QMH SIDCUP CDC

TRANSPORT STATEMENT

urban flow

November 2023
Version 1.5

Contents

Appendix

1 Introduction

1.1 General introduction

1.1.1 Urban Flow has been commissioned by Oxleas NHS Foundation Trust to prepare a Transport Statement which provides detailed information on their CDC development's design evolution.

1.1.3 The proposed development is for a new community diagnostic centre which will provide CT, MRI and x-ray facilities. The building will accommodate approximately 10-15 staff and will cater for up to 160 patients per day.

1.1.4 This Transport Statement provides an overview of existing transport provision in the vicinity of the proposed development, details of the proposed development and an assessment of the development's likely transport impact.

1.1.5 In parallel with this document a Framework Travel Plan has been prepared.

1.2 Structure

1.2.1 Following this introductory section, the report is therefore structured as follows:

Section Two is a review of national, regional and local policies;

Section Three describes the site location, existing conditions and an assessment of different travel modes in line with BREEAM guidance;

Section Four describes the existing development, proposed development and net changes; and

Section Five provides a summary of anticipated impacts and any required mitigation.

2 Policy context

2.1 Introduction

2.1.1 This section provides an overview of relevant transport policies as they relate to the proposed development.

2.2 National

2.2.1 National policy has moved towards securing more sustainable outcomes with emphasis on minimising the need to travel, reducing car use and encouraging more sustainable modes of transport. The **National Planning Policy Framework (**NPPF) was adopted in March 2012 and most recently reviewed in July 2021.

2.2.2 NPPF states the importance of sustainable development, including the encouragement of sustainable modes of transport to reduce carbon emissions and congestion. The preparation of Transport Assessments and Statements is required for developments that generate significant amounts of travel demand. Chapter 9 'Promoting sustainable transport', Para 102 states that:

> *Transport issues should be considered from the earliest stages of plan-making and development proposals, so that:*
>
> *a) the potential impacts of development on transport networks can be addressed;*
> *b) opportunities from existing or proposed transport infrastructure, and changing transport technology and usage, are realised – for example in relation to the scale, location or density of development that can be accommodated;*
> *c) opportunities to promote walking, cycling and public transport use are identified and pursued;*
> *d) the environmental impacts of traffic and transport infrastructure can be identified, assessed and taken into account – including appropriate opportunities for avoiding and mitigating any adverse effects, and for net environmental gains; and*
> *e) patterns of movement, streets, parking and other transport considerations are integral to the design of schemes and contribute to making high quality places.*

2.2.3 At Chapter 9, Para 108, NPPF states that:

> *In assessing sites that may be allocated for development in plans, or specific applications for development, it should be ensured that:*
>
> *a) appropriate opportunities to promote sustainable transport modes can be – or have been – taken up, given the type of development and its location;*
> *b) safe and suitable access to the site can be achieved for all users; and*
> *c) any significant impacts from the development on the transport network (in terms of capacity and congestion), or on highway safety, can be cost effectively mitigated to an acceptable degree.*

This is followed by a recommendation at Para 110, which states that:

> *…applications for development should:*

a) give priority first to pedestrian and cycle movements, both within the scheme and with neighbouring areas; and second – so far as possible – to facilitating access to high quality public transport, with layouts that maximise the catchment area for bus or other public transport services, and appropriate facilities that encourage public transport use;
b) address the needs of people with disabilities and reduced mobility in relation to all modes of transport;
c) create places that are safe, secure and attractive – which minimise the scope for conflicts between pedestrians, cyclists and vehicles, avoid unnecessary street clutter, and respond to local character and design standards;
d) allow for the efficient delivery of goods, and access by service and emergency vehicles; and
e) be designed to enable charging of plug-in and other ultra-low emission vehicles in safe, accessible and convenient locations.

2.3 London

2.3.1 The current London Plan was published by the GLA in March 2021 and sets out a framework for how London will develop over the next 20-25 years.

2.3.2 The Plan contains policies specifically related to the integration of land use and transport, as summarised below. These are drafted as instructions to Boroughs in preparation of Development Planning Documents (DPD's) but are material considerations for development proposals in London.

2.3.3 ***Policy T1: Strategic approach to transport***

A. Development Plans and development proposals should support:
1) the delivery of the Mayor's strategic target of 80 per cent of all trips in London to be made by foot, cycle or public transport by 2041(…).

B. All development should make the most effective use of land, reflecting its connectivity and accessibility by existing and future public transport, walking and cycling routes, and ensure that any impacts on London's transport networks and supporting infrastructure are mitigated.

2.3.4 ***Policy T2: Healthy Streets***

A. Development proposals and Development Plans should deliver patterns of land use that facilitate residents making shorter, regular trips by walking or cycling.(…)

D. Development proposals should:
1) demonstrate how they will deliver improvements that support the ten Healthy Streets Indicators in line with Transport for London guidance.
2) reduce the dominance of vehicles on London's streets whether stationary or moving.
3) be permeable by foot and cycle and connect to local walking and cycling networks as well as public transport.

2.3.5 ***Policy T4: Assessing and mitigating transport impacts***

Development Plans and development proposals should reflect and be integrated with current and planned transport access, capacity and connectivity (…).

The cumulative impacts of development on public transport and the road network capacity including walking and cycling, as well as associated effects on public health, should be taken into account and mitigated.

Development proposals should not increase road danger.

2.3.6 ***Policy T5: Cycling***

A. Development Plans and development proposals should help remove barriers to cycling and create a healthy environment in which people choose to cycle. This will be achieved through (…) securing the provision of appropriate levels of cycle parking which should be fit for purpose, secure and well-located.

2.3.7 ***Policy T6: Car parking***

Car parking should be restricted in line with levels of existing and future public transport accessibility and connectivity (…).

Where car parking is provided in new developments, provision should be made for infrastructure for electric or other Ultra-Low Emission vehicles.

Adequate provision should be made for efficient deliveries and servicing.

2.3.8 ***Policy T6.5: Non-residential disabled persons parking***

All non-residential elements of a development should provide at least one on or off-street disabled persons parking bay.

2.3.9 ***Policy T7: Freight and servicing***

(…) Development proposals should facilitate sustainable freight and servicing, including through the provision of adequate space for servicing and deliveries off-street. Construction Logistics Plans and Delivery and Servicing Plans will be required and should be developed in accordance with Transport for London guidance and in a way which reflects the scale and complexities of developments.

G. Developments should be designed and managed so that deliveries can be received outside of peak hours and in the evening or nighttime. Appropriate facilities are required to minimise additional freight trips arising from missed deliveries and thus facilitate efficient online retailing.

2.4 Bexley

Local Plan

2.4.1 Bexley's Local Plan was adopted in April 2023. The plan's vision is for *'A well-connected borough, both within and beyond Bexley, provides the key to securing growth opportunities for residents and businesses. People across the borough will have a better quality of life and improved health and wellbeing, supported by high-quality housing, rewarding employment opportunities and effective local services and facilities'*.

2.4.2 Key policies include:

- Policy SP10 (Bexley's transport network) – *'The Council will work to achieve a comprehensive, high-quality, safe, integrated and sustainable transport system'*

- Policy DP22 (Sustainable transport) – *'The Council will expect to see measures in all development proposals that facilitate and promote walking, cycling, public transport and shared mobility'*
- Policy DP23 (Parking management) – *'the Council will seek to balance the need for parking and the environmental, economic and social impacts of traffic movement and parked vehicles'*
- Policy DP24 (Impact of new development on the transport network) – *'Proposals that reduce the need to travel and improve access to sustainable modes of transport will be supported', 'Proposals should not have a significant negative effect on the safety of any users, including vulnerable users of the transport network such as pedestrians and cyclists...' and 'Proposals should not have a significant cumulative negative impact on the operation or efficiency of [transport networks]'*

Third Local Implementation Plan (LIP3)

2.4.3 The LIP3 contains an overview of the challenges and opportunities in delivering the Mayors' Transport Strategy within Bexley; a set of borough transport objectives; a short and longer-term delivery plan. The document sets out plans for making the borough more active, ensuring cleaner air and for the residents to be more connected.

2.4.4 The overarching aim of the MTS is for 80 per cent of all trips across London to be made on foot, by cycle or using public transport by 2041. Bexley's specific target is 63% against an observed mode share of 42% between 2013/16.

