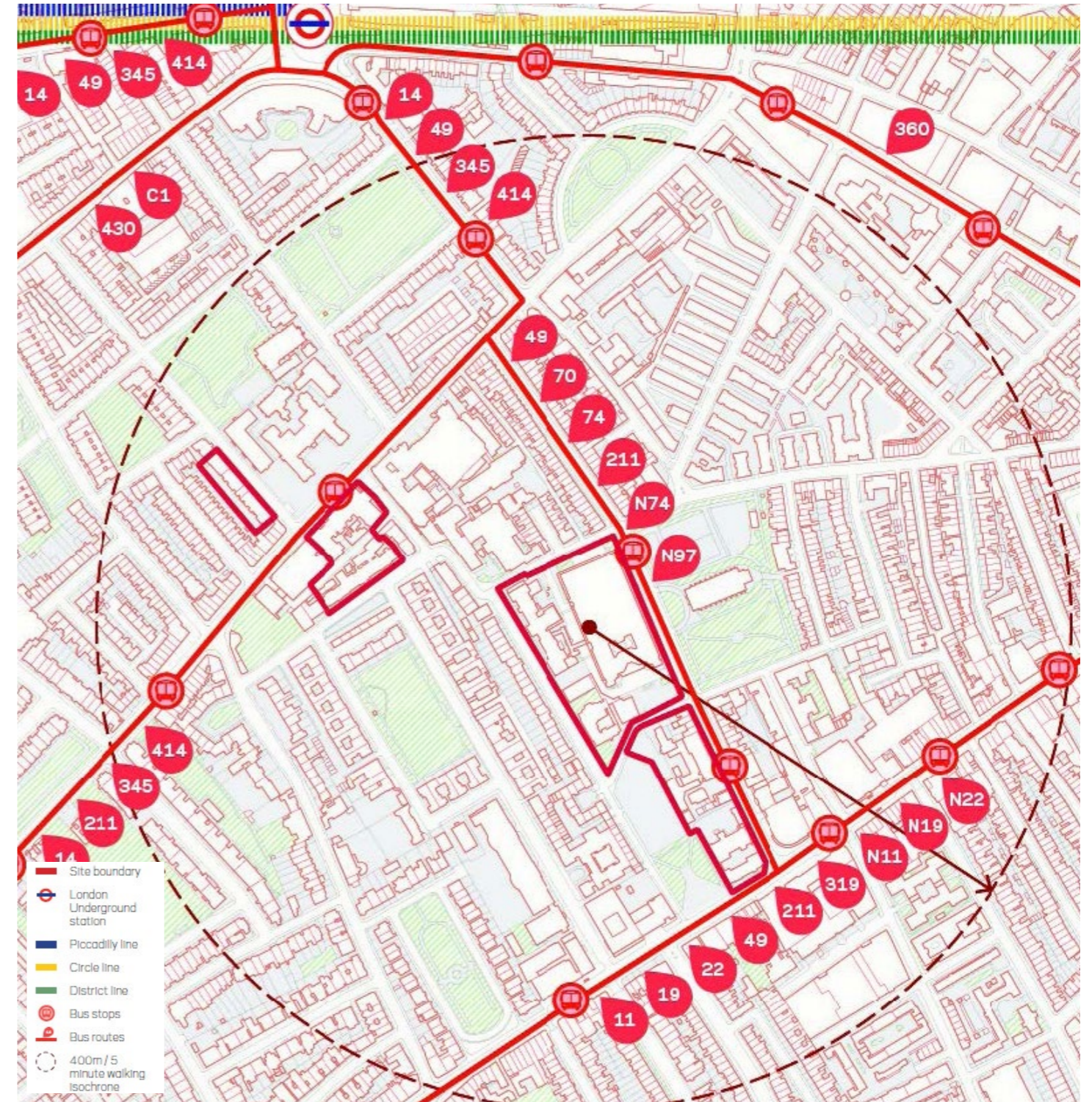


Figure 11: Showing the local public transport network. The PTAL for the site is 6a (where 1a is extremely poor access and 6b indicates excellent access to public transport). All four sites have bus stops within a five minute walking distance. South Kensington station is located to the north, and serves the Circle, District and Piccadilly Line. (Diagram - HOK 2020)



Figure 12: The Fulham Wing fronts on to Fulham Road and makes a positive contribution to the conservation area.



Figure 13: Chelsea Farmers Market is a locally popular retail, food and beverage destination.

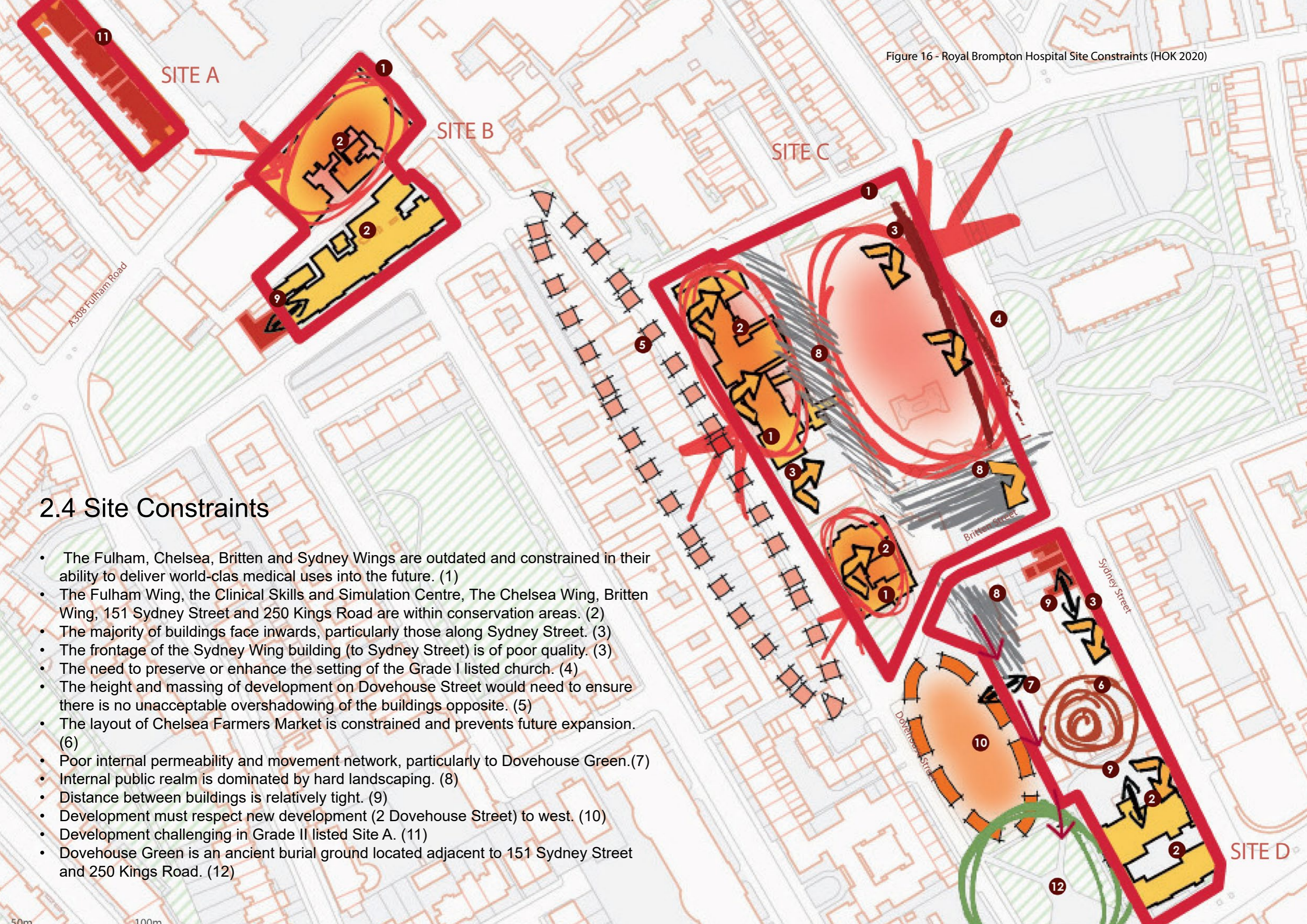


Figure 14: The northern elevation of the Sydney Wing is inward looking and the public realm of poor quality.



Figure 15: Relationship between Grade I listed St Luke's Church and the Sydney Wing.

Figure 16 - Royal Brompton Hospital Site Constraints (HOK 2020)



## 2.4 Site Constraints

- The Fulham, Chelsea, Britten and Sydney Wings are outdated and constrained in their ability to deliver world-class medical uses into the future. (1)
- The Fulham Wing, the Clinical Skills and Simulation Centre, The Chelsea Wing, Britten Wing, 151 Sydney Street and 250 Kings Road are within conservation areas. (2)
- The majority of buildings face inwards, particularly those along Sydney Street. (3)
- The frontage of the Sydney Wing building (to Sydney Street) is of poor quality. (3)
- The need to preserve or enhance the setting of the Grade I listed church. (4)
- The height and massing of development on Dovehouse Street would need to ensure there is no unacceptable overshadowing of the buildings opposite. (5)
- The layout of Chelsea Farmers Market is constrained and prevents future expansion. (6)
- Poor internal permeability and movement network, particularly to Dovehouse Green. (7)
- Internal public realm is dominated by hard landscaping. (8)
- Distance between buildings is relatively tight. (9)
- Development must respect new development (2 Dovehouse Street) to west. (10)
- Development challenging in Grade II listed Site A. (11)
- Dovehouse Green is an ancient burial ground located adjacent to 151 Sydney Street and 250 Kings Road. (12)

Figure 17 - Royal Brompton Hospital Site Opportunities (HOK 2020)



## 2.5 Site Opportunities

- Many existing buildings offer a positive contribution to the conservation area. (1)
- The Sydney Wing could be demolished, presenting the opportunity to build a new, modernised healthcare development. (2)
- Locating new healthcare facilities on Site B and C would ensure continued physical proximity to the other healthcare facilities in the area. (3)
- Creating more continuous active frontage along Sydney Street would create a more vibrant and outward-looking streetscape. (5)
- A new public square could be provided at the Chelsea Farmers Market site. An Opportunity to reprovide existing food and drink units within new development. (6)
- A new north-south connection from the north of Site C to Dovehouse Green would increase permeability. (7)
- Opportunity to enhance the setting and improve viewing corridors with Grade I listed church. (8)

## 2.6 Healthcare Typologies and Parameters

2.6.1 Healthcare facilities need to be flexible and adaptable to respond to advances in technology and changes in clinical service delivery.

