



mode
transport planning

NHS
Portsmouth Hospitals
University
NHS Trust

Queen Alexandra Hospital, Portsmouth

Framework Transport Strategy

09 February 2021



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transport planning

Portsmouth Hospitals University NHS Trust

Queen Alexandra Hospital, Portsmouth

Framework Transport Strategy

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1 Strategy Purpose

1.1 Context

- 1.1.1 This document has been prepared by mode transport planning (mode) on behalf of the Portsmouth Hospitals University NHS Trust ('the Trust'). It provides a 'framework' version of a comprehensive Transport Strategy for the Queen Alexandra Hospital (QAH), which is the principal premises of the Trust.
- 1.1.2 The Trust is one of the largest employers in Portsmouth, with approximately 7,500 staff, along with 700 volunteers and more than 1,000 staff delivering the Trust's services on behalf of the Project Co's main contractor (Engie).
- 1.1.3 Comprehensive secondary care and specialist services are provided by the Trust at the QAH, serving around 675,000 people across Portsmouth and South East Hampshire. Some tertiary services are also provided to a catchment area of more than 2 million people.
- 1.1.4 Following substantial financial investment in 2009 via the Government's Private Finance Initiative (PFI), services previously delivered from three hospitals were centralised at the QAH at a new hospital building. This major redevelopment of the QAH wrapped and integrated with a number of original blocks, which were also substantially refurbished.
- 1.1.5 The QAH site provides for both public car parking managed by Engie, whilst a range of staff parking facilities are also provided on-site and managed by the Trust (including by way of a staff parking permit system based upon eligibility criteria). In addition, the Trust leases 992 car parking spaces at the Fort Southwick Park and Ride (P&R) at James Callaghan Drive, less than 3km from the site and with a dedicated, direct bus service operated by First Bus Group. The public and staff also access the site by a variety of other travel methods, including by local bus services directly and indirectly accessing the site.

1.2 Trust Objectives

- 1.2.1 A Vision for the Trust's estate as-a-whole, along with supporting objectives and priorities is outlined in the Trust's 2019-2024 Estate Strategy. This covers a range of considerations for managing and enhancing the Trust's assets over this timeframe and into the future. The following six strategic principles are identified in the 2019-2024 Estate Strategy:
 - 1. Optimise the use of the built resources to meet clinical need;
 - 2. Improve the stakeholder experience in relation to the estate;
 - 3. Maximise the contribution of the estate to the objectives of the Hampshire and Isle of Wight Sustainability and Transformation Partnership;

4. Deliver value for money from the PFI project agreement;
5. Drive improvements in the environmental sustainability of the estate; and
6. Improve the benchmark performance of the estate against the Trust's peers.

1.2.2 A number of Capital Projects are proposed at the QAH by the Trust in delivering upon elements of the 2019-2024 Estate Strategy. Whilst a range of Capital Projects aim to deliver improved facilities at the QAH over this timeframe, the following three projects in particular are subject to immediate planning applications (with one already consented), with construction planned from February 2021 through to Summer 2024:

1. A new modular ward for increased and improved bed capacity on one half of the current North Public Car Park (already consented);
2. A new multi storey (decked) car park (MSCP) to re-provide public car parking on the remaining half of the current North Public Car Park; and
3. Development of a new Emergency Department (ED) on the current East Staff MSCP (to the east of the current Emergency Department).

1.2.3 The 2019-2024 Estate Strategy recognises that delivery of major schemes at the Trust will be dependent on the trust progressing a number of enabling schemes. From a transport standpoint, these include the following:

- Sustainability initiatives, including joint working with the University of Portsmouth and Portsmouth City Council (PCC) on climate change, air quality, travel and parking. Part of this will include a programme of measures to tackle traffic congestion on-site, manage demand for parking and promoting sustainable modes of travel; and
- Moreover, to manage growing public and staff demand for parking at the QAH, recognising that a number of the principal schemes will impact on the availability of parking, which will need to be managed. A number of proposals are being considered to expand or re-provide spaces to ensure availability for those who need it.

1.2.4 The Trust has been undertaking pre-application discussions with PCC in relation to the above and planned Capital Projects. A Planning Performance Agreement (PPA) is in-place to facilitate continued partnership with PCC in enabling the Trust's development ambitions.

1.2.5 Feedback from PCC has identified a need for a holistic view taken at the QAH in transport terms, where individual proposals and planning applications viewed independently may miss opportunity to consider an overarching planned approach to development phasing. This is key component of this Framework version of the Transport Strategy, which will evolve with time as Capital Projects progress, and medium to longer-term transport objectives are advanced to the benefit of further schemes, the estate and local community as-a-whole.

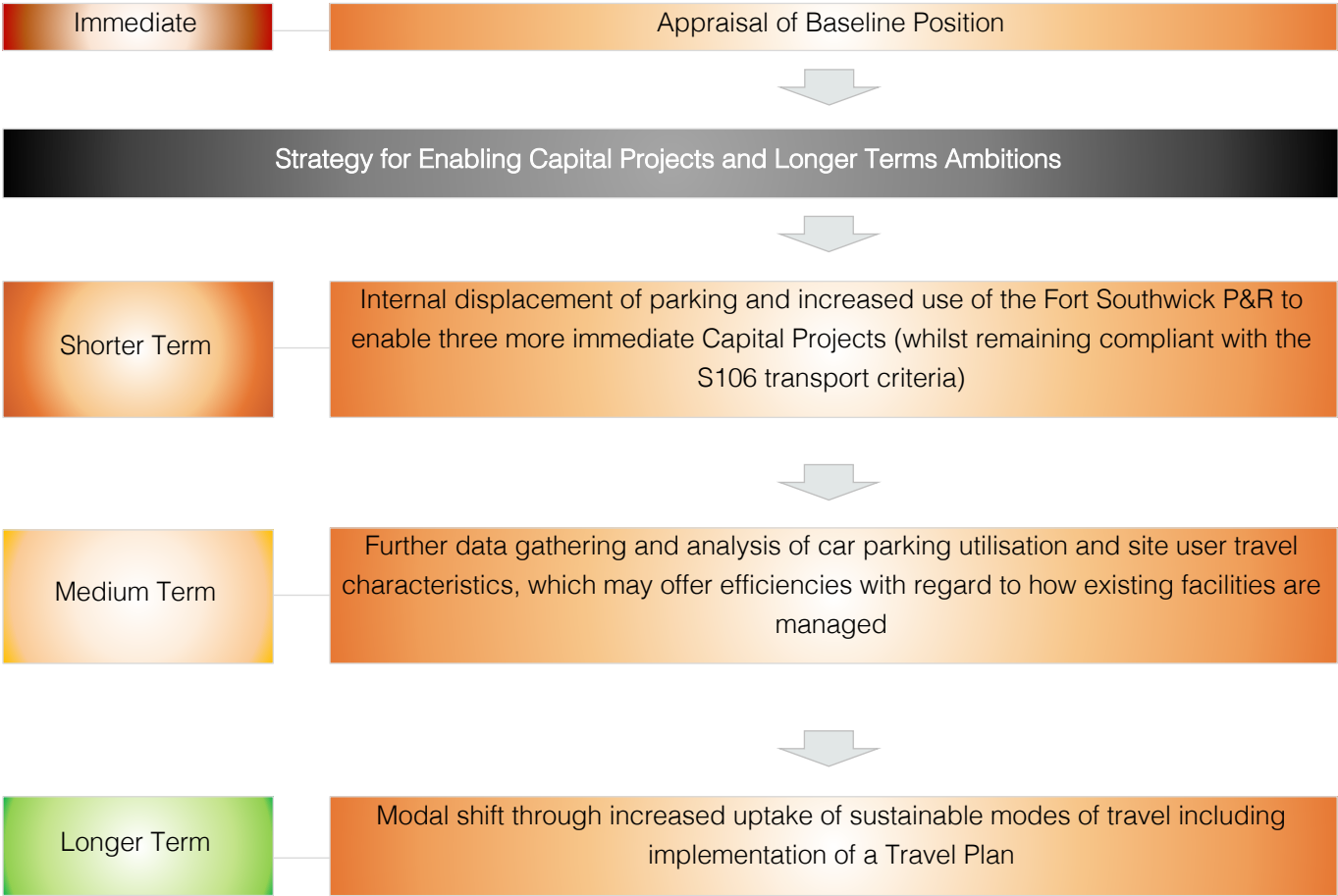
1.3 Role of the Transport Strategy

- 1.3.1 The Transport Strategy will remain a 'live' document and evolve to suit ongoing requirements of the Trust. This version of the document provides a Framework version of the Transport Strategy. This is on the basis of outlining key information necessary at this stage to support immediate Capital Project planning applications, whilst identifying areas for further and continued focus as the Transport Strategy develops to further support the ambitions of the Trust and deliver upon the 2019-2024 Estate Strategy.
- 1.3.2 The ongoing management of the Trust's assets, including allocation of public and staff car parking spaces, as well as the off-site Fort Southwick P&R and dedicated P&R bus service, continues to be closely monitored and where necessary adapted (in partnership with the PFI contractor, site owner and First Bus Group), to suit requirements and demand. Part of the basis of the Transport Strategy, and as detailed in this Framework version, is to appraise the existing provision of public and staff parking, including at the Fort Southwick P&R.
- 1.3.3 Moreover, the appraisal components of the Transport Strategy include for the baseline connectivity by walking, cycling and public transport, along with what infrastructure is currently available on-site and other measures the Trust currently implement to further encourage sustainable modes of travel to and from the site.
- 1.3.4 Shorter term elements of the Transport Strategy deal with how public and staff car parking will be displaced internally to enable proposed Capital Projects, and where necessary, identifying additional demand for staff parking to be met at the Fort Southwick P&R during particular phases. This prioritises the retention of existing public car parking provision on-site, which is important to patients and visitors of the QAH, and in any event is governed by a Section 106 agreement active at the site (detailed in the subsequent section).
- 1.3.5 Whilst not necessary to enable progress with immediate Capital Projects in planning application terms, the Transport Strategy will be developed further in the future to allow for medium and longer term ambitions of the Trust to be realised.
- 1.3.6 Medium term strategy measures will include addressing existing on-site congestion, and what physical measures could be introduced to better manage this, along with analysing the actual utilisation of public and staff car parking areas. The latter may assist in identifying potential efficiencies with on-site space, and along with reviewing ongoing staff parking permit eligibility criteria, may allow a greater reliance on the Fort Southwick P&R, in turn relieving on-site congestion (and possible traffic congestion nearer to the QAH).

1.3.7 The Transport Strategy will also aim to identify how sustainable travel modes can be better harnessed over the longer term to further reduce demand by car (with an emphasis on staff). This Framework version identifies concepts for how this can be explored further as the Transport Strategy develops, and how a Travel Plan can be prepared by the Trust to provide a method of managing and monitoring progress.

