

QUEEN VICTORIA HOSPITAL

CDC UNIT

TRAVEL PLAN

PROJECT NO. 26-004 DOC NO. 0002

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1 INTRODUCTION

1.1 APPOINTMENT

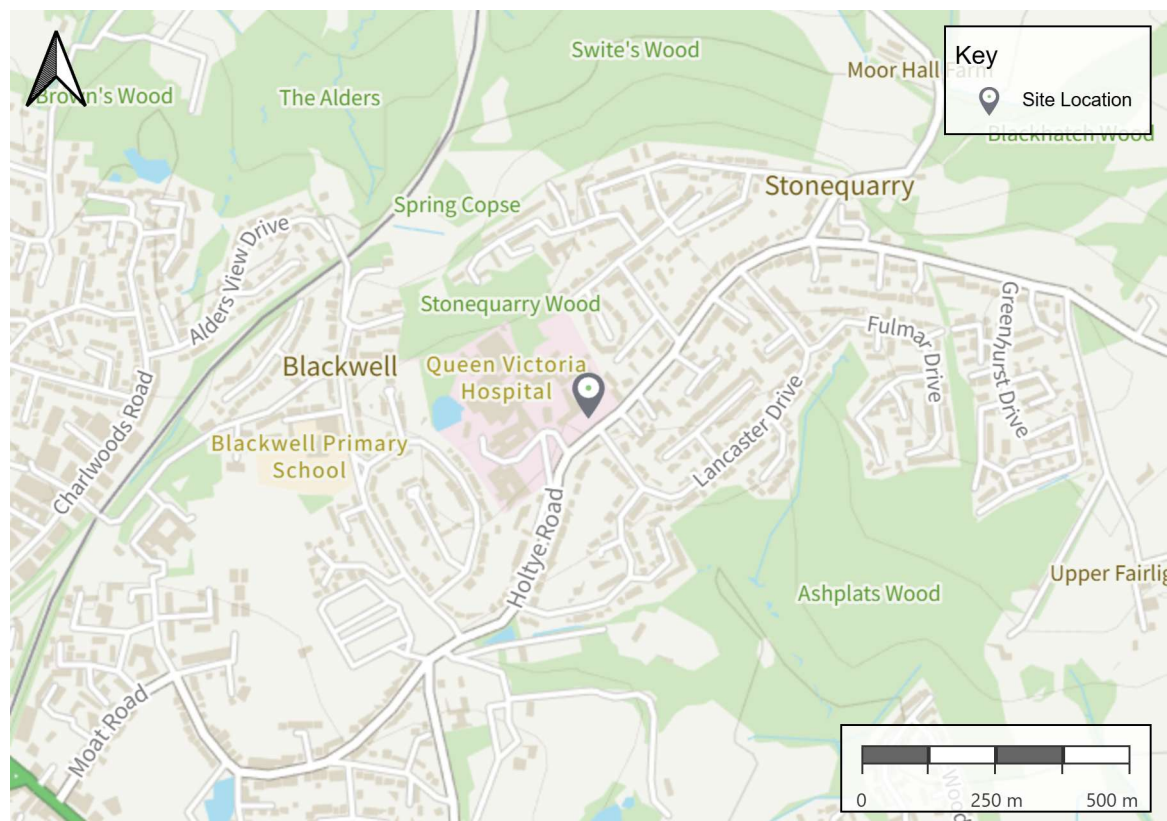
- 1.1.1 Velocity Transport Planning has been appointed by Queen Victoria Hospital NHS Foundation Trust to prepare this Travel Plan (TP) to address planning condition 10 of the planning permission (ref: DM/25/0396) for construction of a Community Diagnostic Centre (CDC) unit at the Queen Victoria Hospital (QVH), Holtye Road, East Grinstead, West Sussex RH19 3DZ (the 'site').
- 1.1.2 The Local Planning Authority is Mid Sussex District Council (MSDC) and Local Highway Authority is West Sussex County Council (WSCC).
- 1.1.3 A Transport Statement (TS) which details the transport implications associated with the consented development was prepared by Mott Macdonald submitted as part of the planning application and should be read in conjunction with this TP.