2.6.2 Figure 16 sets out the various parameters which form the basis for best practice and modern healthcare buildings. These guidelines help in interpreting the suitability of the existing estate for healthcare provision.

2.6.3 The parameters have been developed from government guidance established in the Department of Health and Social Care's Health Building Notes (the Government's recommended guidance for healthcare building design and planning).

2.6.4 The building parameters are:

- **Ceiling height** - generally determined by the function within a room and any ceiling mounted equipment required.
- **Typical Floor Height Zone** - combines the ceiling height requirement and service zone required
- **Typical Plan Depths** - based on best practice knowledge of rooms layouts and departmental sizes for clinical functionality, ensuring effective clinical flows and natural daylight (where required).
- **Structural grid** - takes account of: loading requirements; potentially provide flat soffits with no down stand or upstand beams to maximise the service zone void; providing floor recess zones for equipment; enabling penetrations for servicing; voids for service risers. The structural grid optimises flexibility and capacity to respond to different typologies. It minimises the number of columns which fall into the spaces.
- **Service Zone Void** - determined by the type of accommodation and the servicing strategy. The ceiling void is greater in High-Tech areas to accommodate the increase in ductwork for the ventilation strategy.
- **Lift Type** - this has an impact on net useable area. Bed lifts are significantly larger than public lifts, driving up the area required for vertical and horizontal circulation.

2.6.5 The typologies set out in Figure 16 help assess the existing buildings on the Royal Brompton site and interpret their suitability in continuing to deliver healthcare uses. It is these guidelines that have been used on pages 16-17 to assess the suitability for existing buildings to provide modern healthcare uses, and to then establish the refurbishment, facade retention and demolition options for each of the existing buildings on site.

HEALTHCARE / SCIENCE USE TYPOLOGIES		Typical Plan Depths	Typical Structural Grid	Typical Floor Height Zone	Ceiling Height Requirement	Lift Type Requirement
TYPE	Use Typology Accommodation					
	Inpatient Wards Support Accommodation	16m +	8.4m + 6.8m +	4.5m	2.7m	Public/Bed/FM Medium 1200mm
	Consulting Rooms Clinical Offices	7.5m +	16m +	4.0-4.5m	2.7m	Public/FM Medium 1200mm
	Cat 1 Lab	-	16m +	4.5m	2.7m	Public/FM Medium 1200mm
	Diagnostics Critical Care Surgery Emergency	24-26m +	8.4m + 8.4m + 6.8m +	4.8-5.0m	3.0m	Public/Bed/FM High Tech 1500mm
	Cat 2 & 3 Lab	24m +	16m +	4.8-5.0m	2.7m	Public/FM High Tech 1500mm

Figure 18 - Healthcare Typologies and Building Parameters (HOK, 2020)

## 2.7 Existing Site Building Analysis

### 1-11 Foulis Terrace

#### Site A



#### Heritage

- Grade II listed

#### Building Refurbishment Options

- None - not suitable for healthcare development



### Fulham Wing

#### Site B



#### Current Condition

- Limited floor to ceiling heights
- Irregular structural grid

#### Heritage

- + contribution to conservation area

#### Building Refurbishment Options

- Medical office/ low tech clinic

#### Facade retention

- No improved provision for healthcare redevelopment

#### Demolition

- Reasonable healthcare redevelopment option on own, significant site when including Dudmaston Mews and Eastern and South Parade



### Clinical Skills and Simulation Centre

#### Site B



#### Current Condition

- Narrow site
- Limited floorplate depth and floor to floor heights
- Irregular structural grid

#### Heritage

- + contribution to conservation area

#### Building Refurbishment Options

- Medical office/low tech clinic

#### Facade retention

- No improved provision for healthcare redevelopment

#### Demolition

- Would not provide significant healthcare redevelopment option on own. Significant option when including Dudmaston Mews and eastern end of South Parade



### Chelsea Wing (Former Chelsea Hospital for Women)

#### Site C



#### Current Condition

- Narrow floorplate
- Limited floor to floor heights
- Irregular structural grid

#### Heritage

- + contribution to conservation area (not including Cale St frontage)

#### Building Refurbishment Options

- Medical office/low tech clinic

#### Facade retention

- No improved provision for healthcare redevelopment

#### Demolition

- Would provide healthcare redevelopment option on its own and significant site for healthcare redevelopment with Sydney Street site



### Imatron Building

#### Site C



#### Current Condition

- Imatron building demolished
- New Imaging Centre under construction

#### Heritage

- Negative contribution

#### Building Refurbishment Options

- None

#### Facade retention

- No

#### Demolition

- Would not provide a significant healthcare redevelopment option on its own





## Britten Wing

### Site C



#### Current Condition

- Small footprint
- Narrow floorplate depth
- Limited floor to floor heights
- Irregular structural grid

#### Heritage

- + contribution to conservation area

#### Building Refurbishment Options

- Medical office/low tech clinic

#### Facade retention

- Possible but would not provide significant opportunity for healthcare redevelopment

#### Demolition

- Would not provide significant health-care option on its own



## Sydney Wing

### Site C



#### Current Condition

- Large site and deep floorplate
- Limited floor to floor height
- Limited opportunities for appropriate ceiling void

#### Heritage

- Not within conservation area

#### Building Refurbishment Options

- Not appropriate for high tech health-care
- Low-tech/consulting healthcare

#### Facade retention

- No

#### Demolition

- Would provide significant option on its own



## 117-123 Sydney Street

### Site D



#### Heritage

- Grade II listed

#### Building Refurbishment Options

- None for healthcare



## 125 Sydney Street / Chelsea Farmers Market

### Site D



#### Current Condition

- Irregular structural grid
- Small building footprint

#### Heritage

- Not within conservation area

#### Building Refurbishment Options

- None for healthcare

#### Facade retention

- No

#### Demolition

- Would provide a reasonable health-care redevelopment option on its own



## 151 Sydney Street and 250 Kings Road

### Site D



#### Current Condition

- Small site, small building footprint
- Low floor to floor heights

#### Heritage

- Within Royal Hospital Conservation area

#### Building Refurbishment Options

- Medical office building

#### Facade retention

- Not for healthcare opportunity

#### Demolition

- Not for healthcare opportunity



# Chapter 3 - Commercial Viability

3.1 Commercial viability is essential for the continued provision of medical facilities on the Royal Brompton site. RBKC recognise that the Royal Brompton site is of considerable value and the site analysis demonstrates the excellence of the site in terms of the quality of surrounding townscape, mix of uses, accessibility and access to green space.

3.2 CBRE assessed the financial viability of the continued provision of medical uses on the site. Their conclusions were provided on a preliminary basis and take account of current trends in the relevant occupational and investment markets. They consider a range of potential uses to be viable as part of a masterplan for the site.

3.3 Figure 19 demonstrates this by comparing the value of a variety of healthcare uses against the value as residential. The grey bars show the value ranges (£psf) of a variety of healthcare typologies compared to estimated maximum and minimum residential values. It demonstrates that the majority of the medical uses considered could have a value (per ft<sup>2</sup>) comparable to residential. In some cases, for example Post-Acute Rehab, Elderly Care and Key worker accommodation, values may exceed that

of the residential maximum. These uses would both complement the healthcare hub and act as enabling development for the lower value medical uses.

3.4 This means that financially, a flexible masterplan, that accommodates a range of healthcare typologies is likely to be commercially viable at the Royal Brompton site.

3.5 Figure 20 on page 19 shows healthcare uses (left hand side) measured against indicators of social, commercial and physical suitability of the site. The stronger opportunities area shown in darker red, and the poorer opportunities in lighter red. Overall, this table shows a strong suitability of the site for most of the healthcare uses considered, apart from life sciences and MOB/Consulting rooms.

3.6 A combination of the below uses, alongside some other uses in specific parts of the site, would likely result in a commercially viable scheme that retains medical uses on the Royal Brompton site:

