



North West Anglia
NHS Foundation Trust

Green Travel Plan

Presented for:	Discussion Information Approval
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Scrutinised by:	North West Anglia Green Travel Plan Steering Committee – 21 August 2019
Strategic goal:	All Strategic Objectives
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Equality and Diversity	This report reflects equality and diversity requirements and issues
Freedom of Information Release	This report can be released under the Freedom of information Act 2000

1.0 Summary

The P&S NHS FT considered and approved a Green Travel Plan in 2016, however as a consequence of the impending merger it was not followed through. The HHCT approved a Travel Plan in 2010. As a consequence the new Trust did not have an up to date Green Travel Plan and Car Park Management Plan. Travel Plans and Car Parking have a number of associated emotive issues and the cost of car parking is often a national debate. Some 10 years ago the NHS Confed produced a paper called 'Fair for All, not free for all' to support Trusts and share good practice.

By not implementing the Travel Plans and as a consequence of the increased patient activity and staff numbers to support the service needs, both acute Hospital sites have had particular problems with car parking and access to and in particular from the site. Stamford and Rutland Hospital has less of an issue but with the plan to sell some of the site a clear car parking plan is required.

Therefore the Trust, following a competitive process appointed W S Atkins to update the Green Travel Plans and the Car Parking Plans and provide a series of recommendations for the Trust to consider to both align itself to the latest policy requirements, but also to meet the current and future car parking challenges.

This document provides a brief summary for the Board of the reports, the detailed Plans are attached. It also summarises the options that the Board needs to consider and in due course approve.

2.0 Background

The Trust commissioned WS Atkins to prepare an updated Travel Plan (Appendix 1) for the Trusts three sites, the previous Travel Plan for the Peterborough City Hospital and Stamford and Rutland Hospital sites was prepared in 2016. This was prior to merging with Hinchingsbrooke Hospital and given the merger the Travel Plan requires a review to incorporate all three sites and to update the baseline data.

In addition Atkins were commissioned to produce a Parking Management Plan (Appendix 2) which reviews existing parking and the current and future challenges and provides a series of recommendations that along with the Travel Plan would reduce the congestion and flow issues on the sites.

Some of the key reasons for doing this work were:

- Increasing demand on parking spaces – particularly at PCH & HH.
- Impact of pressure to secure a parking space on staff, patients and visitors.
- PCH & HH work to different charging formats and SRH has no charging at present for both patients and staff.
- One entrance – one exit creates major traffic flow issues at PCH & HH.
- Low uptake of public transport, walking and cycling with limited incentive to change.
- Operational hours or other challenges make alternatives to driving unattractive or impractical for some staff groups
- Different car park management arrangements on each site

First the WS Atkins report sets out the National and Local policy context and guidance for the Travel Plan.

2.1 National Policy

Department of Health (2015) Health Technical Memorandum 07-03 NHS Car-Parking Management: Environment and Sustainability

This guidance helps NHS organisations to identify best practice in car park management and sustainable transport. It sets out how NHS patient, visitor and staff parking principles can be implemented within an organisation's car parking provision.

The following principles are relevant to this Travel Plan:

- NHS organisations should work with their patients and staff to make sure that users can get to the site as safely and conveniently as possible. Solutions should also be economically viable;

- Charges should be reasonable for the area;
- Concessions should be available for certain groups of users (e.g. frequent outpatient attenders, staff working shifts that mean public transport cannot be used);
- Other concessions, for example for volunteers or staff who car share should be considered locally;
- Priority for staff parking should be based on need; and
- Trusts should consider installing 'pay on exit' or similar schemes so that drivers pay only for the time that they have used.

The proposed Travel Plan (and Parking Management Plan) is in line with this policy because the measures suggested in Chapter 6 will seek to prioritise staff parking on a needs basis. In addition, measures that are set out in the Parking Management Plan will consider how staff parking operates on all three Hospital sites.