1.2 SITE LOCATION

- 1.2.1 The consented CDC unit (the 'consented development') will be located in the southern eastern corner of the existing QVH site, on a parcel of land bound by the Jubilee Building to the north-west, an existing QVH parking area to the north-east, the A264 Holtye Road to the south-east, and the main QVH access road to the south-west.
- 1.2.2 The site location, in comparison to the wider local context, is presented below in **Figure 1-1**.



Figure 1-1: Site Location



1.3 CONSENTED DEVELOPMENT

- 1.3.1 The consented development is a single storey structure (743sqm), comprising of CDC diagnostics and treatment facilities, ancillary facilities and associated access. The CDC is intended to support the existing diagnostics and treatment facilities at QVH. It will provide five generic treatment rooms, a Lung Function Test Room, an Ultrasound room, a Dexa Scanner Room, an Ophthalmology Diagnostic Room and double Phlebotomy suite. These functions are supported by clinical support facilities and staff support spaces, as well as patient waiting facilities.
- 1.3.2 The CDC hub site will provide integrated diagnostics services for patients and will provide a focus on improving access and addressing health inequalities for all, across the ICS. This model of care will enhance overall patient experience ensuring patients waiting times are significantly reduced.
- 1.3.3 The site layout plan is presented below in **Figure 1-2**.



Figure 1-2: Site Layout Plan



1.4 OVERVIEW

1.4.1 TPs are long-term management strategies for integrating sustainable travel into sites. They are based on evidence of the anticipated transport impacts of schemes and sets measures to promote and encourage sustainable travel. They set out the objectives of the plan and the means by which success of the plan will be monitored. Key benefits from TP include:

- Generating an increase in walking and cycling, with associated health benefits;
- Reducing noise, congestion and pollution associated with reductions in car use;
- The opportunity to contribute towards Corporate Social Responsibility;
- Financial savings made by staff choosing to walk, cycle or use public transport; and
- Compliance with planning policy.

1.4.2 TPs set out a series of objectives, targets and measures, and are intended to establish the overarching mechanisms to manage the TP and monitor its effectiveness for influencing travel choices in accordance with the agreed targets.

1.4.3 The implementation of pre-occupation measures included within the TP will be the responsibility of the Trust.

1.4.4 A Travel Plan Co-ordinator (TPC) has been appointed by QVH, who will be responsible for co-ordinating the operation and management. Contact details for the appointed TPC are provided in Section 4 of this TP.

1.5 REPORT PURPOSE AND STRUCTURE

1.5.1 Comments provided by WSCC highways officers on the planning application confirmed the following in response to the Outline Staff Travel Plan prepared by Mott Macdonald and submitted as part of the planning application:



“The submitted STP is noted. This accords with the requirements of the LHA.”

- 1.5.2 It has been confirmed subsequently in post-application discussions with WSCC highways officers that the Outline Staff Travel Plan, for all intents and purposes, is sufficient for the discharge of the planning condition subject to the inclusion of any emerging details.
- 1.5.3 Therefore, the purpose of this document is to provide an update to the approved Travel Plan, confirming any emerging details and setting out the final monitoring strategy for implementation by the Trust. A copy of the approved Travel Plan is provided in **APPENDIX A**.
- 1.5.4 A key feature of this TP is a review of travel surveys undertaken by the Trust of CDC patients, undertaken in September 2024. The proposed update to the Travel Plan is now inclusive of patients as well as staff, with the monitoring strategy informed by the travel survey data and will include further future staff and patient travel surveys, which will allow key trends to be identified in the medium to long term.
- 1.5.5 The remainder of this TP is structured as follows:
- ⦿ **Section 2** – reviews baseline patient travel demand, through the findings of the CDC Patient Travel Survey;
 - ⦿ **Section 3** – sets out any emerging updates to objectives/targets and measures;
 - ⦿ **Section 4** – sets out the final Travel Plan administration, monitoring and review strategy.



