Minutes of Meeting

Job Number:	A086193-5	
Title:	Chelsea Barracks	
Name Of Meeting:	LMAP4 / VMAP4 Meeting	
Meeting Held At:	Palestra, 197 Blackfriars Road, 3rd Flr Breakout Area	
Date And Time:	11:00-12:00 30th November 2016	
Minutes Taken By:	[redacted]	
Attendees:	Adam Greenland (AG) – TfL	Jonathan Morrow (JM) – TfL
	[redacted] – WYG	[redacted] – WYG
	[redacted] – WYG	
Apologies:	Joe Birdseye (JB) – TfL	[redacted] – WYG
Distribution:	As Above	
Date Of Issue:	06th December 2016	

Introduction

The meeting was held in order to discuss and agree the VISSIM and LinSig modelling parameters for the Chelsea Barracks proposed scheme. The meeting follows the approval of both VMAP and LMAP Stage 3 Base Year models and serves as the MAP4 stage of both modelling streams. The following meeting notes also serve as the purpose statement for MAP Stage 5 of both the VMAP and LMAP processes.

Subject **Action**

Adjustments to Base Modelling

AG confirmed that no changes are needed to either the LinSig of VISSIM models approved as part of MAP Stage 3, before proceeding to MAP Stage 5

Details of Proposals

EE outlined the proposals for the Chelsea Barracks scheme, including the background of the modelling work as well as what requirements there are for the scheme testing. EE pointed out that the key objective is to test the viability of a pedestrian stage at the Pimlico Road/Royal Hospital Road signalised junction.

CL added that work has previously been undertaken on the Chelsea Barracks proposals as part of the original TA (addendum), which can be used within the current modeling exercise. This includes trip generation and trip distribution for the development. JM confirmed this would be acceptable, since the development proposals have not changed since the TA (addendum) was prepared.

CC suggested that the scenarios which need to be tested include: (1) Future Base with committed developments and with Chelsea Barracks Development and (2) Future Base with Chelsea Barracks Development and proposed crossing. Both AM and PM peaks will be tested for both scenarios as part of LAMP5 and VMAP5.

CC stated that data from two nearby DfT traffic counters (on Chelsea Bridge Road and Lower Sloane Street) suggests traffic levels between 2000 and 2015 have been decreasing. JM agreed that in light of this no increase in background growth needs to be reflected in the Future Year modeling. AG requested that committed developments – if any – are included in the model. EE to contact RBKC and WCC to find out about any recent committed developments. **EE**

EE added that following RBKC requests, a scenario will also be tested for re-routing traffic away from Royal Hospital Road approach onto residential roads to the north. JM stated that TfL need

to see the worst case scenario for Royal Hospital Road at the junction with Pimlico Road and therefore the test does not need to form part of the VMAP Stage 5 audit.

EE confirmed that the same versions of VISSIM and LinSig will be used for the MAP Stage 5 process as have been used for MAP Stages 1-3.

LinSig Modelling

CC confirmed that no network changes will be made to the LinSig model as part of the proposals, changes will relate to signal timings only in order to represent the introduction of new pedestrian crossing facilities at the Pimlico Road/Royal Hospital Road junction.

CC outlined that the Pimlico Road/Royal Hospital Road junction is part of the same UTC as the Lower Sloane Street/Kings Road/Sloane Square junction. AG stated that this there is no requirement to retain the same cycle time at both junctions and so cycle times can be changed at the Pimlico Road/Royal Hospital Road junction if this means that the junction will operate more efficiently.

CC discussed potential pedestrian crossing options, including standard farside (Pelican Style), nearside (Puffin style) and countdown types; with the latter being the preferred for testing with LinSig to maximise vehicle throughput at the junction. AD confirmed that introducing a countdown system to the junction would result in more control of the pedestrian phase and is a good way of 'tightening' the pedestrian timings. Moving stop lines is also an option for improving junction capacity, as is narrowing the pedestrian crossing with kerb build-outs in order to reduce the intergreen requirement. AG emphasised that pedestrian intergreen times are fixed and based on the length of the crossing distance.

CC stated that a 100% pedestrian activation rate will be assumed for the junction following the introduction of the tested crossing, i.e. at every cycle. JM queried whether some pedestrian re-routing will occur (e.g. away from the zebra on Lower Sloane Street and towards the signalised crossing, therefore reducing congestion on Lower Sloane Street downstream of the junction) but agreed that assessing this is not part of the scope of this study. AG agreed that 100% call rate is appropriate.

AG to send SQA-0064 compliance form to WYG, which needs to be completed as part of the LinSig MAP Stage 5 process.

In summary, as part of the LMAP5 process, the changes to the LinSig model will include adding site demand as per original TA, adding committed development demand (if any) and adding/optimising a pedestrian phase/stage at the Royal Hospital Road/Pimlico Road junction

VISSIM Modelling

EE outlined what changes will be made to the VISSIM model as part of the scheme proposals. Three new access/egress links will be added to the model to represent access/egress points into the Chelsea Barracks site. All three will be priority junctions. No other changes will be made to the network.

CC enquired whether the demand distribution from the TA can be directly entered into the VISSIM model. AG agreed that this would be acceptable.

EE enquired whether other parameters will need to be amended as part of the Future Year model, such as bus data or other background parameters. JM stated that it is unlikely that any changes will be made and they are likely to be very minor and have no significant impact on the

wider network. As such it can be assumed that no other background data changes are necessary.

AD stressed that modelling outputs such as queue lengths will be used to determine the efficiency of the crossing scheme. Should queuing from the Pimlico Road/Royal Hospital Road junction reach either of the two junctions upstream (Grosvenor Road for the Chelsea Bridge Road approach or Sloane Square for the Lower Sloane Street approach) it will be concluded that the pedestrian crossing is unfeasible.

In summary, the changes to be made as part of VMAP5 include adding 3 points of site access, adding site traffic as per original TA distribution, adding committed development demand (if any) and amending signals at the Royal Hospital Road/Pimlico Road junction as per LinSig outputs.

Purpose Statement

AG agreed that the minutes of the meeting will constitute the purpose statement for the MAP5 work. EE stated that this approach was used at the time of the MAP STAGE 1. EE to circulate meeting minutes for comment w/b 5th December. **EE**

TSSR

AG to send TSSR template to WYG **AG**

WYG to complete parts of TSSR following completion of MAP Stage 5 and issue to TfL for completion of document.

Timescales/AOB

CL stated that the LinSig work is likely to be completed in late January 2017 with the VISSIM work completed thereafter.