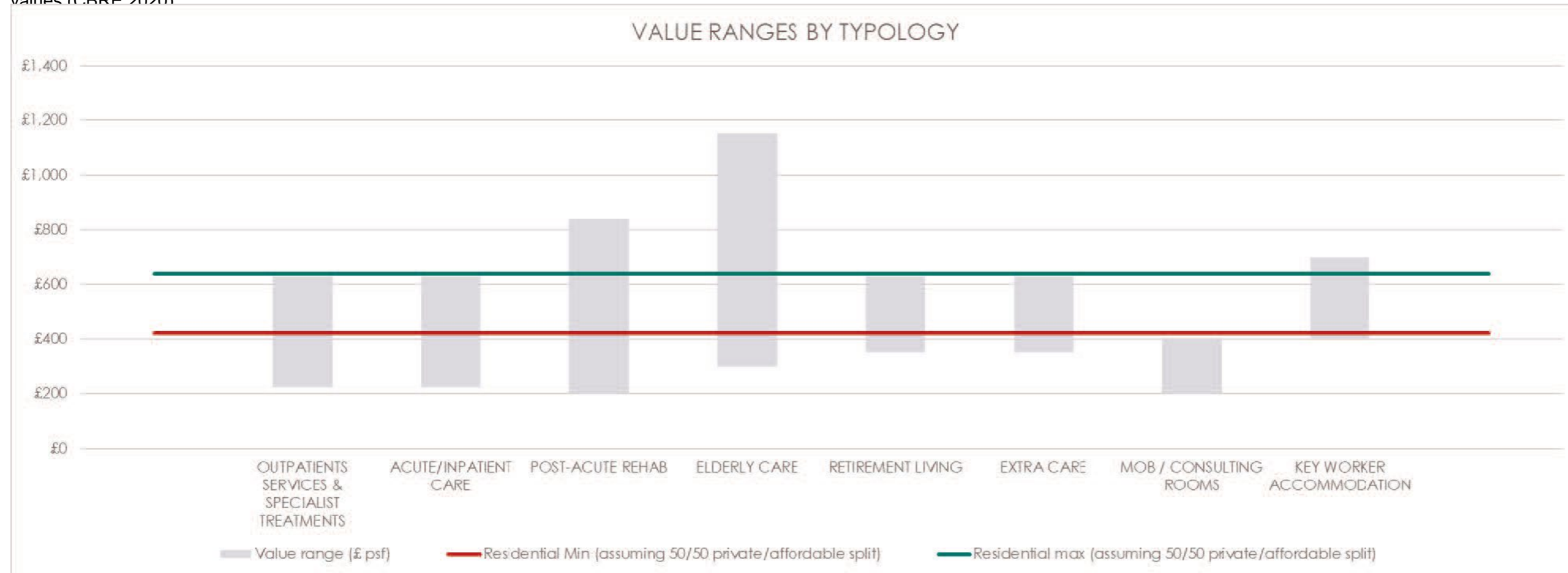
- Outpatient services and specialist treatments
- Acute/inpatient care
- Post-acute rehabilitation
- Elderly care
- Retirement living

- Extra care
- Key worker accommodation

3.7 It is accepted that, in order for medical uses to be retained at the Brompton, some enabling redevelopment would be necessary. This is where a certain proportion of the development would be used to fund other parts of the development. In short, the mix of higher land value uses with lower land value uses would allow for the delivery of a net financially viable healthcare package.

3.8 It is clear that enabling development could be in the form of uses complementary to healthcare provision, for instance key worker housing, post-acute rehabilitation and elderly care. The Council expect applications to develop this, and and if enabling development is required to facilitate the retention and enhancing of medical facilities, it must demonstrate how the enabling uses are complementary to medical uses.

Figure 19 - Healthcare Values by Typology and Residential (max and min.) values (CBRE 2020)



Ratings	Social need/ benefit	Operator and investor activity and demand	Commercial / property viability	Suitability of site	Minimum value per ft <sup>2</sup> of developable area (implied residual land pricing)	Maximum value per ft <sup>2</sup> of developable area (implied residual land pricing)	Optimal minimum size	Optimal maximum size	Overall assessment
<b>Residential benchmark (assumes 50/50 market/ affordable requirement)</b>					<b>£420</b>	<b>£850</b>	-	-	-
Life sciences	3	2	4	1	£110	£600	n/a	n/a	
Outpatients services & specialist treatments	5	5	3	4	£225	£630	4,000	6,000	
Acute / inpatient care	4	4	4	4	£225	£630	4,000	6,000	
Post-acute rehabilitation	4	3	4	4	£200	£840	3,000	6,000	
Elderly care	5	5	5	5	£300	£1,150	3,000	5,000	
Retirement living	4	4	5	5	£350	£630	2,500	10,000	
Extra care*	5	4	3	5	£350	£630	3,000	6,000	
MOB / consulting rooms	4	4	3	4	£200	£400	1,000	2,000	
Key worker accommodation	5	4	3	4	£400	£700	infill	infill	

Notes:

\* Stated land pricing for Extra Care explicitly assumes adoption of council wrapper for completed development

Poor opportunity **1 2 3 4 5** Strong opportunity

CONCEPT DESIGN REPORT 1.22

Figure 20 - healthcare typologies and their suitability to the Brompton site (CBRE)

# Chapter 4 - Indicative Masterplan

4.1 The following chapter illustrates an indicative masterplan for the entire Royal Brompton site. This has been created by HOK and demonstrates one way to viably retain medical uses on the site. Recommendations on the viability of different healthcare uses (Chapter 3) has informed the mix of uses seen within this masterplan.

4.2 It is important to stress that this is **one masterplan option only**. The Council recognise that there are other masterplan designs which would retain medical uses on the site via refurbishment and renewal of buildings, utilising place making principles to improve public realm and connections whilst ensuring financial viability, and just as this masterplan option does. These considerations are outlined below:

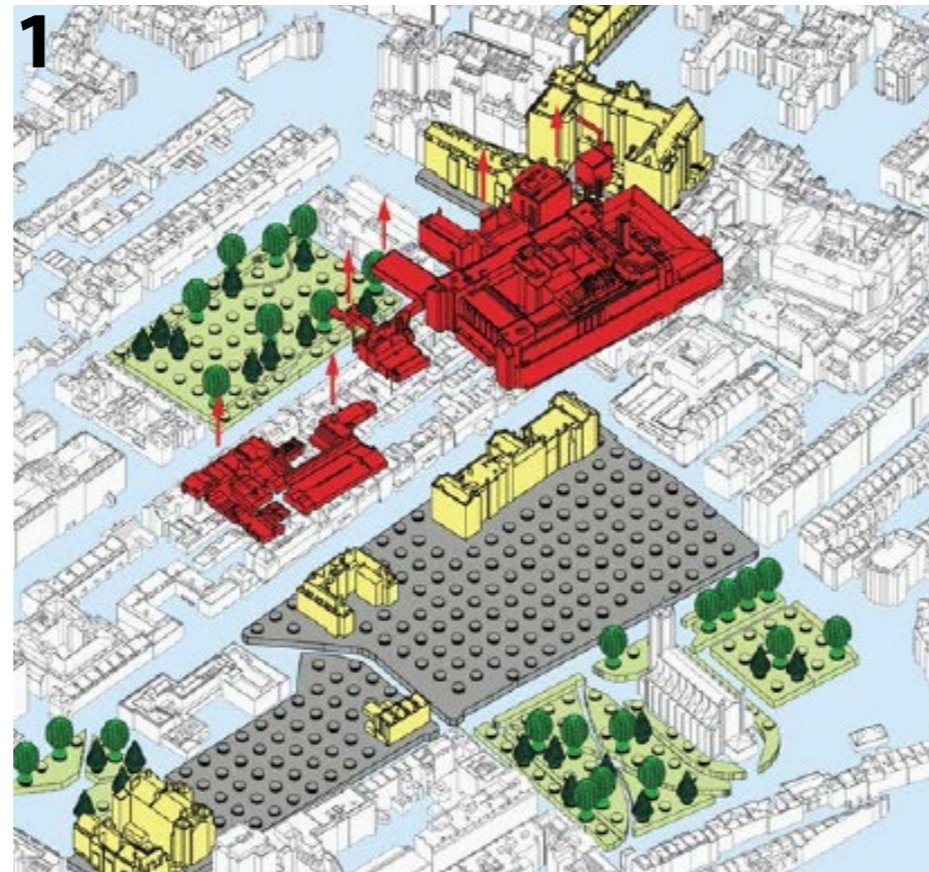
- **Assessment of existing buildings**, their suitability for current healthcare requirements and their heritage status. This involves assessing which can be retrofitted and which should be fully redeveloped in order to continue to provide world-class medical uses into the future. If a building is both unsuitable for the ongoing provision of medical uses and offers a positive contribution to the conservation area, in this masterplan, they have been retained and assigned for appropriate uses.
- **Commercial viability analysis** of the potential healthcare uses for the site, combined with broader needs assessment for RBKC. Viability work indicated that a range of healthcare uses (as part of a masterplan approach) would likely be viable.
- **Place making principles:** Site analysis (Chapter 2) identifies the opportunities and constraints on the site, which inform how to improve the urban design and placemaking elements of the neighbourhood.

4.3 The following diagrams show the evolution of the indicative masterplan. It has been created using 'toy block' typologies, is intended for illustrative purposes only and would be subject to further review of detail at application stage.

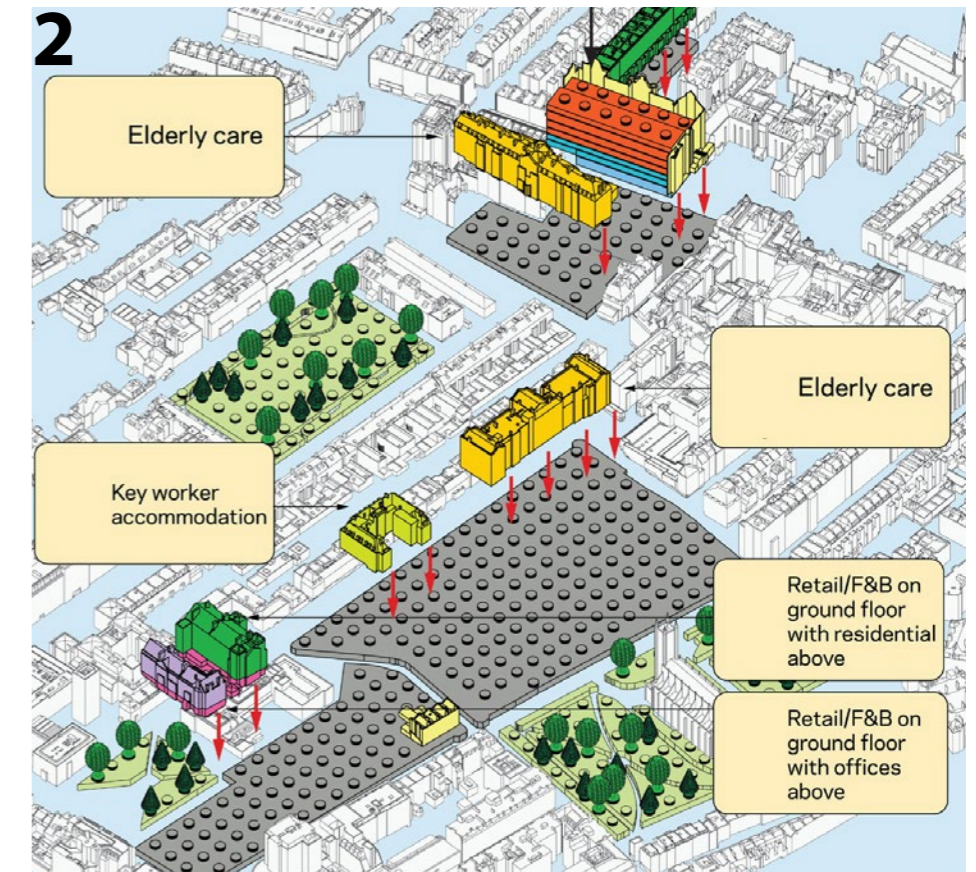
4.4 Figure 21 (page 22) shows the complete masterplan option, with colours indicating different uses. It illustrates a mix of medical, healthcare and other uses spread across the site.