NHS Carbon Reduction Strategy (2009 – updated 2010) & further updated as the Sustainable Development Strategy in 2014

The NHS Carbon Reduction Strategy sets out the organisation's carbon reduction goals. Low carbon travel, transport and access is one of the areas of focus for carbon reduction, with the following relevant key actions set out:

- All Trusts should have a Board approved active Travel Plan as part of their Sustainable Development Management Plan;
- The NHS should consider introducing a flat rate for business mileage, regardless of engine size or modal option; and
- Mechanisms to routinely and systemically review the need for staff, patients and visitors to travel need to be established in all NHS organisations.

The 2010 update states that low carbon Travel Plans should be adopted across the entire NHS to meet the goal to reduce mileage and corresponding CO₂ emissions by 20%. There is also a goal to increase vehicle efficiency to reduce business travel emission by a further 30%.

The proposed Travel Plan is in line with this policy and mechanisms.

2.2 Local Policy

Cambridgeshire and Peterborough Interim Local Transport Plan (2017) and Long-Term Transport Strategy (2011)

The Cambridgeshire and Peterborough Interim Local Transport Plan, formerly the Peterborough City Local Transport Plan has a transport vision with the following relevant aims:

- To provide a package of Smarter Choices measures that encourage and promote sustainable travel to all people travelling in and around Peterborough;
- To increase the number of walking trips through well developed and safe pedestrian connections throughout the city;
- To increase the number of cycling trips throughout the authority area;
- To ensure that all residents can access employment, health care, education, leisure facilities and healthy food by improving access to key services and facilities through the integration of different modes of travel and supporting growth with sustainable travel solutions;
- To have a high quality, reliable, easy to access and simple to understand public transport system, operating a fleet of lower emission vehicles that serve the whole authority; and
- Residents, school and employees in Peterborough should be able to make informed decisions and choose to travel by sustainable modes.'

The objectives set out within the proposed Travel Plan are in line with this policy as it seeks to promote sustainable travel to, from and around the three Hospital sites.

Huntingdonshire's Emerging Local Plan to 2036: Proposed Submission (March 2018)

The Emerging Local Plan is proposed to replace the existing development plan document which includes the Core Strategy (2009), the Huntingdon West Area Action Plan (2011) and the saved policies of the Local Plan (1995) and the Local Plan Alteration (2002). The proposed submission has been submitted to the Secretary of State on 29 March 2018 with a view of being adopted by July 2019.

The Emerging Local Plan sets out a number of policies that relates to the three Hospital sites:

- LP 17 Sustainable Travel: 'New development will be expected to contribute to an enhanced transport network that supports an increasing proportion of journeys being undertaken by sustainable travel modes.'

Although the sites within the proposed Travel Plan are existing developments, it is considered that this Travel Plan will encourage journeys to be taken by sustainable travel modes to and from the existing Hospital sites.

3.0 Strategic Aims of a Green Travel and Car Park Management Plan

As a consequence of the National and Local Strategies and Plans and the local challenges the key aims of the work commissioned was as follows:

- A plan that delivers on goals and targets and supports the Sustainable Development and Health and Wellbeing Plans.
- A plan that supports other modes of access to the sites - cycling, walking and public transport – and actively encourages car sharing.

- A Plan that uses data to identify the benefits of different options for implementing exclusion zones for staff, eg 3km/5km, 4 day rights to park rather than 5 and identifies localities where car sharing or their travel options should be considered or promoted
- A plan that delivers a Car Park Management Strategy, considers a single company managing all three sites in a consistent manner with consistent associated tariffs.
- A plan that acknowledges and addresses pressures facing staff, eg working shift patterns, carer responsibilities, travelling between sites and off site clinics.
- A plan that safeguards patient parking and applies a common and consistent charging and discretionary charging mechanism across all sites.

The following section sets out what WS Atkins did to gain the information to help them develop the Plans and recommendations.