2.4.5 The following borough transport objectives support the Mayor's overall objective of increasing the sustainable transport mode share and thus reducing car usage:

- To encourage as much movement as possible to use sustainable modes of transport [public transport, walking and cycling];
- To provide good networks for pedestrians and cyclists particularly in growth areas and linking them to the communities beyond; and
- To support more reliable and faster bus services through bus priority measures with segregation from other traffic as much as possible.

3 Existing conditions

3.1 Site location and surroundings

3.1.1 The CDC site is part of the wider QMH Sidcup hospital site and is located approximately ½ mile to the south of Sidcup town centre.

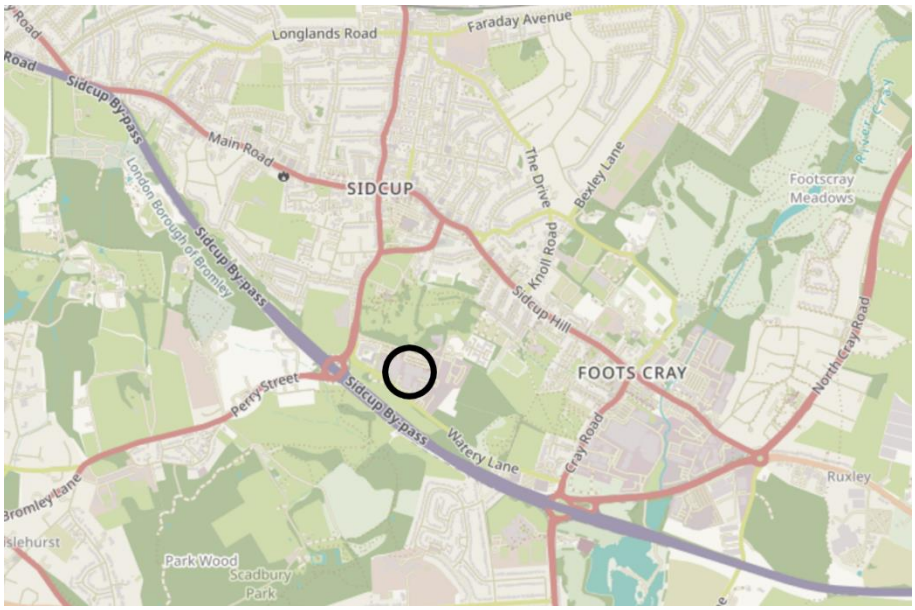

Figure 3.1 Wider area plan

3.1.2 The primary access to the QMH site is from the west via A222 Chislehurst Road. There is an internal circulation loop (Frognal Avenue / Frognal Place) around the different hospital buildings.

Figure 3.2 Local area plan

Figure 3.3 Hospital site plan

3.2 Walking

3.2.1 Pedestrian access into the wider hospital site is provided from Frognal Avenue and Frognal Place via the main vehicular accesses or pedestrian routes (see Figure 3.3).

3.2.2 There is a good provision of wide, well maintained footways within and adjacent to the site. All uncontrolled crossings have dropped kerbs and tactile paving.

Figure 3.4 Pedestrian crossings on Frognal Avenue

3.2.3 At the main entrance to the hospital, there are signal controlled pedestrian crossing facilities on Chislehurst Road (A222).

Figure 3.5 Pedestrian crossings on Chislehurst Road

3.3 Cycling

3.3.1 Local cycle routes in the vicinity of the site are shown in Figure 3.6. There is a relatively extensive network in place, including off-road shared-use lanes parallel to the A20. The footways on both sides of Chislehurst Road are also shared use for both pedestrians and cyclists.

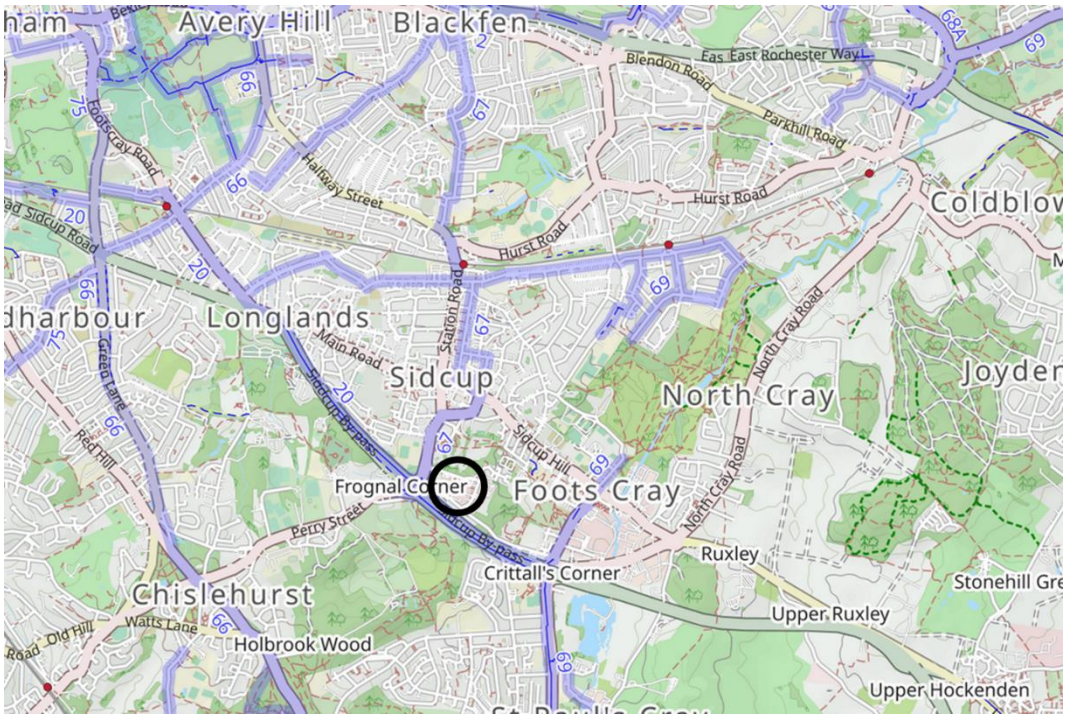

Figure 3.6 Cycle network

Cycle Parking

3.3.2 There is covered cycle parking available in Car Park 3 (close to the main entrance) and also historically in Car Park 1 (at the entrance to A block, now not in use).

Figure 3.7 Cycle parking

3.4 Public Transport

Bus

3.4.1 There are bus stops situated within the wider QMH site and also near to the main entrance on Chislehurst Road. All of the stops shown in Figure 3.8 are within a five-minute walk from the CDC site.

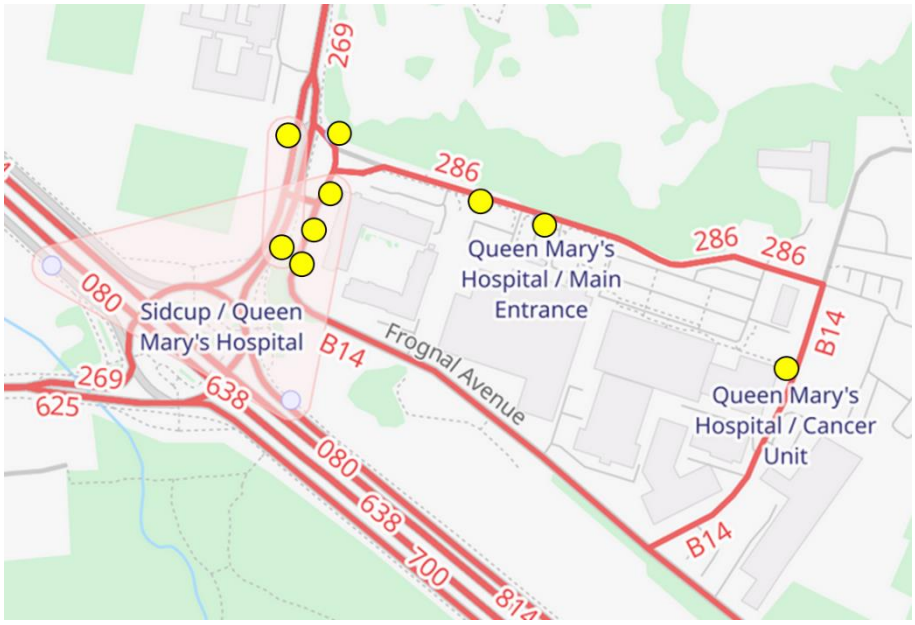

Figure 3.8 Bus stops nearest to QMH site

3.4.2 The hospital is directly served by three bus services along Frognal Place and Frognal Avenue:

- 229 = Thamesmead < > Queen Mary's Hospital
- 286 = Greenwich < > Queen Mary's Hospital
- B14 = Bexleyheath < > Orpington

3.4.3 There are an additional five services that run along the A222 to the west of the Hospital:

- 160 = Sidcup < > Catford Bridge
- 269 = Bromley North < > Bexleyheath
- 625 = Chislehurst < > Plumstead Common
- 638 = Coney Hall < > Kemnal Technology College
- R11 = Green Street Green < > Queen Mary's Hospital

3.4.4 These services cover much of the local area and destinations further afield as shown in the 'spider' diagram (Figure 3.9).

