

Cover page	
Meeting	Trust Board
Paper No.	8
Paper Title	Workplace Travel Plan
Date of meeting	7 February 2019
Date paper written	22 January 2018
Responsible Director	Julia Clarke, Director of Corporate Governance
Author	Tony Holt – Compliance and Sustainability manager
Executive Summary	
<p>Supporting people in our local community to stay fit and healthy is at the heart of what we do at The Shrewsbury and Telford Hospital NHS Trust, and that includes helping our staff, patients and visitors to travel safely and sustainably to our hospitals. The Workplace Travel Plan describes short, medium and long term measures which have been designed to influence a modal shift from single occupancy vehicle (SOV) trips to our hospitals to more sustainable forms of transport. These include measures to encourage active and sustainable modes such as walking, cycling, public transport use and car sharing.</p> <p>It is intended that the Trust utilises the analyses within this document to ensure sustainable travel arrangements is included in all current and future service (and associated workforce) planning. .</p> <p>The Trust Board is asked to approve the 2019-2021 Workplace Travel Plan (full document in information pack)and the associated action plan and continue to support the development of sustainable and active travel for staff.</p>	
Previously considered by	Workforce Committee (Nov-18) Executive Directors (Jan-19) SLT (Jan-19)

The Board is asked to:			
<input checked="" type="checkbox"/> Approve	<input type="checkbox"/> Receive	<input type="checkbox"/> Note	<input type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:				
<input type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led

Link to strategic objective(s)	<input type="checkbox"/> PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare <input type="checkbox"/> SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care <input checked="" type="checkbox"/> HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities <input checked="" type="checkbox"/> LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions <input checked="" type="checkbox"/> OUR PEOPLE Creating a great place to work
Link to Board Assurance Framework risk(s)	RR 1186 If we do not develop real engagement with our community we will fail to support an improvement in health outcomes and deliver our service vision

Equality Impact Assessment	<input checked="" type="radio"/> Stage 1 only (no negative impact identified) <input type="radio"/> Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)
Freedom of Information Act (2000) status	<input type="radio"/> This document is for full publication <input type="radio"/> This document includes FOIA exempt information <input checked="" type="radio"/> This whole document is exempt under the FOIA
Financial assessment	Not identified

## Main Paper

### Situation

Supporting people in our local community to stay fit and healthy is at the heart of what we do at The Shrewsbury and Telford Hospital NHS Trust, and that includes helping our staff, patients and visitors to travel safely and sustainably to our hospitals. Our Workplace Travel Plan 2019-2021 plays an important part in that. As one of the region's largest employers we have a responsibility to do what we can to promote sustainable transport, and we are successfully engaging with our staff to help them make the right choice when travelling to and from work. Wherever possible and practical, we encourage our colleagues to walk or cycle to work and many leave the car at home in favour of public transport. The benefits are huge, both for health and wellbeing and for the environment.

Over the past few years we've worked hard to create viable alternatives for staff travelling to work by car, particularly on their own, and we continue to work with local travel companies to offer discounts and incentives to make public transport an affordable and convenient choice. We also encourage our patients and visitors to use public transport, or walk or cycle if they are able, and we're working with local organisations to improve walking and cycling access to our sites.

Our hard work continues to be recognised, and in recent years we have received national recognition for our sustainable efforts. We were awarded an NHS Sustainability Award for Travel & Transport in 2016, and we have earned a Green Apple Gold Award for Built Environment for the work we do to improve our impact on the environment. The Travel plan is about looking to the future, and seeing what we can all do to support our communities to become more sustainable. By making just a small commitment to change the way we travel, even just once a week, we could make a big difference.

### Background

Staff travel surveys have been carried out on an annual basis, with the most recent in March 2018 for which 771 staff took part. 48% of responders were from RSH, 38% from PRH and the rest from other business units. A summary of the latest survey can be seen at Appendix B in the main Workplace Travel Plan document.

The Trust is committed to achieving a number of goals with regards to travel planning, these have been described in the Travel and Transport Strategy (2012) and the Good Corporate Citizen and five year Sustainable Development Management Plan (2014-2019). The NICE Public Health Programme QS84 – Physical activity: encouraging activity in all people in contact with the NHS also complements this approach.

Short, medium and long term measures have been designed to influence a modal shift from staff single occupancy vehicles (SOV) car trips to more sustainable forms of transport. These include measures to encourage more walking, cycling, public transport use, motorcycling and car sharing modes. Where motorised vehicle use is unavoidable we try to influence the choice of vehicle to a lower emission. There are also policy changes and a travel hierarchy in place to discourage SOV use. The Travel Plan has been partially successful in reducing SOV, and further measures set out in Appendix A are intended to build on progress made.

The Workplace Travel Plan has initially been extended for a further two years to cover the period anticipated prior to significant site and service redevelopment. The impact of the service reconfiguration on parking at both sites is being addressed through the Trust's Sustainable Services and Estates Teams. Monitoring of the travel plan will take place

regularly and an assessment of effectiveness reported to the Trust's Good Corporate Citizen Group, Workforce Committee and through that Committee to Trust Board. All monitoring will follow the most up-to-date Department of Transport and local authority guidance. Results of travel surveys will be submitted to local authority partners and include a progress update on the implementation of the travel plan measures. The full monitoring regime is set out in Section 10 of the Workplace Travel Plan.

## Assessment

### 1) Trust's objectives

The Trust is committed to achieving a number of goals with regards to travel and transport. These are:

- To reduce overall business travel by 25%
- Increase the proportion of travel undertaken in pool cars rather than grey fleet
- Achieve a score of 'excellent' in Travel standard by the Good Corporate Citizen model (now superseded by the SDU Sustainable Development Assessment Tool)
- Reduce the percentage of staff traveling by Single Occupancy Vehicle (SOV) to 90% from the 95% baseline (currently c.93%)
- Carrying out an annual staff survey to monitor transport modes
- Develop a plan to reduce travel and traffic, improve local air quality and the travel experience for our patients, visitors and staff
- To ensure BREEAM requirements are carried out for all new developments
- Encouraging activity in all people in contact with the NHS by encouraging Active Travel to the Trust's sites.

### 2) Additional issues to address

#### i) Parking

There is demand in excess of capacity across the Trust of up to 300 cars at peak times (nominally observed Tuesday-Thursday). Around 230 of this excess is at RSH, with the remaining 60 at PRH. At both sites, there is frequent ad-hoc parking on verges, access roads and on pathways.

The ad-hoc parking presents a number of problems for SaTH. It often represents an obstruction for pedestrians and a trip hazard for visually impaired users of the site and bars access from portions of the sites to those in a wheelchair. In addition to this, it has a negative effect on green areas and the estate in general, causing erosion and destroying flowers and plants. When ad-hoc parking goes unaddressed, it leads to the normalisation of poor parking habits as it is tacitly accepted, and making the encouragement of modal shift more difficult.

#### ii) Business Mileage

The Trust reimburses staff for miles travelled in the course of business at the level of national Agenda for Change rates. Last year travel and subsistence costs amounted to c.£1.2 million.

#### Pool Cars

The Trust has a fleet of 61 pool cars, which are assigned to individual departments. 7 vehicles within the fleet are used where personal cars would not be suitable for the jobs undertaken (such as the catering van). The fleet provides an alternative to private vehicles for business-related journeys, cutting business mileage costs. The Trust is currently implementing a telematics system and centralised booking system to ensure pool vehicles are utilised as effectively as possible. Business travel amounted to a spend of around £850k in 2017/18.

This mileage also undermines the Trust's environmental initiatives, annually contributing 322 of tons of CO<sub>2</sub> to the atmosphere, representing around 2% of Trust's total CO<sub>2</sub> emissions.

### *3) Main staff plans for 2019-21*

#### *i) Increase Staff Car Sharing*

The Trust currently runs a branded car-sharing scheme operated by Liftshare. This is a free-to-user scheme designed to enable people to find partners for common journeys. In this approach, the Trust dedicates time and resources to increasing the number of car sharers on site. The Trust has dedicated a number of spaces at each site to car-sharers, initially 15-25 per site, increasing if there is sufficient demand. This will provide a visible way for people to obtain a reward by joining the car-sharing scheme. It is planned that this is combined with other incentives, such as reduced prices on permits for car sharers. The impacts of this scheme are cumulative rather than immediate. There are additional operational challenges inherent in car sharing in a healthcare environment, particularly linked to shift timings and irregular working days, which limit the effectiveness of this option for clinical staff.

While the scheme would have limited effectiveness for some clinical workers, up to 20% of staff fall under the headings of Admin & Clerical, with a further Estates & Ancillary group often working 9am-5pm. This represents a large pool of staff members who could benefit from the scheme and correspondingly a significant potential change in parking demand.

#### *ii) Move to a Pay as you Park System*

The Trust has an ANPR system of camera recognition for visitor parking. A potential added benefit of this system is that the movements of staff cars on and off site can also be captured. With only two access points for each site, this lends itself to the potential of basing parking charges on actual use rather than the current flat rate. Charging on a 'pay as you park' basis has a number of advantages over the current system. However, the current ANPR system faces a number of challenges with regards to implementation and feasibility, particularly with payroll software integration and camera capture rates. After initial discussions with CP Plus, it was decided to explore emerging technologies and best practice in the area, adapt the Staff Car Parking Policy to allow for the implementation of a pay as you park system in the future and review it at 6 monthly intervals to consider feasibility. The current car park management contract will be market-tested in 2019 and staff 'pay as you park' will be included in the tender as an option.

#### *iii) Pursue Flexible Working*

The Trust has in place a flexible working policy (HR28), which allows employees to ask managers for flexible working where it is reasonable. Flexible working represents a significant opportunity for the Trust and in particular its administrative and clerical staff (20% of the workforce) to make a significant impact on the parking issues at the Trust. For example, if 30% of eligible staff were to begin working 9 day fortnights, then the demand for parking would decrease by over 100 spaces. Even if staff simply chose to begin earlier or leave later, this would reduce demand on nearby junctions at peak hours. This option will be achieved through the promotion of flexible working for employees via the Workforce Business Partners briefings for all line managers on how they should promote flexible hours. The Workforce directorate will monitor the number of employees who have requested flexible hours and report back to the TPC.

#### *iii) Achieve 5% mode share by active travel*

The Trust has increased its cycle storage capacity from 180 bicycle places to 292 bicycle places split across both sites, 198 RSH/94 PRH. As part of this option, the Trust will target and further invest in additional cycling facilities at both sites. Once this has been achieved, a longer-term plan will be put into place to increase cycling capacity and improve the quality of

cycle facilities. These will be guided by the travel user group, which has been re-established by the TPC. These developments may require support for funding, with SaTH as a major local employer and partner in delivering sustainable transport. External funding streams will be explored by the TPC. Having the Greener Travels User Group to inform choices of development in the future helps to give Trust staff a real voice about where the improvements are needed around the Trust.

Walking is the other key component of active travel and one that is commonly underplayed. The TPC will conduct regular site audits, with patient and staff representatives, to identify deficient areas or routes which discourage walking access to trust sites. Small capital improvements can be targeted at these 'blockages', which could improve the pedestrian environment and experience at all Trust sites.

iv) Reform the Grey Fleet

The Trust currently operates a pool of 61 Trust vehicles which are leased to individual departments. These are theoretically available for use by all Trust staff, but are used predominantly to suit the 'owning' department's service needs exclusively. Administration of vehicle usage was paper-based and vehicle use is controlled by each owning department. Further to recommendations, the Trust is currently implementing a telematics system for all pool vehicles together with a centralised booking system in order to utilise the pool fleet more effectively.

The Trust has a fleet of c.30 lease cars, which are issued to those users required to undertake business mileage of greater than 3,500 per annum. This figure is the financial break-even point based on the lowest vehicle tax rates. The scheme is currently being reviewed further to HMRC imposing significant increases for employer NI contributions linked to vehicle emissions and the Trust lease Policy is currently being updated to take account of the new legislation.

The total business mileage for the Trust is around 830,000 miles per year, and although more recent efforts have amounted to a small reduction, there has been a significant increase overall compared with the 2008 baseline, with regular Green Fleet Reviews cementing the argument for change within the Trust. The Trust introduced an electronic travel and subsistence expenses system in winter 2014 which automatically records the mileage undertaken by claimants and enables reports to line managers to be sent automatically. This has been successful in standardising mileage between locations, thereby complementing the other measures in this package.

**Recommendation**

The Board is asked to approve the Workplace Travel Plan 2019-21 and the associated actions.

The TPC will report on the annual survey and progress with the Workplace Travel Plan to the Good Corporate Citizen Group, which in turn will report to Workforce Committee, who will raise any issues at Trust Board.



