South Manchester University Hospitals NHS
NHS Trust

WYTHENSHAWE HOSPITAL CARDIAC UNIT DEVELOPMENT PROPOSALS: TRAFFIC STATEMENT

BDP

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MR09447_TS02
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1.0 INTRODUCTION

1.1 South Manchester University Hospitals NHS Trust (SMUHT) have submitted a planning application to Manchester City Council (MCC) for the proposed development of a Cardiac Unit on their Wythenshawe Hospital site. The development of this facility has been granted planning permission with the accompanying Section 106 Agreement outlining conditions for the development of a Travel Plan for the whole hospital and the submission of a Traffic Statement detailing the anticipated impact of the development proposals on the surrounding highway network. This report details the anticipated traffic impact of the development proposals with the accompanying report (BDP report number MR09447_TP02) outlining the Travel Plan Framework for the hospital campus. The location of Wythenshawe Hospital is shown on **Figure 1**.

1.2 The development of the Cardiac Unit will result in an increase in cardiac beds from the existing provision of 20 to a future provision of up to 70. The development proposals also include the relocation of the existing 220 staff parking spaces in close proximity to the proposed Cardiac Unit and the relocation of 30 staff parking spaces lost due to the development of the new Rehabilitation Unit to the existing car park to the south of Floats Road. The development proposals also include the provision of a maximum of 100 car parking spaces outside the new Cardiac Unit for use by visitors and the disabled. It should be noted that the final number of spaces to be located outside the Cardiac Unit is yet to be determined. 100 spaces have been used as a worst-case scenario as this is the maximum number that could be located in this area.

1.3 This Traffic Statement aims to outline the justification for the extra spaces and to detail the anticipated impact of the parking proposals associated with the Cardiac Unit.

1.4 This Traffic Statement should be read in conjunction with the Travel Plan (BDP report number MR09447_TP02) which outlines the existing access to the hospital site and also details the future strategy for encouraging sustainable trip making.

1.5 Following this introduction the Traffic Statement is structured as follows:

- Section 2.0: Outlines the Cardiac Unit development proposals and the proposed changes to existing parking arrangements
- Section 3.0: Details the existing traffic situation based upon the results of the traffic surveys undertaken in November 2003

- Section 4.0: Outlines the method used to estimate the additional trips associated with the increase in bed numbers at the Cardiac Unit. This section also details the methodology used to redistribute the relocated car parking trips onto the local network
- Section 5.0: Outlines the resulting change in traffic flows and the anticipated impact upon the local highway network.

2.0 CARDIAC UNIT DEVELOPMENT PROPOSALS

2.1 An indicative layout of the new Cardiac Unit development is attached as **Appendix A**.

2.2 The development proposals propose the creation of a modern, efficient Cardiac Unit. The table below details the existing and future cardiac bed numbers, parking numbers, and consulting rooms.

	Existing	Maximum Additional	Future
Cardiac Bed Numbers	20	50	70
Cardiac Consulting Rooms	25	25	50
Cardiac Parking Provision	250	100	350

Table 1: Cardiac Unit Development Proposals

2.3 It is proposed that the 250 car parking spaces lost due to development be relocated to an area to the south-west of Floats Road. 30 of these spaces will be lost due to the development of the Rehabilitation Unit (which has planning permission). Access to this car park will be afforded via the existing car park access junction. Therefore the total parking to be located on the new staff parking area is 250 spaces, these spaces are not new or additional but entirely comprised of spaces lost due to the Cardiac Unit and the recent maternity unit expansion, as outlined above.

2.4 The Cardiac Unit development also proposes the creation of new visitor and disabled spaces immediately adjacent to the proposed facility. The actual number of spaces to be created has yet to be determined however Regional Planning Guidance Note 13 (RPG13) states that 4 spaces per consulting room is the recommended parking allocation for visitor parking at health facilities. An increase of 25 consulting rooms is proposed as part of the Cardiac Unit development proposes, equating to a total of 100 spaces in accordance with RPG13. This Traffic Statement assumes that there will be a total of 100 new visitor and disabled parking spaces adjacent to the Cardiac Unit development site; this is based on the guidelines outlined in RPG13 and an approximation of the number of spaces that could be situated at this location. This is considered a worst-case scenario and will allow a robust estimate of the impact of the Cardiac Unit development parking proposals.

3.0 EXISTING TRAFFIC SITUATION

3.1 To determine the existing traffic movements associated with the car park located near the Cardiac Unit and to allow an estimation of the impact of relocating said car park to a position to the south of Floats Road and to determine the existing number of vehicles using Floats Road Manual Classified Turning Count surveys were undertaken in the AM and PM peak periods on the 12th November 2003 by an independent traffic survey company. The following junctions were surveyed:

- The junction of the Cardiac Unit Car Park and Hospital Road
- The junction of Hospital Road and Floats Road
- The junction of Floats Road and the Existing Staff Car Park

The location of these surveys is shown on **Figure 2**.

3.2 The surveys were undertaken in the AM peak network period (0730-0930) and the PM peak network period (1630-1830). The surveys revealed that the network AM peak hour at this location is 0745-0845 and that the network PM peak hour is 1645-1745. The existing 2003 traffic flows are attached as **Figures 3** and **4** for the AM and PM network peak hours respectively.

4.0 TRIP GENERATION AND DISTRIBUTION

4.1 This section details the methodology used in estimating the future traffic flows associated with the additional visitor/disabled parking spaces proposed. It also outlines the method used to redistribute the existing trips parking on the staff car park that is to be relocated.

4.2 The TRICS database (version 2003 (b)) was interrogated for hospitals with similar locational characteristics to Wythenshawe Hospital. Hospitals with A&E facilities were excluded from the interrogation as it was felt these would skew the resulting data unnecessarily as the data required is for the additional trips associated with the Cardiac Unit alone not the entire hospital. The resulting peak hour trip rates (per additional parking space) and future trip numbers are tabled below:

	Trip Rate per Parking Space		**Additional Cardiac Unit Trips**	
	IN	OUT	IN	OUT
AM Peak	0.46	0.09	46	9
PM Peak	0.18	0.38	18	38

Table 2: Additional Cardiac Unit Trips

4.3 The additional (new) trips have been distributed onto the local highway network in accordance with the surveyed turning proportions, as shown on **Figures 5** and **6**.

4.4 The relocated parking trips have been redistributed using the traffic flows at the existing 220 space car park to be relocated as a result of the Cardiac Unit proposal, and the existing traffic associated with the relocation of the 30 spaces lost from other elements of the redevelopment on site. **Figures 7** and **8** shows the distribution of the relocated car park trips.

4.5 **Figures 9** and **10** shows the total distribution of the new trips and relocated car parking trips, including movements that will experience a reduction in traffic flows.

4.6 **Figures 11** and **12** shows the total existing (surveyed) traffic flows plus the anticipated Cardiac Unit traffic flows (new flows plus the redistributed existing flows).