4.5 This masterplan option offers a modern solution to combining healthcare and non-healthcare uses. It creates new north/south links for pedestrians and cyclists and a route from Dovehouse Green to uses at the Chelsea Farmers Market site. The setting of and relationship with Grade I listed St Luke's is improved, and frontages along Sydney Street, Dovehouse Street, Cale Street and Britten Street are activated. Medical uses are focussed on sites B and C, enabling development is complementary to the reprovision of medical uses, and the recognisable Fulham Wing facade is retained.

4.6 Detail on the built form, use and area of each use for site this masterplan option is set out on pages 24-25.



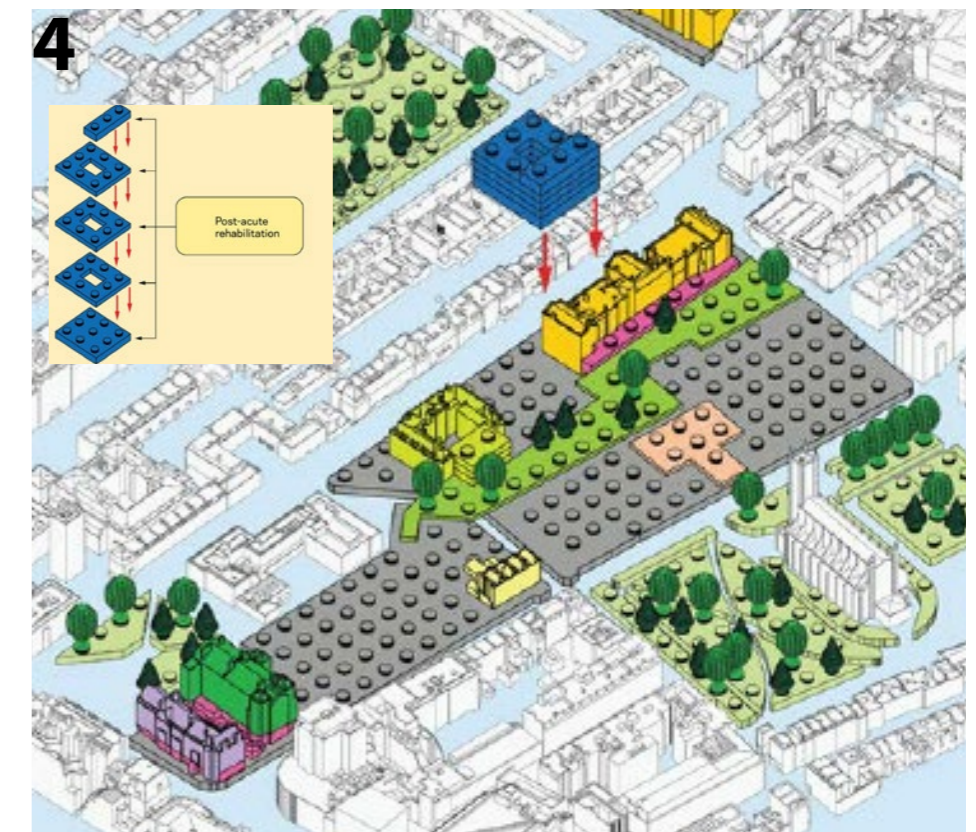
Demolition of buildings that are constrained in providing world-class medical care into the future (red) and retention of buildings that are listed/offer positive contribution to the conservation areas (yellow)



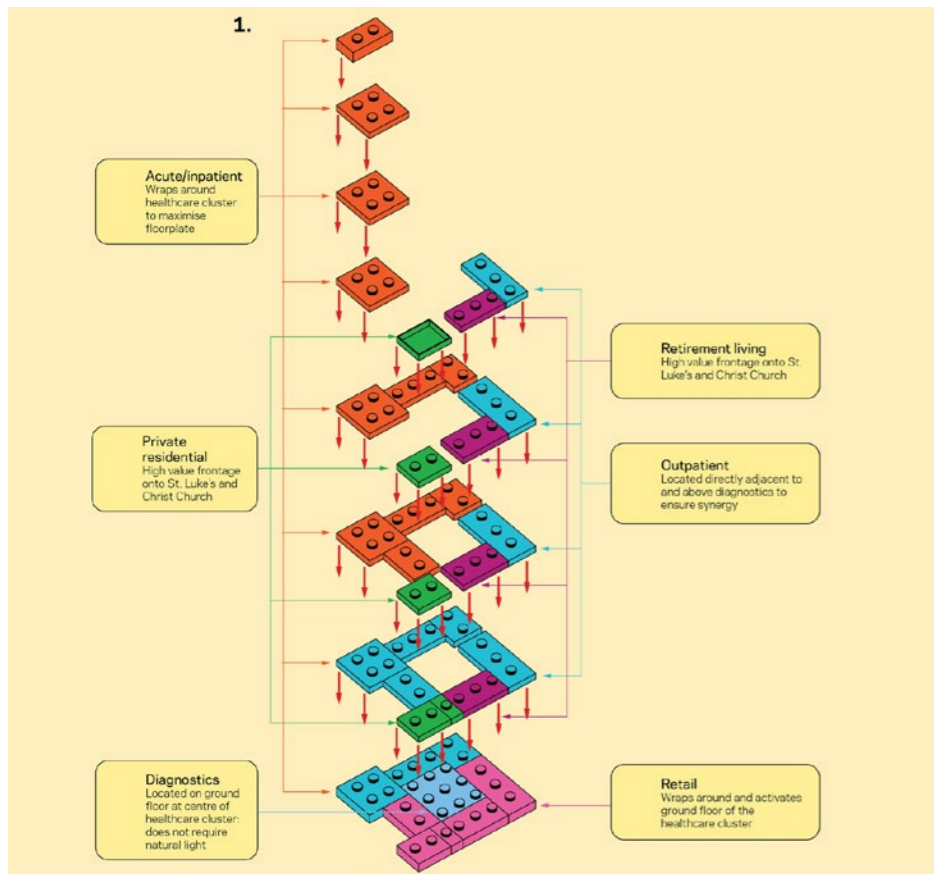
Retrofit retained buildings with uses designed to work with existing floor to ceiling heights. In the Fulham Wing, facade is retained (as per page 27)



New public square opposite church to enhance its setting (peach), New north south green route to promote pedestrian/cyclist movement and to create public amenity (green)



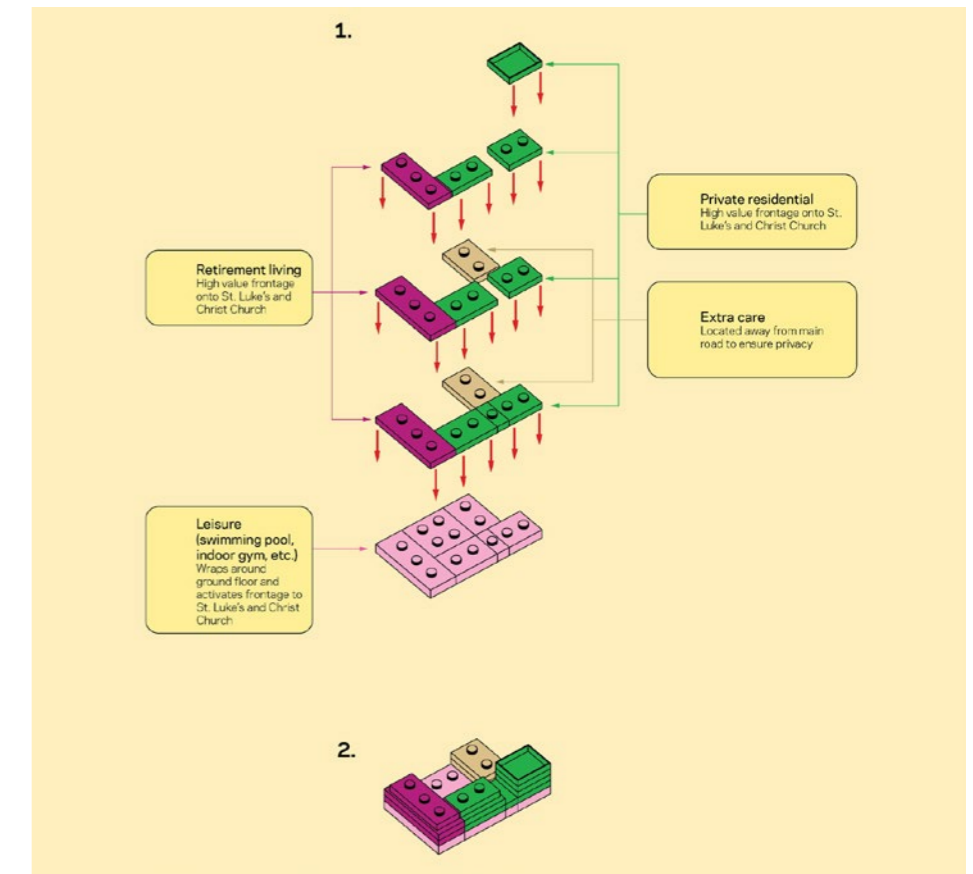
New blocks to rear of Chelsea Wing (pink) and Britten Wing (lime-green) to ensure active frontages around the full perimeter, and new building between (blue) to create continuous street frontage