1.3.8 An overview of the role and evolution of the Transport Strategy is shown further on **Figure 1.1**.

Figure 1.1 Role and Evolution of the Transport Strategy



1.4 Section 106 Agreement

1.4.1 The planning permission from PCC (ref: A*36713/AC) for the past major redevelopment of the QAH was accompanied by a Section 106 legal agreement. This includes covenants on part of the developer related to transport and parking at the QAH. The following covenants are most relevant to the Transport Strategy at this stage:

- *“Covenant 5.7: To ensure that not less than 664 car parking spaces within the Car Parking Facilities are permanently reserved exclusively for patients and visitors attending Queen Alexandra Hospital and to take all reasonable measures to ensure that the 664 spaces so reserved are not used by staff working at the Queen Alexandra Hospital;*

- *Covenant 5.8: Not without prior written consent of the Council to provide at Queen Alexandra Hospital and the Sevenoaks Road Site combined more than 1572 vehicle parking spaces in total for vehicle parking by staff and to use all reasonable endeavours to ensure that not more than 1572 vehicles are parked at any one time at Queen Alexandra Hospital; and*
- *Covenant 5.10 With effect from commencement of use of the Development to implement the Green Travel Plan with the output being that traffic flows to and from Queen Alexandra Hospital in Southwick Hill Road do not exceed the 1998 base year traffic flows as set out in the “Traffic Impact Assessment” prepared by MVA and summarised in Schedule 2 of this Agreement”.*

1.4.2 Whilst the above Section 106 covenants are not the key driver of the Transport Strategy, the first two covenants are nevertheless relevant when considering the ongoing management of on-site parking spaces, as well as any changes to the existing provision for the public and staff. As stated previously, the Trust intend to prepare a Travel Plan, although this will rely on data gathering and progress with earlier stages of the Transport Strategy.

1.5 Document Structure

1.5.1 The remainder of this document is structured as follows:

- **Chapter 2:** The QAH Site
- **Chapter 3:** Existing Travel Patterns
- **Chapter 4:** Proposed Capital Projects
- **Chapter 5:** Car Travel and Parking Strategy
- **Chapter 6:** Public Transport Strategy
- **Chapter 7:** Walking and Cycling Strategy
- **Chapter 8:** Managing Travel Demand
- **Chapter 9:** Summary

2 The QAH Site

2.1 Site Location

2.1.1 The QAH is situated in Cosham, to the north of Portsmouth and the M27, as well as being less than 1km north of Cosham train station. The site location in context with the local area is shown on Figure 2.1.

Figure 2.1 Site Location in Context with the Local Area

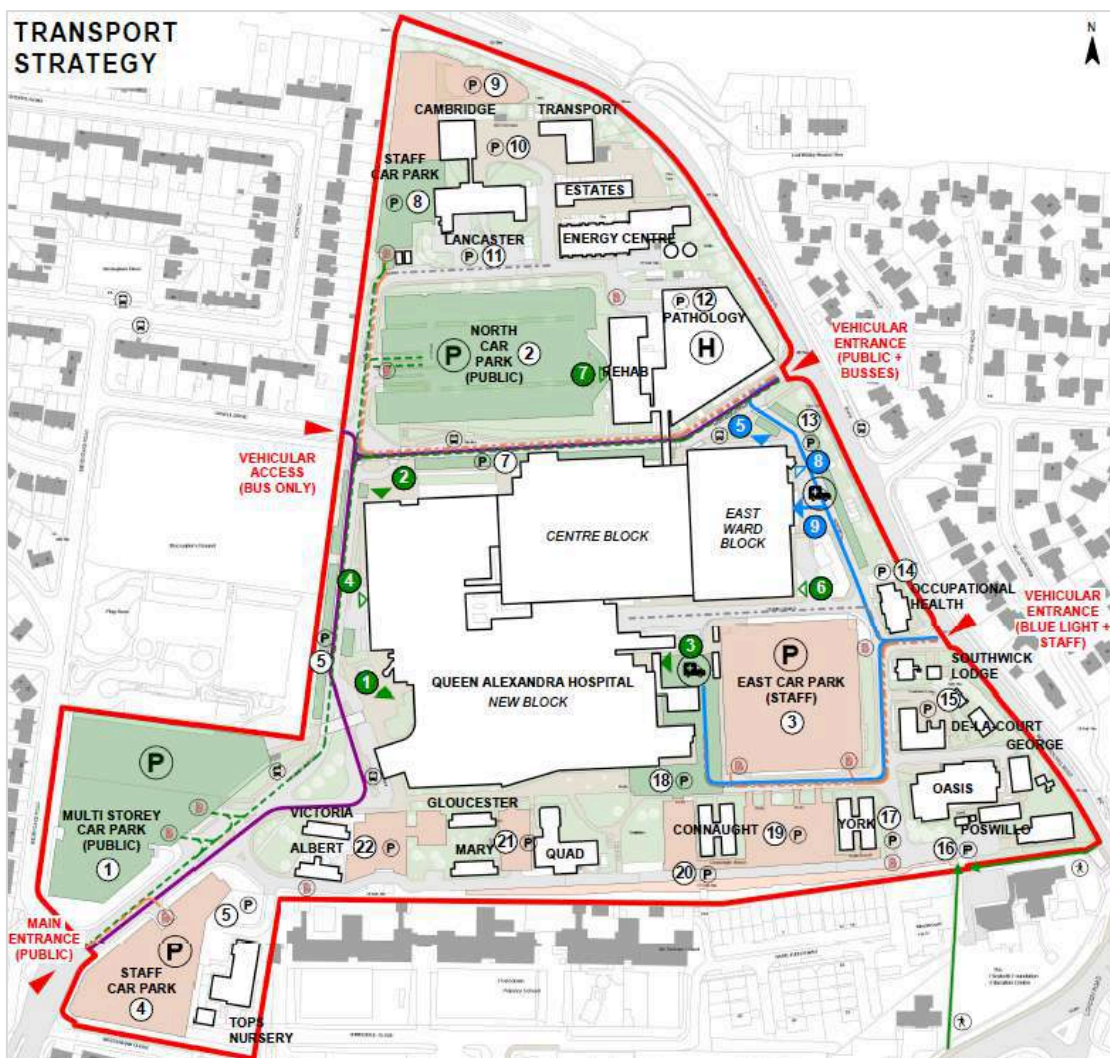


2.2 Access and Site Plan

2.2.1 A Main Entrance is provided via Pasteur Road / Sevenoaks Road onto the A3 Southampton Road, at the southern end of the site. Two further staff entrances are provided onto the B2177 Southwick Hill Road at the eastern end of the site. The northern of these two entrances is also used by the Fort Southwick P&R dedicated bus service, whilst the southern entrance is also a blue light access. A further emergency access (also allowing buses / pedestrians / cyclists) is provided onto Cavell Drive at the western end of the site.

2.2.2 The above access arrangements, along with an existing transport strategy plan showing the layout of the site, is shown on **Figure 2.2**. A full plan is provided in **Appendix A**.

Figure 2.2 Existing Transport Strategy and Site Layout



2.2.3 Further detail with respect to on-site transport infrastructure and facilities is provided in **Chapters 5 to 7**.

3 Existing Travel Patterns

3.1 Schedule of Staff by Type

3.1.1 A total of 6,928 Trust staff are based at the QAH (as per January 2019), which relates to a Full Time Equivalent (FTE) number of 6,118. This represents over 90% of the total 7,487 staff employed by the Trust.

3.1.2 A schedule of all staff and FTE staff based at the QAH by service division, is summarised in **Table 3.1**.

Table 3.1 Schedule of Staff by Type (as per January 2019)

Staff Type	Total Staff	FTE Staff
Clinical Divisions		
Clinical Delivery Division	2,010	1,761
Medicine and Urgent Care Division	1,811	1,631
Surgical and Outpatients Division	1,096	968
Network Services Division	1,348	1,156
Total Clinical	6,265	5,516
Non-Clinical Division		
Commercial Division	663	602
Total	6,928	6,118

3.1.3 **Table 3.1** demonstrates that the majority of Trust staff based at the QAH work in clinical divisions (90%), with 10% of staff working in the non-clinical commercial division. It is however noted that many of the staff working clinical divisions will fulfil non-clinical roles.

3.1.4 In addition to staff employed by the Trust, a further 1,000 staff based at the QAH are employed by Engie.

3.2 Staff Travel Characteristics

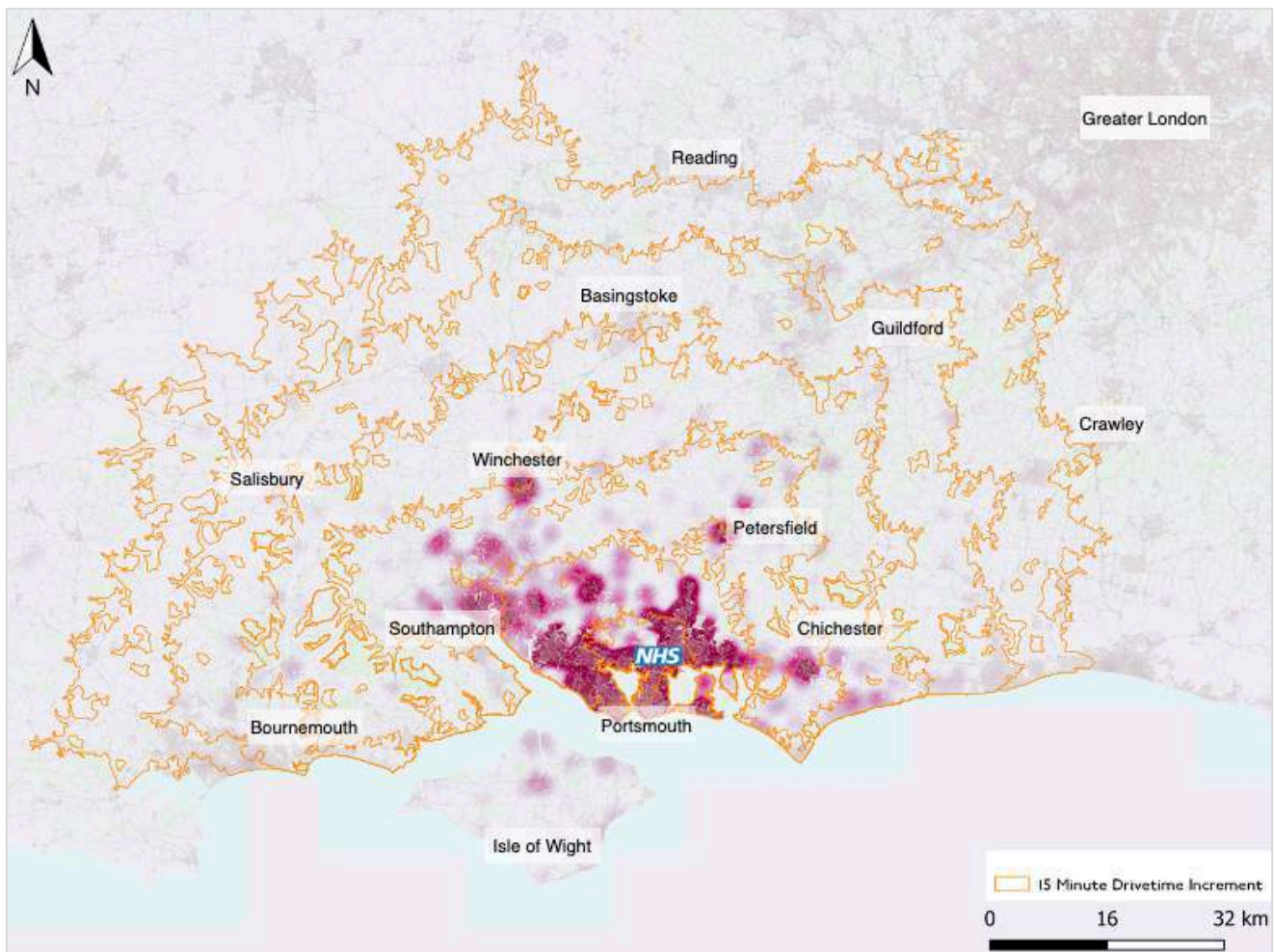
3.2.1 Whilst all staff are free to make their own travel choices, and moreover, are encouraged by the Trust to travel sustainably (or make use of the Fort Southwick P&R), the clinical roles in particular are sensitive – working hours and other factors can make it less feasible or indeed less attractive to rely on sustainable modes of travel on a daily basis.