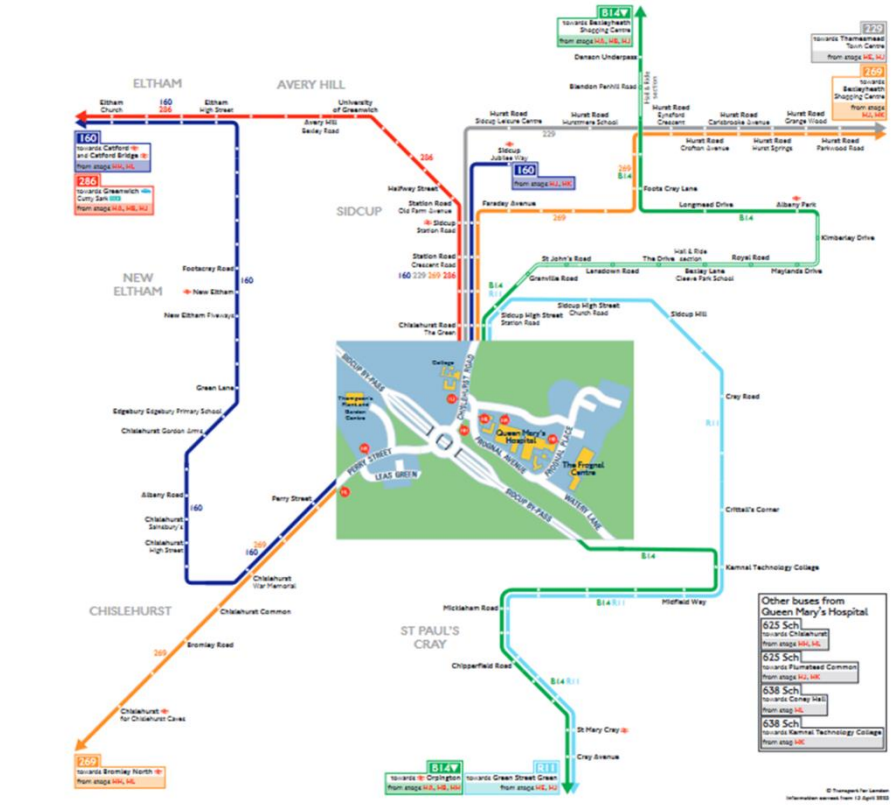

Figure 3.9 Bus spider map

3.4.5 All of the nearby bus stops have shelters and raised height kerbs to provide step-free access.

Rail

3.4.6 The closest rail station to the site is Sidcup, located to approximately 2 kilometres to the north of the QMH site. This is a 25-minute walk from the hospital or there are direct bus connections via the 160, 229, 269 and 286 services which takes approximately 10 minutes.

3.4.7 Sidcup rail station is operated by Southeastern Rail and is served by two routes with services running every 30 minutes in each direction:

- Charing Cross to Dartford (stopping at Lewisham); and
- Charring Cross to Gravesend (not stopping at Lewisham).

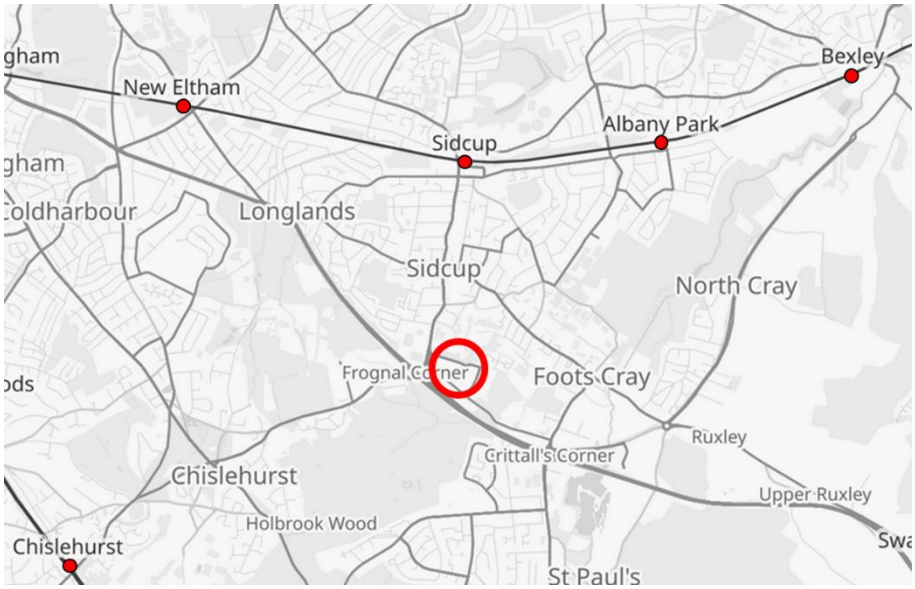

Figure 3.10 Rail stations

3.4.8 There is step-free access to both platforms at the station.

3.4.9 There is also a direct bus connection (route 269) to Chislehurst rail station to the south west, approximately 2 miles / 10 minutes away.

PTAL

3.4.10 The site's Public Transport Accessibility Level (PTAL) rating is either 2 or 3 depending on which part of the QMH site is considered. For a site in outer London that is some way from an urban centre this is a good score and reflects the range of bus routes available.

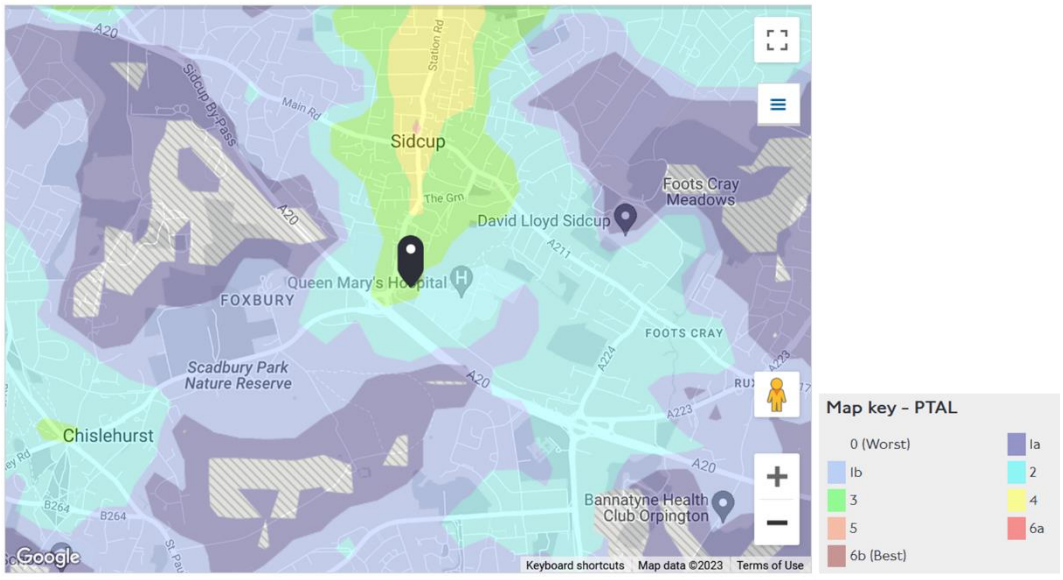

Figure 3.11 PTAL map

3.5 Highways

3.5.1 Access to the wider QMH site is provided by the A222 Chislehurst Road which in turn connects to the A20 Sidcup by-pass at the Frognal Corner roundabout.

3.5.2 Vehicular access is primarily from the west via Chislehurst Road (A222), which is subject to a 30mph speed limit.

3.5.3 Access from the east is also possible via Watery Lane / Frognal Avenue. This route is narrow in several locations with passing points provided.