2 TRAVEL DEMAND

- 2.1.1 QVH has provided travel surveys undertaken in September 2024 for CDC patients. The surveys indicate how patients travelled to their CDC appointment at the time, providing an indication of baseline mode share. The surveys did not include staff or visitors.
- 2.1.2 A total of 30 surveys responses were recorded, with a summary of the findings provided in this section.
- 2.1.3 Baseline staff mode share is provided within the approved Outline Staff Travel Plan and is therefore excluded from this Travel Plan update.

2.2 PATIENT MODE SHARE

- 2.2.1 The baseline mode share for CDC patients observed in the travel survey is summarised in **Table 2-1**.

Table 2-1: CDC Patient Baseline Mode Share (2024)

MODE	NO.	MODE SHARE
Private car – parked on site	17	57%
Private car – parked off site	4	13%
Private car – dropped off / picked up	3	10%
Walked	2	7%
Public transport	3	10%
Taxi	1	3%
Cycled	0	0%
Patient transport services	0	0%
Total	30	100%

- 2.2.2 **Table 2-1** indicates that over two-thirds of CDC patients are driving to QVH (70%), with the majority of those parking on site (57%). Ten per cent of patients arrive by vehicle as a passenger, with the same number arriving by public transport. No patients currently cycle to QVH, with only 7% walking.
- 2.2.3 Qualitative feedback recorded through the survey generally indicates that for those driving and parking on or off-site, there are difficulties faced when trying to locate parking. This indicates a propensity for mode change to overcome the barriers faced by car drivers, with an appropriate series of Travel Plan measures.

2.3 STAFF MODE SHARE

- 2.3.1 Section 5.2.3 of the approved Outline Staff Travel Plan provides a summary of baseline staff mode shares, which have been used to set future year targets. It is recommended within Section 4 of this TP that travel surveys are undertaken of staff (and patients) to determine how progress is being made against these targets.



3 TRAVEL PLAN OBJECTIVES, TARGETS AND MEASURES

3.1.1 In light of the baseline travel demand for patients outlined in Section 2, this section of the TP reviews the objectives, targets and measures set out in the Outline Travel Plan.

3.2 OBJECTIVES

3.2.1 Section 5.2.2 of the approved Outline Staff Travel Plan set out a series of objectives (see **APPENDIX A**).

3.2.2 It is proposed to amend the following objectives, to ensure inclusion of patients as well as staff:

- ⦿ *Ensure all **staff and patients** are aware of their travel options; and*
- ⦿ *Offer an improved choice of travel options to all **staff and patients**.*

3.2.3 All remaining objectives are deemed to be appropriate.

3.3 TARGETS

3.3.1 Section 5.2.4 of the approved Outline Staff Travel Plan set out a series of targets (see **APPENDIX A**).

3.3.2 It is proposed to amend the overarching targets as follows, to ensure inclusion of patients as well as staff:

- ⦿ Reduce the **staff and patient** mode share for single occupancy vehicle use (**parking on and off-site**) by 10% in the first 5 years of the travel plan period.

3.3.3 It is proposed to amend the following related individual target, as follows:

- ⦿ Increase the proportion of **staff and patients** travelling to and from the Proposed development using active modes (walking and cycling); and

As a replacement, it is proposed to include the following related individual target:

- ⦿ Increase the proportion of patients attending virtual appointments, rather than in-person appointments, to reduce travel demand to the QVH CDC unit.

3.4 MEASURES

3.4.1 Section 5.3 of the approved Outline Staff Travel Plan set out a series of measures for the QVH to implement (see **APPENDIX A**). It is acknowledged that whilst these measures are targeted at staff, they are also likely to incentivise the use of sustainable modes of transport by patients.

3.4.2 A series of physical measures are included in the design of the consented CDC unit which are committed to and will be delivered prior to occupation. A further series of recommended 'potential' travel plan measures are also outlined in Table 5.1 of the approved Outline Staff Travel Plan.

3.4.3 For the purpose of this TP update, it is confirmed that the following additional measures will be implemented by the QVH in addition to the physical measures delivered prior to occupation:

- ⦿ Provision of bike maintenance tools and sessions for staff.
- ⦿ Provision of appropriate wayfinding signage for the new CDC unit.



