

# Proposed Redevelopment of Clitheroe Hospital

Travel Plan Framework

Eric Wright Group  
9X5278  
R002A



**ROYAL HASKONING**

thinking in  
all dimensions

9<sup>th</sup> Floor, Portland Tower  
Portland Street  
Manchester  
M1 3LF  
United Kingdom  
+44 (0)161 236 1018 Telephone  
+44 (0)161 236 1041 Fax  
info@manchester.royalhaskoning.com E-mail  
www.royalhaskoningdhv.com Internet

Document title Proposed Redevelopment  
of Clitheroe Hospital  
Travel Plan Framework  
Document short title Clitheroe Community Hospital TPF  
Status R002A  
Date 09 August 2012  
Project name Clitheroe  
Project number 9X5278  
Client Eric Wright Group  
Reference 9X5278/R002A/304187/Man

Drafted by Ben Hope  
Checked by Brian Laird  
Date/initials check 09.08.12 BL  
Approved by Brian Laird  
Date/initials approval 09.08.12 BL

<b>CONTENTS</b>		<b>Page</b>
<b>1</b>	<b>INTRODUCTION</b>	<b>1</b>
1.1	Background	1
1.2	Site Location and Proposals	1
1.3	Purpose of this Report	2
1.4	The Benefits of a Travel Plan	3
1.5	The Health Case for Developing Travel Plans	4
<b>2</b>	<b>DEVELOPMENT OF THE COMMUNITY HOSPITAL TRAVEL PLAN</b>	<b>5</b>
2.1	Approach to Travel Plan Development	5
2.2	Objectives of the Plan	5
<b>3</b>	<b>PLAN ADMINISTRATION</b>	<b>8</b>
3.1	General	8
<b>4</b>	<b>PLAN DETAIL</b>	<b>9</b>
4.1	Introduction	9
4.2	Travel Awareness	9
4.3	Travel Database	10
4.4	Mode Share Targets	11
4.5	Public Transport Information	11
4.6	Walking	11
4.7	Cycling	12
4.8	Travel Finance	12
4.9	Car Sharing Scheme	12
4.10	Staff Travel	13
4.11	Patient Travel	14
<b>5</b>	<b>EXISTING INFRASTRUCTURE</b>	<b>15</b>
5.1	Background	15
5.2	Pedestrian Infrastructure	15
5.3	Cycle Infrastructure	15
5.4	Public Transport Infrastructure	15
5.5	Private Vehicle Infrastructure	16
<b>6</b>	<b>AWARENESS RAISING STRATEGIES AND MARKETING INITIATIVES</b>	<b>17</b>
6.1	General	17
<b>7</b>	<b>PLAN MONITORING AND REVIEW</b>	<b>18</b>
7.1	Introduction	18
7.2	Monitoring	18
7.3	Reviewing	18
<b>8</b>	<b>SUMMARY</b>	<b>19</b>
8.1	General	19

## **TABLES**

Table 1 – Who will Benefit from the Travel Plan? ..... 4

## **PLANS**

Plan 1	Site Location
Plan 2	Local Highway Network
Plan 3	Existing Site Layout
Plan 4	Proposed Site Layout

## **APPENDICES**

Appendix A	Schedule of TPC Duties and Implementation
Appendix B	Contacts Sheet
Appendix C	Sample Staff Travel Questionnaire
Appendix D	Sample Patient Travel Questionnaire
Appendix E	Travel Plan Targets

## 1 INTRODUCTION

### 1.1 Background

- 1.1.1 Royal HaskoningDHV (RH) has been appointed by Eric Wright Group to prepare a Travel Plan Framework (TPF) in support of the proposed redevelopment of Clitheroe Hospital.
- 1.1.2 The site is located on land off Chatburn Road, adjacent to the existing Clitheroe Hospital. The site is currently unoccupied.
- 1.1.3 The site was granted planning permission in January 2009, under application no. 3/2008/0877, for a Community Health Centre comprising a gross floor area (GFA) of 6,100m<sup>2</sup>. This application was accompanied by a Transport Assessment (TA) and Travel Plan Framework (TPF) which was also undertaken by RH.
- 1.1.4 The proposed development comprises a new Community Hospital and associated car parking. The proposed Community Hospital would have a GFA of 4,050m<sup>2</sup>, a significant reduction in comparison to the previously approved scheme.

### 1.2 Site Location and Proposals

- 1.2.1 The application site is located on the open vacant land to the east of the existing Clitheroe Hospital, located adjacent to Chatburn Road and Pimlico Link Road in Clitheroe.
- 1.2.2 **Plan 1** illustrates the location of the application site in relation to the surrounding local area with **Plan 2** showing the location of the site in relation to the local highway network. **Plan 3** shows the existing site layout.
- 1.2.3 It can be seen from **Plan 1** that the site is located to the north east of Clitheroe town centre.
- 1.2.4 There is currently a private gated access point to the application site on Chatburn Road and there is no access point currently from Pimlico Link Road.
- 1.2.5 The proposals are for a new Community Hospital, which would include the existing Clitheroe Hospital services (use C2 Residential Institutions) in addition to new Primary Care Trust (PCT) services (use D1 Non-Residential Institutions). **Plan 4** shows the Proposed Site Layout for the Community Hospital.
- 1.2.6 The proposed Community Hospital would have a GFA of 4,050m<sup>2</sup>, which would incorporate a 33 bed inpatient ward and 8 consulting rooms, and associated car parking comprising 65 spaces, including 7 spaces to cater for the mobility impaired. In addition 7 cycle spaces and 3 motorcycle spaces would be provided.

1.2.7 The incorporation of a range of associated services within the scheme will allow the building to act as a 'one stop shop' for patients, with an extended range of services provided on site. As patients will have the opportunity to travel to just the one location for a consultation and attend subsequent appointments with a nurse or other health practitioner, the building is anticipated to provide sustainability benefits in terms of operational, healthcare and environmental (planning) terms.

### 1.3 Purpose of this Report

1.3.1 This document should be read in conjunction with the Transport Assessment (Ref: 9X5278/R001A/304187/Man) that has been prepared in support of the development proposals.

1.3.2 The TPF represents an initial starting point for discussion regarding the development of a full plan.

1.3.3 A Travel Plan (TP) is a general term for a package of measures tailored to the needs of individual sites and is aimed at promoting greener, cleaner travel choices and reducing the reliance on the car. It involves the development of a set of mechanisms, initiatives and targets that together enable organisations to reduce the impact of their travel and transport on the environment, whilst also bringing a number of other benefits to the organisation as an employer and to staff.

1.3.4 The TP itself is a way of managing and promoting how people travel to a particular area or organisation. It can consist of a single initiative, or a package of measures that are co-ordinated to encourage different and more widespread ways of travelling.

1.3.5 All the objectives of both an interim plan and a full plan should benefit both the occupiers of the development and the wider community, typically, objectives may be able to:

- reduce costs associated with staff and customer parking;
- reduce business mileage claims;
- increase opportunities to recruit and retain staff;
- reduce congestion in and around the site;
- increase the number of staff / patients / visitors accessing the site by non-car borne modes;
- improve the image of the organisation;
- improve the image of the local area;
- promote a more productive and more healthier workforce;
- reduce the impact of the Community Hospital upon the environment;
- promote more sustainable ways of working; and
- support government policy to manage travel demand more effectively.

1.3.6 It should be noted that the TP itself should be an on-going concern and set down its own set of monitoring procedures and targets.

1.3.7 This interim plan is designed as a guide as to what can be expected to be achieved during construction of the site, and what can be expected of the occupier after three months occupation of the site.

#### 1.4 The Benefits of a Travel Plan

1.4.1 The effects of travel choices on our environment, our health and our quality of life are well documented. Sources describe how increases in road traffic have produced unsustainable levels of congestion and pollution. The effects can be felt at a local level through poor air quality, noise, busier roads, and at a global level through climate change. Journeys by road are becoming slower and more unreliable causing problems for business and stress to drivers.

1.4.2 There has been a significant increase in the proportion of individuals travelling to work by car. Even a small modal shift in home-work-home journeys away from the car would have a considerable impact on congestion at peak times.