5.0 TRAFFIC IMPACT

5.1 **Figures 13** and **14** show the anticipated percentage and actual change in AM and PM peak hour link flows along Floats Road. MCC have previously accepted a report undertaken by transport consultants Symonds Consulting that concluded that there was 50% spare capacity on Floats Road. As can be seen from **Figures 13** and **14** the anticipated increase in traffic flows associated with the Cardiac Unit development proposals falls well within this threshold and it can therefore be concluded that there will be no significant impact upon the local highway network as a result of the Cardiac Unit proposals, including the proposals to relocate existing staff car parking areas.

5.2 Despite the anticipated traffic impact of the Cardiac Unit development being shown to be insignificant further analysis has been undertaken to show that the change in distribution of existing trips and the development of 100 new spaces will not adversely impact upon the operation of the two hospital junctions on Floats Road. This analysis was undertaken using PICADY (version 4.1).

5.3 The junction of Floats Road/Clay Lane has not been analysed as it is considered that an increase in vehicles of less than 0.5 vehicles per minute in both the AM and PM peak period is well within the daily variation of flow and therefore does not warrant further investigation.

5.4 PICADY assessments were undertaken for the junction of Floats Road/Hospital Road and the junction of Floats Road/Car Park Access (i.e. the two car parks surveyed in November 2003). The analysis was undertaken for the following scenarios at both locations for both the AM and PM peak periods:

- Base (i.e. no Cardiac Unit development)
- Base + Development (i.e. with Cardiac Unit Development)

5.5 The results of the PICADY assessments for each junction are summarised in the tables below, the actual PICADY output is attached as **Appendix B**.

	Base		Base + Cardiac Unit	
	Max RFC	Max Q	Max RFC	Max Q
AM Peak	0.460	0.8	0.541	1.2
PM Peak	0.424	0.7	0.472	0.9

Table 3: Results of Junction Analysis for Floats Road/Hospital Road Junction

	Base		Base + Cardiac Unit	
	Max RFC	Max Q	Max RFC	Max Q
AM Peak	0.505	1.0	0.694	2.1
PM Peak	0.375	0.6	0.570	1.3

Table 4: Results of Junction Analysis for Floats Road/Car Park Access Junction

5.6 As can be seen in the tables above both junctions are anticipated to continue to operate well-within desirable capacity thresholds. It is therefore concluded that the development proposals are not anticipated to significantly impact upon the operation of the junctions on Floats Road.

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APPENDICES

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South Manchester University Hospitals NHS
NHS Trust

TRAVEL PLAN

for

WYTHENSHAWE HOSPITAL

Building Design Partnership
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Sunlight House
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MR09447_TP02
JANUARY 2004

1.0 INTRODUCTION

1.1 The Travel Plan for Wythenshawe Hospital forms part of the Section 106 requirement associated with the planning permission for the proposed Cardiac Unit at Wythenshawe Hospital. It has been agreed with Manchester City Council (MCC) that the Travel Plan should be applicable to the whole hospital site, rather than the Cardiac Unit alone.

1.2 The Travel Plan for Wythenshawe Hospital has been tailor-made to meet the unique needs of Wythenshawe Hospital and outlines the South Manchester Hospital University Trust's (the Trust) commitment to encouraging sustainable travel choices for staff, visitors and patients to improve both the on-campus and off-campus environment. As a health promoting hospital trust, the Trust is committed at all levels towards improving the environment and the quality of life in the local community. The Trust's commitment is not to inconvenience or disadvantage people who work in and visit the hospital but to help to change their attitudes to the way they travel and to provide alternative means of doing so other than sole reliance on the private car. It is the intention of the Trust to gain Union and staff support by positively promoting the wider benefits of the Travel Plan and to lead by example. All staff will be given the opportunity to take part in the Trust wide implementation groups and discussion forums.

1.3 Recent Government transport and planning policy statements have formalised guidelines for the production of travel plans and it is within this context that the Travel Plan has been produced. The Travel Plan is also mindful of guidelines specifically relating to hospital land uses particularly the Transport 2000 Trust document *The Healthy Transport Toolkit: A Guide to Reducing Car Trips to NHS Facilities*. A meeting held with MCC's Green Travel Plan Co-ordinator revealed that MCC have no specific guidelines relating to the production of Travel Plans and therefore central government guidelines should be referred to.

1.4 Prior to the start of discussions with MCC regarding the production of a formal Travel Plan the Trust had already progressed their own in-house policy to promote sustainable travel. The measures that are being formulated or have already been implemented by the Trust are detailed later in this report. Part of the Trust's existing raft of sustainable travel policy measures has been the creation of a hospital Transport Working Group (TWG) and the appointment of a Travel Plan Co-ordinator (TPC) to both oversee and monitor the Travel Plan process.

1.5 The general aims of the Travel Plan are to:

- Allow staff, patients and visitors easy access to the hospital by a range of transport modes
- Reduce the dependency on the private car by creating ease of access to other modes of more sustainable travel
- Provide adequate and suitably located parking for those who need to travel by car
- Sustain and improve alternative patterns of travel over time

1.6 An important element in determining the suitable raft of measures for inclusion in the Travel Plan was the findings of staff travel surveys undertaken in April 2003. This determined the existing hospital travel patterns and allowed an understanding of the instruments that would be required to achieve the objectives outlined above and accord with national/local government policy.

1.7 The Travel Plan for Wythenshawe Hospital considers a raft of measures including the following policy themes:

Theme 1:	Measures to control demand for car borne trips to the hospital
Theme 2:	Measures to encourage walking
Theme 3:	Measures to encourage trips by cycling / motorcycling
Theme 4:	Measures to encourage public transport usage
Theme 5:	Measures which reduce the need to travel
Theme 6:	Measures to encourage sustainable delivery and servicing

1.8 The provisions of the Travel Plan are aimed at staff, patients and visitors alike. They are designed to discourage staff from driving alone to work, and easing access to the hospital by sustainable modes of travel for all. Recent research undertaken by the Department for Transport (DfT) has concluded that the most effective travel plans usually include parking policy measures as a control tool as well as providing positive incentives for modal change. The Travel Plan for Wythenshawe Hospital aims to create a balance between restrictive measures and positive incentives. It is suggested that the positive travel incentives (i.e. discounted bus tickets and increased cycle parking) are introduced before the restrictive measures (e.g. any changes in parking controls) so as not to inconvenience the staff and to ensure that the Travel Plan is seen as a positive improvement.

2.0 SITE & BACKGROUND INFORMATION

Location

2.1 Wythenshawe Hospital is located in the south of Manchester, to the north-west of Wythenshawe centre, east of Altrincham and the north of Manchester Airport, as shown on **Figure 1.**

2.2 The hospital campus is situated in an urban setting, bounded to the north by Hospital Road, the east by Boundary Road and the south and west by Floats Road. Access to hospital from the wider highway network is afforded from Altrincham Road to the north of the hospital campus and the M56 to the east of the hospital campus.