**The Shrewsbury and  
Telford Hospital**  
NHS Trust

# **Workplace Travel Plan**

**(2019-2021)**

**Centre: Facilities Management**  
**Programme: Travel and Transport**  
**Date: January 2019**

**Document Control****Version History**

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Brief Summary of Change</b>
0.1	30/3/2014	Alistair Baldwin	1 <sup>st</sup> draft
0.2	28/5/2014	Alistair Baldwin	Added work on disability and disabled access
0.3	12/6/2014	Alistair Baldwin	Incorporating changes suggested by Telford & Wrekin Council, adding bus network and cycle network maps
0.35	17/6/14	Alistair Baldwin	Adds A4C mileage rate changes, attribution of tables/figures
0.4	2/7/14	Alistair Baldwin	Additional work on disabled access
0.5	28/05/15	Alexander Ford	Additional amendments
0.6	17/8/15	John Ellis-Tipton	Some minor wording changes and questions raised to Alex Ford
0.65	24/08/15	Alexander Ford	Answers to issues raised and improvements/additional comments to action plans.
0.7	2/09/15	John Ellis-Tipton	Minor change to accord with SaTH structure
1.0	4/09/15	Alexander Ford Sophie Cole	FINAL - Changes made + additional comments added to action plan. Formatting
1.1	15/6/18	Tony Holt	Update for 2018 (reverts to draft)
1.2	23/08/18	Alexander Ford	Systra required updates
1.3	1/10/18	Tony Holt	Includes current state analyses Includes Sustainable Services section
1.4	8/11/18	Tony Holt	Includes: - update to staff parking demand analysis - input from Future Fit team - revised ES - revised travel hierarchy (appendix C) added
1.5	22/01/19	Tony Holt	Additional Future Fit information. Cycling accessibility moved to appendices



## Contents

Executive Summary.....	4
Travel Survey .....	4
Objectives.....	4
Travel Plan Measures and Action Plan .....	4
Monitoring and Review .....	5
1 Introduction .....	6
2 Organisation Background.....	6
3 Travel Plan Background, description of issues.....	16
4 Survey results .....	19
5 Objectives and targets .....	29
6 Proposed Travel Plan measures .....	30
Appendix A - Action Plan	
Appendix B - Staff Travel Survey Results 2018	
Appendix C - SaTH Travel hierarchy flowchart	
Appendix D - SaTH staff residential mapping	
Appendix E - Cycling accessibility to hospital sites	

## **Executive Summary**

Supporting people in our local community to stay fit and healthy is at the heart of what we do at The Shrewsbury and Telford Hospital NHS Trust, and that includes helping our staff, patients and visitors to travel safely and sustainably to our hospitals. Our Travel Plan plays an important part in that. As one of the region's largest employers we have a responsibility to do what we can to promote sustainable transport, and we are successfully engaging with our staff to help them make the right choice when travelling to and from work. Wherever possible and practical, we encourage our colleagues to walk or cycle to work and many leave the car at home in favour of public transport. The benefits are huge, both for health and wellbeing and for the environment.

Over the past few years we've worked hard to create viable alternatives for staff travelling to work by car, particularly on their own, and we continue to work with local travel companies to offer discounts and incentives to make public transport an affordable and convenient choice. We also encourage our patients and visitors to use public transport, or walk or cycle if they are able, and we're working with local organisations to improve walking and cycling access to our sites.

Our hard work continues to be recognised, and in recent years we have received national recognition for our sustainable efforts. We were awarded an NHS Sustainability Award for Travel & Transport in 2016, and we have earned a Green Apple Gold Award for Built Environment for the work we do to improve our impact on the environment. The Travel plan is about looking to the future, and seeing what we can all do to support our communities to become more sustainable. By making just a small commitment to change the way we travel, even just once a week, we could make a big difference.

## **Travel Survey**

A travel survey was initially undertaken in June 2011 to establish the current modal split of staff to the sites. These results formed the basis of the Business Case to create the Women & Children's Centre in 2014 and consequently the Travel Plans for SaTH. Additional travel surveys have been carried out on an annual basis, with the most recent in March 2018 for which 771 staff took part. 48% of responders were from RSH, 38% from PRH and the rest from other business units. A summary of the latest survey can be seen at Appendix B.

## **Objectives**

The Trust is committed to achieving a number of goals with regards to travel planning, these have been described in the Travel and Transport Strategy (2012), The Good Corporate Citizen and five year Sustainable Development Management Plan (2014) and the planning consent for the WCC (2012). NICE Public Health Programme QS84 – Physical activity: encouraging activity in all people in contact with the NHS.

## **Travel Plan Measures and Action Plan**

The original plan was developed in 2014 over a five year period. These measures are monitored and regularly reported by the appointed Travel Plan Coordinator (TPC), who is based within the Facilities Management team, overseen by the Trust's Logistics Manager.

Short, medium and long term measures have been designed to influence a modal shift from SOV car trips to more sustainable forms of transport. These include measures to encourage more walking, cycling, public transport use, motorcycling and car sharing modes.

Where motorised vehicle use is unavoidable we try to influence the choice of vehicle to a lower emission. There are also policy changes and a travel hierarchy in place to discourage SOV use. These travel options assist service users of the sites make responsible informed decisions on their best options of commuting to said sites, other than via a single occupancy car. The Travel Plan has been partially successful in reducing SOV, and further measures set out in Appendix A are intended to build on progress made. The plan has initially been extended for a further two years to cover the period anticipated prior to a period of significant site and service redevelopment. The implementation strategy and its timelines are set out in the action plan in Appendix A.

### **Monitoring and Review**

Monitoring of the travel plan will take place regularly and an assessment of effectiveness reported to the Good Corporate Citizen Group, Workforce Committee and through that Committee to Trust Board. All monitoring will follow the most up-to-date Department of Transport and local authority guidance. Results of travel surveys will be submitted to local authority partners which will include a progress update on the implementation of the travel plan measures. The full monitoring regime is set out in Section 10.

## 1 Introduction

### 1.1 Workplace Travel Plan

- 1.1.1 The Trust is recognised as wishing to make improvements in how it manages Travel and Transport and its approach to sustainable Transport; this Travel Plan details how it manages traffic and transport issues at both main sites.
- 1.1.2 SaTH also acknowledges that it faces considerable issues with regards to both car parking and business mileage at the Trust, further justifying the travel plan. These are expanded upon in Chapter 3.

### 1.2 Policy

- 1.2.1 The Travel Plan is written to achieve national and local policy aims in accordance with local and national travel plan guidance, including the following:

*Department for Communities and Local Government- National Planning Policy Framework (2012)*

*Department For Transport- Good Practice Guidelines: Delivering Travel Plans through the Planning Process (2009)*

*Department of Health- Delivering Healthy Local Transport Plans (2011)*

*NHS Sustainable Development Unit- Knowledge Briefing 1- What does a NHS 'Active Travel Plan' look like? (2009)*

*Low Carbon Travel, Transport and Access- Carbon Hotspots (2014)*

*Shropshire Council- Shropshire Local Transport Plan-Provisional Strategy (2011)*

*Telford and Wrekin Council- Telford and Wrekin Local Transport Plan Three (2011).*

## 2 Organisation Background

### 2.1 Overview

- 2.1.1 The Shrewsbury and Telford NHS Trust runs the Royal Shrewsbury Hospital, the Princess Royal Hospital in Telford, midwife-led units in Bridgnorth, Oswestry and Ludlow. We also manage sites at Queensway Business Park, Severn Fields Health Village and William Farr House. These sites serve over half a million people in Shropshire, Telford & Wrekin and Mid Wales. The Trust's main locations are the Princess Royal Hospital (PRH) and Royal Shrewsbury Hospital (RSH). Together these provide 99% of the Trust's activity.
- 2.1.2 The Royal Shrewsbury Hospital opened in 1977. Since then it has undergone a major transformation of its facilities with a £25 million Treatment Centre opened in early 2005 and a new Cancer Centre that opened in September 2012.
- 2.1.3 The Princess Royal Hospital opened in 1989 and a new Women and Children's Centre opened on the PRH site in 2014.
- 2.1.4 Shrewsbury Business Park is located on the edge of Shrewsbury and houses a number of offices for local businesses; it was initially constructed in 2001, with an extension in 2008. SaTH have located back-office functions at the Business Park since 2010.

2.1.5 SaTH Trust employs nearly 6,000 staff. Additional workers include students, agency & bank staff, apprentices and volunteers.

2.1.6 The Trust has a turnover of around £360m and in 2017/18 saw 52,302 elective and daycase spells, 50,982 non-elective inpatient spells, 7,044 maternity and transfer admissions, 411,714 outpatient attendances and 111,332 accident and emergency attendances.

## **2.2 Site Assessment and Local Transport Context**

### **2.2.1. Parking Charges**

#### *Visitor Charging*

In March 2018 the Trust increased its rates for visitor parking. The Trust utilises an Automatic Number Plate Recognition (ANPR) system to identify vehicles that fail to comply the terms and conditions of parking on a Trust site.

The visitor charging system is as follows:

**Table 1: Visitor parking charges from March-18**

0-20 minutes	Free
20 minutes-2 hours	£3.00
2-3 hours	£4.00
3-4 hours	£5.00
Up to 24 hours	£8.00

There are also a wide range of concessions available, such as a multi-use pass. In addition, patients undergoing dialysis, radiotherapy and chemotherapy receive free car parking, as do Trust volunteers. Payment is made via the machine on exit or online up until midnight on the day of the visit. A parking charge system is in force for people who do not pay for their stays.

#### *Staff Charging*

The current charging system was changed in April 2018 and consists of a tiered salary-based system introduced in August 2014. No price increases were applied to Bands 1-3.

**Table 2: Staff parking charges from Apr-18**

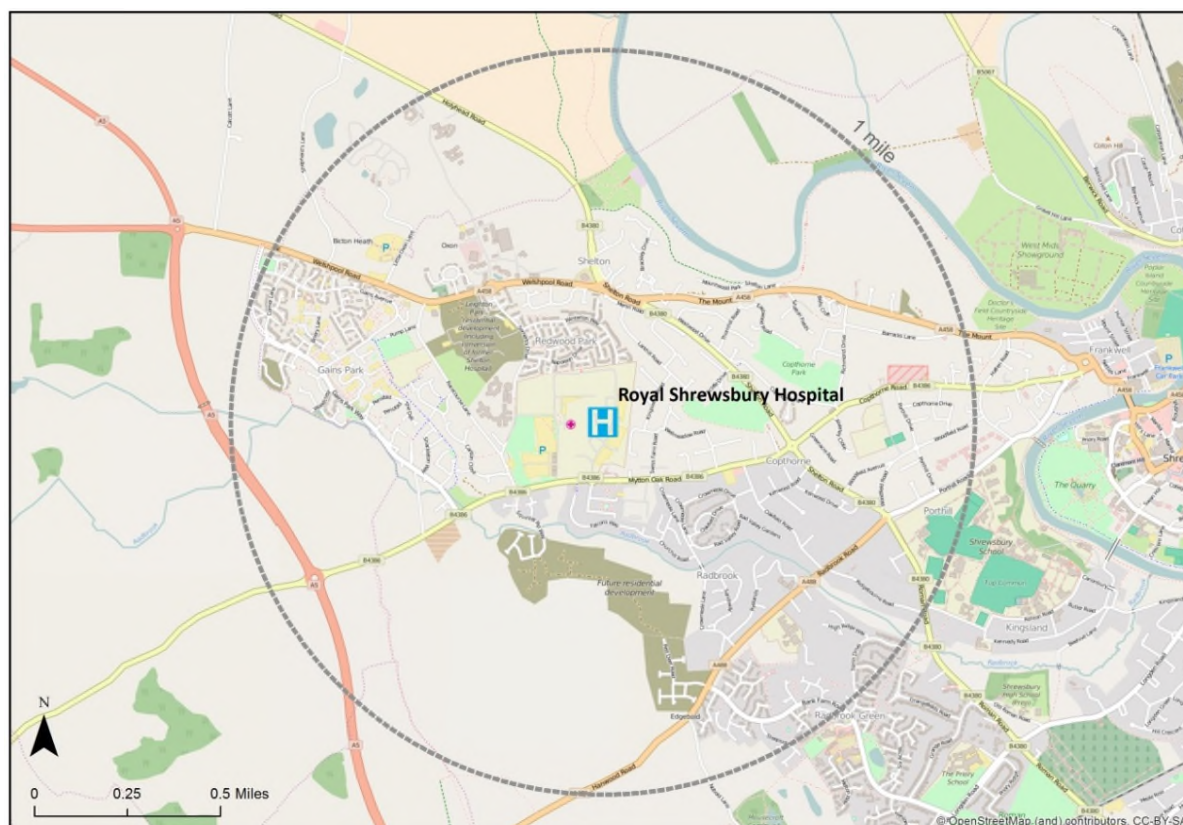
	Grade						
	1 to 3	4 to 5 F1/F2	6 to 7	8 a-c	8d,9 non A4C	Medical Registrar	Medical Consultants
% of Staff Permit Holders	35%	28%	17%	2.5%	0.5%	1.2%	4.6%
Daily (22 days per month)	£0.34	£0.55	£0.82	£1.09	£1.36	£1.09	£1.36
Month	£7.50	£12.00	£18.00	£24.00	£30.00	£24.00	£30.00
Annual	£90.00	£144.00	£216.00	£288.00	£36.00	£288.00	£360.00

The charges listed are detailed in W20.1 Policy for Staff Car Parking. Although the Trust reserves the right to review the price of car parking from time to time it has pledged that there will be no further price increases before 2021. Permit deductions are facilitated by the Payroll Department. An online staff permit application system was introduced in April 2018 and at the same time, permit restrictions were put in place. Today, staff residing within a one-mile radius of their hospital base, referred to as the 'exclusion zone', are not automatically entitled to a permit to park. Exemptions to this rule apply and staff are able to appeal if their life circumstances fit within the exemption criteria. Bank staff or temporary staff frequently purchase permits on a monthly basis. As at September 2018 there were approximately 5,200 car park permits in operation, including those held by students, agency & bank staff, apprentices and Trust volunteers.

