



**Maidstone Borough Council**

**Highways and Transportation**  
Ashford Highway Depot  
4 Javelin Way  
Ashford  
TN24 8AD  
**Tel:** 03000 418181  
**Date:** 03/03/2020

**Application - MBC/20/500163/FULL**

**Location - Maidstone And Tunbridge Wells NHS Trust Maidstone Hospital  
Hermitage Lane Maidstone Kent ME16 9QQ**

**Proposal - Erection of a deck above existing car park to provide 211 additional staff parking spaces, with associated lighting and other ancillary works.**

Thank you for your consultation in relation to the above planning application.

It is noted that this application seeks full planning permission for the erection of a deck above the existing car park to provide 211 additional staff parking spaces, with associated lighting and other ancillary works.

The application includes a Transport Statement (TS) dated January 2020.

I have the following comments in regard to Highway Matters:

### **Context**

This application proposes increasing the amount of staff parking available at the hospital site, which is accessed (by motor vehicles) from Hermitage Lane, the B2246. Hermitage Lane plays a vital role in the local transport network and suffers from peak period congestion. The site is also adjacent to an Air Quality Management Area.

In order to demonstrate compliance with sections 108-111 of the National Planning Policy Framework, it is of vital importance that the proposal is able to provide robust evidence of:

- The issue(s) that the proposal is intended to mitigate.
- That the proposals are a suitable and sustainable approach to mitigation of those identified issues.
- The extent of the impact the proposals are likely to have on local congestion, road safety and air quality.

The proposals fall within the hospital grounds and there is no proposed change to the current arrangements for vehicular access to the Highway. The site is accessed from two junctions with Hermitage Lane (B2246). The northern access provides entry to the hospital

site (via “The Alley”) from Hermitage Lane in the form of a priority junction with a ghost right turn lane. The southern access point provides the exit from the hospital site on to Hermitage Lane via a three-armed roundabout with the hospital perimeter road and Tarragon Road, leading on to a signalised junction with Hermitage Lane.

### **Stated need**

There are several key statements given in Section 8 (Conclusion) of the TS that justify the need for the proposal:

1. That the development of additional staff parking provision is necessary to alleviate existing parking related issues experienced on site.
2. That increased parking availability on site will reduce the number of vehicles re-entering the highway network in search of offsite parking.
3. That the current and proposed staff parking provision on site is below the maximum limit of staff parking permissible in a new development of this type and size, according to the guidance set out by the Kent and Medway Structure Plan 2006 Supplementary Planning Guidance (SPG4): Vehicle Parking Standards.

Section 5.5 of the TS confirms that the purpose of the proposed car park is to meet pre-existing demand. It also asserts that the proposals will reduce the number of aborted attempts made by staff to find an on-site parking space and that there will therefore be no increase in vehicle trips on the local network.

While KCC Highways generally accept this principle, it is also evident that the potential for increased on-site parking availability could encourage staff travelling by non-car means to switch to car use. The regular overcapacity of the car parks, as evidenced in Section 5.4, will be known to staff and this is likely to have caused some staff to travel by alternative means or to park further away from the site and walk the last part of the journey. Staff will also be aware of the increased parking availability that these proposals would create and may therefore be encouraged to travel along Hermitage Lane to the site in the knowledge that they have an increased chance of finding a parking space on site. These behaviours are difficult to predict with certainty but underpinned the KCC Highways request for sensitivity analysis, which the applicant has addressed in Chapters 6 and 7 of the TS.

### **Evidence**

A number of approaches have been taken to provide evidence to support the stated need and intended benefits of these proposals:

#### **Car Parking Beat Survey**

In section 5.3 of the TS, details are given of a “Car Parking Beat Survey” which was undertaken to measure the available parking bays, the number of inappropriately parked cars and the number of cars waiting to park, across the entire site.