3.2.2 At the time of writing this version, the Trust are in the process of gathering dedicated data surrounding mode share uptake by their staff by way of a staff wide questionnaire. However, of the 6,928-total staff employed by the Trust at the QAH, 2,728 have parking permits to park on-site. Whilst not all staff may drive every time they travel to and from the QAH, as a worst-case this may represent a 39% car driver mode share by Trust staff. The remaining 61% of Trust staff are assumed to travel by other means, either driving but utilising the Fort Southwick P&R (with a separate permit), car sharing with those who do have a permit (either on-site or at the P&R), or by a range of sustainable modes of travel.

3.3 Staff Postcode Trends

3.3.1 In terms of where Trust staff live, the number of staff at any individual postcode where staff are recorded to live has been mapped (based upon recent records of the number of FTE staff residing at all known postcodes, subject to continued review). This is shown on **Figure 3.1**, which provides for a relative intensity of staff numbers by postcode, also including for 15-minute driving increments up to 90-minutes to the QAH (arriving by 08.30 on a weekday).

Figure 3.1 Relative Intensity of Staff Postcodes and 15-minute Driving Increments



3.3.2 **Figure 3.1** demonstrates that the significant majority of staff reside in the Solent region, and within a 45-minute drive of the QAH.

3.3.3 The percentage spread of staff by major residential areas and corresponding postcodes is detailed further in **Table 3.2**. The Portsmouth (PO) and Southampton (SO) postcodes areas are clarified on **Figures 3.2 and Figure 3.3** for reference.

Table 3.2 Percentage Spread of Staff by Major Residential Areas

Areas	Codes	Spread
Portsmouth (PO) Postcodes:	All	85.3%:
Portsmouth City	PO to PO5	29.7%
Cosham	PO8	16.7%
Fareham / Portchester / Gosport	PO12 to PO14, PO16	14.8%
Havant, Waterlooville, Emsworth, Clanfield	PO8 to PO10	10.4%
Hayling Island	PO11	1.1%
Isle of Wight	PO30 to PO41	0.8%
Chichester City	PO19	0.8%
Bognor Regis	PO21 to PO22	0.5%
Remaining Rural Areas with PO Postcodes	PO7, PO15, PO17, PO18, PO20	10.5%
Southampton (SO) Postcodes	All	9.4%
Southampton, Eastleigh, Winchester and New Forest		
Remaining Postcodes Elsewhere	Various	5.3%
	Total	100%

Figure 3.2 Portsmouth (PO) Postcode Area

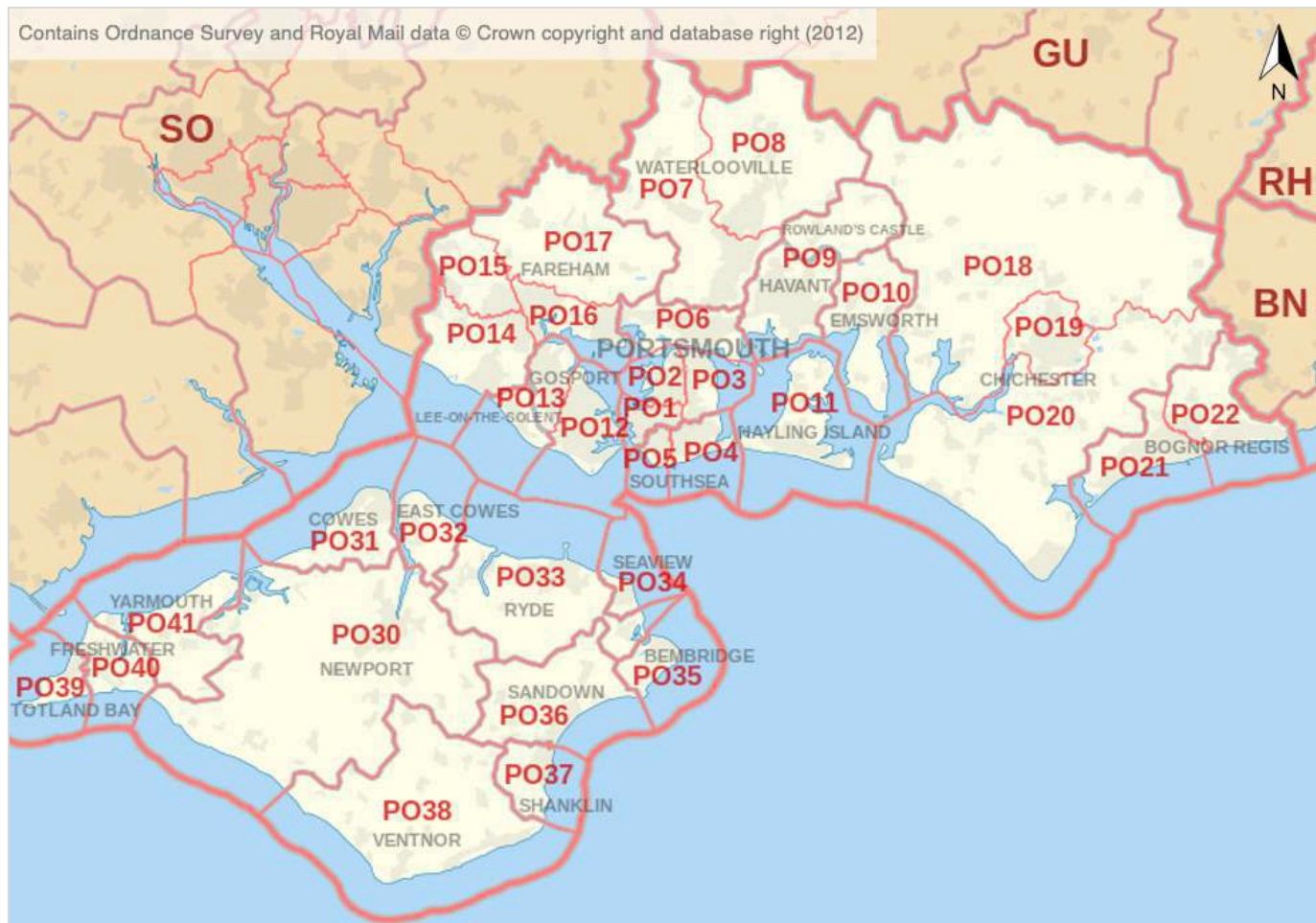


Figure 3.3 Southampton (SO) Postcode Area

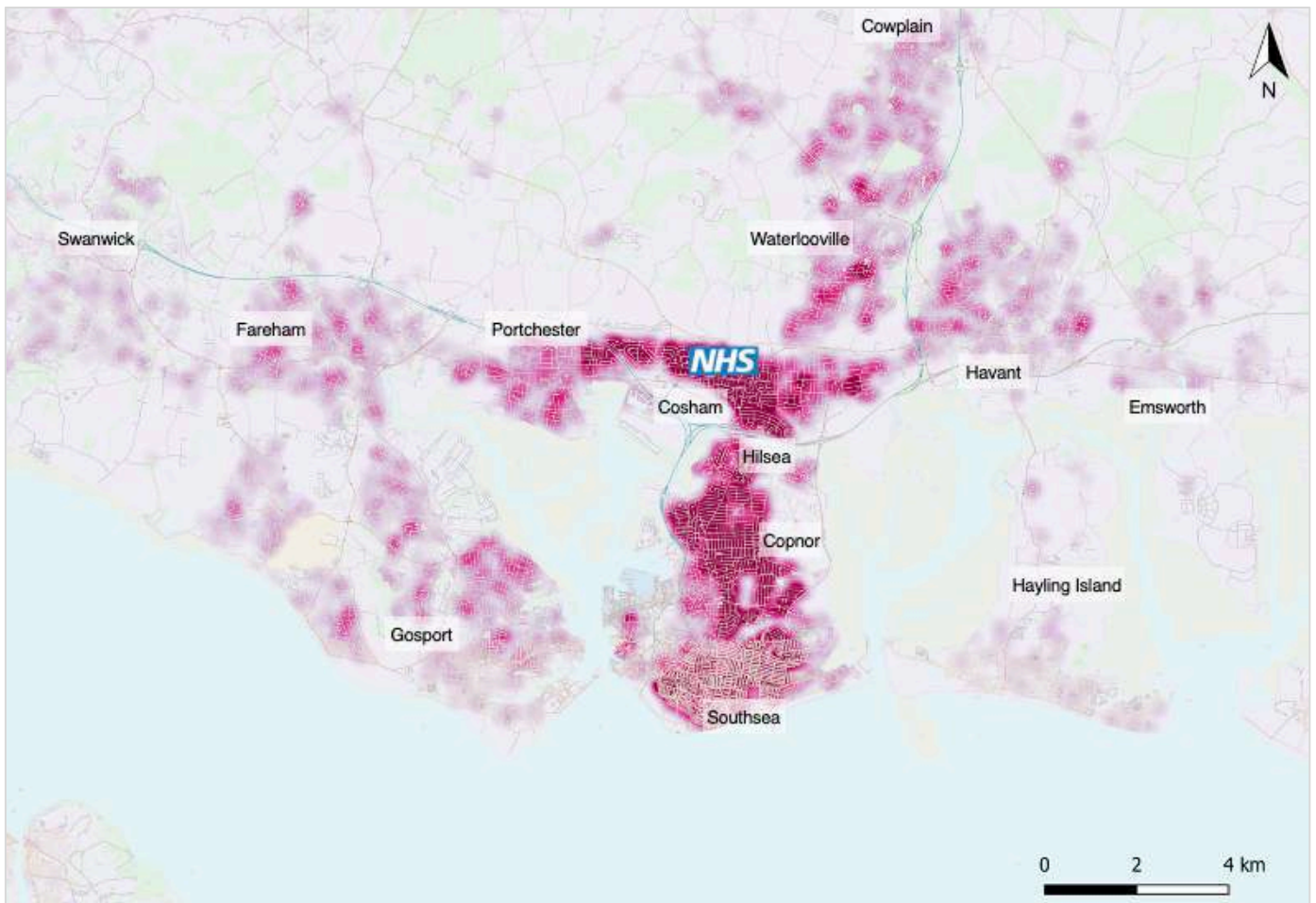


3.3.4 Table 3.2 demonstrates that 85.3% of staff reside in the Portsmouth (PO) postcode area (including in and around Chichester and Bognor Regis). Moreover, 29.7% reside in Portsmouth City itself, and 16.7% in Cosham where the QAH is situated. Outside of the Portsmouth post code area, 9.4% of staff reside in the Southampton post code area (including areas of Eastleigh, Winchester and the New Forest), whilst 5.3% reside elsewhere.

3.3.5 It is noted that the 9.4% residing in Southampton (SO) postcodes, along with 12.6% of Portsmouth (PO) postcodes to the west of Cosham (PO12 to PO15, and PO17), totalling 22% of staff (plus potentially more elsewhere), may have the greatest potential for accessing the Fort Southwick P&R from the west on the M27.

3.3.6 Where the majority of staff reside in the Portsmouth area, a more localised map of relative intensity of staff numbers by postcode has been prepared. This is shown on **Figure 3.4**.

