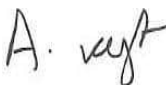


North View Development Full Travel Plan

Control Sheet

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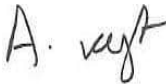
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1.0 Introduction

1.1 Background

- 1.1.1 Curtins was appointed by Greater Manchester Mental Health (GMMH) NHS Trust (the 'Trust') to provide traffic and transport advice in relation to the development of a new purpose-built adult inpatient mental health facility to replace the Trust's existing Park House building, as the existing facility is no longer fit for purpose.
- 1.1.2 The North View (formerly known as 'New Park House') development provides a key first step on the wider redevelopment of the North Manchester General Hospital (NMGH) site, which is a strategically important regional hospital and a priority for Greater Manchester. Approximately 10% of the existing site is occupied by the GMMH Trust.
- 1.1.3 Relocation of Park House from the south-west to the south-east of the NMGH site would allow the facility to benefit from a more quiet and discreet location with a secluded outlook across the perimeter woodland.
- 1.1.4 The planning application for the development was submitted in 2020 (Manchester City Council (MCC) planning reference: 128563/FO/2020) and was granted approval in January 2021, subject to conditions. Since then, further applications were submitted to vary conditions relating to design, whereby the most recent application (MCC planning reference: CDN/23/0874) that was approved was for the discharge of conditions relating to tree planting and boundary treatment.
- 1.1.5 Construction on North View commenced in 2022 and is in progress at the time of writing, with completion anticipated in 2024.
- 1.1.6 The latest consented site plan is provided in **Appendix A** to the rear of the report.

1.2 What is a Travel Plan?

- 1.2.1 A Travel Plan (TP) is defined¹ as:

"A long-term management strategy for an organisation or site that seeks to deliver sustainable transport objectives and is regularly reviewed."

- 1.2.2 In essence, a Travel Plan is intended to encourage people to choose alternative transport modes over single occupancy car use and, where possible, reduce the need to travel at all. Such a plan should include a range of measures designed to achieve this goal.

¹ Department for Levelling Up, Housing and Communities (2023). National Planning Policy Framework [Online]. Available at <https://www.gov.uk/government/publications/national-planning-policy-framework--2/full-publication-update-history>

1.3 Document Purpose

1.3.1 Curtins previously prepared a Transport Statement (Document reference: 75906-CUR-00-XX-RP-TP-004) and an Interim Travel Plan (ITP) (Document reference: 75906-CUR-00-XX-RP-TP-002) to accompany the planning application.

1.3.2 Condition 24 of the 2021 decision notice states the following:

“Notwithstanding details contained within the submitted Interim Travel Plan received by the City Council as Local Planning Authority on 10 November 2020, before the development hereby approved is first occupied, a full Travel Plan shall be submitted to and agreed in writing by the City Council as Local Planning Authority. In this condition a Travel Plan means a document which includes:

- i. the measures proposed to be taken to reduce dependency on the private car by those [attending or] employed in the development;*
- ii. a commitment to surveying the travel patterns of staff during the first three months of use of the development and thereafter from time to time;*
- iii. mechanisms for the implementation of the measures to reduce dependency on the private car;*
- iv. measures for the delivery of specified travel plan services;*
- v. measures to monitor and review the effectiveness of the Travel Plan in achieving the objective of reducing dependency on the private car*

The agreed Travel Plan shall be implemented in full at all times when the development hereby approved is in use.”

1.3.3 As the development is approaching completion, this Full Travel Plan has been prepared to discharge Condition 24. A Full Travel Plan is the second stage of the Travel Plan process. It includes a list of measures that will be implemented to affect modal choice, and a management strategy for implementation of these measures.

1.3.4 Transport for Greater Manchester (TfGM)² strongly endorses the need for Travel Plans in order to reduce the impact of transport on the local environment, to improve accessibility and to encourage ‘active travel’ which improves peoples’ health, stating that a Travel Plan should achieve:

- *“A reduction in car use (particularly for single occupancy trips) and increase travel by sustainable modes, namely active travel and public transport;*
- *A reduction in the impact of the generated traffic, both in the immediate neighbourhood and on the wider highway network;*
- *Safe access for pedestrians and cyclists; and*
- *A coordinated approach to developing and implementing realistic travel options.”*

² Transport for Greater Manchester (2013). Transport for Sustainable Communities: A Guide for Developers [Online]. Available at: https://assets.ctfassets.net/nv7y93idf4jq/4WYTBSVa9O42aggYISGQ42/0294b2b3811a6907a7d323572a80058e/12-1386_Transport-for-sustainable-communities.pdf

1.3.5 This document has been written in accordance with the above statement, and the following core guidance documents:

- National Planning Policy Framework, DLUHC, 2023;
- Greater Manchester Transport Strategy 2040, TfGM, 2017;
- Planning Practice Guidance, DLUHC, 2014; and
- BREEAM New Construction, BREEAM, 2018.

1.3.6 The development would also be assessed under Building Research Establishment Environmental Assessment Method (BREEAM) 2018 standards and would seek to demonstrate compliance by obtaining a number of credits. The assessment categories pertaining to traffic and transport are as follows:

BREEAM Category	Description	Signposts	No. of Credits
Tra 01	<u>Transport Assessment and Travel Plan:</u>		
	1. No later than Concept Design stage, undertake a site-specific transport assessment (or develop a travel statement) and draft travel plan, which can demonstrably be used to influence the site layout and built form.	Transport Statement (TS) provided in doc 75906-CUR-00-XX-RP-TP-004	
	2. The site-specific travel assessment (or statement) shall cover as a minimum:		
	• If relevant, travel patterns and attitudes of existing building or site users towards cycling, walking and public transport, to identify relevant constraints and opportunities;	Section 3 of TP	
	• Predicted travel patterns and transport impact of future building or site users;	Section 6 of TS	
	• Current local environment for pedestrians and cyclists, accounting for any age-related requirements of occupants and visitors;	Section 3 of TP	
	• Reporting of the number and type of existing accessible amenities within 500m of the site;	Section 5 of TP	2
	• Disabled access accounting for varying levels and types of disability, including visual impairment;	Section 4 of TP	
	• Calculation of the existing public transport Accessibility Index (AI); and	Section 5 of TP	
	• Current facilities for cyclists.	Section 3 of TP	
	3. Following a transport assessment (in accordance with the requirements set out in criteria 2), develop a site-specific travel plan that provides a long-term management strategy which encourages more sustainable travel. The travel plan includes measures to increase or improve more sustainable modes of transport and movement of people and goods during the building's operation.	This document	
	4. If the occupier is known, involve them in the development of the travel plan.	Noted	
	5. Demonstrate that the travel plan will be implemented and supported by the building's management in operation.	Section 9 of TP	
Tra 02	<u>Sustainable Transport Measures:</u>		

BREEAM Category	Description	Signposts	No. of Credits
	1. Prerequisite: Achieve criteria 3–5 in the Tra 01 Transport Assessment and Travel Plan credit.	TS provided in doc 75906-CUR-00-XX-RP-TP-004	
	2. Identify the sustainable transport measures as per Table 7.4 in BREEAM guidance.		<i>Points:</i>
	<ul style="list-style-type: none"> The existing AI calculated in Tra 01 ≥ 8; 	Section 5 of TP	1
	<ul style="list-style-type: none"> Demonstrate an increase over the existing Accessibility Index through negotiation with local bus, train or tram companies to increase the frequency of the local service provision for the development; OR 	Not achieved, the existing public transport services serving the site are already of high frequency	0
	<ul style="list-style-type: none"> Demonstrate an increase over the existing Accessibility Index. This could be through provision of a diverted bus route, a new or enhanced bus stop, or other similar solutions; OR 		
	<ul style="list-style-type: none"> Provide a dedicated service, such as a bus route or service. 		
	<ul style="list-style-type: none"> Provide a public transport information system in a publicly accessible area, to allow building users access to up-to-date information on the available public transport and transport infrastructure. This may include signposting to public transport, cycling, walking infrastructure or local amenities; 	Section 4 of TP	1
	<ul style="list-style-type: none"> Provide electric recharging stations of a minimum of 3kW for at least 10% of the total car parking capacity for the development; 	Section 4 of TP	1
	<ul style="list-style-type: none"> Set up a car sharing group or facility to facilitate and encourage building users to car share; AND 		
	<ul style="list-style-type: none"> Raise awareness of the sharing scheme with marketing and communication materials; AND 	Not achieved	0
	<ul style="list-style-type: none"> Provide priority spaces for car sharers for at least 5% of the total car parking capacity for the development; AND 		
	<ul style="list-style-type: none"> Locate priority parking spaces nearest the development entrance used by the sharing scheme participants. 		
	<ul style="list-style-type: none"> During preparation of the brief, the design team consults with the local authority (LA) on the state of the local cycling network and public accessible pedestrian routes, to focus on whichever the LA deems most relevant to the project, and how to improve it; AND 	Not achieved	0
	<ul style="list-style-type: none"> Agree and implement one proposition chosen with the local authority. The proposition supported by the development is additional to existing local plans and has a significant impact on the local cycling network or on pedestrian routes open to the public. 		
	<ul style="list-style-type: none"> Install compliant cycle storage spaces to meet the minimum levels set out in Table 7.5 (1 space per 10 staff and 1 space per 10 visitors, a minimum of one compliant space is required); 	Section 4 of TP	1
	<ul style="list-style-type: none"> The above has been achieved; provide at least two compliant cyclists' facilities for the building users (showers, changing facilities, lockers, drying spaces); 	Section 4 of TP	1
	Existing amenities:		
	<ul style="list-style-type: none"> At least three existing accessible amenities are present; 	Section 5 of PTA	1
	Enhanced amenities:		
	<ul style="list-style-type: none"> Ensure a minimum of one new accessible amenity, in accordance with Table 7.6 on page 191, for the relevant Building Group, is provided; OR 	Not achieved	0

BREEAM Category	Description	Signposts	No. of Credits
	<ul style="list-style-type: none"> Ensure a more than one new accessible amenity, in accordance with Table 7.6 on page 191, for the relevant Building Group, is provided. Implement one site-specific improvement measure, not covered by the options already listed in this issue, in line with the recommendations of the travel plan. Submit this for review by BRE. 	Section 6 of TP, pending BRE review	1-3
	3. Award credits according to the existing Accessible Index (AI) of the project, and the total number of points achieved for the options implemented, see Table 7.3 of BREEAM guidance.	Site AI: 15.3 Points achieved under criteria 2: 7-9	7-9
Total Transport Credits Obtained			9-11

Table 1.1 – BREEAM Credits Targeted

1.3.7 Further elaboration on some of the above criteria are as follows:

- **Lighting, landscaping and shelter to create pleasant pedestrian and public transport waiting areas** – Pleasant pedestrian environments will be delivered within the site as part of the development, which will connect into existing infrastructure as part of the wider NMGH site. Public transport waiting areas will not be delivered within the site due to existing infrastructure that is already available along Central Drive;
- **Restrictions or charging for car parking** – Staff and visitors of the existing car park and hospital are subject to charging for car parking; this is expected to continue as part of the development;
- **Pedestrian and cyclist friendly (for all types of user regardless of the level of mobility or visual impairment) with the provision of cycle lanes, safe crossing points, direct routes, appropriate tactile surfaces, good lighting and signposting to other amenities, public transport nodes and adjoining off-site pedestrian and cycle routes** – Direct routes, appropriate tactile surfaces, good lighting and signposting will be delivered within the site to form connections towards existing pedestrian and cycling infrastructure within the wider NMGH site. Safe crossing points and cycle lanes out of the site will not be delivered due to the presence of existing infrastructure that is already available along the Central Drive; and
- **Provision of suitable taxi drop-off or waiting areas** – A new drop-off area with 5 no. bays will be provided adjacent to the main entrance of North View.

1.3.8 A key part of the Travel Plan will be monitoring, whereby travel surveys will be distributed to staff at the development in order to understand travel habits. Recipients will be encouraged to participate, and the surveys would extract key information such as place of residence, usual mode of travel and reason for modal choice, attractiveness of and barriers to active and sustainable modes of travel, and any incentives that could encourage staff to travel more sustainably. The findings will provide information on reasons for travel patterns and attitudes of site users to identify relevant constraints and opportunities.

1.3.9 The Travel Plan details Welcome Packs as an initiative to encourage sustainable travel, which would be a site-specific improvement measure in line with the aims, objectives and recommendations of the Travel Plan. This measure is submitted for review by BRE.

1.4 Document Structure

- 1.4.1 Following this introductory section, **Section 2** of the report provides background information on the benefits which can be derived from a successful Travel Plan. It also sets out key aims and objectives for the Travel Plan process.
- 1.4.2 **Section 3** describes the existing situation and surrounding area, including the local highway layout.
- 1.4.3 **Section 4** provides a summary of the development.
- 1.4.4 **Section 5** assesses the accessibility of the site by various means of sustainable modes of travel including public transport, walking and cycling.
- 1.4.5 **Section 6** outlines various initiatives that will be considered to encourage maximum uptake in sustainable modes of travel.
- 1.4.6 **Section 7** outlines the Travel Plan Target strategy.
- 1.4.7 **Section 8** provides details on the monitoring and review process, responsibility and management of the document, and the appointment of a Travel Plan Coordinator (TPC) as the Travel Plan process progresses.
- 1.4.8 **Section 9** concludes the report by providing an Action Plan which summarises the document and the next steps.

2.0 Travel Plan Benefits

2.1 Introduction

2.1.1 The benefits from a Travel Plan can be categorised under three main headings:

- Environmental Benefits;
- Health Benefits;
- Financial Benefits;
- Social Benefits; and
- Mutual Benefits.

2.1.2 This section explores just some of the improvements that can be made during a successful Travel Planning process.

2.1.3 Most car journeys are within cycling distance, and many could be walked³. If some of these trips shifted to walking and cycling there would be a significant environmental, health, financial, social, and mutual benefits. **Figure 2.1** illustrates people's willingness to switch from car to other modes for journeys under 2 miles / 3.2km⁴:

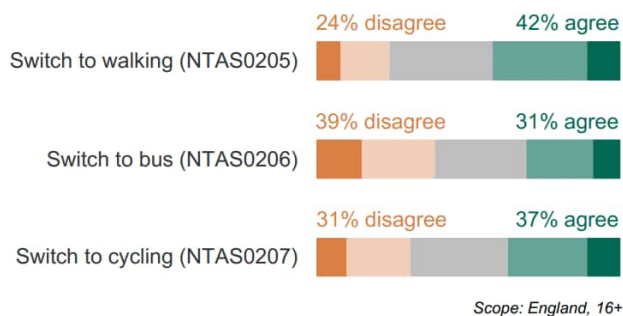


Figure 2.1 – Willingness to Switch Mode of Travel

2.2 Environmental Benefits

2.2.1 The climate emergency is a global issue that affects all nations.

2.2.2 Transport has been the UK's largest emitting sector since 2016, accounting for 27% of all territorial greenhouse gas emissions in 2019, almost entirely through carbon dioxide emissions⁵. The main source of emissions from this sector is the use of petrol and diesel in road transport, particularly for passenger cars. Transport has historically failed to reduce emissions as fast as other sectors; emissions from the sector fell by 5% between 1990 and 2019. This is due to the increased length of journeys, a shift towards

³ Department for Transport. Dataset NTSQ01019 and NTSQ01018 of the National Travel Survey [Online]. Available at: <https://www.gov.uk/government/statistical-data-sets/ad-hoc-national-travel-survey-analysis>

⁴ Department for Transport (2019). National Travel Attitudes Study (NTAS) 2019: Wave 1 Report [Online]. Available at: <https://www.gov.uk/government/statistics/national-travel-attitudes-study-ntas-2019-wave-1>

⁵ Department for Business, Energy & Industrial Strategy (2021). 2019 UK Greenhouse Gas Emissions, Final Figures [Online]. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/957887/2019_Final_greenhouse_gas_emissions_statistical_release.pdf

larger vehicles, and the relative cost of motoring falling 15% in 20 years while rail and bus / coach fares have increased by over 20% and 40%, respectively⁶.

- 2.2.3 How people travel will therefore play a key role in the UK's carbon reduction agenda as follows. On a national scale, the UK Government⁷ has pledged to play its part in reducing emissions which are harmful to the earth by setting carbon reduction targets:

"It is the duty of the Secretary of State to ensure that the net UK carbon account for the year 2050 is at least 100% lower than the 1990 baseline."

- 2.2.4 A coordinated Clean Air Plan (CAP) is being developed by all 10 local authorities in Greater Manchester to tackle air pollution, and in particular, nitrogen dioxide (NO₂) exceedances. Several measures have been proposed to help reduce roadside NO₂ levels as effectively as possible, while also protecting local people, businesses, and the economy.
- 2.2.5 The Greater Manchester Combined Authority and TfGM are currently preparing further evidence to support their proposal for a non-charging zone with financial incentives which will then be considered by the UK Government.
- 2.2.6 The Greater Manchester Transport Strategy 2040 seeks to deliver a system where sustainable transport is a viable and attractive alternative to the car, enabling people to travel to a wide range of destinations and opportunities.
- 2.2.7 The Transport Strategy states an ambition for a well-connected, zero carbon Regional Centre at the heart of the North. The Strategy is therefore aiming for 90% of morning peak trips into the city centre to be made on foot, by bicycle or public transport before 2040. The travel planning process can support this aim by encouraging active and sustainable travel behaviour.
- 2.2.8 By 2040, the evidence-based ambition is that 50% of trips within Greater Manchester are undertaken by active travel and public transport with a slight reduction in the number of car trips since 2017, enabling the delivery of a healthier, greener, and more productive city-region. TfGM calls this the 'Right Mix' target, which is illustrated in **Figure 2.2** below:

⁶ Manchester Climate Change Agency (2022). Manchester Climate Change Framework: 2022 Update [Online]. Available at: <https://www.manchesterclimate.com/sites/default/files/2022%20Update%20of%20the%20Manchester%20Climate%20Change%20Framework%20%282020-25%29%20AA.pdf>

⁷ Climate Change Act 2008, Chapter 1, Part 1, 2008 (amended in 2019).

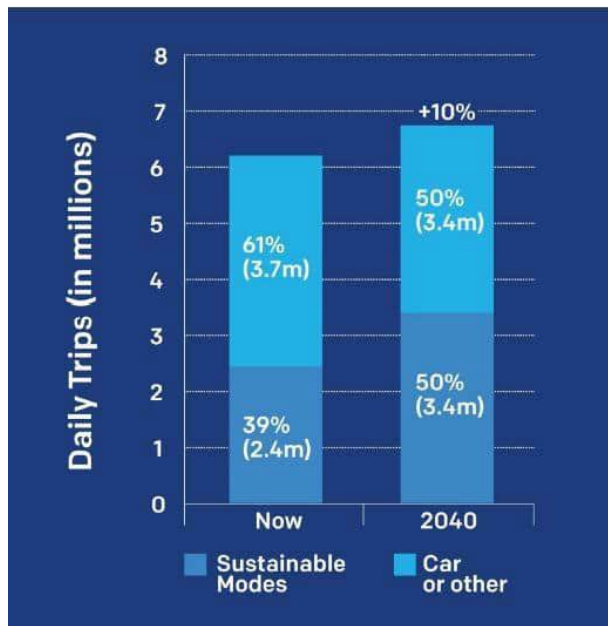


Figure 2.2 – Right Mix for Greater Manchester (2017 to 2040)
(Source: Greater Manchester Transport Strategy 2040, 2021)

- 2.2.9 The Right Mix target is partly based on a series of transport interventions to improve active travel and public transport infrastructure so that more people can use these modes of travel.
- 2.2.10 Encouraging people to make smarter choices in the way they travel can drastically reduce the impact that a particular development or organisation makes on the environment.

2.3 Health Benefits

- 2.3.1 A reduction in polluting vehicles on the roads surrounding the site will mean better air quality throughout the area. There are also well documented health benefits associated with active travel, and activity levels across the UK could still be improved.
- 2.3.2 Air pollution, principally caused by transport emissions, has been linked to some cancers, stroke, high blood pressure and cardiovascular disease, including heart attacks and furring of the arteries⁸. Recent studies have also made links to dementia, reduced cognitive function and Type 2 diabetes.
- 2.3.3 The adverse health impacts are not limited to vulnerable people, adults in good general health can also develop health conditions from continued exposure to dirty air¹⁴. Travelling by car is not safer than cycling and walking as vehicles are surrounded by exhaust fumes from traffic, which you can breathe in as air filters do not always remove all pollution from the air circulated, and being a short distance from traffic can make a difference in exposure.
- 2.3.4 People in Greater Manchester can sign up to receive free air pollution alerts for when air quality is forecast to be 'moderate' or above at <https://cleanairgm.com/data-hub/forecast-and-alerts/>.

⁸ Clean Air Greater Manchester (undated). Air pollution and you [Online]. Available at: <https://cleanairgm.com/air-pollution/>

2.3.5 NHS Guidance is for adults to do some type of physical activity every day, for a total of “at least 150 minutes of moderate intensity activity a week or 75 minutes of vigorous intensity activity a week”⁹. **Figure 2.3** below demonstrates that although most adults (63%) meet this guidance¹⁰, a significant minority do not – including a quarter (26%) of adults who achieve less than one-fifth of the target. This is similar to pre-pandemic levels.

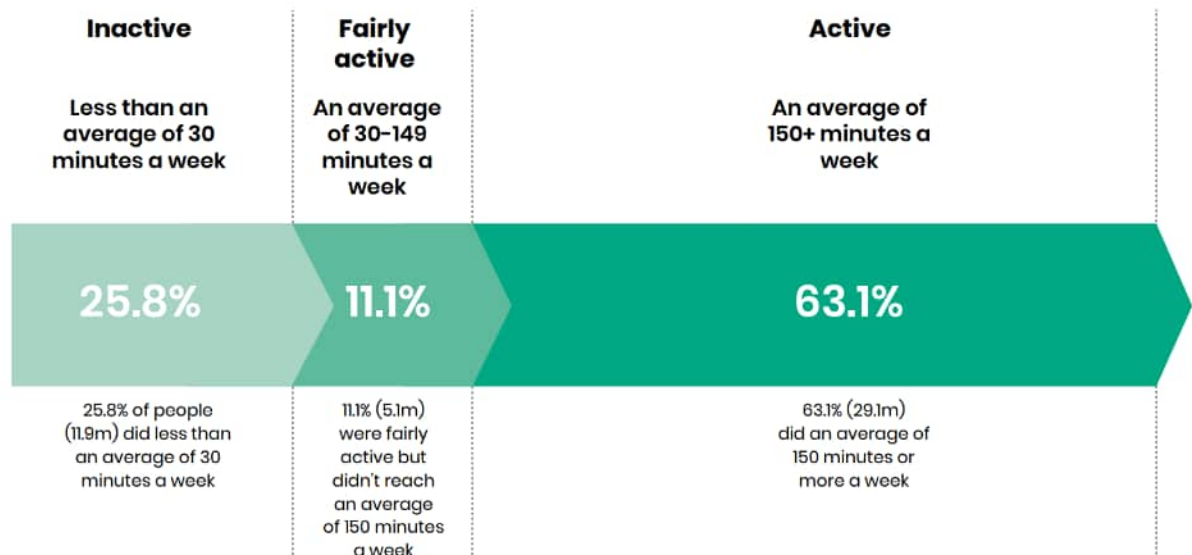


Figure 2.3 – Activity Levels for Adults

2.3.6 This has contributed to poor health in much of the adult population¹¹:

“In 2021, 26% of adults in England were obese. [This is slightly lower than the 28% reported in 2019, although NHS Digital warns that the 2021 data is not directly comparable to prior years.]

