QMH SIDCUP CDC

FRAMEWORK TRAVEL PLAN

Contents

1 Introduction

1.1 General introduction

1.1.1 This Framework Travel Plan has been prepared on behalf of the Oxleas NHS Foundation Trust. This document provides a summary of the Travel Planning context and process and includes additional evidence for BREEAM purposes that the Stage 2 work done to date has: (a) influenced the site layout and built form; and (b) the Trust as the occupier has been involved in the plan's development.

1.1.2 This document builds on the Trust's previous Queen Mary's Hospital Travel Plan (2015) and provides a long-term management strategy which can be applied to the proposed development, providing a framework for the preparation of a more detailed Travel Plan pre-occupation. It includes measures to increase/improve sustainable modes of transport and movement of people and goods.

1.1.3 In parallel with the preparation of this Travel Plan a Transport Statement has been produced that is also BREEAM compliant.

1.2 Definition and Scope of a Travel Plan

1.2.1 A Travel Plan is a long-term management strategy that encourages sustainable travel for new and existing developments. It sets out transport impacts, establishes targets and identifies a package of measures to encourage sustainable travel.

1.2.2 Travel Plans are site-specific and consider the unique needs and interests of employees, residents, visitors and deliveries in the context of the local environment and transport network.

1.2.3 A Travel Plan involves the development of agreed targets and outcomes which are linked to an appropriate package of measures aimed at: reducing the need to travel, encouraging more sustainable travel, and reducing single occupancy car use, for all trips to and from the site.

1.2.4 It also provides for continuous monitoring, review, and refinement over time, as travel survey data is collected to determine trends in travel patterns and whether action is required to achieve more sustainable modes of travel to/from the site. The Travel Plan should therefore be frequently updated.

1.2.5 This document will apply to all users of the development including staff, patients and visitors.

1.3 Travel Plan Structure

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

- Chapter Two details the aims, objectives, and benefits that the Travel Plan will address and provide;
- Chapter Three describes the existing conditions, site location and an assessment of different travel modes;
- Chapter Four describes the existing travel patterns and presents Travel Plan targets
- Chapter Five describes the measures and incentives that will be implemented at the development in order to achieve the Travel Plan targets along the needed management, marketing, monitoring and review arrangements to ensure its long-term success;

- Chapter Six provides an overview on Management, Marketing, Monitoring and Review; and
- Chapter Seven outlines an Action Plan for the co-ordination and implementation of the measures and incentives at the development.

2   Travel Plan Aims and Objectives

2.1   Aims and Objectives

2.1.1   This Travel Plan sets out a clear objective for the development to 'encourage active travel and the use of public transport.' In line with the DfT's 'The Essential Guide to Travel Planning' (March 2008), this Travel Plan aims more specifically to:

- To reduce the number of staff travelling to work by car alone to only those who need to use their car during the day for work;
- To increase the number of staff travelling to work by sustainable methods of travel;
- To assist in reducing the Trust's carbon footprint through transport emissions;
- To contribute to the Trust's corporate social responsibility agenda and assist in being a good member of the community;
- To ensure St. George's Hospital Staff are engaged, informed and aware of the impacts of their travel patterns in terms of health, the environment, and the community; and
- To seek opportunities for additional funding for infrastructure improvements relating to walking, cycling and public transport.

2.2   Benefits and Likely Outcomes

2.2.1   The Travel Plan will also help to represent good practice and provide an educational tool to help change perceptions about the convenience and benefits (economic, environmental and health) of not using the car where a comprehensive range of alternatives exist given its well-connected location. This Travel Plan provides the opportunity to educate people on good practice and therefore may help influence their travel model choice not just in the present but also in the future.

2.2.2   In doing so, the Travel Plan sets out the aims to actively limit the number of car trips generated by the site on a daily basis, and therefore reduce the potential impact of any additional car trips on the local highway network.

2.2.3   By undertaking this Travel Plan, which includes targets and measures to strongly promote sustainable modes of transport to and from the hospital, the local planning and highway authorities will have sufficient confidence that the requirements for sustainable travel will be met.

2.3   Influencing Travel Behaviour

2.3.1   Travel Plans can play a key role in influencing and changing peoples' travel behaviour. Figure 2.1 overleaf outlines the seven stages of behaviour change process. Once a resident, employee or visitor is aware of a problem, for example the costs of private car use, lack of parking or a change in their home location, they generally go through five thought processes of: accepting responsibility, acknowledging alternatives, evaluating the alternatives, deciding on an alternative and trying an alternative before they make a sustained change to a different mode of travel.

2.3.2   As this development combines a retention of pre-existing use with established travel patterns and new uses with no pre-existing travel patterns, there is an opportunity to re-assess existing, as well as influence travel patterns and behaviours from first occupation resulting in more desirable behaviours.