Vehicular Access & Parking

2.3 The existing hospital car parks are located on the periphery of the hospital campus, with car parks located to the north of the campus off Hospital Road and car parks located off Floats Road to the south and west of the hospital campus.

2.4 There are currently 1747 car parking spaces available at Wythenshawe Hospital, of these 1174 are for staff use and 573 are for visitor/patient use. There are also 109 bays allocated for disabled driver spaces. The cardiac unit proposes the introduction of an additional 100 spaces. The majority of the car parks are controlled by barriers. The staff car park barriers are operated by swipe card and visitors/patients car parks operate a Pay-on-Exit principle.

Public Transport Access

2.5 The hospital is currently served by 12 bus services. The routes of these services are shown on **Figure 2** with the table below detailing the AM peak, PM peak and daytime frequencies

Service No.	Route	AM Peak Freq	Daytime Freq	PM Peak Freq
11	Altrincham-Stockport	6	6	6
19	Altrincham Circular	4	4	4
19A	Altrincham Circular	2	2	2
19B	Altrincham Circular	Limited Service		
19C	Altrincham – Manchester Airport	0	0	0
196	Manchester – Wythenshawe Hospital	1	1	1
84	Manchester – Wythenshawe	1	2	2
109	Wythenshawe Hospital – Manchester	2	2	2
177	Altrincham – Gatley	Limited Evening Service Only		
178	Reddish – Wythenshawe Hospital	1	1	1
179	Stockport – Wythenshawe Hospital	Limited	1	Limited
368	Stockport – Wythenshawe Hospital	2	2	1
TOTAL (one direction only)		20	21	20

2.6 **Figure 3** shows the location of the existing on-site bus stops. All the bus stops are within 400m of the principal building entrances, which accords with the Institution of Highways and Transportation (IHT) guidelines outlined in the document *Planning for Public Transport in Developments*. The existing location of on-site bus stops allows convenient access to the bus service network for staff, visitors and patients.

2.7 The closest existing Metrolink stop to the hospital is currently Navigation Road, providing tram links between Manchester City Centre and all stops to Altrincham. This Metrolink station is outside desirable walking distances between public transport nodes and places of employment. However, Wythenshawe Hospital will be served by Metrolink's Phase 3 proposals which links the existing tram stop at Trafford Bar with Manchester Airport and Wythenshawe. Phase 3 of the Metrolink proposals will provide a tram stop at Wythenshawe Hospital at the junction of Clay Lane / Floats Road, as shown on **Figure 1**. Recent telephone conversations with the Phase 3 Metrolink project team has revealed that the contracts for Phase 3 are currently out to tender, with two bidders' proposals being reviewed at the moment. Unfortunately this means that certain elements (including the timescale) of the proposals are considered commercially sensitive until the preferred bidder has been chosen. This limits the information regarding the proposals that can be given to outside sources at this time. However the project team did confirm that the necessary powers and funding for the development of this Metrolink route is currently in place.

2.8 It is concluded that Wythenshawe Hospital is currently served by a good provision of bus services. The Travel Plan will seek to improve this situation through the introduction of a raft of measures to increase the attractiveness of travel by this mode and through improved liaison with both GMPTE and local bus operators. The future Metrolink proposals will further improve access to the hospital by public transport.

Pedestrian and Cyclist Access

2.9 Access to the hospital on foot is afforded from all directions, however at certain points the on-site footways are of poor standard. The Trust, in their commitment to improving access to the site on-foot, links to public transport nodes, disabled access and safety, have recently put out to tender a brief for an audit of the existing pedestrian infrastructure. This brief includes a survey of existing signage, disabled provision, pedestrian segregation and pedestrian routes within the site boundary. Particular emphasis is placed on ensuring that the footways are DDA compliant and that potential for pedestrian/vehicular conflicts are minimised.

2.10 The findings of the pedestrian audit will feed directly into the Travel Plan, with any improvements proposed further enhancing access to the site for pedestrians and public transport users.

2.11 There are no existing cycle routes in the vicinity of the hospital site. The Trust has also introduced 40 secure cycle bins to compliment existing cycle stands (under cover) available to secure cycles and motorcycles.

3.0 CURRENT SUSTAINABLE TRAVEL MEASURES AT WYTHENSHAWE HOSPITAL

3.1 The Travel Plan aims to deliver co-ordinated sustainable transport policy at the hospital and enable the setting of realistic targets to secure the reduction of single occupancy car use and the increased use of alternative modes of travel by both staff and visitors to the campus. It is recognised that in order to do this the Travel Plan measures must be regularly reviewed to ensure that they are meeting the objectives and targets set as part of the Travel Plan process.

3.2 Prior to discussions with MCC regarding the production of a formal Travel Plan the Trust had already progressed their own transport policies and measures to promote sustainable travel. This section summarises the measures already in place to promote the use of alternatives to the private car and reduce single occupancy car journeys to the hospital with a more detailed outline attached to this document as **Appendix A**.

3.3 The Trust has set up a Transport Working Group (TWG) to oversee the development of the Travel Plan. The Trust has also appointed a Travel Plan Co-ordinator (TPC) who will be responsible for overseeing the day-to-day running of the Travel Plan and who will form a point of contact for staff, visitors, patients and MCC. The TPC will also be responsible for monitoring the effectiveness of the Travel Plan and reviewing the targets set on a bi-annual basis.

3.4 Staff travel surveys were undertaken in April 2003. Approximately 2,000 questionnaire surveys were issued with a response rate of 26.3%. The results of these surveys have proved an important element in determining suitable measures for inclusion in the Travel Plan.

3.5 The Trust has begun the consideration and implementation of the following measures:

- The production of a Car Parking Management Strategy
- The production of a Transport Information Strategy
- Liaison with Stagecoach and Arriva to discuss discounts for bus tickets
- The development of a Car Sharing Strategy
- The development of a Cycling Support Strategy
- The development of a Park and Ride Scheme

3.6 This Travel Plan aims to consolidate and expand on the existing sustainable policy measures brought forward by the Trust. This Travel Plan for the hospital is the starting point for the process and defines the principles and measures through which the sustainable transport policy objectives will be achieved. It is recognised that the travel plan process is not a static, one-off event it is a constantly evolving process that needs constant reviewing and monitoring to ensure that the initial measures introduced meet the operational requirements of the hospital, the travel needs of staff/visitors/patients and the needs of local and national government policy. This Travel Plan aims to be the 'starting point' for future monitoring and to establish a successful working partnership between the Trust, staff, visitors, patients, MCC and GMPTE.