The prevalence of ... diabetes increased with BMI group, from 3% of those who were not overweight nor obese, to 5% of overweight and 11% of obese adults.

The prevalence of longstanding illness was similar for those who were not overweight nor obese (36%) and those who were overweight but not obese (35%). It was higher among those classified as obese (51%).”

2.3.7 Regular moderate physical activity (including walking and cycling) can help prevent and reduce the risk of cardiovascular disease, cancer, obesity, diabetes, stroke, mental health problems, high blood pressure, and musculoskeletal problems. Further examples of the impact of travel behaviour on public health is shown in **Figure 2.4** below:

⁹ Department of Health and Social Care (2019). UK Chief Medical Officers' Physical Activity Guidelines [Online]. Available at: <https://www.gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officers-report>

¹⁰ Sport England (2020). Active Lives Adult Survey: November 2021/22 Report [Online]. Available at: https://www.sportengland.org/research-and-data/data/active-lives?section=access_the_reports

¹¹ NHS Digital (2022). Health Survey for England, 2021 [Online]. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021>

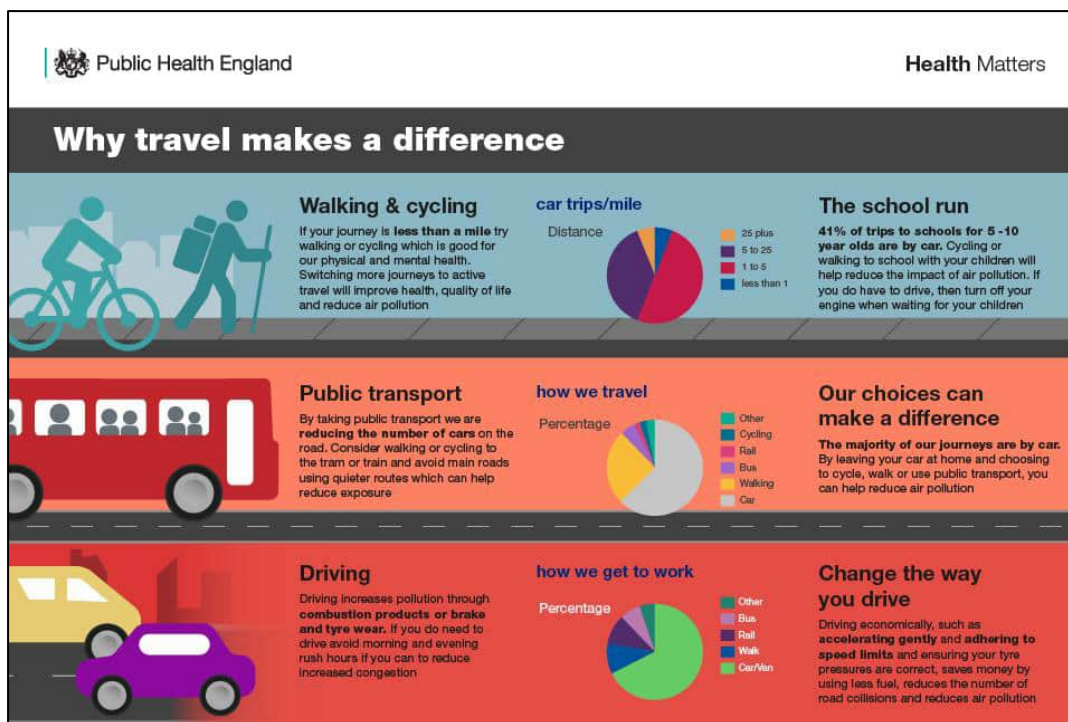


Figure 2.4 – The Impact of Travel Behaviour on Public Health

- 2.3.8 A major Glasgow University analysis of hundreds of thousands of commuters in the UK revealed significant health benefits of active travel, with those for cycling in particular being “staggering”¹².

Cycling to work was associated with a 41% lower risk of dying overall compared to commuting by car or public transport. ... They also had 46% lower risk of developing heart disease and a 45% lower risk of developing cancer at all.

Walking to work was not associated with a lower risk of dying from all causes. Walkers did, however, have a 27% lower risk of heart disease and a 36% lower risk of dying from it.

In addition, those who cycled part of the way to work still saw benefits – this is important as many people live too far from work to cycle the entire distance.

2.4 Financial Benefits

- 2.4.1 Although secondary to health and environmental benefits, there are also financial benefits to be gained from increasing active travel rates as physical inactivity has been conservatively calculated to directly cost the NHS up to £1 billion per annum (in 2006-07 prices)¹³, with further indirect costs estimated at £8.2 billion (in 2002 prices)¹⁴.

¹² The Conversation (2017). Cycling to work: major new study suggests health benefits are staggering [Online]. Available at: <https://theconversation.com/cycling-to-work-major-new-study-suggests-health-benefits-are-staggering-76292>

¹³ Scarborough, P., Bhatnagar, P., Wickramasinghe, K., Allender, S., Foster, C., Rayner, M. 2011 The economic burden due to diet, physical inactivity, smoking, alcohol and obesity in the UK, Journal of Public Health, 33(4): 527-535.

¹⁴ Department of Culture Media and Sport Strategy Unit, 2002 Game Plan: A strategy for delivery Government's sport and physical activity objectives, London: Cabinet Office.

2.4.2 As illustrated by **Figure 2.5** below, the health and social care cost of air pollution in England was £43m - £157m in 2017 which could rise to £1.6bn - £5.6bn in 2025 and £5.3bn – £18.6bn in 2035 if action is not taken¹⁵.

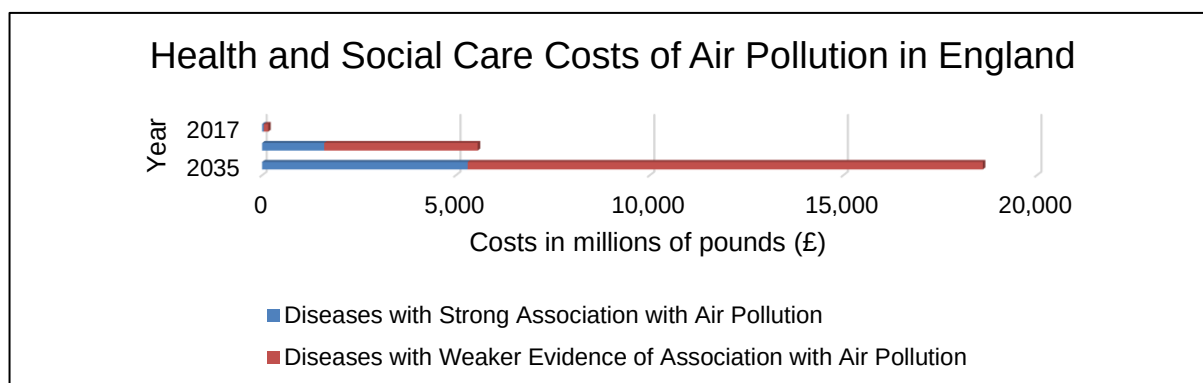


Figure 2.5 – Health and Social Care Costs of Air Pollution in England

2.4.3 Conversely, increased active travel in urban areas would lead to savings of roughly £17 billion within 20 years for the NHS (in 2010 prices)¹⁶.

2.4.4 Every £1 spent on cycling brings £5.50 of social benefits¹⁷ – primarily through improved physical fitness, but also in journey ambience, congestion relief, and other benefits – which is higher than the benefits of investment in road and rail projects¹⁸.

2.4.5 There is a growing body of evidence to suggest that cycle and pedestrian-friendly streets can boost footfall and retail sales, helping to revive traditional high streets and town centres by creating more pleasant conditions¹⁹. Cycle parking delivers five times higher retail spend than the same area of car parking²⁰. Furthermore, reallocating road space from cars to cycles can boost local economic activity by up to a quarter²¹.

2.4.6 Individuals can also benefit financially from travelling to and from a site with a Travel Plan in place due to the improved range of transport options available, some of which may be more cost-effective than car travel. In some circumstances, Travel Plan measures can remove an individual's need for a car (or their household's need for a second car), removing the capital and on-going cost of car ownership.

¹⁵ Public Health England (2018). Estimation of costs to the NHS and social care due to the health impacts of air pollution [Online]. Available at: <https://www.gov.uk/government/news/new-tool-calculates-nhs-and-social-care-costs-of-air-pollution> and <https://www.gov.uk/government/publications/air-pollution-a-tool-to-estimate-healthcare-costs>

¹⁶ Jarrett J, Woodcock J, Griffiths UK, Chalabi Z, Edwards P, Roberts I, Haines A (2012). Effect of increasing active travel in urban England and Wales on costs to the National Health Service. *Lancet*, 379(9832): 2198-2205

¹⁷ Department for Transport (2014). Value for Money Assessment for Cycling Grants [Online]. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/348943/vfm-assessment-of-cycling-grants.pdf

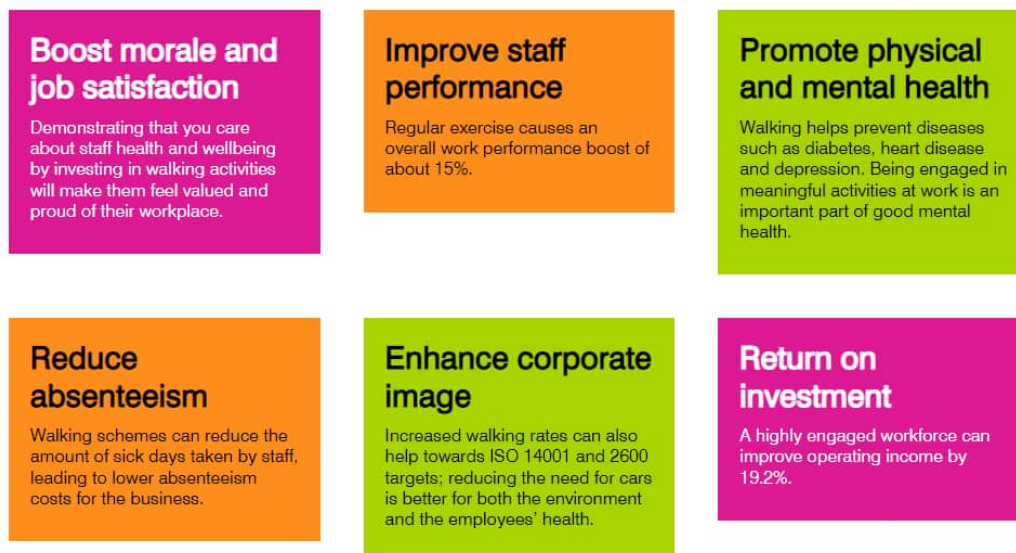
¹⁸ Eddington Transport Study (2006)

¹⁹ Department for Transport (2020). Cycle Infrastructure Design – Local Transport Note 1/20 [Online]. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/951074/cycle-infrastructure-design-ltn-1-20.pdf

²⁰ Rajé F and Saffrey A (2016). The Value of Cycling [Online]. Phil Jones Associates, Department for Transport, and University of Birmingham. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/509587/value-of-cycling.pdf

²¹ Aldred R in association with Leigh Day for British Cycling (2014). Benefits of Investing in Cycling [Online]. Available at: https://www.britishcycling.org.uk/zuvvi/media/bc_files/campaigning/BENEFITS_OF_INVESTING_IN_CYCLING_DIGI_FINAL.pdf

2.4.7 Living Streets claims the benefits of walking and exercise for business include²²:



2.4.8 An effective Travel Plan can help encourage residents to lessen their environmental impact by reducing emissions from transport, lead a healthier and more active lifestyle, and reduce financial wastage.

2.5 Social Benefits

2.5.1 The use of active and sustainable modes of transport, including car sharing, can offer social benefits and improved well-being through the interaction with other people:

“Engagement with individuals and communities through the travel planning process can support higher levels of walking and cycling, and this in turn can encourage greater social inclusion and community cohesion as well as healthier communities.”

Source: Good Practice Guidelines: Delivering Travel Plans through the Planning Process, DfT, 2009.

2.6 Mutual Benefits

2.6.1 As demonstrated, there are multiple reasons as to why Travel Plans are important to modern society. The initiatives in this Travel Plan will have a positive effect on the residents of the development. They must be communicated correctly:

“It is important that the outcomes sought from the travel plan can be seen as a benefit to all parties, e.g. the developer, occupiers and site users, the community and the local authority. Such benefits can help in gaining widespread commitment.”

Source: Good Practice Guidelines: Delivering Travel Plans through the Planning Process, DfT, 2009.

2.6.2 For example, in Greater Manchester, TfGM have recently introduced plans to make journeys by bus quicker, cheaper, greener, more reliable, more accessible, and more attractive. This brings mutual

²² Living Streets (undated). Walking Works [Online]. Available at: <https://www.livingstreets.org.uk/products-and-services/projects/walking-works>

benefits to bus users (more attractive bus journeys) and also to TfGM by bringing buses under local control (easier to run and manage).

2.6.3 The outcome of this is a Bus Service Improvement Plan, published in October 2021 on behalf of the GMCA. Buses are now part of an integrated public transport network, known as the 'Bee Network', which allows people to change between different modes of transport with price capped tickets. The new system is called franchising, where GMCA coordinate the bus network and contract bus companies to run the services. The first Bee Network buses started running in September 2023 in Bolton, Wigan, and parts of Bury, Salford and Manchester. The scheme is expected to be expanded in March 2024, for bus services in Oldham, Rochdale. By January 2025. All Greater Manchester buses will be under local control.

2.6.4 New low bus fares have now been extended to September 2024, meaning that people in Greater Manchester will pay no more than:

- £2 for an adult single fare, £1 for a child.
- £5 to travel all-day by any bus, £2.50 for a child.
- £21 to travel by any bus for seven days, £10.50 for a child.

2.6.5 Bus franchising is envisaged to boost Greater Manchester's economy and is the first step in improving transport across Greater Manchester. A new range of bus and Metrolink tram tickets (Bee AnyBus + Tram) is also being introduced from 24 September and will be up to 20% cheaper compared to paying separately for bus and tram journeys.

2.6.6 In March 2023, Greater Manchester signed a new Trailblazer Deeper Devolution Deal with the government. This sets out a roadmap to fully integrate local rail services into the Bee Network by 2030. So far, this has included:

- Contactless touch-in/touch-out travel on local train services.
- A stations charter looking at land value and regeneration opportunities across central Manchester.
- Looking at wider opportunities for the integration of rail services, stations, co-branding and making fares simpler.

2.6.7 The Bee Network will also include the UK's largest cycling and walking network, connecting every area and community in Greater Manchester with 1,800 miles of safe routes and 2,400 new crossings. Hire bikes and e-bikes are available in areas of Manchester, Salford, and Trafford.

2.7 Travel Plan Aims & Objectives

2.7.1 Considering the above benefits, this Travel Plan aims to minimise the number of car trips generated by the development and encourage staff, patients and visitors to use sustainable modes of transport.

2.7.2 The aims of this Travel Plan will be supported with the following objectives:

- **Objective 1** – To increase the level of cycling to and from the site;

- **Objective 2** – To increase the level of walking to and from the site;
- **Objective 3** – To increase the level of public transport use to and from the site; and
- **Objective 4** – To reduce single occupancy car travel to and from the site.

3.0 Existing Situation

3.1 Site Location

- 3.1.1 North Manchester General Hospital (NMGH) is located within the bounds of Manchester City Council, approximately 4km to the north of Manchester City Centre.
- 3.1.2 NMGH was formerly operated by the Pennine Acute Hospitals NHS Trust, which was dissolved in 2021 and its name was changed to Northern Care Alliance (NCA) NHS Foundation Trust. NMGH was subsequently acquired by Manchester University NHS Foundation Trust (MFT), whereby the acquisition completed the creation of a Single Hospital Service for the people of Manchester and Trafford.
- 3.1.3 A map of the wider NMGH campus illustrating hospital buildings and vehicular entrances is provided in **Figure 3.1** below, although it is noted that this is outdated as the Multi-Storey Car Park (MSCP) and cycle hub (MCC planning ref: 128905/FO/2020) has been completed and is fully operational, and that the Trust Headquarters has been demolished and the North View construction site is currently in its place:

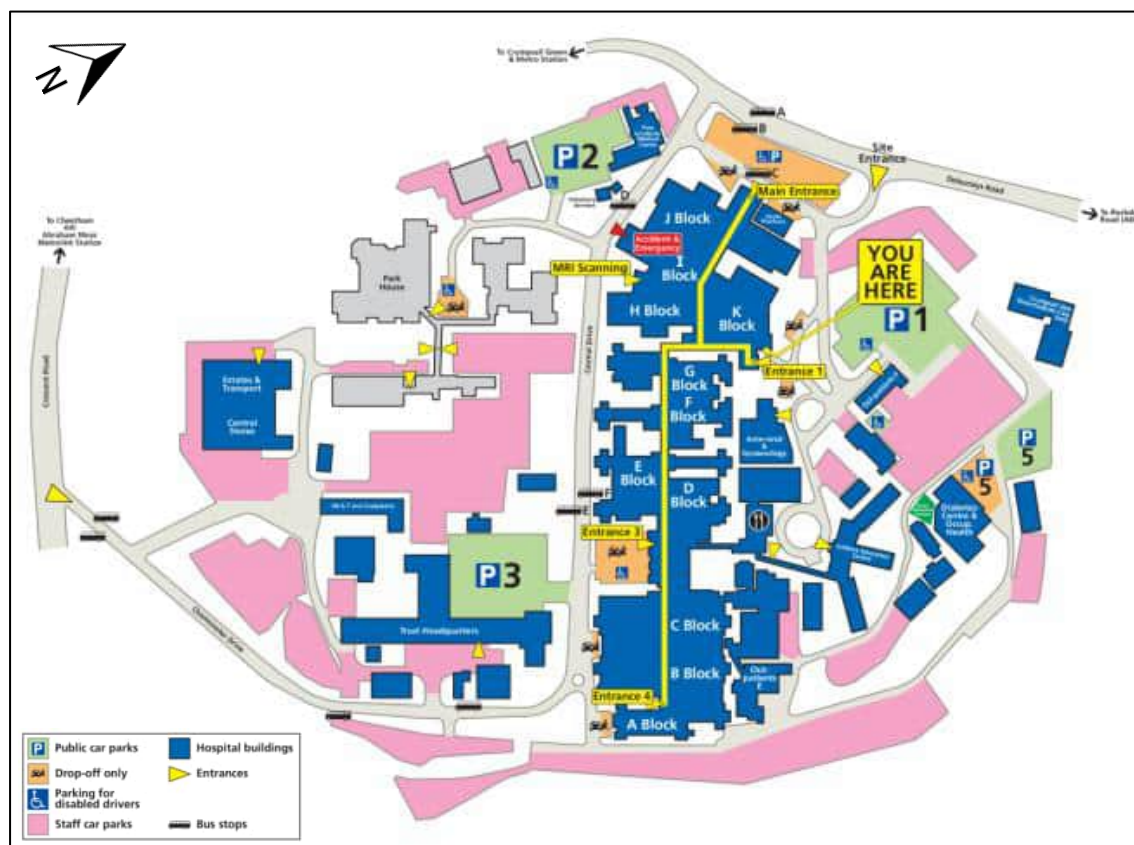


Figure 3.1 – North Manchester General Hospital Campus Map
(Source: Manchester University NHS Foundation Trust, 2021)

- 3.1.4 The existing Greater Manchester Mental Health (GMMH) Park House building is located at the south-west of the site (in the vicinity of P2 in **Figure 3.1**), whereas the North View is located at the south-east of the site (currently shown as Trust Headquarters in **Figure 3.1**). **Figure 3.2** below shows the site in relation to the regional highway network:

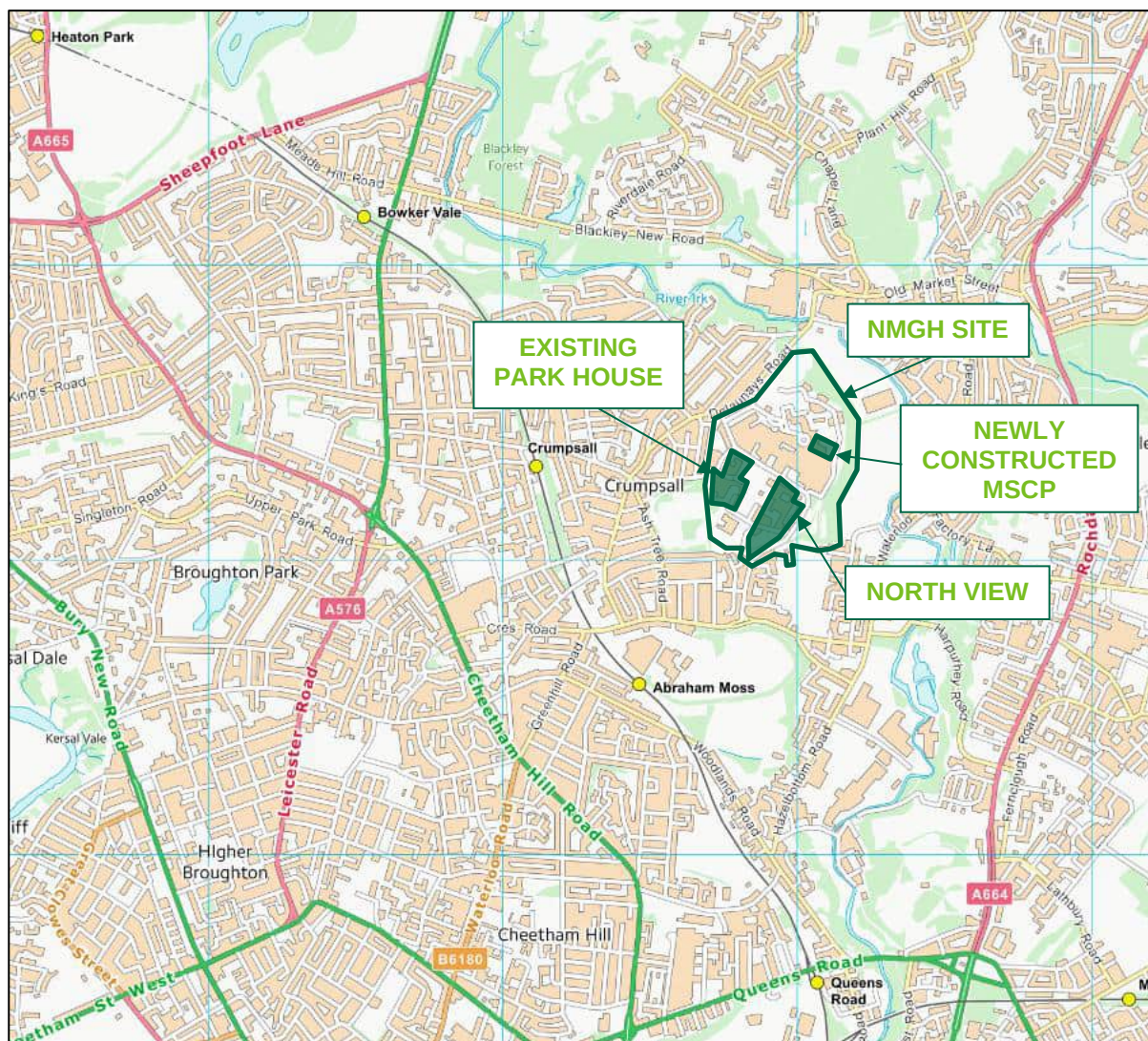


Figure 3.2 – Site Location in Relation to the Regional Highway Network

(Source: OS Maps, 2024)