1.4.3 It is necessary to look at the way staff and visitors travel and consider ways of reducing the impact of that travel. This means using more sustainable alternatives such as walking, cycling or bus use in preference to single occupancy car use. The TP should encourage staff and visitors to reconsider how they make regular journeys.

1.4.4 If every car commuter used an alternative to the car on just one day a week, car usage levels for commuting would be reduced by as much as 20% immediately, with commuter parking requirements also reduced by up to 20%.

1.4.5 An effective TP can benefit the Community Hospital, the local community and the overall environment. It can significantly reduce the costs of car park provision and maintenance, or employee business mileage.

1.4.6 **Table 1** summarises some of the benefits of implementing a TP and indicates who will benefit.

	PCT	Staff	Patients / Visitors	Community / Environment
Cost Savings	✓	✓	✓	
Healthier workforce and reduced absenteeism	✓	✓		
Improved site access	✓	✓	✓	✓
Reduced congestion	✓	✓	✓	✓
Reduced accidents	✓	✓	✓	✓
Improved staff morale	✓	✓	✓	
Time savings	✓	✓	✓	✓
Improved quality of life	✓	✓	✓	✓
Reduced stress	✓	✓	✓	
Improved local air quality	✓	✓		✓
Reduced noise				✓

**Table 1 – Who will Benefit from the Travel Plan?**

1.4.7 TPs can produce indirect but significant benefits, such as improving the punctuality of employees. Staff who cycle or walk to work will be fitter. By having a TP, organisations demonstrate a more responsible and caring attitude to staff, visitors, patients and the local community.

## 1.5 The Health Case for Developing Travel Plans

1.5.1 The NHS executive has identified TPs as being one of the ways to improve general health issues and to combat Coronary Heart Disease. The National Health Service Framework specifically outlines the need for NHS sites to develop their own TP and states that all Health Authorities, NHS Trusts, Primary Care Trusts etc. should develop green transport plans as part of steps to implement employee friendly policies.

1.5.2 Traditional ways of preventing and treating problems such as overweight and obesity have traditionally focussed on changing the behaviour of individuals. To date this approach has often proved to have only limited success due to the existing and growing car based culture. It is recognised that addressing these problems will require a multi-faceted public health policy approach and green / sustainable transport is considered one area where tangible health benefits could be accrued. Physical activity has been described as ‘today’s best buy in public health’ and it is recognised that even those individuals who have a history of a poor / sedentary lifestyle can obtain a significant health benefit through increased exercise.

1.5.3 Regular physical activity reduces a person’s risk for heart attack, colon cancer, diabetes, high blood pressure and may also reduce the risk of stroke. In addition, regular exercise helps to control weight; contributes to healthy bones, muscles and joints; helps to relieve arthritis pain; and is associated with fewer hospitalisations, physician visits and medications. Moreover, physical activity does not need to be strenuous to be beneficial. People of all ages will benefit from moderate physical activity, such as 30 minutes of brisk walking five or more times a week. It is therefore clear that Travel Plan policies, which encourage reduced car use and greater levels of walking and cycling directly support general public health policies promoted by local PCTs.



## **2 DEVELOPMENT OF THE COMMUNITY HOSPITAL TRAVEL PLAN**

### **2.1 Approach to Travel Plan Development**

2.1.1 This Framework is provided to seek agreement with Hyndburn Borough Council, as to a suitable approach and to what might be typical measures, appropriate in scale to achieve reasonable modal split travel targets.

2.1.2 The Travel Plan will be “worked up” in partnership with the Local Planning Authority (LPA). It is envisaged that details of the measures to be employed will be agreed in detail at a later stage, but this document sets out measures, which have the potential to be effective and will be considered by the PCT.

2.1.3 Proposed measures to enhance the accessibility of the site, which involve infrastructure, are set out by travel mode later within this report. Many of the “soft measures” however, which will support the day to day operation of the Community Hospital, cannot be agreed at this early stage. Circumstances that combine to make this development unique and must be borne in mind when considering the TP include:

- Many of the patients arriving at the centre are ill or are in an anxious state about the impending treatment (or both);
- The impaired mobility of patients can result in their choice of practical modes of transport being restricted; and
- Some staff are required to have access to a vehicle in case of an emergency or for routine home visits.

### **2.2 Objectives of the Plan**

2.2.1 In line with Central and Local Government policies and guidance, the objectives of the Plan are to:

- Reduce the need to travel;
- Discourage the use of unsustainable modes of transport and enable staff to make travel choices that benefit themselves and their community;
- Maximise social inclusion by making the development accessible to all members of the community;
- Raise awareness of alternative modes of transport and thus encourage a modal shift towards more sustainable travel modes.

2.2.2 The following general points are based on previous experience and are included to highlight potential issues and objectives. However, at this stage it is not possible to set specific targets in terms of percentage gains. This requires base data to be collected and collated.

- 2.2.3 Many staff may be prepared (or possibly have no other option) to walk more than a mile and walking may be an area where significant gains could be made. Potential modal shift “gains” could be made, if staff who occasionally walk to work were persuaded to make walking their normal transport mode. However, it is also clear that many people who normally walk are occasionally “lost” to car or bus use. The principal reasons are likely to be convenience, lateness, things to carry and inclement weather.
- 2.2.4 Cycling can be unpopular for reasons other than distance, possibly due to the topography of the surrounding area, or perhaps most staff do not own cycles, or consider cycling a risky activity. Cycling “gains” are likely to be hard won.
- 2.2.5 It is likely that significant gains are possible, by encouraging solo car users to become sharers.
- 2.2.6 There may be willingness or perhaps a need for staff to be flexible in their choice of travel mode and with suitable promotion it may be possible to persuade staff to make a gradual change by simply cycling, walking or using public transport more often than they do currently. Significant “wins” can be achieved by using more sustainable travel modes just once a week.
- 2.2.7 Motorbikes have a relatively low impact in terms of congestion, pollution and parking requirements and for the purposes of this report motorcyclists could be considered to have similar impact to those who car share. Although it is not intended to develop initiatives to persuade staff to use motorcycles, as this would not prove to be a cost effective exercise, some measures primarily aimed at other groups will also be beneficial to motorcyclists, such as changing rooms, lockers and showers.
- 2.2.8 It is important to ensure that motorcyclists are catered for when issues like parking are considered, as it would be unfortunate if they felt they were neglected and consequently started to use a car. Specific motorcycle parking need not be within the car park area and indeed it would normally be advantageous if motorcyclists could be dissuaded from using a car space.
- 2.2.9 Taxis relieve parking demand and could be used on a “car share” basis by those who would like to share, but do not have access to a car. However, for the purposes of this section of the report they will be considered as public transport, despite the fact that they are often used to transport a single person. It should be noted that taxis can provide a valuable link to bus and train stations, allowing the greater part of a journey to be undertaken by bus or train.
- 2.2.10 One of the key practical factors controlling modal choice is the distance to be travelled. The other principal limiting factor is the time taken to make the trip. As a rough guide most people consider 20 to 30 minutes to be a reasonable length of time to travel to work. Depending on the local conditions this could represent:-
- Walking up to one mile or 1680m (taking 3mph or 1.4m/s as a typical speed for 20 minutes);
  - Cycling up to five miles or 8.3km (taking 10mph or 4.7m/s as a typical speed over 30 minutes);

- Taking a bus up to five miles or 8.3km (assuming an average bus speed of 20mph or 9.3m/s and a five minute walk at each end of the journey as well as a five minute wait for the bus);
- Driving up to ten miles (assuming car speeds around town are similar to bus speeds).

2.2.11 This suggests that there will be increasing resistance from staff to abandoning the car for longer journeys, particularly those over five miles.

2.2.12 If possible the TP should maintain momentum for as long as necessary. In order to do this it is important to target identifiable groups of staff, who can be persuaded to change mode in significant numbers.