### 2.2.2. Royal Shrewsbury Hospital

The Royal Shrewsbury Hospital is located on Mytton Oak Road (B4386) in Shrewsbury, located 0.9 miles east of the A5 and 2 miles west of the town centre. Figure 1 indicates the location of the hospital, and shows the one-mile exclusion zone

**Figure 1: Location of Royal Shrewsbury Hospital** (Source: OpenStreetMap)



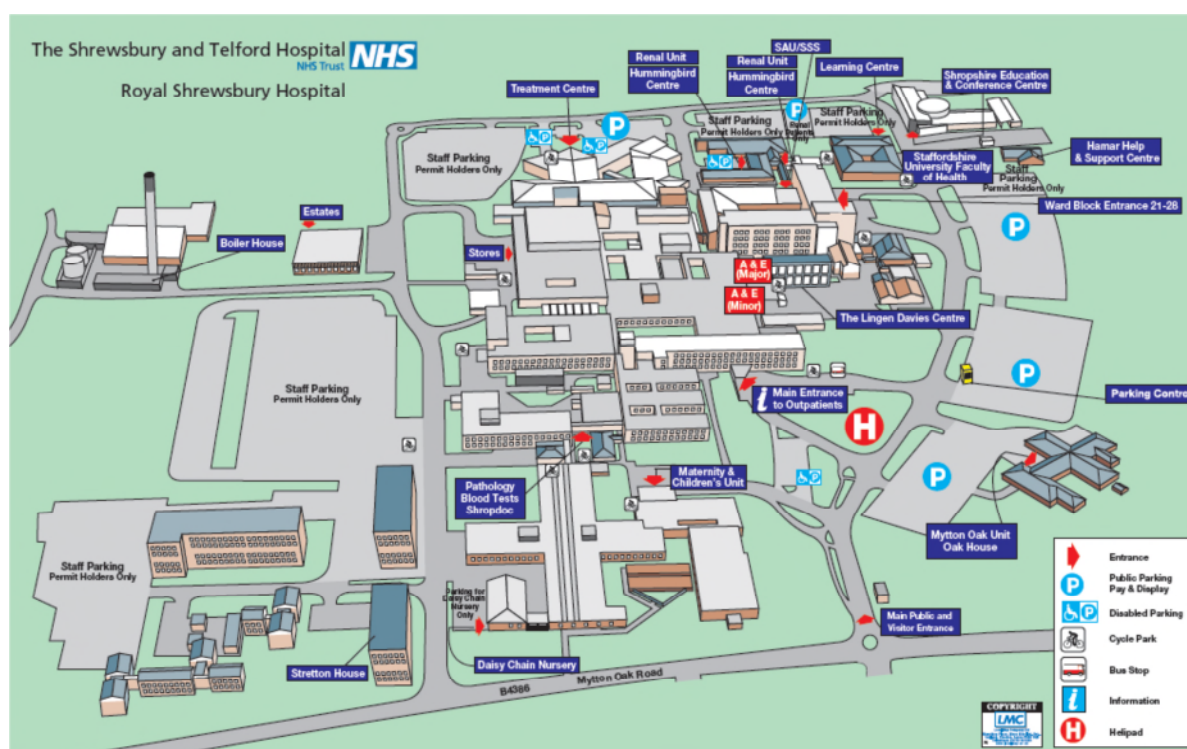
## Car Parking

Car parking at RSH is split in a ratio of 72:28 (staff:visitors) with the primary areas for visitor car parking being at the east of the site and the staff car parking at the west. There is an area to the north of the site where visitor and staff parking intersect; this is shown in figure 2.

**Table 3: Car Parking at RSH**

RSH Parking allocation	Parking Spaces
Staff	1,137
Staff Car Share spaces	24
Patient and Visitor	358
Blue Badge Spaces	83
Total	1,602

**Figure 2: Car Parking Map at RSH**



## Access and Local Highways

Myton Oak Road lies to the south and provides both of the vehicle entrances to the site. The main access for visitors and ambulances is the eastern most entrance, while the main access for staff is further to the west. Further west lies the A5 dual carriageway. A number of separate organisations share the site with the RSH; Rooftops accommodation, Daisy Chain Nursery, Shropshire and South Staffordshire Healthcare NHS Foundation Trust (Oak House), Shropshire Education and Conference Centre and Staffordshire University Faculty of Health.

The Redwoods Centre, a hospital run by Shropshire and South Staffordshire Healthcare NHS Foundation Trust, is located to the west of the hospital, as well as the Myton Oak GP surgery. The north east is flanked by housing with no road access to the site, but can be

accessed by public footpaths. In the south a new major housing estate has been developed which has increased traffic on the Mytton Oak Road.

### **Public Transport: Bus**

Prior to 2017, one bus stop located directly outside the Outpatients department served by the number 11 bus. In 2017, the Trust opened a second bus stop to the Treatment Centre at the north side of the sight, and service provider Arriva now extends the service to the extra stop during the week between core times of 09:00 to 15:00 hours. All other buses are served by stops outside the hospital on Mytton Oak Road. There is no Sunday bus service.

**Table 4: Bus routes into RSH**

<b>Route</b>	<b>Daily Frequency</b>	<b>First-Last Bus</b>
<b>11</b> Gains Park - Royal Shrewsbury Hospital Outpatients stop & Treatment Centre - Shrewsbury – Monkmoor.	<b>86</b>	<b>06:52 - 20:01</b>
<b>558</b> Montgomery - Brockton – Worthen - Royal Shrewsbury Hospital - Shrewsbury	<b>8</b>	<b>08:16 - 17:59</b>
<b>X75</b> Rhayader – Llanidloes – Newtown – Welshpool - Shrewsbury	<b>11</b>	<b>08:24 - 16:12</b>
<b>12</b> Shrewsbury – Porthill - Radbrook College - Kingswood Estate	<b>16</b>	<b>09:36 - 16:36</b>
<b>70/70a</b> Oswestry-Whittington- West Felton- Nesscliffe- Mountford Bridge-Welshpool Road,Oxon Priory stop– Shrewsbury	<b>42</b>	<b>07:22 - 18:35</b>

### **Public Transport: Rail**

The train station is based in Shrewsbury town centre. Trains run regularly between Shrewsbury to Wellington and Telford Central. Nb the first train from Shrewsbury on a Sunday is 08:10 and the first train from Wellington to Shrewsbury is 10:57.

The Royal Shrewsbury Hospital is approximately a 45 minute walk from the train station or approximately 15-20 minute cycle ride. Although the station provides cycle racks, these are not in a secure cycle hub unit.

Typical train journey times are as follows:

- From Shrewsbury to Wellington (suggested PRH stop) takes between 12 - 14 minutes.
- From Shrewsbury to Chester takes 50 minutes.
- From Shrewsbury to Hereford takes 54 minutes.
- From Shrewsbury to Crewe takes 34 minutes.
- From Shrewsbury to Wolverhampton takes 48 minutes
- From Shrewsbury to Birmingham can take up to 57 minutes.

The Bus station is a five minute walk from the railway station.

Taxis are available directly outside and opposite the train station.



### ***Walking and Cycling access***

There are seven walking access points to the site. There are footpath entrances from adjacent housing areas at the North, North-East and North-West of the site. Pedestrian access is also possible from Racecourse Lane to the West. The primary access points to the hospital buildings themselves for staff are by the Pathology block on the West side, the Treatment Centre to the North, and the Ward entrance on the North West side.



There are two main cycling entrances to the RSH, both via the vehicular accesses from Mytton Oak Road. The road links to a town-wide set of cycle lanes, installed as part of Shrewsbury's status as a Cycling Demonstration Town.

For visitors who may be accompanied by young children or using a pushchair or buggy, there is step-free access from Mytton Oak Road to the site and all paths can comfortably accommodate the width of a wheelchair or buggy.

### ***Disabled Access***

The Trust provides a number of Blue Badge spaces (83) around the site, located proximate to the main entrances to the Hospital (A&E, Treatment Centre, Renal Unit, Outpatients). These are designed such that disabled service users are not inconvenienced in accessing services. From each disabled Blue Badge Space there is a stepless access to the nearest Hospital entrance, typically provided through the use of a drop kerb.

The majority of the drop kerbs around the Hospital Site have blister paving, facilitating access for the visually impaired. There is step-free access from the Mytton Oak Road entrance to the site to the Outpatients entrance and through this, to the rest of the Hospital site. Where there are changes of level within the Hospital structure itself, these are accounted for by lifts in the ward block and Outpatients, eliminating the need for the mobility impaired to use the stairs provided.

Signage around the site is designed to be legible and accessible in accordance with NHS guidelines. The Travel Plan Coordinator undertakes regular audits of the site, with a particular focus on accessibility. These audits have identified a number of small-scale issues relating to the camber of blister paving, maintenance of pavements and upkeep of road markings. A remedial program of works is ongoing although dependent on capital funding.

### ***Cycling Facilities***

RSH has 15 sets of bicycle racks, located around the site; these are located on Figure 3. These are almost all Sheffield stands; however there remains a legacy 'wheel bender' stand with 10 spaces, which primarily function as overspill. Nine of the bike racks are covered providing shelter for 90 cycles, 16 spaces are totally secure via 2 units. There are a further 4 sets of bike racks owned by other organisations on the site with 32 spaces being provided by Rooftops accommodation. The total capacity for bicycles on the RSH site is 198 at any one time.

### ***Shower and changing facilities***

RSH has several shower and changing facilities for staff, the main unit being the Staff Gym. Other areas include; Maternity, Theatres, Endoscopy and Treatment Centre.

### ***On Street Parking***

The residential areas proximate to the hospital are Cala Homes, Redwood, Kingswood and Bowbrook. With the exception of Cala Homes, parking enforcement in these areas is managed by Shropshire County Council. Various “*No hospital parking*” signs are currently in place around the residential areas. Whilst public roadside parking is for public use, staff are required to maintain reasonable consideration for local residents at all times.

### **2.2.3. Princess Royal Hospital**

The Princess Royal Hospital (PRH) is located at the junction of Whitchurch Drive and Grainger Drive in the district ward of Leegomery, close to Wellington town centre. It is around 5 miles from the centre of Telford or 1 mile from Wellington town centre. Figure 4 indicates the location of the hospital and one-mile exclusion zone

**Figure 3: Location of Princess Royal Hospital**



Source: OpenStreetMap

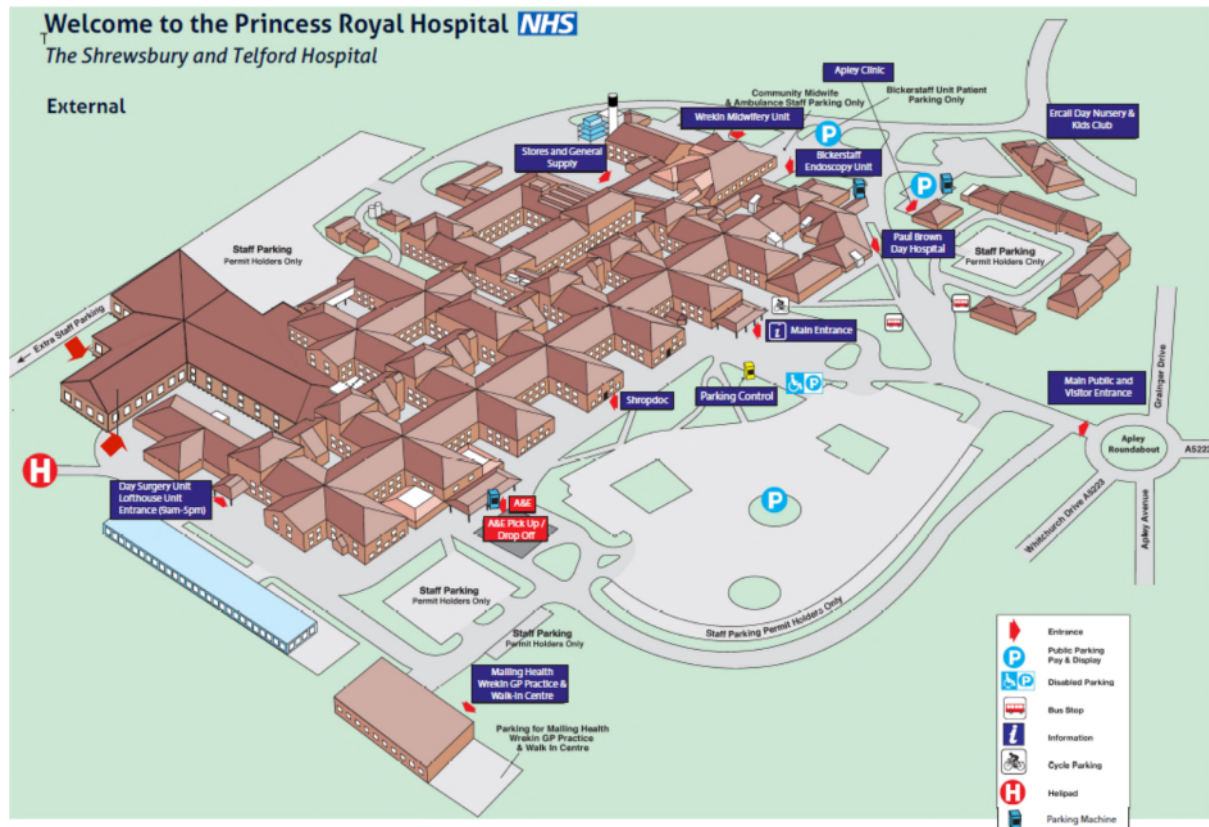
### ***Car Parking***

Car Parking at PRH is split in the ratio of 75:25 (Staff:Visitor). Visitor parking is provided at the South of the site, outside the main Outpatients entrance and by A&E. An additional 100 visitor spaces are also located by the Women & Children’s Centre (WCC).