2.3.3   By understanding this process, it is possible to include measures in the Travel Plan which best influence an residents and employees at each of the different stages of decision making.   In designing measures that are applicable and effective at changing travel behaviour it is essential that this Travel Plan is regularly monitored and reviewed.   The timing of monitoring/surveying is important so that any unseasonal weather impacts can be avoided which may otherwise conflict with other behavioural changes that are taking place.
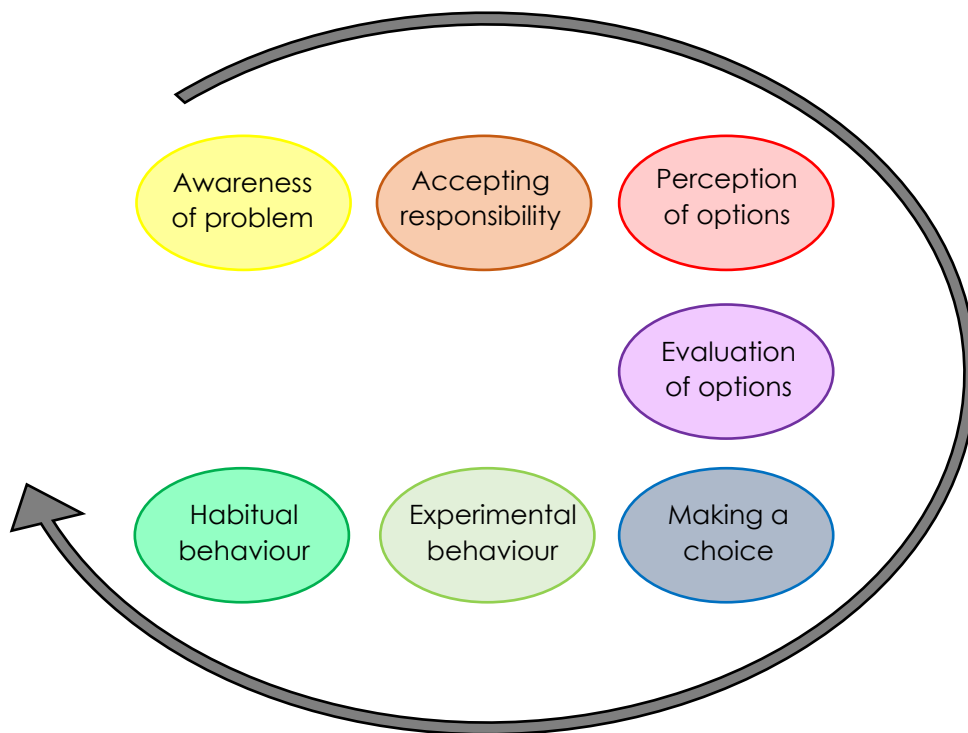
Figure 2.1 The seven stages of behaviour change

2.3.4   Through an improved understanding of the behavioural changes processes, it is possible to design measures that best influence employees at each of the different stages of their decision making.   Focussing on levels of car use reduction that have been achieved elsewhere, this section provides an indication of the possible success of various measures.

2.3.5   The Department for Transport have reviewed a number of published studies which examined a range of evidence in order to make estimates of the overall effect of a combination of measures.   The DfT's 'high intensity scenario', which assumes, on a national scale, "a significant expansion of activity to a much more widespread implementation of present good practice" suggests that:

- a reduction in peak period urban traffic of about 21% (off peak 13%);
- a reduction of peak period non-urban traffic of about 14% (off peak 7%); and
- a nationwide reduction in all traffic of about 11%.

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.
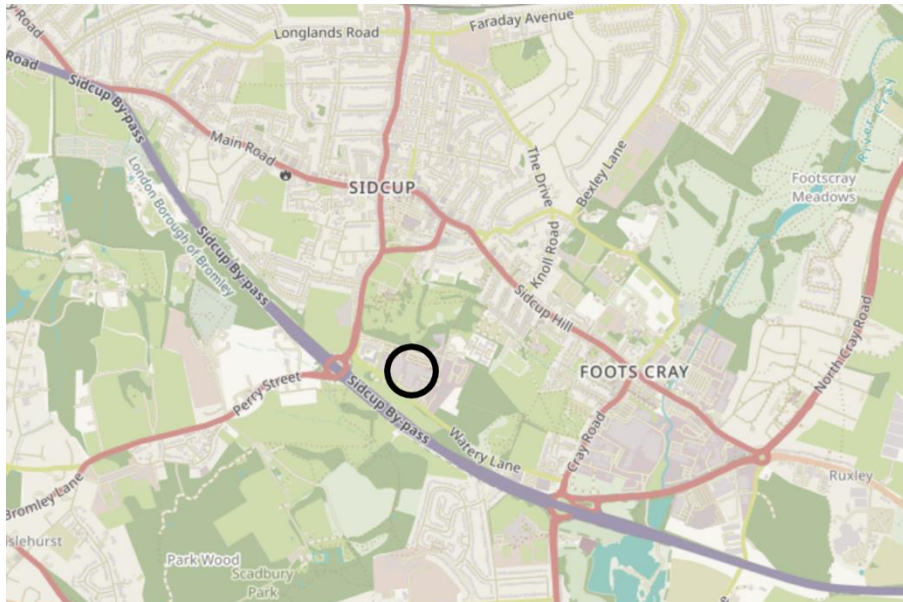