### 3 PLAN ADMINISTRATION

#### 3.1 General

- 3.1.1 Management of the TP process will be achieved through the identification of a suitable representative as the Travel Plan Co-ordinator (TPC). The TPC will provide a key role in delivering a successful TP. The Building Manager of the Community Hospital will be appointment TPC.
- 3.1.2 The TPC role will be established prior to the occupation of the site and will act as the fulcrum for the development of the TP measures and the day to day operation of the Plan. Once appointed, the TPC will act as the main contact for the TP and will be responsible for implementing Plan measures, involving new staff, maintaining a database and monitoring the effects of implementation. A full set of duties and responsibilities of the TPC is set out in the sections below, with a checklist of tasks provided in **Appendix A**.
- 3.1.3 The TPC will inform the LPA and the appropriate local public transport operators of their contact details. Similarly, the TPC will obtain the contact details of the appropriate personnel at the various organisations and complete a 'Contact Personnel' form to provide easy reference when dealing with TP matters (see **Appendix B**).
- 3.1.4 The TPC will be the first point of contact for all staff / patients and other outside organisations in all matters regarding travel to and from the Community Hospital site, therefore the TPC will set up a file for all correspondence relating to the TP and keep it up-to-date.
- 3.1.5 If required, the TPC will nominate employees to whom TP duties can be delegated, however, the designated TPC will retain overall responsibility for all matters pertaining to the TP. The TPC will record details of nominated employees along with their delegated duties within the TP file, if necessary.

## **4 PLAN DETAIL**

### **4.1 Introduction**

4.1.1 The development of a successful TP will require consultation with the Community Hospital users to establish which measures will be the most effective, which may prove difficult to implement, or be unpopular and to seek to create a sense of 'staff ownership' of the plan.

4.1.2 Staff involvement will be essential to deliver the changes in personal travel choices and to overcome natural resistance to measures that 'discourage' car use. Involvement can be achieved through the undertaking of a travel survey, early implementation of the TP, plus an associated 'launch' exercise to describe to staff and patients the purpose of the TP and the benefits of becoming involved. This process should be used to explain why the plan is necessary, gain staff / patients support and take onboard comments and ideas. The role of the TPC will be crucial in ensuring the dissemination of information and encouraging staff and patient 'take up' of the TP process.

4.1.3 The following sections in this TP outline the general measures to be promoted by the TPC. They are set out under the following general headings:

- Travel awareness;
- Travel database;
- Mode share targets;
- Public transport information;
- Walking;
- Cycling;
- Travel finance;
- Staff travel; and
- Patient travel.

### **4.2 Travel Awareness**

4.2.1 The TPC will make the staff aware of the existence of the TP by providing staff with a hard or digital copy of the TP within one week of commencement of employment on site. Patients attending the Community Hospital will be made aware of the existence of the TP through the distribution of information packs and Community Hospital newsletters.

4.2.2 At this time staff and patients will also be advised by the TPC of the benefits to themselves and the community of using more sustainable means of travel to the site by issuing promotional material relating to the benefits of the TP.

4.2.3 The TPCs will ensure that further promotional material relating to the TP and its benefits is available in employee rest areas and reception areas. This promotional material will identify the TPC (along with contact information) to ensure that any queries or suggestions relating to the TP can be addressed efficiently.

4.2.4 The TPC will ensure that an information board is provided in a prominent position for patients to enable promotional material relating to the TP to be displayed by the TPC or one of his/her designated assistants. The TPC will ensure that all information displayed is kept up-to-date.

4.2.5 The TPC will promote and encourage staff to participate in National and Local events, organised by others, aimed at promoting awareness of sustainable transport, such as leave the car at home days. The range of events that will be promoted will be agreed and co-ordinated with the LPA.

### 4.3 Travel Database

4.3.1 The TPC will undertake an initial staff and patient travel survey, within three months of full occupation of the Community Hospital, to enable a staff / patient travel database to be set up.

4.3.2 The TPC will prepare and distribute a questionnaire based on the example provided in **Appendix C** to each member of staff and **Appendix D** to patients, to collect the following details:

- Postcode area of residence;
- Normal working hours;
- Mode of travel to the Community Hospital;
- Car ownership;
- Work related travel throughout the day;
- Reasons for driving;
- Reasons for not using public transport and other modes;
- Measures that would encourage car sharing, use of public transport, or other non-car modes of travel to work;
- Estimates of public transport journey times and cost; and
- Staff / patient profile, including age, gender etc.

4.3.3 All data collected from the travel survey in connection with the TP will be subject to the provisions of the Data Protection Act. In the interests of confidentiality, the TPC alone will hold the database and be responsible for the release of information, with all data held being used solely for the purposes of the TP.

4.3.4 On receipt of the completed questionnaires the TPC will set up the travel database within 1 month of completion of the travel survey.

4.3.5 The TPC will ensure that all new staff are entered into the database within one week of commencement of employment, with staff leaving the development having their details removed from the database.

4.3.6 The TPC will release survey data to the LPA on request. However, in the interests of security, names and addresses of staff and patients will not be provided, rather, postcode details would be supplied.

4.3.7 Information contained within the database and the travel patterns derived from the data will inform the annual review process which will be carried out in conjunction with the LPA.

#### **4.4 Mode Share Targets**

4.4.1 The TPC will analyse the initial travel survey questionnaires within 1 month of setting up the travel database to determine the existing travel patterns to the site.

4.4.2 In order to achieve the long term objective of the TP of reducing staff single occupancy vehicle travel by 10% over the first 5 years of the TP, the TPC will set realistic short term annual targets for mode share based on the surveyed travel patterns.

4.4.3 The TPC will agree the short term annual targets with the LPA within 1 month of completion of the travel survey analysis. The initial travel survey results for the proportion of staff travelling by single occupancy vehicles should be recorded along with the agreed short term annual targets.

4.4.4 The agreed short term annual targets will form the basis of the annual review and monitoring process to gauge the effectiveness of the TP.

4.4.5 The TPC will also set targets for increasing trips to the development being made by more sustainable means such as walking, cycling, public transport and car sharing based on the initial travel survey results. The TPC will also agree these targets with the LPA.

#### **4.5 Public Transport Information**

4.5.1 The TPC will ensure that all staff and patients are provided with information to allow ease of use of public transport by displaying up-to-date public transport route, ticket pricing and timetable information. Contact details for local taxi firms will also be displayed by the TPC.

4.5.2 The TPC will liaise regularly with the local public transport operators including the regional public transport executive to ensure that information remains valid. The TPC will display details of the websites and telephone advice services to enable staff and patients to obtain details on their individual journey requirements.

#### **4.6 Walking**

4.6.1 The TPC will encourage walking as a mode of travel to the site by implementing the following initiatives:

- Raise awareness of the health benefits of walking through promotional material;

- Provide a map showing safe walking routes, indicating distances and times to the most common destinations near to the site;
- Ensure that footpaths on site are well maintained and lit; and
- Ensure that clear pedestrian signage is provided within the site.

4.6.2 To complement the above initiatives, staff changing facilities with storage lockers and showers, will be provided within the Community Hospital.

## **4.7 Cycling**

4.7.1 Prior to occupation of the development, the following measures will be implemented on site:

- Safe and secure cycle parking; and
- Staff changing facilities, including lockers and showers.

4.7.2 These facilities will also be made available to staff who commute to the site by powered two wheel vehicles such as motorcycles and scooters.

4.7.3 The TPC will investigate the potential to set up a Bicycle User Group (BUG) to encourage employees who cycle to work.

4.7.4 The TPC will seek partnership with local sports / cycle stores in order to provide discounts to staff as part of any promotional activity or campaign.

4.7.5 In order to assist in improving conditions for cycling locally, the TPC will establish contact with the senior cycling officer of the LPA to ensure that up-to-date information is available regarding cycle routes and other facilities for cyclists in the vicinity of the site. The TPC will provide input to the further development of any existing cycling strategy in the vicinity of the proposed development.

## **4.8 Travel Finance**

4.8.1 The TPC will negotiate discounts from public transport operators on the cost of season tickets and travel cards for public transport services to the site through bulk purchase in order to promote the use of public transport by staff.

## **4.9 Car Sharing Scheme**

4.9.1 The TPC will consider setting up a staff car sharing scheme, depending on the responses from the questionnaire surveys.

4.9.2 Car sharers will be given preferential treatment for parking on site. The TPC will set up a guaranteed lift home service for use in emergencies for car sharers.