There are a number of issues with this survey which impact on the robustness and relevance of the data it provides:

- As is stated in section 5.3.1 of the TS, this survey consisted of a single sample. One single parking beat was undertaken at 10.25am on Wednesday 8<sup>th</sup> January 2020. A sample size of one provides a very limited evidence base on which to draw conclusions regarding typical conditions on site.
- The survey included both staff and patient / visitor parking. These proposals are for staff parking only and, therefore, data related to visitor parking is not directly relevant. Staff and visitor / patient parking will also have generally different patterns, such as duration of stay.
- The survey does not identify whether the vehicles it refers to as “illegally” parked were positioned in such a way as to cause safety issues or blocked through routes. The meaning of “illegal” is not defined. It identifies how there were no cars parked “illegally” on the orbital road. Section 5.3.2 of the TS explains that the hospital has implemented “temporary traffic cones” to prevent parking along the orbital route and states: *“if this mitigation was not in place, the errant parking would take place on the orbital road as it has historically.”* No evidence is provided of the historic parking on the orbital road. The beat survey does provide evidence to support the conclusion that the traffic cones have successfully addressed this issue and confirms that suitable measures and enforcement are already being deployed to prevent obstructive parking on the orbital route.

Section 5.3.4 (picture 5.1) shows a number of vehicles parked on the verge along the orbital road, with a caption stating that it is evidence that the existing mitigation (the cones) is not successful. The image does not show vehicles blocking the road however, and there is no evidence to confirm that these are staff owned cars. There is therefore no evidence that the situation shown in the image would be addressed by this proposal.

### **Observed Parking Accumulation**

Using data captured from all gated car parks (both visitor / patient and staff) across the site for the weekdays of the 1<sup>st</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> November 2019, the TS provides Tables 5.2 to 5.6 (and supporting data within the Appendix) to evidence the typical levels of parking across the site on each hour of a typical day.

Section 5.4.5 states that this data confirms the levels of parking on site consistently exceed the total level of parking provision currently available. However, the data does not distinguish staff parking from visitor / patient parking. As this proposal is for staff parking only, it is not clear to what extent it will accommodate the unmet demand.

The data indicates that the peak levels of demand on the collective car parking provision on site reaches in excess of 3,300. Section 5.5.2 of the TS identifies that the site currently has 1,079 staff parking spaces and 458 visitor / patient spaces. Collectively this represents a total of 1,537 spaces on site and, if this proposal was to be delivered, would increase to 1,748 spaces. While this increase would represent an increase in the availability of parking

spaces, it should be noted that it is not a sufficient increase to resolve the issues of capacity on site. This is particularly important to note in light of the forecasted growth in staff numbers and modal share identified in the accompanying Transport Statement, as it evidences a need for further measures to reduce the number of staff trips to the site made by single occupancy vehicles if the hospital site is to achieve and maintain a sustainable level of parking provision on site.

## Sensitivity Testing

In order to determine likely trip generation of the proposals, the TS presents two methodologies:

- Method one – Barrier Movements: This uses the barrier data collated as described above under “Observed Parking Accumulation”. The applicant has utilised existing car park barrier data collected over a neutral 5-day period to derive a trip generation profile of the proposal.

This methodology has taken a count of barrier movements, set against total maximum capacity of the car parks, to calculate the number of vehicles attempting to park on site above the parking capacity available. In other words, this calculation provides a figure for how many vehicles above the maximum capacity for parking on site are attempting to park on site on average in each weekday hour.

The network peaks, identified as 08:00 – 09:00 and 16:00 - 17:00, have then been extracted and averages taken of 794 and 536 at each AM and PM peak hour, respectively. A reasonable assumption that vehicles will, on average, circulate through the car parks twice while unable to find a space to park before re-entering the highway network has then been applied and the total number has been halved to produce an average AM and PM peak trip generation of the current situation. These are 397 two-way vehicle trips in the AM peak (approximately 7 per minute) and 268 in the PM peak (4 per minute).

KCC Highways consider this to be a reasonable approach to determining an approximate trip generation for the current situation on site. This does not, however, provide a credible figure for the impact of the development proposal. It is agreed that the number of trips onto the network generated by the parking provision on site being over capacity would be reduced by increasing the availability of parking on site, but there remain other factors which impact on this effect overall. These include the fact that the proposed uplift in parking spaces is lower than the identified degree to which parking onsite is over capacity; the forecasted increase in staff trip generation over future years (as identified in “Method two”) and the uncertainty as to how many extra staff may be encouraged to drive to the site as a result of the proposals.