Figure 3.1 Wider area plan

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 Frognall 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.
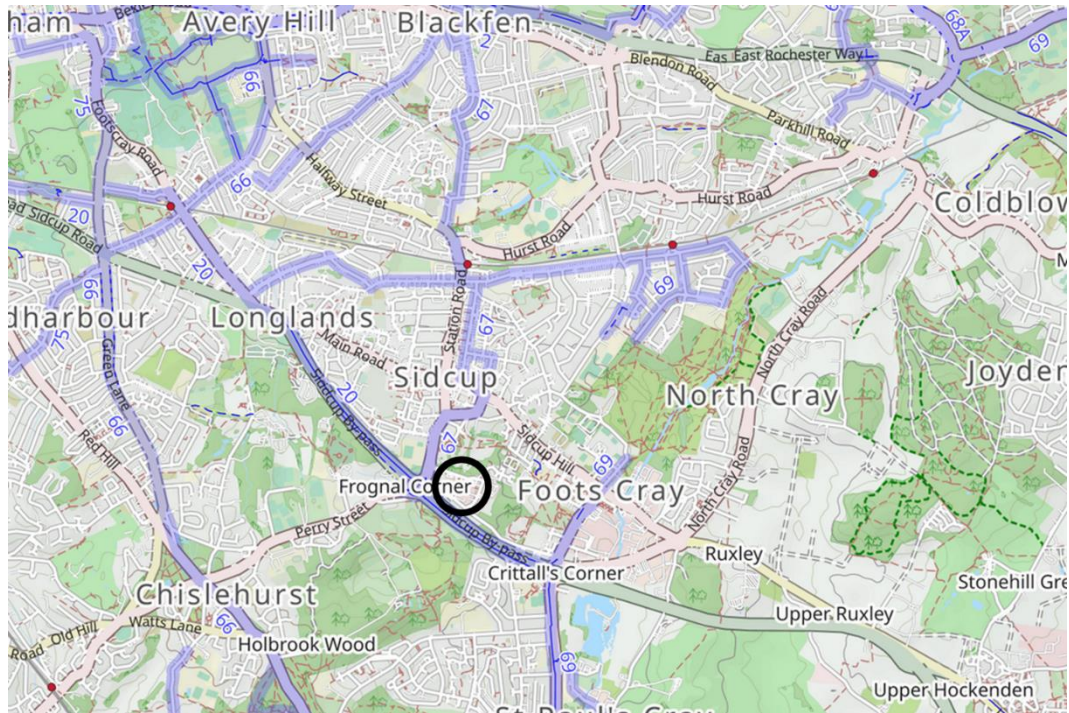

Figure 3.6 Cycle network

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).
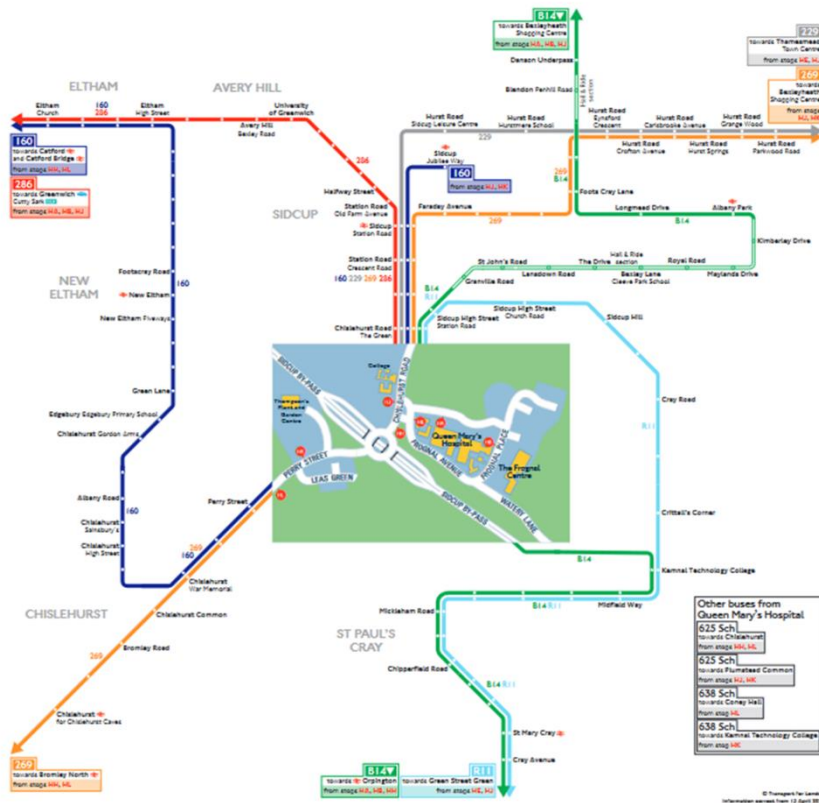
Buses from Queen Mary's Hospital