- ⦿ Provision of rail and/or bus season ticket loans for staff.
- ⦿ Provision of sustainable transport information to staff and patients, through the Trust website, staff intranet or physical leaflets.
- ⦿ Establish a travel plan implementation group.

3.4.4 Therefore, it is deemed that these measures remain appropriate for implementation.



4 ADMINISTRATION, MONITORING AND REVIEW

- 4.1.1 Section 5.4 of the approved Outline Staff Travel Plan (see **APPENDIX A**) sets out an indicative administration, monitoring and review strategy.

4.2 ADMINISTRATION

- 4.2.1 Further to the administration strategy set out within the approved Outline Staff Travel Plan, a TPC has been appointed by the Trust and will be undertaken by the following contact:

NAME: Paul Addison

POSITION: Head of Facilities

CONTACT EMAIL: p.addison@nhs.net

4.3 MONITORING AND REVIEW

- 4.3.1 Monitoring of the TP will be undertaken through staff and patient travel surveys to understand the changing nature of travel habits (compared to baseline mode share data) and the effectiveness of measures in working towards meeting the TP objectives and targets.
- 4.3.2 The TPC will coordinate staff and patient travel surveys in Years 1, 3 and 5 to be undertaken on the anniversary of first occupation. These surveys will be used to monitor progress against the Travel Plan objectives and targets set out in Section 3.
- 4.3.3 Surveys will take the form of a digital or physical questionnaire to be issued directly to staff and patients or recorded by the TPC in an interview-style format. Surveys will record the following data:
- ⦿ Method of travel to the CDC unit;
 - ⦿ Awareness and uptake of TP measures;
 - ⦿ Usage of and satisfaction with cycle parking, shower and changing facilities;
 - ⦿ Number of patients attending virtual appointments as opposed to in-person appointments; and
 - ⦿ Additional feedback on barriers and opportunities to travel faced by staff and patients.
- 4.3.4 The TPC will compile a monitoring report outlining the results of the monitoring process. The report will include the following information:
- ⦿ How and when information has been gathered;
 - ⦿ Updated staff and patient mode share;
 - ⦿ Awareness and uptake of TP measures;
 - ⦿ Usage of and satisfaction with cycle parking, shower and changing facilities;
 - ⦿ Proportion of patients attending virtual appointments and not travelling to site;
 - ⦿ Progress towards meeting objectives and targets; and
 - ⦿ Future proposals for further refinement of the TP if required.



- 4.3.5 The TPC will be responsible for submitting the monitoring reports to WSCC highways officers within 3 months of completion of each survey.



APPENDIX A

APPROVED OUTLINE STAFF TRAVEL PLAN



5 Outline Staff Travel Plan

In addition to a Transport Statement, Queen Victoria Hospital (QVH) NHS Foundation Trust has commissioned Mott MacDonald to produce an Outline Staff Travel Plan for the Proposed CDC.

5.1 Travel Plan Context

This Outline Staff Travel Plan is produced in support of both QVH NHS Foundation Trust policy and the wider NHS policy including 'Greener NHS' and 'How to produce a Green Plan: A three-year strategy towards net zero'.

The Health and Care Act 2022 places new duties on NHS England and all trusts, foundation trusts and integrated care boards to contribute towards statutory emissions and environmental targets, including the UK net zero emissions target of 2050. In support of this, the Greener NHS policy document⁵ sets out a strategy of reaching net zero by 2040 for the emissions the NHS controls directly, and net zero by 2045 for the emissions the NHS has the ability to influence. To enable this, all NHS trusts will be required to have a green travel plan as part of their annual planning and reporting. In addition, 'How to produce a Green Plan: A three-year strategy towards net zero' outlines, as per 'Delivering a net zero National Health Service', that NHS Trusts should develop a green travel plan to support active travel and public transport for staff, patients, and visitors⁶.