Figure 3.4 Relative Intensity of Staff Postcodes (Portsmouth Area)



3.3.7 **Figure 3.4** further demonstrates the concentration of staff residing in Portsmouth City (29.7%), as well as in Cosham (16.7%). A number of staff also reside in the immediate surrounding areas, including Portchester, Fareham, Havant and Waterloo. As detailed in **Chapters 6 and 7**, staff in these areas would be well located to adopt a range of sustainable travel connection options (subject to particular personal circumstances).

3.3.8 The above analysis of staff numbers and home postcode locations will provide a focus to the Transport Strategy insofar as medium to longer term measures are concerned. This may allow for targeted interventions (detailed further in [Chapter 8](#)), which may be informed by more detailed analysis of postcode and (potentially other related) data.

3.4 Patients and Visitors

3.4.1 Comprehensive secondary care and specialist services are provided by the Trust at the QAH, serving around 675,000 people across Portsmouth and South East Hampshire. Some tertiary services are also provided to a catchment area of more than 2 million people.

3.4.2 Given the sheer volume of patient and visitor visits to the QAH, which are often unique (i.e. not routine or regular, e.g. outpatients), the day-to-day travel characteristics of these site users is largely unquantified. The demand for travel is nevertheless significant, and the reliance on car travel is often the most appropriate means of travel (unless other modes of travel are particularly convenient). Indeed, the Section 106 agreement requires that a minimum of 664 car parking spaces are permanently reserved for public use on this basis.

4 Proposed Capital Projects and Programme

4.1 Proposed Capital Projects

4.1.1 In delivering upon the 2019-2024 Estate Strategy and as per **Chapter 1**, a number of Capital Projects are proposed by the Trust.

4.1.2 Three of the proposed Capital Projects are subject to immediate planning applications in October and November 2020, before construction taking place from 2021 through to 2024. The first three immediate Capital Projects, along with two further and less immediate Capital Projects, are summarised in **Table 4.1**.

Table 4.1 Schedule of Proposed Capital Projects

Proposed Scheme	Description and impact	Timeline (anticipated)
1. Additional Bed Capacity	New block built on part of the north car park. No additional patient demand, or loss of public car parking at the QAH.	Planning consent: Dec 2020 Construction: Feb – Nov 2021
2. Public multi storey car park (MSCP)	New decked car park on north public car park (to re-provide public parking resulting from the above and to enable future development elsewhere). No additional patient or staff demand, with increased availability of public car parking allocations	Planning Application: Feb 2021 Construction: June – Nov 2021
3. New Emergency Department (ED)	New Emergency Department to deliver enhanced patient experience and flows to support resilience. No additional patient demand, or loss of public car parking at the QAH.	Outline Planning Application: Feb 2020 2021 Construction: Summer 2022
4. North Entrance redevelopment	Extension to north entrance to include retail pharmacy and enhanced patient reception (exact details yet to be determined)	Planning Application: tbc Construction: tbc
5. Main entrance redevelopment	Extension to main entrance to include enhanced retail and lecture theatre facilities (exact details yet to be determined)	Planning Application: tbc Construction: tbc

4.2 Programme of Immediate Capital Projects

4.2.1 As per the anticipated timeline of Capital Projects summarised in **Table 4.1**, a provisional programme of Capital Projects with immediate planning applications and construction planned in 2021/2022 is shown further on **Figure 4.1**.

Figure 4.1 Provisional Programme of Immediate Planning Application Capital Projects

Capital Project	2020			2021												2022							
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Modular Ward	Planning			Construction												Operational							
North MSCP	Planning						Construction						Operational										
New ED	Outline Planning						Planning												Construction +				

4.2.2 Should the new public MSCP at the North Car Park be delayed, this may follow the completion of the Modular Ward, whilst being complete ahead of commencing the ED Redevelopment.

4.2.3 Key milestones in the proposed Capital Projects programme is further visualised on **Figures 4.2 to 4.5**, including for the alternative scenario whereby the Modular Ward is complete ahead of commencing construction of the North MSCP.

Figure 4.2 Baseline Position



Figure 4.3 New Modular Ward and North MSCP Complete

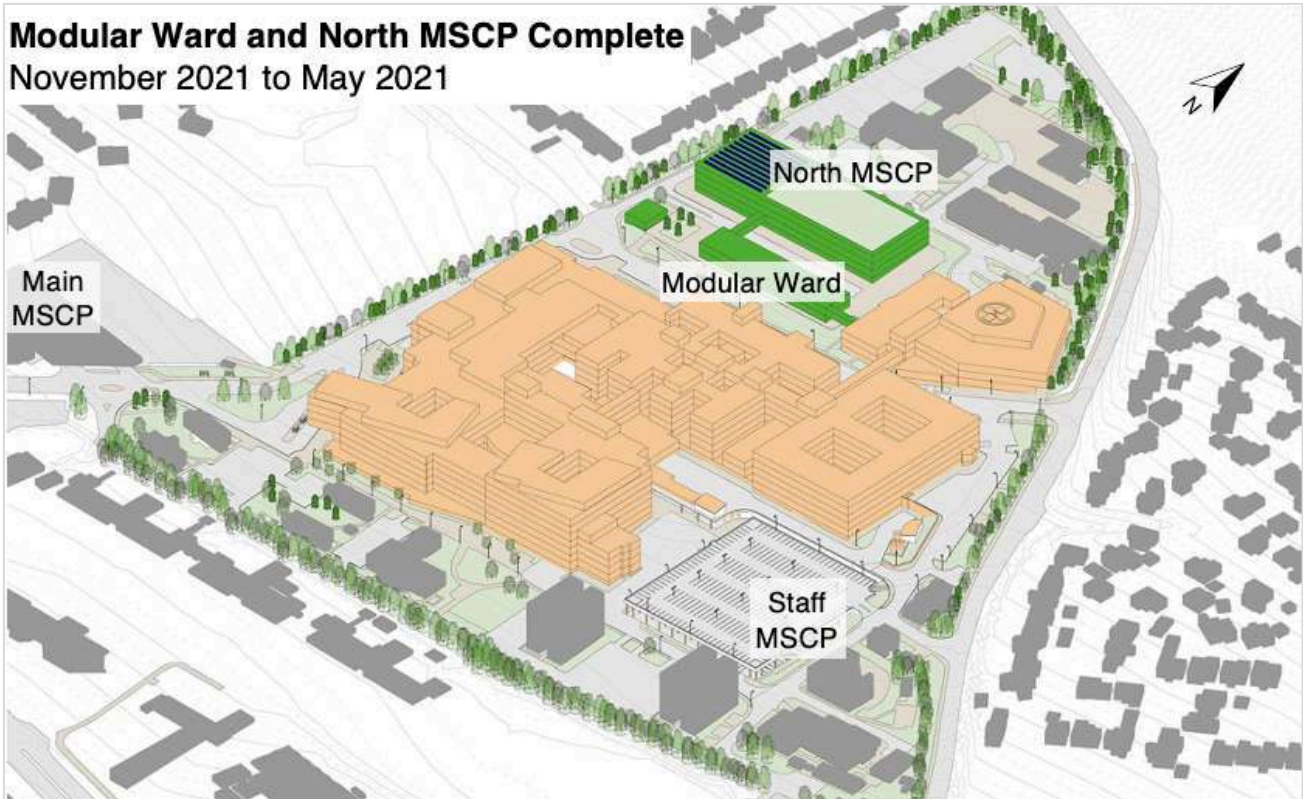


Figure 4.4 New Modular Ward Complete Ahead of New MSCP (alternative scenario)



Figure 4.5 Emergency Department Development Complete



5 Car Travel and Parking Strategy

5.1 Strategy Overview

- 5.1.1 Car travel to and from the QAH is an inevitable and sensitive aspect of the site operation, and to its patients, visitors and staff. Whilst over the longer term, and with the support of the Transport Strategy, reliance on car travel may reduce, car travel and parking on-site will continue to assume a major role in the effective operation of the QAH.
- 5.1.2 In a planning permission sense and as per [Chapter 1](#), the active Section 106 agreement at the site governs the quantum of car parking spaces available to the public and staff. This requires a minimum of 664 car parking spaces being available to the public, and a maximum of 1,572 being available to staff. This chapter includes for a schedule of the current parking areas, and the extent to which car parking spaces are allocated to the public and staff.
- 5.1.3 Until such a time that the above legal planning position may (or may not) change, the above public and staff parking thresholds remain the current basis for meeting public and staff parking requirements on-site. The shorter-term realisation of immediate Capital Projects, requiring the internal displacement of car parking and increased utilisation of the Fort Southwick P&R, has been assessed on this basis.
- 5.1.4 In enabling less immediate Capital Projects (which may or may not be dependent on the release of land currently occupied by car parking), as well as to deliver upon medium to longer term ambitions of the Trust and the Transport Strategy, on-site car parking may be analysed further in combination with measures to better manage on-site congestion and availability of staff car parking permits.
- 5.1.5 Depending on the extent of ongoing parking capacity available at the Fort Southwick P&R, plus potential for mode shift to sustainable modes of travel delivered over the longer term, further reductions in on-site car parking or availability of staff car parking permits may be realised. This may further reduce on-site congestion, whilst also limiting traffic generation at the site accesses and on the surrounding highway network.

5.2 Current On-Site Car Parking Facilities

- 5.2.1 The current on-site car parking facilities, including how these spaces are allocated between the public and staff, is summarised in [Table 5.1](#). This corresponds with the site plan and key provided in [Appendix A](#).

Table 5.1 Schedule of Existing Car Parking Allocated to the Public and Staff

Key	Name	Public		Staff		Total	
		Regular	Disabled	Regular	Disabled	Regular	Disabled
1	Main MSCP	237	67	220		457	67
2	North Public Car Park	263	31			263	31
3	East Staff MSCP			505	17	505	17
4	South West Staff Car Park			177		177	
5	Pasteur Road	53				53	
6	TOPS Nursery Staff			22		22	
7	Nightingale Road		28				28
8	North Public Overflow	56	1			56	1
9	North Staff Parking 1			78		78	
10	North Staff Parking 2			18	1	18	1
11	Lancaster Block South			3	2	3	2
12	Pathology			28		28	
13	Hunter Road	17	9	11		28	9
14	Occupational Health			2	1	2	1
15	De La Court House			8		8	
16	Poswillo			17		17	
17	Oasis			8		8	
18	East Entrance	39				39	
19 - 22	South East Staff Car Park			289	4	289	4
		665	136	1386	25	2051	161

5.2.2 **Table 5.1** demonstrates a range of on-site car parking areas, some of which are dedicated to the public or staff, and some of which are shared (including the main MSCP).

5.2.3 It is also confirmed in **Table 5.1** that the sum of 665 and 134 public car parking spaces for regular and disabled users, respectively, exceeds the Section 106 minimum requirement of 664 car parking spaces being available to the public. Moreover, the sum of 1,386 and 25 staff car parking spaces for regular and disabled users, respectively, is less than the Section 106 maximum requirement of 1,572 car parking spaces being available to staff.

5.2.4 In relation to the car parking areas identified **Table 5.1**, the immediate Capital Projects are proposed on the following car parking areas:

1. New modular ward on one half of '2. North Public Car Park' (currently accommodating 294 public car parking spaces);
2. New multi storey (decked) car park on the remaining half of '2. North Public Car Park' (currently accommodating 294 public car parking spaces); and
3. Development of the new Emergency Department on '3. East Staff MSCP' car park.