- Method two – Staff Employment Patterns: In Sections 6.1.7 to 6.1.8, the TS forecasts potential future trip generation based on average annual increases in staff numbers. This methodology highlights an inconsistency with the assertion in Section 5.5.2 that the proposals are “*intended to meet current errant parking and meet existing demand*”. From

the data provided in this section and in Table 6.2 it is clear that staffing levels, and therefore the potential demand on parking, are expected to continue increasing for the foreseeable future.

Section 6.1.8 states that, based on the average annual staff increase and the modal share evidenced in the 2012 staff travel survey, there is likely to be an increase in staff vehicle trips to the site of 55 per year. The 2020 staff travel survey detailed in the accompanying revised Travel Plan identifies that the modal share among staff at the hospital is now 82% single occupancy car, making that an annual increase of circa 70 trips. The extra parking provision provided through these proposals will therefore be absorbed in a little over three years and, after that point, the impact on the highway network of the site being over capacity (as identified above) will be approximately the same as at present, hence removing any highways benefit of these proposals before 2025 (the year modelled within the Junction Capacity Analysis ).

### **Traffic Impact Assessment**

Section 7 of the TS (the Traffic Impact Assessment) details the methodology and results of impact assessments that were carried out on the two access junctions to the hospital site.

The TS then includes junction capacity modelling for the two junctions, assessing three scenarios:

1. 2020 Baseline (current)
2. 2025 Future Baseline (2025 forecast, without this proposal)
3. 2025 Future Baseline + Development (2025 forecast, with this proposal)

On analysis of the methodology used for these assessments, it is unclear how the applicant has derived the impacts of the proposal for scenario 3, 2025 Future Baseline + Development (the forecast situation in 2025 plus the impact of this proposal).

Figure 6.1 (Proposed Development Trip Generation (Sensitivity)), in the Appendix "Figures" section, gives the trip generation figures from this proposal which are used to calculate scenario 3 in the junction capacity assessments. Totalling the figures provided, Figure 6.1 is shown to propose the trip generation of this proposal to be 187 and 57 two-way vehicle movements in the AM and PM peak, respectively. Per minute, that would be approximately 3 and 1 vehicle trips per minute in the AM and PM peak respectively.

These figures are not justified within the TS. KCC Highways sought clarification from the applicant and it was explained that these figures were reached from the figures generated under "Method One" (Barrier Movements) within section 6 of the TS, with the number of new spaces applied. The 211 new spaces are taken away from the 397 and 268 two-way vehicle trips which "Method One" proposes as the number of vehicle trips generated by the current situation (insufficient parking provision), resulting in 187 and 57 trips (accounting for rounding up and down of decimals into whole numbers) in the AM and PM peak respectively. This is to represent the principle that less staff will be circulating back onto the highway as a result of being unable to park on site. The assumption that these trip generation figures should be reduced by 211, the full number of parking spaces being provided, is not

considered robust as it relies on the assumption that all 211 new spaces are available at the start of each peak hour.

Furthermore, this approach suggests that the 187 and 57 figures will be the trip generation from the site remaining over capacity with these proposals. In the Junction Capacity Assessments, the impact which is applied to the 2025 Future Baseline + Development (2025 forecast, with this proposal) should be the effect of the proposal itself. The 2020 Baseline traffic would include the theoretical 397 AM trips generated by lack of parking and the change, if this methodology is used to assess trip impact, would be a reduction to 187 vehicle movements in the AM peak, not an increase of 187.