## 4.10 Staff Travel

- 4.10.1 The staff TP measures will seek to enhance the accessibility of the Community Hospital site in order to make alternative travel modes as attractive as possible for regular staff journeys. In addition, the plan will target existing staff car drivers to attempt to reduce the need for their car journey and to provide attractive and realistic opportunities to change mode or increase the efficiency of their journey.
- 4.10.2 The objectives for staff travel must be balanced against the fact that a number of staff may require access to their car on an almost daily basis in order to carry out home visits or to provide emergency medical cover. It will therefore be difficult to deliver a significant mode transfer for some staff members. Notwithstanding the above, the key measures to be implemented as part of the initial TPF are outlined below.
- 4.10.3 Relevant, accurate information on the range of services and travel initiatives available will be provided on-site through the following media:
- Staff Travel Plan Noticeboard within main staff common rooms / changing areas,
  - Public Transport Information will be available within the main building and at all main waiting areas;
  - Staff to be made aware of the TP as part of employee induction procedures.
- 4.10.4 Information will be updated on a regular basis by the TPC and will include details of public transport timetables, maps, general travel information contacts and details of health / fitness initiatives such as National Cycle Week, Healthy Living Information, Travelwise week, etc. Key events / campaigns should be identified and promoted by the TPC.
- 4.10.5 Cycle parking facilities will be provided in convenient, secure and well lit locations free from obstruction. Additional facilities will be provided to assist staff cycling to work and to increase the overall quality of journey, such infrastructure will include lockers for cyclists to store equipment and clothing and access to shower and changing facilities on site. These staff changing / showering facilities will also be available for pedestrians, motorcyclists, lunch time joggers, etc.
- 4.10.6 In order to support a car share scheme, if implemented, consideration should also be given to designating a limited number of spaces within the car park as guaranteed staff car share spaces. The number and location of car share spaces should be identified post occupation of the facility, based on day to day experience of the operation of the car park.
- 4.10.7 The TPC will also organise a scheme to ensure that any staff involved with the Travel Plan have a guaranteed ride home in the case of family emergencies during the daytime or when required to work late at night at short notice. In these circumstances the PCT will meet the cost of any reasonable taxi fare home from the Travel Plan Budget if appropriate receipts are provided by staff. It has been identified that the running of such an emergency system is critical in increasing staff confidence in taking part in Travel Plan initiatives such as car sharing / walk to work, etc.

4.10.8 The TPC will continue to liaise with the LPA Officers, Primary Care Trust representatives and other relevant local business Travel Plan groups to exchange ideas and to investigate any potential economies of scale when developing Plan measures.

#### **4.11 Patient Travel**

4.11.1 The TPC will produce literature for distribution to patients who travel to the site to inform them that the Community Hospital is an environmentally aware development promoting a TP. This literature will also provide details on how the site can be reached by modes of transport other than the private vehicle.

4.11.2 Due to the unwell, infirm and elderly nature some patients who will travel to / from the Community Hospital site, it is perhaps unrealistic to expect huge changes in patient mode share to be delivered by general TP measures. Notwithstanding this, it is important that the development site is accessible as possible for patient trips and that sustainable travel initiatives are maintained and enhanced as part of the proposals.

4.11.3 A number of patients attending the Community Hospital whom are unable to walk, cycle, drive or use public transport as a means of travelling to the site will need to make use of services such as Dial-a-Ride or any Community Lift Services. The Travel Plan will incorporate current operational procedures for these measures and seek to enhance opportunities for patient access to these services where possible.

4.11.4 The TPC will liaise with the PCT Travel Plan representative to ensure the inclusion of the Community Hospital within any overall PCT wide Travel Plan initiatives.

## **5 EXISTING INFRASTRUCTURE**

### **5.1 Background**

5.1.1 The existing infrastructure and accessibility of the site (by all transport modes) has been thoroughly assessed within the Transport Assessment (TA) (Ref: 9X5278/R001A/304187/Man). This section of the document provides a summary of the findings of the TA.

### **5.2 Pedestrian Infrastructure**

5.2.1 Pedestrian accessibility was considered in detail within the Transport Assessment. The TA concluded that this site was accessible by foot.

5.2.2 There are residential areas located at the northern end of Clitheroe located 400m from the site and the majority of the residential areas located north of Clitheroe town centre are within a 1,000m walk of the site. In addition, much of the town centre and key local facilities including shops, schools and areas of employment are also located within a 2,000m walk distance.

5.2.3 Chatburn Road and Pimlico Link Road south west of the roundabout junction with Chatburn Road have footways provided. Pedestrian access from the residential areas of Clitheroe to the application site will be via these footways.

### **5.3 Cycle Infrastructure**

5.3.1 Cycling represents a convenient mode of travel for staff or patients who are not prevented from cycling by their ailments. The existing cycle infrastructure is discussed within the TA, which concludes that the site is accessible to cyclists.

5.3.2 In addition 7 cycle spaces are to be located at the development. These cycle facilities will make it easier for all cyclists to access the centre.

5.3.3 In addition 3 motorcycle spaces are proposed to cater for staff and visitors who choose this mode of transport to access the proposed Community Hospital.

5.3.4 Changing facilities and lockers will also be available for staff.

### **5.4 Public Transport Infrastructure**

5.4.1 Accessibility by public transport has been assessed within the TA and the site was demonstrated to be accessible.

5.4.2 Sheltered bus stops are located at the existing Clitheroe Hospital site on Chatburn Road within 100m of the entrance to the proposed Community Hospital.

5.4.3 There are 5 bus services that operate along Chatburn Road that are accessible to the Hospital during the week. These bus services provide easy access to the town centre and links to a number of the surrounding areas.

5.4.4 In addition to these services, a number of bus services originate, pass through and terminate at Clitheroe bus station. As stated in the TA, this is approximately 1700m from the application site, and is integrated with the Clitheroe rail station making this hub accessible under the IHT guidelines "*Guidelines for Providing Journeys on Foot*".

5.4.5 Staff can easily access this transport hub via the same route as the pedestrian access to the site.

## **5.5 Private Vehicle Infrastructure**

5.5.1 It is proposed to provide a total of 65 car parking spaces, including 7 parking spaces to cater for the mobility impaired.

5.5.2 As discussed in the TA the proposed car parking provision is in line with Lancashire County Council's maximum parking standards for the proposed Community Hospital. In addition the car park will provide a location for any pool vehicle initiatives or car sharing scheme that the TPC implements.

## 6 AWARENESS RAISING STRATEGIES AND MARKETING INITIATIVES

### 6.1 General

- 6.1.1 Measures to raise awareness of sustainable modes of transport and encourage their use or discourage the use of less sustainable modes, which do not require the provision of additional infrastructure, are often referred to as “soft measures”. The potential “soft measures” are set out within Section 4. The most appropriate measures will be selected in partnership with the LPA when the travel survey data is available.
- 6.1.2 The staff surveys, which will be undertaken within 1 month of occupation of the building will aim to establish:
- Current modal split;
  - Modes used occasionally;
  - Reasons for modal choice;
  - Attitudes to more sustainable modes; and
  - What measures would persuade people to change to more sustainable modes.
- 6.1.3 A number of suggestions for improvements could be included within the staff survey. The list need not be exhaustive, but should provide an insight into the type of measures that would be required to cause significant modal shift towards each of the more sustainable modes of transport.
- 6.1.4 Clearly patients and visitors are more difficult to influence than staff. However as they (collectively) undertake more journeys than staff, consideration will be given to indirectly persuading them to make sustainable transport choices.
- 6.1.5 It is envisaged that appropriate measures will be agreed prior to the opening of the Community Hospital. Priorities and schedules may be agreed when the base data is available.

## 7 PLAN MONITORING AND REVIEW

### 7.1 Introduction

7.1.1 To enable the success of the TP to be established, the TPC will carry out annual monitoring of travel patterns and will review the TP in conjunction with the LPA.

### 7.2 Monitoring

7.2.1 The TPC will monitor travel patterns on an annual basis for the first five years of the occupation of the site and then at suitable intervals as agreed by the LPA, if deemed necessary. This monitoring will be undertaken to ensure that the LPA can see that the aims and objectives of the TP are being achieved.