3.1.5 Additionally, **Figure 3.3** below shows the site in a local context relating to the local highway network:

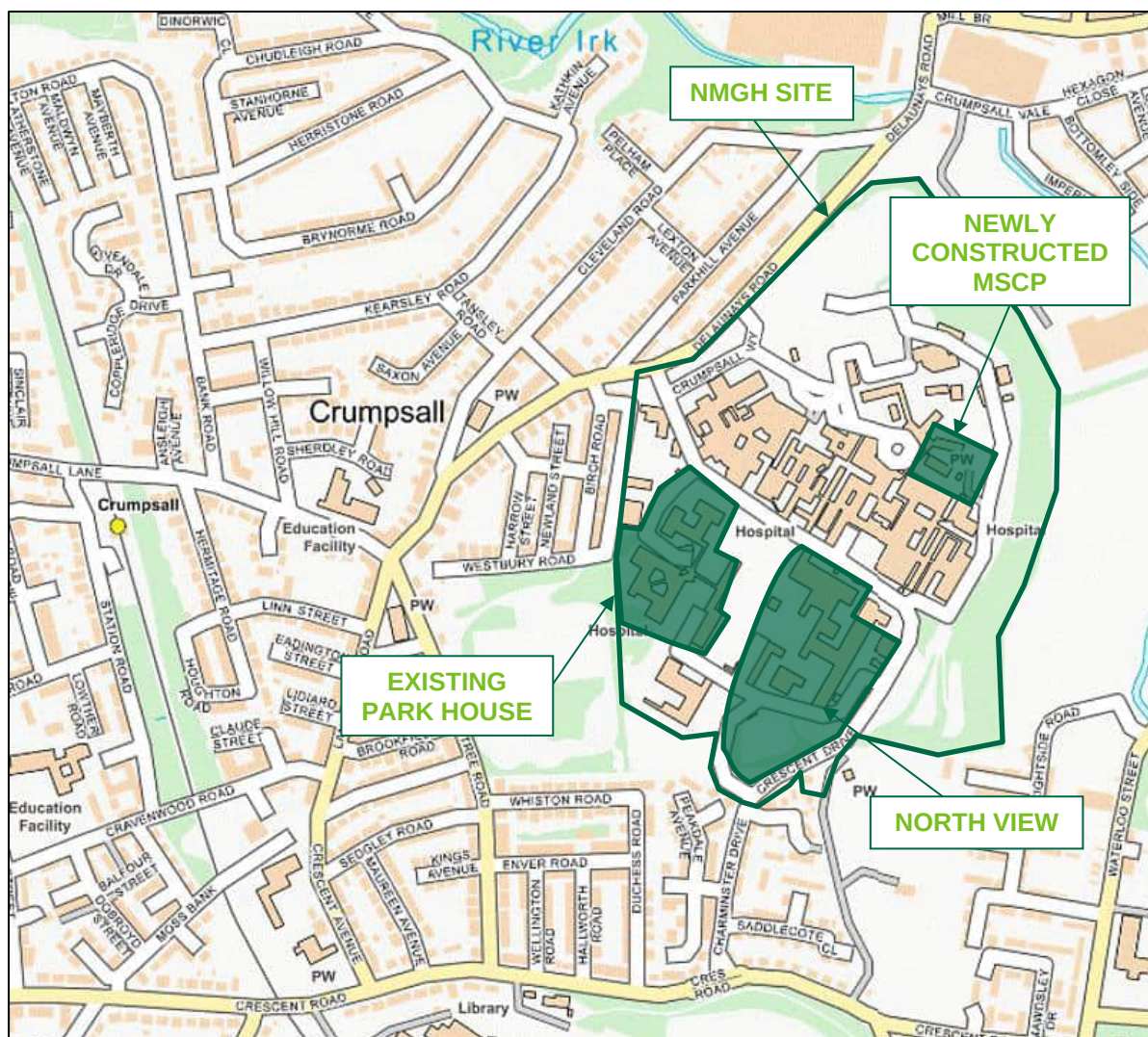


Figure 3.3 – Site Location in Relation to the Local Highway Network
(Source: OS Maps, 2024)

- 3.1.6 The surrounding area is predominantly residential in nature, with local centres, schools, medical centres and GP practices spread out in the wider neighbourhood.

3.2 Existing Use and Access Arrangements

- 3.2.1 The existing Park House building consists of 9 no. wards, with 146 no. adult acute inpatient beds, and 20 no. rehabilitation beds. The majority of beds are provided in dormitory accommodation.
- 3.2.2 The site which would be occupied by the North View is currently under construction. It formerly comprised the Pennine Acute Hospital (comprising the Pennine Acute Hospital NHS Trust Headquarters, offices, and former blocks) and its associated surface car park (P3 in **Figure 3.1** above), where there was a distinction between visitor and staff car parking. There was also a staff car park along within the southern portion of the site, however this has also since been redeveloped.
- 3.2.3 Vehicle access to the visitor section of the western car park was formerly obtained off Central Drive to the north of the site, whereas the staff section was formerly accessed from an unnamed road to the west of the site off Ellis Drive. Whereas pedestrian access into the site was obtained off Crescent Drive, which comprises footways of c. 1.5m in width with dropped kerbs and tactile paving.

- 3.2.4 At the time of writing, there is construction hoarding along the perimeter of the site to prevent unauthorised access by members of the public. There are several gates along Crescent Drive and Eyam Road which are designated as entrances to the construction compound as shown in **Figures 3.4** and **3.5** below, however these are secured by site operatives.



Figure 3.4 (left) – Crescent Drive Construction Access

Figure 3.5 (right) – Eyam Road Construction Access

- 3.2.5 Where construction hoarding extends onto the footway along Crescent Drive, there are painted on-road footpaths adjacent to the construction hoarding as designated walking routes for pedestrians.
- 3.2.6 Overall, NMGH is also well-connected to public transport infrastructure as there are bus stops within the campus (along Crescent Drive and Central Drive, and adjacent to the main entrance along Crumpsall Way) and directly to the north of the campus (along Delaunays Road).
- 3.2.7 These bus stops host services to Middleton, Bury, Piccadilly Gardens, Shudehill, Higher Crumpsall, and other destinations within Greater Manchester (outlined in **Section 5.4** below). Many of these bus services also pass through various locations in the hospital campus. Most notably, the Crumpsall Metrolink station can also be accessed by a combination of bus travel (service 41) and walking.
- 3.2.8 The site is also located in close proximity to the Crumpsall and Abraham Moss Metrolink stops on the Green and Yellow Lines, with trams every 12 minutes running between Bury – Altrincham and Bury – Piccadilly respectively. These Metrolink stops are located up to 1,100m away from the site and can be accessed within a 15-minute walk.

3.3 Existing Travel Patterns

- 3.3.1 To gain an initial understanding of existing travel habits, **Table 3.1** below comprises the results of a Trust-wide staff travel survey that was conducted in summer 2023. The modal split specific to staff who worked at the existing Park House at some capacity (as some staff are required to work across different hospital sites), which comprised a response rate of 18 staff, is included as follows.

Mode of Travel	No.	Mode Split (%)
Car driver	9	50%
Public Transport (Bus, Metrolink (Tram), Train)	5	28%
Bicycle	1	6%
Car and Motorcycle	1	6%
Car and Public Transport	1	6%
Car, Public Transport, and Walk	1	6%
Total	18	100%

Table 3.1 – Mode Split from Summer 2023 GMMH Trust-Wide Staff Travel Survey

- 3.3.2 The data indicates that the majority of staff travel by private car to the site, but many occasionally alternate driving with other modes of travel such as motorcycle, public transport, and walking. A smaller proportion of staff rely solely on public transport such as buses and the Metrolink to access the site (28%).
- 3.3.3 Of the 18 staff who responded to the survey, half of the respondents were solely based at Park House in NMGH, whereas the remainder were spread out across GMMH's other sites. Of those who are based solely at Park House, the majority of respondents (55%) reported that their journey to work was between 4 – 10 miles, with only 1 respondent stating their journey to work was between 1 – 2 miles.
- 3.3.4 The main reasons behind travelling by car were reported as the long distance, health considerations, and that a car is required to perform their job. For those who travelled to the site by car, the majority (67%) parked onsite, with the remainder parking on-street nearby.
- 3.3.5 Only 1 respondent stated that they have changed the amount they travel into work through working remotely. When queried what would incentivise staff to travel to work more sustainably (i.e., by cycling or public transport), the main suggestions were:
- Tickets / passes available through work discount / subsidised;
 - Improved / reliable public transport;
 - Improved cycle parking in the workplace;
 - Improved cycle changing facilities & lockers at work; and
 - Arrangements to buy a bicycle at a discount.
- 3.3.6 The full survey is included in **Appendix B** to the rear of the report.

3.4 Local Highway Network

Delaunays Road

- 3.4.1 Delaunays Road commences at a priority junction with Crumpsall Lane, Ash Tree Road and Lansdowne Road and extends for c. 950m towards the north-east, where it continues as Mill Brow at its terminus. Most notably, at c. 525m to the north-east of the priority junction, Delaunays Road provides access onto Crumpsall Way, which is one of the main vehicular entrances into the NMGH site.

- 3.4.2 In the vicinity of the site, Delaunays Road comprises a two-way single carriageway with an average width of 9m. The road widens in the vicinity of the hospital access at Crumpsall Way to accommodate turning lanes.
- 3.4.3 There is good pedestrian infrastructure on Delaunays Road, comprising footways averaging 2m in width along both sides of the carriageway. The footways are complete with dropped kerbs where appropriate, and the road is also well-lit by streetlights at regular intervals. Immediately to the west of the Central Drive / Delaunays Road exit, there is a Puffin crossing facility with dropped kerbs, tactile paving and guard rail fencing.
- 3.4.4 Delaunays Road is subject to a speed limit of 30mph. The road is also bordered by residential dwellings and local shops, as such there are areas for on-street parking available. Different restrictions apply at different areas of the road as certain lengths are marked for resident permit holders only, certain areas allow for a maximum stay of 20 minutes with no return within 40 minutes, whereas certain areas allow for a maximum stay of 3 hours with no return within 4 hours between 08:00 – 19:00 on Mondays to Fridays. Where there is no parking, the remainder of the road is marked with parking restrictions in the form of double yellow lines (no waiting at any time).
- 3.4.5 There are also bus stops along Delaunays Road located c. 75m to the west of the Crumpsall Way access. These bus stops are available in pairs and comprise a pole with journey information. The westbound bus stop has additional infrastructure such as a shelter and seating. Buses that call at these stops link staff, patients and visitors to Manchester City Centre, Middleton, Pendleton, Failsworth, Higher Blackley, and Sale (further information in **Section 5.4** below).
- 3.4.6 **Figures 3.6** and **3.7** below shows the site accesses off Delaunays Road, in and out of the hospital from Crumpsall Way and Central Drive respectively:



Figure 3.6 (left) – Site Access off Delaunays Road (Crumpsall Way)



Figure 3.7 (right) – Site Access off Delaunays Road (Central Drive)

Charminster Drive / Crescent Drive

- 3.4.7 To the south of the site, Charminster Drive commences at a signalised junction off Crescent Road and extends for c. 200m towards the north, where it continues on as Crescent Drive for c. 300m in a northerly direction before terminating at a mini roundabout with Central Drive adjacent to the site. Charminster Drive is bordered by residential dwellings and local roads, whereas Crescent Drive continues to form part of the eastern boundary of the NMGH site and is predominantly bordered by woodland. **Figure 3.8** shows the signalised junction where the road commences:



Figure 3.8 – Site Access off Charminster Drive

- 3.4.8 In the vicinity of the site, the roads comprise a two-way single carriageway with an average width of 5.5m. There is footway provision along both sides of Charminster Drive averaging 1.5m in width, however this provision minimises to only being present on the western side of Crescent Drive but is complete with dropped kerbs and tactile paving. There is also a zebra crossing along Crescent Drive, and the roads are well-lit.
- 3.4.9 The roads are subject to a speed limit of 30mph, where there are traffic calming measures such as speed humps to enforce this in the vicinity of the site. The roads are also subject to parking restrictions in the form of double yellow lines for its entire length.
- 3.4.10 There are several bus stops along the road, however these only comprise a pole with journey information. These buses link the site to areas such as Eccles, Pendleton, Middleton, Hightown, Cheetham Hill, Failsworth, Hollinwood, and Harpurhey.

Crumpsall Way / Central Drive

- 3.4.11 Crumpsall Way commences at a priority junction off Delaunays Road to the north of the site and forms a loop in a westerly direction for c. 60m. At this point, vehicles can turn left to access the northern portion

of the site (outpatients, dermatology, and a surface car park) or continue straight for c. 100m past the General Hospital entrance, until the road meets Central Drive.

- 3.4.12 Central Drive extends for c. 400m from a priority junction with Delaunays Road and bisects the northern and southern portion of the site, before terminating at a mini roundabout with Crescent Drive. However, it is clearly signed that the road is exit only onto Delaunays Road.
- 3.4.13 Both roads comprise a two-way single carriageway with an average width of 5.5m, with good pedestrian infrastructure such as wide footways averaging 2m, dropped kerbs and tactile paving. There is also a pelican crossing located to the north of the site, and signalised crossing points along Crumpsall Way at the main entrance of the General Hospital. The roads are all well-lit.
- 3.4.14 Being in a hospital zone, low speed limits are ensured using physical measures such as speed humps. There are also painted “SLOW” road markings at regular intervals. The roads comprise double yellow lines throughout their entire length.
- 3.4.15 There are also many bus stops along the road, all of which have a pole with journey information, some of which have additional infrastructure (i.e., shelter and seating).

Multi-Storey Car Park (MSCP)

- 3.4.16 Further to the north of the site lies the new Multi-Storey Car Park (MSCP), accessed off the mini roundabout to the north-east of the site. The new MSCP comprises 980 car parking spaces and a cycle hub as shown in **Figures 3.9** and **3.10** below and is split into 70% staff parking and 30% patient / visitor parking. The cycle hub is intended for staff use only, however there are Sheffield cycle stands outside the cycle hub that can be used by patients / visitors.

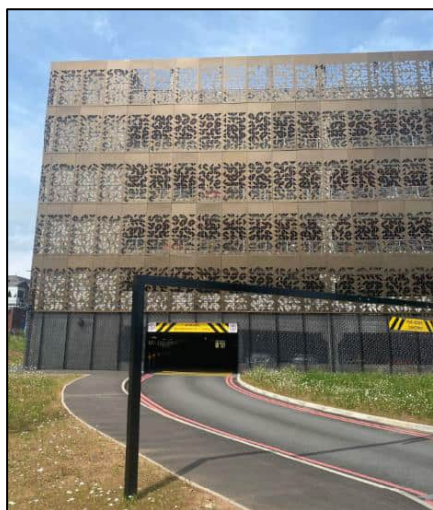


Figure 3.9 (left) – Entrance to Newly Constructed MSCP



Figure 3.10 (right) – Cycle Stands Outside Cycle Hub

- 3.4.17 Within the cycle hub, there are lockers and two-tier stacked cycle racks, alongside maintenance equipment for staff to use if necessary.

3.5 Access for Mobility and Visually Impaired Users

- 3.5.1 There are a number of existing features which ensure safe, convenient, and aided access for those site users who are disabled and / or visually impaired. As mentioned above, there are pedestrian facilities in the form of footways, dropped kerbs, tactile paving, signalised crossing points, and Zebra crossings within and outside of the hospital site.
- 3.5.2 Level access is provided to all hospital buildings within the site, with dropped kerbs and tactile paving at Zebra crossings to aid the crossing of mobility and visually impaired users.

4.0 Development Details

4.1 Summary

4.1.1 The new building will provide vastly improved facilities, such as:

- 7 no. adult acute mental health wards, including assessment provision, comprising 6 no. 17 bed wards and 1 no. 18 bed assessment ward (120 no. beds in total);
- 1 no. Psychiatric Intensive Care Unit (PICU) with 10 beds (10 no. beds in total);
- 1 no. older adult 20 bed mental health ward (20 no. beds in total); and
- Section-136 (S136) Suite.

4.1.2 The development also includes shared therapy rooms, clinic areas and support rooms, seclusion suites, office, a café and shop, staff facilities, courtyard and roof gardens.

4.1.3 The latest consented site plan is provided in **Appendix A** to the rear of the report.

4.1.4 There would be a drop-off / pick-up area to the west of the site which will be accessed off a new road forming the southern arm of the proposed Central Drive roundabout. Whereas the car park to the north-east of the site would be accessed off Central Drive (to the east of the proposed new roundabout).

4.1.5 There will be car parking spaces available at the north-east of the site for 62 spaces, albeit these would be operated as part of the wider parking strategy for the NMGH site and is not solely dedicated to GMMH use. GMMH may have access along with the other facilities on the campus. A proportion of these will be equipped with Electric Vehicle (EV) charging facilities and appropriate quantum of accessible parking will be provided.

4.1.6 Cyclists would be able to access the site in a similar manner to visitors, as the cycle parking for c. 20 bicycles will also be provided in the form of cycle stands located adjacent to the building entrance. Whereas pedestrians would be able to access the site from Central Drive, which would have a central green space and footways leading directly to the main entrance of North View.

4.1.7 The provision of 20 spaces therefore exceeds BREEAM's standards, which state that cycle parking provision could be 1 space per 10 staff, 1 space per 2 consulting rooms, or 1 space per 10 beds. This would equate to a minimum of 15 spaces for 150 beds. Additionally, there will be showers, lockers, drying room and changing facilities located within the site.

4.1.8 Level access into the building will be provided for pedestrians and cyclists (all types of users regardless of the level of mobility or visual impairment) across all areas within the site in the form of ramps and lifts where necessary. There would also be accessible toilets and changing areas.

5.0 Accessibility by Sustainable Modes of Travel

5.1 Introduction

- 5.1.1 A key element of national and local policy is to ensure that new developments are located in areas where alternative modes of travel are available. This supports the aims of integrating planning and transport, providing more sustainable transport choices, and reducing overall travel and car use.
- 5.1.2 The accessibility of the development is considered in this context for the following modes of travel:
- Pedestrian Accessibility;
 - Accessibility by Cycle; and
 - Accessibility by Public Transport.

5.2 Pedestrian Accessibility

- 5.2.1 Research has indicated that acceptable walking distances depend on a number of factors, including the quality of the development, the type of amenity offered, the surrounding area, and other local facilities.
- 5.2.2 The National Design Guide (NDG, published by DLUHC, 2021) says that well designed places / neighbourhoods are walkable, which is defined *“Local facilities are within walking distance, generally considered to be no more than a 10 minute walk (800m radius).”*
- 5.2.3 Despite the NDG characterising 800m as a maximum acceptable walking distance, the DfT’s National Travel Survey Datasets provide empirical evidence to demonstrate people are willing to walk further. This is reflected in Manual for Streets guidance (MfS, published by the DfT, 2007) which states an 800m catchment should not be *“...an upper limit”* and that walking *“...offers the greatest potential to replace short car trips, particularly those under 2 km.”*
- 5.2.4 The Chartered Institution for Highways and Transportation (CIHT) produced a document in 2000 titled *‘Guidelines for Providing for Journeys on Foot’* which provides recommended walking distances of up to 2km, which are more in line with those reported in the NTS.
- 5.2.5 Moreover, the National Model Design Code – Part 2 (NMDC, published by the DLUHC in 2021) expresses *“the aim that walking and cycling should be the first choice for short local journeys, particularly those of 5 miles or less.”* The 800m and 2km walking catchments are considered further below. On this basis, walking distances of 800m and 2,000m from the site have been considered.
- 5.2.6 There are well established local routes through and behind the surrounding housing areas which provide a pedestrian infrastructure more permeable than that of the road network. Notwithstanding this, pedestrian routes into the NMGH site are restricted by fencing and walls, with a natural barrier to the easy by way of a steep slope. There is an existing Public Right of Way (PRoW) running between Ash Tree Road and Waterloo Street (bisecting Eyam Road, Crescent Drive and Brightside Road) directly

adjacent to the southern boundary of the site, but there is no direct access to the NMGH site through the adjacent Crumpsall Park.

- 5.2.7 As part of the original full planning application in 2020, it was proposed that the PRow would be closed and redirected along the existing footpath along Eyam Road and Crescent Drive (**Figure 5.1** below). Notwithstanding, formal objections were received by the Ramblers Association to the closure of the footpath. It was subsequently proposed that the PRow sits outside of the secure line boundary therefore the fence line will remain as existing (off-road), albeit it would be realigned slightly as shown in **Figure 5.2** below. This was agreed with all of the footpath societies and approved as part of a non-material amendment to the 2020 planning application (MCC planning application: 132931/NMC/2022).



Figure 5.1 (left) – Initial Proposals for Footpath Closure and Diversion

Figure 5.2 (right) – Consented Retention and Realignment of Footpath

(Sources: Google Maps, 2020, and Iteriad Architects, 2020)

- 5.2.8 Furthermore, guidance from the Building Research Establishment Environmental Assessment Method (BREEAM) UK New Construction 2018 consultation states that Transport Assessments and Travel Plans would have to include reporting on the number and type of amenities within 500m of the site (based on current Tra 02 criteria). As such, the number and type of existing accessible amenities within 500m of the site can be summarised in **Table 5.1** below:

No.	Amenity	BREEAM Criteria / Type	Proximity to Site (m)
1	North Manchester General Hospital	Public sector GP surgery or general medical centre	100
2	NMGH Gallery Restaurant	Appropriate food outlet	450
3	Greater Manchester Mental Health (GMMH) The Waterdale	Appropriate food outlet	400
4	GMMH The Curve Café	Appropriate food outlet	400
5	Crumpsall Park	Access to an outdoor open space	450
6	Delaunays Chippy	Appropriate food outlet	450
7	Newsmarket	Appropriate food outlet Access to cash	500

No.	Amenity	BREEAM Criteria / Type	Proximity to Site (m)
8	Park View Medical Centre	Public sector GP surgery or general medical centre	500

Table 5.1 – Number and Type of Existing Accessible Amenities within 500m of the Site

- 5.2.9 At an 800m walking distance from the site, the residential dwellings along and between Ash Tree Road and Lansdowne Road are also accessible, along with those along Bank Road, Clifdale Drive and Kearsley Road. Residential areas to the east and south-east include those along Waterloo Street, Brightside Road, Celia Street, Crescent Road, Chataway Road, and the area to the south of Crumpsall Park. To the north of the site, this catchment extends to Old Market Street and includes residential areas off Crumpsall Vale, Imperial Way, Bottomley Side, Hexagon Close, and Lawson Street.
- 5.2.10 Further afield but within a 2,000m walking catchment from the site lies the outskirts of Broughton Park to the west, areas of Cheetham Hill to the south, areas of Higher Blackley and Blackley to the north, and Harpurhey to the east. All these areas comprise residential areas and a variety of associated amenities such as schools, residential areas, recreation grounds, community centres, parks etcetera.
- 5.2.11 Most notably, the Crumpsall and Abraham Moss Metrolink stations are located at a c. 1,100m distance (within a 15-minute walk) from the centre of the site. This presents a good opportunity for future staff and visitors to shift to sustainable multi-modal transport options.
- 5.2.12 As mentioned in **Section 3.4** earlier, the local roads in the vicinity of the site benefit from good infrastructure such as wide footways, adequate crossing points and street lighting. It can be concluded that the site is highly accessible on foot.