3.1 What Did Atkins Do

Atkins were briefed to develop a Travel Plan that would act as a lever to co-ordinate the parking strategy across the Trust and identify opportunities to influence modal shift. Core data and staff input were gathered through undertaking a series of workstreams, for example:

- Postcode Mapping of all staff- home/work location
- On line Staff Survey
- Staff Engagement sessions
- Traffic Surveys – traffic flow & car park occupancy levels.

This provided the background information to enable them to produce:

- A Travel Plan – centred on promotion of sustainable travel options
- A Parking Management Plan - centred on options to rationalise criteria for entitlement to car park access and a basis for charging across all 3 sites

3.2 What Did Atkins Find

From the work that Atkins did on post-code mapping and the staff survey they found the following, details for each site are in the supporting documents, for example:

Peterborough City Hospital Staff Home Postcode Districts within 10km

3.2.2 Staff Engagement Events

Staff engagement events were undertaken at all three sites and sought to engage with staff on travel issues and provide additional travel information where required. The events were undertaken to have more in-depth discussions with staff to understand their opinions regarding travel to/from their place of work and to increase the amount of survey responses.

The on-line staff survey – Table 1

	Responses	Staff	Response Rate
Peterborough City Hospital	1,239	4,417	28%
Hinchingbrooke Hospital	455	1,759	26%
Stamford and Rutland Hospital	54	95	57%
Answered 'Other' Location	96	-	-
Total	1,844	6,271	29%

The overall response rate for the surveys was 29% which is considered to be a good response rate for the nature of the sites. A total of 1,844 staff responded of which the majority came from Peterborough City Hospital (1,239 responses). Stamford and Rutland Hospital recorded the largest response rate of 57%. Staff who stated an 'Other' location typically reported being split between sites, community nursing, or other Hospitals, including Ely, Cambridge and Doddington.

The staff survey gave a good indication of the time it takes staff to get to work and the travel mode they use to access the sites.

Summary Table of Staff Responses to Travel Mode and Distance to work – Table 2

	HH %	PCH %	S&RH %
Journey Times			
Under 10 mins	5	5	12
11-29 mins	46	45	51
30-50	44	44	34
>1 hour	5	6	2
Walking			
Too far to walk	80	80	Not Known
Currently walk	6	3	5
Cycling			
Too far to Cycle	59	59	63
Currently Cycle	7	4	5
Car Sharing			
Would consider car sharing	49	48	No response
What would Encourage You			
Help finding a Match	29	29	32
Savings	23	22	24
Reserved Car parking	22	20	13
Support if an Emergency	12	15	13

3.2.3 Summary of the Staff Survey and Location Modelling

The key findings are as follows:

Peterborough City Hospital

- Since 2016, there has been a 13.8% increase in car mode share and a large reduction in sustainable mode shares;
- Staff travel to work time is in line with the national average;
- Up to 72% of respondents would consider using public transport and therefore, measures should focus on bus and rail travel;
- Up to 48% of respondents would consider car sharing as a viable alternative to travelling alone;
- The TRACC modelling shows that 51% of staff live within a walkable (3km) or cyclable (5km) distance from Peterborough City Hospital although only 9.9% do so now; and
- Staff who reside in surrounding villages are able to access the site via public transport in 90 minutes, as the railway station is located 3.2km (approximately 40 minutes by foot) to the east of the Hospital.

Hinchingbrooke Hospital

- The Hospital has a high car mode share (79.4%) but a low rail mode share (0.5%), despite being located close (1.3km) to Huntingdon railway station;
- Up to 78% of respondents would consider using public transport and therefore, measures should focus on bus and rail travel;
- Up to 51% of respondents would consider car sharing as a viable alternative to travelling alone; and
- The TRACC modelling shows that 40% of staff live within a walkable (3km) or cyclable (5km) distance from Hinchingbrooke Hospital although only 13.1% do so now.