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).
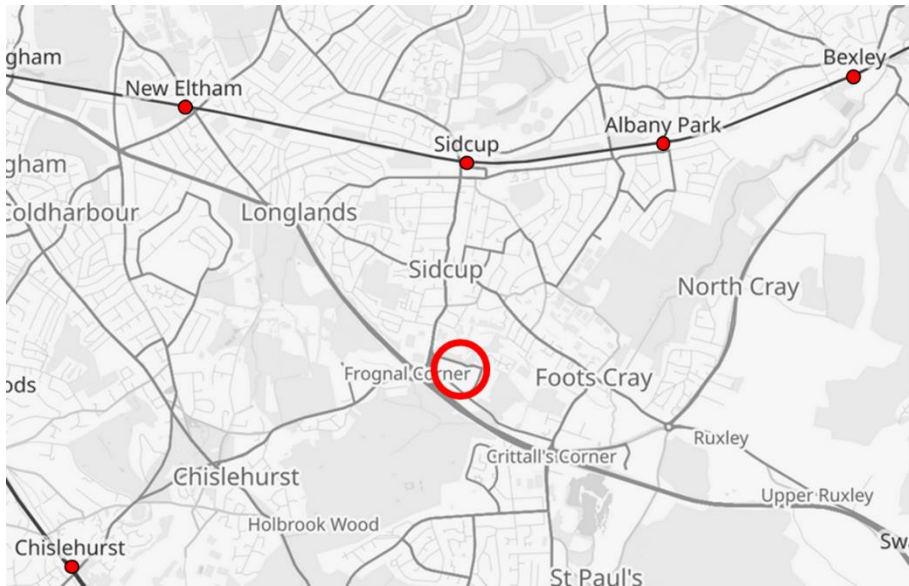
Figure 3.10 Rail stations

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.
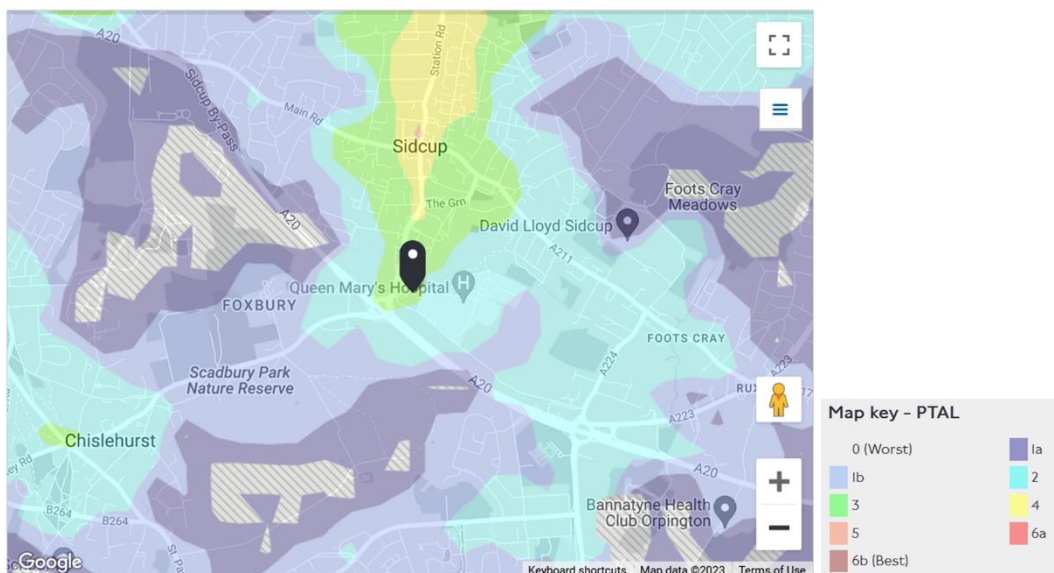