5.3 Accessibility by Cycle

- 5.3.1 Cycling is a relatively low cost, efficient and healthy way to travel. Cycling also provides a predictable arrival time which depending on location, can be quicker than driving and is subject to fewer delays.
- 5.3.2 There is existing cycle parking at the NMGH site in the form of sheltered stands, bike pods, and publicly accessible Sheffield cycle stands located at different points throughout the hospital campus. There are also shower and changing facilities onsite.
- 5.3.3 With the recently completed MSCP and Cycle Hub to the north of the site, there are further secure cycle spaces for staff within the Cycle Hub with supporting facilities (such as showers, lockers and changing facilities), and further publicly accessible Sheffield cycle stands outside for visitors.
- 5.3.4 In order to assist in assessing the accessibility of the site by cycle, 5.5km and 8km cycle catchments have been considered. The average cycling trip length was 5.3km in 2019 and 5.7km in 2022 (based on NTS dataset NTS9910a). The average length has been between 5.0km and 6.0km every year from 2012/13 to 2022, except 2014/15 and 2020. An average cycling distance of 5.5km has been used for this assessment.
- 5.3.5 The maximum acceptable cycling distance for most people is considered to be 8km (5 miles), based on NTS statistics, which demonstrate that 82% and 80% of cycling trips were under 5 miles / 8km in 2019

and 2022, respectively. This distance is also referenced by both the National Model Design Code – Part 2 (DLUHC, 2021) and LTN1/20.

5.3.6 A 5.5km catchment from the site extends as far as Blackley and Middleton to the north, Moston to the east, Manchester City Centre to the south, and Prestwich to the west. Further afield, the 8km catchment extends to Whitefield to the north, Failsworth to the east, Hulme and Gorton to the south, and Pendlebury and Salford to the west. The local cycle map in the vicinity of the site is shown in **Figure 5.3** below:



Figure 5.3 – Local Cycle Infrastructure
(Source: TfGM, 2022)

- 5.3.7 The closest designated cycle route on the National Cycle Network (NCN) to the Site is Route 60, accessed via Waterloo Street to the east of the site. This section is the northern terminus of Route 60, where it comprises a mixture of on- and off-road paths linking Harpurhey in the north of Manchester to Reddish in Stockport via east Manchester. The majority of the traffic-free path that makes up part of Route 60 is the section it shares with the Fallowfield Loop between Reddish and SportCity – where the Manchester City Football Stadium is – via a disused railway path and the Ashton Canal.
- 5.3.8 Most notably, the site benefits from low speed limits in the surrounding areas, along with cycle infrastructure such as cycle lanes on Waterloo Street, indicating that there is an opportunity for cycling as a sustainable mode of travel to and from the site.

5.4 Accessibility by Public Transport

- 5.4.1 Developed by Transport for Greater Manchester (TfGM), Greater Manchester Accessibility Levels (GMAL) are a measure of the accessibility of a point to both the conventional public transport network (i.e. bus, Metrolink and rail) and Greater Manchester's Local Link (flexible transport service), considering walk access time, service availability, and average waiting time. The method is essentially a way of measuring the density of the public transport provision at any location within the Greater Manchester region.
- 5.4.2 The accessibility index score is categorised into eight levels (1 to 8), where level 8 represents a high level of accessibility and level 1 a low level of accessibility. The site is located in an area with a GMAL rating of 6. This is a particular strength of the site, which offers strong multi-modal links across Greater Manchester.
- 5.4.3 **Figure 5.4** below shows a map of the public transport network in the vicinity of the site, comprising bus, rail, and Metrolink services:

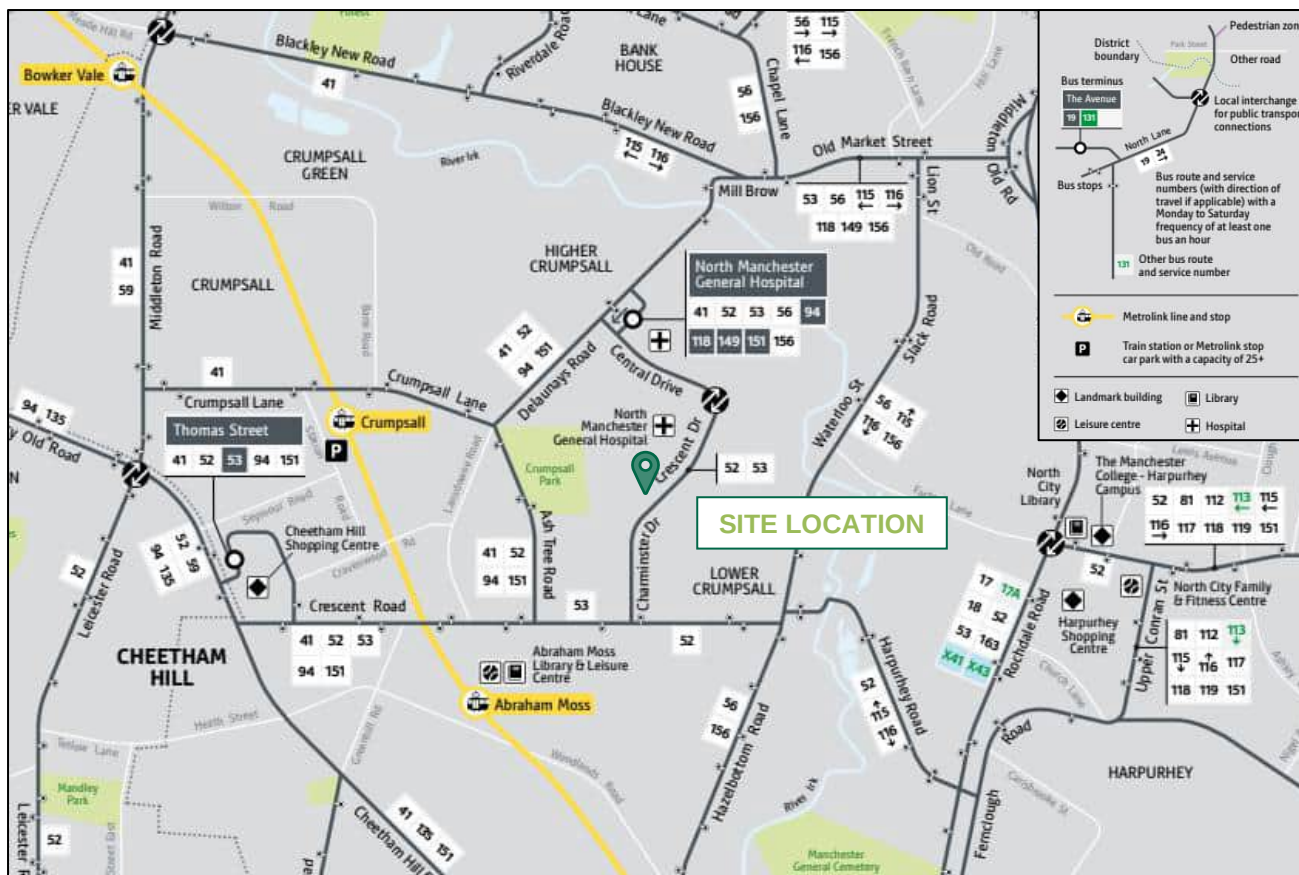


Figure 5.4 – Public Transport Network Map
(Source: TfGM, 2024)

Bus Accessibility

- 5.4.4 The National Model Design Code – Part 2 (DLUHC, 2021) states: “Generally, people are prepared to walk further to a railway station or tram stop (10 minutes) [800m walking distance] than to a bus stop (5 minutes) [400m walking distance].” These times and distances are also cited in the CIHT document ‘Planning for Walking’ (2015).
- 5.4.5 The nearest bus stops are located along Central Drive, c. 100m from the main site access, as well as at Crescent Drive and the main entrance to the General Hospital, which are a c. 150m and 450m walk to the east and north respectively from the main site access. **Table 5.2** details the services that call at these stops, and their associated frequencies:

Bus Service	Route	Mon – Fri first bus	Mon – Fri last bus	Peak Hourly Frequency		
				Mon – Fri	Sat	Sun/Hols
From Central Drive:						
52	Failsworth – Moston – Weaste – Eccles – The Trafford Centre	06:33	23:21	30 mins	30 mins	Hourly
	The Trafford Centre – Eccles – Moston – Failsworth	05:26	22:16	30 mins	30 mins	Hourly
53	Cheetham Hill – Higher Crumpsall – Old Trafford – Pendleton	05:11	23:15	30 mins	30 mins	Hourly

Bus Service	Route	Mon – Fri first bus	Mon – Fri last bus	Peak Hourly Frequency		
				Mon – Fri	Sat	Sun/Hols
	Pendleton – Old Trafford – Higher Crumpsall – Cheetham Hill	05:51	23:47	30 mins	30 mins	Hourly
From Crescent Drive:						
52	Failsworth – Moston – Weaste – Eccles – The Trafford Centre	06:32	23:20	30 mins	30 mins	Hourly
53	Cheetham Hill – Higher Crumpsall – Old Trafford – Pendleton	05:10	23:14	30 mins	30 mins	Hourly
From Crumpsall Way (Main Entrance):						
41	Middleton – Higher Blackley – Bowker Vale – Didsbury – Sale	05:42	23:25	20 mins	20 mins	30 mins
	Sale – Didsbury – Bowker Vale – Higher Blackley – Middleton	06:16	23:42	20 mins	20 mins	30 mins
52	The Trafford Centre – Eccles – Moston – Failsworth	05:26	22:16	30 mins	30 mins	Hourly
53	Pendleton – Old Trafford – Higher Crumpsall – Cheetham Hill	05:51	23:47	30 mins	30 mins	Hourly
56	Shudehill – Higher Blackley – Higher Crumpsall circular	06:46	18:43	30 mins	30 mins	No Service
94	Bury – Hollins – Prestwich – Bowker Vale – Higher Crumpsall	07:27	21:21	Hourly	Hourly	Every 2 hours
	Higher Crumpsall – Bowker Vale – Prestwich – Simister	06:35	21:40	Hourly	Hourly	Every 2 hours
118	Higher Crumpsall – Blackley – Moston – Piccadilly Gardens	06:42	23:07	15 mins	15 mins	30 mins
	Piccadilly Gardens – Harpurhey – Moston – Higher Crumpsall	05:47	00:25	15 mins	15 mins	30 mins
149	Higher Crumpsall – Oldham – Chadderton – Blackley circular	07:07	20:02	Hourly	Hourly	Hourly
151	Higher Crumpsall – Moston – Failsworth – Ashton-under-Lyne	07:26	18:06	Hourly	Hourly	No Service
	Ashton-under-Lyne – Failsworth – Moston – Higher Crumpsall	07:17	17:51	Hourly	Hourly	No Service
156	Middleton – Rhodes – Higher Blackley – Blackley – Shudehill	05:12	23:19	30 mins	30 mins	30 mins
	Shudehill – Blackley – Higher Blackley – Rhodes – Middleton	05:49	23:57	30 mins	30 mins	30 mins

Table 5.2 – Summary of Bus Service Frequencies

- 5.4.6 It is noted that the provision of bus services will change over time in response to current circumstances and during different seasons of the year. The bus times are accurate at the time of writing, whereas up-to-date bus times can be found on TfGM's website: <https://tfgm.com/public-transport/bus>.
- 5.4.7 These buses provide access to many residential areas and surrounding towns, as well as and Manchester City Centre. It can be considered that the site is highly accessible by bus.

Community Transport

5.4.8 For patients and visitors who may have difficulty accessing regular public transport, the Trust promotes several alternative schemes by TfGM, Manchester City Council, and the NHS such as:

- **Ring and Ride** – door-to-door transport for people who face difficulty getting to a bus stop or boarding / alighting ordinary buses, whereby drivers trained in disability awareness can provide short local journeys on buses with low entrance steps and lifts at the rear, along with wheelchair equipment and the option for carers / friends / relatives to travel together;
- **TfGM Travel Vouchers** – vouchers that can be used to pay for taxis and for travel on accessible bus services such as Ring and Ride;
- **The Motability Scheme** – a national charity where a disabled person can use their higher rate component of Disability Living Allowance or their War Pensioners' Mobility Supplement to lease or buy a car or powered wheelchair or scooter; and
- **Patient Transport Service** – a non-emergency service for people who may need special support getting to and from their healthcare appointments, and in certain circumstances it may be possible to have someone accompany a patient on their journey.

Metrolink (Light Rail)

5.4.9 Staff and visitors can also board the Metrolink at Crumpsall, which is within a 1,100m walking distance (up to a 15-minute walk) to the west of the site and can be accessible via bus 41. **Figure 5.5** below shows the Greater Manchester Metrolink network:

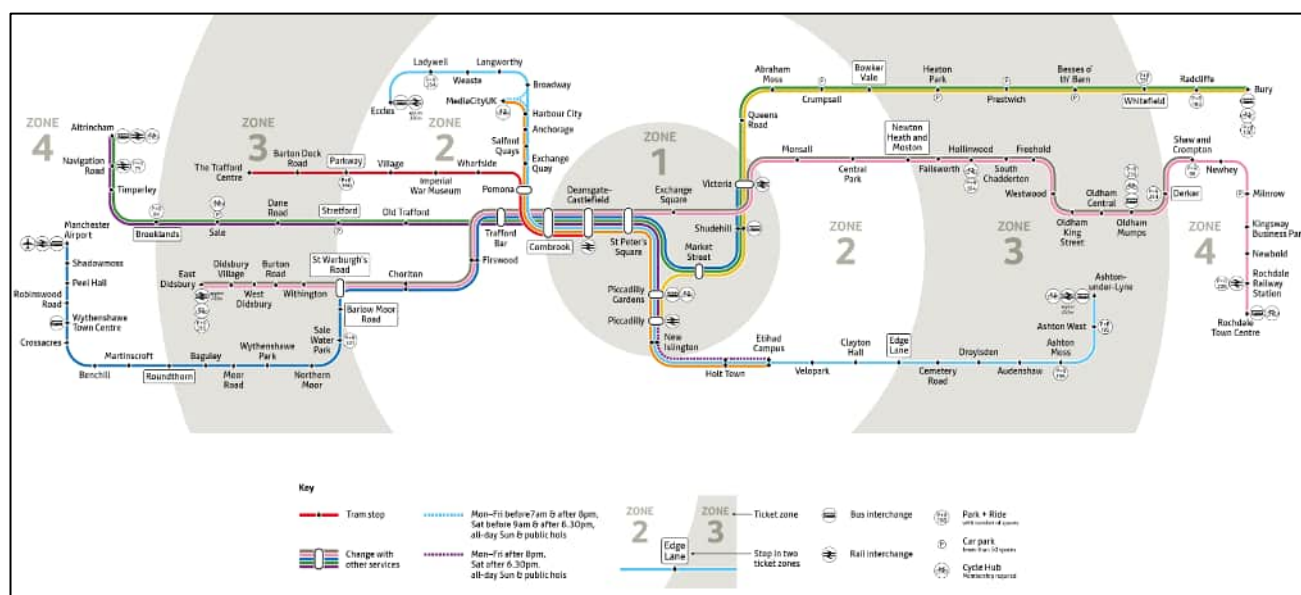


Figure 5.5 – Greater Manchester Metrolink Network

(Source: TfGM, 2024)

5.4.10 All lines run at a frequency of every 12 minutes between 06:00 – 00:00 on Mondays to Saturdays, every 24 minutes between 00:00 – 01:00 on Fridays and Saturdays, and every 15 minutes between 07:00 – 00:00 on Sundays. Some lines only operate during peak hours to meet increased demand.

- 5.4.11 The start and end times for the specific stops that staff and visitors wish to call at will change over time in response to current circumstances. The Metrolink frequencies are accurate at the time of writing, whereas up-to-date times can be found on the Metrolink website at: <https://tfgm.com/public-transport/tram/tram-times>.
- 5.4.12 Commuters can change at the Manchester Victoria station to access additional services to Rochdale, Manchester Airport, or larger transport interchanges such as Manchester Piccadilly.
- 5.4.13 It is considered the site is highly accessible by Metrolink (light rail).

Rail Accessibility

- 5.4.14 The nearest rail station to the site is Manchester Victoria station, located c. 4.5km to the south of the site. The station lies outside the acceptable maximum 2km walking catchment; however, it can be accessed as part of a multi-modal journey by a combination of walking and bus, by cycle, or via the Yellow Line on the Metrolink network that leads to Crumpsall station.
- 5.4.15 Manchester Victoria rail station has step-free access across the whole station via level accesses onto platforms and lifts at footbridge. The station is staffed during regular opening hours and has a concourse / ticket machines from which all tickets must be purchased. The station is sheltered and there are payphones present for passenger use, along with facilities such as toilets and shops. Train running information is offered via Customer Information Services (CIS) screens, and there are cycle stands for 38 bicycles on the platform and approach.
- 5.4.16 The trains that service Victoria Rail Station regularly run 7 days a week from a number of different locations within the North West; this provides frequent access for staff and visitors to the site. More locally, the above services provide access to residential areas such as Ashton-under-Lyne, Salford, Eccles and Rochdale.
- 5.4.17 A detailed map of the train network served by Manchester Oxford Road is shown in **Figure 5.6** overleaf. Up-to-date rail times can be found on the respective train operators' websites:
- Northern Rail: <https://www.northernrailway.co.uk/travel/timetables>;
 - Transpennine Express: <https://www.tpexpress.co.uk/travel-updates/timetables>.
- 5.4.18 Overall, the site is considered accessible via rail as part of a multi-modal trip.

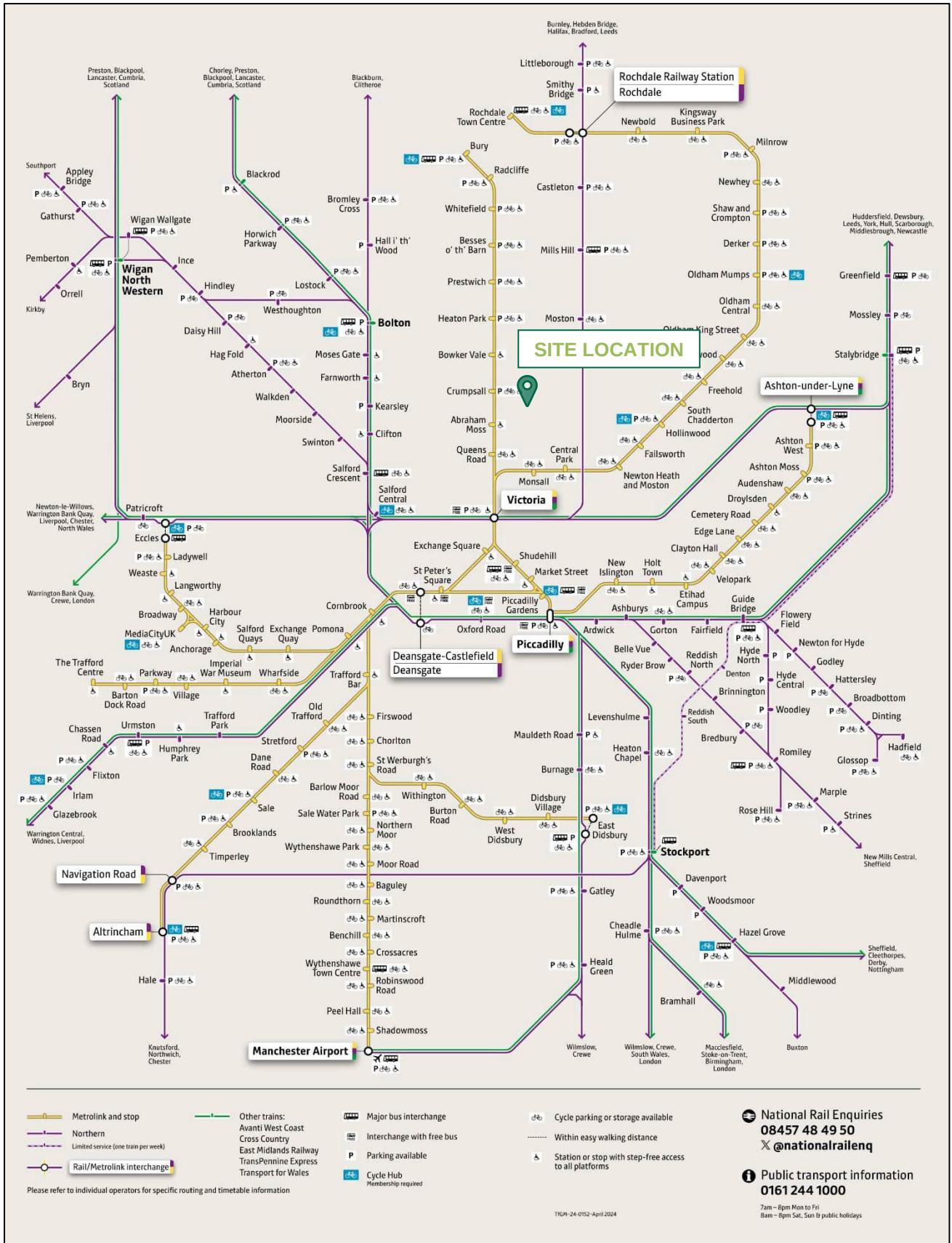


Figure 5.6 – Rail and Metrolink Network in the Vicinity of the Site
(Source: TfGM, 2024)

BREEAM Public Transport Accessibility Index (AI)

- 5.4.19 Guidance from the BREEAM UK New Construction 2018 consultation also states that Transport Assessments and Travel Plans would have to include reporting on the public transport accessibility (i.e. Tra 01 – proximity to train, bus etc. stops and frequency of services), which could include calculation of the Accessibility Index (AI) of the site.
- 5.4.20 The methodology for calculating the AI uses Transport for London's Public Transport Accessibility Level (PTAL) method, itself based on a methodology developed in 1992 by the London Borough of Hammersmith and Fulham. The GMAL methodology is also derived from the PTAL approach but modified to consider flexible transport service provision (Local Link) and to reflect local service provision levels (different accessibility levels) within Greater Manchester.
- 5.4.21 Based on previous experience and guidance from the BREEAM Knowledge Base, it is considered that GMAL index scores can be used interchangeably as the AI of the site to demonstrate compliance against BREEAM.
- 5.4.22 The site is located in an area with a GMAL rating of 6 as mentioned earlier, with a further GMAL index score of 15.3. This is understood to be the AI of the site.
- 5.4.23 It can be observed that the site's AI of 15.3 demonstrates that the site is highly accessible by public transport / suggests that the site has a good level of public transport accessibility in relation to BREEAM.