Table 5: Car parking at PRH)

PRH Parking allocation	Parking Spaces
Staff	1078
Staff Car share spaces	14
Patient and Visitor (shared with staff)	325
Blue Badge Spaces	34
Total	1,451

Figure 4: Car Parking Map at PRH



### Access and Local Highways

Whitchurch Drive runs to the west of the hospital, it is a dual carriageway also known as the A5223. It converges with Apley Avenue and Grainger Drive at a roundabout directly to the south of the hospital, which provides the primary entrance for visitors and ambulances. A further access point is provided from Grainger Drive, further to the east, this is typically used to access the staff parking areas.

To the north of the hospital is the small residential area of Apley Castle, which borders Apley woods that run around to the north-east of the site. To the east and south of the hospital, there are housing estates. To the west is Charlton School.

**Public Transport: Bus**

The nearest bus stops/shelters are located on the site, around 100m from the main Outpatients entrance to the hospital. They are located either side of the road, to accommodate buses going to/from Wellington town centre and provide shelter to waiting passengers. The number 4 bus service provides a 7 day a week service to the hospital.

**Table 6: Bus routes to PRH**

<b>Services passing Princess Royal Hospital</b>	<b>Daily Frequency</b>	<b>First-Last Bus</b>
<b>4</b> Hadley, Muxton, Donnington made via Wellington or other areas via Telford)	<b>124</b>	<b>07:00 - 23:02</b>
<b>15</b> Shawburch to Telford via Hadley	<b>18</b>	<b>09:14 - 18:14</b>
<b>16</b> Arleston, Wellington, Hadley and Telford	<b>8</b>	<b>11:16 - 15:16</b>

**Public Transport: Rail**

Train Stations are situated in Wellington, Oakengates & Telford. Wellington station is the closest to the Hospital; trains run regularly between Wellington and Telford Central. The Hospital is approximately a 20 minute walk from Wellington Station or a 5 minute cycle ride. Although the station provides cycle racks, these are not in a secure cycle hub unit.

Taxis are available outside the station and the Bus Station is in walking distance.

Trains times:

- From Shrewsbury to Wellington trains take between 12 to 14 minutes.
- From Oakengates to Wellington trains take 5 minutes.
- From Telford to Wellington trains take between 6 to 8 minutes
- From Wolverhampton to Wellington trains take 34 minutes
- From Newtown (Powys) trains take approximately 1 hour 15 mins

**Walking and Cycling access**

Pedestrian access to the site is from the Silkin Way, Apley Roundabout and Grainger Drive. The primary entrances for staff by foot are through Outpatients Main entrance, the Day Surgery Unit and the rear entrance running parallel to the Pathology department.

The main cycle access route for PRH is the Silkin Way, which runs to the North of the Hospital site. This access was formalised by Telford & Wrekin Council in 2011, providing access to the Hospital from the National Cycle Network. Another traffic free cycle route/bridleway runs from the South of the Hospital through Apley to Wellington. Currently this route is not signposted.

For staff or patients who may be accompanied by young children or with a buggy or wheelchair, entrances to the site from Whitchurch Drive and Grainger Drive are both step-free, with drop kerbs positioned to facilitate crossing roads where applicable.

### **Disabled Access**

The Trust provides a number of Blue Badge spaces (34) around the site, located proximate to the main entrances to the Hospital (Outpatients and Day Surgery Unit). These provide a step-free access to Hospital services.

The site is located on flat land, limiting the number of changes in level and drop kerbs that are required. The majority of the drop kerbs around the Hospital Site have blister paving, facilitating access for the visually impaired. The drop kerbs themselves provide access for the mobility impaired and are provided at all entrances to the Hospital, road access points and various other points (such as car parks). Signage around the site is designed to be legible and accessible in accordance with NHS guidelines. The Trust and Travel Plan Coordinator undertake regular audits of the site with a Patient Experience and Improvement Panel (PEIP) representative, with a particular focus on accessibility.

At PRH, these audits have identified the potential to improve access for wheelchair users from the Silkin Way entrance, which would then link with the rest of the site. This has now been facilitated through creating a flat pavement surface and improving the signage, integrating it with the remainder of the Hospital. In the Women and Children's Centre, different clinical areas are painted in different colours, to facilitate navigation by the visually impaired.

### **Cycling facilities**

There are six sets of bike racks at PRH. These are located on Figure 6. We have two secure cycle covered shelters, one providing 40 cycle spaces and the other 20 cycle spaces. We also have two non-secure cycle shelters that have 12 & 8 cycle parking spaces. Additional infrastructure consists of Sheffield Stands. The total capacity is 94 cycles. PRH has several existing showering and changing facilities for staff including the Staff Gym, Endoscopy, Theatres, Anaesthetics on Call, Therapy, Day Surgery, Pathology, and a shower and changing facility was recently completed in the centre of the hospital, located by Pharmacy.

### **On Street Parking**

The hospital is surrounded by Apley Castle, Apley and the Kingfisher estates. There are no parking controls currently in place in these areas and parking is managed through Telford and Wrekin Council.

## **2.3. Existing Staffing Levels**

**Table 7: Staffing levels**

Site	FTE	Headcount	
	2018	2015	2018
Bridgnorth Maternity	12.44	17	16
ICAT	12.98	14	14
Ludlow Community Hospital	11.59	21	16
Severn Fields Health Village	18.83	0	26
Oswestry Maternity	9.98	20	15

Site	FTE	Headcount	
	2018	2015	2018
PRH	2158.9	2478	2556
QBP	42.48	29	47
RJAH	4	4	5
RSH	2603.5	2866	3021
William Farr House site	45.57	42	57
SBP	118.89	125	133
Whitchurch	1.43	3	2
Volunteers at RSH		500	400
Volunteers at PRH		500	500
<b>Grand Total</b>	<b>4777.69</b>	<b>6619</b>	<b>6808</b>

\* Headcount figures include by part time or zero-hours bank staff and volunteers

## 2.4. Reconfiguration of Services

As part of moves to better integrate the services provided by the Trust and to improve the infrastructure of the Trust, the local Health Economy embarked on a Sustainable Services Programme, known as 'Future Fit' commissioned by Shropshire and Telford & Wrekin Clinical Commissioning Groups. An independent project team published an Outline Business Case for reconfiguration options in 2017 and has recently completed the public consultation stage. The Future Fit Travel and Transport Group, with representation from all key stakeholders in Shropshire, Telford & Wrekin and Powys, has recently issued a Travel and Transport Report and Mitigation Plan which considers the 'existing significant transport challenges experienced by local residents, including those in more rural locations'. Priority areas examined were:

- Travel and transport times
- Access to transport
- Availability to transport
- Parking
- Hospital appointments

The Group has recommended a 'comprehensive collation of all public transport service provider routes across Shropshire, Telford & Wrekin and Powys to enable a collaborative approach', and the Mitigation Plan includes qualitative assessments of ambulance modelling, bus access, appointments times and public awareness.<sup>1</sup>

## 3 Travel Plan Background, description of issues

### 3.1 Existing Transport Policies and Transport at SaTH

The Trust has an existing Travel and Transport Strategy, written in September 2012. These policies were informed by a series of reports carried out by Richard Armitage, TAS and Gfleet. There have also been Fleet Reviews carried out by the Energy Saving Trust in 2009, 2011, 2013 and 2018.

<sup>1</sup> Source: Future Fit Travel and Transport Report, December 2018



As part of the development of the WCC, the Trust produced a Travel Plan relating to the new development in 2012; this was written by PTB Consultancy.

### **3.2 Responsibility for Transport at SaTH**

The Trust has HR policies relating to Transport; these are W20.2 Lease Car Scheme Policy, W20.3 Reimbursement of Travel, Accommodation and Subsistence Expenses and W20.5 Policy for Staff Car Parking.

The car parking permit scheme is administrated through the Facilities Management department, who also manage the external contract for the car parks (currently contracted to CP Plus). The lease car and pool car schemes are run through the Vehicle Leasing Manager, who works in the Facilities Department.

General responsibility for walking, cycling, car sharing and public transport initiatives rests with the Travel Plan Coordinator. There are also transport-related areas such as Non-Emergency Patient Transport (NEPT) Service (financed by the CCG) and the Healthcare Travel Costs Scheme, run by SaTH, but are not integral to the Travel Plan.

### **3.3 Description of Issues**

#### **3.4.1 Parking**

There is demand in excess of capacity across the Trust of up to 300 cars at peak times (nominally observed Tuesday-Thursday). Around 230 of this excess is at RSH, with the remaining 60 at PRH. At both sites, there is frequent ad-hoc parking on verges, access roads and on pathways.



The ad-hoc parking presents a number of problems for SaTH. It often represents an obstruction for pedestrians and a trip hazard for visually impaired users of the site and bars access from portions of the sites to those in a wheelchair.

Bus services, delivery vehicles, ambulances and other emergency services can also find it challenging to access the site, affecting effectiveness in an emergency situation.

In addition to this, it has a negative effect on green areas and the estate in general, causing erosion and destroying flowers and plants. When ad-hoc parking goes unaddressed, it leads to the normalisation of poor parking habits as it is tacitly accepted, and making the encouragement of modal shift more difficult.

Whilst staff occupy the majority of the parking spaces at SaTH, they do not contribute the majority of the revenue derived from parking. This inequitable solution has a negative impact on the public image of the Trust.

#### **3.4.2 Business Mileage**

The Trust reimburses staff for miles travelled in the course of business at the level of national Agenda for Change rates.

**Table 8: Current AfC reimbursement rates**

<b>Rate</b>	<b>Charge (per mile)</b>
Business mileage up to 3,500 miles per year	£0.56
After 3,500 miles per year	£0.20
Reserve Rate	£0.28
Motor cycle	£0.28
Pedal Cycle	£0.20
Additional Passenger (Carshare)	£0.05

The Trust pays for lease cars at £0.11p/mile to cover fuel costs, currently these are assigned to staff members who are required to cover more than 3,500 business miles per year.

Additional to this is relocation mileage (where the main base of work has been moved) paid at locally agreed rates. However, the majority of business travel is at the top rate of mileage charges.

The Trust has a fleet of 61 pool cars, which are assigned to individual departments. The fleet consists of 7 vehicles where personal cars would not be suitable for the jobs undertaken (such as the catering van). The fleet provides an alternative to private vehicles for business-related journeys, cutting business mileage costs. The Trust is currently implementing a telematics system and centralised booking system to ensure pool vehicles are utilised as effectively as possible.

Business travel amounted to a spend of around £850k in 2017/18. According to a recent review by the Energy Saving Trust, although there has been some improvement in recent years, business miles have doubled since 2008 overall. While some of this is due to service relocation, in the main growth has been organic. This is compounded by inconsistent line management approaches to travel expenses.

This mileage also undermines the Trust's environmental initiatives, annually contributing 322 of tons of CO<sub>2</sub> to the atmosphere. This represents around 2% of Trust building CO<sub>2</sub> emissions.



## 4 Survey results

### 4.1 Staff Survey

- 4.1.1 In 2010/11 a staff survey was commissioned by SaTH and analysed by TAS Partnership. While the numbers of staff employed by the Trust have increased over the intervening period the results are still expected to hold true in 2018.