7.2.2 The annual monitoring will include site audits and will assess the following items:

- Level of usage of cycle and motorcycle stands to determine demand; and
- Updated travel questionnaire surveys organised by the TPC to establish effective comparisons from earlier surveys, for example on mode of travel to the development.

7.2.3 The TPC will develop the monitoring programme in conjunction with the LPA to ensure that the monitoring procedures are appropriate. The TPC will maintain a monitoring table of progress to key TP targets based on the results of the monitoring travel surveys (see **Appendix E**). This table should be published on the TP notice board and highlighted to staff.

7.2.4 The TPC will make information on mode share available to the LPA as part of the continuous monitoring process, subject to the provisions of the Data Protection Act.

### 7.3 Reviewing

7.3.1 The TPC will undertake an annual review of the TP in conjunction with the LPA. This review will be important in assessing the effectiveness of the measures implemented and to identify areas where modification may be necessary. In particular the following will be assessed:

- mode share for staff against the targets;
- car and cycle parking occupancy for staff; and
- comments received from staff.

7.3.2 The TPC will compare the mode share statistics obtained from the annual monitoring to the targets set for the development. The TPC will set revised realistic targets for modal shifts to non-car travel modes and investigate the effectiveness of the TP initiatives being promoted in conjunction with the LPA.

7.3.3 In light of the data collected from the monitoring process, the TPC will adapt the TP to enable the revised agreed targets to be achieved and submit an annual review report to be agreed with the LPA.

## 8 SUMMARY

### 8.1 General

- 8.1.1 Infrastructure based measures to enhance sustainable travel modes have been considered and wherever practicable integrated into existing or proposed infrastructure and services. Specific on-going measures and initiatives to be promoted as a part of the TP are suggested within Section 4 of this report and are to be agreed with the LPA prior to the development opening.
- 8.1.2 A partnering approach will be adopted with the relevant authorities and service providers, and whenever possible with other stake holders, in order to promote sustainable travel choices.
- 8.1.3 As a result of the infrastructure improvements, which are to be agreed with the LPA, the development will be readily accessible by all sustainable transport modes. All staff and visitors will have a realistic choice of safe and convenient travel modes.
- 8.1.4 The “soft measures” proposed within Section 4 of this report will provide the necessary “encouragement” to bring about a change in travel patterns, which would benefit the entire community.
- 8.1.5 The preliminary survey and administrative matters will be in place prior to the proposed Community Hospital opening. In addition, where practicable staff and patients will be advised of travel alternatives prior to visiting the new centre. This will encourage the use of sustainable travel modes from the outset.

# PLANS





This drawing is reproduced with the consent of the Ordnance Survey under Licence No. AI100017728

Clitheroe Community Hospital

Plan 1: Site Location

Job No: 9X5278

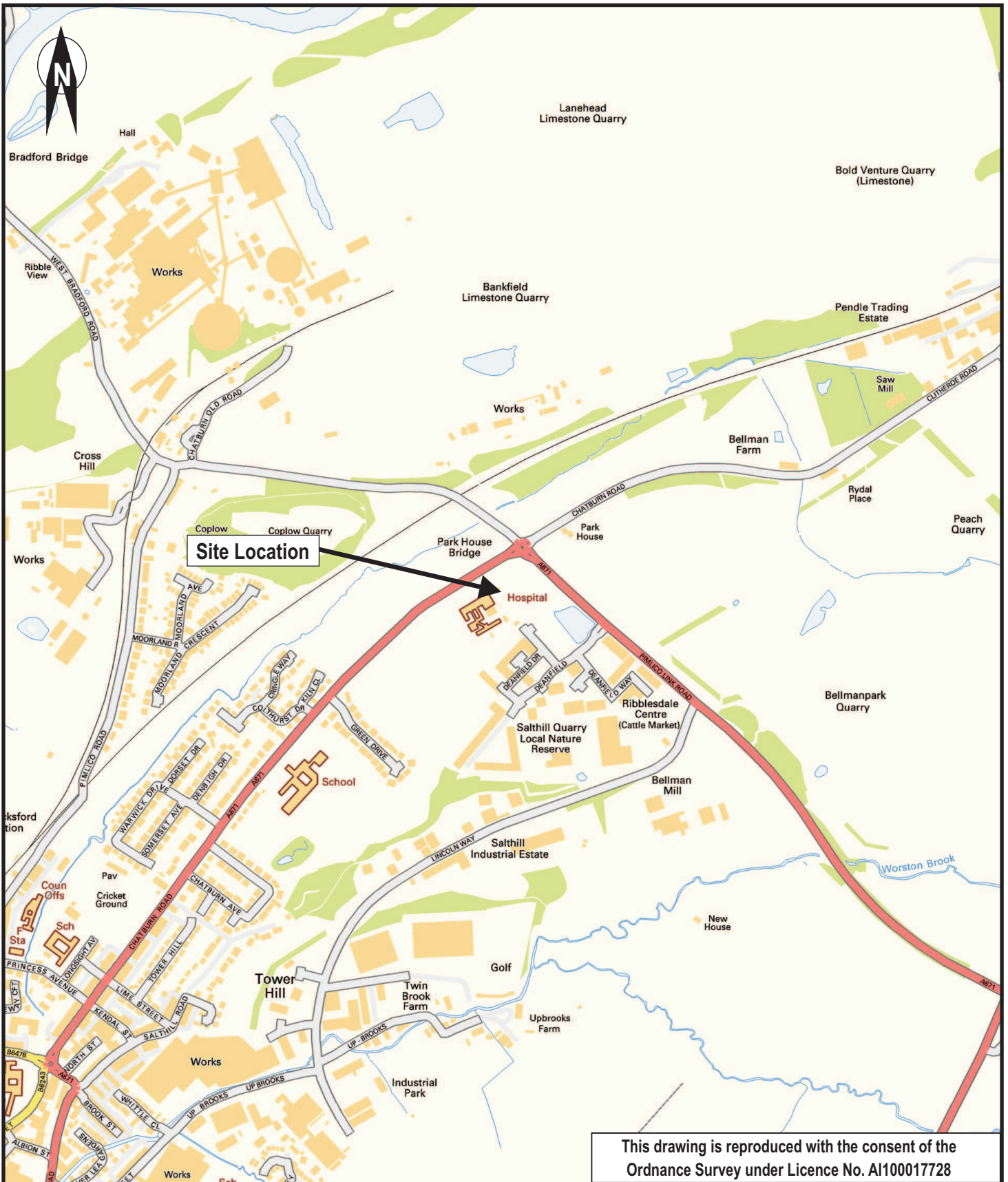
HASKONING UK LTD.

TRANSPORT & ASSET MANAGEMENT



9th Floor, Portland Tower  
Portland Street, Manchester M1 3LP  
+44(0)161 236 1018  
+44(0)161 236 1041  
info@manchester.royalhaskoning.com  
www.royalhaskoning.com