As an increase of 187 vehicles has been applied in the capacity modelling, despite the methodology suggesting that there would be a reduction in trips (by 211 at each peak) from this proposal there appears to be a logical gap in the impact forecasting for this proposal. It should also be noted that the Future Year being modelled is 2025. Based on the evidence provided within the TS, under "Method Two" in Section 6, predicted growth in staff numbers and staff vehicle trips to the site will absorb the extra parking at the location within 4 years. This means that, by the assessed date of 2025, the car parks will have returned to a similar degree of overcapacity as experienced at present. Therefore, it can be concluded that the short term benefits gained by less vehicles re-entering the highway network from abortive attempts to park on site will no longer be present by 2025, whereas the increased number of cars able to park on site will remain alongside any resultant increase in vehicle trips generated. Therefore, this methodology does not represent a robust forecast of the impacts of these proposals on the local highway network.

There is a further concern with the methodology used for the Junction Capacity Assessment, in that the signalised junction modelled forms part of a staggered crossroad junction with the Hospital Access Road, Hermitage Lane and Fullingpits Avenue. The LINSIG model used in the TS does not include the signals and arms of the junction at Fullingpits Avenue and therefore it cannot be considered a robust assessment.

### **Kent Vehicle Parking Standards**

Section 8.2.3 states: "*In relation to the staff numbers, the hospital is currently significantly under providing parking facilities in reference to the Kent Vehicle Parking Standards.*"

These standards are guidance for application for new developments, not existing sites. An existing site which has less than the maximum provision of parking permissible according to the Kent Vehicle Parking Standards does not get automatic permission to increase their parking provision up to the maximum.

Furthermore, these standards are a maximum, not a target. Therefore, the current provision of parking on site is suitable according to these standards.

## **Summary and Recommendations**

KCC Highways recognises the need to ensure suitable parking provision and access to the Hospital is available and provided in such a way as to meet the needs of the present, the Hospital's future needs and to do so without causing an unsustainable impact on local congestion, air quality and the environment.

The applicant has been unable to conclusively evidence a robust forecast for extent of the impact this proposal is likely to have on the local highway network. While it is not anticipated that the effect of these proposals will constitute a significant impact on the local highway network, the lack of robust trip generation forecasting or modelling of junctions prevents any conclusive assessment being made. Due to the sensitivity of the local highway network, it is especially important that the potential impact of this proposal can be accurately assessed.

For the above stated reasons, KCC Highways raises a holding objection to this proposal on the grounds that insufficient evidence has been gathered and made available to determine the impact of this proposal on the local highway network. KCC Highways recommends that the applicant should be required to:

- Provide evidence of a robust methodology used to determine a forecasted trip generation of the proposal.
- Provide junction capacity assessments to assess the impact of the proposal on both access junctions with the hospital site, including all elements of both junctions.

It should be noted that these proposals, the forecasted annual increase in staff trips to the site and the mode share targets within the hospitals Travel Plan do not represent a sustainable solution to meeting the hospital's parking needs in the long term.

In the event that the Borough Council is minded to grant planning approval, the following should be secured via planning conditions as appropriate:

- Provision of construction vehicle loading/unloading and turning facilities prior to commencement of work on site and for the duration of construction.
- Provision of parking facilities for site personnel and visitors prior to commencement of work on site and for the duration of construction.
- Provision of wheel washing facilities prior to commencement of work on site and for the duration of construction.
- Provision of measures to prevent the discharge of surface water onto the highway.

**INFORMATIVE:** It is the responsibility of the applicant to ensure , before the development hereby approved is commenced, that all necessary highway approvals and consents where required are obtained and that the limits of highway boundary are clearly established in order to avoid any enforcement action being taken by the Highway Authority.

Across the county there are pieces of land next to private homes and gardens that do not look like roads or pavements but are actually part of the road. This is called 'highway land'.

Some of this land is owned by The Kent County Council (KCC) whilst some are owned by third party owners. Irrespective of the ownership, this land may have 'highway rights' over the topsoil. Information about how to clarify the highway boundary can be found at <https://www.kent.gov.uk/roads-and-travel/what-we-look-after/highway-land/highway-boundary-enquiries>

The applicant must also ensure that the details shown on the approved plans agree in every aspect with those approved under such legislation and common law. It is therefore important for the applicant to contact KCC Highways and Transportation to progress this aspect of the works prior to commencement on site.

Yours faithfully,

James Lehane