5.5 Summary

- 5.5.1 It is considered the site is highly accessible by sustainable modes of transport, which are also usable by those with limited mobility and are wheelchair accessible. The surrounding area exhibits good levels of pedestrian and cycling infrastructure, and there are a number of public transport opportunities within walking distance of the site.

6.0 Travel Plan Initiatives

6.1 Introduction

6.1.1 As part of ongoing commitments towards sustainable travel for staff and patients, the Trust has recently published a Healthy Travel Strategy (2023 – 2028) which is active across the group. This is included in **Appendix C** to the rear of this report. The Healthy Travel Strategy is the Trust's group-wide approach to sustainable travel, which sits above each of the individual site-based travel plans.

6.1.2 The Healthy Travel Strategy sets out the vision to:

- Support staff, patients and visitors to choose low carbon forms of travel; and
- Ensure hospital operations and business practices can adopt low carbon forms of transport.

6.1.3 Considering the level of accessibility, it is considered there are opportunities for staff and visitors to travel to / from the site via sustainable modes of travel. This section of the Travel Plan sets out the initiatives that would be implemented to reduce staff, patient and visitor dependency on the private car and encourage sustainable modes of travel. They are in line with the aims and benefits set out in **Section 2** of this document and the vision of the Healthy Travel Strategy.

6.2 Appointment of Travel Plan Coordinator (TPC)

6.2.1 At least one month before operation of the proposed development, a Travel Plan Coordinator (TPC) will be appointed. The duty of the TPC will be to take responsibility for ensuring that the various elements of the Plan are monitored and operate effectively to offer a genuine choice of travel modes. The responsibilities of a TPC are further detailed in **Section 8** of this report.

6.3 Production of Welcome Packs

6.3.1 Welcome packs can be critical in influencing travel patterns from the outset and therefore it is envisaged that welcome packs will be supplied to all staff, patients and visitors of the development. Information that could be included within a Welcome Pack include:

- Details of TfGM's online journey planning resources: <https://tfgm.com/plan-a-journey/>;
- Personal travel initiatives;
- Resources on active travel (walking and cycling):
 - The TfGM website at <https://beeactive.tfgm.com/where-you-live/> which comprises details of walking routes and facilities accessible within a 15-minute walk;
 - The Greater Manchester Walking website at <https://gmwalking.co.uk/> which provides resources on walking routes and tips on getting started with walking as a form of commute;
 - The <https://www.plotaroute.com/> website for journey planning on foot;
 - Calendar of events such as "National Walking Month" or 'Walk a Mile';
 - Maps showing local cycling routes (for example https://tfgm.pindarcreative.co.uk/tfgm_interactive_mapping_county_map/);

- The TfGM website at <https://beeactive.tfgm.com/> which comprises details on cycle training, parking, paths, maps, hire, or bringing bicycles on public transport;
 - Cycle information, including route maps and useful tips and guidance, on the Sustrans website <https://www.sustrans.org.uk/>;
 - Details of local cycle shops;
 - Calendar of events such as ‘National Bike Week’; and
 - The <https://www.cyclestreets.net/> website for journey planning by bike.
- Resources on public / community / shared transport:
 - Links to up-to-date public transport services, timetables and routes (for example <https://tfgm.com/public-transport>);
 - Details of community transport schemes for residents dependent on concessionary and accessible travel: <https://tfgm.com/accessibility>; and
 - Links to Liftshare registration: <https://liftshare.com/uk>.
- Details of the Travel Plan Co-ordinator (TPC).

6.3.2 As well as providing such information throughout the welcome packs, community notice boards in communal areas could also be provided to detail relevant information as set out above. Information provided via each mode would be updated by the TPC on a regular basis.

6.3.3 Additionally, the TPC could establish a staff intra-web service if applicable, and could provide information on travel and the use of non-car modes on a “Real-Time Travel Information” (RTI) basis.

6.4 Measures to Encourage Walking

6.4.1 Walking is the most sustainable and accessible mode of travel. Any individual in relatively fair health can incorporate walking into part of their journey. Furthermore, 30 minutes of moderate activity 5 or more times per week is likely to enhance the health and fitness of the individual.

6.4.2 It has been demonstrated within **Section 5** of this Travel Plan that there is a good level of pedestrian infrastructure in the surrounding area, with access to local services on foot. The following measures will be provided in order to encourage staff, patients, and visitors to walk:

- Clear signing of pedestrian routes within and adjacent to the site;
- Adequate lighting, landscaping and shelter to create pleasant pedestrian waiting areas;
- A marketing campaign in line with “Walk to Work Week” and / or the implementation of a “walking buddy” scheme; and
- Providing information on short 30-minute lunchtime walks and walking groups around the hospital site for when staff need a break.

6.5 Measures to Encourage Cycling

6.5.1 It has been demonstrated throughout **Section 5** of this Travel Plan that the site is conducive to cycling. There will also be cycle parking provided at the development in the form of cycle stands located adjacent to the building entrance.

6.5.2 The survey results in **Section 3.3** above also indicate the potential for staff to cycle to work, as some staff are not aware of the Cycle2Work scheme at present.

6.5.3 To encourage more staff, patients, and visitors to cycle, the following measures will be provided:

- Promoting the Cycle2Work scheme;
- Pedestrian and cyclist friendly (for all types of user regardless of the level of mobility or visual impairment) infrastructure with the provision of cycle lanes, safe crossing points, direct routes, appropriate tactile surfaces, good lighting and signposting to other amenities, public transport nodes and adjoining off-site pedestrian and cycle routes;
- Shower and changing room facilities to be provided in the building;
- Offering bicycle loans or bicycle rental schemes where staff who give up their parking permits could use any of the bikes available to rent free of charge;
- Identifying secure cycle parking locations and facilities i.e., shower and changing rooms, and how to register online to use any of these facilities;
- Promoting TfGM's cycle training sessions (family confidence training, learn to ride, road rider ready, one-to-one, basic / intermediate maintenance).

6.5.4 Additional measures such as providing a cycle maintenance bench or a bicycle / puncture repair kit onsite, encouraging local cycle clubs / forums to be invited to take part in Travel Plan promotional events to raise awareness, initiating a "cycle buddy scheme", promotion of events such as "National Bike Week", and the setting up of a development-wide Bicycle User Group (BUG) will also be considered.

6.6 Measures to Encourage Public Transport Use

6.6.1 It has been demonstrated throughout **Section 5** of this Travel Plan that the site is highly accessible by public transport, and that there are further opportunities for wider public transport travel throughout Greater Manchester.

6.6.2 The following measures will be provided in order to encourage more staff, patients and visitors to travel by public transport:

- Provision of new and improved inter-connecting footways and cycle links crossings to surrounding public transport infrastructure as part of the development;
- Advertise any promotions / discounts offered by public transport operators;
- Linking information systems regarding bus and rail travel timetables to the staff intra-web service / website linked to the wider NMGH website to form a "One-Stop-Shop" for all public transport queries;
- Linking public transport usage to parking permits, for example if car commuters travel by train 2-3 days a week as opposed to the private car, then the driver could be issued with a parking permit for the remainder of the week as a 'perk'; and
- Distribute details of Manchester City Council's community transport options for patients who may have difficulty accessing regular public transport.

- 6.6.3 Additional measures such as providing staff discounts and special offers for bus / rail / Metrolink day and season tickets, liaising with bus companies, TfGM and Manchester City Council on any future improvements and / or extensions to local services and offering limited time discount tickets will also be considered.

6.7 Measures to Encourage Car Sharing and Use of Electric Vehicles (EV)

- 6.7.1 Car sharing is an effective way of reducing single occupancy car trips if a number of people travel to the same location each day. It is envisaged that the low levels of parking provision will encourage less to drive to the site, and more to engage in sustainable modes of travel such as car sharing.
- 6.7.2 Car sharing could be simply encouraged further on an informal basis or managed by administrative staff who could match interested people.
- 6.7.3 <https://liftshare.com/uk> is a public website where prospective car sharers can search for matches on their own by filtering via location and time of departure etc. It is considered that car sharing would be an attractive facility for those who do not own a car but require occasional use.
- 6.7.4 Additional measures to be implemented to encourage car sharing comprise:
- Establishment of a site-wide car share database and promotion of this via flyers or the staff intra-web service / website linked to the wider NMGH website.
- 6.7.5 Alongside promoting such schemes, it would be appropriate to raise awareness of car ownership costs and highlight the social and economic benefits of car sharing through advertising around the site.
- 6.7.6 6 out of the 62 parking spaces provided would also be fitted with electric vehicle (EV) charge points, providing a minimum of 7kW per space.
- 6.7.7 Additionally, there are also electric vehicle (EV) charge points throughout the NMGH site. If staff have a parking permit, voucher or ticket, they can use these parking spaces for a maximum period of 4 hours to charge their vehicles. These bays would be managed / operated as part of the wider NMGH site provisions. Patients and visitors would have to be registered with the Be.EV network.
- 6.7.8 EV owners who wish to join the Be.EV network can sign up for an account online, after which they can operate charging points using a card or a smartphone application. All Be.EV charge points have a small fee for use, however there is a reduced rate if EV owners register for the Be.EV Radio Frequency Identification (RFID) card or use the smartphone application to pay, both of which are free to apply for / download.
- 6.7.9 There are further additional EV charging points within the NMGH hospital site, these include two charge points at the main NMGH visitor car park to the north of the site, and 36 charge points at the surface car park to the east of the recently completed MSCP.

- 6.7.10 It is envisaged that the provision of EV charge points and infrastructure would encourage staff, patients and visitors to consider switching to EVs should they still require to rely on the private car, but wish to reduce their carbon footprint.

7.0 Targets

7.1 Introduction

- 7.1.1 Target setting is an important part of any Travel Plan, providing a focus for the overall process and a measure against which the Travel Plan initiatives can be judged. This section sets out the target strategy and provides an overview of the data that should be collected as part of travel surveys.

7.2 Data Collection

- 7.2.1 In order to understand travel habits, annual travel surveys will be undertaken, in a similar format to that shown in **Appendix B** to the rear of the report. The surveys are used to extract the following key information:

- Distance travelled from place of residence to work;
- Place(s) of work;
- Usual mode of travel and reason for modal choice;
- Attractiveness of various sustainable modes;
- Any barriers to sustainable modes; and
- Initiatives that would encourage staff to travel more sustainably.

- 7.2.2 Surveys are typically conducted online. Staff would be sent a link in the early stages of operation and can simply click on it and get directed to an internet-based survey. A similar version of the survey could also be duplicated for visitors and patients, who can also be sent this link when they log into the NHS Wi-Fi service or when they are discharged. All results are recorded on a computer database for analysis.

- 7.2.3 Paper surveys could also be made available to patients and visitors across the building. Surveys could be printed and distributed at the reception area. All the results could be manually transferred to the online database for analysis alongside the electronic surveys.

- 7.2.4 This information enables analysis to be undertaken to establish modal split targets. It will also provide information on reasons for that modal split and identify any measures that may encourage a modal shift.

7.3 Data Analysis

- 7.3.1 Once the travel surveys have been undertaken, it is possible to monitor modal splits so that Travel Plan initiatives can be tailored to increase uptake of certain modes of travel. Modal split targets are set for a reduction in private car use offset by an increase in sustainable modes.

- 7.3.2 The official targets will be **SMART** (Site-specific – Measurable – Achievable – Realistic – Time-bound). The following phrases have been used to give a general indication of timescales for the ‘**SMART**’ targets following the adoption of this Travel Plan:

- Short-Term Target – within one year;
- Medium-Term Target – for between 1 – 3 years; and

- Long-Term Target – more than 3 years.

7.3.3 The following **Tables 7.1** and **7.2** illustrate the staff and patient / visitor modal split targets (the latter of which are indicative due to a lack of existing data):

Travel Mode	Existing Modal Split	Staff Modal Shift Targets			
		Short Term Target	Medium Term Target	Long Term Target	Overall Modal Shift Target
By Car, as a Single Occupant	66%	- 2.5 %	- 3.5 %	- 4.0 %	- 10.0 %
By Car, Lift Sharing	0%	+ 1.0 %	+ 1.0 %	+ 1.0 %	+ 3.0 %
Walk	0%	+/- 0 %	+ 0.5 %	+ 0.5 %	+ 1.0 %
Cycle	6%	+ 0.5 %	+ 0.5 %	+ 0.5 %	+ 1.5 %
Public Transport	28%	+ 1.0 %	+ 1.5 %	+ 2.0 %	+ 4.5 %

Table 7.1 – Staff Modal Shift Targets

Travel Mode	Patient and Visitor Modal Shift Targets			
	Short Term Target	Medium Term Target	Long Term Target	Overall Modal Shift Target
By Car, as a Single Occupant	- 3.0 %	- 3.0 %	- 4.0 %	- 10.0 %
By Car, Lift Sharing	+ 1.0 %	+ 0.5 %	+ 1.0 %	+ 2.5 %
Walk	+ 0.5 %	+ 1.0 %	+ 1.0 %	+ 2.5 %
Cycle	+ 0.25 %	+ 0.5 %	+ 0.5 %	+ 1.25 %
Other private transport	+/- 0 %	+/- 0 %	+/- 0 %	+/- 0 %
Bus	+ 0.25 %	+ 0.5 %	+ 0.5 %	+ 1.25 %
Metrolink	+ 0.5 %	+ 1.0 %	+ 1.0 %	+ 2.5 %
Other public transport	+/- 0 %	+/- 0 %	+/- 0 %	+/- 0 %

Table 7.2 – Patient and Visitor Indicative Modal Shift Targets

7.3.4 As can be seen from the targets, there will be an overall aim to reduce the number of staff, patients and visitors travelling to the site by car as a single occupant, whilst increasing the proportion who travel by more sustainable modes including lift sharing, walking, using the train / bus or cycling.

7.3.5 Modal splits will continue to be monitored through the aforementioned travel surveys so that Travel Plan initiatives can be tailored to increase uptake of certain modes of travel. The targets are considered to be realistic when considering the Travel Plan Initiatives as detailed throughout **Section 6** of this Travel Plan.

8.0 Monitoring and Review

8.1 Introduction

8.1.1 This section of the report sets out the proposed management arrangements associated with the Travel Plan.

8.1.2 DfT Good Practice Guidelines outlines six key messages regarding implementation and management, as follows:

- “Travel plans are living documents that need to be updated in the light of experience and sustained throughout the life of a development.
- At all times a named individual needs to be responsible for leading the delivery of the travel plan.
- The developer/occupier should take the lead in respect of delivering the site-specific elements of the travel plan.
- Local authorities need to establish robust databases of all travel plans in their areas.
- Post-implementation management arrangements must be identified and included in the travel plan.
- Transport Management Associations may be an appropriate mechanism for assisting with the implementation and on-going management of travel plans within a wider area.”

Source: Good Practice Guidelines: *Delivering Travel Plans through the Planning Process*. DfT, 2009.

8.1.3 It is clear from the above that a Travel Plan should be considered as merely the starting point of the process. The implementation of a Travel Plan is an on-going requirement and will require support and leadership in achieving its objectives.

8.2 Travel Plan Coordinator (TPC)

8.2.1 Overall responsibility for the Travel Plan will lie with the Trust. In the initial stages of operation, the primary task would be to appoint the Travel Plan Coordinator (TPC). The TPC will take responsibility for ensuring that the various elements of the plan are monitored and operate effectively to offer a genuine choice of travel modes. Typical duties include:

- Leading on the delivery of the Travel Plan;
- Representing the human face of the Travel Plan and explaining its purpose and opportunities on offer;
- Implementing and promoting sustainable travel initiatives to ensure a coordinated approach across the site as a whole;
- Promoting individual measures / initiatives in the Travel Plan and instigate a marketing campaign upon first operation of the site;
- Liaising with public transport operators and represent the operator at relevant forums;

- Administering the car share scheme;
- Monitoring the Travel Plan and identifying trends in relation to the targets and reporting the findings to relevant parties (i.e. Manchester City Council); and
- Taking a key role in reviewing the Travel Plan according to the achievement of the modal shift targets specified therein.

8.2.2 A TPC will be nominated in due course, at least one month before operation.

8.2.3 Notwithstanding, adequate consultation and support from the Trust required to ensure the smooth implementation of the Travel Plan. A number of measures to be undertaken comprise:

- A commitment to actively pursue any future partnerships with bus operators and the identification of opportunities for the development;
- Maintenance of cycling and walking facilities, lighting and any CCTV installations in collaboration with the Highways and Planning Authorities;
- Support for a TPC in ways including, but not limited to, funding to enable them to fulfil their duties and deliver the Travel Plan as intended; and
- A commitment to actively promoting car-sharing and sustainable transport options at the site.

8.3 Monitoring and Evaluation

8.3.1 The monitoring of travel behaviour is vital to measure progress towards the targets and would be the responsibility of the appointed TPC. Apart from liaising with Manchester City Council on transport-related matters, the main monitoring process will involve travel surveys as described in **Section 7** above. Surveys will be undertaken annually.

8.3.2 The results of each survey would be used to review progress against target modal splits, where the TPC will be required to calculate the percentage share of all travel modes to and from the site. Where targets are not met, remedial actions will be proposed, agreed and then monitored for effect.

8.3.3 In order to record and communicate the progression of the Travel Plan, the TPC will produce annual monitoring reports. This report will include, but may not be limited to the following:

- Reporting of progress against the targets set once the travel survey is completed;
- Provision of information relating to new initiatives introduced (if applicable);
- Provision of information on proposed initiatives due for implementation (if applicable); and
- Details of relevant external transport-related news (e.g. new local bus services, new local cycle infrastructure) (if applicable).

8.3.4 Monitoring reports will be provided to officers at Manchester City Council every year following first occupation of the site. Monitoring will be carried out for a period of at least five years from the date of the baseline travel surveys or until agreed upon with MCC to ensure that the Travel Plan reflects current opportunities and local circumstances.

9.0 Action Plan

9.1 Introduction

9.1.1 **Table 9.1** below summarises the key actions from the document by providing an Action Plan for the TP process:

Action	Target Date	Responsibility
Appoint TPC	One month before operation	Greater Manchester Mental Health (GMMH) NHS Trust
Produce Welcome Pack	Upon operation of the development	TPC
Implement Travel Plan Initiatives	During operation of the development	TPC
Undertake Travel Surveys	Within three months of occupation	TPC
Decide Modal Split Targets	Within one month of undertaking the initial surveys	TPC in conjunction with MCC / TfGM
Introduce Car Share Scheme or Priority Car Parking Scheme	Within two months of agreeing modal splits with MCC / TfGM	TPC
Present Annual Monitoring Report	Annually for at least five years from the date of the baseline travel surveys or until otherwise agreed with TfGM	TPC

Table 9.1 – Action Plan

Appendix A – Consented Layout



KEY	
NBS	P1A FM Service Yard (Macadam)
Q22.107J	P1B Black Macadam Footpaths
Q22.175J	P1B 1.5m width Macadam Maintenance MEWP Path to Building Perimeter with upstand kerb
Q22.176J	P2 Coloured Macadam (buff) to Private Courtyards & Gardens
Q22.178J	P3 Coloured Macadam (Buff) to Main Arrival Space (Vehicular Load)
Q25.120A	P4 Woodstone Timber Effect Paving to Arrival Space Niches, Cafe Terrace, Circular Terraces / Courtyards
Q26.360A	P5 Soft Rubber Surfacing to Courtyards & Gardens Colour Dark Green
Q23.220 Q23.225	P6 Resin Bound Gravel Surfacing to Space 1.03 & Roof Gardens
Q23.165J	P8 White Decorative Loose Gravel, Pebbles & Cobbles to Visual Courtyards
Q25.121J	P9 Concrete Stepping Stone Soft Ground with Sedum Planting Around
Q30.400	Grass Lawns to Arrival Space, Gardens & Courtyards
Q30.400	Wildflower & Grass Seed Mix to Perimeter Areas
Q25.185J	P12 Vehicle Overrun Edge Reinforcement at Arrival Space nom 640mm wide
Q31	Low/Ground Cover Native & Ornamental Perimeter Planting
Q31	Sensory Ornamental Planting Within Courtyards, Gardens & Arrival Space with Specimen Shrubs & Grasses
Q31	Screen Hedge to Inside of Security Fence Single row
Q40.150 Q31	F5 Native Hedge - Double Staggered Row with Post & Wire Fence (F5) to Centre-line
Q31.440 Q37.400	300mm Sedum Edge to Building at Ground Level Inner Courtyards/Gardens Only
Q31	Native / Ornamental Trees
Q31.520A	Arrival Space Seating Niches with Feature Pines See Tree pit detail TP2/0411 on Drg 0411
Q31	Bamboo / Medium Feature Shrub to Gardens & Courtyards
Q31	Low Level Feature Shrubs to Gardens, Courtyards & Roof Gardens
D41.211J	W1 Gabion wall (height varies)
Q10.195J	W2 Low Ribbon Wall / Seating Walls to Arrival Space Seating Niches & Planting Beds
D41.520A	PL1 Timber Sleeper Raised Planter
Q10.196J	PL2 Powder Coated Steel raised planters (450mm high) to Cafe Terrace
Q10.197J	PL3 Powder Coated Steel raised planters (450mm high) to Roof Gardens
Q40.125A Q40.560A	F1 4.0m Security Weld-mesh Fencing to Gardens, Courtyards & Section 136 Compound
Q40.125A Q40.560A	F3 2.4m Security Weld-mesh Fencing to FM Yard Compounds
Q40.310J	F4 2.4m Timber palisade Fence to PICU Garden & FM Yard
Q40.311	FAA 4m Timber Acoustic Fence to FM Yard
Q40.150	F5 1.2m Post & Wire Fence to Centre-line of Hedge
L37.110 L37.150	Step with Handrail to Part M Requirements
	Proposed 0.5m Contours
	Lighting as M&E drawings - Bollards, on Posts & Fence mounted (building mounted lighting not shown)
GROUP 1 FURNITURE	
Q50.190A Q50.196	Stainless Steel Bollards Drop Bollard Variant
Q50.210	Cycle Stands
Q50.219A Q50.220A	B1A Curved Segment Timber Bench to Arrival Space B2 Linear Bench to Arrival Space
Q50.220C Q50.225A	B4 Timber Bench's with Arm & Backrest B5 Solid Bench's (coloured)
Q50.225B	B6 Coloured Stools/Tub Seats
Q50.240	Litter Bins to Arrival Space
GROUP 2 FURNITURE	
	External Gym Equipment to be Supplied by GMMHT
	Refuse Collection Bins to be Supplied by GMMHT
GROUP 3 FURNITURE	
	Dining Tables & Picnic Benches to be Supplied by GMMHT
GMMHT trust to provide own fitness equipment that will be located and fixed in various gardens by contractor. Exact equipment to be positioned on detailed plans.	