Telephone:  
Fax:  
Email:  
Internet



Clitheroe Community Hospital  
 Plan 2: Local Highway Network

Job No: 9X5278

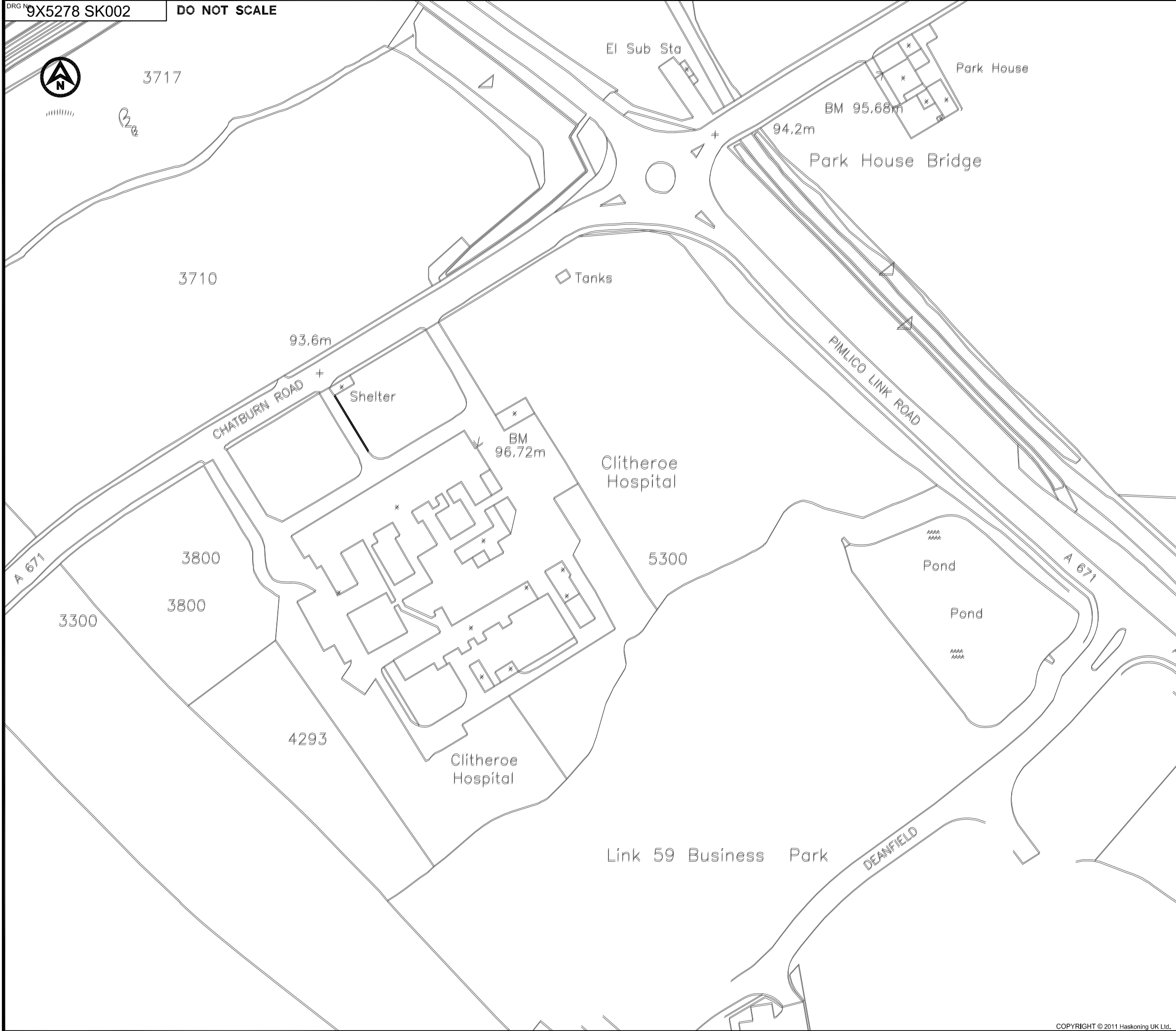
This drawing is reproduced with the consent of the  
 Ordnance Survey under Licence No. AI100017728

**HASKONING UK LTD.**  
 TRANSPORT & ASSET MANAGEMENT



9th Floor, Portland Tower  
 Portland Street, Manchester M1 3LF  
 +44(0)161 236 1018  
 +44(0)161 236 1041  
[info@manchester.royalhaskoning.com](mailto:info@manchester.royalhaskoning.com)  
[www.royalhaskoning.com](http://www.royalhaskoning.com)

Telephone:  
 Fax:  
 Email:  
 Internet



NOTES  
 This Drawing is based on O.S. Mapping.  
 Haskoning UK does not take responsibility for  
 the accuracy of this data.

# Plan 3

REV	DATE	DESCRIPTION	BY	CHK	APP
A	09.08.12	FIRST ISSUE	BH	BL	BL

REVISIONS

CLIENT  
**Eric Wright Group**

PROJECT  
**Clitheroe Community Hospital**

TITLE  
**Existing Site Layout**

A COMPANY OF



**ROYAL HASKONING**

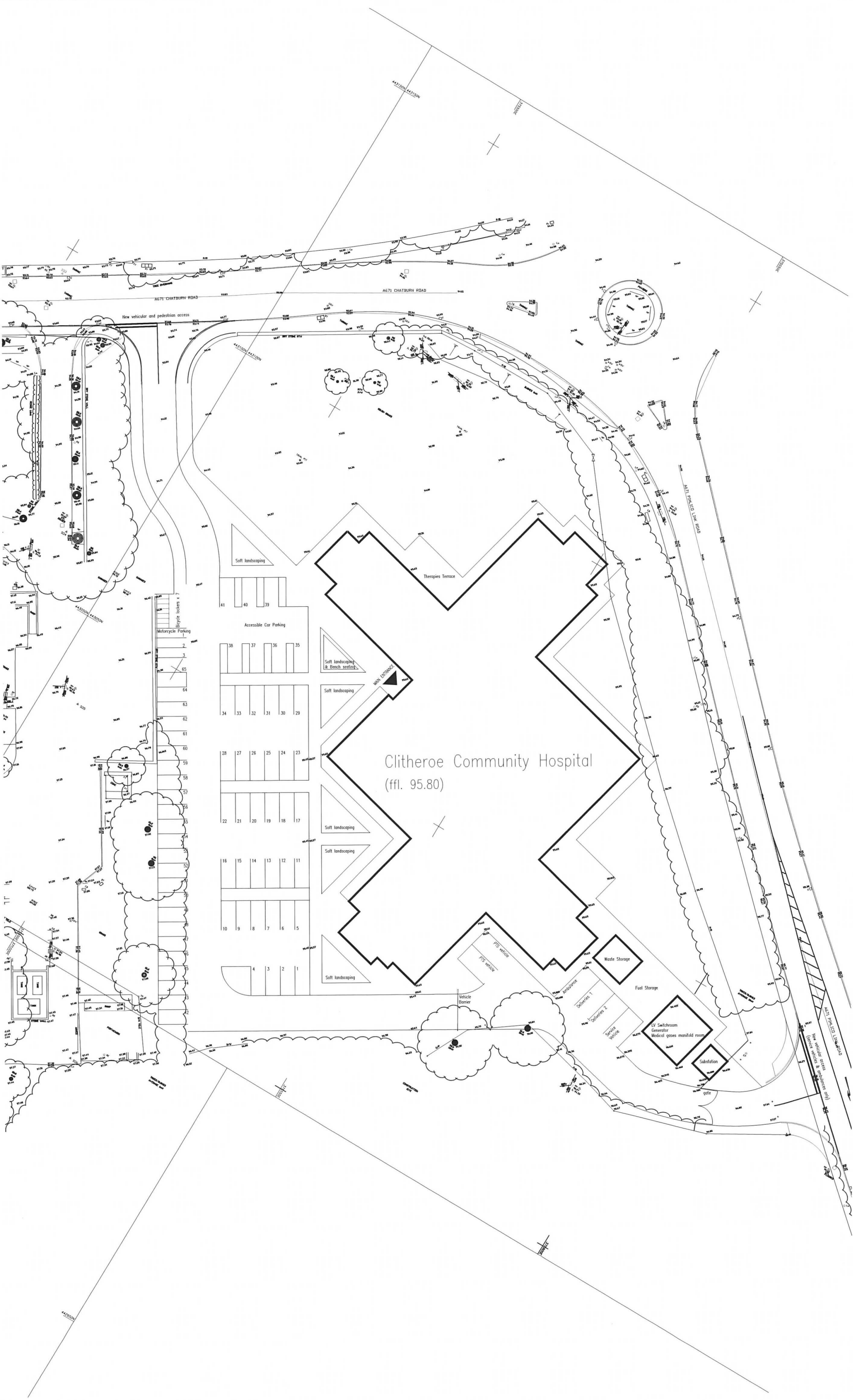
**HASKONING UK LTD**  
 DEVELOPMENT AND TRANSPORT

9th Floor, Portland Tower,  
 Portland Street, Manchester, M1 3LF  
 +44(0)161 236 1018 Telephone  
 +44(0)161 236 1041 Fax  
 info@manchester.royalhaskoning.com Email  
 www.royalhaskoning.co.uk Internet

DRAWN	BH	CHECKED	BL	APPROVED	BL
DATE	09.08.2012	DATE	09.08.2012	DATE	09.08.2012
SCALE	1:1250 @ A3	STATUS	For Information		

DRAWING No.	9X5278 SK002	REVISION	A
-------------	--------------	----------	---

NOTES  
 1. THIS DRAWING IS COPYRIGHT ©  
 2. THE INFORMATION CONTAINED HEREIN IS FOR INFORMATION PURPOSES ONLY AND IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM.  
 3. THIS DRAWING IS NOT TO BE USED FOR ANY OTHER PURPOSES WITHOUT THE WRITTEN PERMISSION OF NIGHTINGALE ARCHITECTS.