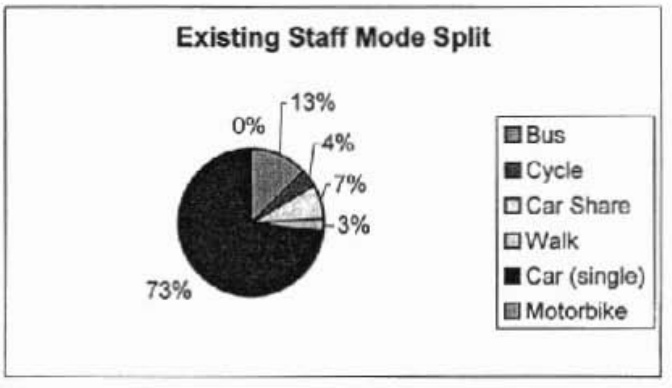
4.0 EXISTING TRAVEL BEHAVIOUR

4.1 To enable current travel choices of staff working at Wythenshawe Hospital to be established a travel survey was undertaken in April 2003. The analysis of this data has been used to identify current travel patterns and to inform the Travel Plan, thereby attempting to effectively target the future travel measures.

4.2 Approximately 2,000 surveys were issued and 526 surveys were completed, equating to 26.3% response rate. A copy of the survey questionnaire is attached as **Appendix B**. The survey requested information on current travel habits and reactions to potential improvement options for travel to Wythenshawe Hospital.

Existing Mode Split

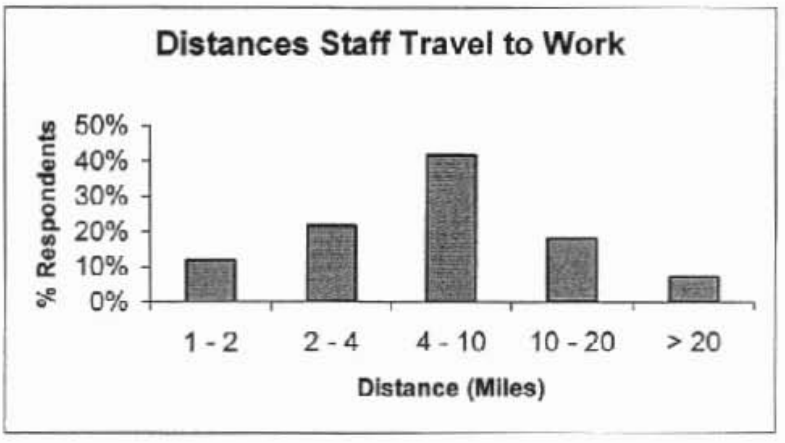
4.3 The overall mode split for Wythenshawe Hospital shows that alternative modes of travel to the private car currently account for 20% of staff trips, with 73% of existing staff trips being single occupancy car trips. The existing staff mode split is shown below:



4.4 Of the car users 91% were single occupancy car trips with the remaining 9% being undertaken by car sharers. It should be noted that 68% of all respondents work outside the normal working hours of 9:00am to 5:30pm, this will impact upon their ability to access the hospital by public transport, walking and cycling due to issues of personal safety (particularly in winter) and restrictions in the availability of public transport services. However this reduces the traffic volumes on the network at peak times and this leads to more efficient use of the network. It is not anticipated that there will be a significant modal shift from the car of staff working twilight and evening shifts, however these staff should be encouraged to join the car sharing scheme in an effort to reduce the high proportion of single occupancy car use.

Distance Travelled to Work

4.5 The respondents were also asked how far they travel to work, the chart below shows that 12% of respondents travelled between 1 and 2 miles to work, whilst 22% of respondents travel between 2 and 4 miles to work. The IHT guidelines, outlined in the document *Providing for Journeys on Foot*, states that 1.25 miles is a desirable distance for commuting journeys on foot. Therefore there is likely to be some staff living within this catchment who could be reasonably expected to walk to work. Furthermore the document, *A Travel Plan Resource Pack for Employers*, states that 5 miles is a reasonable distance for commuting journeys by cycle. Therefore there are likely to be some of the 22% of respondents who currently live within between 2 and 4 miles of the hospital who could be reasonably expected to cycle to work. Both these groups of staff should be targeted and encouraged to realise their potential for sustainable travel.



Measures to Encourage Travel by Cycle

4.6 Staff were asked what changes would be required to encourage them to cycle to work. The table below details the measures that staff felt would encourage them to travel by cycle.

Measures	Percentage Respondents (%)
Improved cycle routes	31
Improved changing/showering facilities	26
Improved cycle parking	21
Improved lighting on footways	13
Discounted cycle purchase scheme	10

4.7 The surveys indicate that staff would be more likely to cycle to work if improvements were made to off-site infrastructure (i.e. cycle routes) and if there was improved cycle storage and changing facilities on site. The Travel Plan measures have included measures to incorporate the feedback obtained from the staff during the survey.

Measures to Encourage Travel by Public Transport

4.8 Staff were also asked what measures would be needed to encourage staff to leave their cars at home and travel by public transport to the site. The results of the survey are outlined in the table below:

Measures	Percentage Respondents (%)
More direct bus routes	36
More frequent bus services	27
Discounted tickets/passes	17
Better interchange between bus and train	6
Better lighting at bus shelters and footways	4
Improved public transport information	1

4.9 The Travel Plan measures, outlined in this document, seek to incorporate the measures outlined above through negotiation with MCC, GMPTE and local bus operators.

4.10 The results outlined above do not include the respondents who stated that they would not consider using public transport to travel to work. The reasons given for not wanting to use public transport included lack of convenience, issues of personal safety and lack of flexibility. These issues could be overcome by offering public transport users guaranteed lifts home in emergency situations, liaising with GMPTE to ensure that waiting areas are well lit, improvements to on-site lighting and improvements to footway links. The latter measures are due to be audited as part of the pedestrian access study.

Measures to Encourage Car Sharing

4.11 Staff were asked whether they would consider car sharing, 40% of respondents said that they would consider car sharing and 60% stated that they wouldn't.

4.12 Staff were also asked what would encourage them to car share, the table below details their responses:

Measures	Percentage Respondents (%)
Help in finding a car share partner with similar work patterns	35
Free emergency ride home	25
Preferential parking for car sharers	22
Reduced parking charges for car sharers	18

4.13 The current car share scheme offers all of the above incentives. A continued emphasis on raising the profile of the existing car sharing scheme and the benefits that it includes needs to be pursued. The incentives that are included within the existing car share scheme are detailed later in this report.

4.14 The travel survey undertaken in April 2003 has revealed a high proportion of trips to the hospital undertaken by the private car, with 73% of all trips being single occupancy journeys and 7% being undertaken by car sharers. However, the responses to new measures that would persuade staff to leave their cars at home was encouraging and these measures have been incorporated into the Travel Plan outlined in this report.

4.15 It is recommended that a year after this Travel Plan becomes fully operational that another sample survey is undertaken (also covering visitors and patients) to allow an interim understanding of the effectiveness of the measures adopted.

5.0 AN INTEGRATED APPROACH: LOCAL & NATIONAL POLICY GUIDANCE

5.1 The Travel Plan for Wythenshawe Hospital accords with the policy aims identified in the 1998 White Paper *A New Deal for Transport*. These include:

i) Reducing the number and length of trips by the private car
ii) Encouraging shifts from private cars to more sustainable modes
iii) Reducing congestion
iv) alleviating the environmental impacts of road traffic

5.2 *Planning Policy Guidance Note 13: Transport* (PPG13) identifies the benefits of implementing Travel Plans for local businesses and services along with the sustainable transport objectives that can be achieved. Such objectives include reducing overall car usage (particularly single occupancy journeys) and the promotion of walking, cycling and public transport as real alternatives to the private car.