The 2018 online questionnaire was designed and made available for staff at the SaTH, through global emails, links on the Trusts intranet and payslip message. Access to the survey was not limited to the Trusts own computers and staff could fill in the survey via on any online device.

- 4.1.2 The response rate for the survey was 13%, which is in line with what is expected for such surveys and provides an acceptable sample size to discuss results.

### 4.2 Modal Split

**Table 9: Travel modes of staff**

Travel mode	Mode Share %		
	2011	2015/16	2018
<b>Walk</b>	4.7%	7.8%	7.8%
<b>Cycle</b>	1.3%	5.5%	3.8%
<b>Cycle/Train</b>	not recorded	0.6%	0.3%
<b>Bus</b>	1.6%	2.8%	3.1%
<b>Train</b>	1.2%	1.2%	0.4%
<b>Motorcycle</b>	0.1%	0.3%	0.4%
<b>Lift in car that than goes elsewhere</b>	not recorded	not recorded	0.6%
<b>Taxi</b>	not recorded	not recorded	0.5%
<b>Car Share</b>	4.6%	3.3%	5.3%

With the launch of the online staff car parking permit system, the Trust's travel Plan Coordinator has developed measurement methodology identifying that 74.4% of our staff access the site via car<sup>2</sup>. Of these, around 93% of these vehicles are single occupancy (SOV) driven<sup>3</sup>. There is a strong indication, through the trust's annual staff travel survey that SOV is linked to the area's rurality and the relative lack of public transport options. The introduction of a formalised car-sharing network has not had the uptake hoped for and whilst the convenience of SOV outweighs the cost, it is the most difficult to modal shift to influence. Cycling and walking are big potential mode transfers from car travel and the applicability of these modes will be discussed further within this document.

<sup>2</sup> Source: SaTH staff travel survey 2018

<sup>3</sup> Source: SaTH workplace traffic survey January 2019

### **4.3 Staff Locations**

- 4.3.1 These are attached in Appendix C. A number of conclusions can be drawn from this data. The most obvious conclusion (corroborated by the cycling and walking data below) is that there is a significant minority of members of staff who live within extremely close proximity to the hospital and continued to use SOVs to get to work. The introduction of the hospital exclusion zones had hoped to address this. However, it also indicates that a large proportion of staff live a considerable distance from their base of work in this largely rural county, making non-SOV options challenging to provide.
- 4.3.2 What is additionally indicated is that the relative proximity of people to their workplace is site-specific, that is that PRH and RSH have differing numbers of members of staff in their immediate vicinity. This is again further illustrated below. This is primarily a function of the differing urban structures of the two towns in which the hospitals reside. Shrewsbury is an older, denser town, with a large area of green belt preventing development on its edges which is increasing. The consequences of this are that staff members live in a smaller spatial area around the hospital.
- 4.3.3 In contrast, Telford was primarily constructed in the 1960s and later, although there are areas of original villages now forming part of the conurbation. Owing to the date of its construction, the housing is generally of a lower density, and arterial roads are the primary means of travel. This means that staff living in Telford, generally live further from PRH than those in Shrewsbury live from RSH. Correspondingly, this creates problems when considering the promotion of active travel at the Trust and this is considered in section 8.

### **4.4 Cycling and Walking**

- 4.4.1 **Methodology**  
Department for Transport (DfT) core accessibility indicators were obtained for each home address postcode. An assumption was made that cycle speeds are 16kph and walk speeds are 4.8kph. Walk times were factored from the cycling times using the walking average speed. We did not separately review accessibility by people combining walking with use of public transport because we wished to concentrate solely on people completing their journey to or from work by walking.
- 4.4.2 From the postcode accessibility database both for the cycling and walking accessibility figures were entered into a geographical information systems (GIS) computer programme to map both staff locations. A number of different colours have been used to indicate journey to work areas of common journey time. As a final step, we used our mapping software to count the number of employees living in designated journey times.
- 4.4.3 **Royal Shrewsbury Hospital**  
Cycling and walking accessibility figures for the Royal Shrewsbury Hospital are shown in tables 10 and 11. These show the number and proportion of staff who can reach the site in the given time.

**Table 10: Cycling Journey Time to Shrewsbury Hospital by Employee**

<b>Journey Time</b>	<b>Total Number of Employees</b>	<b>Cumulative Employees</b>	<b>% of Total Employees</b>	<b>Cumulative % of Employees</b>
0-5	306	306	10	10
5-15	351	657	11	21
15-25	567	1024	18	39
25-35	418	1442	13	52
35-45	338	1780	11	63

**Table 11: Walking Journey Time to Shrewsbury Hospital by Employee**

<b>Journey Time</b>	<b>Total Number of Employees</b>	<b>Cumulative Employees</b>	<b>% of Total Employees</b>	<b>Cumulative % of Employees</b>
0-5	85	85	3	3
5-10	76	161	2	5
10-15	145	306	5	10
15-20	110	416	3	13
20-25	0	416		13
25-30	95	511	3	16
30-40	104	615	3	19

**4.4.4 Princess Royal Hospital (Telford)**

Cycling and walking accessibility figures for the Princess Royal Hospital are shown in Appendix E These show the number and proportion of staff who can reach the site in the given time.

**Table 12: Cycling Journey Time to Telford Hospital by Employee**

<b>Journey Time</b>	<b>Total Number of Employees</b>	<b>Cumulative Employees</b>	<b>% of Total Population</b>	<b>Cumulative % of Employees</b>
0-5	169	169	10	10
5-15	304	473	18	28
15-25	213	686	12	40
25-35	179	865	10	50
35-45	352	1217	20	70

**Table 13: Walking Journey Time to Telford Hospital by Employee**

<b>Journey Time</b>	<b>Total Number of Population</b>	<b>Cumulative Employees</b>	<b>% of Total Population</b>	<b>Cumulative % of Employees</b>
0-5	42	42	2	2
5-10	83	125	5	7
10-15	44	169	3	10
15-20	73	232	4	14
20-25	32	264	2	16
25-30	18	282	1	17
30-40	171	453	10	27

Source: data in Tables 10-13 from Task Note 3: Walking, Cycling and Public Transport Accessibility Planning, The TAS Partnership, 2011)

Figures 6 to Figure 11 on the following pages provide a geographic representation of staff home postcodes within reasonable walking and cycling journey times for those staff based at RSH and PRH.

## 4.5 Public Transport

- 4.5.1 As mentioned in Section 2, both Trust sites are served by bus routes provided by Arriva. As part of the travel survey, GIS was applied to postcode location data supplied by staff, to evaluate how many staff lived within a certain distance of what was considered the primary bus route to the Hospital (the 1 at RSH and the 44 at PRH). There is debate about what the 'true' maximum distance is that people are typically willing to walk from a bus stop to work or shop, but there is at least some evidence that it is highly context-dependent and not an absolute figure. Therefore, in this analysis figures of both 350m and 700m were used.

**Table 14: Access to bus routes - RSH**

<b>Distance from Bus Route</b>	<b>Total Number of Employees</b>	<b>Cumulative Employees</b>	<b>% of Total Population</b>	<b>Cumulative % of Employees</b>
350m	505	505	16	16
700m	721	1226	23	39

**Table 15: Access to bus routes - PRH**

<b>Distance from Bus Route</b>	<b>Total Number of Employees</b>	<b>Cumulative Employees</b>	<b>% of Total Population</b>	<b>Cumulative % of Employees</b>
350m	293	293	17	17
700m	483	774	28	45

Source: data from Task Note 5: Public Transport Links, The TAS Partnership, 2011

- 4.5.2 These results lie broadly in line with what was concluded with regards to cycling and walking in Shrewsbury and Telford. The inherent urban structure of Shrewsbury and its density mean that it is better placed to have a greater number of members of staff take public transport to work. While to some extent this is a function of the routes of the buses themselves, the overall structure of the urban areas is the key factor.
- 4.5.3 The ultimate impact of these geographical differences is significant. It means that deriving a single Trust Travel Policy is challenging, particularly with regard to cycling, walking and public transport. In reality, the site-specific challenges and opportunities posed by PRH and RSH require a thorough and ongoing investigation and analysis by the Travel Plan Coordinator, to ensure that any new areas of potential are pursued. While this will to some extent be discussed in section 8 under work around Active Travel, it means that the Trust must understand that an agglomeration and homogenisation of the travel problems facing it are overly simplistic.
- 4.5.4 Fortunately, the early identification of the differing needs of the sites and a dedicated Travel Plan Coordinator enables a bespoke approach to each site, recognising their fundamental differences, while encapsulated within the overall Travel Plan.

#### **4.6 Sustainable Services Programme**

- 4.6.1 The Trust is undergoing a major transformation of services (the Sustainable Services Programme- SSP) across both of its hospitals (RSH and PRH) which involves moving to a single Emergency Department at one of the sites, and a re-planning of acute services across both sites. One of the existing hospitals will become an Emergency site and the other a Planned Care site. The Clinical Commissioning Groups' preferred option is for RSH to be the Emergency site and PRH to be the Planned Care site; however this is subject to the approval of a Decision Making Business Case (DMBC) which follows the recent public consultation led by Future Fit.
- 4.6.2 The SSP project will involve a reconfiguration of clinical services across the two hospital sites with corresponding changes to workforce and patient flow. This is anticipated to have an impact on the way in which patients and staff access both of the sites and the way in which staff move between the sites, with corresponding requirements for car parking and potentially other means of transport.
- 4.6.3 The SSP project is still at an outline planning stage, and it is not yet confirmed which services will be at which site. A clinical model has been developed along with an initial workforce plan, and some high level block plans showing the potential development required at each site. Once the Decision Making Business Case (DMBC) is approved and the chosen option is confirmed the Trust and its advisors will work up the redevelopment to a further level of detail. This will include an initial view of staff and patient numbers at each site, and the potential impacts on highways, parking, and public transport. It is anticipated that this work will be undertaken by the Trust, supported by its advisors, designers, and an external transport consultant.

- 4.6.4 Prior to any development taking place a full planning application will need to be submitted and approved by the local authority, which will set out all of the above in detail. One of the likely conditions of this approval is the need for a fully up to date sustainable travel plan to be in place prior to occupation of the building(s). The SSP team, together with Estates colleagues are undertaking a review of options to meet the future parking needs on both sites following reconfiguration.
- 4.6.5 Under SSP the patient activity is anticipated to be approximately:
- Emergency site = 500,000 patients per annum (includes Inpatients, ED, UCC, OPA, Paediatric daycase, and W&C)
  - Planned Care Site = 380,000 patients per annum (includes Inpatients, UCC, OPA, and Adult daycase)
- At the time of writing, there has been no definitive workforce plans published by Future Fit.<sup>4</sup>

## 4.7 Car Park Analysis – External report

- 4.7.1 An initial transport study was commissioned by the Trust in 2016 from JMP (now Systra) which set out the current position and the potential impacts of the options being considered.
- 4.7.2 In relation to car parking this report showed that at the time of the report there were 1742 spaces at RSH with a current demand of 1701 spaces; and 1336 spaces at PRH with a current demand of 1345 spaces (although these current demand assumptions do not correspond with The Trust's own analysis which can be seen in s4.9). In the Trust's current proposed option (Option 1/ C1) there is an increase in trips to site associated with RSH becoming the emergency site which increases the demand to 2051 spaces, an increase of 409 spaces. In addition to this with the OBC stage plans the new development displaces 96 spaces (noting that this is subject to change as the build solution develops). There is a projected reduction in car parking requirements at PRH.
- 4.7.3 The proposed solution in the draft OBC is to construct a new multi-storey car park at RSH on the existing surface car park to the west of the site (near Estates). As a working assumption it has been assumed this will provide 155 spaces per storey, and needs to allow for the fact it is constructed on an existing car park which displaces 155 existing spaces. The transport study recommends the multi-storey car park provides 660 spaces across 4 storeys (8 No. half decks); although further work has shown this could potentially be reduced to approximately 540 spaces, although the numbers continue to need to be refined. The car park would have 2 No. Vertical Circulation Cores (stairs), 2 No. 13 Person passenger lifts, and be of split deck construction.
- 4.7.4 All of the above is based on the transport position when the report was written and is therefore subject to validation of the demand assumptions and improvement if the various transport initiatives described elsewhere within this Travel Plan were to be implemented.
- 4.7.5 The above numbers represent the totality of spaces (staff and public). Further work needs to be done to determine the precise split of each and to then review which car parks were allocated to whom. SSP and Estates will be leading this work, liaising closely with the Trust's Transformation Lead

---

<sup>4</sup> Source: Future Fit Consultation findings Dec-18 (p.9) <https://nhsfuturefit.org/key-documents/consultation-findings/586-summary-of-key-stakeholders-responses/file>