NOTES:

DO NOT SCALE. Use figured dimensions only. The contractor is requested to check all dimensions before the work is put in hand. Copyright of this drawing belongs solely to Iteriad Ltd ©. This drawing must only be used for the purpose for which it is supplied and its contents must not be reproduced for any purpose without written permission. Areas indicated, or areas calculated from this drawing should be used for valuation purposes or as the basis for development contracts. Iteriad Ltd is a limited liability company registered in England and Wales. Number 7966573

Notes:

Based on GDA Building floor plans:
NMGNPH-GDA-VV-00-DR-A-0001 - Lower GF
NMGNPH-GDA-VV-01-DR-A-0001 - Upper GF

To be read in conjunction with Landscape Series GA's:
NMGNPH-ITR-XX-XX-DR-L-0010 (Lower GL West)
NMGNPH-ITR-XX-XX-DR-L-0200 (Upper GL East)
NMGNPH-ITR-XX-XX-DR-L-0300 (Roof Gardens)
NMGNPH-ITR-XX-XX-DR-L-0037 Kerbing & Edging Plan
NMGNPH-ITR-XX-XX-DR-L-0038, Fencing & Balustrade Plan

Construction Details series:
NMGNPH-ITR-XX-XX-DR-L-0400

NBS Specification:
NMGNPH-ITR-VV-XX-SP-L-2001

Schedules:
NMGNPH-ITR-VV-XX-SH-L-1000 (Planting)
NMGNPH-ITR-VV-XX-SH-L-1001 (Components)

C11	Beltmoult as MFT updated	AP	KH	19.12.23
C10	FM yard updates	AP	KH	29.11.23
C09	FM yard updates	AP	KH	09.11.23
C08	4m Acoustic fence to FM yard added	AP	KH	10.10.23
C07	Lighting as 21/04/23 DWG, EX 00001, R09	AP	KH	29.09.23
C06	Various updates	AP	KH	04.09.23
C05	Fire exit compounds added	AP	KH	12.07.23
C04	F2 fence substituted with F1 fence	AP	KH	06.07.23
C03	General updates, notes added	AP	KH	08.02.23
C02	ACCO omitted & steps added	AP	KH	12.10.22
C01	Issued for construction, roof gardens changed to rubber, PROW updated	AP	KH	25.08.22
	S136 compound fence height > to 4m updated to latest floor & roof plans	AP	KH	25.05.22

REV	DETAILS	DRAWN BY	CHECKED BY	CHECKED DATE
CLIENT				
Greater Manchester MH NHS FT				
MASTERPLANNERS/LANDSCAPE ARCHITECTS				
Studio 2 Cragwood Cottages, Ecclesall, Windermere, Cumbria LA23 1LG				
T: (+44) 15394 43018 E: studio@iteriad.com W: www.iteriad.com				
PROJECT TITLE				
North View				
DRAWING TITLE				
OVERALL LANDSCAPE SITE PLAN WITH ROOF PLAN				
SCALE	DRAWN BY	DATE		
1:500@A1	AP	29.09.20		
PURPOSE				STATUS
For Construction				S5
JOB/DRAWING NUMBER				REVISION
NMGNPH-ITR-00-XX-DR-L-0010				C11

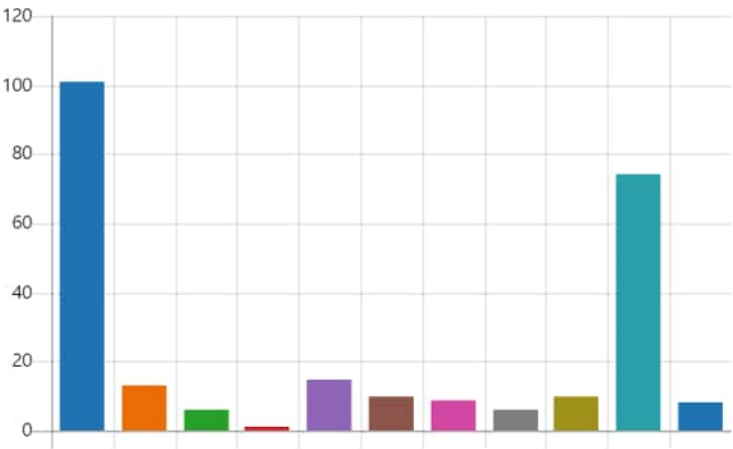
Appendix B – Travel Survey

Travel Survey Form

225 Responses 03:52 Average time to complete Active Status

1. Usual place of work

<div></div> Prestwich	101
<div></div> Meadowbrook	13
<div></div> Moorside	6
<div></div> Bolton IFM	1
<div></div> Atherleigh Park	15
<div></div> Woodlands	10
<div></div> Laureate House	9
<div></div> Rivington & Honeysuckle	6
<div></div> North Manchester General Ho...	10
<div></div> Community	74
<div></div> Other	8



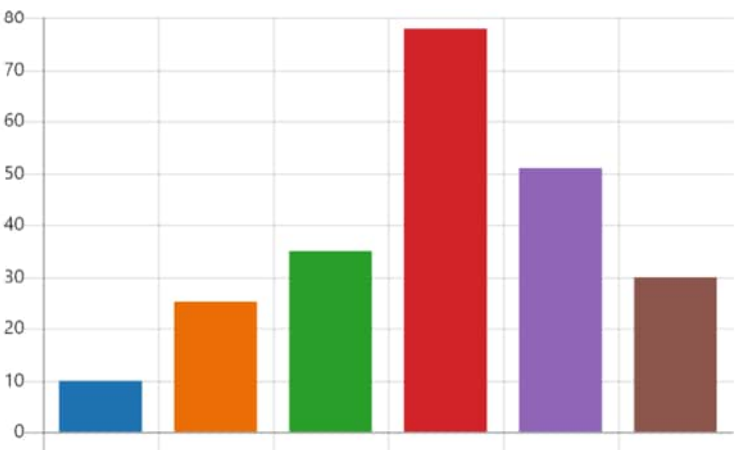
2. Do you work:

Full time	186
Part time	39



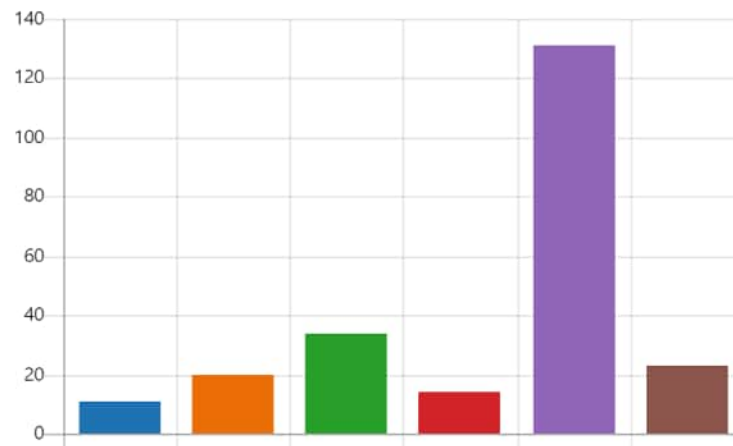
3. How far do you travel to work?

Up to 1 mile	10
Over 1 mile and up to 2 miles	25
Over 2 miles and up 4 miles	35
Over 4 miles and up to 10 miles	78
Over 10 miles and up to 20 mi...	51
Over 20 miles	30



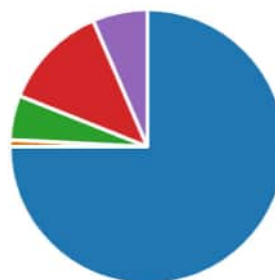
4. Do you use a vehicle to get to your place of work?

Occasionally	11
Once or twice a week	20
Three or four times a week	34
Five or more time a week	14
Always	131
Never	23



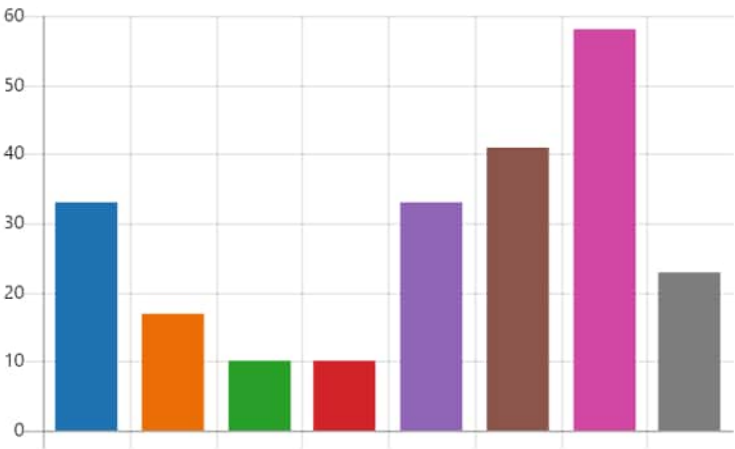
5. What mode of transport do you use

Car	186
Motorcycle	2
Bicycle	13
Public Transport Bus/Tram/Trai...	31
Other	16



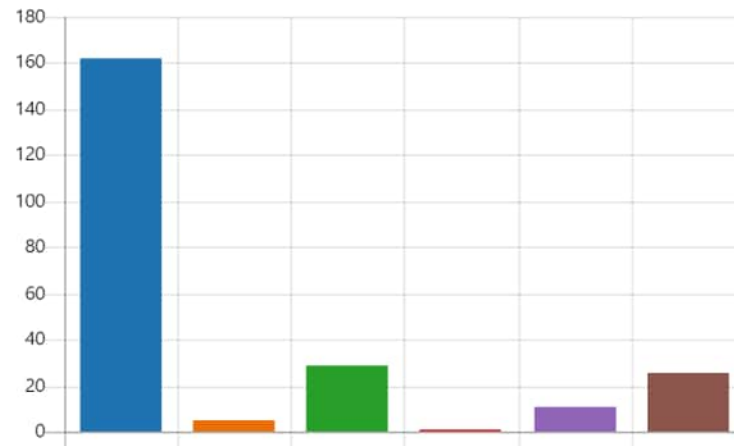
6. What is your main reason for using a car to get to work?

Car required to perform job	33
Dropping/Collecting children	17
Get a lift	10
Health reasons	10
Lack of alternative	33
Convenience	41
Distance	58
Not Applicable	23



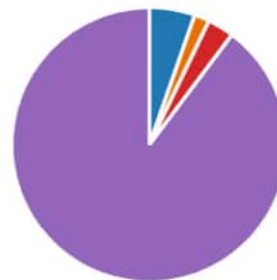
7. Where do you usually park at your main workplace?

Onsite	162
Free parking in nearby car park	5
Free parking in nearby street	29
Paid parking in nearby street	1
Paid parking in nearby car park	11
Not Applicable	25



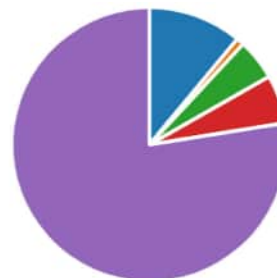
8. Are you a passenger in a vehicle to get to workplace?

Occasionally	12
Once or twice a week	4
Three or four times a week	0
Five or more times a week	7
Never	202



9. Do you use public transport to get to workplace?

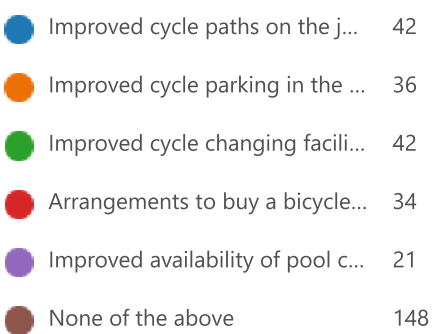
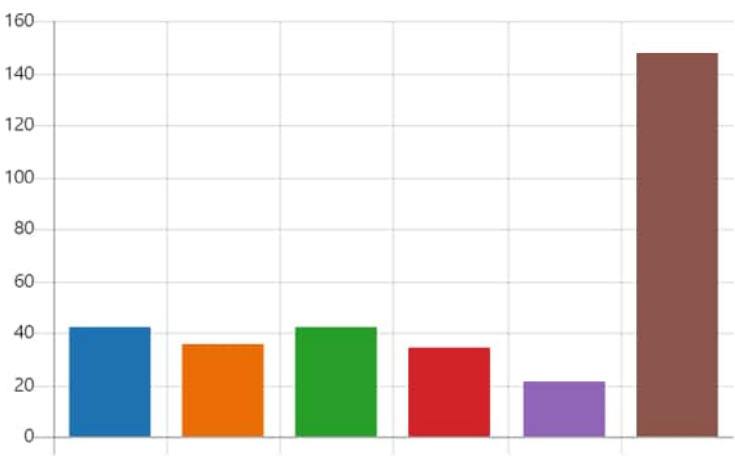
Occasionally	25
Once or twice a week	2
Three or four times a week	11
Five or more times a week	13
Never	176



10. Would any of the following changes encourage you to use public transport or consider alternative types of transport?



11. Would any of the following changes encourage you to cycle to work?



12. Have you changed the amount you travel into work through working remotely?

● Yes

100

● No

125



Appendix C – MFT Healthy Travel Strategy (2023 – 2028)

Healthy Travel Strategy 2023-2028

**HEALTHIER
PLANET
HEALTHIER
PEOPLE**

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Introduction

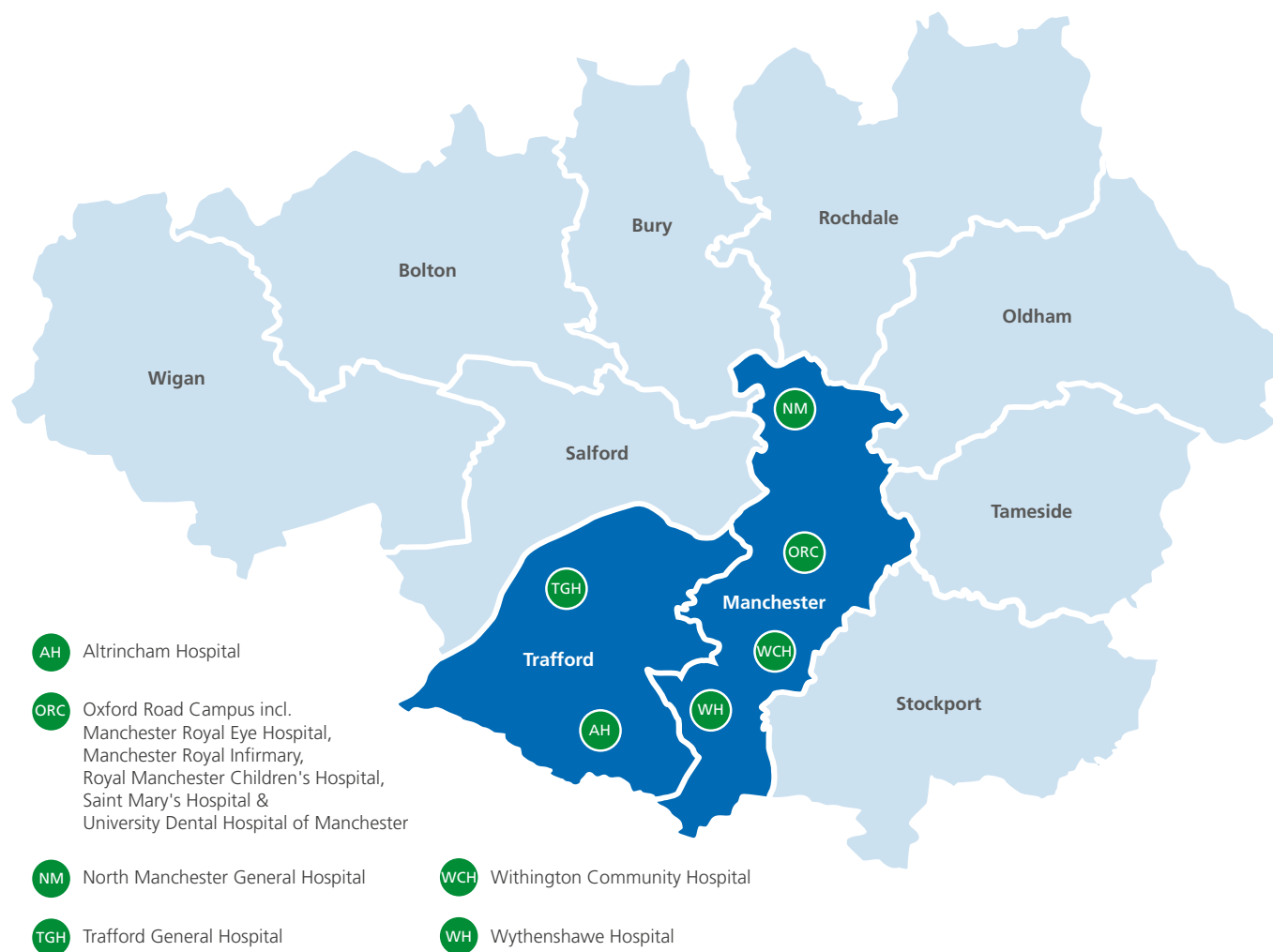
We want the most sustainable travel choices to be easily accessible to our staff, patients and visitors. This strategy shows how sustainable journeys present a huge opportunity for the health of our communities and our environment.

A Bit About Us

Manchester University NHS Foundation Trust (MFT) was established in 2017 following the merger of the former Central Manchester University NHS Foundation Trust and University Hospitals of South Manchester. In 2021, North Manchester General Hospital also became part of the Trust to provide a consistent single hospital service to the local population. Our services include community and secondary care to the populations of Manchester and Trafford, and specialist services to patients from Greater Manchester, the North West, and the rest of the UK.

In total, the Trust has around 28,000 members of staff who offer care to 750,000 people in Manchester and Trafford. MFT is the largest single provider of specialised services in North West England. MFT is also one of the major academic research centres and education providers in England. Research and innovation are at the heart of everything we do, enabling our patients to have access to the latest high-quality care and clinical trials.

MFT comprises of ten hospitals, across six sites, plus MFT staff based within the Manchester and Trafford Local Care Organisations (LCOs) as shown on this map.



Foreword



Dame Sarah Storey

Creating better sustainable transport choice is vital to enabling the people of Greater Manchester to grow up, get on and grow old.

Enabling choice means that everyone can have the option of walking, wheeling or

cycling some or all of their short journeys and that the integration of active travel into the public transport system provides people with a viable alternative to the car for longer journeys.

In Greater Manchester we are building the Bee Network and for sustainable transport choice this means;

- walking, wheeling and cycling routes that are integrated with the public transport system and allow people to get to the bus, tram or train without having to drive every time.
- operating and expanding the GM Cycle Hire scheme, alongside the developing network of bike libraries to enable people who don't own their own cycle to access the network.
- appraising and updating the GM Home to School travel strategy to ensure that young people and primary age children are able to benefit from getting to school via the Bee Network.
- tackling the issues posed by road danger and working to establish the possibility of a Vision Zero approach for GM.

- building routes and infrastructure that are universally accessible, so that non-standard cycles and cargo cycles, as well as electric-assist pedal cycles and those wheeling or walking can access the Bee Network.
- expanding the number of secure cycle parking spaces across the region and ensuring they are accessible for non-standard cycles as well as cargo bikes.

Alongside the work being done to improve active travel provision, the region is working to implement bus franchising and a contactless, capped ticketing approach for end-to-end journeys, enabling people who live, work or visit GM to move around in a most cost-effective way.

By building the Bee Network and creating a far more accessible, convenient and cost-effective active travel and public transport system, Greater Manchester will be better positioned to tackle health and social inequalities, increase access to opportunities and develop the region's economy.

This strategy is an important step by one of the region's largest employers and the biggest health institution. It builds on the work happening across the region and will support Greater Manchester's ambitions to be carbon neutral by 2038.



Introduction

As an anchor institution in a large city region, we can influence our communities to make a difference and challenge the default approach of travelling to our sites by car. We must break down barriers that prevent people from making sustainable travel choices, whether that be by championing our majority female workforce to cycle to work, enabling staff that live locally to get to our sites on foot, or supporting lower-paid staff to access sustainable travel choices. We need to empower, encourage, and support everyone so they can play their part.

The vision of the MFT Healthy Travel Strategy is to support staff, patients and visitors to choose low carbon forms of travel. We want to ensure that our business practices adopt low carbon forms of transport.

This strategy aims to:

- Reduce the carbon footprint of MFT travel
- Support improvements in local air quality
- Improve health & wellbeing outcomes for the MFT community.

This strategy details our commitments to change behaviour, improve operational efficiency, and develop infrastructure for sustainable travel and transport activities over the next two years and beyond.

The strategy relates to staff, patient and visitor travel, as well as the transport and logistics services moving goods and people to or from our sites.

Each of the major MFT sites already has a bespoke travel plan that outlines the geo-spatial and accessibility requirements. This Healthy Travel Strategy will provide the overarching framework to inform the local travel plans as they are renewed on a regular basis. Through these supporting documents, we will seek to promote inclusive, low-carbon opportunities and activities for all. The changes we make to support sustainable travel will have a positive impact for our people and environment.

Background to the Strategy

MFT contributes to, and is affected by, the environmental impacts of travel and transport. As one of the largest employers in Greater Manchester, we:

- facilitate over 28,000 employees travelling to work
- treat over 750,000 patients
- travel over 6 million business miles every year

This work complements the [MFT Green Plan](#) and the ambition to deliver sustainable healthcare across Greater Manchester. In 2019, MFT declared a Climate Emergency and this strategy will support efforts to address the climate crisis, as well as the aims of the NHS to achieve net zero.

This strategy also supports NHS England and Improvement's goal to become net zero carbon by 2040.



Green Plan 2022-25



Healthy Travel Strategy



Site-based Travel Plans

- Code Green: Delivering Net Zero Carbon at MFT
- The long-term vision for a sustainable healthcare system

- This document
- Overarching sustainable travel vision and aims

- Specific documents for each major MFT site
- Outline the package of site-based actions to encourage safe, healthy and sustainable travel options

Greater Manchester Context

The travel options available at each of our sites vary as they are within a complex city-wide transport network that has historic challenges as well as emerging innovative improvements.

External changes to the transport system in Greater Manchester such as the bus franchising – part of “[Destination Bee Network](#)” – will bring about fundamental changes to local transport networks. These changes could deliver real and lasting improvements for Greater Manchester residents, making it easier and more affordable to travel sustainably.

It is important to acknowledge that much of the infrastructure, legislation and delivery of daily travel are beyond the direct control of the Trust. However, by setting out our healthy travel vision within this strategy we are able to influence our partners positively and proactively to represent the needs of our staff and patients.

Travel at MFT

This strategy builds on previous Travel Plans, which had a primary focus on staff commuting. However, the new strategy encompasses a broader range of travel activities and associated impacts.