5.3 Local planning policy and guidance reinforces the Government's commitment to establishing travel plans at developments. In line with national policy guidance the *Greater Manchester Local Transport Plan* (LTP) aims to encourage sustainable travel through the location of new developments in sustainable locations, improvements to walking, cycling and public transport networks, and the requirement a site specific travel plan for all major developments.

5.4 This document has been developed with reference to recommended measures outlined in the following documents:

i) The Government's White Paper on the Future of Transport ' A New Deal for Transport: Better for Everyone'
ii) Planning Policy Guidance Note 13: Transport
iii) The DTLR document 'Walk In to Walk Out'
iv) The DETR document 'Preparing your Organisation for Transport in the Future: The Benefits of Green Transport Plans'
v) The Energy Efficiency Best Practice Programme document 'A Travel Plan Resource Pack for Employers'
vi) Transport 2000 Trust document ' The Healthy Transport Toolkit: A Guide to Reducing Car Trips to NHS Facilities'
vii) The Greater Manchester Local Transport Plan

5.5 The following websites have also been referred to for examples of best practice and current policy guidelines through out the Travel Plan process:

i) www.dft.gov.uk
ii) www.greenerfleet.org.uk
iii) www.energyefficiency.gov.uk
iv) www.sustrans.org.uk
v) www.transportenergy.org.uk/bestpractice
vi) www.local-transport.dft.gov.uk
vii) www.socialexclusionunit.gov.uk/transport

6.0 A CONTINUING COMMITMENT TO SUSTAINABLE TRAVEL

Roles and Responsibilities

6.1 Major changes will not happen overnight. The Trust's first aim is to secure broad consent to the overall direction of the Travel Plan then to move through a series of measurable steps, modest at first, towards the goal of reducing the reliance on the private car, increasing the number of trips to the site by sustainable modes of travel and encouraging a healthier workforce and local community.

6.2 The Travel Plan for Wythenshawe Hospital is being developed and overseen by the hospital Transport Working Group (TWG), with the Travel Plan Co-ordinator (TPC) overseeing the day-to-day running of the Travel Plan and forming a point of contact for staff and members of the public.

6.3 In their commitment to the success of the Travel Plan, the Trust has already begun the consultation process with the staff unions and hospital forums. It is accepted that a successful travel plan cannot just be imposed from the TWG and that it must take on a grass roots format with regular consultation with all concerned parties key to its success.

6.4 To enable the Travel Plan to meet its targets, objectives and ensure it is effective it is imperative that MCC and GMPTE are involved in the process. It is therefore proposed that the travel plan co-ordinator from MCC and a representative from GMPTE be included on the TWG panel.

6.5 The role of the TPC will include the following:

i) Agreement of measures to be adopted;

ii) The setting of targets for modal shift (through the TWG);

iii) The monitoring and review of the progress of the Travel Plan on a regular basis;

iv) A point of contact for patients, visitors, and staff (at all levels);

v) The development of individual staff journey plans; and,

vi) Liaison with MCC, GMPTE and public transport operators (through the TWG).

6.6 The role of the TWG should include:

i) The development of a strategic overview of the Travel Plan;

ii) Agreement of hospital wide measures;

iii) Liaise with other operators and businesses within the vicinity of the hospital to determine the feasibility of developing an area wide Travel Plan;

iv) Oversee the monitoring and review of the measures and provide regular progress reports; and,

v) Co-ordinate feedback to MCC and GMPTE.

Monitoring

6.7 A Travel Plan is not a one off document or a static event. A Travel Plan is an evolving process that requires continuous input, monitoring and review to ensure it is meeting its defined objectives. This section outlines a provisional framework for the future monitoring and review of the Wythenshawe Hospital Travel Plan.

6.8 Once the finalised Travel Plan has been operational for a year it is recommended that an interim sample survey exercise be undertaken of staff, visitors and patients (this should be undertaken in early 2005). The results of this survey should be compared to the original survey and to the targets. This will allow the TPC and the TWG to determine the effectiveness of the measures that have been outlined in this document.

6.9 The TWG should then report the findings of the surveys to MCC, agree any new measures required and establish a programme for future monitoring and review. To summarise the monitoring process should include the following:

i) The setting of the definitive measures for implementation;
ii) The development of targets;
iii) Issue of new survey questionnaires;
iv) Review of performance measures against previous travel patterns and the targets;
v) Consideration of new measures, if required;
vi) Publication of results.

6.10 It is proposed that after the initial monitoring programme, to be undertaken a year after the take-up of this document and outlined above, that sample surveys of the effectiveness of the Travel Plan be undertaken bi-annually. The table below details the initial target changes for each mode of travel when compared to the 2003 staff travel surveys, to be achieved by 2007:

	Target Increase (%)
Increase in Registered Car Sharers	20%
Increase in Public Transport Use	10%
Increase in Walking	10%
Increase in Cycling	30%

Marketing & Promotion

6.11 Promotion and marketing of the Travel Plan is important to the success of the general acceptance and awareness of the measures proposed and the reasons for its implementation.

6.12 The TPC will be responsible for raising awareness of the benefits of using sustainable travel modes including publishing pamphlets detailing the benefits to both the environment and health. The TPC will draw up a marketing strategy for the Travel Plan for agreement with the TWG.

6.13 The TPC will also be responsible for ensuring that up to date information relating to walking, cycling and public transport routes and services is easily accessible to all staff, visitors and patients.

Theme 1: Measures to reduce car trips, particularly single car occupancy	
Measure	Issues
1. Car sharing	▪ The hospital Car Sharing Strategy has already been developed ▪ Create a data-base/commuter to promote and encourage car sharing (overseen and managed by the TPC) ▪ Provide 'priority parking' for car sharers in close proximity to building entrances ▪ Provide discounted fees for car sharers ▪ Ensure guaranteed lift home for car sharers ▪ Promote and market the Car Sharing Scheme to raise awareness
2. Introduce more rigorous criteria for issuing permits	▪ All members of the Trust Car Park scheme to be registered and issued with non-transferable swipe cards ▪ All members vehicles to be registered and identified with a non-transferable identifying windscreen sticker ▪ Measures to provide incentives to staff to claim discounts for regular use of cycles whilst retaining car park passes ▪ Permits will be issued with a priority system for the following users: 1. Disabled 2. Registered car sharers 3. Essential users (Restricted Scheme members in reserved car parks) ▪ New car park scheme members working between the hours of 6.30am – 8.00pm, Monday to Friday, to use the Park & Ride scheme operated by hospital management
3. Review of staff and visitor parking charges	▪ Periodic reviews of charges to be undertaken embracing all interested staff and visitor parties and groups

