

Reporting to:	Trust Board, June 2014
Title	Travel and Transport Plan
Sponsoring Director	Victoria Maher, Workforce Director
Author(s)	Alistair Baldwin, John Ellis-Tipton
Previously considered by	Executive Directors, 4 th June 2014
Executive Summary	<p>The Trust has faced continued pressures on its parking facilities, despite increases in staff parking capacity. This has led to degradation of facilities, and a poor parking experience for members of staff and the public.</p> <p>To support this a Travel and Transport plan has been designed to ultimately reduce demand for parking on both sites, support our commitments to planning approval and sustainability and to where possible support the health and wellbeing of our employees.</p> <p>Staff parking represents the largest share of hospital parking at the Trust, nationally the average is 0.3 spaces per whole time equivalent employee, within our organisation it is 0.45 spaces. This needs to be addressed to improve travel and transport within the organisation.</p>
Strategic Priorities <input type="checkbox"/> Quality and Safety <input type="checkbox"/> Healthcare Standards <input type="checkbox"/> People and Innovation <input checked="" type="checkbox"/> Community and Partnership <input checked="" type="checkbox"/> Financial Strength	Operational Objectives CP6-Achieve sustained improvement in trust, confidence, reputation, customer service and public/community engagement FS2- Deliver milestones within the Women and Children's services reconfiguration plan FS3- Deliver a financial surplus of £1.2m FS9-Develop environmental and sustainability through Good Corporate Citizen progress
Board Assurance Framework (BAF) Risks	<input type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If we do not implement our falls prevention strategy then patients may suffer serious injury <input type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input checked="" type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input checked="" type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment

Care Quality Commission (CQC) Domains	<input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<input type="checkbox"/> Receive <input checked="" type="checkbox"/> Review <input type="checkbox"/> Note <input checked="" type="checkbox"/> Approve	Recommendation For the Trust Board to approve the Travel and Transport Plan including changes to staff care parking charges.

The Shrewsbury and Telford Hospital NHS Trust

Travel and Transport Plan

2014



1. INTRODUCTION

The Shrewsbury and Telford Hospital NHS Trust (SaTH) faces a number of challenges with regards to car parking. The primary cause of these issues is the number of staff who drive to, and then park on site. Previous surveys have established a baseline of 88% of staff who drive to work alone (Single Occupancy Vehicle, or SOV)¹. This places SaTH significantly above best practice² and other comparable Trusts and is despite around 20% of staff living within 15 minutes cycle or walk of either site³.

As part of the Women's and Children's Centre (WCC) construction at Princess Royal Hospital (PRH), the Trust is bound by a Section 106 of the planning agreement to produce a Trust wide Travel Plan and deliver a reduction in SOV by 5% over five years from the occupation of the building in 2014.

Equally, through the Trusts sustainability strategy and plan we have committed to reducing our overall business travel by 25% by 2019.

The Trust has adopted a Transport Hierarchy in order to deliver this reduction (Appendix 1). This details the order in which the Trust will deploy interventions to reduce SOV and parking demand, in order of expected effectiveness and feasibility. This is attached in the Appendix and was first detailed in a Health Overview and Scrutiny Committee meeting in March 2014.

2. NATIONAL CONTEXT

As a large employer, the NHS is responsible for 5% of all trips in the UK and travel represents around 18% of NHS CO₂ emissions. There has been a national recognition of the scale of this problem through the NHS Sustainable Development Unit⁴ and the Good Corporate Citizenship scheme. Separate guidance on transport and travel planning comes from NICE⁵, the Department for Transport⁶ and the Department for Communities and Local Government⁷.

Across the country NHS organisations are approaching travel and transport in a number of ways. Research shows that this includes car parking charges, exclusion zones, improvement of bike and pedestrian paths and local public transport networks. The approach very much depends on the environment and context for each organisation, for example Rural Community Trusts have different approaches to acute urban Trusts.

Staff charges are administered in a number of different ways at different Trusts across the country, these range from charging by band (akin to the two-band system SaTH uses), by % of gross salary, a flat charge for all staff and a Pay-To-Park system (commonly associated with barriered car parks).