Figure 3.11 PTAL map

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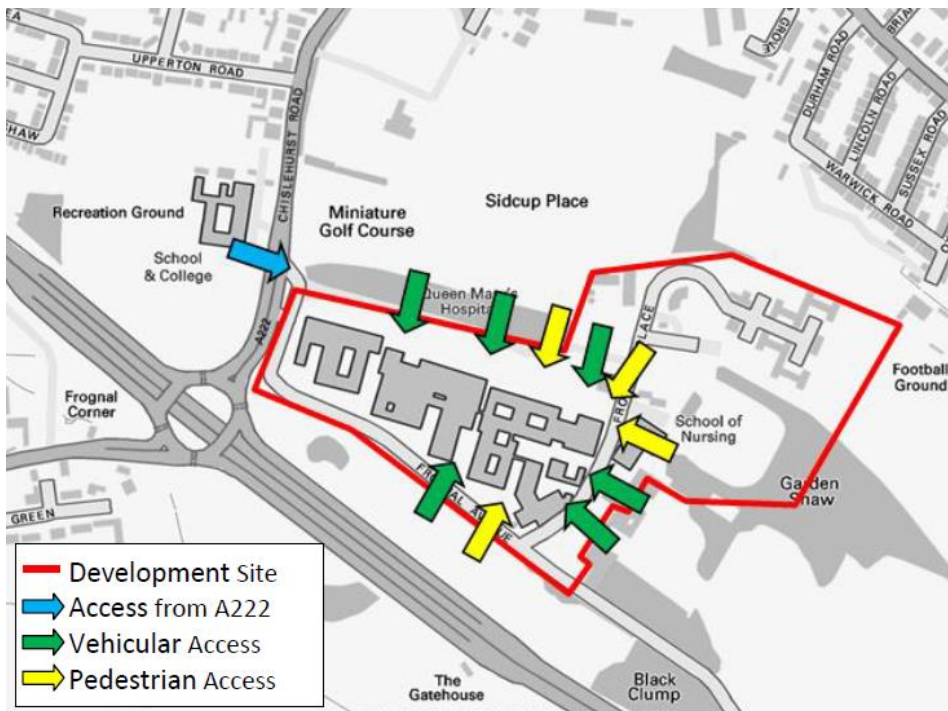
Figure 3.12 Internal site access *[source: QMH Travel Plan]*

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
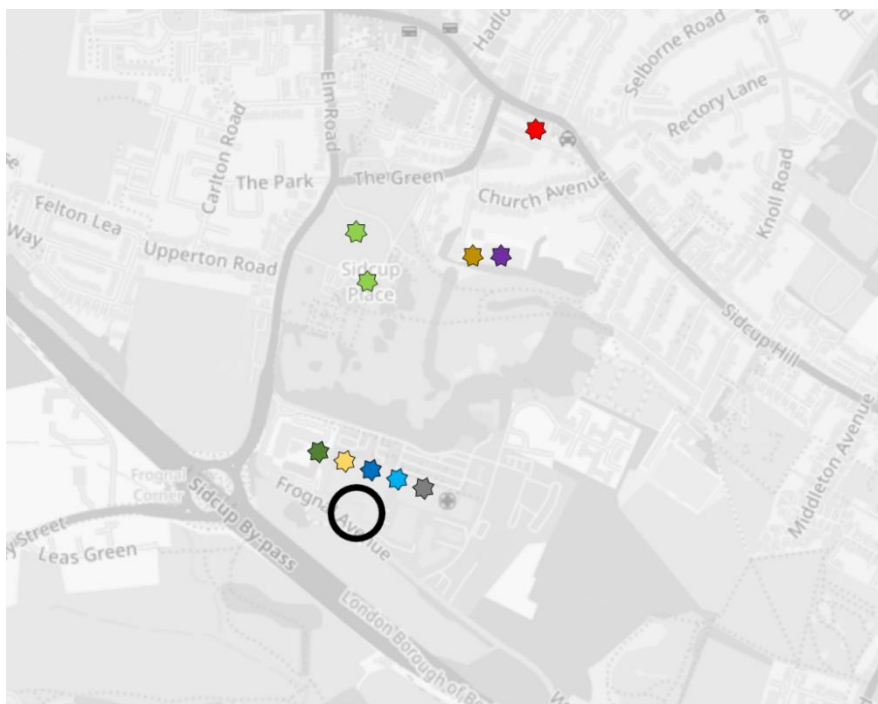
Figure 3.16 Local facilities plan

4   Travel Patterns

4.1   Existing Travel Patterns

Census

4.1.1   2011 and 2021 census data has been used to assess general 'journey to work' journey patterns for the local area in which the hospital is located (MSOA Bexley 027). This is summarised in the table below *(NB all percentages are rounded to the nearest whole number)*.