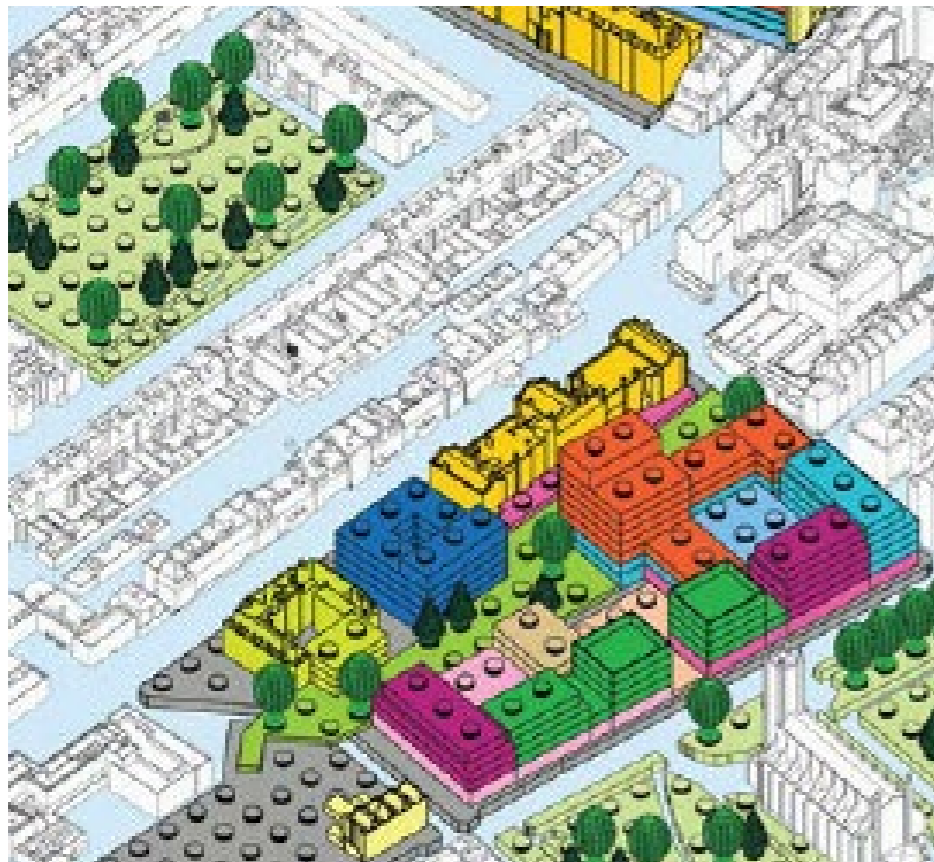
'Healthcare Cluster' combines Diagnostics, Retail, Outpatient, Private Residential, Retirement Living, Acute/Inpatient healthcare.



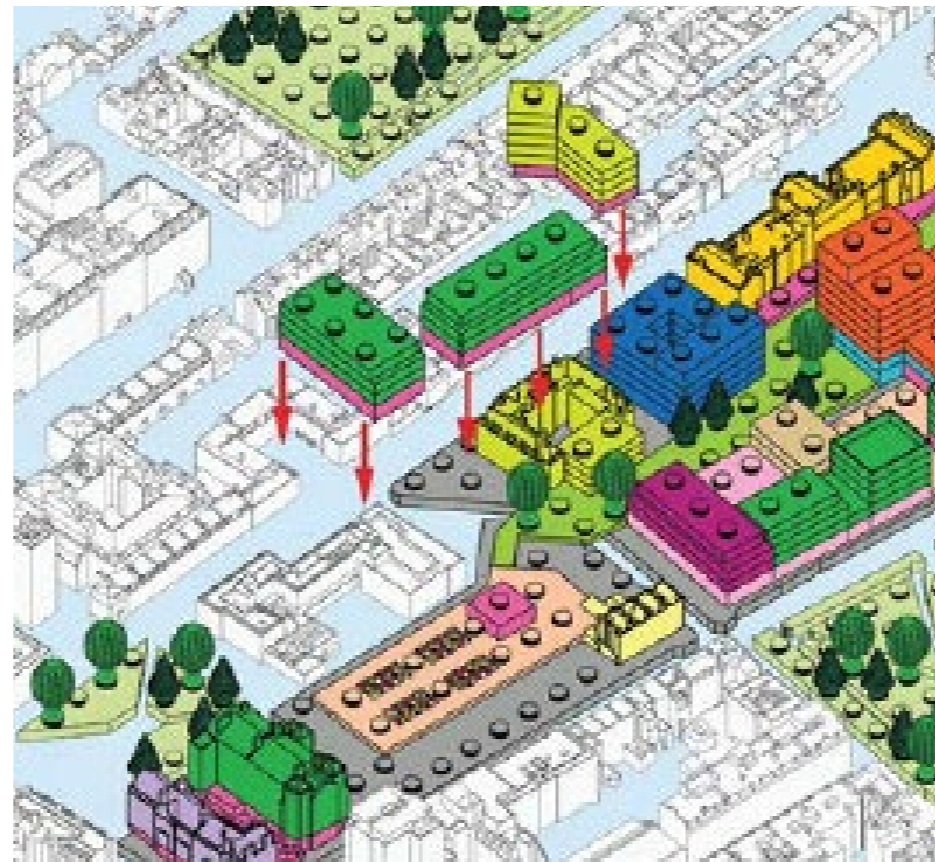
The Healthcare Cluster would be located on the north-eastern area of Site C.



'Wellbeing Cluster' combines a range of residential and lifestyle uses.



The Wellbeing Cluster would be located on the south-eastern area of Site C.



New market square in Chelsea Farmers Market location (peach), providing a connection to Dovehouse Green. Reprovision of retail and F&B units, with residential above.



Permeable arcade to frame new church square and allow pedestrian through-movement (black) and communal courtyards on upper levels to create spaces for healthcare workers & patients (green).





Figure 22 - Illustrative Sketch of masterplan option showing sites C and D (HOK 2020)

# 4.7 Indicative Masterplan - Detail by Site

## Site A

Within this masterplan option, Foulis Terrace is retained as residential.



Use type	GFA (m²)	Notes
Private residential	3,830.89	Buildings retrofitted
<b>TOTAL AREA</b>	<b>3,830.89</b>	

## Site B

Within this masterplan option, the Fulham Wing frontage is retained and new building built behind, containing outpatient, acute/inpatient and diagnostics uses. Elderly care accommodation is located within the retained building fronting South Parade.

Pages 26-27 contain more detail on the Fulham Wing building in particular.



### 1 Fulham Wing, Option 1: façade retention

Use type	GFA (m²)	Notes
Clinical (inc. acute / inpatient, diagnostics and outpatient)	11,635	Fulham Wing façade retained with new building
Servicing	1,975	Fulham Wing façade retained with new building
<b>TOTAL AREA</b>	<b>13,610</b>	

### 2 Clinical Skills and Simulation Centre

Use type	GFA (m²)	Notes
Elderly care	5,844.03	Clinical Skills & Simulation Centre retrofitted
<b>TOTAL AREA</b>	<b>5,844.03</b>	

### Total Site B (with Fulham Wing, Option 1)

Use type	GFA (m²)	Notes
Clinical (inc. acute / inpatient, diagnostics and outpatient)	11,635	Fulham Wing façade retained with new building
Servicing	1,975	Fulham Wing façade retained with new building
Elderly care	5,844.03	Clinical Skills & Simulation Centre retrofitted
<b>TOTAL AREA</b>	<b>19,454.03</b>	



## Site C

This masterplan option involves the removal of Sydney Wing and insertion of two new buildings which form a pair of clusters:

- A 'Healthcare Cluster' on northeastern part of site - combining complimentary healthcare uses to create a hub of Diagnostics, Retail, Outpatient, Private residential, retirement living and acute/inpatient healthcare.
- A 'Wellbeing Cluster' on southeastern part of site, providing Leisure, Extra Care, Retirement Living and Private Residential uses.

To the western boundary of site C, key worker accommodation within the retained Chelsea Wing and a new addition to the rear of building, housing retail space. Post-acute rehabilitation within a new building and key worker accommodation within the retrofitted Britten Wing.



Use type	GFA (m²)	Notes
Elderly care	4,556	Chelsea Wing retrofitted
Retail	466.90	New build integrated to rear of Chelsea Wing
<b>TOTAL AREA</b>	<b>5,022.90</b>	

Use type	GFA (m²)	Notes
Post-acute rehabilitation	3,743.66	New build
<b>TOTAL AREA</b>	<b>3,743.66</b>	

Use type	GFA (m²)	Notes
Key worker accommodation	3,978.10	Britten Wing retrofitted with new block added to rear
<b>TOTAL AREA</b>	<b>3,978.10</b>	

Use type	GFA (m²)	Notes
Acute / inpatient	4,574.39	New build
Outpatient	4,869.08	New build
Diagnostics	784.11	New build
Retirement living	1,580.91	New build
Private residential	1,328	New build
Retail	1,824.56	New build
<b>TOTAL AREA</b>	<b>14,961.05</b>	

Use type	GFA (m²)	Notes
Extra care	694.47	New build
Retirement living	1,639.35	New build
Private residential	2,377.54	New build
Leisure	2,317.05	New build
<b>TOTAL AREA</b>	<b>7,028.41</b>	

Use type	GFA (m²)	Notes
Acute / inpatient	4,574.39	New build
Outpatient	4,869.08	New build
Diagnostics	784.11	New build
Post-acute rehabilitation	3,743.66	New build
Key worker accommodation	3,978.10	Britten Wing retrofitted with new block added to rear
Elderly care	4,556	Chelsea Wing retrofitted
Extra care	694.47	New build
Retirement living	3,220.26	New build
Private residential	3,705.54	New build
Leisure	2,317.05	New build
Retail	2,291.45	New build
<b>TOTAL AREA</b>	<b>34,734.11</b>	

25

## Site D

Insertion of new building to northern boundary of site D, containing key worker accommodation. Listed terrace 117-123 Sydney Street would be retained primarily for private residential uses, with retail at ground floor. Two new buildings would be inserted, both housing private residential and retail uses. 151 Sydney Street would be retrofitted to accommodate private residential at upper floors and food and beverage at ground floor, and 250 Kings Road would provide office and food and beverage uses. New market square, mix of Retail, Residential and Key worker accommodation, retail and office space.