3. LOCAL CONTEXT

SaTH provides around 2000 spaces for staff car parking at the Trust, 1058 at Royal Shrewsbury Hospital (RSH) and 900 at PRH. This represents around 66% of all parking spaces at the Trust.

At peak times, there is a demand in excess of capacity of up to 200 cars at RSH and 90 cars at PRH. This leads to ad-hoc parking across the site, which impedes vehicle access, disabled access and degradation of the estate and grassed areas.

¹ *Task Note 4: Travel Planning* Richard Armitage Transport Consultancy, 2011

² Cambridge University Hospitals Foundation Trust at a rate of 30% SOV, see *'Access to Addenbrooke's-a travel plan'*

³ *'Task Note 3: Walking, Cycling and Public Transport Accessibility Planning'* The TAS Partnership, 2011

⁴ Low Carbon Travel, Transport and access (2009) NHS SDU

⁵ The NHS and Local Transport Planning: A briefing' (2006) NICE

⁶ 'WebTAG: Transport Planning' (2009) Department for Transport

⁷ National Planning Policy Framework Chapter 4: Promoting Sustainable Transport' (2012) Department for Communities and Local Government

There is additionally some overspill into neighbouring residential areas to the two hospitals, however a survey of residents around RSH in November 2013 did not provide a majority in favour of parking restrictions. A similar survey is currently underway around PRH.

The WCC move represents a significant shift of staff between the two sites, partially offset by the move of acute inpatient surgery to RSH in 2013. A previous consultancy report identified the peak additional traffic flow of 69 members of staff at 8am to PRH⁸. In order to compensate for this move, additional car parking spaces has been provided at PRH in a raised addition to the staff car park on the west of the site. However, as noted in the Introduction, the construction is conditional on the overall reduction of SOV by 5% in the long term.

Due to the organisation operating from two main sites, RSH and PRH a significant amount of resources are spent on the cost of travel and time to travel. Last year the organisation spent in the region of £1 million on travel and some employees estimate their travel time to be between 5-7 hours a week. A requirement to travel leads to locally based staff bringing their cars to work to support travelling between sites.

Facilities to support staff to walk, run or cycle to work are in need of modernisation, this includes bike storage, lockers and showers.

4. PROPOSALS

The following provides a holistic plan to address travel and transport.

4.1 Promotion of Flexible working options.

The organisation has a flexible working policy (HR28) which offers all employees the opportunity to request flexible working arrangements, an example being staff working a 9 day fortnight. The organisation will actively promote this option to all staff, it should be noted that all requests will be considered against the needs of the service. From research it is anticipated that this initiative could release 60 car parking spaces.

4.2 Improve bike facilities

Both sites will benefit from improved facilities for bike parking and storage. At RSH this will be an increase in the provision of lockable storage, as there is already a capacity of around 100 bikes on site. At PRH, both lockable and unlocked storage will be increased, with a secure cycle compound doubling the existing capacity and free standing racks providing space at peak times.

At both sites, bespoke lockers and improved changing facilities for cyclists will be implemented.

4.3 Development of pool cars

The existing departmental pool car system will be centralised where possible, moved to an online bookable system and expanded. Cars within the pool will produce low CO₂ emissions therefore supporting the Trusts sustainability agenda. This will reduce parking demand from staff who need to travel between sites alongside mileage costs and CO₂ emissions. Designated car parking spaces will be created to support flow on both sites.

4.4 Designated car parking for car sharers

The Trust is currently a member of Carshare Shropshire and Telford, provided by the Local Authorities. It is a free car sharing service, aiming to match drivers and passengers for common trips. While up to 3% of staff currently informally car share one factor holding back expansion of the scheme is the lack of any benefits for users who choose to share. The Trust will provide dedicated spaces at both sites for the exclusive use of the car sharing scheme, reducing demand by around 20 spaces.

⁸ PTB Transport Statement on Reconfiguration of Services, Transport Statement Addendum p2 (2012)

4.5 Bike to work

The trust will re-run its bike to work scheme in August to support staff who wish to cycle to work. This will be offered in combination with a free programme of maintenance, cycle training and cycle confidence coaching at both sites reducing demand by 20 spaces.