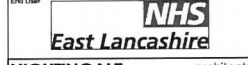


No. Design Risk Register

# Plan 4

Rev. Date. Revision Notes

Client  
**East Lancashire Building Partnership**



Contractor  
**NIGHTINGALE ARCHITECTS**  
 055010105

Project  
 Clitheroe Community Hospital

Drawing Title  
 Site Plan

Job No. 0375 Date 25/07/12 Scale/DAD 1:200

Drawing No. PLANNING APPLICATION

Origin	Zone	Level	Type	Content	Sequential	Rev.
AR	XX	01	PL	100	004	A

# APPENDICES

# **APPENDIX A**

## Schedule of TPC Duties and Implementation

## APPENDIX A

### CLITHEROE COMMUNITY HOSPITAL

#### SCHEDULE OF TPC DUTIES AND IMPLEMENTATION TIMESCALE

##### Setting Up

<b>Task</b>	<b>Implementation Date</b>	<b>Completed?</b>
Appoint TPC	1 mth prior to occupation	
Provide TPC contact details to LPA and LHA	1 mth prior to occupation	
Obtain County TPC details	1 mth prior to occupation	
Set up Travel Plan Working File	1 mth prior to occupation	
Delegate Travel Plan duties to key staff	1 mth prior to occupation	
Research Health / Travel Information	1 mth prior to occupation	
Input to work stationary / Visitor Location Plans to include travel details	1 mth prior to occupation	
Contact LHA cycling officer	1 mth prior to occupation	

##### Launch

<b>Task</b>	<b>Implementation Date</b>	<b>Completed?</b>
Circulate a copy of the Travel Plan Framework to all staff	1 week prior to occupation	
Prepare Travel Plan Noticeboard	1 week prior to occupation	
Set up guaranteed ride home scheme	1 week prior to occupation	
Contact local bus company and obtain up-to-date timetables and literature	2 week prior to occupation	
Review cycle provision and changing areas to ensure fit for purpose	1 week prior to occupation	
Review walking routes within site to ensure fit for purpose	1 week prior to occupation	

##### Staff and Patient Travel Plan Surveys

<b>Task</b>	<b>Implementation Date</b>	<b>Completed?</b>
Distribute Travel Plan Survey to Staff and Patients	Within 1 month of occupation	
Collect Travel Plan Surveys	1-2 weeks after distribution	
Analyse surveys and submit survey review report to LPA	Within 3 months of occupation	
Set Targets	Within 3 months of occupation	
Set up Staff Car Sharing Scheme	Within 3 months of occupation	

### On-going duties

<b>Task</b>	<b>Implementation Date</b>	<b>Completed?</b>
Liaise with County TPC and other TPC groups where appropriate	As required	
Provide promotional Travel Data and health campaign information on display and keep up-to-date	Review every 3 months	
Promote and support national campaigns	Review annually	
Ensure on-site cycle facilities and changing areas are maintained and fit for purpose	Formal review every 3 months	
Ensure on-site cycle facilities and changing areas are maintained and fit for purpose	Formal review every 3 months	

### Monitoring

<b>Task</b>	<b>Implementation Date</b>	<b>Completed?</b>
Monitor staff travel patterns	Annually / Bi-annually	
Monitor patient / visitor travel patterns	Annually / Bi-annually	
Submit survey review report	Annually / Bi-annually	
Undertake Travel Plan Audit and modify where appropriate	Annually / Bi-annually	
Update Travel Plan Noticeboard to reflect progress towards targets	Annually / Bi-annually	



# APPENDIX B

## Contacts Sheet

**APPENDIX B**

**CLITHEROE COMMUNITY HOSPITAL**

**CONTACTS SHEET**

<b>Organisation:</b>	
<b>Name:</b>	
<b>Role:</b>	<b>Travel Plan Officer</b>
<b>Tel:</b>	
<b>Fax:</b>	
<b>e-mail:</b>	
<b>Address:</b>	

<b>Organisation:</b>	
<b>Name:</b>	
<b>Role:</b>	<b>Cycling Officer</b>
<b>Tel:</b>	
<b>Fax:</b>	
<b>e-mail:</b>	
<b>Address:</b>	

<b>Organisation:</b>	
<b>Name:</b>	
<b>Role:</b>	<b>Public Transport</b>
<b>Tel:</b>	
<b>Fax:</b>	
<b>e-mail:</b>	
<b>Address:</b>	

<b>Organisation:</b>	
<b>Name:</b>	
<b>Role:</b>	<b>Footpath Officer</b>
<b>Tel:</b>	
<b>Fax:</b>	
<b>e-mail:</b>	
<b>Address:</b>	

<b>Organisation:</b>	<b>SUSTRANS</b>
<b>Name:</b>	
<b>Role:</b>	<b>National Cycling Network</b>
<b>Tel:</b>	
<b>Fax:</b>	
<b>e-mail:</b>	
<b>Address:</b>	

<b>Organisation:</b>	
<b>Name:</b>	
<b>Role:</b>	
<b>Tel:</b>	
<b>Fax:</b>	
<b>e-mail:</b>	
<b>Responsibilities:</b>	

**Organisation:**

**Name:**

**Role:**

**Tel:**

**Fax:**

**e-mail:**

**Address:**

**Organisation:**

**Name:**

**Role:**

**Tel:**

**Fax:**

**e-mail:**

**Address:**

**Organisation:**

**Name:**

**Role:**

**Tel:**

**Fax:**

**e-mail:**

**Address:**

**Organisation:**

**Name:**

**Role:**

**Tel:**

**Fax:**

**e-mail:**

**Address:**

**Organisation:**

**Name:**

**Role:**

**Tel:**

**Fax:**

**e-mail:**

**Address:**

**Organisation:**

**Name:**

**Role:**

**Tel:**

**Fax:**

**e-mail:**

**Address:**

# **APPENDIX C**

## Sample Staff Travel Questionnaire

**CLITHEROE COMMUNITY HOSPITAL**

**STAFF TRAVEL QUESTIONNAIRE**

This travel questionnaire is being conducted amongst all members of staff working at the Clitheroe Community Hospital to gain an understanding of existing staff travel patterns, as part of the implementation of the Travel Plan. This information will be used to continue to develop the Travel Plan for the Health Centre, which seeks to improve staff / patient / visitor accessibility by alternative travel modes of transport to the private car.

The questionnaire should only be completed once by each member of staff. Please complete the questionnaire based on your general travel to work habits on the basis of a normal working day. Once completed please return your questionnaire form back to **MAIN RECEPTION NO LATER THAN .....**

***Please be assured that the information that you provide will remain confidential.***

1. Please provide your home postcode.  
 .....

2. Please tick the relevant box: Gender.  
 Male   
 Female

3. Please tick the relevant box: Age  
 Under 25   
 25-34   
 35-44   
 45-54   
 55 or over

4. Which department do you work in?  
 .....

5. Please tick the relevant box: Employment status  
 Full-time   
 Part-time   
 If part-time, please specify days that you work  
 .....

6. What time do you normally arrive for work?  
 07:00-07:30am   
 07:30-08:00am   
 08:00-08:30am   
 08:30-09:00am   
 Other (please specify) .....

7. What time do you normally leave work? (to the nearest quarter hour)  
 16:00-16:30pm   
 16:30-17:00pm   
 17:00-17:30pm   
 17:30-18:00pm   
 Other (please specify) .....

8. Do you have a disability which affects your travel arrangements?  
 Yes   
 No

9. What mode of transport do you normally use to get to work?  
 Walk   
 Cycle   
 Bus   
 Train   
 Car (Driver)   
 Car (Passenger)   
 Motorbike   
 Other (please specify) .....