Within the QVH NHS Foundation Trust Green Plan 2022⁷, the journeys work stream sets out how the Trust will ensure that *"the transport and travel that links our care and our communities is low cost, low carbon and conducive to good health and wellbeing"*. To support this, the trust will aim to:

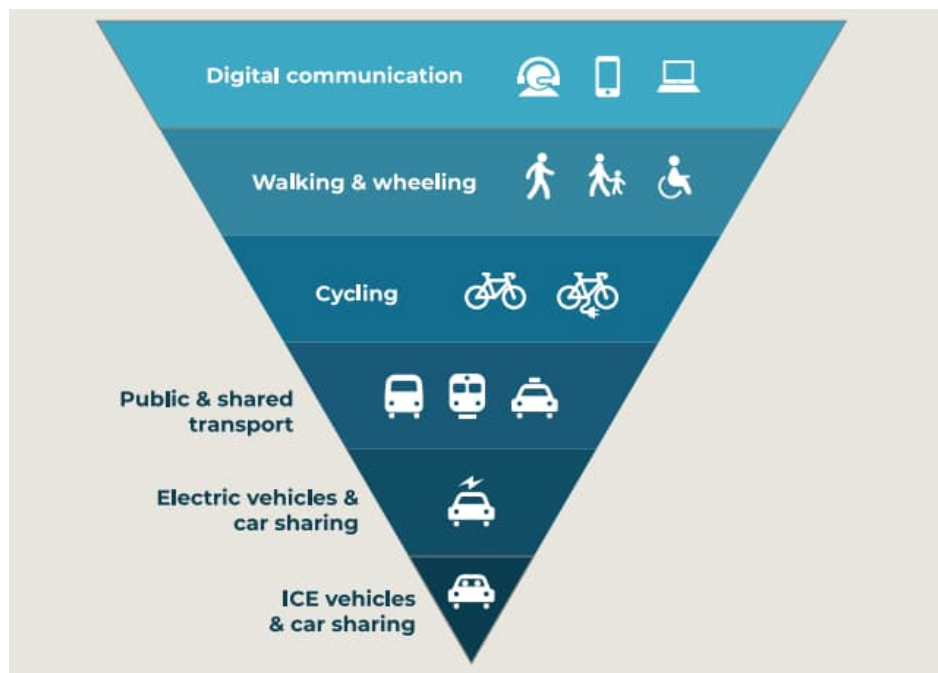
- *"Eliminate non-essential travel"*
- *Increase the uptake of healthier active travel choices*
- *Ensure that all remaining travel uses the most resource-effective methods and follows the travel mode hierarchy" (see Figure 5-1)*

⁵ See NHS (2022) delivering a 'Net Zero' National Health Service'. Available at: <https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/51/2022/07/B1728-delivering-a-net-zero-nhs-july-2022.pdf>.

⁶ See NHS (2021) How to produce a green plan: A three year strategy towards net zero. Available at: <https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2021/06/B0507-how-to-produce-a-green-plan-three-year-strategy-towards-net-zero-june-2021.pdf>.

⁷ See Queen Victoria Hospital NHS Trust (2022) Our Green Plan 2022. Available at: <https://www.qvh.nhs.uk/wp-content/uploads/2022/04/QVH-Green-Plan-Part-1.pdf>.

Figure 5-1: QVH NHS Foundation Trust travel mode hierarchy



Source: QVH NHS Foundation Trust

5.1.1 What is a Staff Travel Plan?

A Staff Travel Plan is a long-term management strategy that aims to reduce the number of private vehicle journeys by staff travelling to the Proposed Development, particularly single occupancy vehicles.

To achieve this, a Staff Travel Plan sets clear objectives and targets to reduce private vehicle journeys, supported by a package of infrastructure and promotional measures designed to improve access and encourage travel to the Proposed Development by more sustainable transport modes.

The following plan is an Outline Staff Travel Plan relevant to the Proposed Development. It is anticipated that the production of a full Staff Travel Plan may be secured via planning condition for production following the occupation of the CDC building. However, given the relative scale of movements associated with the CDC, it is considered more appropriate for the measures and principles set out to be incorporated into a wider QVH Travel Plan, to be developed in due course as part of a masterplan for the wider site.