4.6 Improving video conferencing

The organisation has limited video conferencing facilities to support meetings between sites. A business case will be developed to improve facilities, this will be an invest to save project which will achieve cost savings through reduced mileage. Reducing demand by 20 spaces

4.7 Staff Car parking charges

When charging for staff car parks was introduced 8 years ago, the HR Policy in place noted that *'The Trust reserves the right to change the price of car parking from time to time (usually annually)*⁹. However, over the intervening period the charging levels have remained the same despite inflation.

The current charging system is as follow

Table 1 Current Charges	£ Per Annum(month)
Full Time (greater than 22.5 hours per week) Band 1-7 and F1, F2	90(7.50)
Part Time (fewer than 22.5 hours per week) Band 1-7 and F1, F2	45(3.75)
Full Time (greater than 22.5 hours per week) Bands 8 and above and medical and dental staff (excluding F1,F2)	120(10)
Full Time (fewer than 22.5 hours per week) Bands 8 and above and medical and dental staff (excluding F1,F2)	60(5)

Staff parking charges are offered through the Salary Sacrifice scheme, which offers tax benefits to Trust employees.

Where staff are contracted to work under 22.5 hours per week, their payment rate will be halved, in line with the current system. Bank staff will be able to pay in cash or cheque for 3 month periods.

The Trust received £303,168 from Staff Car Parking in 2012/3, issued to around 4000 permits (some part time or paid in cash).

The current system is failing on three fronts:

1. The financial incentives are not large enough to discourage staff from driving, currently resulting in excess demand for parking.
2. The pay banding means little difference between lower banded staff and senior staff.
3. The penalty system is not adequately enforced to prevent illegal and inappropriate parking.

In order to remedy the first and second points, the system must be changed. After it has been reformed, together with implementation of the other actions, it will be followed by a period of strong enforcement of the parking policy, mediating the third point. This will be introduced later in the year, around November.

While raising the charges simply with inflation and not altering the structure was considered, this simply perpetuates the inequitable existing system. Correspondingly, new charging structures must be considered.