Travel emissions are categorised into:

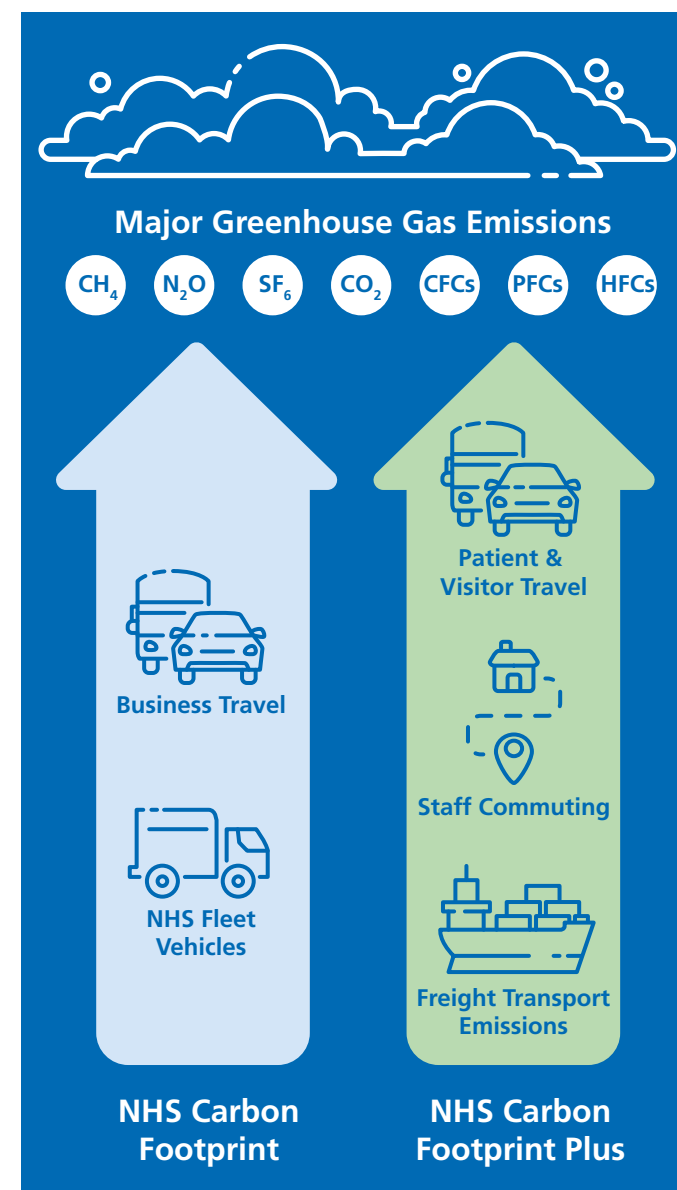
- Direct – Travel undertaken by the Trust, where there is direct control over the activities undertaken. These are part of the MFT ‘Carbon Footprint’.
- Indirect – Travel associated with Trust activities, where there is less influence on travel decisions. These are part of the MFT ‘Carbon Footprint Plus’.

Elements of Direct Travel Emissions:

- Business Travel – Travel undertaken on behalf of the Trust which can be local, national, or global. It includes travel by community-based staff to deliver care at a patient’s home or in community settings. Business Travel can be conducted via active travel, public transport or staff-owned vehicles. This also includes vehicles owned or leased by the Trust in order to fulfil a service need.
- MFT Transport Fleet – Travel undertaken using Trust operated vehicles delivering a range of services across healthcare sites such as transporting patient records, sample collection services, mail deliveries, and any in-house waste collection.

Elements of Indirect Travel Emissions:

- Staff Commute – Travel by employees to and from their place of work.
- Patient and Visitor Travel – Travel by patients and visitors to access MFT services on-site or at community bases. Travel needs and requirements will differ depending on the type and level of patient care, as well as the frequency of visitors coming to our hospital sites.
- Supply Chain Deliveries and Logistics – Deliveries of products and services that keep healthcare services running. The Trust receives hundreds of deliveries across its sites every day. This element of travel overlaps with the Sustainable Procurement theme of the [Green Plan](#) and is heavily linked to the procurement strategies of the Trust.



Why do we need this Strategy?

Care delivery across the NHS is changing, with a focus on prevention, out of hospital care, and more personalised care. All of these elements will have an impact on travel needs and have been considered in determining our approach and priorities.

Travel is fundamental to delivering healthcare, with 3.5% (9.5 billion miles) of all road travel in England relating to NHS patients, visitors, staff, and suppliers. However, this travel has a negative impact on our climate, air quality, local environment, and health.



Climate Change

Transport using petrol- and diesel-powered vehicles release carbon emissions and pollutants, and are a significant contributor to climate change. In the UK nearly 10 mega tonnes of CO₂e are emitted by domestic transport sources.

In 2009, the Lancet Commission declared that “[climate change is the biggest public health threat of the 21st century](#)”. When the [Delivering a Net Zero NHS](#) plan was launched in October 2020 it was made clear that “**the climate emergency is a health emergency**”.

In 2019, MFT followed the Greater Manchester Combined Authority (GMCA) and the Greater Manchester Health and Social Care Partnership (GMHSCP) in declaring a Climate Emergency, publicly recognising the threat that climate change poses to the world and our health.

The situation is getting worse, with nine of the top 10 hottest years on record occurring in the last decade, and around [1,500 people per year dying from excess heat in 2020 and 2021](#). Without accelerated action to fight climate change, there will be increases in the intensity of heatwaves, more frequent storms, and flooding. Furthermore, the Intergovernmental Panel on Climate Change (IPCC) warns of the potential for [increased spread](#)

[of infectious diseases such as tick-borne encephalitis and vibriosis](#). These impacts disproportionately affect the most vulnerable in society, both nationally and globally.

Climate change targets and declarations have been publicised by a range of organisations:

- 2038 Greater Manchester net zero target (GMCA)
- 2040 net zero for direct emissions (NHS E&I)
- 2045 net zero for indirect emissions (NHS E&I)
- 2050 national net zero (UK Government)

The environmental commitments we have already made mean that emissions from our fleet vehicles and business travel must reach net zero by 2038, and that emissions from staff commuting, and patient and visitor travel must be net zero by 2045.

Decarbonising transport forms an important part of delivering these commitments. **Travel and transport are consistently responsible for 6% of MFT's Carbon Footprint Plus**



Health & Wellbeing

Travel choices can affect other health conditions. [Physical inactivity contributes to 1 in 6 deaths in the UK and costs £7.4 billion per year to business and wider society](#), and the problem is worsening.

It is known that active travel (cycling and walking) is a good way to build physical activity into the day and can also help improve mental health. In Manchester, [more than 30% of trips made by car are less than 1km and 50% of adults in Greater Manchester are classed as inactive](#), meaning that there are lots of opportunities to promote further walking and cycling across our communities.

Building cycling and walking into daily routines is the most effective way to increase physical activity as well as boost mental wellbeing.

Why do we need this Strategy?



Air Pollution

Air pollution causes 7 million premature deaths every year across the world and is responsible for one-third of all deaths globally. In Greater Manchester, [air pollution contributes to at least 1,200 early deaths each year.](#)

The emission of noxious and poisonous gases, along with particulate matter from brakes and tyres are important contributor factors to poor air quality.

These causes of air pollution have a disproportionate effect on deprived and vulnerable communities, as they are often reliant upon housing in more affordable locations close to busy roads.

Pollutants are inhaled and absorbed by the body, increasing the risk of chronic cardiovascular and respiratory diseases, airway and lung cancers as well as exacerbating existing health problems such as asthma. Poor air quality affects everyone in society but certain groups tend to be more at risk. This includes children, pregnant women and unborn babies, older people, and people with respiratory medical conditions.



Local Environment

Traffic congestion creates real challenges:

- Negative economic and social impacts are caused by missed appointments
- It can create dangerous or hostile spaces in the public realm.

[Evidence from satnav data showed that during the morning peak period, Manchester was 38% congested, and 46% congested in the evening peak.](#) This adds an additional 11 minutes and 14 minutes respectively to a 30-minute journey.

With 3.5% of all road travel attributable to the NHS and as an anchor institution within Greater Manchester, we have a responsibility to reduce our traffic levels on the roads. This can be through a combination of re-timing journeys to avoid peak periods, or preferably switching drivers to other modes of transport where feasible.



Ethical Concerns & Unintended Consequences

Changing travel habits and updating technology could have broader implications. For example, as the demand for electric vehicles increases, there are increasing ethical concerns around the mining of

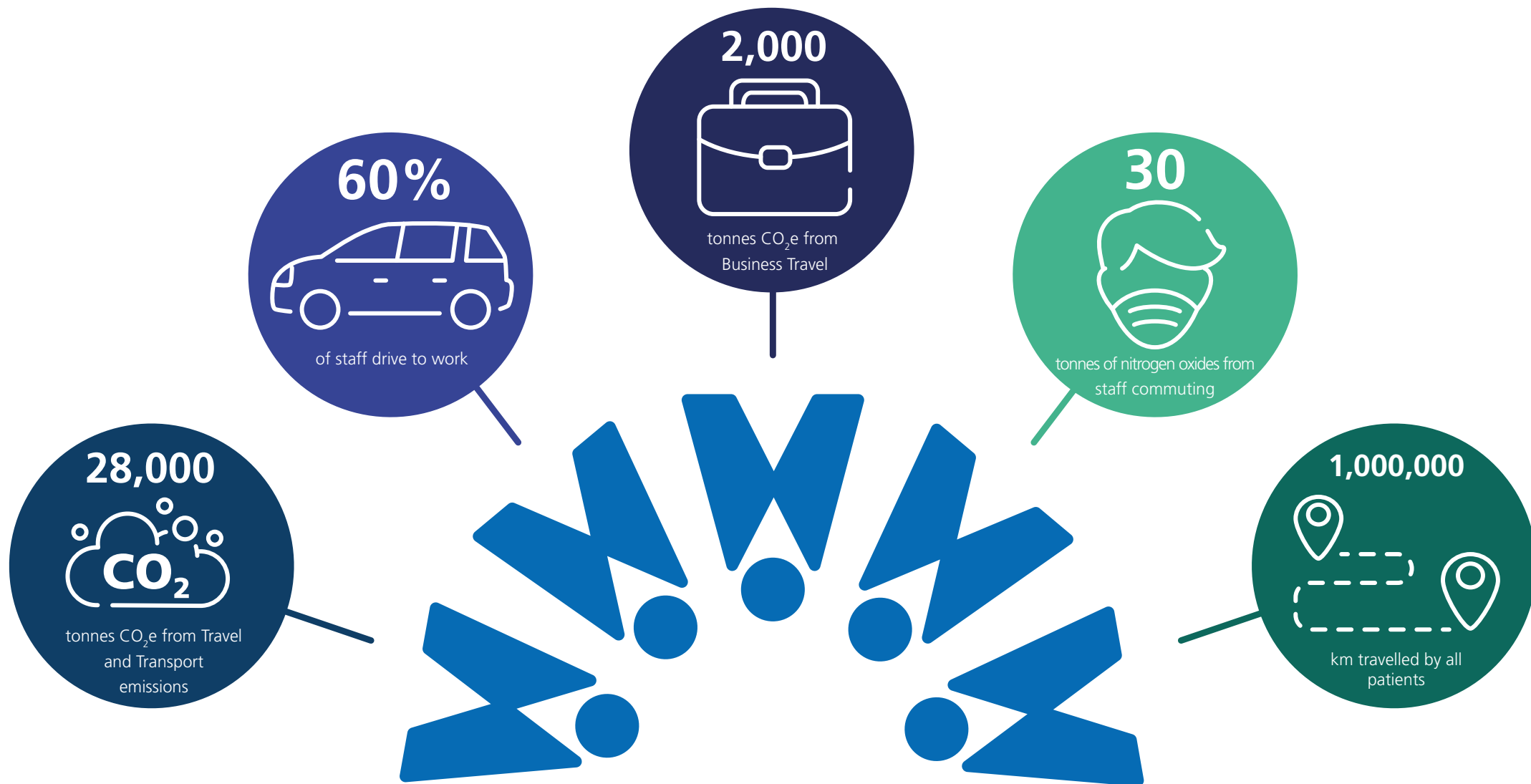
raw materials such as cobalt, graphite and lithium, as well as the shortage of metals like copper. Human rights issues, child labour and mining practices are all under scrutiny. Although electric vehicles support the delivery of net-zero carbon ambitions, this cannot be at the expense of other sustainability and socioeconomic issues. It is vital that we build responsible, resilient, and transparent supply chains.

Increased provision of electric vehicles will not reduce congestion and the issues related to this. We need to shift our approach away from private car use and towards active travel and public transport.

Electric vehicles will of course play their part in reducing tailpipe emissions but should not be seen as the primary solution. Furthermore, new electric vehicles can be expensive to purchase and are therefore not universally available to MFT staff.

Our Impact

Carbon emissions and pollution lead to poorer health outcomes. MFT travel activities contribute to these problems locally and globally.



Highlights So Far

We have been working on sustainable travel improvements for several years, which has led to local and national recognition, including:

- Platinum Travel Choice Award from Transport for Greater Manchester (2020)
- Case study featured in the launch of '[For a Greener NHS Campaign](#)' (2019)
- Highly commended in the Travel category at the NHS Sustainability Day (2018)
- Cargo Bikes and EVs featured in the [Greener NHS promotional video](#) (2022).

Case Study: Bike Courier Service

Our bike courier service is provided by Toby and Lucy from Chorlton Bike Deliveries. They use e-cargo bikes to collect samples from local GP surgeries and pharmacies and deliver them to the laboratories at Wythenshawe and Oxford Road hospitals. This has replaced trips that were previously made using the electric vans, which are now able to conduct an enhanced scheduled delivery and parcel service across MFT. In turn, this has replaced outsourced courier and taxi trips, saving approximately 5 tonnes CO₂e per year, plus around £19,000 per year on avoided taxi and courier costs.



Initiatives

Some of the key initiatives that have delivered improvements for staff and patients over the last few years are shown below.

Case Study: Remote Working

Since the COVID-19 pandemic, the way meetings have been conducted has been revolutionised. Before COVID-19, 83% of meetings were held face to face, whereas during the pandemic 97% of meetings were conducted remotely. This change has helped to break down barriers and resistance to conducting meetings in this way. Now the technology is embedded, many meetings can be held without the expected need for travel.



Case Study: Electric Vehicles

The MFT Transport Fleet is now 74% electric thanks to ongoing investment in infrastructure and lifecycle replacement of the leased fleet vehicles. As a result of this transition to zero tailpipe emission vehicles, the carbon footprint of MFT Transport Fleet has dropped from 155 tonnes CO₂e per annum to less than 56 tonnes, a reduction of 64% since 2019/20.



Case Study: Remote Patient Care

Prior to the pandemic around 1,500 patients had hip and knee replacements at Manchester Orthopaedic Centre, based at Trafford Hospital. As part of the process, patients would attend a pre-op education programme in a face-to-face group setting. This changed to an innovative online education class designed collaboratively with MFT and Johnson & Johnson Medical Devices. This project has minimised the number of hospital visits required before surgery, improved patient experience, and makes the enhanced recovery pathway as safe as possible.



Case Study: Access to Bikes

We ran a "Bikes for Business" scheme in collaboration with Transport for Greater Manchester (TfGM) in 2019. This pilot scheme enabled 40 staff to hire a range of hybrid, electric, or folding bikes for 14 days free of charge.

In 2023 we are running two additional bike hire schemes:

- We are the first NHS site to pilot the Cycling UK *Making Cycling E-asier* project
- We have relaunched a scheme called *Rent-e-bike* in collaboration with Manchester Bike Hire



Case Study: Community Based Services

Macular degeneration is the most common cause of blindness amongst the elderly. Wet age macular degeneration is treatable with regular injections to prevent visual loss. Often this means monthly trips to the hospital. However, in 2015 new community-based eye clinics were set up which have delivered over 2,500 treatment appointments locally. This care provided closer to home is much more convenient for patients, and saves over 30 tonnes CO₂e annually, a 50% reduction compared to hospital-based appointments..



If you want to find out more about the sustainable travel options available at our sites, please scan the QR code below:

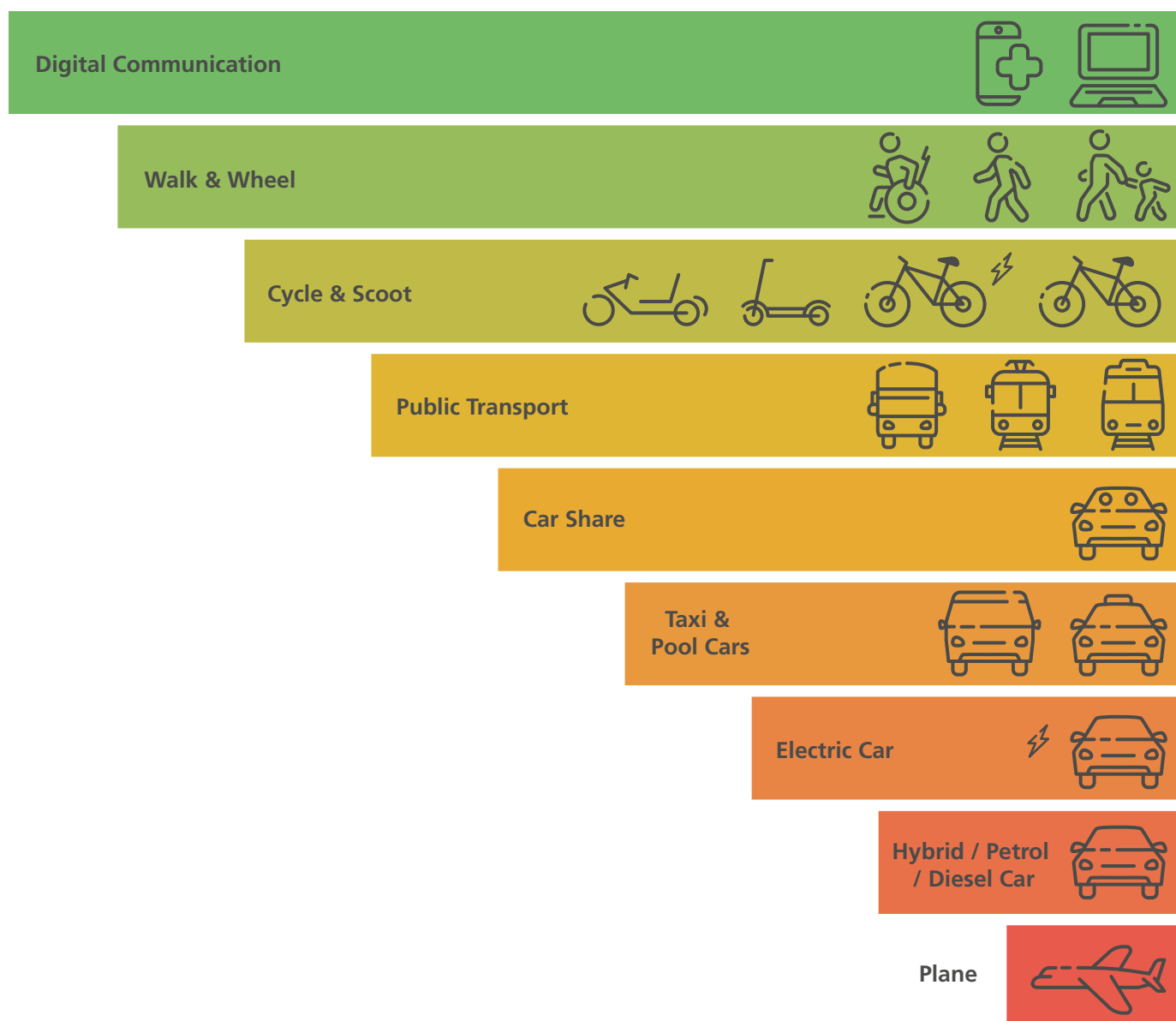


What You Can Do

The travel hierarchy is a tool to rank travel choices. The most sustainable options are shown at the top of the diagram. This hierarchy represents a decision tree that staff and patients should consider before making any journey.

Alongside our commuting, business travel and patient trips, the logistics associated with our supply chain can have a large detrimental impact on the environment and emit a large amount of CO₂e. We will also be working with our supply chain to reduce the effects of deliveries and logistics on the environment.

See the Hierarchy of Travel image on the right, which shows the various options from most to least sustainable.



Opportunities & Risks

Many elements of transport infrastructure are outside of our direct control. It is therefore important to consider the elements that could have an effect on the delivery of this Healthy Travel Strategy.

Opportunities

1. Local Improvements to Transport Systems

TfGM, local authority, and GMCA interventions to bring about improvements to various aspects of the Bee Network will be vital to improve the accessibility, integration, and affordability of travel. This might give an opportunity for new ticket offers, or behaviour change programmes.

2. Integrated Care System and Collaboration

There should be greater opportunities for collaboration through the ICS (Integrated Care System) as Greater Manchester partners share priorities and best practice.

3. Technological Innovation

Technical innovation in travel and transport is becoming increasingly fast paced. Digital and electrification solutions are becoming more widespread both in terms of developing travel options and to support reducing the need to travel. We will look to be early adopters and pilot these in the most appropriate setting.

4. Enhanced Equality

Actions for net zero carbon can address existing health inequalities as exemplified by the benefits of active travel, which is free or very low cost to access.

5. Co-benefits

There will be significant co-benefits from decarbonising travel including cleaner air, which will provide economic benefits by reducing respiratory hospital admissions. Travel by healthy models also presents health opportunities as it promotes good physical and mental wellbeing.

Risks

1. Access to Finance

Investment will be required to deliver some of the commitments in this strategy, and it will be key that external funding opportunities are maximised alongside the efficient use of internal funding streams.

2. Staff Resources

In order to deliver our local commitments there must be sufficient staff resource to cater for the coordination of both 'business as usual' travel requirements, but also new innovative interventions and projects. This must include time for colleagues in other areas of the Trust to contribute to delivering the projects.

3. Patient Demand

It will take several years for the NHS to catch up on missed elective surgeries and the backlog of care caused by the COVID-19 pandemic. This activity will impact on the carbon footprint which may not reduce in absolute terms as fast as we need it to. Remote healthcare services will help to address this backlog, and will become more prominent as healthcare demand grows. This presents opportunities to reduce travel demand associated with patient travel.

4. Insufficient Electrical Capacity

The decarbonisation of travel may result in an increase in electrical capacity requirements. It will be key that needs are identified at an early stage, and we will need to liaise closely with the power network operator, Electricity North West, to ensure any intervention fits with other electrical requirements.

5. Reporting Requirements

Reporting requirements are becoming more frequent and demanding, and we need better data to monitor progress on a real-time basis. Investing in smarter systems for collating and reporting data will be key.



Areas of Focus

This section looks at the key areas where we will direct our efforts to reduce carbon emissions and improve transport-related sustainability and health outcomes.



What We Want to Achieve

We want sustainable travel to be the simplest choice for anyone travelling to, or on behalf of, MFT.



Targets

There are two specific headline travel and transport objectives outlined in the MFT Green Plan, shown below.

The two areas are heavily linked, as we know that reductions in transport emissions will not only lower our carbon footprint, but will also have local benefits for air quality.

Each activity has been given a ranking based on its effect in achieving our two key targets. Alongside this, there are notes on the additional benefits that the intervention could achieve, and an ease of delivery assessment which includes some broad costs for delivery.



Reduce the carbon emissions of travel and transport activities by 25% from our baseline year

This will help us to begin the reduction in overall emissions that contribute to our 'Carbon Footprint Plus'. Some of this saving must come from reducing the total distance commuted by staff using fossil fuel powered transport.

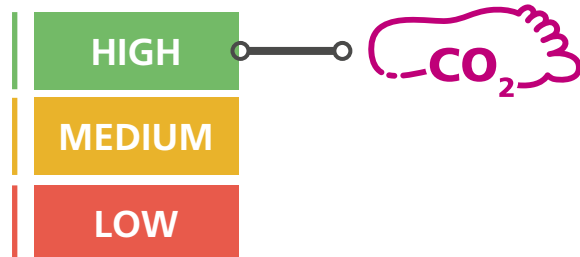
Achieve a "Good" rating for the Clean Air Hospital Framework.