5.1.2 Site and Accessibility Context

A detailed overview of the site and accessibility context can be found in Section 3 of the Transport Statement. Should a full Staff Travel Plan or a Travel Plan for the wider QVH site be produced, this section will be updated accordingly to reflect the site accessibility and connectivity at the time.

5.2 Travel Plan Objectives and Targets

5.2.1 Overview

A Travel Plan must have targets and objectives that are quantifiable and measurable over time as a means of assessing whether the initiatives implemented to influence travel behaviour amongst staff and visitors have been successful. They must be ambitious enough to provide the

QVH NHS Foundation Trust with the incentive to make every effort to encourage staff working at the Proposed Development to make sustainable travel choices yet be realistic and achievable.

5.2.2 Travel Plan Objectives

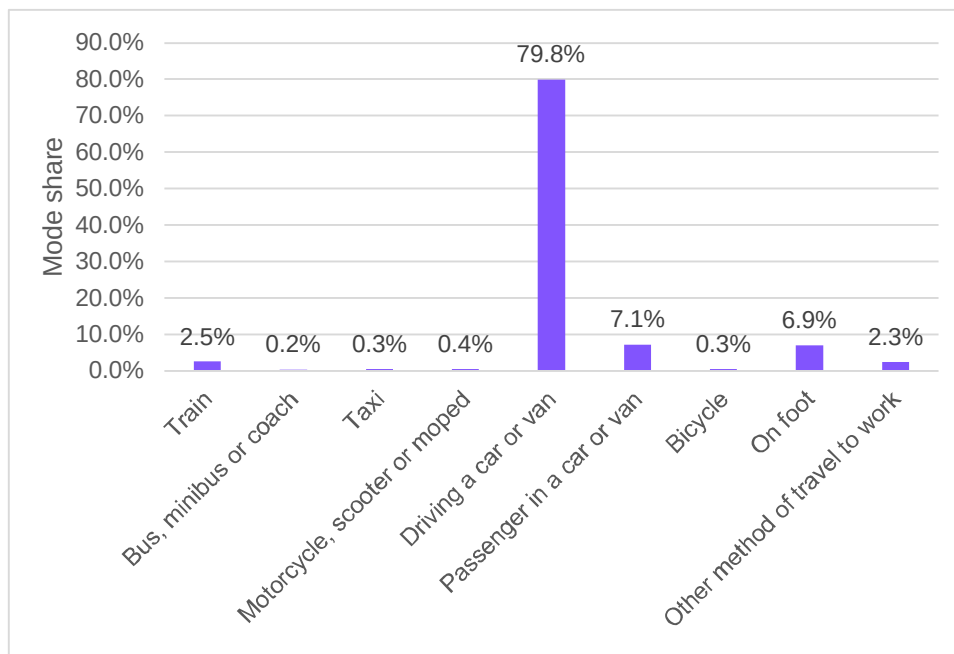
A set of key objectives, the aims and objectives of the Outline Staff Travel Plan for the Proposed Development are as follows:

1. Ensure access for all;
2. Ensure all staff are aware of their travel options;
3. Increase the health and wellbeing of staff working at the QVH CDC by promoting active travel modes such as walking and cycling;
4. Minimise the proportion of single occupancy private vehicle journeys to and from the QVH CDC;
5. Minimise the environmental impact of the QVH CDC by encouraging a greater use of sustainable transport modes; and
6. Offer an improved choice of travel options to all staff.

5.2.3 Expected Staff Travel Demand by Mode (Baseline)

As set out in Section 4 of the TS, expected staff mode shares for the Proposed Development have been based on a factor derived from the 2011 Census method of travel to work data applied to the 2021 Census method of travel to work data by MSOA. These mode shares are set out in Figure 5-2.

Figure 5-2: Expected staff mode shares at the Proposed Development



Source: ONS 2021, 2023

It is assumed that 21 staff will be working in the Proposed Development at any one time. This equates to 17 car driver movements in a single hour, which would be expected to take place outside the traditional highway peak hours, given the opening hours of the proposed CDC (0700-1900).