3.5.4 The speed limit within the hospital site (Frognal Avenue / Frognal Place) is 20mph. There are multiple vehicle access points into discrete parts of the hospital site, particularly individual car parks (see section 3.6).

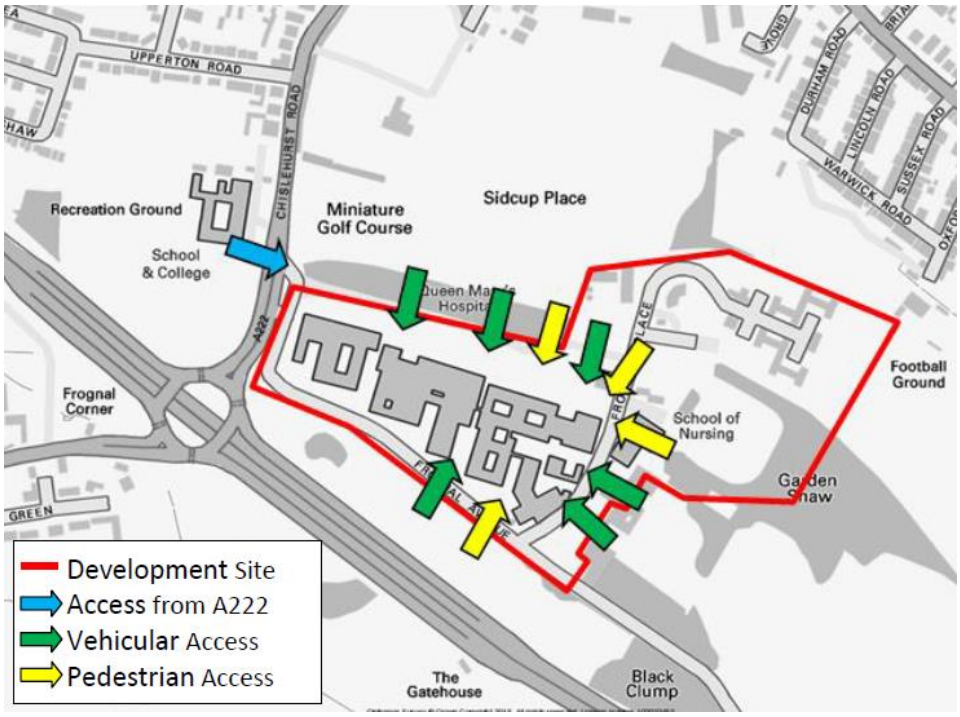

Figure 3.12 Internal site access *[source: QMH Travel Plan]*

Road safety

3.5.5 STATS19 personal injury accident data from 2018 to 2021 has been analysed for an area covering the site and its immediate surroundings and is shown schematically in the figure below.

3.5.6 Immediately in/around the hospital site there were three recorded collisions, one of which was serious:

- A vehicle striking three parked cars in the car park by the Frognal Place mini-roundabout;
- A cyclist was struck by a vehicle turning left (a 'left hook' manoeuvre); and
- A cyclist and a vehicle collided with each other in Frognal Place (serious injury).

3.5.7 There were a further four recorded collisions on the Chislehurst Road, one of which was serious:

- A goods vehicle turned right across the path of an oncoming vehicle;
- A car and a goods vehicle collided;
- An elderly passenger was injured as bus moved off from a bus stop; and
- A vehicle struck another vehicle as it was turning right out of the hospital into Chislehurst Road (serious injury).

3.5.8 As would be expected for a major highway interchange the Frognal Corner roundabout shows a cluster of collisions, the vast majority of which resulted in slight injuries. Overall, there is nothing to suggest that existing highway design has been a contributing factor in the accidents recorded in the vicinity of the site. Highway safety is therefore not considered to be an issue locally.

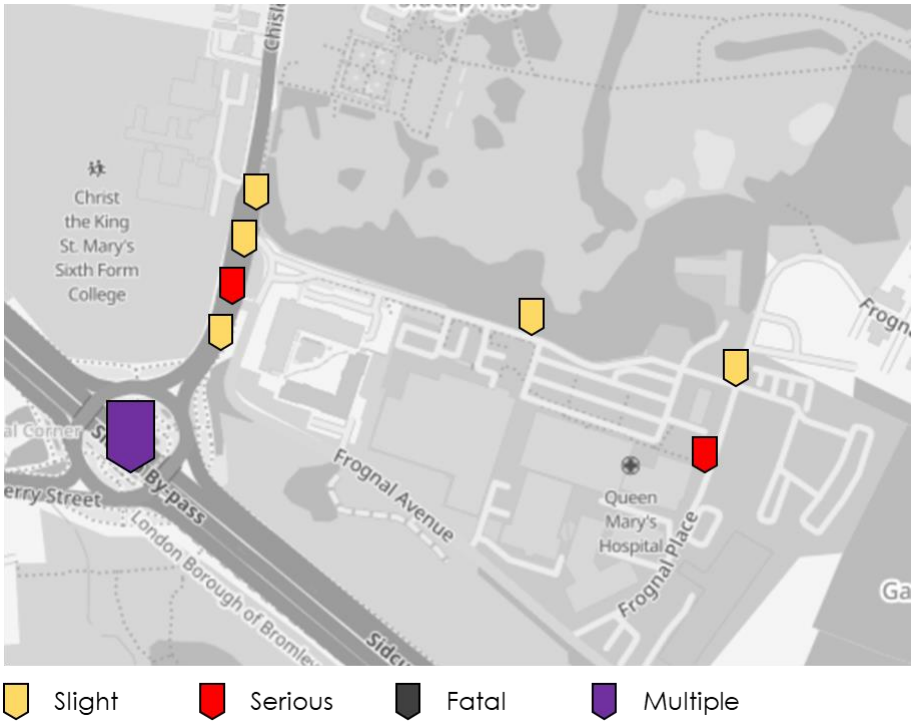

Figure 3.13 Collisions plot (2018-2021)

3.6 Parking

3.6.1 There are a number of car parks with the wider QMH site which in total provide 386 pay and display public parking spaces. This includes bays for people with disabilities outside each main building. There are separate staff-only car parks further away from key building entrances.

Figure 3.14 QMH car parks

3.6.2 Tariffs for the pay and display parking are applicable at all times:

- 1 Hour - £1.50
- 2 Hours - £2.50
- 4 Hours - £4.00
- 8 Hours - £6.00
- 24 Hours - £8.00

3.6.3 There is also unrestricted, on-street parking available along certain sections of Frognal Avenue heading east away from QMH.

3.6.4 Separately from public pay-and-display parking, there are dedicated staff-only car parks which require a permit to be displayed. Across the QMH site there are 406 staff parking spaces.

Parking survey

3.6.5 A survey of typical QMH parking activity was undertaken on Tuesday 14th November 2023. The survey was undertaken between 11am-12pm, consistent with peak parking demand.

3.6.6 Consistent with many hospital sites, the survey found high levels of parking activity both by staff and by visitors.

CP	Type	Spaces	Demand	V/C%	Empty
1	Public	88	73	83%	15
2	Public	28	27	96%	1
3	Public	167	144	86%	23
4	Staff	20	20	100%	0
5	Staff	18	19	106%	-1
6	Staff	57	53	93%	4
7	Staff	142	94	66%	48
8	Staff	91	89	98%	2
9	Public	39	19	49%	20
10	Staff	32	32	100%	0
11	Public	19	13	68%	6
12	Staff	46	44	96%	2
13	Public	24	17	71%	7
14	Public	21	19	90%	2
	Total	792	663	84%	129
	All public	386	312	81%	74
	1-2-3 public	283	244	86%	39
	All staff	406	351	86%	55

Figure 3.15 Parking survey summary

3.6.7 Overall, there was a 84% occupancy rate with a similar level of demand for public spaces (81%) and staff-only spaces (86%). The total number of empty spaces across the whole QMH site was 129, split into 74 public spaces and 55 staff-only spaces.

3.7 Disabled access

3.7.1 There is step-free access into the hospital at the main entrance.

3.7.2 The footways surrounding the site are wide, level and have a clearly-delineated edge between footway and carriageway. This makes them suitable for use by those with wheelchairs, visual impairment, etc.

3.7.3 Disabled parking spaces for visitors are provided close to the QMH main entrance. There is level access (via dropped kerbs) to the existing CDC site from these spaces.