## **4.8 Travel impacts of reconfiguration**

### **Junction Analysis**

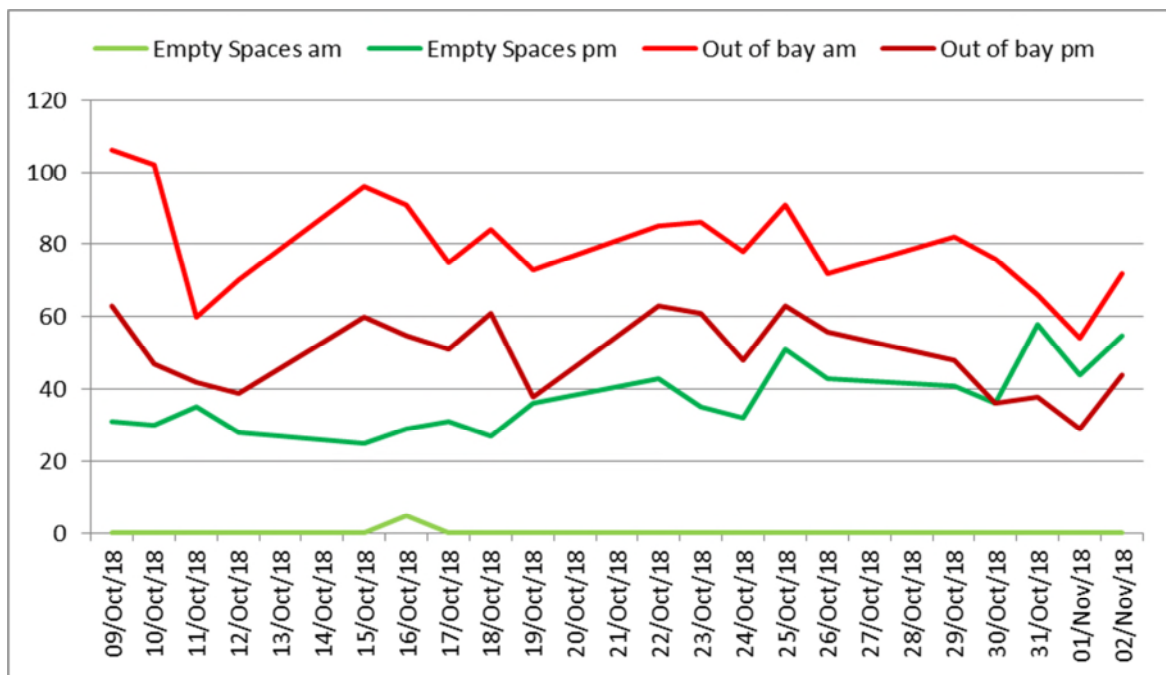
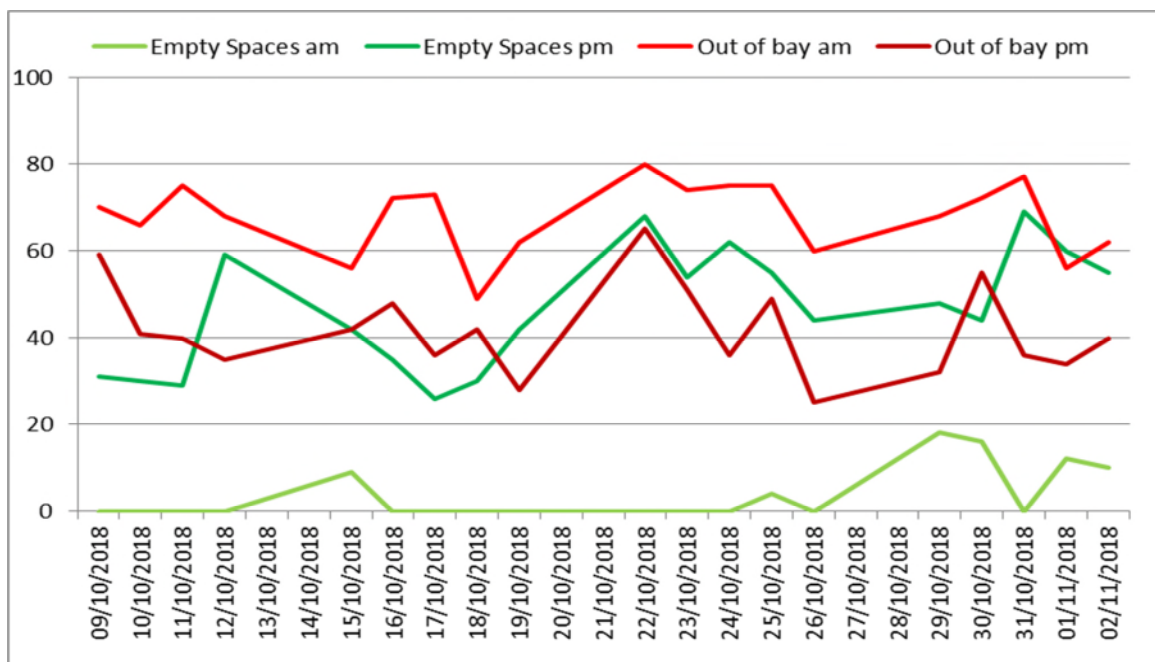
- 4.8.1 Expert detail with respect to vehicle flows, queuing and delays, public transport/active travel infrastructure and residents survey are to be provided by the Transport Consultancy Specialist to be commissioned by the SSP.

## **4.9 Car Park Analysis**

- 4.9.1 Service changes prior to FutureFit. There are a number of planned service changes which have been assessed for the impact to on-site parking requirements by the Sustainable Services team:
- Fertility service moving from RSH to Sundorne – 30 staff + approx 20 patients per day
  - Ophthalmology relocation to Copthorne-captured in data above
  - UCC/CDU works at PRH – no additional activity assumed
  - Fire works in ward block at RSH – no additional activity assumed
  - Linac replacement (Lingen Davies grant) rolling programme – no additional activity assumed
  - Macmillan info building - RSH car park - no additional activity assumed
  - Expanding Haematology waiting area in O'Connor suite -no additional activity assumed
  - Duct works at RSH - no additional activity assumed
  - Clinic 6 RSH Colposcopy upgrade - no additional activity assumed
  - Ward 35 Copthorne Building- no additional activity assumed
  - Mytton Oak Building RSH - no additional activity assumed and access to car parking spaces currently used by mental health trust

Note: whilst no additional activity is assumed as a direct result of some of these works, there is an assumed 2.8% (nationally advised) increase in activity each year. Predicted growth by speciality will be looked at in more detail at the Decision Making Business Case stage of the Sustainable Service Programme.

- 4.9.2 The current peak staff car parking demand can be over 100 vehicles at RSH and up to 80 vehicles at PRH at 10am. There is also a rise in demand due to the shift hand-over time, resulting in both night shift and day shift staff having their vehicles on site simultaneously between 2-3pm. Travel planning must use peak demand figures irrespective of in-day or in-week variation, although adjustments to service scheduling would be effective in reducing demand variation.

**Figure 5: Space monitoring RSH (Mon-Fri)****Figure 6: Space monitoring PRH (Mon-Fri)**

Figures 5 and 6 above show the variation in demand over the month of October 2018 at each hospital. The morning period is the time of highest demand where there are often no parking bays available at 10 am and there can be over 100 vehicles parked out of bays. There is also significant in-day and in-week variation which is shown in table 16, which can only be attributed to the current clinical service provision and associated working practices. Overall, it can be seen that at peak times, daily staff parking demand outstripped capacity by over 150 spaces on average across the two hospital sites during this period.



**Table 16: Staff car parking bay shortfall – variation comparing daily averages**

Daily Average Shortfall	Monday		Tuesday		Wednesday		Thursday		Friday	
	am	pm	am	pm	am	pm	am	pm	am	pm
RSH	-88	-21	-89	-21	-80	-8	-72	-10	-72	-3
PRH	-59	7	-68	-12	-73	10	-60	3	-60	18
<b>Overall</b>	<b>-147</b>	<b>-14</b>	<b>-157</b>	<b>-33</b>	<b>-153</b>	<b>2</b>	<b>-132</b>	<b>-7</b>	<b>-132</b>	<b>15</b>

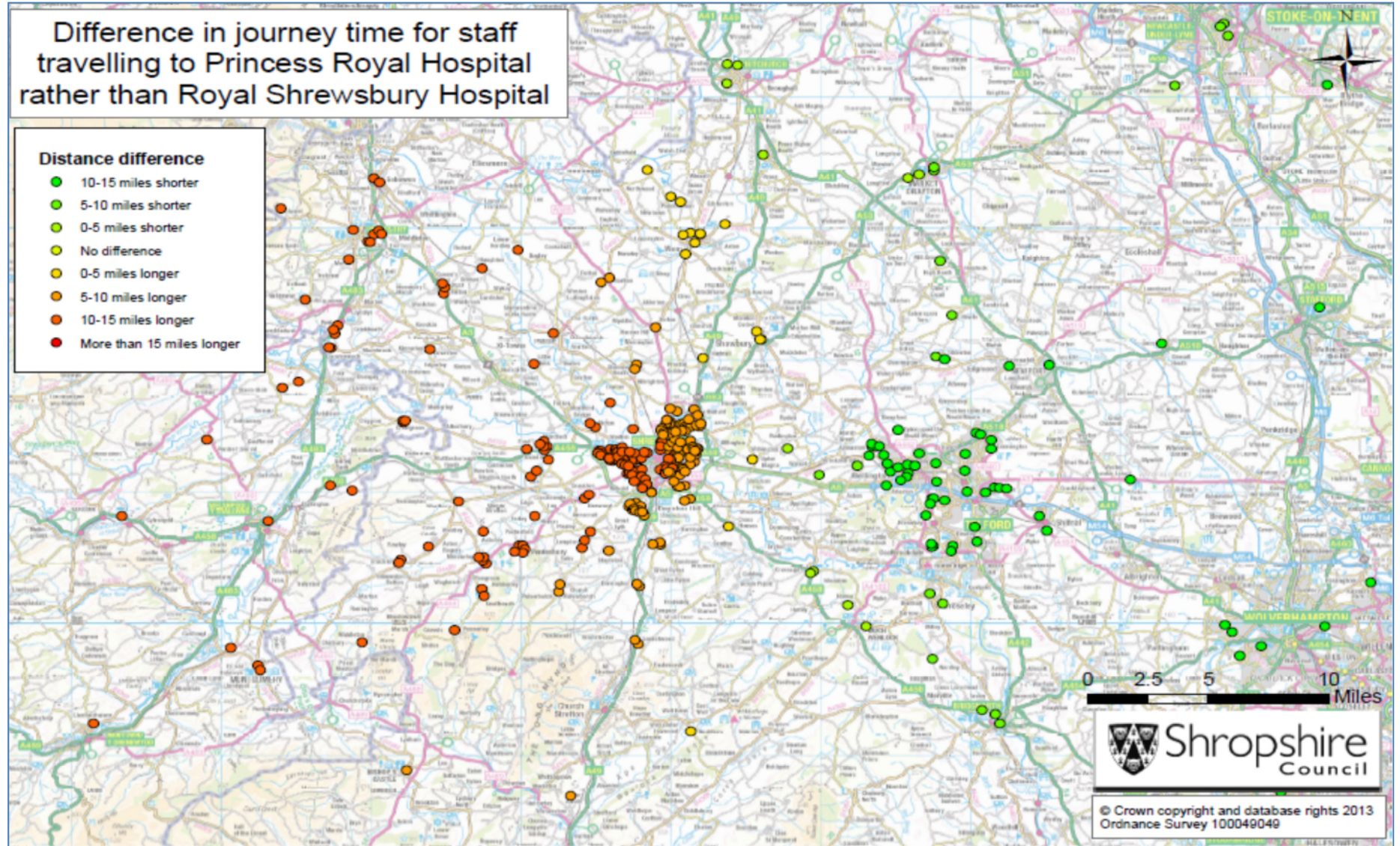
*\*Source: CP Plus daily monitoring at 10am and 3pm during October 2018*

## Staff Travel Time

- 4.9.3 As part of the previous reconfiguration of services programme, 437 staff moved from RSH to PRH for Head & Neck services and the WCC. However on further analysis, staffing numbers increased by a further 86 staff to 523.
- 4.9.4 Part of the planning process for this move involved assessing the travel impacts of the potential relocation of up to 10% of the Trusts workforce. A database of the postcodes of the staff members involved was obtained, which was then inputted into Geographical Information System (GIS) software, in order to derive both a visual output and a numerical estimate of additional mileage. This service was provided by Shropshire Council.
- 4.9.5 As can be seen in figure 12, the reconfiguration led to a significant amount of additional mileage for the Trust, as many of the employees who were moved lived relatively near to the RSH in Shrewsbury. While there are some employees who lived to the East of Shrewsbury or East of Telford, they constitute only around 90 of the 437 staff who were moved.

The Trust compensated the affected staff for additional mileage at the rate of £0.28 per mile for post-move a period of 4 years as per national Agenda for Change terms and conditions. The additional annual cost to the Trust was in the region of £200k and the compensation finished in September 2018.