Stamford and Rutland Hospital

- Stamford and Rutland Hospital has a high car mode share (85.4%) and it is reported that no staff who responded to the survey car share;
- There is little public transport infrastructure in the local area that also serves the Hospital. This means that measures should focus on car sharing; and
- The majority (57%) of staff live further than 10km from the Hospital and therefore walking and cycling is not possible for this group.

Key points from mapping and surveys –

- The majority of staff across the 3 sites live within 3 Km or over 10 Km from normal place of work – which presents different opportunities and challenges
- There is scope for certain groups of staff to make a modal shift away from travel by car
- Staff have indicated they would consider a modal shift, but needs to be supported by the trust - incentives and financial investment

3.2.4 Car Parking

The Trust has a differential number of spaces across the Trust per member of staff as set out in Table 3. From the data available it appears that there is an even greater pressure on parking at PCH than HH due to the relative number of spaces and staffing and patient activity.

Car Parking Spaces – Table 3

	Hinchingbrooke	Peterborough City Hospital	Stamford and Rutland Hospital
Staff	1006	1374	80
Public	337	897	75
Disabled – within Public numbers	63	101	6
Total	1343	2271	155
Total Staff (Trust substantive only)	1759	4417	95
Simple staff/space ratio	2	3.2	1.2

Plus at PCH 100 plus spaces at Sports Club – not controlled by Trust

3.2.5 Staff Car Parking and Charges

For staff there are three different charging systems being operated. At Stamford and Rutland Hospital the parking for staff is free, at Hinchingbrooke Hospital it is graduated based on banding and PCH it is a flat rate. In discussion with staff and the Steering Committee the majority felt that the graduated scheme was fairer. There were, however, people who felt that a space is a space and everyone should pay the same amount. In addition, the charges for staff are not out of line with those across a range of other hospitals.

The old P&SNHSFT had an approved Travel Plan that included an agreed position regarding a 3km exclusion zone (with agreed exception criteria). At busy times of the year there are too many people wanting access to parking than the spaces allow and indeed staff are using the public spaces too. Many Hospitals have introduced an exclusion zone based on distance. West Suffolk has introduced a 4 day a week system, such that staff have to find an alternative arrangement including the use of their park and ride system.

Both have attractions, however, as the Trust does not have any park and ride alternatives, it does not seem credible to ask a member of staff who is travelling a notable distance every day to find an alternative on one day a week.

3.2.6 Public Car Parking Charges

A high-level assessment into public car parking charges at other Trusts has been undertaken to understand whether charging is consistent with local Trusts to adhere to the 'Health Technical Memorandum 07-03 NHS Car-Parking Management: Environment and Sustainability' document. The table below provides a summary of the information

Comparative Car Parking Charges – Table 4

Duration	Peterborough City Hospital	Hinchingbrooke Hospital	Stamford and Rutland Hospital	Average Cost for Public Parking (10 Hospitals)	Average Cost and Peterborough City Hospital Difference	Average Cost and Hinchingbrooke Hospital Difference
Up to 30 minutes	Free	Free		-	-	-
Up to 1 hour	£2.60	£2.90	No Charge	£2.20	£0.40	£0.70
Up to 2 hours				£3.29	-£0.69	-£0.39
Up to 3 hours				£4.07	-£1.47	-£1.17
Up to 3.5 hours				-	-	-
Up to 4 hours	£4.20	£4.00		£5.59	-£1.39	-£2.69
Up to 4.5 hours	-			-	-	
Up to 5 hours	£5.20	£4.00		£6.43	-£1.23	-£2.43
Up to 5.5 hours	-			-	-	
Up to 6 hours	£6.30			£7.63	-£1.33	-£3.63
Up to 6.5 hours	-	£6.00		-	-	-
Up to 8 hours	-		£7.07	£3.33	-£3.07	
Up to 12 hours	£10.40		£11.10	-£0.70	-£5.10	
Up to 24 hours	-	-	£9.88	£0.52	-£3.88	
Weekly	-	-	-	£20.60	-	-

Table 4 shows that, on average, Hinchingbrooke Hospital and Peterborough City Hospital charge the public less for parking than other Trusts considered within the high-level assessment.