3.7.4 These building accesses, local footways and parking provision provides sufficient provision for varying levels of disability and visual impairment).

3.8 Local amenities

3.8.1 As the proposed development is located on the outskirts of Sidcup, there is a limited number of local amenities within a 500m radius of the site. Many of the amenities are provided as part of the wider QMH campus.

3.8.2 Below is a summary of other local facilities and amenities, following the structure in the BREEAM guidance wording:

- Appropriate food outlet — Yes, QMH café / multiple in Sidcup
- Access to cash — Yes, one ATM at QMH
- Access to an outdoor public space — Yes, 'The Green'
- Access to a recreation or leisure facility — Yes, Sidcup Recreation Club
- Publicly available postal facility — No, Sidcup Post Office @ 900m
- Community facility — Yes, Sidcup Recreation Club
- Pharmacy — Yes, on-site at QMH
- GP surgery or medical centre — Yes, on-site at QMH
- Childcare facility or school — Yes, nursery on-site at QMH

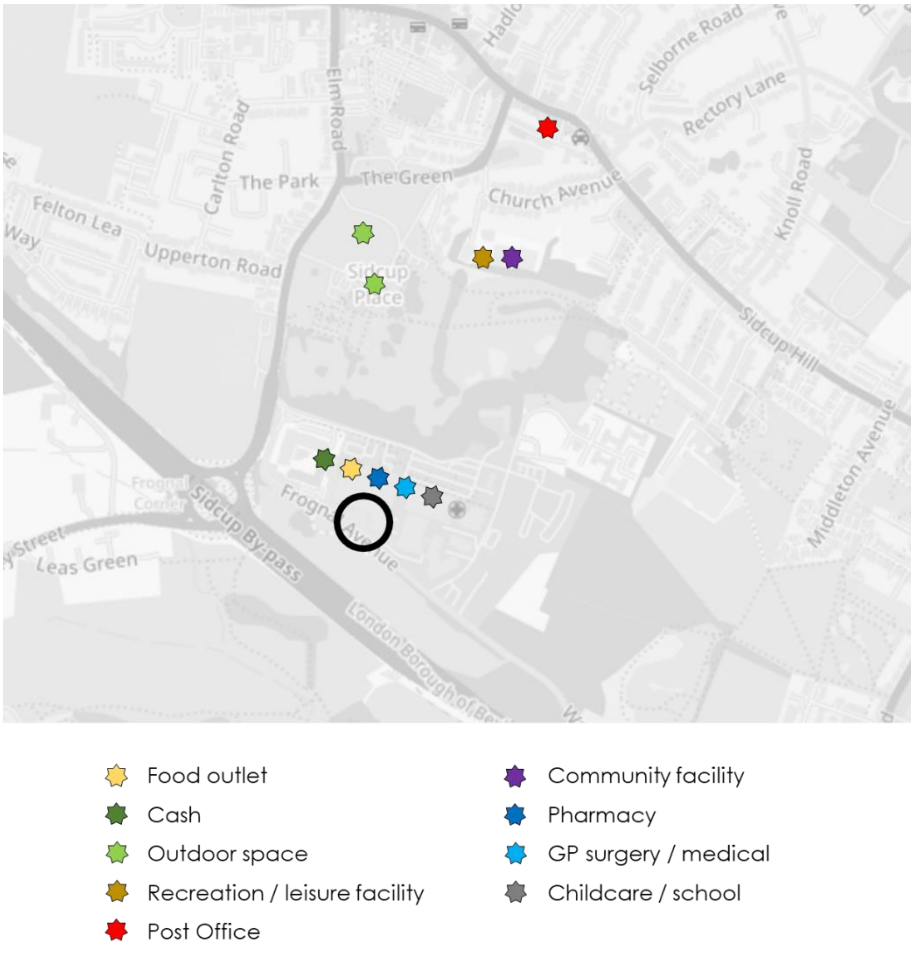

Figure 3.16 Local facilities plan

4 Existing and proposed development

4.1 Introduction

4.1.1 The scheme's red line boundary comprises two areas:

A. Refurbishment of a part of an existing building that formerly housed MRI and X-ray facilities; and
B. Demolition of the Medinova building and its replacement with a new structure.

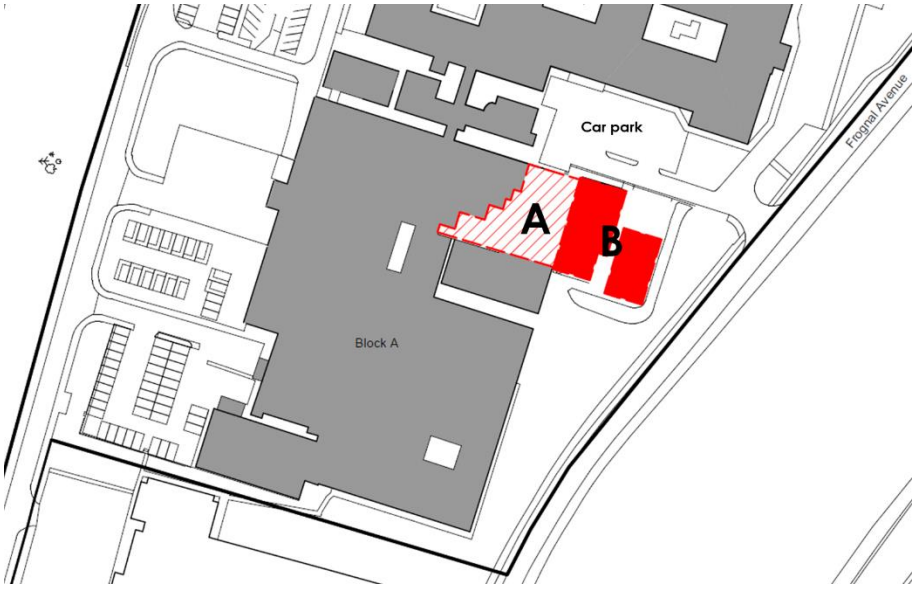

Figure 4.1 Proposed development

4.2 Existing

4.2.1 The area of the refurbished building is 540m^2 (GEA). This area has been vacant for two years. Prior to this it was used as administration offices with a complement of approximate 30 staff. The space was used as office and welfare accommodation for QMH's contractors comprising about 20 staff.

4.2.2 The Medinova building has recently been demolished (August 2022). The building was a clinical research facility with approximately 15-20 staff ranging from administration to clinical provision and around 20-30 patient contacts a day. Its area was 675m^2 (GEA).

Existing	Area	Typical occupancy
QMH MRI and X-Ray	540m^2	30
Medinova (m^2)	675m^2	>15-20
Total	1,215m^2	>45-50

Table 4.1 Existing building area and occupancy `

Figure 4.2 Former Medinova building

4.3 Proposed

4.3.1 The area of the refurbished building is unchanged at 540m^2 (GEA) whilst the new building on the former Medinova site will have an area of 344m^2 (GEA).

4.3.2 In total there will be approximately 10-15 staff members and approximately 20 patients on site at any one time.

Proposed	Area	Typical occupancy
QMH MRI and X-Ray	540m^2	10-15 staff
New structure	344m^2	20 patients
Total	884m^2	30-35

Table 4.2 Proposed building area and occupancy

4.4 Net change in development

4.4.1 Overall, there is a net reduction in total floorspace and also a net reduction in the typical total occupancy.

Net change	Area	Typical occupancy
QMH MRI and X-Ray *Refurbishment*	No change	up to -15 people
Medinova / new build *Replacement*	-331m^2	
Total	-331m^2	

Table 4.3 Proposed building area and occupancy

4.5 Trip generation

4.5.1 It is expected that the proposed development will have a maximum of 20 patients on site at any one time and a maximum of 160 patient visits per day. The arrival/departure profile will be spread across the working day leading to arrival/departure flows in the order of 20 patients per hour.

4.5.2 A high-level benchmarking exercise has also been undertaken using the TRICS database, mindful that healthcare uses can vary considerably and so caution is needed when selecting comparable sites.

4.5.3 To address this, a range of TRICS healthcare 'sub land uses' have been assessed:

- 05-B, hospital without casualty;
- 05-N, community hospital; and
- 05-E, clinic.

Multi-modal and vehicle only trip rates were obtained for appropriate sites (see Appendix A for more detail).

4.5.4 Below is a summary of daily arrival/departure trip rates (per 100m^2) and resultant arrival/departure trips based on the total development area of 884m^2. This is for the period 7am-10pm and for all travel modes.