Figure 7: Estimated difference in journey time for staff affected by reconfiguration



## 5 Objectives and targets

### 5.1 Travel Plan Strategy

The Trust is committed to achieving a number of goals with regards to Transport; these have been enumerated in the Travel and Transport Strategy (2012), The Good Corporate Citizen and Sustainable Development Management Plan (2014) and the planning consent for the WCC (2012).

These are:

- To reduce overall business travel by 25%
- Increase the proportion of travel undertaken in pool cars rather than grey fleet
- Achieve a score of 'excellent' in Travel standard by the Good Corporate Citizen model (now superseded by the SDU Sustainable Development Assessment Tool)
- Reduce the percentage of staff accessing PRH by Single Occupancy Vehicle (SOV) to 90% from the 95% baseline (currently c.93%)
- Carrying out an annual staff survey to monitor transport modes
- Develop a plan to reduce travel and traffic, improve local air quality and travel experience for our patients, visitors and staff
- To ensure BREEAM requirements are carried out for all new developments
- Encouraging activity in all people in contact with the NHS by encouraging Active Travel to the Trust's sites.

Many of these objectives are complementary, there is little contradiction and a joined-up holistic approach is the best way to achieve them.

### 5.2 Travel Plan Coordinator

- 5.2.1 In December 2013, SaTH appointed a AfC Band 5 Travel Plan Coordinator (TPC) in partnership with Telford and Wrekin and Shropshire Councils. SaTH has subsequently taken responsibility for the substantive funding of this post.
- 5.2.2 The TPC is responsible for developing and monitoring the success of the travel plan and implementing the various measures proposed in section 8. The TPC also has the day-to-day responsibility for liaising with the local authorities and other stakeholders with respect to travel and transport. This role has widened to include implementing the Trust's re-use of equipment/furniture resulting in an annual saving of £80k in 2018/19, winning the Trust a national Green Apple Award in 2018 for waste reduction.
- 5.2.3 The TPC is expected to work in conjunction with Telford and Wrekin Council to monitor SaTH compliance with the WCC development, in line with planning conditions relating to transport outlined under **TWC/2012/0108**, plus any future conditions with respect to service development. This partnership has already resulted in T&W Council jointly funding additional cycle shelters and upgrading shower facilities, as well as improving cycle ways and signage.
- 5.2.4 The TPC is a direct report to the Logistics Manager within the Facilities Management Directorate.

### 5.3 Travel User Group

- 5.3.1 The 'Greener Travels' user group has been set up to involve all travel users that commute to the site with an emphasis on sustainable modes of transport. This provides an ideal platform for the dissemination of information and as forum for cyclists, walkers, car-sharers, bus / rail users, motorcyclists at SaTH. It will allow users to supply ideas for areas of improvement and to articulate their concerns. It is managed by the TPC and includes representatives from the relevant local authorities and estates/facilities departments.

### 5.4 Travel and Transport Group

- 5.4.1 It is proposed that a more formalised Travel and Transport Group will be created to discuss ideas and issues relating to Transport at the Trust. It will contain representatives from Trade Unions, Clinicians, Estates, and Human Resources.

## 6 Proposed Travel Plan measures

### 6.1 Impacts of reconfiguration

When considering how to mitigate any impacts of reconfiguration and ameliorate existing issues, a number of options are being considered and evaluated, these are:

- Do nothing and continue with Reconfiguration
- Pursue flexible working
- Aim for 5% reduction in car use by active travel
- Increase investment and aim for a 10% reduction in car use via active travel
- Build new car parking capacity
- Introduce pay as you park system for staff
- Focus on car sharing
- determine effectiveness of exclusion zones for car parking permits and review exclusion conditions if necessary
- Reform the Pool Car/Grey Fleet
- A hybrid of some aspects of above changes

These can be broadly split into the following categories: **Car Parking, Sustainable Modes and Reducing the Need to Travel**

- 6.1.1 These are felt to represent the best combination of value for money, feasibility of implementation and maximum effectiveness. Recently it was decided to adopt a 'Travel hierarchy' approach within policy development, which prioritised measures which had immediate effectiveness.

- 6.1.2 The Trust's Travel Hierarchy is attached in Appendix D.

These demonstrate that the Trust has considered both the internal and external challenges that face it in deriving new Travel & Transport-related policy and this Travel Plan. Adoption of the hierarchy addresses the threats of doing nothing or failure to help managers to implement the recommendations of this plan. Further developments will be led by SSP and Estates as part of the overall planning for implementation of the FBC.

## **6.2 Marketing and Promotion**

- 6.2.1 Staff, patients and visitors should be aware of their options for travelling to our hospitals. While there has been intent to develop effective planning, particularly with regards to reconfiguration, constant development, engagement and implementation must be pursued with more discipline and Board level support. Accordingly, a travel options guide will be developed and made available in both hard copy and electronically to staff. It will also be distributed as part of the corporate induction package, as it is recognised that early interventions can positively affect travel behaviour for staff.
- 6.2.2 While travel information already exists on the intranet and external websites, this can be developed and expanded to provide a more detailed discussion of the alternatives and the environmental, financial and health implications associated with using different modes of transport.
- 6.2.3 Various areas around the Hospital sites have been found for use in promoting and providing Travel and Transport information for both visitors and staff. The information includes promotional materials for bus and rail services, a wide range of cycling and walking leaflets and referrals to other sources of information. Specifically, the contact details of the Travel Plan Coordinator are placed there, to enable a single point of contact for all travel issues at the Trust.

## **6.3 Focus on Car Sharing**

- 6.3.1 The Trust currently runs a branded car-sharing scheme operated by Liftshare. This is a free scheme designed to enable people to find partners for common journeys. In this approach, the Trust dedicates time and resources to increasing the number of car sharers on site. This is particularly useful for staff who may need to move base due to the FutureFit reconfiguration.
- 6.3.2 The Trust has dedicated a number of spaces at each site to car-sharers, initially 15-25 per site, increasing if there is sufficient demand. This will provide a visible way for people to obtain a reward by joining the car-sharing scheme. It is planned that this is combined with other incentives, such as reduced prices on permits for car sharers.
- 6.3.3 The impacts of this scheme are cumulative rather than immediate. There are additional operational challenges inherent in car sharing in a healthcare environment, particularly linked to shift timings and irregular working days, which limit the effectiveness of this option for clinical staff.
- 6.3.4 While the scheme would have limited effectiveness for some clinical workers, up to 20% of staff fall under the headings of Admin & Clerical, with a further Estates & Ancillary group often working 9am-5pm. This represents a large pool of staff members who could benefit from the scheme and correspondingly a significant potential change in parking demand.

## **6.4 Move to a Pay as you Park System**

- 6.4.1 As noted in section 2, in 2013 the Trust moved to an ANPR system of camera recognition for visitor parking. One of the side effects of this new system is that the movements of staff cars on and off site are far more easily captured than before. With only two access points for each site, this lends itself to the potential of an ANPR system to charge for staff parking. This would be on a pay as you park basis and



have a number of advantages over the current system, these being:

- It would provide make staff consider their choice to drive in on a daily basis
- It would be more equitable than the current system whereby staff members pay the same rate if they drive in 1 or 200 days of the year
- There would be the potential to give staff cheaper or free parking at times of day when it was acknowledged that accessing the site could be difficult (such as night shifts or on Sundays)
- There would be a lower administrative burden on the Facilities department to maintain the permit system

6.4.2 However, the system faces a number of challenges with regards to implementation and feasibility, particularly with payroll software and camera capture rates. After initial discussions with CP Plus, it was decided to explore existing best practice in the area, rewrite the Staff Car Parking Policy to allow for the implementation of the system in the future and review it at 6 monthly intervals to consider feasibility.

6.4.3 The current car park contract will be market-tested in 2019 and staff pay as you park will be included in the tender document as an option.

## **6.5 Pursue Flexible Working**

6.5.1 The Trust has in place a flexible working policy (HR28), which allows employees to ask managers for flexible working where it is reasonable. Flexible working represents a significant opportunity for the Trust and in particular its administrative and clerical staff (20% of the workforce) to make a significant impact on the parking issues at the Trust. For example, if 30% of eligible staff were to begin working 9 day fortnights, then the demand for parking would decrease by over 100 spaces. Even if staff simply chose to begin earlier or leave later, this would reduce demand on nearby junctions at peak hours.

6.5.2 This option will be achieved through the promotion of flexible working for employees via the Workforce Business Partners briefings for all line managers on how they should promote flexible hours. The Workforce directorate will monitor the number of employees who have requested flexible hours and report back to the TPC.

## **6.6 Achieve 5% mode share by active travel**

6.6.1 As mentioned in section 3, the Trust has increased its cycle storage capacity from 180 bicycle places to 292 bicycle places split across both sites, 198 RSH/94 PRH.

6.6.2 As part of this option, the Trust will target and further invest in additional cycling facilities at both sites. Once this has been achieved, a longer-term plan will be put into place to increase cycling capacity and improve the quality of cycle facilities. These will be guided by the travel user group, which has been re-established by the TPC.

6.6.3 These developments may require support for funding, with SaTH as a major local employer and partner in delivering sustainable transport. External funding streams will be explored by the TPC

6.6.4 Having the Greener Travels User Group to inform choices of development in the future helps to give Trust staff a real voice about where the improvements are needed around the Trust.

- 6.6.5 Walking is the other key component of active travel and one that is commonly underplayed. The TPC will conduct regular site audits, with patient and staff representatives, to identify deficient areas or routes which discourage walking access to trust sites. Small capital improvements can be targeted at these 'blockages', which will dramatically improve the pedestrian environment and experience at all Trust sites.

## **6.7 Reform the Grey Fleet**

- 6.7.1 The Trust currently operates a pool of 61 Trust vehicles which are leased to individual departments. These are theoretically available for use by all Trust staff, but are used predominantly to suit the 'owning' department's service needs exclusively. Administration of vehicle usage is paper-based and vehicle use is controlled by each owning department. Further to recommendations, the Trust is currently implementing a telematics system for all pool vehicles together with a centralised booking system in order to utilise the pool fleet more effectively.
- 6.7.2 The Trust has a fleet of c.30 lease cars, which are issued to those users required to undertake business mileage of greater than 3,500 per annum. This arbitrary figure is the financial break-even point based on the lowest vehicle tax rates. The scheme is currently being reviewed further to HMRC imposing significant increases for employer NI contributions linked to vehicle emissions. The existing lease car scheme has a lack of oversight and audit, with the amount claimed by lease holders varying from 0 miles per year to 7,000. While at the conclusion of a 3 year lease, the Lease vehicle Manager examines the claimed mileage to see whether a lease should be renewed; there is limited prior assessment of what would be the most appropriate transport in the first instance. This results in some members of staff claiming over 3,500 business miles in a calendar year. At current AfC mileage rate, this represents a significant cost to the Trust.
- 6.7.3 Grey Fleet mileage appears to have fallen from 1.13 million in 2013/14 (1.67 million if public transport rate mileage is also included) to 0.83 million in 2017. This is a significant reduction (-27%) but it is still 67% higher than in 2008/09 when it was only 497,000 miles per annum. Analysis of the grey fleet mileage suggests that 266 staff (17% of the 1,605 claimants) are responsible for 490,000 miles or 59% of the total.
- 6.7.4 The Trust introduced an electronic travel and subsistence expenses system in winter 2014 which automatically records the mileage undertaken by claimants and enables reports to line managers to be sent automatically. This has been successful in standardising mileage between locations, thereby complementing the other measures in this package.

## **7 Monitoring and Review**

- 7.1 The purpose of monitoring and review is to ensure that the Trust is complying with the conditions set forth in the planning consent or making a commitment to achieving them. Therefore, the monitoring process should include a travel survey for staff which includes questions on typical mode of travel to work along with location and typical site of work. This travel survey should have a response rate of 10-20% of headcount
- 7.2 The travel survey is the responsibility of the Travel plan Coordinator. It should be issued annually and the results of this survey will be made available.

- 7.3** The TPC will report on the annual survey and progress with the Workplace Travel Plan to the Good Corporate Citizen Group, which in turn will report to Workforce Committee, who will raise any issues at Trust Board.

### **Acknowledgements/Data Sources**

Figures 1 and 4 are taken from OpenStreetMap, © OpenStreetMap contributors copyright details at: [www.openstreetmap.org/copyright](http://www.openstreetmap.org/copyright)

Data used in Tables 1-4 was obtained from the 2011 report by Richard Armitage et al., 'Task Note 3: Walking, Cycling and Public Transport Accessibility Planning'; Task Note 8 'Reconfiguration & Staff Travel: impact of changes'

Figures 5 & 6 from CP Plus observational data, October 2018

Figure 7 was commissioned from Shropshire Council in December 2013 in conjunction with an assessment of the costs of the Reconfiguration of Services program.