For example,

- the average cost for parking up to four hours is £5.59,
- Hinchingbrooke Hospital charges £2.90 for the same time,

- Peterborough City Hospital charge £2.60 for 30 minutes less or £4.20 for 30 minutes more.

Therefore it is considered that NWAFT are following NHS guidance relating to parking charges in that they are reasonable for the local area of the Hospitals, however the charges are low.

3.3 What Did Atkins Propose

From the information that Atkins have sourced and by aligning to good practice it is suggested that there are a number of themes and objectives that the Trust Board and organisation should consider, approve and deliver.

- Ensure that staff can adequately access the Trusts sites by non-car modes,
- Manage the car parking supply in a fair and equitable manner including restricting car access and formalise the enforcement of car parking rules
- Reduce the Trust's transport carbon footprint in line with NHS Carbon reduction targets, in part by a modal shift in travel options
- Provide safe and efficient management of traffic and travel within and around the Hospital site
- Review the car parking charges
- Ensure that there is clear, ongoing communication to staff with a dedicated Travel Plan Coordinator to deliver the above through a broad spectrum of schemes. The TPC would need to have a transparent, to staff, budget to invest in agreed developments and should provide an annual update of the income and expenditure position of the car parks as set out in the good practice guidance.

To ensure that the plans can be delivered it is proposed that the Trust should procure a Car Park Management Company to:

- Manage the Car Parks on all three sites
- Introduce modern technology for staff and patients eg ANPR
- Manage the collection of income – Trust to agree what type of contract to have eg. Trust outsources and receives an agreed income or the Trust outsources the collection of income and pays an agreed fee to the car park company
- Manage, in an agreed way, the enforcement of car parking on –site, for staff and patients
- Have the capability to invest in car parking as agreed with the Trust
- Work with Trust on improving the on-site management of traffic and flow and support the Trust in discussions with the local authority regarding the management of flow at the site entrances and lobbying for a second entrance and exit on each acute site.

In addition a Travel Plan Coordinator is appointed to implement measures, secure stakeholder buy-in and monitor the mode shift achievements of the Travel Plan:

- Provide a co-ordinating role for the Travel Steering Group and act as point of contact for staff on all aspects of travel
- Identify measures to incentivise modal change - preparing business case/ financial assessment as required
- Prepare reports as required for internal or national level reporting

- Establish and support car sharing , bike and walking groups
- Liaise with Public Transport providers to improve services and discounts for staff and visitors
- Work with the Comms team to market and promote awareness and initiatives
- Run regular awareness/promotional events across all sites
- Liaise with Local Authority and key business stakeholders on matters impacting the wider transport network.
- Interface with the Car Park provider, as relevant.

4.0 Recommendation

The Trust Board are asked to formally receive the Atkins Green Travel Plan and Parking Management Plan.

5.0 Next Steps:

The following next steps have been agreed following discussions at the Trust Board meeting in August. These actions are to be brought back to the Board at the October meeting.

- i. In consultation with the procurement team, outsource the car park management function as this is fundamental to the future direction and day to day management of the car parks.
- ii. In consultation with the car parking management group review and propose car park restrictions for staff based on either a 3km exclusion zone or 4 day access rights as suggested in the Atkins reports.
- iii. Appoint a Travel Plan Co-ordinator to support and proactively promote, the Green Travel Plan and modal change which is central to implementing the wider travel aspects.
- iv. In consultation with the car parking management group propose a fair and reasonable tariff for Trust staff across all three sites.
- v. Propose a common tariff system for patients for consideration at the October Trust Board meeting.
- vi. To proceed with active discussions with the Local Authorities about the second accesses to the acute sites, a second emergency access at Peterborough City Hospital and other opportunities such as park and ride.

Appendices:

Appendix 1 – Travel Plan

Appendix 2 – Car Park Management Plan