Total person trips by all modes	Hospital without casualty	Community hospital	Clinic
Arrival trip rate (per 100m^2)	9.3	12.6	16.8
Departure trip rate (per 100m^2)	9.4	12.7	15.1
Total daily arrivals	82	111	149
Total daily departures	83	112	133
Maximum on-site accumulation	22	18	32

Table 4.4 TRICS trip rates and trips for different healthcare sub-land uses (all modes)

4.5.5 The estimated number of daily arrivals ranges from 82 to 149 with the upper end of this range consistent with what is expected on-site (see para 4.5.1). As such, the 160 patient visits per day estimate can be regarded as a worst case.

4.5.6 The TRICS datasets have also been interrogated for vehicle trip rates. Below is a summary of daily arrival/departure trip rates (per 100m^2) and resultant arrival/departure trips based on the total development area of 884m^2. This is for the period 7am-10pm.

Total vehicle trips	Hospital without casualty	Community hospital	Clinic
Arrival trip rate (per 100m^2)	6.4	8.0	9.9
Departure trip rate (per 100m^2)	6.5	8.0	8.8
Total daily arrivals	57	71	87
Total daily departures	57	71	78
Maximum parking accumulation	13	11	21

Table 4.5 TRICS trip rates and trips for different healthcare sub-land uses (vehicles only)

4.5.7 Based on a total development area of 884m^2 it could be expected that there will be in the order of 57 to 87 vehicle trips to the CDC site per day. Spread across the working day gives a typical arrival/departure rate of 6 to 10 vehicles per hour, or one vehicle every 6 to 10 minutes.

4.5.8 The maximum on-site parking accumulation could be expected to be in the order of 11 to 21 vehicles. Section 4.9 considers future parking supply and demand.

4.6 Net change

4.6.1 From a development area perspective the proposed CDC scheme occupies a smaller footprint than the historic (mid-2022) development. However, in recognition that the part of the existing site has been vacant for two years, a reasonable 'net change' scenario is proposed as follows:

- The existing refurbished area is disregarded as it has been vacant for two years; and
- The former Medinova building is assumed to be existing as it was in active use until mid-2022.

4.6.2 The Medinova building typically had 15-20 staff on site and around 20-30 patient contacts a day. The proposed development *(both the refurbished area and extension; A and B in Figure 4.1)* is expected to have up to 20 patients on site at any one time and up to 160 patient contacts per day. The estimated on-site staff number is between 15-20.

4.6.3 The assumed net change is therefore:

- No change in staffing; and
- Up to an additional 140 patients per day.

4.6.4 Spread over the working day, this is equivalent to an additional 15 patients per hour, or one every 4 minutes.

TRICS

4.6.5 A comparable net change assessment has also been undertaken using the TRICS trip rates presented in the previous section. For the net change scenario, a development area of 540m^2 has been assumed. Applying the trip rates (all modes, Table 4.4 and vehicles, Table 4.5) gives the following trip totals.

Total person trips by all modes	Hospital without casualty	Community hospital	Clinic
Arrival trip rate (per 100m^2)	9.3	12.6	16.8
Departure trip rate (per 100m^2)	9.4	12.7	15.1
Total daily arrivals (refurbished area only)	50	68	91
Total daily departures (refurb area only)	51	69	82
Maximum on-site accumulation	13	11	20

Table 4.6 TRICS trip rates and trips for different healthcare sub-land uses (all modes)

Total vehicle trips	Hospital without casualty	Community hospital	Clinic
Arrival trip rate (per 100m^2)	6.4	8.0	9.9
Departure trip rate (per 100m^2)	6.5	8.0	8.8
Total daily arrivals	35	42	53
Total daily departures	35	41	48
Maximum parking accumulation	8	9	13

Table 4.7 TRICS trip rates and trips for different healthcare sub-land uses (vehicles only)

4.6.6 For the net change scenario it could be expected that there will be in the order of 50 to 91 additional trips to the CDC site per day. The number of vehicle trips could be in the order of 35 to 53 per day. Spread across the working day gives a typical arrival/departure rate of 4 to 6 vehicles per hour, or one vehicle every 10 to 15 minutes.

4.6.7 The net change in parking demand could be in the order of 8 to 13 vehicles parked on-site at any one time. Section 4.9 considers future parking supply and demand.

4.7 Access

4.7.1 The footprint of the new building is smaller than existing. There are minor changes to connections to adjacent buildings but no fundamental changes to the hospital's internal layout.

4.7.2 External access to/from the new CDC building will be from the existing QMH hospital building via the main corridor circulation route. Unlike the previous Medinova building, there will be no staff or patient access from the adjacent car park.

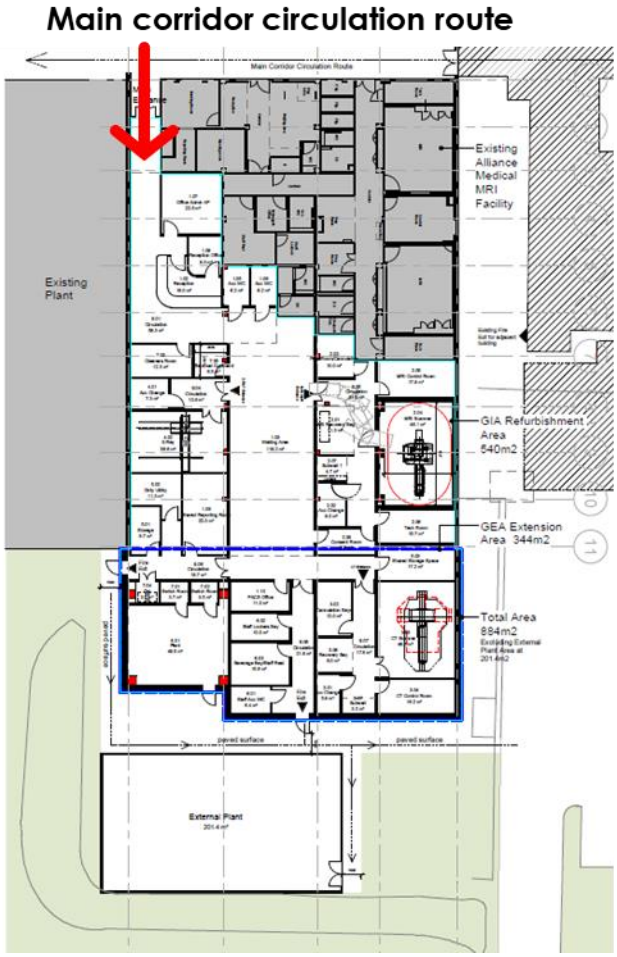

Figure 4.1 Ground floor plan

4.8 Vehicle access and circulation

4.8.1 There are no changes to vehicle access or circulation proposed.

4.9 Parking

4.9.1 There are no changes to on-site parking proposed.

4.9.2 The anticipated uplift in parking demand ranges from between 8-13 vehicles (net change; see paragraph 4.6.7) to 11-21 vehicles (gross additional demand; see paragraph 4.5.8).

4.9.3 The survey of current parking activity at QMH found 129 empty spaces, split into 74 public spaces and 55 staff-only spaces. The CDC-generated parking demand can

therefore be accommodated within the existing car parks with sufficient spare capacity remaining to provide for resilience and future-proofing.

4.10 Deliveries and servicing

4.10.1 There are no changes to delivery and servicing arrangements proposed. All CDC-related deliveries will be undertaken in the centralised QMH service yard (adjacent to car park 10).

5 Impact assessment

5.1 Summary

5.1.1 This Transport Statement has been prepared on behalf of Oxleas NHS Foundation Trust to accompany a planning application for a new CDC unit at Queen Mary's Hospital, Sidcup.

5.1.2 The site is located within the existing QMH site and is accessed externally via Frognal Avenue and internally via QMH's main corridor circulation route.

5.1.3 The development site comprises two parts:

- Refurbishment of a part of an existing building that formerly housed MRI and X-ray facilities; and
- Demolition of the Medinova building and its replacement with a new structure.

5.1.4 Compared to the existing (mid-2022) site layout, the overall change in development area is for a reduction in floorspace. A reasonable 'net change' scenario has been assumed whereby the refurbished area of the proposed scheme is excluded having been vacant for several years.