5.3 Car Parking Management

- 5.3.1 All public car parks are directly managed by the PFI contractor, Engie, by way of both barrier-controlled car park entries and exits (which provide a charging mechanism and also record demand), as well as meter charging for public car parking without barrier entry / exit.
- 5.3.2 In terms of staff parking, the Trust operates an eligibility-based car parking permit system. This is enforced by way of PFI contractor-controlled barrier entry / exit, in both dedicated staff car parks and spaces allocated in car parks shared with the public (such as the main MSCP). This is further enforced by a parking monitor.
- 5.3.3 Including for site staff not employed by the Trust (including 1,000 Engie staff), 3,085 staff have on-site parking permits. This represents an overall ratio of 2.19 parking permits to staff parking spaces available on-site (as per the total 1,411 staff spaces confirmed in [Table 5.1](#)).
- 5.3.4 The number of staff parking permits remains under consistent review by the Trust based upon existing eligibility criteria. As the Transport Strategy develops further, the availability of on-site parking permits will be considered closely, especially in terms of the medium and longer term aspects.

5.4 Phased Strategy for Enabling Immediate Capital Projects

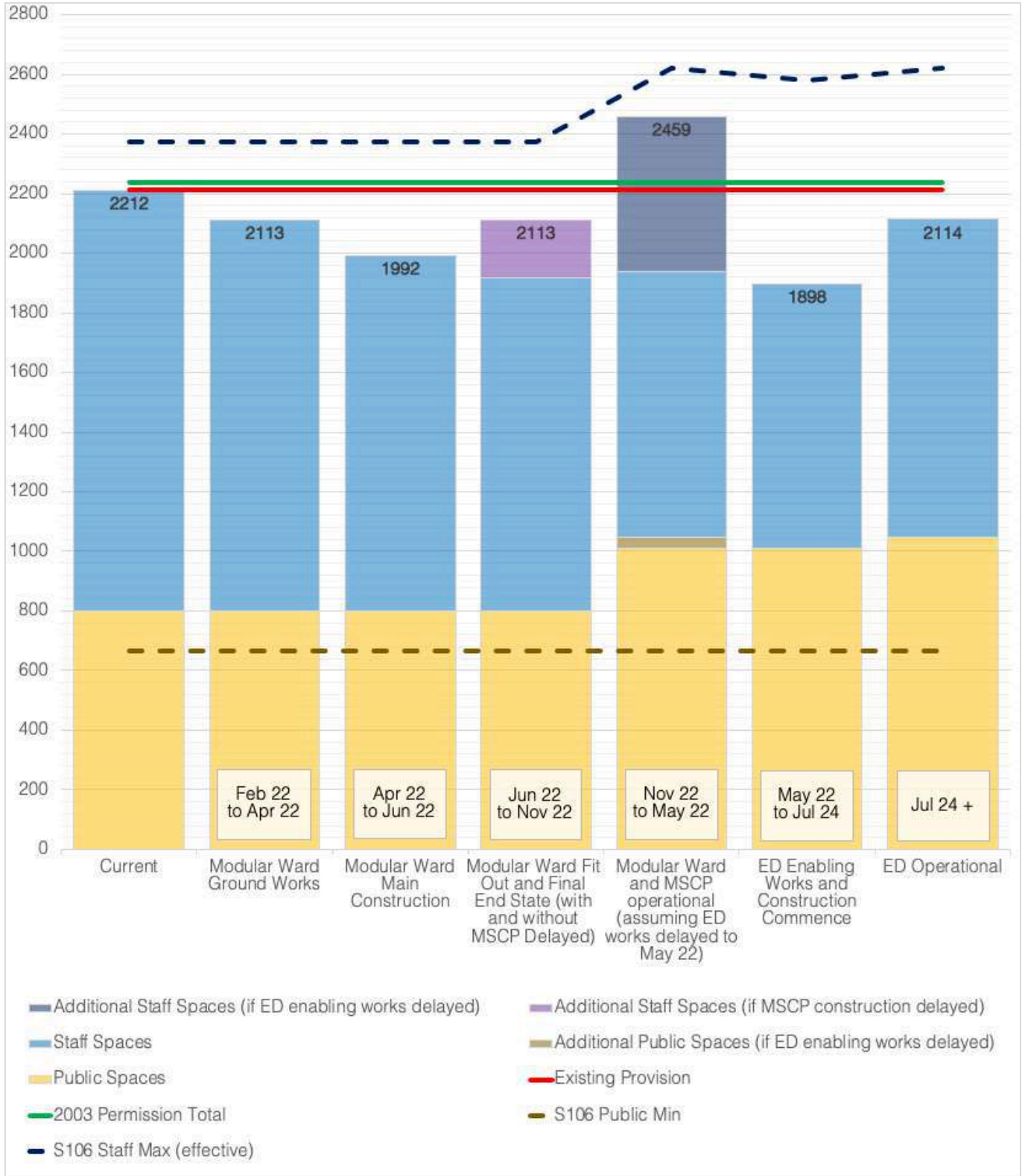
- 5.4.1 Where the three immediate Capital Projects will result in development on existing car parking areas (albeit with one of these projects being to re-provide decked parking on one half of the North Car Park), a phased strategy for the displacement of parking on-site and for any residual demand for staff parking to be met at the Fort Southwick P&R is required (with the retention of current public car parking allocations to be prioritised).
- 5.4.2 The phased strategy for the displacement of car parking to suit the provisional programme of the immediate Capital Projects (as per [Table 4.1](#) and [Figure 4.1](#) in [Chapter 4](#)), is outlined in [Table 5.2](#).

Table 5.2 Phased Strategy for the Displacement of Car Parking to suit Capital Projects Programme

Phase	Timeline	Mix of Parking	Area 1	Area 2	Area 3	Areas 4-22	Total	Space Deficit / Surplus
			Main MSCP	North Car Park	Staff MSCP	All Other parking		
Phase 0 - Baseline	-	Public	304	294	0	203	801	0
		Staff	220	0	522	669	1411	0
		Total	524	294	522	872	2212	0
Phase 1 – Modular Ward Groundworks	18/02/21 - 08/04/21	Public	403	195	0	203	801	0
		Staff	121	0	522	669	1312	-99
		Total	524	195	522	872	2113	-99
Phase 2 – Modular Ward Main Construction	08/04/21 – 31/05/21	Public	524	74	0	203	801	0
		Staff	0	0	522	669	1191	-220
		Total	524	74	522	872	1992	-220
Phase 3a – Modular Ward Fit Out and Final End State (Only if MSCP Delayed)	01/06/21 – 01/11/21	Public	403	195	0	203	801	0
		Staff	121	0	522	669	1312	-99
		Total	524	195	522	872	2113	-99
Phase 3b – North MSCP Construction	01/06/21 – 01/11/21	Public	524	0	0	277	801	0
		Staff	0	0	522	595	1117	-294
		Total	524	0	522	872	1918	-294
Phase 3c – Modular Ward and North MSCP Operational	01/11/21 +	Public	469	541	0	38	1048	247
		Staff	55	0	522	834	1411	0
		Total	524	541	522	872	2459	247
Phase 4 –ED enabling works and construction	01/05/22 – 01/07/24	Public	430	541	0	38	1009	208
		Staff	94	0	0	795	889	-522
		Total	524	541	0	833	1898	-314
Phase 5 – ED Operational (subject to RM detail)	01/07/24 +	Public	469	541	0	38	1048	247
		Staff	55	0	216	795	1066	-345
		Total	524	541	216	833	2114	-98

- 5.4.3 **Table 5.2** demonstrates that 294 public car parking spaces will, over time, be removed at the existing (Public) North Car Park to enable construction of the new Modular Ward and MSCP between February 2021 and November 2021.
- 5.4.4 Public spaces will be kept where possible in the North Car Park during the various construction phases of the Modular Ward and North Car Park, whilst a sufficient number in the main MSCP, such that overall public car parking provision is maintained at existing levels (801). This will mean a varying loss of staff parking allocations over this time, with this peaking at 294 during the construction of the North MSCP. This would however be less should there be a delay to the construction of the new MSCP, where the final end state of the Modular Ward would allow for 195 public spaces to be re-provided in the North Car Park in this event.
- 5.4.5 Following completion of the Modular Ward and North MSCP in November 2021 and up to the development of the new Emergency Department in May 2022, the re-provision of 541 public car parking spaces at the North MSCP would allow for the giving back of staff car parking in the main MSCP, whilst allowing for increased public car parking provision. This would mean staff car parking maintained at the baseline level, whilst offering an additional 247 car parking spaces for public use.
- 5.4.6 Prior to construction of the new ED, staff parking will be maintained at the baseline level by reallocating various ground level public parking areas throughout the QAH to staff (with the exception of 38 accessible bays which will continue to be well placed for members of the public in these areas). In addition to consolidating public car parking in the North Car Park MSCP and main MSCP, this will help to mitigate the loss of staff car parking in the staff MSCP to be demolished as part of the ED proposals.
- 5.4.7 During the construction phase of the new ED, 522 staff parking spaces will be lost as part of the demolition of the East Staff MSCP. Whilst some spaces will be reallocated to staff in the main MSCP during this time, 522 staff spaces will be removed at the QAH overall.
- 5.4.8 Once the new ED development is complete, and allowing for approximately 216 staff spaces to be re-provided at ground level beneath the ED itself, this will realise a new permanent balance of public and staff parking provisions across the QAH as a whole. Including for the consolidation of public parking in the main MSCP and new, North MSCP (with only 38 disabled bays retained elsewhere) and relocation of all other ground level parking to staff, in total there would be 1,048 public and 1,066 staff spaces at the QAH. This is 247 more public and 345 less staff spaces than current conditions prior to the Modular Ward development.
- 5.4.9 The phased balance of car parking provision at the QAH site, including that differentiated by spaces available for the public and staff (related to the Section 106 thresholds), is demonstrated further on the above basis, as per **Figure 5.1**. A more detailed version of this graph, on a month-by-month basis, is provided in **Appendix B**.

Figure 5.1 Changes to Parking Provision and Allocations



5.4.10 In addition to the above, it is noted that as part of implementing the North MSCP, the Trust will also be introducing new Electric Vehicle (EV) charging facilities by way of overall upgrades to electrical infrastructure at the QAH. The most accessible locations of ongoing disabled parking provision will also be considered in terms of limiting the distance of disabled spaces from the various hospital facilities as part of any changes.

5.5 Fort Southwick Park and Ride

5.5.1 Car parking provision at the Fort Southwick P&R at James Callaghan Drive exclusively provides for staff at the QAH. A dedicated bus service is operated by First Bus Group (the 'Queen Alexandra Hospital Park and Ride' service), which provides a two-way service between the P&R and the QAH for use by staff. This operates at a 4-minute interval in the morning and evening peak commuting periods, and 10-minutes during the day, starting at 05:30 and finishing at 21:28, and takes only 8-minutes in either direction.

5.5.2 A total of 992 car parking spaces are allocated to the Trust at Fort Southwick P&R. This is split across 5 areas, A-E. The number of spaces allocated to the Trust, along with the number of parking permits currently issued to QAH staff (which are specific to each area), as well as the corresponding ratio of permits to spaces, are all summarised in **Table 5.3**.