Use type	GFA (m²)	Notes
Key worker accommodation	1,416.59	New build
Retail	404.26	New build
<b>TOTAL AREA</b>	<b>1,820.85</b>	

Use type	GFA (m²)	Notes
Private residential	448.63	Existing use
Retail	250.44	Existing use
<b>TOTAL AREA</b>	<b>699.07</b>	

Use type	GFA (m²)	Notes
Private residential	2,056.87	New build
Retail	878.66	New build
<b>TOTAL AREA</b>	<b>2,935.53</b>	

Use type	GFA (m²)	Notes
Private residential	1,742.09	New build
Retail	591.76	New build
<b>TOTAL AREA</b>	<b>2,333.85</b>	

Use type	GFA (m²)	Notes
Private residential	2,019.60	Retrofitted upper floors
Food & beverage	579.12	Retrofitted ground floor
<b>TOTAL AREA</b>	<b>2,598.72</b>	

Use type	GFA (m²)	Notes
Office	766.57	Retrofitted upper floors
Food & beverage	404.87	Retrofitted ground floor
<b>TOTAL AREA</b>	<b>1,171.44</b>	

Use type	GFA (m²)	Notes
Key worker accommodation	1,416.59	New build
Retail	2,125.12	New build and existing retail on ground floor of 117-123 Sydney Street
Private residential	6,267.19	New build, existing residential on upper floors of 117-123 Sydney Street, and retrofitted upper floors of 151 Sydney street
Office	766.57	Retrofitted upper floors of 250 King's Road
Food & beverage	983.99	Retrofitted ground floor
<b>TOTAL AREA</b>	<b>11,559.45</b>	

# The Fulham Wing

4.8 Due to its location on the Fulham Road, between the Royal Marsden Hospital and the Institute of Cancer Research, the Fulham Wing presents a key opportunity in the continued provision of medical uses on the Royal Brompton site (Figure 21). The retention of this cluster of medical uses on one of the borough's key east-west routes is both practical in healthcare provision terms, and ensures that, spatially, this part of Fulham Road retains its analogy with world class medical uses.

4.9 The Fulham Wing is a substantial late Victorian hospital facility. The building is six storeys, has an attractive and elaborately modelled street frontage in red brick and terracotta detailing. It makes a positive contribution to the conservation area.

4.10 The existing building analysis (page 16) concludes that the Fulham Wing is constrained in providing modern medical building requirements due to limited floor to floor heights (approximately 4m), a reasonably constrained floorplate depth and an irregular structural grid as existing. However, it is a priority that medical uses are retained in Site B (Principle 1), of which the Fulham Wing is a part. Therefore, although the Council's preference would be for the Fulham Wing building to be retained in totality, it is recognised that the building is constrained in providing world-class medical facilities into the future in its current form. Therefore, in order to meet principle 1 and to retain medical uses on this part of the site, the Council would consider the possibility of facade retention and the insertion of a new building behind that would be more suitable in meeting modern medical building requirements. This would be subject to the delivery of modern medical facilities and the assessment of detailed proposals at application stage. The design of any new building behind the facade would have to be of exceptional design quality in order to preserve the character and appearance of the Chelsea Park and Carlyle Conservation Area. There should also be a clear relationship between the facades and the floorplates. When considering the Fulham Wing, proposals should first explore the opportunities to provide medical uses within the building as existing, before considering partial redevelopment alternatives.

4.11 Diagrams on the following page (27) provide a basic consideration of how the Fulham Wing could house a specialist inpatient and outpatient centre, whilst retaining the facade and developing a new building behind.



Figure 24 - The attractive frontage of the Fulham Wing on to Fulham Road



Figure 25 - The impressive and recognisable entrance to the Fulham Wing

## 4.12 Specialist Inpatient/Outpatient Centre within the Fulham Wing

This would be achieved by retaining the facade, inserting a new building within the original site footprint and incorporating a plant (used for power systems, heating a cooling) as required. Floor to floor heights would continue to align with the existing windows to the facade. The surgical floor is positioned at the top of the building, allowing for appropriate floor to floor heights (approx 5m) for high tech functions and direct servicing from the plant above. This option would provide 65 beds on inpatient wards.

- Surgical floor to top of building, enabling taller floor to floor height for high tech function and direct servicing from plant above
- Remains within original site footprint
- Similar footprint to existing building
- Facade retention with new building incorporating plant as required
- New building exceeds facade height and the Council would look for design solutions which mitigate any harmful impacts arising from this.

TOTAL AREA: 13,610m<sup>2</sup>

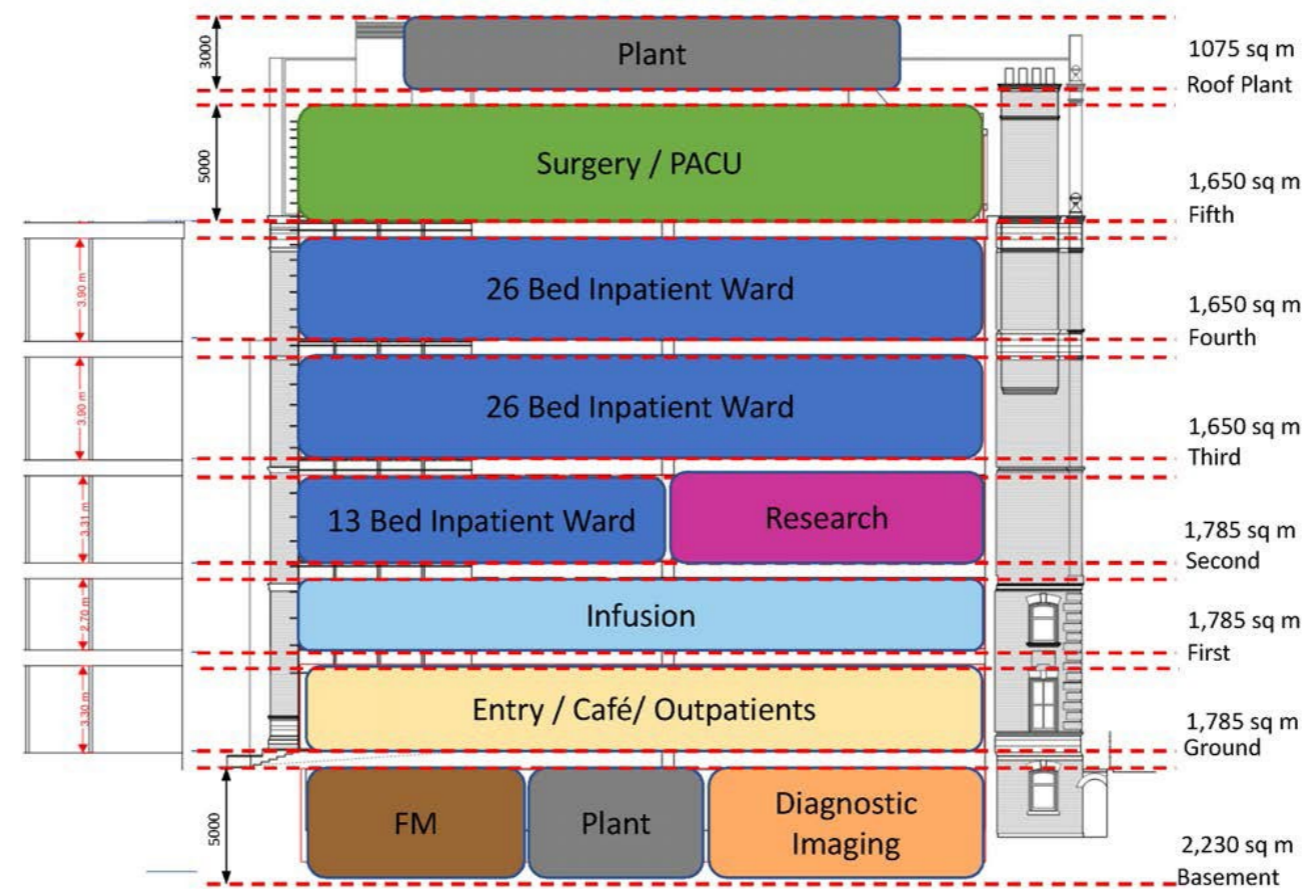


Figure 26 -Section of indicative inpatient/outpatient centre within Fulham Wing

Use type	GFA (m <sup>2</sup> )	Notes
Clinical (inc. acute / inpatient, diagnostics and outpatient)	11,635	Fulham Wing façade retained with new building
Servicing	1,975	Fulham Wing façade retained with new building
<b>TOTAL AREA</b>	<b>13,610</b>	