5.1.5 The existing and proposed development's trip generation has been assessed both from first principles and also using the TRICS database. The overall scale of movement is expected to be modest, in the order of 4 to 6 additional vehicles arriving or departing every hour.

5.1.6 The CDC-generated parking demand can be accommodated within the existing car parks with sufficient spare capacity remaining to provide for resilience and future-proofing.

5.1.7 There are no changes to vehicle access or circulation, parking or delivery and servicing activity proposed.

5.1.8 Overall, it can be concluded that the transport impact of the proposed CDC scheme will be minor. The proposals will not have an unacceptable impact on highway safety and there will be no significant cumulative impact on the road network or local parking.

DOCUMENT CONTROL

Project	QMH CDC
Report	Transport Statement

Version	Date	Author	Reviewer(s)	Comments
1.0	27/10/2023	SA		Draft structure
1.1	30/10/2023	SA		Draft content
1.2	03/11/2023	SA		Updated draft
1.3	10/11/2023	SA		Updated draft
1.4	17/11/2023	SA		Draft issued to team
1.5	23/11/2023	SA	JE	Issued

Appendix A

TRICS data

LIST OF SITES relevant to selection parameters

1 AD-05-E-01 PHYSIOTHERAPY CLINIC ABERDEEN CITY
WESTBURN ROAD
ABERDEEN

Edge of Town Centre
Residential Zone
Total Gross floor area: 80 sqm
Survey date: THURSDAY 21/11/19 Survey Type: MANUAL

2 AD-05-E-02 MULTI-TREATMENT CLINIC ABERDEEN CITY
BROOMHILL ROAD
ABERDEEN

Suburban Area (PPS6 Out of Centre)
Residential Zone
Total Gross floor area: 229 sqm
Survey date: FRIDAY 22/04/22 Survey Type: MANUAL

3 MS-05-E-01 COSMETIC SURGERY CLINIC MERSEYSIDE
RODNEY STREET
LIVERPOOL

Edge of Town Centre
Built-Up Zone
Total Gross floor area: 615 sqm
Survey date: WEDNESDAY 28/11/18 Survey Type: MANUAL

4 NF-05-E-02 COMPLEMENTARY THERAPY NORFOLK
MAGDALEN ROAD
NORWICH

Edge of Town Centre
Residential Zone
Total Gross floor area: 270 sqm
Survey date: TUESDAY 26/11/19 Survey Type: MANUAL

TRIP RATE for Land Use 05 - HEALTH/E - CLINICS
MULTI-MODAL TOTAL VEHICLES
Calculation factor: 100 sqm
BOLD print indicates peak (busiest) period
Total People to Total Vehicles ratio (all time periods and directions): 1.68

	ARRIVALS			DEPARTURES			TOTALS		
Time Range	No. Days	Ave. GFA	Trip Rate	No. Days	Ave. GFA	Trip Rate	No. Days	Ave. GFA	Trip Rate
00:00 - 01:00									
01:00 - 02:00									
02:00 - 03:00									
03:00 - 04:00									
04:00 - 05:00									
05:00 - 06:00									
06:00 - 07:00									
07:00 - 08:00	1	270	0.370	1	270	0.000	1	270	0.370
08:00 - 09:00	4	299	0.921	4	299	0.000	4	299	0.921
09:00 - 10:00	4	299	1.089	4	299	0.419	4	299	1.508
10:00 - 11:00	4	299	1.089	4	299	0.921	4	299	2.010
11:00 - 12:00	4	299	0.921	4	299	1.256	4	299	2.177
12:00 - 13:00	4	299	0.921	4	299	0.754	4	299	1.675
13:00 - 14:00	4	299	0.419	4	299	0.670	4	299	1.089
14:00 - 15:00	4	299	0.670	4	299	0.419	4	299	1.089
15:00 - 16:00	4	299	1.256	4	299	0.838	4	299	2.094
16:00 - 17:00	4	299	1.089	4	299	1.173	4	299	2.262
17:00 - 18:00	4	299	0.419	4	299	0.921	4	299	1.340
18:00 - 19:00	3	322	0.725	3	322	1.036	3	322	1.761
19:00 - 20:00	2	348	0.000	2	348	0.432	2	348	0.432
20:00 - 21:00	1	615	0.000	1	615	0.000	1	615	0.000
21:00 - 22:00									
22:00 - 23:00									
23:00 - 24:00									
Total Rates:			9.889			8.839			18.728

Parameter summary

Trip rate parameter range selected:	80 - 615 (units: sqm)
Survey date date range:	01/01/15 - 22/04/22
Number of weekdays (Monday-Friday):	4
Number of Saturdays:	0
Number of Sundays:	0
Surveys automatically removed from selection:	0
Surveys manually removed from selection:	0

TRIP RATE for Land Use 05 - HEALTH/E - CLINICS
MULTI-MODAL TOTAL PEOPLE
Calculation factor: 100 sqm
BOLD print indicates peak (busiest) period
Total People to Total Vehicles ratio (all time periods and directions): 1.68

	ARRIVALS			DEPARTURES			TOTALS		
Time Range	No. Days	Ave. GFA	Trip Rate	No. Days	Ave. GFA	Trip Rate	No. Days	Ave. GFA	Trip Rate
00:00 - 01:00									
01:00 - 02:00									
02:00 - 03:00									
03:00 - 04:00									
04:00 - 05:00									
05:00 - 06:00									
06:00 - 07:00									
07:00 - 08:00	1	270	0.741	1	270	0.370	1	270	1.111
08:00 - 09:00	4	299	1.256	4	299	0.000	4	299	1.256
09:00 - 10:00	4	299	2.094	4	299	0.670	4	299	2.764
10:00 - 11:00	4	299	1.926	4	299	1.424	4	299	3.350
11:00 - 12:00	4	299	1.508	4	299	2.010	4	299	3.518
12:00 - 13:00	4	299	1.675	4	299	1.089	4	299	2.764
13:00 - 14:00	4	299	0.921	4	299	1.424	4	299	2.345
14:00 - 15:00	4	299	1.089	4	299	1.089	4	299	2.178
15:00 - 16:00	4	299	1.508	4	299	1.424	4	299	2.932
16:00 - 17:00	4	299	1.256	4	299	1.424	4	299	2.680
17:00 - 18:00	4	299	1.424	4	299	1.005	4	299	2.429
18:00 - 19:00	3	322	1.451	3	322	2.591	3	322	4.042
19:00 - 20:00	2	348	0.000	2	348	0.576	2	348	0.576
20:00 - 21:00	1	615	0.000	1	615	0.000	1	615	0.000
21:00 - 22:00									
22:00 - 23:00									
23:00 - 24:00									
Total Rates:			16.849			15.096			31.945

LIST OF SITES relevant to selection parameters

1 HD-05-B-01 GENERAL HOSPITAL HILLINGDON
RICKMANSWORTH ROAD
NORTHWOOD

Edge of Town
Residential Zone
Total Gross floor area: 46600 sqm
Survey date: MONDAY *04/07/22* *Survey Type: MANUAL*

TRIP RATE for Land Use 05 - HEALTH/B - GENERAL HOSPITAL - WITHOUT CASUALTY
MULTI-MODAL TOTAL VEHICLES
Calculation factor: 100 sqm
BOLD print indicates peak (busiest) period
Total People to Total Vehicles ratio (all time periods and directions): 1.44

	ARRIVALS			DEPARTURES			TOTALS		
Time Range	No. Days	Ave. GFA	Trip Rate	No. Days	Ave. GFA	Trip Rate	No. Days	Ave. GFA	Trip Rate
00:00 - 01:00									
01:00 - 02:00									
02:00 - 03:00									
03:00 - 04:00									
04:00 - 05:00									
05:00 - 06:00									
06:00 - 07:00									
07:00 - 08:00	1	46600	0.818	1	46600	0.245	1	46600	1.063
08:00 - 09:00	1	46600	0.959	1	46600	0.386	1	46600	1.345
09:00 - 10:00	1	46600	0.792	1	46600	0.481	1	46600	1.273
10:00 - 11:00	1	46600	0.534	1	46600	0.500	1	46600	1.034
11:00 - 12:00	1	46600	0.481	1	46600	0.532	1	46600	1.013
12:00 - 13:00	1	46600	0.481	1	46600	0.524	1	46600	1.005
13:00 - 14:00	1	46600	0.455	1	46600	0.401	1	46600	0.856
14:00 - 15:00	1	46600	0.369	1	46600	0.631	1	46600	1.000
15:00 - 16:00	1	46600	0.365	1	46600	0.560	1	46600	0.925
16:00 - 17:00	1	46600	0.326	1	46600	0.693	1	46600	1.019
17:00 - 18:00	1	46600	0.330	1	46600	0.715	1	46600	1.045
18:00 - 19:00	1	46600	0.170	1	46600	0.365	1	46600	0.535
19:00 - 20:00	1	46600	0.165	1	46600	0.245	1	46600	0.410
20:00 - 21:00	1	46600	0.112	1	46600	0.206	1	46600	0.318
21:00 - 22:00	1	46600	0.047	1	46600	0.054	1	46600	0.101
22:00 - 23:00									
23:00 - 24:00									
Total Rates:			6.404			6.538			12.942