Theme 1: Measures to reduce car trips, particularly single car occupancy	
Measure	Issues
4. The production of personalised sustainable travel plans for staff	▪ The TPC will provide existing and new staff scheme members with information of alternative schemes available to discourage motor vehicle use, including the use of public transport, Local Link public transport, car share, cycling and walking

Theme 2: Measures to encourage trips on foot	
Measure	Issues
1. Improve pedestrian environment on hospital campus	▪ Linkages to main departments/entrances, public transport and key external footpaths to be a key priority ▪ Pedestrian audit to be undertaken as part of the Travel Plan process
2. Improve onsite signage/reinforce Wayfinding Strategy	▪ Improving signage for pedestrians in and around the hospital may act to encourage walking, and would be of particular value to visitors/patients ▪ Audit of existing Wayfinding should be undertaken as part of the Travel Plan process to ensure that existing walkways are secure, overlooked, evenly surfaced and of adequate width
3. Improve offsite signage	▪ Audit of off-site Wayfinding/signage to ensure that pedestrian routes are clearly marked
4. Provide showers/changing accommodation/lockers	▪ Showers/changing rooms will be provided for pedestrians/joggers ▪ Lockers will be available for all staff that choose to walk to work
5. Improve on-site lighting/security	▪ A review of the existing lighting and security systems is undertaken annually to ensure that pedestrian links to bus stops, car parks and access points are well-lit and secure. CCTV coverage extends to all areas and is maintained, monitored and recorded continuously
6. Provision of route maps and safety information	▪ The Trust will provide pedestrian route maps to advise staff, visitors and patients of the safest routes to/from the hospital ▪ Pedestrian route information will be displayed in prominent positions at building entrances

Theme 3: Measures to encourage trips by cycle/motorcycle	
Measure	Issues
1. Cycle racks/storage at prominent locations on the hospital campus	▪ Critical to encouraging and raising the profile of cycling ▪ Provision of cycle storage at key buildings and entrance points (particularly for visitors) which are in sheltered locations ▪ Cycle storage demand to be monitored to influence an expanding programme of facilities
2. Shower/changing facilities.	▪ Important if staff living more than two miles from hospital are to be encouraged to cycle ▪ Provision of locker facilities
3. Security and lighting improvements on site	▪ An annual audit of lighting is undertaken as part of the Travel Plan process to reduce the perceived danger of cycling at night ▪ Need to ensure that cycle storage areas are clearly visible and convenient to both site access and building entrances ▪ CCTV coverage of all cycle parks is continuously monitored and recorded
4. Signage/Wayfinding Improvements	▪ Ensure that advisory on-site cycle routes are clearly signed and safe from vehicular conflicts ▪ Ensure storage areas are clearly visible and convenient to both site access and building entrances ▪ Ensure off-site routes are clearly signposted or maps are available of off-site routes

Theme 3: Measures to encourage trips by cycle/motorcycle	
Measure	Issues
5. Cycle clubs/groups/forum	▪ Could be useful as a forum for Travel Plan consultation and discussion ▪ Clubs may focus on recreational cycling, but if this is promoting greater levels of cycle use it should be encouraged
6. Cycle hire scheme	▪ Hire scheme could operate on a daily/weekly/year basis. ▪ Market research required to determine take up/price levels etc. ▪ May be subsidised as part of the Travel Plan.
7. Improvements to off-site routes	▪ Discussions with MCC to determine their future cycle route proposals in the vicinity of the site

Theme 4: Measures to encourage public transport usage	
Measure	Issues
1. Liaison with GMPTE and local bus operators regarding bus routing/timetabling	▪ On going liaison with GMPTE with a view to maintaining and improving quality and quantity of bus links to the hospital ▪ Consideration may also be given to the use of 'bus branding' to raise awareness of access to the hospital by this mode. This form of advertisement would be particularly successful on the most popular routes to the hospital
2. Support for Metrolink Phase 3 Development	▪ Metrolink's Phase 3 proposals aim to provide a tram route from Trafford Bar to Manchester Airport, this proposal is currently out to tender ▪ Phase 3 of the Metrolink proposals aims to provide a new tram stop adjacent to the hospital at Clay Lane ▪ This development will be of benefit to all of Wythenshawe, including the hospital ▪ It is understood that necessary powers and funding for the scheme is currently in place ▪ Pedestrian links to the future tram stop on Clay Lane should be fully audited as part of the Travel Plan process and clear signage should be provided
3. Improved information provision	▪ The Trust has already begun to consider the measures that are to be adopted to ensure that accurate, up to date public transport information is available to all staff/visitors/patients at the hospital as part of their Draft Transport Information Strategy ▪ Public transport information racks to be made available in all the principal waiting areas and building entrances. It will be the TPC's responsibility to ensure that these are kept up-to-date ▪ Public transport information leaflets to be distributed with all appointment cards and meeting letters ▪ GMPTE has maps on their website showing how to get to the hospital by bus, consideration will be given to providing similar information on the Trust's own website

Theme 4: Measures to encourage public transport usage	
Measure	Issues
4. Discount ticketing scheme	▪ The Trust has begun liaison with Arriva and Stagecoach with regard the introduction of discounted ticketing schemes to the hospital ▪ Regular liaison with GMPTE will be required ▪ Consideration will be given to ring-fencing revenue from parking charges to fund increased staff/patient bus discounted ticketing schemes
5. Loans for passes/season tickets (staff only)	▪ Would clearly have cost implications – although could be considered as part of travel scheme/remuneration package for staff. ▪ Partnership with operators may be possible.
6. Public Transport User Group	▪ The Trust has a Public Transport User Group and uses these meetings as a way to get feedback from staff, visitors and patients to further inform the Travel Plan process ▪ The TPC attends the Wythenshawe West Local Action Partnership to report progress and to collate comments for further in-house discussions *(next meeting /3/04 1.15pm in Johannesburg Garden with Colin)* ▪ The TPC should seek to obtain views of users and act as a spokesperson.
7. Scheduling of appointments and meetings	▪ The Trust will endeavour to arrange appointments and meetings with public transport access in mind ▪ Details of routes to the hospital by public transport will be included with appointment cards

Theme 5: Measures which reduce the need to travel	
Measure	ssues
1. Shopping/service facilities on the hospital campus	▪ Reducing the need to travel during the course of the working day
2. Consideration of discounted bus tickets for use throughout the day	▪ Should reduce the need to use the car during the working day, or indeed reduce the need to bring the car into work at all
3. Increased use of IT	▪ Use, where practicable, of video conferencing and other IT related measures to reduce the need to travel on business ▪ Clearly, these measures will be impacted upon by the individual working/operational requirements of individual departments
4. Staff contracts	▪ The use of compressed working weeks to reduce the number of journeys made to work during the average week; this will depend upon the operational practices of individual posts ▪ The use of flexible working practices; this will be dependent upon the operational and working practices of individual posts ▪ The use of local recruitment drives to attempt to ensure that future staff live within acceptable walking, cycling and public transport distances of the hospital ▪ Consideration of relocation packages that create incentives for new staff to live within acceptable walking distances of the hospital campus ▪ New starters will also be issued with information relating to access to the hospital by public transport, walking and cycling

Theme 5: Measures which reduce the need to travel	
Measure	Issues
5. Rationalisation of servicing/delivery vehicle movements	▪ The Trust will endeavour to rationalise the number of trips made to the hospital by servicing/delivery vehicles to reduce unnecessary trips. Some evening deliveries are currently in place.