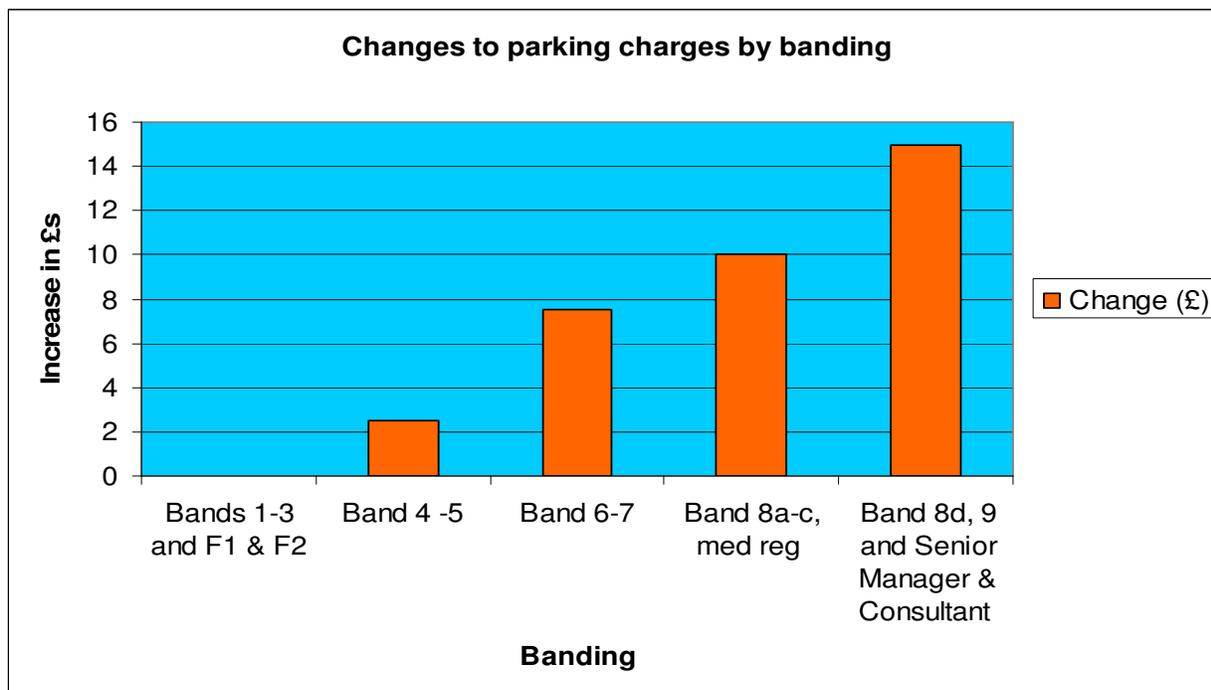
⁹ HR Policy 61: Staff Car Parking

After previous discussions with Executive Directors, solutions were requested which delivered fairness and a significant impact on the levels of parking demand experienced on both sites. Using an average charged by other Trusts in the region, modified to balance equity and keep charges at a level that is acceptable to all staff.

As research for this plan, over 20 other acute Trusts were surveyed to establish their parking charges for staff, including all acute Trusts in the West Midlands and a number of similar Trusts nationally.

Band	WTE	Current monthly charge (£)	Proposed Charge (£)	Difference	Matching West Mids Average (£)
1	207	7.50	7.50	0	7.50
2	999	7.50	7.50	0	7.50
3	341	7.50	7.50	0	7.50
4	332	7.50	10	2.50	10
5	942	7.50	10	2.50	10
6	674	7.50	15	7.50	15
7	337	7.50	15	7.50	15
8a-c	163	10.00	20	10.00	20
8d,9+Non A4C	28	10.00	25	15.00	25
F1,F2	114	7.50	10	2.50	10
Med-Registrar	202	10.00	20	10.00	20
Med Consultants	225	10.00	25	15.00	25
Income (£)¹⁰		303168	426904		426904
Car Parking Demand Reduction		0	96		96

Chart 1



ⁱ⁰ Income and Car Parking Demand reduction are calculated using elasticity figures from *Transport*

SaTH was among the lowest in terms of staff parking charges, particularly with regards to the top rate charged. Charges ranged between £5 and £56 per month, reflecting the challenges or otherwise that Trusts faced with their local parking situations. Most frequently, Trusts charged between £15 and £20 per month, with the top bracket around £25.

Using data from ERIC (a national NHS Estates database), a comparison was undertaken to identify the status of parking provision at SaTH in relation to other similar Trusts, to identify if there was a case for a further expansion of capacity. SaTH provides 0.45 dedicated staff spaces per whole time equivalent (WTE) employee, placing it 16th highest of 140 non-London Acute Trusts. In combination with the high percentage of SOV users, this helps to demonstrate the lack of compelling further evidence to expand car parking at either site. In addition to this, the financial constraints which are faced by the Trust make it challenging to justify further capital expenditure on non-core facilities such as car parking.

The proposed charging structure is shown below, with a comparison to the average charged by Trusts in the West Midlands:

The proposal does not have any increase for bands 1-3, it does propose the higher earners seeing the most substantial increase. The changes are proposed from 1 August 2014.

The anticipated reduction of car parking demand is around 100 spaces at peak times, split between the two sites. This has been calculated using standard transport industry elasticity figures, which additionally provide the approximate future income from staff car parking under the new charging structure.

The proposal places SaTH at a lower charging rate for most users than Park & Ride (£1.60 per day for bus fare) or parking in Shrewsbury or Telford town centres provided by Local Authorities (£2 or more for a full day in most cases).

A further development will be an investigation and feasibility analysis into Pay-To-Park to support further demand reductions.