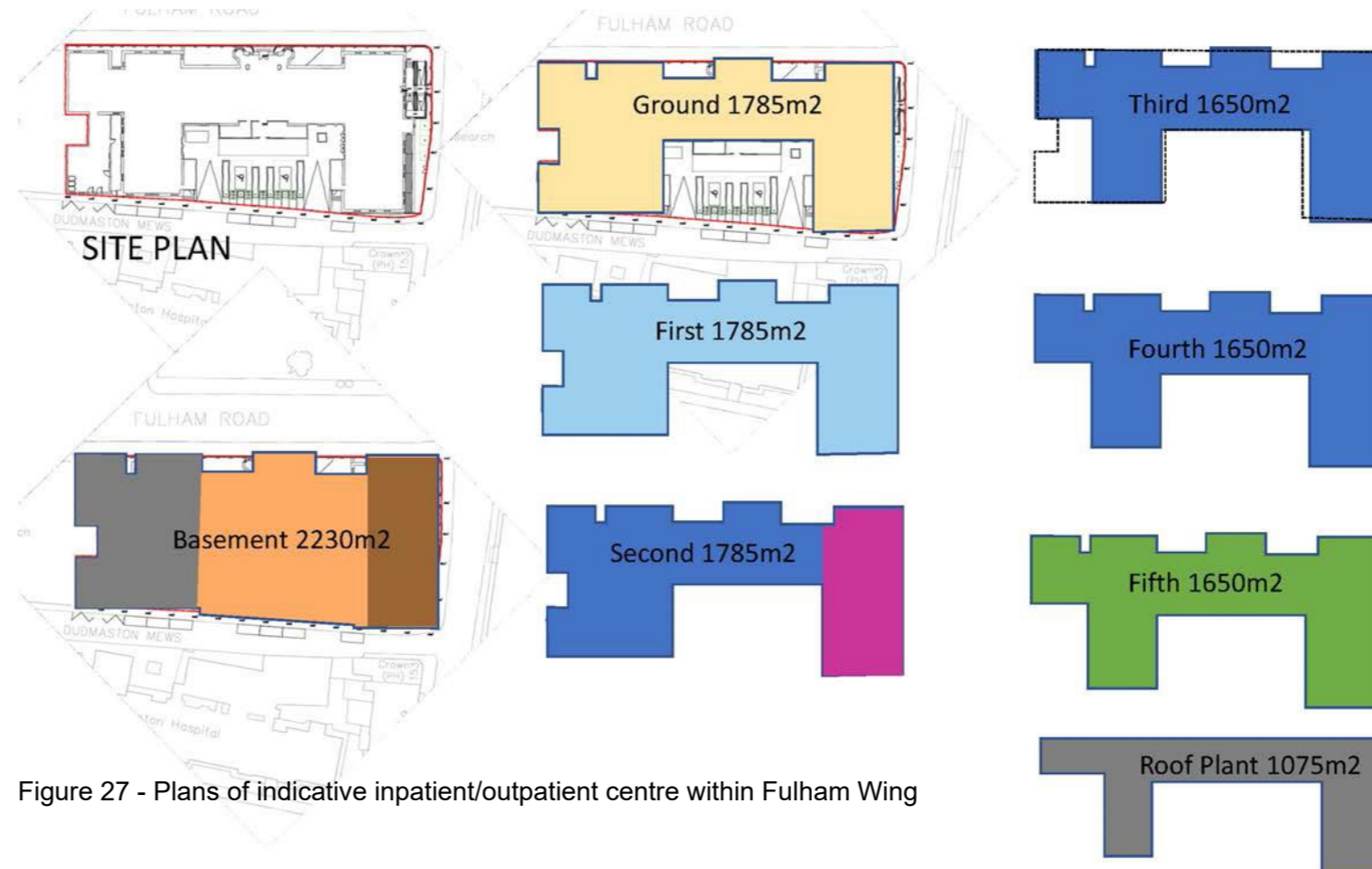


Figure 27 - Plans of indicative inpatient/outpatient centre within Fulham Wing

# Chapter 5 - Delivery

5.1 The previous chapter set out an indicative masterplan for the site. The Council recognises that the retention of medical uses and the compliance with the development principles could, however, be achieved in a variety of ways, both in use and form. This chapter explains what is expected if a planning application is submitted. The guidelines set out in Chapter 5 are indicative and are subject to detail, further testing, officer advice at pre application and comment at application stage.

5.2 In the event that redevelopment is considered on this site, the Council would expect planning proposals to follow the guidance set out in the Development Principles below (also on page 5).

## Development Principles

1. To create a site-wide masterplan approach which retains and enhances the existing world class medical facilities, prioritising sites B and C for such uses;
2. If enabling development is required to facilitate the retention of medical uses and enhancing of medical facilities, to demonstrate how it is complementary to medical uses and/or its contribution to maintaining a healthcare hub;
3. To protect high quality historic environment within and nearby the site by ensuring exceptional design quality which takes opportunities to improve the existing streetscape;
4. To upgrade connections and the public realm environment;
5. To ensure any proposals adhere to or exceed the strict borough requirements for sustainability, waste, air quality, servicing, biodiversity, flooding, noise and vibration and contaminated land.

## Development Principle 1 - Explanation

5.3 Spatially, the heart of the Royal Brompton is within sites B and C. Site B is the central element of a recognisable linear trio of world-class medical facilities along Fulham Road, comprising the Fulham Wing, the Royal Marsden Hospital and the Institute for Cancer Research. Site B also forms part of the gateway to the medical hub located in Site C. Site C houses the Sydney Wing which provides most of the Brompton's principal functions and is established in its role as the primary hospital building. Opposite Site C, immediately to the north of Cale Street, is the Royal Marsden Hospital. Overall, the physical proximity and link *between* sites B and C and the adjacency of each to *other* world class medical institutions creates a natural medical hub which should be fostered. The primary function of these two parts of the site (B and C) should continue to be to deliver first class medical uses.

5.4 Sites A and D are naturally removed from the heart of the site described above. Site A is located north of Fulham Road and is a listed terrace that is residential in character and scale. Site D is separated from Site C by Britten Street, is varied in built form and use and does not house medical uses.

## Development Principle 2 - Explanation

5.5 When considering the redevelopment of the site, indicative viability work (pages 18-19) suggests that enabling uses would likely be necessary in order to retain the medical uses here. However, it also shows that this enabling development could take the form of medical uses.

5.6 If medical uses are used as enabling development, they would be welcomed anywhere on the site. If non-medical uses are proposed, they should be located away from the heart of the site.

5.7 In general, uses which are medical or are strongly associated with medical uses should be located within or closer to the heart of the site. Uses less strongly associated with medical functions should be located further from the heart. Figure 28 should be used to guide

the proportion of medical uses across the site.

5.8 In order to meet the Development Principles 1 and 2, any planning application must be accompanied by:

- a) A site wide masterplan which demonstrates the retention of medical uses and enhancing of medical facilities, with explanation of how they have been prioritised as per paragraph 5.3 and 5.4;
- b) A financial viability assessment that informs the masterplan approach, clearly explaining how enabling uses are complementary to the retention of a medical hub, and where they are not, justification.

5.10 Detailed guidance for each part of the site, A, B, C and D, are set out on the following pages.



Figure 28 - Diagram showing the proportion of medical uses expected within a site-wide masterplan (red being higher proportion medical, orange medium proportion and yellow lower proportion medical uses).Image Google Earth

# Site A Guidance

1-11 Foulis Terrace

## 5.11 Guidance - Use

- If enabling development is required in order to reprovide medical facilities as part of a site-wide masterplan approach, this part of the estate should be utilised for enabling residential development;
- It is likely that a variety of residential forms e.g. key worker accommodation, retirement living and some forms of extra care would provide sufficient financial receipt to be considered enabling development and would also provide a complementary use as per Principle 2;
- Residential forms complementary to medical uses would likely be supported in this location were an application to be submitted as part of a site-wide approach (subject to detail).

## Guidance - Design

- The terrace should be retained and opportunities taken to preserve or enhance the special architectural or historic interest of the listed building (as the existing permission is implementing, which is supported by the Council);



## 5.12 Reasons for Guidance

- Located north of the Fulham Road so is naturally removed from the heart of the site;
- Grade II listed meaning alterations required for high-tech medical provision would be challenging and would likely harm the special architectural quality of the listed building;
- Existing use is residential and floorplan layout is appropriate for provision of homes.

## Site B Guidance

Fulham Wing  
Dudmaston Mews  
Clinical and Simulation Centre

### 5.13 Guidance - Use

- Site B should continue to provide a high proportion of medical uses, which may be in the form of enabling development, and the buildings should be retained.

### 5.14 Guidance - Design

- Detail on the Fulham Wing on page 27 suggests facade retention. The Council does not normally favour facadism but it may allow the distinctive elevations to be retained in order to provide ongoing world-class medical uses here. See paragraph 4.10 for more information.
- The Clinical Skills and Simulation building is an impressive building which adds a great deal of character to the Conservation Area and fits in well within surrounding residential streets. It should be retained.
- If the Clinical Skills and Simulation building is proposed for residential uses complementary to medical provision, then opportunities should be taken to increase the level of activity and passive surveillance on the street.
- Opportunities should be taken to improve the side and rear elevations of the Fulham Wing.
- Dudmaston Mews is primarily a service corridor for the hospital with a series of single storey extensions fronting on to the mews providing access to the South Parade buildings. It serves primarily as the loading bay for South Parade and the Fulham Wing. The future of Dudmaston Mews should be considered as



part of any plans relating to Site B, and opportunities taken to improve servicing arrangements.

### 5.15 Reasons for guidance

- Site B is a gateway to the existing medical hub on Site C and is the central element of a cluster of medical uses along Fulham Road, between the Royal Marsden Hospital and the Institute for Cancer Research. The Clinical and Simulation Centre faces Site C, creating a visual link between the two parts of the heart of the site.
- The Fulham Wing and the Clinical and Simulation Centre play a key role in the this areas' identity and long association with world class medical uses. Both make a positive contribution to the conservation area and should therefore be retained.

## Site C Guidance

Chelsea Wing  
Imatron Building  
Britten Wing  
Sydney Wing

### 5.16 Guidance - Use

- As part of the heart of the site, Site C should continue to provide high proportion of medical uses, which may be in the form of enabling development.

### 5.17 Guidance - Design

- The existing Sydney Street building is four storeys in height. Its style is markedly different from the surrounding townscape. The facade has very little interaction with the street. There is an opportunity to create a building here which improves the above aspects whilst delivering a world class medical facility.
- The design and scale of any proposed building must respect the prevailing characteristics of the site and area. Every effort should be made to create a building which has a more sympathetic visual relationship with St Lukes Church and the rest of Sydney Street. Any redevelopment should provide a vertical emphasis so as to provide a better relationship with the surrounding townscape.
- Brick will be favoured for the main elevation of any proposed building - it is the most prevalent construction material of the institutional buildings in the area.
- Any proposal should activate Britten Street, Sydney Street and Cale Street and upgrade the experience of the public realm for pedestrians.
- The Chelsea Wing and Britten Wing make positive contributions to the conservation area and should be retained. They offer a pleasant contrast to the pretty cottages on the west of the street. They are of a good scale for the street and provide strong north-south directional views.