Theme 6: Measures to encourage sustainable delivery and servicing	
Measure	Issues
1. Delivery outside network peak periods	▪ The Trust will endeavour, where possible, to encourage delivery and servicing outside the network peak periods to reduce hospital related traffic congestion ▪ Aiming for out of hours delivery and servicing practices will also reduce conflicts between HGVs and vulnerable road users ▪ The Department for Transport (DfT) guidelines 'Developing an Effective Travel Plan' acknowledges that influencing and controlling the operating practices of suppliers and servicing companies can be difficult.
2. Use of local suppliers	▪ The Trust will endeavour to use local suppliers where possible and practicable ▪ Obviously this will depend upon the nature of the product being delivered and the use of local suppliers is likely to be limited with regard to pharmaceuticals etc
3. New supplier contracts	▪ When considering contracts with new suppliers the Trust will endeavour to choose suppliers who operate in accordance with the Government's sustainable freight policies (i.e. companies that are in accordance with the Good Lorry Code and/or the Clean Air Charter ▪ Again the ability to meet this requirement will depend upon the nature of the goods being supplied
4. Rationalisation of deliveries	▪ Where possible the rationalisation of deliveries from the same supplier will be encouraged in an effort to reduce trips through the better co-ordination of deliveries
5. Increased use of IT	▪ The Trust will encourage increased use of email and faxing to reduce unnecessary use of postal services

Theme 6: Measures to encourage sustainable delivery and servicing	
Measure	Issues
6. Wayfinding/Signage Strategy	▪ The Trust will review HGV routes to ensure that they form the most efficient route for servicing/delivery vehicles to take ▪ The Trust will also ensure that appropriate signage is used on-site to reduce conflicts between delivery/servicing vehicles and vulnerable road users

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Figure 1: SITE LOCATION

Figure 2: EXISTING BUS ROUTES

Figure 3: EXISTING BUS STOP LOCATIONS

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Appendix A: EXISTING SUSTAINABLE TRANSPORT MEASURES

Appendix B: 2003 TRAVEL SURVEY QUESTIONNAIRE

APPENDICES

APPENDIX A

APPENDIX B

FIGURES

APPENDIX TO THE TRAVEL PLAN	
Work carried out	Comments
1. Good quality car park	The main staff car park on site has been awarded the Secured Car Park Award which is awarded by the Association of Chief Police Officers
2. Park & Ride Scheme	Off site car parking in partnership with Habitat plc, a local company on the nearby Industrial Estate The Trust leases 300 spaces on the Habitat car park and provides 3 shuttle buses which transport the staff to the hospital site
3. Car Share Scheme	There are currently 30 members of staff taking part in the Trust Car Share Scheme
4. Secure cycle storage	There are approximately 40 secure bike bins and 20 cycle racks situated around the site
5. Visitors Car Park Policy	In addition to the Pay-on-Exit on site car parks the Trust provides a frequent visitors pass for £6 per week. This entitles the visitor to access the visitor car parks as many times as required.
6. Public Transport terminus and lay-by on site	
7. Wythenshawe Local Link Facility	The Trust has been very proactive in support of this GMPTE initiative sponsored by the Government's Urban Bus Challenge. It has been publicised throughout the Trust and has a reserved area where the bus collects the passengers.
8. Discounted tickets	Negotiations agreed with Stagecoach buses

APPENDIX TO THE TRAVEL PLAN	
Proposals for the next 12 months	Comments
1. Re-promote the Car Share Scheme	The Car Share Scheme will be re-promoted to ensure staff are aware of advantages
2. Establish a database of car users	The TPC will create a database showing details of members of the Car Park Scheme. This will help when facilitating the Car Share scheme
3. Enhance cycling facilities	The Trust has successfully been awarded a £50,000 grant by the Department of Transport to enhance the cycling facilities on site. The facilities will include changing rooms, shower, and lockers and additional covered bike racks. These facilities will be made available for staff and visitors
4. Maternity entrance	Vehicular traffic flow alterations, creation of a new bus terminus and a pedestrian crossing
5. Further studies on staff and visitor requirements	Questionnaires will be distributed to establish necessary improvements
6. Investigate flexible working hours	Evening employment and investigations into the possibilities around extending outpatient clinic appointments are under consideration The Trust is currently examining the possibility of implementing a Working from Home Policy

APPENDIX TO THE TRAVEL PLAN	
Future Plans	Comments
1. Cycle Paths (Internal)	Continue discussions with a view to providing internal cycle paths
2. Cycle Paths (External)	Continue negotiations with Manchester City Council and GMPTE with a view to providing external cycle paths
3. Establish Public Transport Centre	Within the South East Manchester Multi Modal Strategy (SEMMMS) remit
4. Improve external lighting for pedestrians	Improve pedestrian security on site as the Trust extends the provision of services available by providing additional lighting
5. Completion of Phase 3 of the Metrolink System	Completion date yet to be advised by GMPTE
6. Postcode analysis of staff car use	Questionnaire will be distributed to staff annually to establish up to date details which will be held on the Database of Car Users

Dated _____

THE COUNCIL OF THE CITY OF MANCHESTER

- and -

SOUTH MANCHESTER UNIVERSITY HOSPITALS NHS TRUST

AGREEMENT

pursuant to Section 106 Town and Country Planning Act 1990 relating to land at Wythenshawe Hospital in the City of Manchester

City Solicitor
Manchester City Council
P O Box 532
Town Hall
Albert Square
Manchester M60 2LA

L/PC/EVD3001/1269

THIS AGREEMENT is made the day of

BETWEEN THE COUNCIL OF THE CITY OF MANCHESTER of Town Hall, Albert Square, Manchester ("the Council") of the first part and SOUTH MANCHESTER UNIVERSITY HOSPITALS NHS TRUST of Wythenshawe Hospital, Southmoor Road, Wythenshawe, Manchester, M23 9LT ("the Owner" which expression shall include the successors in title and assigns of the Owner) of the second part

WHEREAS

(1) In this Agreement unless the context otherwise requires the following words and expressions and phrases shall have the meanings hereby ascribed to them

"Act"	shall mean the Town and Country Planning Act 1990
"Approved Survey"	shall mean a survey in a form agreed in writing by the Council (acting reasonably) and resulting in a number of responses agreed in writing by the Council (acting reasonably) and carried out over a period agreed in writing by the Council and where all survey responses are supplied to the Council on demand for audit purposes
"Car Park Application"	shall mean the application for planning permission received by the Council under reference number 066250/OO/SOUTH2/02
"Car Park Development"	shall mean the development pursuant to the Car Park Permission comprising the creation of a 250 space staff car park on the Land with access from Floats Road through the existing car park
"Car Park Permission"	shall mean the planning permission to be granted pursuant to the Car Park Application in the substantial form of the annexed draft