Table 5.3 Car Parking Spaces Allocated to the Trust at P&R

Area	Allocated Spaces	Staff Permits	Ratio of Permits to Spaces
A	200	626	3.13 permits per space
B	500	546	1.09 permits per space
C			
D	92	288	3.13 permits per space
E	200	259	1.30 permits per space
Total	992	1,719	1.73 permits per space

5.5.3 Notwithstanding the number of staff permits exceeding the number of allocated spaces at the P&R shown in **Table 5.3**, the day-to-day demand for spaces is less than the number of allocated spaces. This corresponds with varying shift patterns and other factors which mean that not all permit holders park at the P&R at the same time (as is also the case for QAH on-site permit holders). It is also noted that with variations in the ratio of permits to spaces by areas within the P&R, efficiencies could readily be realised in terms of better balancing the individual ratios. Moreover, the total 1.73 permits per space is less than the 2.19 permits per space noted at the QAH site.

- 5.5.4 Regular observations at Fort Southwick P&R by Trust staff provide some indication of the day-to-day available capacity not taken up by all permit holders. This indicates that in the order of 450 of the car parking spaces allocated to the Trust are not utilised during peak activity. This represents nearly half of the available provision of 992 spaces confirmed in [Table 5.3](#).
- 5.5.5 Car parking beat surveys were also undertaken at the Fort Southwick P&R by an independent survey company on Tuesday 25th and Friday 27th November 2020. Beats were taken at 10am and 2pm to capture the peak periods of demand as they correspond with peak clinical hours.
- 5.5.6 A summary of the results by the 5 distinct parking zones at the P&R is provided in [Table 5.4](#), which shows that the P&R is highly underutilised.

Table 5.4 Existing Parking Demand at Fort Southwick P&R

Parking Zone	Total No. of Spaces	Tuesday 24 th November		Friday 27 th November	
		10:00	14:00	10:00	14:00
A	175	165	156	143	131
B	18	18	16	14	13
C	430	150	113	129	103
D	103	82	80	67	71
E	160	80	79	93	82
Total	886	495 (56%)	444 (50%)	446 (50%)	400 (45%)

- 5.5.7 At peak times there is a minimum spare capacity of 391 spaces, equivalent to 44% during the AM and a minimum spare capacity of 442 spaces, equivalent to 50% during the PM.
- 5.5.8 On the above basis, the residual demand for spaces planned to be incurred as part of the phased strategy for enabling Capital Projects, could readily be met at the Fort Southwick P&R for all phases other than fully meeting demand during construction of the new ED, where 522 staff spaces will not be available at the QAH during this time.
- 5.5.9 Moreover, 4 additional buses have already been implemented into the service schedule of the dedicated P&R bus service in response to the coronavirus pandemic (thereby increasing from 3 buses to 7 buses). This will continue to be in place to assist with meeting an increase in demand at the P&R incurred from residual demand resulting from the phased strategy for enabling Capital Projects.
- 5.5.10 Over the medium and longer term, the ability for the Fort Southwick P&R to accommodate further displaced demand (or indeed encouraging greater use regardless) will be investigated as part of the continued development of the Transport Strategy.

5.5.11 As suggested by the appraisal of staff postcode data in **Chapter 3**, at least 22% of staff reside in locations to the west on the M27 that would be particularly well suited to access the P&R (notwithstanding other staff living elsewhere as well). Whilst ongoing on-site parking permit criteria would need to be sensitively considered, this aspect may inform which staff may be best placed to utilise the P&R in the future, coupled with any further increase of its usage (whilst causing the least disruption to convenience of staff accessing the QAH).

6 Public Transport Strategy

6.1 Bus Network Servicing the QAH

6.1.1 The bus network servicing the QAH in terms of direct services is shown on **Figure 6.1** (as currently advertised). These services are summarised further in terms of route and frequency in **Table 6.1**.

Figure 6.1 Bus Network Servicing the QAH (Direct Services as Currently Advertised)

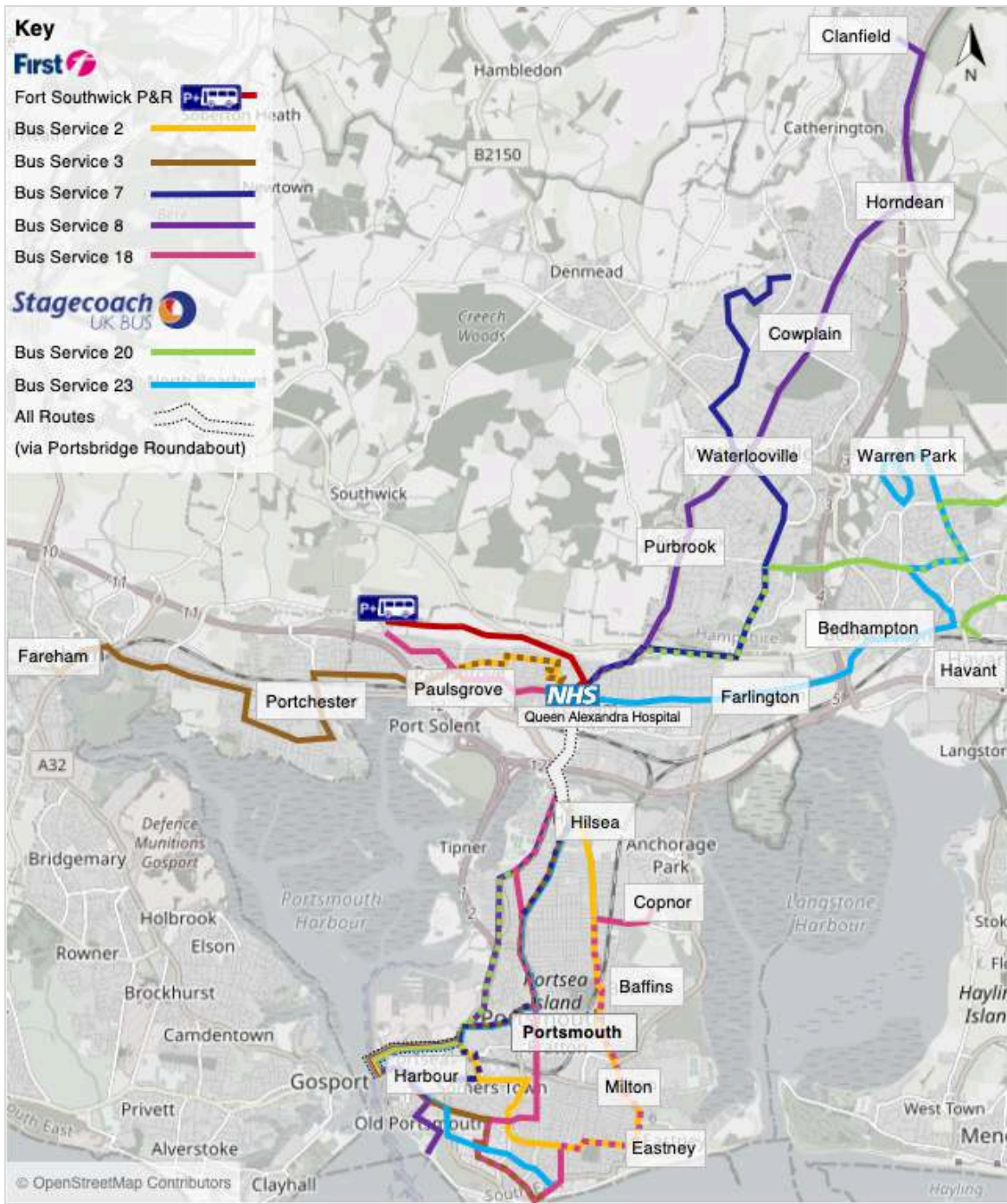


Table 6.1 Bus Service Routes and Frequency for Buses Directly Servicing the QAH

No.	Two-way Route	Headway (minutes per bus in both directions)			
		Week (peak)	Week (off-peak)	Saturday	Sunday
First Bus Group					
QAH P&R	Fort Southwick P&R – QAH	4 mins	10 mins	10 mins	10 mins
2	Paulsgrove – QAH – Cosham Station – Hilsea – Copnor – Kingston – Milton – Eastney – Southsea – Portsmouth & Southsea Station – Portsmouth Harbour Station	8-12 mins	8-30 mins	14-30 mins	10-30 mins
3	Fareham – Portchester – Paulsgrove – QAH – Cosham Station – Hilsea – Buckland – Landport – Portsmouth & Southsea Station – Portsmouth Harbour Station	10 mins	8-30 mins	12-75 mins	20-75 mins
7	Cowplain – Waterlooville – Purbrook – QAH (London Road) – Cosham Station – Hilsea – Buckland – Landport – Portsmouth & Southsea Station – University	15-17 mins	20-30 mins	20-30 mins	20-30 mins
8	Clanfield – Horndean – Cowplain – Waterlooville – Purbrook – QAH (London Road) – Cosham Station – Hilsea – Landport – Portsmouth & Southsea Station – Portsmouth Harbour Station – Old Portsmouth	12-15 mins	20-60 mins	16-60 mins	17-60 mins
18	Paulsgrove – QAH – Cosham Station – Hilsea – Buckland – Fratton Station – Southsea – South Parade – Eastney – Milton – Copnor	20 mins	20-60 mins	60 mins	60 mins
Stagecoach					
20	Havant – West Leigh – Purbrook – Drayton – QAH – Cosham Train Station – Hilsea – Landport – Portsmouth & Southsea Station – Portsmouth Harbour Station	30 mins	30 mins	30 mins	-
23	Warren Park – Leigh Park – Bedhampton – Farlington – Drayton – QAH (London Road) – Cosham Train Station – Hilsea – Buckland – Portsmouth & Southsea Station – Gunwharf Quays – Southsea – South Parade	20 mins	12-30 mins	12-30 mins	15-60 mins

6.1.2 The bus services shown on **Figure 6.1** and in **Table 6.1** provide direct bus travel options from a significant range of locations, and with a generally high frequency of service throughout the week. The accessibility of these direct bus services in terms of approximate journey time to the QAH from key locations is summarised further in **Table 6.2**.

Table 6.2 Approximate Journey Time to QAH from Key Location by Direct Bus Services

Approximate Journey Time	Locations Accessible by Direct Bus Services
0 – 15 minutes	Paulsgrove, Purbrook, Cosham Station, Hilsea
15 – 30 minutes	Portchester, Drayton, Waterlooville, Cowplain, Bedhampton, Havant, Buckland, Landport, Copnor, Kingston, Milton, Portsmouth & Southsea Station, Portsmouth Harbour Station
30 – 45 minutes	Fareham, Clanfield, Horndean, West Leigh, Warren Park, Leigh Park, Fratton Station, Old Portsmouth, Eastney, Southsea, Eastney

- 6.1.3 **Table 6.2** demonstrates that the QAH is accessible from a number of more local areas by direct bus service within 15-minutes, including Cosham train station. A significant range is further available within 30-minutes, whilst slightly further locations remain accessible within 45-minutes.
- 6.1.4 It should be noted that further connecting services may offer additional bus connectivity for site users not within accessible distance of a direct bus service (for example, Gosport to Fareham via the number 11 or E2 Eclipse bus services, then Fareham to the QAH via the number 3 bus service).
- 6.1.5 The above appraisal of the bus network servicing the QAH is considered to offer excellent opportunity for harnessing continued and further opportunity to encourage staff (and to some extent patients and visitors) to routinely travel to and from the QAH by bus (including via Cosham train station). This is especially the case for the large number of staff living in the Portsmouth and surrounding area, with convenient access to bus services, as demonstrated in **Chapter 3**.