Summary of proposals

Action	Cost (£)	Income / saving (£)	Potential impact on parking	Additional benefits
Promotion of Flexible Working	0	0	60	Supporting an improved work life balance for staff.
Improve bike facilities	20,000	0	50	Supporting staff to take more physical exercise.
Development of pool cars	0	100,000 saving	20	Potential to save time as designated parking spaces will support staff to park more easily. Reduce time spent travelling between sites. Supports Sustainability plan as low emission cars will be used.
Car Sharing spaces	5,000	0	20	Potential to save time as designated parking spaces will support staff to park more easily. Supports Sustainability plan
Bike to work	200	10,000 (estimate saving – employer NI)	20	Supporting staff to take more physical exercise and sustainability plan
Video Conferencing (<i>Subject to business case</i>)	50,000	100,000 saving per year	10	Supporting staff to use their time more efficiently. Supports sustainability plan.
Staff Car Parking Charges	0	123, 734	96	
TOTAL	75, 200	383,734	276	

5. CONCLUSIONS

The effect of implementing any of the proposed changes in policy would improve parking conditions at the Trust, have a fairer distribution of charges and increase income. It would also leave open the possibility to moving to a Pay-To-Park system in the future, without further alteration of the Travel and Transport Plan. Consequently, it would resolve the issues of equitability, excess demand and degradation of the existing infrastructure of the hospital due to poor parking.

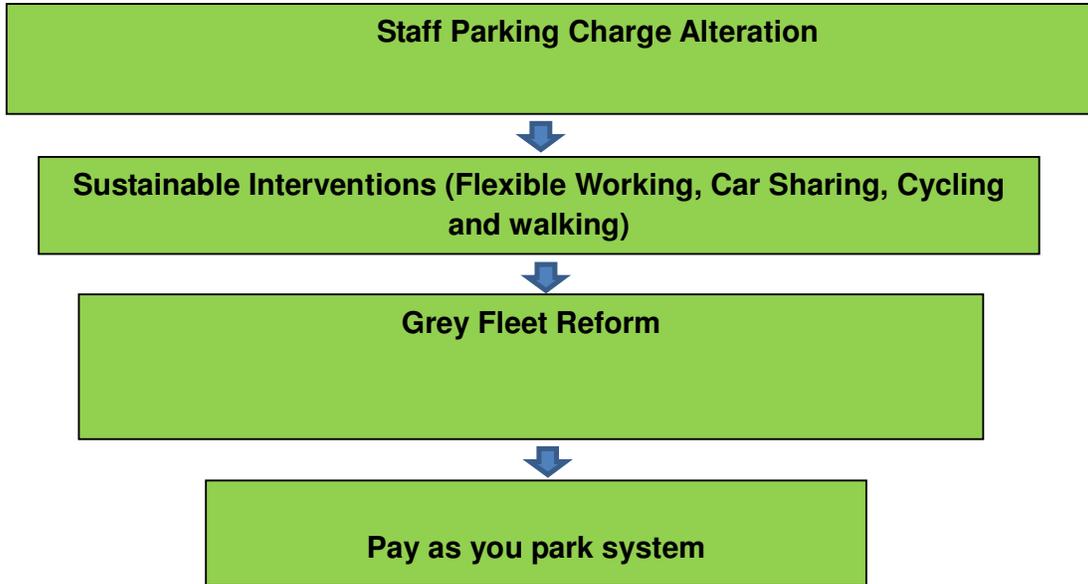
This paper cannot be viewed in isolation, while other transport interventions are outside the scope of this paper, they are integral to delivering alternatives to car parking for staff members in order to meet additional demand caused by a move away from single occupancy vehicle use. The Trust is committed to delivering a modal shift from SOV to more sustainable modes of transport and is pursuing a variety of interventions to promote this, not simply an alteration of existing charges.

The purpose of the plan is to support the challenges that are faced in parking facilities on both sites. The plan also brings the opportunity to support our sustainability agenda and our health and wellbeing agenda for staff. It should be noted that the additional income from parking charges will be used to support better facilities for staff, to support better utilisation of technology and the organisations cost improvement programme.

6. RECOMMENDATIONS

The Board is asked to approve the Travel and Transport plan including changes to staff car parking charges effective from 1 August 2014.

Appendix: Travel Hierarchy



Discounted Options March 2014