10. Approximately how long does it normally take you to travel to work?  
 0-10 minutes   
 10-20 minutes   
 20-30 minutes   
 30-45 minutes   
 45-60 minutes   
 60 minutes +

11. What alternative travel mode could you use / would you have to use, if your current mode of transport was unavailable?  
 Walk   
 Cycle   
 Bus   
 Train   
 Car (Driver)   
 Car (Passenger)   
 Motorbike   
 Could not use any other mode   
 Other (please specify) .....

12. Which of the following initiatives would encourage you to use public transport on your journey to work? (If you already use public transport which would you most like to see?)  
***(Please tick ONE option only)***  
 Interest free season ticket loans provided by work   
 Up-to-date public transport information available at work   
 Details of journey planning websites available   
 I would NEVER use public transport to travel to work

13. Which of the following initiatives would encourage you to walk on your journey to work? (if you already walk which would you most like to see?)

**(Please tick no more than 2 options and indicate the most important option with a \*)**

- More dedicated walking routes
- Quality information on the local network

- Improved security and lighting
- Guaranteed lift or taxi home if asked to work late
- Guaranteed lift or taxi home in time of family emergency
- Umbrella provision in the main reception
- I would NEVER walk to work

14. Which of the following initiatives would encourage you to cycle on your journey to work? (if you already cycle which would you most like to see?)

**(Please tick no more than 2 options and indicate the most important option with a \*)**

- Adult cycling skills training \*
- More dedicated cycle routes
- Quality information on the local network
- Improved security and lighting
- Interest free loan to buy a bicycle through work
- Guaranteed lift or taxi home if asked to work late
- Guaranteed lift or taxi home in time of family emergency
- I would NEVER walk / cycle to work

\*If you are interested in cycle training, please provide your name and contact number

.....  
 .....

Please complete questions 15-19 if you normally use a car to travel to work.

15. Where do you usually park?

- On health centre site in a staff parking space
- On health centre site in a patient/visitor parking space
- On health centre site in a car sharing parking space
- On health centre site in an accessible parking space
- On health centre site but not in a designated parking space
- Off-site in a nearby street

16. What are your main reasons for using a car to travel to work? **(Please tick no more than 2 options).**

- Essential to use a car during the working day
- Dropping / collecting children
- Health reasons
- Cost reasons
- Lack of an alternative
- Personal security
- Reliability
- Get a lift / Give a lift

17. Would you be interested in a Park and Ride scheme?

- Yes \*
- No
- I don't know

\*If you are interested in a Park and Ride scheme, please provide your name and contact number

.....  
 .....

18. Would you be interested in car sharing?

- Yes \*
- No
- I already car share

\*If you are interested in car sharing, please provide your name and contact number

.....  
 .....

19. Which of the following initiatives would encourage you to car share on your journey to work? (if you already car share which would you most like to see?)

**(Please tick no more than 2 options and indicate the most important option with a \*)**

- Help in finding car-share partners with similar work patterns
- Guaranteed taxi home if let down by car driver
- Reserved parking for car sharers
- I would NEVER car share to travel to work

20. Do you have any comments or ideas that you would like to tell us about your travel to work journey?

.....  
 .....

Thank you for taking the time to complete this questionnaire.

Please return it to **Main Reception** by.....

# **APPENDIX D**

## Sample Patient Travel Questionnaire

**CLITHEROE COMMUNITY HOSPITAL**

**VISITOR / PATIENT TRAVEL QUESTIONNAIRE**

This travel questionnaire is being conducted amongst a sample of visitors and patients visiting the Clitheroe Community Hospital this week to gain an understanding of visitor / patient travel patterns, as part of the implementation of the Travel Plan. This information will be used to continue to develop the Travel Plan, which seeks to improve staff / patient / visitor accessibility by alternative travel modes of transport to the private car.

The questionnaire should only be completed once by each visitor / patient. Please complete the questionnaire based on your travel to and from Clitheroe Community Hospital **today**.

Once completed please pass your questionnaire form back to reception staff today.

***Please be assured that the information that you provide will remain confidential.***

1. Are you a patient or a visitor?

Patient	<input type="radio"/>
Visitor	<input type="radio"/>

2. Please provide your home postcode.

.....

3. Which day of the week did you visit the health centre?

Monday	<input type="radio"/>
Tuesday	<input type="radio"/>
Wednesday	<input type="radio"/>
Thursday	<input type="radio"/>
Friday	<input type="radio"/>
Saturday	<input type="radio"/>
Sunday	<input type="radio"/>

4. Do you have a disability which affects your travel arrangements?

Yes	<input type="radio"/>
No	<input type="radio"/>

5. What mode of transport did you use to get to the health centre today?

Walk	<input type="radio"/>
Cycle	<input type="radio"/>
Bus	<input type="radio"/>
Rideability/Dial-a-ride	<input type="radio"/>
Train	<input type="radio"/>
Car (Driver)	<input type="radio"/>
Car (Passenger)	<input type="radio"/>
Motorbike	<input type="radio"/>
Other (please specify)	<input type="radio"/>

.....

6. Approximately how long did it take you to travel to the health centre?

0-10 minutes	<input type="radio"/>
10-20 minutes	<input type="radio"/>
20-30 minutes	<input type="radio"/>
30-45 minutes	<input type="radio"/>
45-60 minutes	<input type="radio"/>
60 minutes +	<input type="radio"/>

7. Did your journey to / from the health centre serve any other purpose i.e. travel to/from work, shopping trip, take children to school, visit friends/relatives, etc?

Yes	<input type="radio"/>
No	<input type="radio"/>

8. What alternative travel mode could you use / would you have to use to get to Clitheroe Community Hospital, if your current mode of transport was unavailable?

Walk	<input type="radio"/>
Cycle	<input type="radio"/>
Bus	<input type="radio"/>
Rideability/Dial-a-ride	<input type="radio"/>
Train	<input type="radio"/>
Car (Driver)	<input type="radio"/>
Car (Passenger)	<input type="radio"/>
Motorbike	<input type="radio"/>
Could not use any other mode	<input type="radio"/>
Other (please specify)	<input type="radio"/>

.....



Please answer questions 9-12 if you travelled by car to Clitheroe Community Hospital today.

9. Where did you park today?

- On site, in a visitor space
- On site, in a short stay space
- On site, in an accessible space
- Off-site, in a nearby street

10. Which of the following initiatives would encourage you to use public transport to travel to Clitheroe Community Hospital?

***(Please rank your two most important reasons)***

- Send out public transport information with appointment details
- Provide details of journey planning websites
- Up-to-date public transport information available at the Health Centre
- I would NEVER use public transport to travel to the Health Centre

11. Which of the following initiatives would encourage you to walk to Clitheroe Community Hospital?

***(Please rank your two most important reasons)***

- More dedicated walking routes
- Quality information on the local network
- Improved security and lighting
- I would NEVER walk to the Health Centre

12. Which of the following initiatives would encourage you to cycle to Clitheroe Community Hospital?

***(Please rank your two most important reasons)***

- More dedicated cycle routes
- Quality information on the local network
- Secure cycle parking
- Improved security and lighting
- I would NEVER cycle to the Health Centre

13. Do you have any comments or ideas that you would like to tell us about your journey to Clitheroe Community Hospital?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Thank you for taking the time to complete this questionnaire.

**Please return your completed questionnaire to reception staff today.**

This information will help us improve travel choices at Clitheroe Community Hospital. We hope that you will enjoy the results of the Travel Plan.

# APPENDIX E

## Travel Plan Targets

# APPENDIX E

## CLITHEROE COMMUNITY HOSPITAL

### TRAVEL PLAN TARGET

INITIAL TRAVEL SURVEY: PERCENTAGE SINGLE OCCUPANCY CAR TRIPS = ??%

YEAR	ANNUAL TARGET		SINGLE OCCUPANCY TRIPS SURVEY RESULTS	TARGET ACHIEVED?
YEAR 1	-2%	??-2%		YES / NO
YEAR 2	-2%	??-4%		YES / NO
YEAR 3	-2%	??-6%		YES / NO
YEAR 4	-2%	??-8%		YES / NO
YEAR 5	-2%	??-10%		YES / NO
5 YEAR TOTAL	-10%			YES / NO