6.2 On-site Bus Infrastructure

- 6.2.1 As per the above, the following bus services directly access the QAH site (with other services stopping on London Road, a short walk from the site):
 - First Bus Group QAH Park & Ride;
 - First Bus Group Bus Service 2;
 - First Bus Group Bus Service 3;
 - First Bus Group Bus Service 7;
 - First Bus Group Bus Service 8;
 - First Bus Group Bus Service 18; and
 - Stagecoach Bus Service 20.

6.2.2 The above buses can access the QAH site through a combination of the main site access, the northern of the eastern accesses onto Southwick Hill Road, and a bus only access onto Cavell Drive. A main bus interchange is located adjacent to the main hospital entrance in the south western corner of the site on Pasteur Road. All on-site bus stops are equipped with shelters fitted with real-time information on upcoming buses.

6.3 Train Connectivity

6.3.1 Cosham train station is less than 1km from the site and easily accessible by walking, cycling and the above bus services. The station is located on the 'West Coastway Line', between Southampton and Brighton (with stopping services in between). This line also spurs into Portsmouth, providing further train connections with Hilsea, Fratton, Portsmouth and Southsea, and Portsmouth Harbour.

6.3.2 On the basis of reasonably convenient connections between Cosham train station and the QAH, the available train connections offer a realistic means of travel over greater distances across the South Coast, as well as connecting services to a range of train stations across the South on the rail network.

6.4 Trust Initiatives

6.4.1 The Trust offer interest free public transport season ticket buying options to all staff as a means for reducing resistance to travelling by bus and train.

6.4.2 In addition to the recent introduction of real-time information at bus stops, there is potential for further information display boards for upcoming buses at the main and north entrance.

6.4.3 The Trust will otherwise continue to work in partnership with the local bus operators in maximising bus connectivity for the public and staff at the QAH.

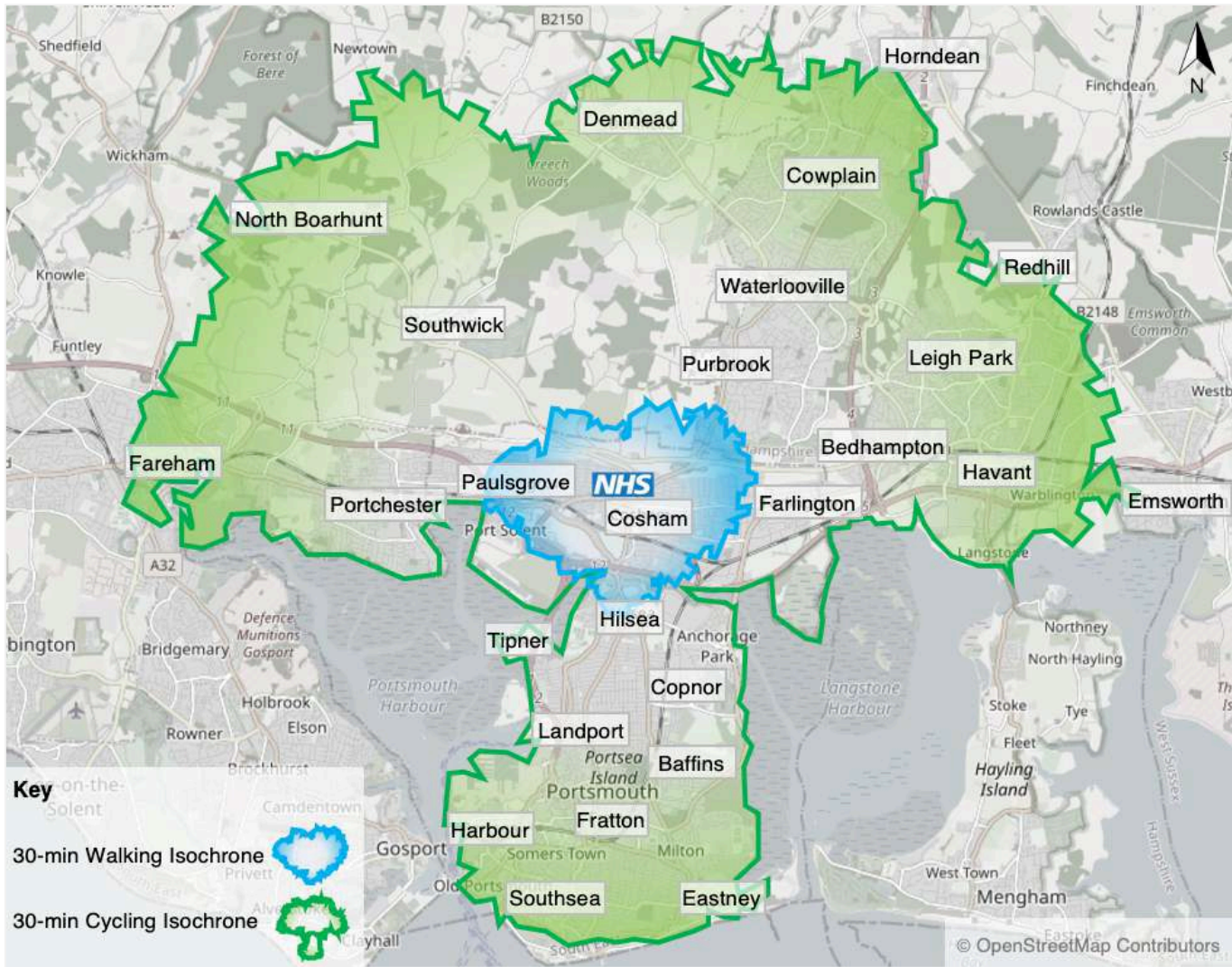
7 Walking and Cycling Strategy

7.1 Walking and Cycling Accessibility

7.1.1 The QAH is well situated to enable staff (and where appropriate patients and visitors) to travel to and from the site by walking and cycling. This aligns with the home postcodes of staff appraised in Chapter 3, whereby a significant number of staff live in the more immediate Portsmouth and surrounding area.

7.1.2 In further demonstrating the above, the extent of walking and cycling distances within a 30-minute timeframe (based upon typical walking and cycling speeds) are demonstrated as isochrones, on Figure 7.1.

Figure 7.1 Walking and Cycling Isochrones (30-minutes)



- 7.1.3 **Figure 7.1** shows that much of the immediate areas surrounding the QAH, including Cosham and Paulsgrove, as well as the nearest areas of Hilsea, Farlington and Purbrook, are all within a 30-minute walk of the QAH (with 16.7% of staff residing in Cosham itself, as per **Chapter 3**).
- 7.1.4 In terms of cycling, areas as far as Fareham, villages to the north in Hampshire, Cowplain, Havant (and nearest areas of Emsworth), as well as all of Portsmouth, are all within a 30-minute cycle. Indeed, it is estimated from the staff postcode data analysed in **Chapter 3**, that in the order of 70% of staff live within this cycle range of the QAH.
- 7.1.5 Walking and cycling facilities in and around the QAH, including on Southampton Road are of a high quality, including provision of cycle lanes and crossing facilities on Southampton Road leading into the Main QAH access. Further permeability into the QAH is available by way of the Cavell Drive bus-only access to the west, the two accesses off Southwick Hill Road to the east, as well as two further pedestrian routes leading directly into the south eastern corner of the site from London Road and the southern end of Southwick Hill Road.
- 7.1.6 Notwithstanding the above, it is recognised that the site is not flat. Internal accessibility therefore presumes a high degree of mobility. As mentioned in **Chapter 5**, the Trust will be seeking to increase the availability of disabled spaces for staff in the immediate vicinity of buildings.
- 7.1.7 The above may provide a focus to the Transport Strategy in terms of better harnessing the potential for staff residing within these areas to make informed decisions about commuting by walking or cycling. Moreover, the Trust will continue to review opportunities for making internal improvements to the site for walking and cycling, which may be better enabled through reductions in existing on-site congestion at peak times.

7.2 Cycling Facilities and Initiatives

- 7.2.1 A total of 200 cycle parking spaces are provided across the QAH site for staff and visitors. Dedicated staff cycle storage is provided in secure locations, including individual, secured lockers for hire. Lockers, changing rooms and showers are also provided for staff who cycle (or walk / run) to work.
- 7.2.2 A number of the above facilities relate to recent improvements implemented by the Trust in an effort to increase attractiveness of cycling for staff, whilst supporting mental and physical health, and in an effort to provide a viable alternative to the car (especially where space on passenger transport is currently restricted by the coronavirus pandemic).
- 7.2.3 The Trust encourages staff to utilise the national 'Cycle to Work' scheme to further increase cycle uptake. This provides financial assistance to staff, enabling easier day-to-day use of a bicycle by reducing the personal cost implications through tax efficient purchasing.

8 Managing Travel Demand

8.1 Vision

- 8.1.1 Medium to longer term ambitions of the Trust and aims of the Transport Strategy seek to further analyse and proactively manage travel demand associated with site users of the QAH.
- 8.1.2 As per the 2019-2024 Estate Strategy, the Trust recognises that existing travel demand has impacts on both the site's effective operation, as well as wider in the community and on the environment, especially in terms of car travel. More specifically, existing car travel demand can cause on-site congestion at peak times, and the number of staff issued with on-site parking permits means demand for staff parking on-site remains high. This may currently constrain opportunities for furthering the Trust's ability to provide additional built facilities beyond the immediate Capital Projects, where car parking is otherwise prioritised.
- 8.1.3 Whilst for reasons noted in earlier chapters, car travel will continue to play an important role at the QAH, the Trust is attuned to the need for medium to longer term changes to how travel demand and on-site congestion is managed at the QAH on the above basis. This chapter identifies a preliminary strategy for managing travel demand in this Framework version of the Transport Strategy.

8.2 Key Opportunities

- 8.2.1 The following areas are identified as key opportunities for further managing travel demand at the QAH:
- Analysing utilisation of barriered car parking areas, to assess real demand for public and staff car parking, and at key time periods, including the ratio of staff car parking demand to number of staff parking permits;
 - Reviewing eligibility criteria for the issuing of staff parking permits from a viewpoint of transport connectivity, in particular the ability of staff living in areas more favourable for using the Fort Southwick P&R, as well as those within walking distance of the site (whilst remaining subject to other important eligibility criteria which may continue to take precedent);
 - Working with relevant stakeholders, considering the potential for increased staff parking capacity at the Fort Southwick P&R (which may also require increased dedicated bus service provision);
 - Considering the impact of outpatient bookings across service provisions at the same time, and whether efficiencies could be realised, if reorganised to better plan for peak occurrences of patient and staff car parking demand (without unduly harming the ability for service divisions to most effectively operate);

- Review options for making practical improvements within the QAH for managing peak on-site congestion, which could include improvements to the Pasteur Road / Nightingale Road junction adjacent to the North Public Car Park and interchange / pedestrian crossing area between the Main MSCP and Main Hospital Entrance;
- Undertaking of staff travel questionnaires (awaiting results), with a view to providing a basis to, as well as preparation of, a comprehensive Travel Plan for the QAH. This may also include for considering how the coronavirus pandemic has potentially permanently changed everyday commuting needs (through increased home working), recognising that the majority of Trust staff will continue to be required on-site (as opposed to some who may continue to be able to work from home to some extent into the future); and
- Continuing to monitor and react to the progress of future technologies and innovations, including more immediate and already active social movements, such as EV, electric scooters / bicycles and app-based technologies (including Mobility-as-a-Service, or MaaS), as well as longer term possibilities such as autonomous vehicle travel and other new or advanced modes of travel.