"Cardiac Services Application"	shall mean the application for planning permission received by the Council under reference number 066253/OO/SOUTH2/02
"Cardiac Services Development"	shall mean the development pursuant to the Cardiac Services Permission comprising the erection of a 3-storey extension to the cardiac services centre on the Land
"Cardiac Services Permission"	shall mean the planning permission to be granted pursuant to the Cardiac Services Application in the substantial form of the annexed draft
"Inflation"	shall mean the number of the General Index of Retail Prices (All Items) for the specified month produced by the Office for National Statistics
"Land"	shall mean Wythenshawe Hospital as shown edged pink on the attached plan
"Planning Obligations"	shall mean the obligations of the Owner specified in the Schedule to this Agreement
"Stakeholder"	shall mean the Council's City Treasurer and his authorised officers
"Stakeholder Account"	shall mean an account to be designated as the "Wythenshawe Hospital S106 Account" and opened by the Council at the head office of the Co-operative Bank plc, 1 Balloon Street, Manchester with sort code 08-90-00 as a separate account in accordance with the terms of this Agreement for the purpose of holding monies paid by the Owner to the Council in accordance with the Planning Obligations

(2) A reference in this Agreement to an act of Parliament or to any order, regulation, statutory instrument or the like shall include a reference to any amendment or re-enactment of the same.

(3) Words importing the masculine gender include the feminine gender and vice versa and words in the singular include the plural and vice versa and words importing individuals shall be treated as importing corporations and vice versa.

(4) Any headings or side notes are for ease of reference only and shall not affect the construction of this Agreement.

(5) If any party to this Agreement comprises more than one party then that party shall be jointly and severally liable under this Agreement.

(6) The Council is the local planning authority for the purposes of the Act for the area in which the Site is situate.

(7) The Owner is the registered proprietor with title absolute of the freehold of the Land registered under title numbers GM818989, GM750837, GM772746 and GM942979 at HM Land Registry.

(8) The Owner intends to carry out the Car Park Development and Cardiac Services Development pursuant to the Car Park Permission and Cardiac Services Permission respectively.

(9) The Owner has agreed to enter into this Agreement in order to secure the proper development of the Land.

(10) The planning purpose of this Agreement is to reduce the adverse impact on the environment and amenity in the vicinity of the Land caused by the Car Park Development and the Cardiac Services Development and the use of the Land by reducing the share of travel to the Land by the Owner's employees and by visitors in single occupancy cars.

(11) The Council has resolved to grant the Car Park Permission and the Cardiac Services Permission for the respective developments in accordance with the respective applications subject to the making of this Agreement.

NOW THIS DEED WITNESSETH as follows:

1. This Agreement is made in pursuance of Section 106 of the Act and Section 111 of the Local Government Act 1972 and all other enabling powers and enactments which may give validity hereto and facilitate the enforcement of the obligations and provisions herein contained.

2. This Agreement is a local land charge for the purposes of the Local Land Charges Act 1975 and will be registered as such by the Council.

3. The Owner shall on completion of this Agreement pay to the Council the sum of £1200 for its reasonable and proper legal costs in connection with this Agreement.

4. The Owner covenants with the Council in the terms set out in the Schedule to this Agreement.

5. Nothing in this Agreement shall be construed as prohibiting or limiting any future right to develop any part of the Land in accordance with and to the extent permitted by any planning permission (other than the Car Park Permission and Cardiac Services Permission).

6. No party to this Agreement will be liable for any breach, non-performance or non-observance of the covenants, obligations and restrictions contained in this Agreement in respect of any period during which that party no longer has an interest in the Land or in the part in respect of which the breach, non-performance or non-observance occurs but without prejudice to liability for any subsisting breach, non-performance or non-observance prior to parting with such interests.

7. Any sums payable by the Owner under this Agreement shall be increased by the application of the formula A = B x C / D provided that C / D shall always be greater than or equal to 1 and with the following definitions:
A is the sum actually payable on the date upon which an obligation arising under this Agreement is due to be performed ("Specified Date")
B is the original sum mentioned in this Agreement
C is Inflation for the month closest to the Specified Date and which has been published by the Specified Date
D is Inflation for the month in which this Agreement is dated

8. Nothing herein contained or implied shall prejudice or affect the rights, powers, duties and obligations of the Council in exercise of its functions as a local authority and the rights, powers, duties and obligations of the Council under all public and private statutes, byelaws, orders and regulations may be fully and effectually exercised in relation to the Land or any part thereof and any works executed thereon as if this Agreement had not been executed by the Council.

9. Any approval given by the Council under this Agreement or for the purposes of this Agreement shall not be deemed to be approval for any other purpose whatsoever.

10. All works and acts required to be undertaken by the Owner under this Agreement or as incidental to this Agreement shall in all respects be at the cost of the Owner.

11. The Planning Obligations created by this Agreement are enforceable by the Council.

12. In respect of the sums payable by the Owner to the Council under the Planning Obligations, the Council shall:

12.1 pay such sums into the Stakeholder Account and hold such sums therein until the withdrawal of such sums as may be required in order to fulfil the purposes and objectives specified in this Agreement

12.2 use such sums withdrawn from the Stakeholder Account solely and exclusively for the purposes specified in this Agreement.

13. If any provision of this Agreement shall be prohibited by or adjudged by a court to be unlawful, void or unenforceable such provision shall to the extent required be severed from this Agreement and rendered ineffective as far as possible without modifying the remaining provisions of this Agreement and shall not in any way affect any other circumstances or the validity or enforcement of this Agreement.

14. No failure or delay by the Council to exercise any right, power or remedy will operate as a waiver of it nor will any partial exercise preclude any further exercise of the same, or of some other right, power or remedy.

SCHEDULE

THE PLANNING OBLIGATIONS

The Owner covenants with the Council as follows:

Staff

1. To achieve the shares of mode of travel to the Land by the Owner's employees as specified in the document annexed hereto as Appendix 1 ("the Travel Plan" SAVE THAT the Travel Plan may be amended from time to time with the written consent of the Council (not to be unreasonably withheld)) within such timescales(s) as may be specified therein and as measured by Approved Survey(s) ("the Staff Target") by implementing the measures specified in the Travel Plan within the timescale(s) specified therein.

2. To monitor progress towards achieving the Staff Target by carrying out an Approved Survey of the mode of travel to the Land by the Owner's employees no less than once each calendar year ("the Staff Survey").

3. Within 8 weeks of the close of a Staff Survey to provide the Council with a written summary of the responses thereto and to submit to the Council for its approval in writing a written report detailing the effectiveness of the measures taken to date and all measures additional to those specified in the Travel Plan reasonably necessary for achieving the Staff Target in light of the Staff Survey results (if any) and the Owner shall implement all such additional measures (if any) within the specified timescale(s).