Parameter summary

Trip rate parameter range selected:	46600 - 46600 (units: sqm)
Survey date date range:	01/01/15 - 04/07/22
Number of weekdays (Monday-Friday):	1
Number of Saturdays:	0
Number of Sundays:	0
Surveys automatically removed from selection:	0
Surveys manually removed from selection:	0

TRIP RATE for Land Use 05 - HEALTH/B - GENERAL HOSPITAL - WITHOUT CASUALTY
MULTI-MODAL TOTAL PEOPLE
Calculation factor: 100 sqm
BOLD print indicates peak (busiest) period
Total People to Total Vehicles ratio (all time periods and directions): 1.44

	ARRIVALS			DEPARTURES			TOTALS		
Time Range	No. Days	Ave. GFA	Trip Rate	No. Days	Ave. GFA	Trip Rate	No. Days	Ave. GFA	Trip Rate
00:00 - 01:00									
01:00 - 02:00									
02:00 - 03:00									
03:00 - 04:00									
04:00 - 05:00									
05:00 - 06:00									
06:00 - 07:00									
07:00 - 08:00	1	46600	1.185	1	46600	0.322	1	46600	1.507
08:00 - 09:00	1	46600	1.433	1	46600	0.498	1	46600	1.931
09:00 - 10:00	1	46600	1.133	1	46600	0.588	1	46600	1.721
10:00 - 11:00	1	46600	0.811	1	46600	0.712	1	46600	1.523
11:00 - 12:00	1	46600	0.708	1	46600	0.777	1	46600	1.485
12:00 - 13:00	1	46600	0.676	1	46600	0.781	1	46600	1.457
13:00 - 14:00	1	46600	0.633	1	46600	0.584	1	46600	1.217
14:00 - 15:00	1	46600	0.562	1	46600	0.918	1	46600	1.480
15:00 - 16:00	1	46600	0.601	1	46600	0.811	1	46600	1.412
16:00 - 17:00	1	46600	0.440	1	46600	1.112	1	46600	1.552
17:00 - 18:00	1	46600	0.474	1	46600	1.105	1	46600	1.579
18:00 - 19:00	1	46600	0.249	1	46600	0.545	1	46600	0.794
19:00 - 20:00	1	46600	0.178	1	46600	0.322	1	46600	0.500
20:00 - 21:00	1	46600	0.127	1	46600	0.283	1	46600	0.410
21:00 - 22:00	1	46600	0.052	1	46600	0.054	1	46600	0.106
22:00 - 23:00									
23:00 - 24:00									
Total Rates:			9.262			9.412			18.674

LIST OF SITES relevant to selection parameters

1 HE-05-N-01 COMMUNITY HOSPITAL HEREFORDSHIRE
SOUTH STREET
LEOMINSTER

Edge of Town Centre
Residential Zone
Total Gross floor area: 2534 sqm
Survey date: WEDNESDAY 30/11/22 Survey Type: MANUAL

TRIP RATE for Land Use 05 - HEALTH/N - COMMUNITY HOSPITAL
MULTI-MODAL TOTAL VEHICLES
Calculation factor: 100 sqm
BOLD print indicates peak (busiest) period
Total People to Total Vehicles ratio (all time periods and directions): 1.63

	ARRIVALS			DEPARTURES			TOTALS		
Time Range	No. Days	Ave. GFA	Trip Rate	No. Days	Ave. GFA	Trip Rate	No. Days	Ave. GFA	Trip Rate
00:00 - 01:00									
01:00 - 02:00									
02:00 - 03:00									
03:00 - 04:00									
04:00 - 05:00									
05:00 - 06:00									
06:00 - 07:00									
07:00 - 08:00	1	2534	0.513	1	2534	0.355	1	2534	0.868
08:00 - 09:00	1	2534	1.105	1	2534	0.434	1	2534	1.539
09:00 - 10:00	1	2534	0.947	1	2534	0.671	1	2534	1.618
10:00 - 11:00	1	2534	0.474	1	2534	0.474	1	2534	0.948
11:00 - 12:00	1	2534	0.908	1	2534	0.513	1	2534	1.421
12:00 - 13:00	1	2534	0.395	1	2534	0.671	1	2534	1.066
13:00 - 14:00	1	2534	1.144	1	2534	1.066	1	2534	2.210
14:00 - 15:00	1	2534	0.868	1	2534	0.513	1	2534	1.381
15:00 - 16:00	1	2534	0.395	1	2534	0.710	1	2534	1.105
16:00 - 17:00	1	2534	0.237	1	2534	0.789	1	2534	1.026
17:00 - 18:00	1	2534	0.395	1	2534	0.513	1	2534	0.908
18:00 - 19:00	1	2534	0.158	1	2534	0.513	1	2534	0.671
19:00 - 20:00	1	2534	0.197	1	2534	0.237	1	2534	0.434
20:00 - 21:00	1	2534	0.118	1	2534	0.158	1	2534	0.276
21:00 - 22:00	1	2534	0.000	1	2534	0.039	1	2534	0.039
22:00 - 23:00									
23:00 - 24:00									
Total Rates:			7.854			7.656			15.510

Parameter summary

Trip rate parameter range selected:	2534 - 2534 (units: sqm)
Survey date date range:	01/01/15 - 30/11/22
Number of weekdays (Monday-Friday):	1
Number of Saturdays:	0
Number of Sundays:	0
Surveys automatically removed from selection:	0
Surveys manually removed from selection:	0

TRIP RATE for Land Use 05 - HEALTH/N - COMMUNITY HOSPITAL
MULTI-MODAL TOTAL PEOPLE
Calculation factor: 100 sqm
BOLD print indicates peak (busiest) period
Total People to Total Vehicles ratio (all time periods and directions): 1.63

	ARRIVALS			DEPARTURES			TOTALS		
Time Range	No. Days	Ave. GFA	Trip Rate	No. Days	Ave. GFA	Trip Rate	No. Days	Ave. GFA	Trip Rate
00:00 - 01:00									
01:00 - 02:00									
02:00 - 03:00									
03:00 - 04:00									
04:00 - 05:00									
05:00 - 06:00									
06:00 - 07:00									
07:00 - 08:00	1	2534	0.829	1	2534	0.513	1	2534	1.342
08:00 - 09:00	1	2534	1.460	1	2534	0.552	1	2534	2.012
09:00 - 10:00	1	2534	1.579	1	2534	0.987	1	2534	2.566
10:00 - 11:00	1	2534	0.868	1	2534	0.829	1	2534	1.697
11:00 - 12:00	1	2534	1.342	1	2534	1.184	1	2534	2.526
12:00 - 13:00	1	2534	0.987	1	2534	1.342	1	2534	2.329
13:00 - 14:00	1	2534	1.855	1	2534	1.973	1	2534	3.828
14:00 - 15:00	1	2534	1.460	1	2534	1.026	1	2534	2.486
15:00 - 16:00	1	2534	0.750	1	2534	1.223	1	2534	1.973
16:00 - 17:00	1	2534	0.395	1	2534	1.105	1	2534	1.500
17:00 - 18:00	1	2534	0.552	1	2534	0.631	1	2534	1.183
18:00 - 19:00	1	2534	0.158	1	2534	0.631	1	2534	0.789
19:00 - 20:00	1	2534	0.237	1	2534	0.474	1	2534	0.711
20:00 - 21:00	1	2534	0.118	1	2534	0.197	1	2534	0.315
21:00 - 22:00	1	2534	0.000	1	2534	0.039	1	2534	0.039
22:00 - 23:00									
23:00 - 24:00									
Total Rates:			12.590			12.706			25.296