8.3 Proposed Travel Plan

- 8.3.1 In addition to the Transport Strategy, the Trust intends to prepare a comprehensive Travel Plan.
- 8.3.2 Whilst the Trust is already very proactive in encouraging staff to travel by sustainable modes of travel (including issuing of staff travel packs), a dedicated Travel Plan would provide a more formal basis for managing ongoing sustainable travel and car parking management measures, as well as setting travel and parking related targets and monitoring of these.
- 8.3.3 The Travel Plan, including setting of targets and review of monitoring can be discussed, shared and developed further in partnership with PCC.
- 8.3.4 The exact scope of the Travel Plan will be considered further in tandem with progression of the Transport Strategy and discussed with PCC as necessary.

9 Summary

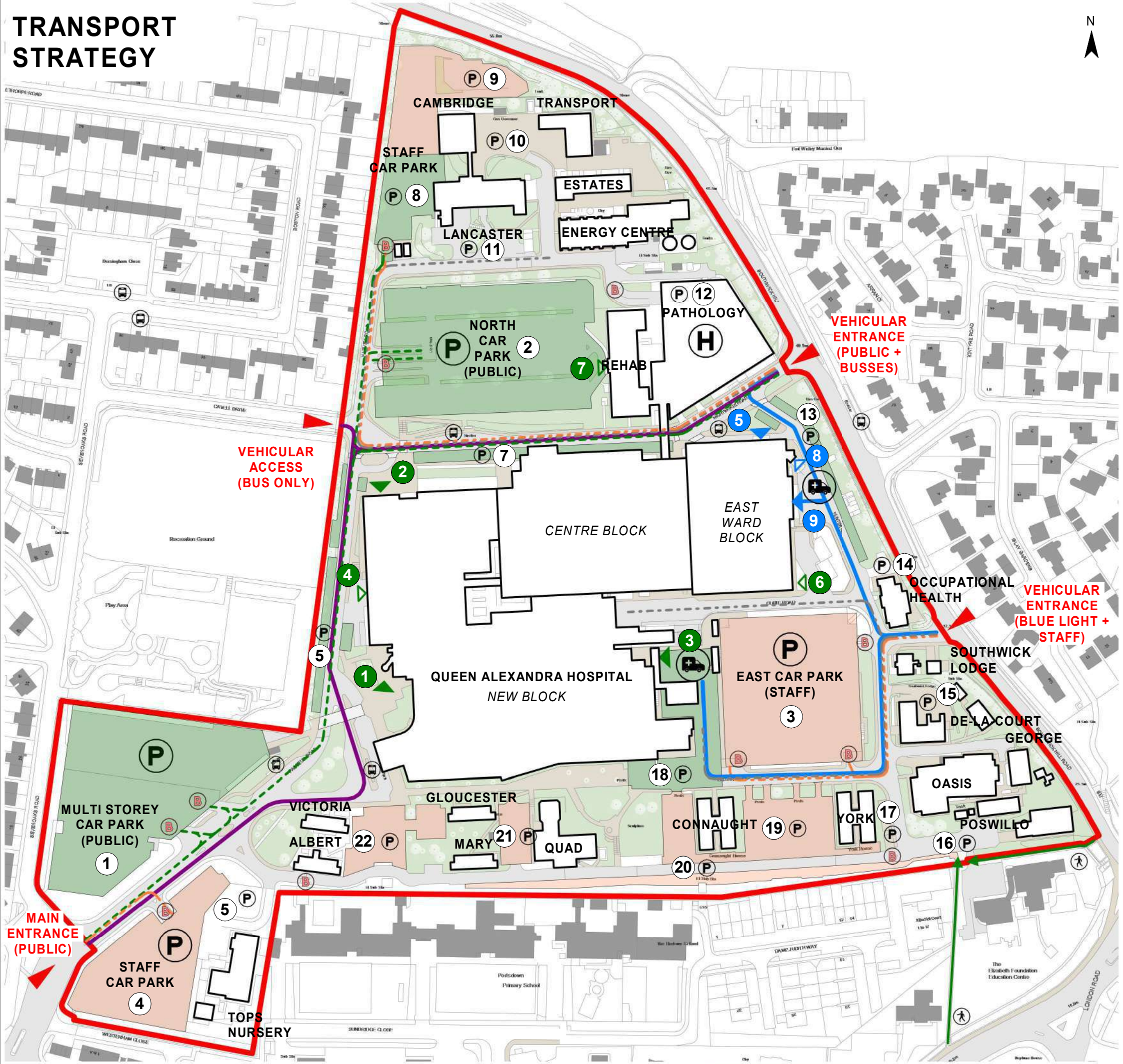
- 9.1.1 This document provides a 'Framework' version of a comprehensive Transport Strategy for the Queen Alexandra Hospital (QAH), which is the principal premises of the Portsmouth Hospitals University NHS Trust ('the Trust').
- 9.1.2 The Transport Strategy aims to deliver short, medium and longer changes to how the QAH may operate in transport terms, and how travel and car parking demand will continue to be managed by the Trust moving forward.
- 9.1.3 Relevant and known baseline information is set out in this document, including how the site currently operates in terms of staff and patient numbers and travel characteristics, as well as car travel and parking facilities, public transport, walking and cycling connectivity.
- 9.1.4 A more immediate strategy for the internal displacement of car parking and meeting of residual staff car parking demand at the Fort Southwick P&R is provided in this Framework version of the Transport Strategy, to enable the progression of three proposed immediate Capital Projects, to take place from 2021 through to 2024.
- 9.1.5 In the medium to longer term, further analysis of public and staff car parking demand, as well as broader travel demand will be undertaken as part of future versions of the transport strategy. This will also include for investigating a number of key opportunities to further manage travel demand at the QAH, as well as the preparation of a comprehensive Travel Plan.

APPENDICES

APPENDIX A

Estate Strategy Plan

TRANSPORT STRATEGY



TRANSPORT KEY

- Blue Light
- Public Access
- Bus Route
- Staff Access
- Service Access
- Pedestrian Access
- Pedestrian Access Point
- ▶ Blue Light Entrance
- ▶ Walk-In Entrance
- Ambulance Parking
- Heli Pad
- Bus Stop
- Car Park
- Pedestrian Crossing
- Security Barrier / Access Control
- ▶ Main Public Walk-In Entrance
- ▶ Other Public Entrance

ENTRANCE INFORMATION

Number	Description
1	Main Entrance
2	North Entrance
3	East Entrance - Public Walk-in and Emergency Access
4	Haematology & Oncology Entrance
5	Paediatric Entrance
6	Eye Entrance
7	Rehabilitation Entrance
8	Emergency Walk-In Entrance
9	Emergency Ambulance Entrance

Ref	Title	Payment	Number of visitor spaces			Number of Staff spaces			Totals
			Standard	Disabled	Total	Standard	Disabled	Total	
1	South Public Car Park	Pay on exit	237	67	304	220	0	220	524
2	North Public Car Park	Pay on exit	263	31	294	0	0	0	294
3	East Staff Car Park	Staff permit			0	505	17	522	522
4	Car Park 9 (South West Staff Car Park)	Staff permit			0	177	0	177	177
5	Pasteur Road	Pay & display	53	0	53	0	0	0	53
6	Car Park 8 (TOPS Nursery Staff)	Staff permit			0	22	0	22	22
7	Nightingale Road	Pay and display		28	28	0	0	0	28
8	North Public Overflow	Pay and display	56	1	57	0	0	0	57
9	Car Park 1 (North Staff Parking)	Staff permit			0	78	0	78	78
10	Car Park 2 (North Staff Parking)	Staff permit			0	18	1	19	19
11	Car Park 11 (Lancaster Block South)	Staff permit			0	3	2	5	5
12	Car Park 3 (Pathology)	Staff permit			0	28	0	28	28
13	Hunter Road	Pay and display	17	9	26	11	0	11	37
14	Occupational Health				0	2	1	3	3
15	Car Park 4 (De La Court House)	Staff permit			0	8	0	8	8
16	Car Park 10 (Poswillow)	Staff permit			0	17	0	17	17
17	Car Park 5 (Oasis)	Staff permit			0	8	0	8	8
18	East Entrance	Pay and display	39	0	39	0	0	0	39
19					0	114	0	114	114
20	Car Park 6 & 7 (South East Staff Car Park)	Staff permit			0	100	0	100	100
21					0	23	2	25	25
22					0	52	2	54	54
TOTAL					801			1411	2212

P2 Updated to reflect current status	05/02/21	RS	AE
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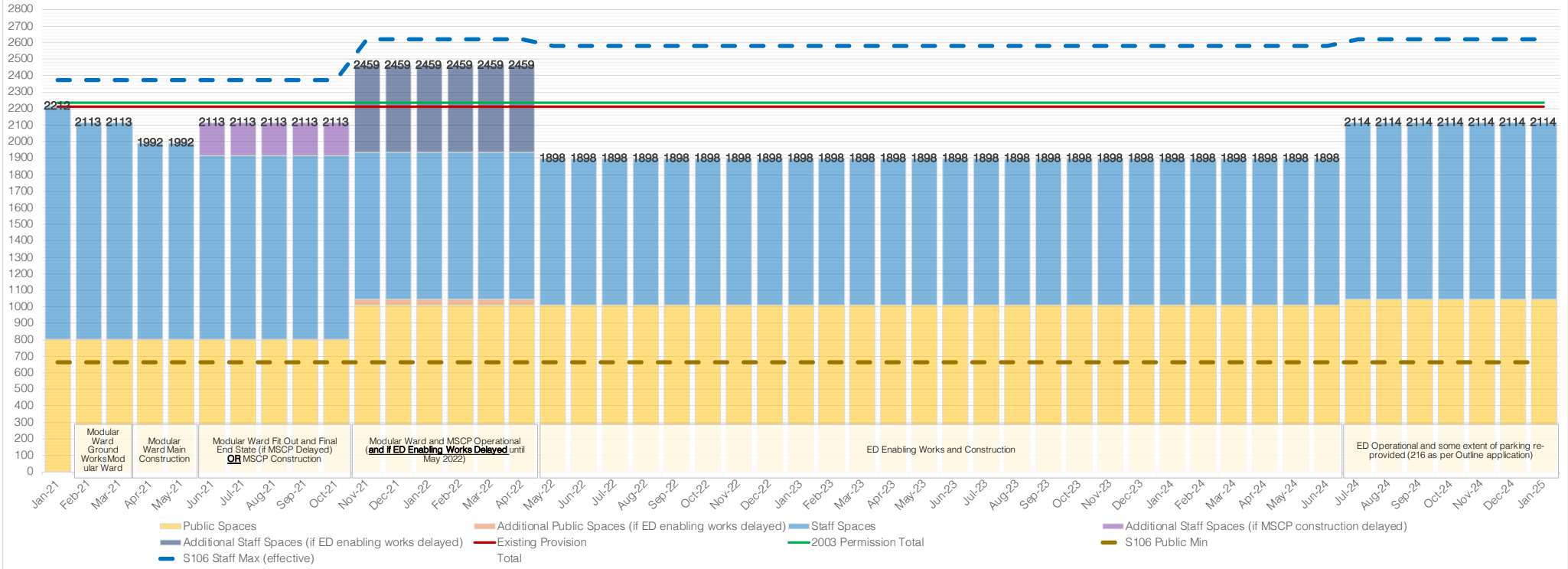
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APPENDIX B

Changes to Parking Provisions and Allocations

Compound Total Parking Provision by Public and Staff





keep up with mode:



Birmingham

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