The air quality of Greater Manchester has a direct effect on the health and quality of life of our entire community. MFT can take steps to play our part in improving the air quality in and around our estate, which will also have wider benefits such as reductions in carbon emissions.

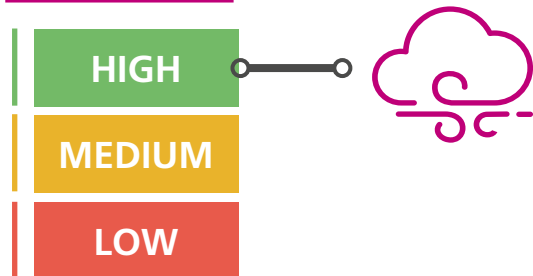


Staff Commuting

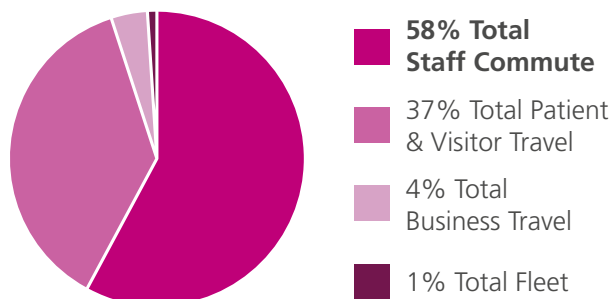
Carbon Impact



Air Quality Impact



MFT Transport Emission Sources 2021/22



Why it Matters

Staff commuting to and from work generates around 4% of the MFT Carbon Footprint Plus. We have the ability to influence how staff travel. In particular we want staff to adopt active travel modes, supporting them to make healthy choices, which are low cost.

What We're Doing

Each hospital site currently has a travel plan that includes bespoke action plans. There are also Trust-wide measures such as access to the cycle to work scheme, public transport discounts and season ticket loans.

What We Will Do

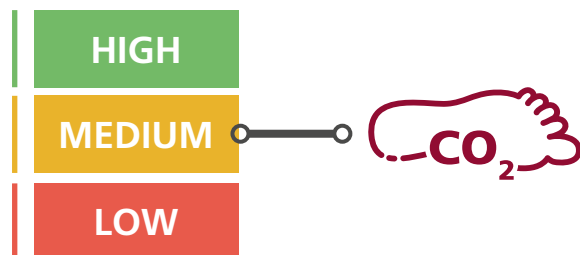
- Renew site-specific travel plans to tailor our actions.
- Improve staff survey monitoring processes to accurately calculate carbon emissions.
- Provide opportunities for staff to 'have a go' at low carbon travel options.
- Develop attractive Rewards and Benefits options that support low-carbon commuting.
- Deliver an EV Charging Strategy and develop fair usage policies for charging units.



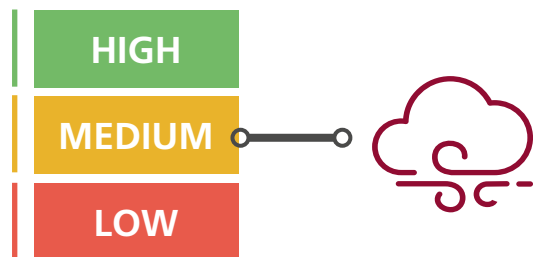


Patient & Visitor Travel

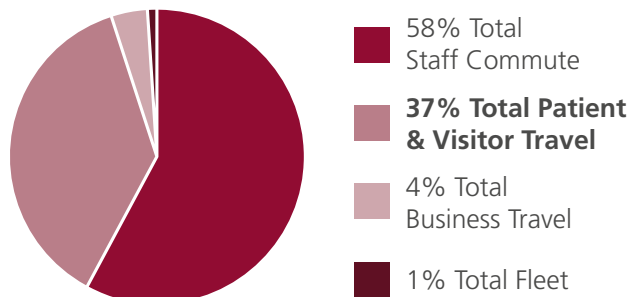
Carbon Impact



Air Quality Impact



MFT Transport Emission Sources 2021/22



Why it Matters

Patient and visitor travel generates around 2% of the MFT Carbon Footprint Plus. We need to support patients and visitors to make low carbon and health travel choices wherever they can.

What We're Doing

Each hospital site currently has a travel plan that includes bespoke action plans. We promote sustainable travel to our patients and visitors through the provision of online information, and links to TfGM journey planning tools.

What We Will Do

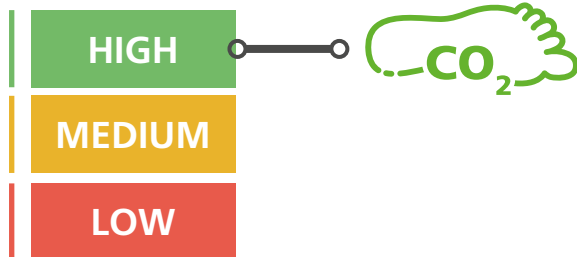
- Work with clinicians to promote more virtual and out of hospital care, identifying the carbon saving benefits where this is applied.
- Advocate and support the development of local improvements to transport networks for patient and visitor travel, especially around active travel.
- Provide reliable and current information to our patients & visitors, working with partners such as TfGM to promote low carbon options.





Clean Air

Carbon Impact



Air Quality Impact



Why it Matters

Clean air benefits everyone, especially our staff, patients, visitors and neighbours. For example, reducing emissions of nitrogen oxides across the region could save 250 hospital bed days per year.

What We're Doing

Working towards a 'good' rating on the Clean Air Hospital Framework will help us to take steps to ensure that the hospital estate and activities support our clean air ambitions. For example, our staff salary sacrifice scheme for buying a new car now only allows the purchase of zero or ultra-low emission vehicles.

What We Will Do

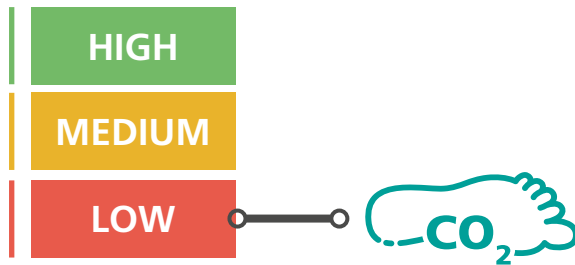
- Gap analysis against the Clean Air Hospital Framework.
- Mapping the steps to reach 'good' on the Clean Air Hospital Framework.
- Scope out an air quality monitoring programme for internal and external spaces.
- Review Trust anti-engine idling policies and enforcement.
- Work with clinicians to understand how air quality education is integrated into healthcare.
- Look at how air quality information is distributed to patients and the opportunities for incorporating poor air quality alerts.



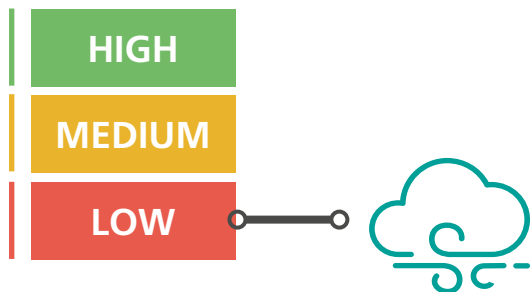


Business & Operational Travel

Carbon Impact



Air Quality Impact



Why it Matters

We have the greatest control over this area of travel, with direct influence on the types of vehicles we use, and the choices that staff can make as part of their working practices. However, this area of transport emissions has the lowest impact overall due to the comparative scale of emissions.

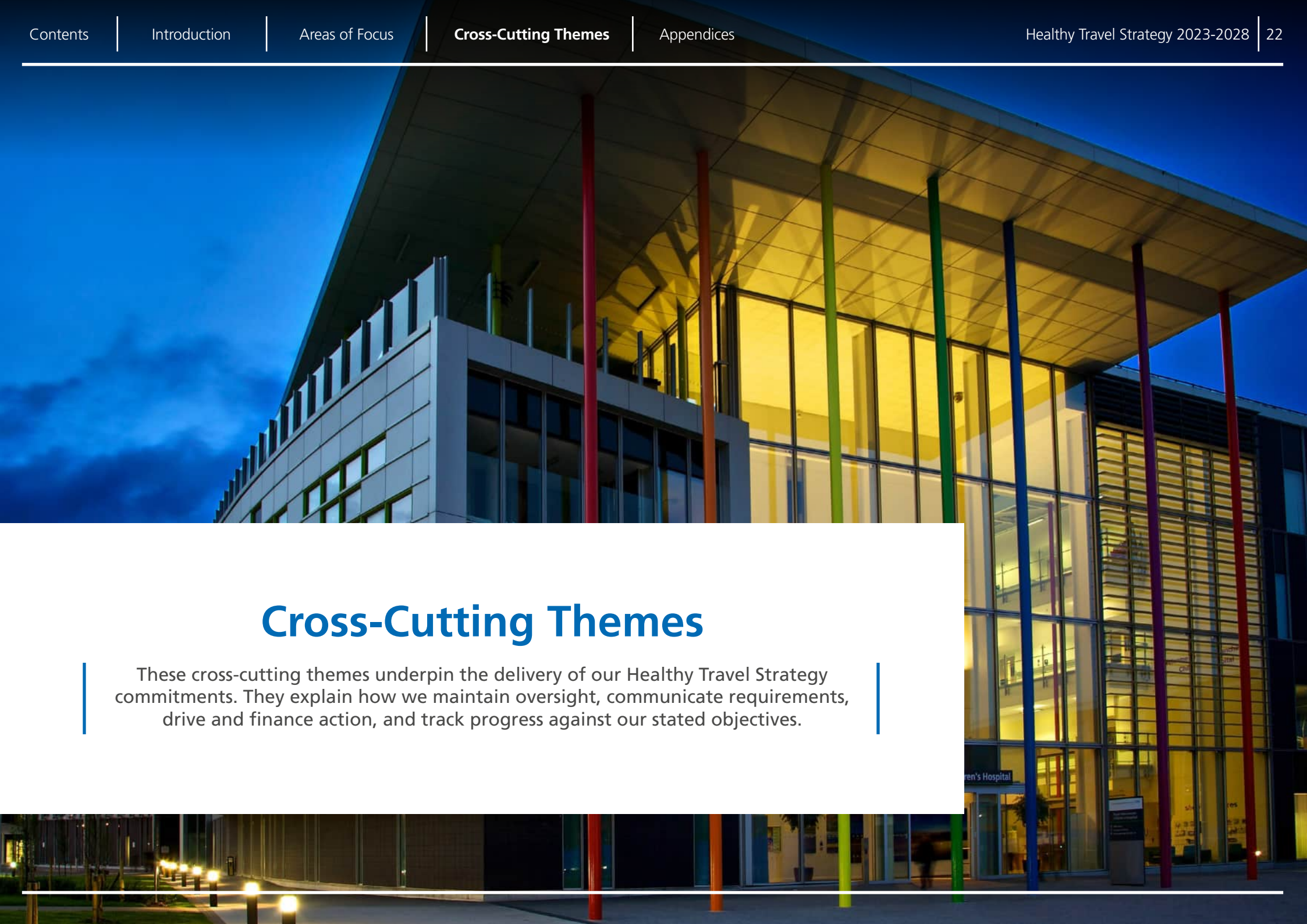
What We're Doing

We will fully electrify our in-house transport fleet, and our Sustainability Policy mandates that all new vehicle purchases across the Trust are ultra-low or zero emission vehicles.

What We Will Do

- Complete a full review of our current business travel patterns through expenses claims to identify sources of carbon emissions.
- Work with service leads to identify opportunities for staff trips to be minimised or changed to virtual options.
- Review low-carbon business travel options, especially around electric vehicles and bikes.
- Monitor the impact of HIVE and, in particular, any reduction in the need for paper records to be transported across MFT.





Cross-Cutting Themes

These cross-cutting themes underpin the delivery of our Healthy Travel Strategy commitments. They explain how we maintain oversight, communicate requirements, drive and finance action, and track progress against our stated objectives.

Governance

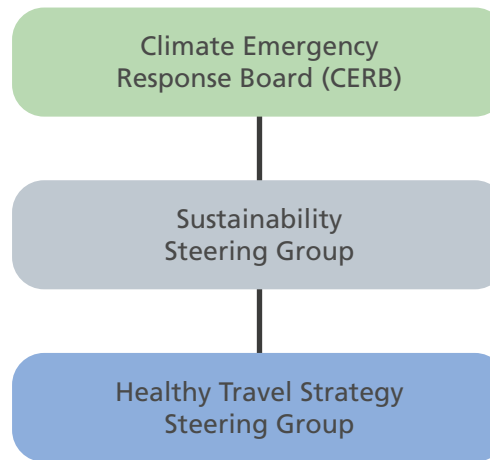
Clear leadership and accountability are needed to ensure progress against this strategy is delivered consistently, efficiently and at pace across our large and complex Trust.

The Healthy Travel Strategy has been developed to support delivery of the Green Plan. Progress on the Green Plan is reported to the Climate Emergency Response Board and progress is overseen by the Sustainability Steering Group (SSG)

A Healthy Travel Steering Group has also been established which will maintain oversight of the objectives. This group will regularly consider the carbon reductions achieved through projects designed to support sustainable travel, and how current staffing and service issues interact with the travel agenda. Representatives from a range of departments will be invited to participate in this group to reflect the multi-faceted issues which intersect with travel and transport.

If you are a member of MFT staff who would like to join the Steering Group, please get in touch via ecoteam@mft.nhs.uk

Internal Governance



External Bodies

Our travel and transport ambitions are heavily reliant on the actions and plans of external partners and third parties. These include:

- Local planning and highway authorities especially Manchester City Council (MCC) and Trafford Council (TC)
- Greater Manchester Combined Authority (GMCA)
- Transport for Greater Manchester (TfGM)

We will also work closely and in partnership with some key stakeholders including:

- Oxford Road Corridor Group – Working with partners around the Oxford Road Hospitals to amplify the need for high quality sustainable travel infrastructure, and sharing best practice
- National Greener NHS team – Sharing learning and experiences from other NHS bodies
- North West Greener NHS Team – Working with local partners to support and collaborate on sustainable travel initiatives
- Greater Manchester ICS – Ensuring that sustainable travel is part of the governance agenda
- PFI delivery partners – To deliver on site improvements and maintenance

Tracking Progress

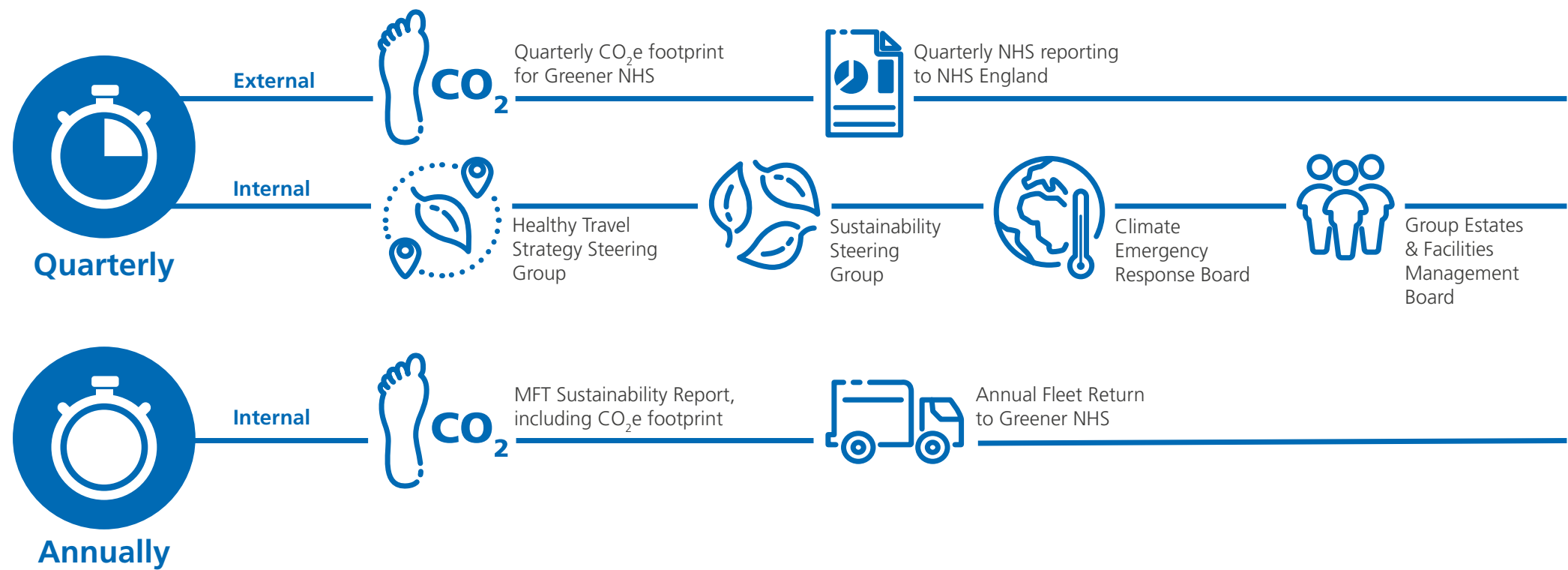
It is important that we track our progress against the ambitious travel and transport carbon reduction targets.

We use many data sets, both quantitative and qualitative, to assess performance across our individual hospitals as well as at Trust level. These data sets are collected and analysed with differing frequencies, depending on the availability of the data, complexity of processing, and priority of issues.

Reports and data submissions are made throughout the year, both internally and externally, and are summarised in a publicly accessible [Annual Sustainability Report](#) released

each summer. This section outlines a list of the current monitoring mechanisms. It is one of our key ambitions to improve the accuracy of our travel data collection, so we understand more clearly where there are opportunities to reduce emissions.

We will regularly review progress against the Healthy Travel Strategy targets. There are also a number of internal and external reporting requirements that will help to track progress. These include:



Conclusion

This strategy sets out our commitments and actions over the next two years to enable a sustainable travel choice to be a natural choice. It supports the Trust's net zero transition and encourages our communities to assess the need and mode of travel.

We cannot do this in isolation, we need to work collaboratively with partners, stakeholders, staff and suppliers to deliver this plan.

Healthy travel habits lead to:

- Better health outcomes
- Superior environmental outcomes
- Long term financial and economic savings for the Trust and individuals

Thanks to these benefits, which overlap and cut across many thematic areas, Sustainable Travel has the potential to improve livelihoods for our staff, patients and local communities. This Strategy is therefore a crucial element of the Trust's Green Plan, and delivering it successfully will support our ambitions to reduce MFT's carbon emissions.



Appendix A: Historical Data Performance

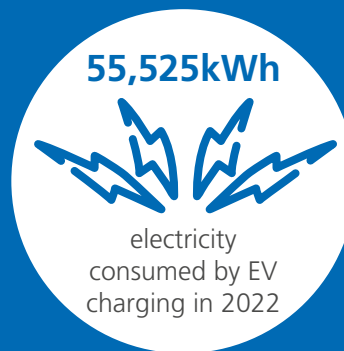
The MFT Carbon Footprint has been measured since its inception in 2017. North Manchester General Hospital has also been included in the footprints for 2019/20 and 2020/21 for the purposes of comparison. However, this site was not officially part of MFT until April 2021.

Key travel and transport data is highlighted to the right.

The carbon footprint contribution from travel has remained static (barring the impact of the COVID-19 pandemic), with the largest contribution coming from staff commuting and patient and visitor travel. Private vehicle remains the most popular mode for both 'staff' and 'patient and visitor' travel.

KPI	2017/18	2018/19	2019/20 [baseline]	2020/21	2021/22
Transport Fleet (km)	153,182	243,571	697,041	567,135	582,581
Total Business Travel (km)	4,186,692	5,112,687	7,888,127	4,193,162	4,630,969
Modelled Staff Commuting (km)	110,862,889	118,335,755	146,295,961	139,496,383	154,981,965
Modelled Patient & Visitor Travel (km)	85,636,443	85,636,443	99,625,822	65,645,680	84,314,255
Travel & Transport Emissions (Tonnes CO ₂ e)	24,586	25,014	27,883	19,384	26,101

Supporting Data



Appendix A: Historical Data Performance

Mode of Travel	2018	2019	2020	2021
Car alone	49%	55%	50%	37%
Car sharing	6%	5%	8%	6%
Bus	19%	17%	9%	10%
Train	6%	4%	2%	4%
Tram	3%	3%	2%	4%
Walk	6%	6%	9%	5%
Cycle	10%	9%	18%	25%
Motorcycle	1%	0%	0%	0%
Taxi	1%	0%	1%	1%
Shuttlebus	—	—	1%	1%
Work from home / remotely	—	—	—	4%
Other method of transport	—	—	—	2%
Total	100%	100%	100%	100%

Modal split is based on our staff travel survey. Response rates vary and this is an indicative guide only.

Appendix B: Legislative and Policy Drivers

Drivers provide the legal and policy context for improving sustainability and can be divided into six key groups, as outlined below. This list is not intended to be exhaustive and key documents will be updated and released throughout the duration of this strategy.

Healthcare Specific Guidance Strategies and Policies

Delivering a 'Net Zero' National Health Service

- Sets out how the NHS will respond to the climate and health emergency and provides a robust analytical process regarding how the health system can reach net zero carbon.

Greener NHS Programme delivery reports and regional Memorandum of Understanding (MOU)

- National programme working to deliver the NHS Net Zero Plan, engage the workforce, and share learning to reach net zero across the healthcare system.

Health Technical Memoranda and Health Building Notes

- Health Technical Memoranda give comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare. Health Building Notes give best practice guidance on the design and planning of new healthcare buildings and on the adaptation or extension of existing facilities.

NHS Long Term Plan 2019

- A 10-year plan to ensure that the NHS is fit for the future.

NHS Long Term Workforce Plan 2023

Legislative

Planning regulations

- Define the need and scope of a travel plan, plus the requirements for buildings to incorporate sustainable travel infrastructure.

International Guidance and Agreements

United Nations Sustainable Development Goals (SDGs), in particular;

- Goal 3 Good Health & Wellbeing
- Goal 11 Sustainable Cities and Communities
- Goal 13 Climate Change

Paris Climate Change Agreement

Glasgow Climate Pact

UK Strategy and Guidance

Clean Air Strategy 2019

- Sets out plans for dealing with all sources of air pollution.

National Policy and Planning Framework

- Sets out the government's planning policies for England.

Greater Manchester Frameworks

Greater Manchester Active Travel Health Manifesto

GM Clean Air Plan (under consultation)

Made to Move Strategy

Greater Manchester Transport Strategy 2040

Zero Carbon Framework (2020-2038)

GMCA 5 Year Environment Plan (2019-2024)

Manchester Climate Change Framework 2020-2025

Trafford Council Carbon Neutral Action Plan

MFT Policies and Strategies

Car Parking

Travel, Subsistence & Accommodation

Flexible Working

Employee Health & Wellbeing

Equality & Diversity

Fleet

Energy & Sustainability

Green Plan

Estates & Facilities Strategy

Site Based Travel Plans

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Pg 18 – Mangoppear Creative on Unsplash

Pg 19 – Mangoppear Creative on Unsplash

Pg 20 – Engin Akyurt on Unsplash

Pg 21 – Markus Winkler on Unsplash

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