5.2.4 Travel Plan Targets

The key method for monitoring the impact of the staff travel plan will be to survey the proportion of staff at the Proposed Development who travel by each transport mode, known as 'mode share', of staff travel.

Based on the expected baseline staff mode shares outlined in section 5.2.2, the main target for the Outline Staff Travel Plan is to:

- Reduce the staff mode share single occupancy vehicle use by 10% in the first 5 years of the travel plan period.

This overarching target is supported by the following targets:

- Increase the proportion of staff travelling to and from the Proposed development using active modes (walking and cycling); and
- Increase the proportion of staff using car sharing.

The measures to support the above targets are set out in Section 5.3. These initial targets will be reviewed as part of the full Staff Travel Plan, based on up-to-date information on the travel patterns of staff working at the site, including staff catchment areas, or as part of a wider Travel Plan for the whole QVH site.

5.3 Travel Plan Measures

To achieve the objectives and targets, a package of measures is required to create appropriate incentives for staff to use sustainable and active modes rather than single occupancy private vehicles. While targeted at staff, these measures are also likely to incentivise the use of sustainable modes of transport by patients and visitors.

The following physical measures are included in the design of the Proposed Development and will help support the objectives and targets for the Staff Travel Plan:

- Provision of appropriate disabled access including ramps and slopes provided in line with relevant guidance;
- Provision of disabled parking and drop-off space close to the main entrance to the proposed CDC;
- Provision of a new pedestrian access from Holtze Road, convenient for people walking or getting public transport to / from the site;
- A sheltered cycle parking area with 10 cycle parking spaces, including spaces suitable for non-standard bikes; and
- Showering and changing facilities for staff located within the CDC.

In addition to these, a series of potential travel plan measures are outlined in Table 5.1, including an indication of which travel plan objective they help support. An indication of potential timescales is also included, which broadly represent the following time bands:

- Short Term = 1-2 years of occupation
- Medium Term = 2-5 years
- Long Term = 5 years + (likely to be achieved beyond the life of the Travel Plan)

These are initial measures and the roll out of these will need to be considered in the context of wider hospital initiatives.

Table 5.1: Outline Travel Plan measures for the Proposed Development

Measure	Method	Timescale	Ensure Accessibility for All	Ensure all staff are aware of their travel options	Increase walking and cycling	Reduce the mode share of private vehicle single occupancy journeys	Reduce the environmental impact of the QVH CDC	Offer an improved choice of travel options
Walking and cycling								
Ensure appropriate access routes	Provide appropriate ramps and slopes where required to ensure appropriate inclusive access is achieved. Provide a new pedestrian route from Holtye Road and Trust to improve footpath alongside Jubilee Building	Short	✓		✓	✓	✓	✓
Increase the number of covered cycle parking spaces.	Initial provision of 10 sheltered cycle parking spaces near entrance to CDC to allow staff / visitors to securely park their bicycles. Include spaces appropriate for non-standard bikes. Occupancy and demand of spaces to be reviewed annually during the travel plan period, and number of spaces to be increased if required	Short	✓		✓	✓	✓	✓
Provision of bike maintenance tools on-site	Provision of bike maintenance tools on site, including bike pumps, puncture repair kit, tools etc.	Short			✓	✓	✓	✓
Increase / enhance the provision of showering and changing facilities	Showering and changing facilities to be provided at CDC.	Short			✓	✓	✓	✓
Provide staff bike maintenance sessions	Engage an external provider to undertake lunchtime bike maintenance sessions.	Medium		✓	✓	✓	✓	✓