- The appearance of the northern elevation of Chelsea Wing should be improved.
- There is an opportunity to improve the connectivity between Britten Street and Cale Street with a route that runs north/south through site C. This should be explored when considering a site-wide masterplan.
- Proposals which activate Britten Street would be welcomed. Buildings should be no taller than four storeys and must display a strong vertical rhythm.
- Across this part of the site, the prevailing height of the existing building should be maintained.
- Due to the site's location on a strategic linear view, any additional height must not compromise the setting or visibility of St Paul's Cathedral from King Henry VIII's Mound, Richmond.
- Any buildings should be arranged in such a way so that light and noise pollution is kept to a minimum.

Living conditions at neighbouring properties should be preserved and should be comply with Policy CL5. An assessment of these would be expected to accompany any planning application for the site.

### 5.18 Reasons for guidance

- Site C is the established heart of the site that delivers the majority of medical functions. It is close in proximity to Site B, the gateway, and also adjacent to the Royal Marsden Hospital. On the existing site is the Sydney Wing, which is constrained in continuing to deliver world-class medical uses due to its form (e.g. limited opportunities for the appropriate ceiling void), is of minimal value in appearance, is inward looking and does not enhance the setting of or address St Luke's Church. It is not within a conservation area.
- It is recognised that this is an important part of the site due to its proximity to Fulham Wing and Royal Marsden Hospital, and that due to its size, it provides a key opportunity for the continued provision of world class medical facilities.



## Site D Guidance

117- 123 Sydney Street  
125 Sydney Street  
151 Sydney Street  
250 Kings Road

### 5.19 Guidance - Use

- The northern part of Site D (117-123 Sydney Street and 125 Sydney Street) is close to the heart of the site so uses complementary to medical should be prioritised. The southern part of the site (151 Sydney Street and 250 Kings Road) is further from the heart and would likely deliver a lower proportion of medical uses, if necessary.
- The northern part of site (117-123 Sydney Street and 125 Sydney Street) should comply with site allocation CA9. There are opportunities for residential uses complementary to medical facilities here. At 125 Sydney Street, there is an opportunity to create a vibrant mix of retail, restaurant and cafe uses alongside some uses that contribute to providing a healthcare hub, with open space complementing Kings Road.
- 250 Kings Road is within a Major Town Centre.

### 5.20 Guidance - Design

- The Grade II listed cottages at 117-123 Sydney Street are three storeys in height. There is an opportunity to return these buildings to their original use as residential, subject to detailed proposals.
- The retail units at 125 Sydney Street are just one storey. This site is suitable for redevelopment in compliance with Policy CA9. Development must have a positive relationship with the Grade II listed terrace between 117 and 123 and should be of an appropriate scale. The shoulder height of any building fronting Sydney Street should not exceed the shoulder height of 151 Sydney Street so as to maintain the scale evident around the site. Surrounding amenity must be preserved as set



out in Policy CL5.

- 250 Kings Road is a three storey building and 151 Sydney Street is a four storey building, with a sunken courtyard between. The buildings occupy a prominent location and are remnants of the workhouses which existing in this part of the Borough. Both buildings make a positive contribution to the Royal Hospital Conservation Area and should be retained. It may be appropriate to sensitively remodel to create a better frontage on to 250 Kings Road.
- Any new development should have regard to the views of St Luke's Church spire from Dovehouse Green.
- The site is adjacent to Dovehouse Green, which is a burial ground. There is an opportunity to open a new pedestrian link from 125 Sydney Street site, and beyond to link with Britten Street and/or Sydney Street. Any physical link here would need to have regard to the historic character of Dovehouse Green and must

seek to enhance the character of this unique space.

- There is an opportunity to activate Britten Street from the southern side of the street with new built form, sensitively designed to preserve the listed terrace adjacent.
- Any new development should consider and appropriately respond to development at 2 Dovehouse Street to the west.

### 5.21 Reasons for guidance

- Britten Street separates Site D from the heart of the site to the north. It currently houses a mix of uses (non-medical) and extends south to Kings Road, where part of the site, 250 Kings Road, falls within a Major Town Centre.
- Part of Site D is allocated within Policy CA9.

## 5.22 Site Wide Guidance

### 5.23 Movement & Transport

Development proposals should engender active travel in order to contribute to improving public health and to limit traffic impacts, as set out in Local Plan Policy CT1.

The Royal Brompton Hospital has excellent public transport accessibility. However, the options available for those with mobility needs are more limited. Although the proximate bus stops are of an accessible design, the closest London Underground Station at South Kensington has no step free facilities. The Council expects step free facilities to be delivered at South Kensington during the coming decade. The provision of excellent walking routes to South Kensington Station should be prioritised when developing a masterplan for the Royal Brompton site.

As per Policy CA9, a link between Dovehouse Green and a new public square within the site should be included within plans relating to Site D. Ideally, this route would also link to the north with Britten Street, and to the east with Sydney Street.

The western part of Britten Street does not provide an attractive pedestrian environment; nor does it contribute positively to the townscape of Chelsea. The Council would welcome ideas on how a masterplan could serve to turn Britten Street into an attractive characterful street with wider footways whilst maintaining due access for emergency vehicles.

Dovehouse Street and Cale Street are designated quiet cycle routes, suitable for less confident cyclists. The masterplan must respect these designations by not contributing additional traffic to these routes. Ample high-quality cycle parking will be expected as explained within the Transport and Streets SPD.

Careful consideration should be given to traffic management during the course of construction to limit the impact of construction traffic on the function of the local highway network and protect the living conditions at

neighbouring properties.

A transport assessment would be expected with any planning application to demonstrate that proposals would not lead to any material increase in local traffic congestion.

### 5.24 Servicing

Proposals should be in compliance with Policy CR7 when considering servicing on the site. It is recognised that servicing requirements for medical uses are considerable and therefore this aspect of any proposed development would be critical to the success of a scheme. A new parking and servicing strategy would be central to any masterplan. Any plan would need to preserve neighbouring residential amenity, preserve the character and appearance of the conservation area and deliver an efficient and fit for purpose servicing area. For sites C and D, any future proposals should ensure servicing vehicles use Sydney Street rather than Dovehouse Street.

### 5.25 Climate Change and Air Quality

The Council declared a Climate Emergency in October 2019 and adopted two targets: for the Council to be a net zero organisation by 2030 and for the borough to become carbon neutral by 2040. In addition, the Council adopted the World Health Organisations (WHO) Guideline Air Quality Values, which introduce stricter limits on particulate matter concentrations.

Following consultation with residents, residents' associations, and voluntary organisations in the borough during the summer of 2020, the Council decided to develop a Green Plan (soon to be launched) which will bring all five key environmental priorities and commitments under one umbrella:

- Achieving carbon neutrality and tackling climate change
- Improving air quality
- Tackling fuel poverty
- Minimising waste
- Enhancing biodiversity

These priorities will help the Council to “build back better” and deliver a Green Recovery from the COVID-19

Pandemic.

Any development at the Royal Brompton site has the opportunity to lead the way, aligning with these environmental commitments and meeting these strict requirements whilst providing state-of-the-art medical facilities.

The Council recognises that climate change and poor air quality are two of the biggest challenges of the 21st century and that we need to act on the causes and impacts of both. The Council is also committed to tackle and address all five environmental commitments through programme of works and a range of projects and initiatives.

Previously Air Quality and Climate Change have been tackled together in a combined Air Quality and Climate Change Action Plan 2016-2021 (Version 2 January 2019). As the plan is due to be renewed this year, the Council has made the decision to produce two separate plans for Air Quality and Climate Change. The Council will also be producing a Biodiversity Action Plan. Although independent, each plan will contain cross cutting actions and will continue to support the other with the aims to reduce emissions; reduce exposure, to increase resilience, increase access to nature and improve biodiversity, tackle fuel poverty, improve health and well-being and to influence change. Actions within these new action plans should be developed into any site masterplan.

Any masterplan proposals should be in compliance with Policy CE1 Climate Change and CE5 Air Quality and the Greening SPD. Developments must be carbon neutral and air quality neutral and should increase the biodiversity net gain.

The nature of medical facilities and scale of this site mean that there is an opportunity to create a quality, exemplary development, resilient to the impacts of climate change which demonstrates that all the Councils environmental commitments and environmental standards from the Greening SPD have been considered. This includes achieving an energy efficient design with a long legacy, meeting net zero carbon targets for all new major developments (residential and commercial), plus

achieving on top BREEAM very good for commercial developments, reducing onsite pollutant generation to help improve air quality, reduce flood risk and improve biodiversity.

Any future scheme should follow and meet all the relevant sustainability and environmental standards set out in the Greening SPD and align with the measures in the new Climate Change, Air Quality and Biodiversity Action Plans.

## 5.26 Flooding

All proposals would be expected to comply with Policy CE2. The site is not within Flood Risk 2 or 3. However, a site masterplan application would be required to achieve greenfield run-off rates. This should be achieved by increasing permeable surfaces and utilising SuDS.

## 5.27 Waste

All proposals would be expected to comply with Policy CE3 Waste. In such a highly built up borough, it is important that well designed and functional refuse and recycling storage space is allocated and integrally designed into all developments to ease collection and keep the streets litter free. Storage space will need to be functional to the end user. Any applications that include demolition, excavation and construction would require a Site Waste Management Plan.

## 5.28 Land Contamination

All proposals would be expected to comply with Policy CE7 Contaminated Land. If land is contaminated, developers would need to employ a competent person to identify any potential risks that may be present to site workers, groundwater surface water, future occupiers of the site and develop a conceptual model. This would involve a series of reports and investigations to be carried out by a competent person.