Travel Mode	2011 Mode split (workers)	2011 Mode split (residents)	2021 Mode split (residents)
Walk	7%	8%	9%
Cycle	1%	2%	1%
Total active travel	*8%*	*10%*	*10%*
Bus	16%	8%	10%
Train and tube	5%	35%	20%
Total sustainable travel	*29%*	*53%*	*30%*
Taxi	<1%	<1%	<1%
Motorcycle	<1%	<1%	<1%
Car driver	68%	43%	56%
Car passenger	3%	3%	3%
Total	100%	100%	100%

Table 4.1 Travel to Work Census Mode Split for MSOA Bexley 027

4.1.2   Overall, in the order of 43% to 56% of people <u>resident</u> in the local area (MSOA Bexley 027) travel to work by car (as a driver). Conversely, 68% of people <u>working</u> in the local area travel to work by car.

4.1.3   It should be noted that the 2021 census was undertaken during the COVID-19 pandemic meaning that travel patterns for many people were significantly altered. This can be seen in the large drop in sustainable travel by residents between 2011 and 2021.

QMH-specific

4.1.3   The most recent survey of QMH staff travel patterns was undertaken pre-COVID. For the purposes of this Framework Travel Plan this is deemed to be sufficiently representative of likely travel behaviours.

4.1.4   Key findings of the survey were:
- 16% of staff who responded to the questionnaire live within a 40-minute walk of the hospital and 32% of respondents live within a 20-minute cycle;
- Approximately 76% of staff travel by car, 67% of whom indicated that they drive alone and 9% indicated that they car share;

- Reasons for car use included:
  - childcare and/or other caring responsibilities;
  - car use during the working day;
  - convenience and/or no alternative;
- 87% of respondents arrive at work at either before 8am or between 8am and 10am; and
- 65% of respondents leave work between 4pm and 6pm.

Travel Mode	Mode split
Walk	4%
Cycle	1%
Total active travel	*5%*
Bus	16%
Train	2%
Total sustainable travel	*23%*
Taxi	<1%
Motorcycle	1%
Car driver	73%
Car passenger	3%
Total	100%

Table 4.2 Existing staff mode split

4.1.4   Overall, the headline QMH mode share of 76% car (driver and passenger) is consistent with the wider area based on Census data.

4.2   Travel Plan Targets

4.2.1   In line with the current Travel Plan, the following targets are proposed below for three and five years after opening.

- To increase the proportion of staff who walk to work as their main mode of travel from 4% to 6%;
- To increase the proportion of staff who cycle to work as their main mode of travel from 1% to 4%;
- To increase the proportion of staff who use public transport to work as their main mode of travel from 18% to 31%;
- To increase the proportion of staff who travel as passenger in a car to work as their main mode of travel from 3% to 13%; and
- To decrease the proportion of staff who drive to work in a single occupancy vehicle as their main mode of travel from 73% to 45%.

Travel Mode	Baseline Mode split	Year 3 Mode split	Year 5 Mode split
On foot	4%	5%	6%
Bicycle	1%	3%	4%
Total active travel	*5%*	*8%*	*10%*
Bus	16%	23%	27%
Train	2%	3%	4%
Total sustainable travel	*23%*	*34%*	*41%*
Taxi	<1%	<1%	<1%
Motorcycle	1%	1%	1%
Car driver	73%	57%	45%
Car passenger	3%	8%	13%
Total	100%	100%	100%

Table 4.3 Mode share targets

4.2.2   These targets will be reviewed and updated if appropriate once a travel re-survey has been undertaken prior to planning submission. The targets can be further updated, if required, within 3 months of the first occupation of the site.

5   Travel Plan Measures

5.1   Introduction

5.1.1   Having established performance targets for the travel plan, this section of the QMH Travel Plan describes the range of measures proposed to encourage and provide for sustainable travel.

5.1.2   The performance of the measures will be reviewed annually as part of the monitoring and review process described later in this Travel Plan, thereby ensuring responsiveness to changing circumstances, needs, aspirations, effectiveness and deliverability.

5.2   Overarching measures

5.2.1   Senior management support for a Travel Plan is critical to its success. This is already in place and is demonstrated through the Trust's commitment to its Net Zero Green Plan.

5.2.2   A Travel Plan Steering Group will be established that will guide the progression of the Travel Plan. Members of this steering group include members of senior management with appropriate responsibilities, and appropriate representatives of employees.

5.2.3   One of the most important elements of delivering a successful travel plan is the appointment of a Travel Plan Co-ordinator (TPC). The TPC will be responsible for leading the Travel Plan process on a day-to-day basis and will be the key contact for staff and other stakeholders.