Measure	Method	Timescale	Ensure Accessibility for All	Ensure all staff are aware of their travel options	Increase walking and cycling	Reduce the mode share of private vehicle single occupancy journeys	Reduce the environmental impact of the QVH CDC	Offer an improved choice of travel options
Wayfinding	Trust to review signage and ensure appropriate wayfinding is provided to the CDC	Short	✓	✓	✓	✓	✓	✓
Public Transport								
Provide interest free loans for the purchase of annual bus or rail season tickets	Discuss with QVH NHS Foundation Trust the potential to provide season ticket loans	Short		✓		✓	✓	✓
Provide real time bus / train information screens within CDC	Provide real time bus information screens within staff welfare areas and reception of CDC so that staff and visitors are aware of real time public transport service patterns.	Medium		✓		✓	✓	✓
Car sharing / provision								
Appropriate car parking spaces	Provide appropriate disabled spaces and drop-off areas at the CDC.		✓					
Promote car sharing scheme	Continue to promote the car sharing scheme and assist staff in finding a car share partner	Short		✓		✓	✓	✓
Car sharing spaces	Some car sharing spaces already exist within the QVH car park adjacent to the Jubilee Building. Review usage and reserve further standard parking bays for car sharing only to provide an incentive for staff to car share to work.	Medium		✓		✓	✓	

Measure	Method	Timescale	Ensure Accessibility for All	Ensure all staff are aware of their travel options	Increase walking and cycling	Reduce the mode share of private vehicle single occupancy journeys	Reduce the environmental impact of the QVH CDC	Offer an improved choice of travel options
Travel Plan promotion								
Information sharing of sustainable transport options.	Circulate information to staff on journey planning, the most direct local public transport routes and the health and wellbeing benefits associated with sustainable journeys to work. This could be circulated via the NHS staff intranet.	Short		✓	✓	✓	✓	✓
Sustainable travel events	Hold and promote events for staff such as Bike Week, Car Free Days, or an activity / step challenge to support walking.	Short		✓	✓	✓	✓	✓
Establish a travel plan implementation group.	Establish a travel plan implementation group amongst CDC staff members to discuss and deliver travel plan measures and come up with additional measures where necessary.	Medium		✓	✓	✓	✓	✓

A number of the measures outlined in Table 5.1 will also help to promote and encourage sustainable travel for patients and visitors to the Proposed Development. These include the provision of sheltered cycle parking spaces on-site, appropriate blue badge parking / drop-off areas and wayfinding. In addition, information on sustainable travel options and events could also be displayed in the public areas of the CDC, such as in the reception and waiting room. Visitors will be provided with information on travel options to the CDC within their appointment letters.

5.4 Travel Plan Administration and Monitoring

5.4.1 Travel Plan Administration

In order to implement the Staff Travel Plan it is recommended that a dedicated Travel Plan Coordinator (TPC) role is assigned to an appropriate staff member at the QVH. While not a full-time position, the TPC will be responsible for implementing the Staff Travel Plan. In line with the overarching Travel Plan, duties of the TPC include:

- Looking after the day-to-day operation of the plan;
- Keeping all relevant databases, information, and administration up to date;
- Liaising with appropriate partners;
- Leading on the delivery of the Travel Plan;
- Promoting the Travel Plan by explaining its purpose and opportunities;
- Promoting individual measures in the Travel Plan;
- Undertaking monitoring associated with the Travel Plan; and
- Reviewing the Travel Plan's effectiveness throughout the Travel Plan period.

It is also suggested that an appropriate budget be set for the implementation and maintenance of the Travel Plan.

5.4.2 Travel Plan Monitoring and Review

It is expected that the Travel Plan will be subject to ongoing review and informed by monitoring surveys of staff travel behaviour to be undertaken following occupation. Following an initial baseline survey, these would typically take place over a five-year monitoring period to gauge how the Travel Plan is performing against its targets. The monitoring and survey programme, and the subsequent update of the Travel Plan would need to be confirmed in the context of a potential QVH wide Travel Plan being developed.

In addition to travel surveys, monitoring will also be undertaken in relation to the travel plan measures, including reviewing usage of car sharing, cycle parking, and staff usage and satisfaction of shower and changing facilities.

5.4.3 Travel Plan Promotion

In addition to the promotion measures included in Table 5.1, it is recommended that promotion of the Staff Travel plan is undertaken through the following:

- Production and distribution of a Staff Travel Plan information leaflet;
- Production of a Staff Travel Plan newsletter every six months;
- Advertising of the Staff Travel Plan with posters in communal areas; and
- Providing information on the Staff Travel Plan to new employees through an Induction Pack.