5.2.4   One of the TPC's key roles is to promote the plan, maintain enthusiasm and keep staff updated with progress and successes. The proposed TPC is:

- Anthony Worrall, Head of Estate Development, Oxleas NHS Foundation Trust

5.3   Walking and cycling

5.3.1   Walking and cycling will be promoted as the default mode choice by staff living locally by the following:

- Promotion of the health and well-being benefits of walking and cycling through a marketing strategy;
- Provide links to cycle maps on the hospital intranet site and cycle route planning websites (eg www.transportdirect.info) and display a cycle map on staff travel information boards;
- Promote the 'cycle to work' scheme for employees to support purchase of cycles and equipment; and
- Engage with Bexley Council /regarding potential cycle improvements; [Tra02, option 6];
- Provide dedicated and secure cycle storage and other facilities for cyclists; [Tra02, options 7 and 8]
- Creating a high-quality walking and cycling environment through development landscaping proposals;

5.4   Public transport

5.4.1   Public transport will be promoted through the following measures:

- Provide on-line links to bus and rail maps and travel information;
- Liaise with bus / rail operators to negotiate ticket discounts and/or season ticket purchasing benefits for staff;

- Promote interest free rail and bus season ticket loans;
- Provide a public transport information system in a public area (suggestion is the main reception); [Tra02, option 3]
- Engage with Bexley Council / Transport for London to explore any possible changes to existing service provision; [Tra02, option 2]
- Investigate the feasibility of setting up an account with the local rail operator to purchase tickets for business trips directly, removing the need for employees to pay for tickets and then claim the cost back on expenses

5.5 Managing Car Use

5.5.1 A key objective of the travel plan is to reduce single car occupancy travel. Noting that not all staff will be able to use sustainable transport at all times, there will need to be greater flexibility in car use.

5.5.2 Furthermore, better management of car use can help to ensure more efficient and equitable use of car parking spaces, particularly since parking is a subsidised resource.

5.5.3 The following measures are proposed to reduce the number of people travelling by car the site:

- Prioritise parking provision to those staff needing to use their car during the day, noting that the Community Team (who generate much of the existing daytime vehicle use) are being relocated off-site;
- Yearly review of parking permits for staff;
- Consideration of implementing parking charges for staff permits;
- Investigate options for installing an automatic car park and barrier system to discourage use by non-site users;
- Review the provision of disabled car parking on the site in terms of need, quantity, and location and amend provision accordingly;
- Exploration of informal car share networks within the unit and QEQM hospital, where colleagues living in similar locations and working similar shift patterns could meet one another and arrange to car share;
- Publicise Zipcar (www.zipcar.co.uk) which operates a car club;
- Provide electric vehicle charging; [Tra02, option 4]
- Consider introducing specific car share parking; [Tra02, option 5]
- Promote the use of the car sharing schemes;
- Investigate the feasibility of establishing a 'pick up and set down' service (ie an informal arrangement with staff using pool cars or own cars)

5.6 Travel information pack

5.6.1 To ensure that staff are provided with up-to-date information on the various local transport facilities that exist, a Travel Information Pack (TIP) will be issued to each member of staff working at the hospital.

5.6.2 The TIP will bring together all of the measures outlined above and be produced by the TPC.

5.7 Wider considerations

5.7.1 More generally, there are opportunities to reduce the need to travel to/from the site. QMH already operates systems of flexitime, compressed working week, and home

working where appropriate to the role which will continue to be offered to staff. The benefits of appropriate tele and video conferencing will also be promoted to staff.

5.7.2   Reducing business travel by car will be addressed through: increased tele and video conferencing impacts; retention of pool car(s); use of low/zero emissions pool cars; and combining travel, where appropriate, with home-working, other QMH staff, etc.

5.7.3   Visitors to see patients at the site should also be considered. The catchment area for patients and visitors can be large with visits often taking place outside of core working hours. The scope to significantly influence modal choice among visitors may therefore be relatively limited.   Notwithstanding that, the following measures should be considered:

- A travel information leaflet detailing options for all modes of transport, and travel contact numbers and websites, will be issued with all appointment letters and training course details;
- Prepare a website page that provides travel information for all modes of transport to visitors, and links to useful resources e.g. journey planning website, etc; and
- Display public transport information e.g. maps and take-away timetables, in main visitor receptions areas.

6   Management, Marketing, Monitoring and Review

6.1   Introduction

6.1.1   On-going Travel Plan management, marketing, monitoring and review are critical to the success. According to Good Practice Guidelines[1] (summarised in Figure 6.1 below) a Travel Plan is a "continuous process for improving, monitoring, reviewing and adjusting measures in the plan to reflect the changing circumstances".
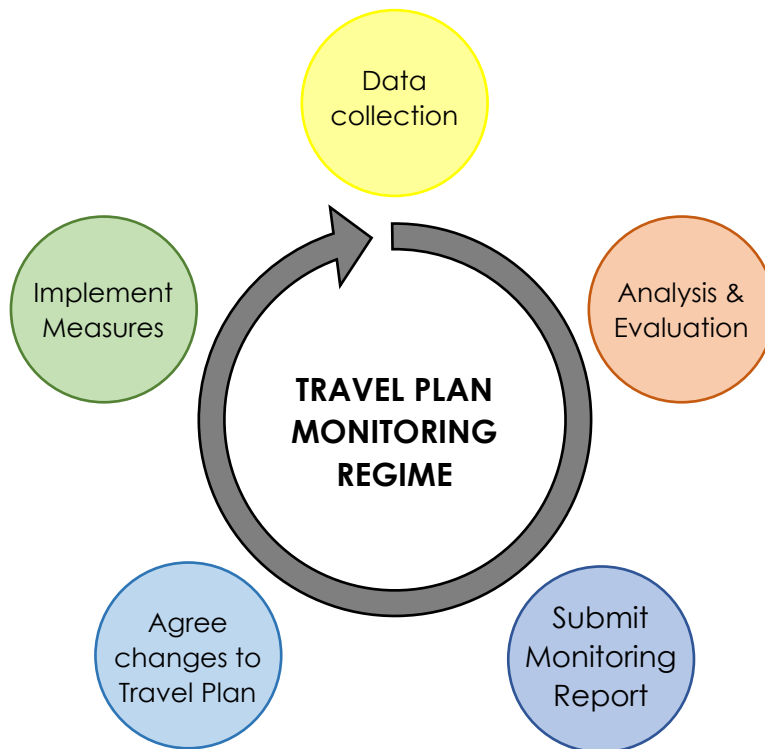

Figure 6.1 Travel Plan monitoring regime

6.2   Management

6.2.1   A management strategy is essential to the long-term sustainability and continual improvement of the Travel Plan including:

- Ensuring the Travel Plan Steering Group has the appropriate membership and continues to meet frequently;
- generating "buy-in" from staff, visitors and patients;
- providing a strategic view regarding delivering the Travel Plan and its success;
- reviewing measures and issues;
- making and executing high-level decisions; and
- agreeing budget and financial support for the measures.

6.2.2   The identified Travel Plan Coordinator (TPC) with the support of Travel Plan Steering Group (TPSG) will be responsible for:

- actively championing the Travel Plan;
- coordinating initiatives, activities and campaigns associated with the Travel Plan;

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[1] *"Good Practice Guidelines: Delivering Travel Plans through the Planning Process",* DfT and DCLG, April 2009

- promoting sustainable forms of travel;
- acting as a point of contact for employees and pupils requiring travel information;
- effectively communicating and marketing the Travel Plan including printed and online materials; and
- monitoring and managing the Travel Plan and preparing periodic reviews.

6.3   Marketing

6.3.1   Travel Plan success is largely enabled through effective marketing. This includes communicating and promoting the following to staff, visitors and patients:

- enhanced awareness of sustainable travel options and benefits;
- promotion of Travel Plan measures and initiatives; and
- distribution of sustainable travel information.

6.4   Monitoring and Review

6.4.1   On-going effort is required to evaluate and sustain the success of the Travel Plan. This is achieved through systematic monitoring to review progress towards objectives and targets.

7 Action Plan

7.1 Programme

7.1.1 This Framework Travel Plan sets out the overarching strategy for the development, which will be updated with new staff travel survey data and revised targets prior to a planning application being made and also prior to occupation.

7.1.2 A final Travel Plan will deliver a comprehensive programme of prioritised initiatives to promote and encourage responsible and sustainable travel behaviour, both during construction and after development has been completed.

7.1.3 The Travel Plan will also help to represent good practice and provide an educational tool to help change perceptions about the convenience and benefits (economic, environmental and health) of not using the car where a comprehensive range of alternatives exist given its well-connected location.

7.1.4 In doing so, the Travel Plan sets out the aims to actively limit the number of car trips generated by the site on a daily basis, and therefore reduce the potential impact of any additional car trips on the local highway network.

7.1.5 By undertaking this Travel Plan, which includes targets and measures to strongly promote sustainable modes of transport to and from the development, the local planning and highway authorities will have sufficient confidence that the requirements for sustainable travel will be met.

7.1.6 An indicative timetable for delivering the proposed package of Travel Plan measures and initiatives is being developed and will be included in subsequent versions of this document.

DOCUMENT CONTROL

Project   QMH CDC

Report   Framework Travel Plan

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