Data taken from PTB Transport Statement 'Reconfiguration of Services at Princess Royal Hospital' section 3.0 'Revised Traffic Forecasts' and section 4.0 'Capacity Analysis'

Appendix E i-vi was obtained from the 2011 report by Richard Armitage et al., 'Task Note 3: Walking, Cycling and Public Transport Accessibility Planning'

Appendix 4 originally commissioned as part of a staff travel survey in 2009 and were used in the 2011 report by Richard Armitage et al.



## 8 Action Plan

Table 18: To Reduce Car Parking congestion &amp; improve air quality

Action	Responsibility	Timescale	Costs/Resources
<b>Car Sharing</b>			
Marketing and promoting car sharing website	TPC	Comms and staff engagement campaigns throughout 2019	High, TPC time
Running Events for car sharers, to provide the opportunity for potential car sharers to meet.	TPC	Monthly	TPC-Time – Tea & Coffee
Creation of additional car parking spaces for sharers	TPC / Estates	Complete	24x at RSH 14x at PRH
Issuing of Car-Share permits & policing of areas	TPC/CP-Plus	Quarter1-2, 2019/20	Low TPC & partners
Regular reporting to demonstrate effectiveness of car sharing strategy	TPC	Directorate Report - Monthly KPI	TPC-Time
Investigate opportunities to work with local Partners to reduce car use.	TPC with CCGs/SSSFT/ShropComm/LAs	Ongoing	TPC-Time
<b>Cycling</b>			
Promote general cycling to work and in local areas	TPC & Cycling partners ie Sustrans, UK Cycling, etc	Comms and staff engagement campaigns throughout 2019	Low/TPC Time
Monthly monitoring of current cycle parking facilities and usage	TPC	Monthly	Low/TPC Time

SaTH Framework Travel Plan

Action	Responsibility	Timescale	Costs/Resources
Improve current cycle infrastructure stock	TPC/Estates	Quarterly	Medium/High Capital/Car parking expenditure
Promote & monitor uptake of Cycle 2 Work scheme	TPC & current provider	Comms and staff engagement campaigns throughout 2019	Low/TPC Time
Improving local cycling environment i.e. signage and lanes.	TPC/Estates/TWC/SCC/Sustrans	ongoing	Small-scale expenditure
Promote Cycle Security	TPC/Security/Estates/Local Police	ongoing	TPC-Time
Investigate opportunities to provide discounts at cycling retailers	TPC/Health & Wellbeing	ongoing	TPC-Time
Promotion of Adult Cycle Training	TPC/outside partners	Comms and staff engagement campaigns throughout 2019	TPC-Time
Arrange cycle maintenance days i.e. Dr Bike either full service or a cost neutral service	TPC	Comms and staff engagement campaigns throughout 2019	Low cost-£300/free
Record condition of changing and storage rooms around the sites on rolling basis and undertake improvements as required, i.e. lockers, etc. Communicate to staff about changing room access and its use by staff.	TPC/Estates/HR	Quarterly report to estates Management team	Medium cost
Develop a cycle map for staff showing all cycle parking at Trust locations.	TPC/Comms Team/ Web Dev.	Annual update	n/a
Provide shared cycles & ebikes for staff use	TPC/Estates	Ongoing	Medium cost
Policy on Abandonment of Cycles	TPC/Security/Estates	Jan-19	TPC-time
<b>Walking</b>			

# SaTH Framework Travel Plan

Action	Responsibility	Timescale	Costs/Resources
To promote walking	TPC/Local walking groups (Wellington Walkers)/TWC/SCC	ongoing	Low cost
Develop local walks around both sites	TPC /SCC walking coordinator	RSH routes actioned- to publish routes on Travel Website	TPC-Time
Edit footpath & cycleway source data on OSM "Open street map" so primary data on mobile phone mapping Apps is correct.	TPC	Q1-2 2019	TPC -time
Investigate opportunities to provide dedicated motorcycle parking facilities in car park.	TPC/Estates	Complete	
Promotion of Motorcycle/scooter or electric bike training	TPC/Wheels to Work	Comms and staff engagement campaigns throughout 2019	TPC-time
<b>Other Active Travel car reduction methods</b>			
Offer personalised travel planning to staff, Students and volunteers; advertised via travel survey and roadshows	TPC	Ongoing	Low - TPC
Promotion at Health & Wellbeing events, induction days, internal conferences	Local Authorities/West Mercia Police/HR/TPC/National Active Travel Challenges	Ongoing	Low/TPC Time
Develop a Public / Staff Travel & Transport website	TPC/ Web Development team		Low/TPC Time
Investigate opportunities to provide a park and ride scheme for hospital staff at Oxon P&R.	TPC/ Public Transport Operators/Council	Ongoing as part of SSD	High Cost
Action Staff Travel survey for end of year	TPC	Q3 2019/20	Low/TPC Time
Action a Patient Travel survey	TPC/Patient experience lead/ Community Engagement Facilitator	Q1-2 2019/20	Low/TPC Time
Investigate opportunity to provide a Shuttle bus between sites.	TPC/Public Transport Operators/Council/Future Fit team	Ongoing as part of SSD	High cost

SaTH Framework Travel Plan

Action	Responsibility	Timescale	Costs/Resources
Promote Video, Audio & Web conferencing facilities	IT Telecoms	Comms and staff engagement campaigns throughout 2019	TPC/Telecoms Manager
Pay as you Park system explore best practice	TPC/ Facilities/ CP Plus	Ongoing	High
Investigate opportunities to provide discounts at local walking, cycling and leisure shops	TPC/local retailers	Promote on Website	TPC-Time
Continuous development of a Travel User group with regular updates and develop and recognisable identity	TPC	Ongoing	TPC-Time
Provide an Induction pack leaflet to new starters to the trust	TPC, Communications team/HR	Q1 2019/20	Low Cost
Locate and exploit external funding opportunities	TPC	Ongoing - TCP to report periodically to Good Corporate Citizen Group	TPC-Time
<b>Promote Public Transport</b>			
Promote public transport season tickets- bus & rail	TPC/ Public Transport Operators	Comms and staff engagement campaigns throughout 2019	TPC-Time
To develop or change bus routes to benefit staff & patients	TPC/Finance/Public Transport operators	Future Fit Travel Group	TPC-Time
Explore option of Salary sacrifice for public transport season tickets	TPC/HR/Public Transport operators	TPC/HR	TPC-Time
Promotion of Wellington Train Station as Travel asset to PRH	TPC/HR/Public Transport operators	TPC	TPC-Time
<b>Patient Travel</b>			
Promotion of Community Transport services	TPC/CTA members	Comms and staff engagement campaigns throughout 2019	TPC-Time

# SaTH Framework Travel Plan

Action	Responsibility	Timescale	Costs/Resources
Promotion of Taxi services	TPC/Taxi services	Ongoing	TPC-Time

**Table 20: Reducing the need to Travel**

Action	Responsibility	Timescale	Costs/Resources
Reform proposals of Grey and Pool Fleet	Lease Car Manager/Logistics Manager	Q3-4 2019/20	Medium cost
Review a central location for Pool fleet parking	TPC/Estates team	Q2 2019/20	Medium cost
Assess need for a centralised managed pool car fleet	TPC/Lease Vehicle Manager	Ongoing	Medium cost
Integrate electronic expenses system with travel budgets	Lease Car Manager/Assurance team	Complete	Software and running expenses
Solicit bids for centralised fleet system	Procurement team, TPC/Lease Vehicle Manager	tbc	High Cost
Trial fleet system	TPC/Departmental managers	Ongoing	High Cost
Smarter driver training	TPC/Local Authorities/Carbon Trust	tbc	Medium cost

# SaTH Framework Travel Plan

Action	Responsibility	Timescale	Costs/Resources
Review site connectivity options	TPC/Local Authorities	TPC periodic/annual report to GCC Group	To be assessed
Introduce & Monitor EV's & hybrids to existing fleet	TPC/Lease Vehicle Manager	Unknown	High Cost – pending National Government incentives
Increase awareness and uptake of Tele-conferencing systems	Telecoms Manager/Comms team/TPC/CCG	Comms and staff engagement campaigns throughout 2019	High/Medium Cost
<b>Lease Cars</b>			
Review lease car scheme	Workforce/ Lease Car Manager	Complete	-
Introduce a no-diesel policy for SaTH Fleet	Lease Vehicle Manager	Ongoing - policy amended Jan-19	-
Use new policy to evaluate need for leases as they expire	Lease Vehicle Manager	Ongoing	-
Encourage uptake of low emission cars	Lease Vehicle Manager/Salary Sacrifice scheme/TPC	Ongoing	Low or high if Charge points need fitting
Re-evaluate existing leases to find best value	Lease Vehicle Manager/Payroll	Ongoing	-

**Appendix B****NHS Staff Sustainable Travel Survey Results 2018****Introduction**

Between January and April 2018, a survey was undertaken, inviting staff to share information and thoughts about their commute to work at the Shrewsbury and Telford Hospitals NHS Trust SaTH). The purpose of the survey was to gain an understanding of staff travel habits, attempt to quantify the uptake of sustainable commuting modes with staff, identify areas for improvement, help improve air quality and make active travel choices mainstream.

An online questionnaire was designed and made available for staff at the SaTH, through global emails, links on the Trusts intranet and payslip message. Access to the survey was not limited to the Trusts own computers and staff could fill in the survey, on any device i.e. Tablet, mobile phone, etc. The survey period lasted from 19<sup>th</sup> February to 9<sup>th</sup> April 2018 and attracted a response rate of 13%. (Jelinek and Weiland (2013)<sup>5</sup> state that “The SurveyMonkey calculator, for example, states that ‘a response rate of between 20–30% is considered to be highly successful. A response rate of 10–15% is a more conservative and a safer guess . . .’, however, in simple terms, you do the best you can”).

This would suggest that a rate of 13% would provide a fair representation of staff travel behaviour. Response rates slightly improved on the 2015 survey by 6%. In comparison, both Sandwell and Birmingham Hospital Trust and South Warwickshire NHS Foundation Trust achieved a 10% response in their 2018 Travel surveys so SaTH response rates were seen as reasonable.

Survey responses indicate that staff commuting via sustainable modes across the Trust stands at 20.8%. However, using data from the new car parking permit system launched in March 2018 which considers the entire staff population; it could be as much as 25.5%.

The consolidation of single occupancy car usage by staff could be attributed to a move away from public transport, particularly the train which has seen a 0.5% decline, but also a reduction in staff cycling to work of 1.7%. Although the percentage of staff who cycle dropped to 4.1% of headcount, the Trust is above the national average of 2.8% (2011 Census data).

Walking to work remains the most popular active travel mode for staff commuters.

The Trust’s Travel survey uses a mixed methodology: multi-choice questions (quantitative) and Free Text Comments (qualitative). The data is broken down into 7 main areas: Cycling, Walking, Car-Share, Public Transport, Park & Ride, Personalised Travel Plans, Single Occupancy vehicles.

---

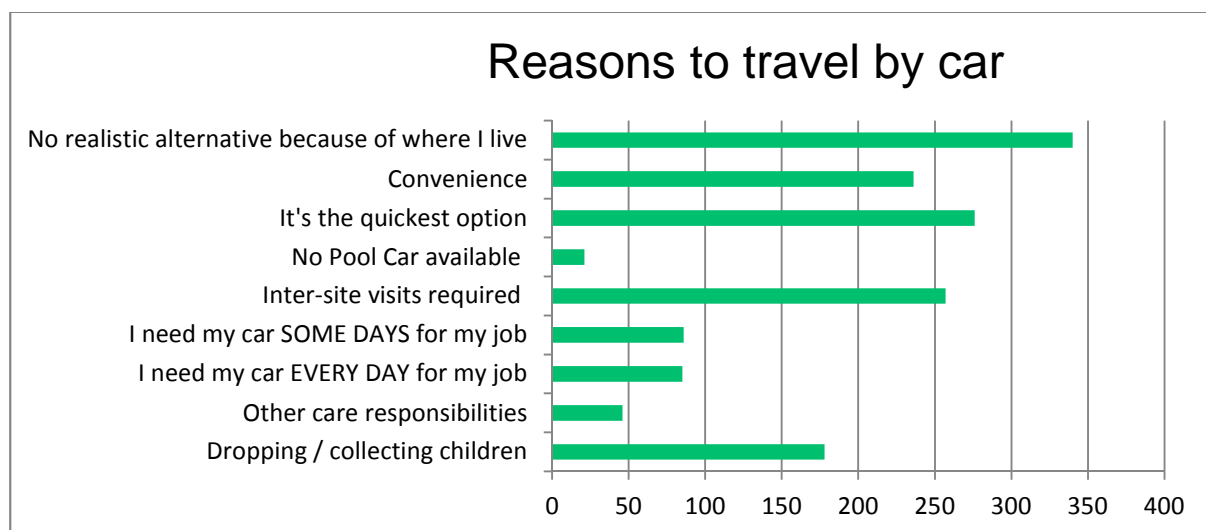
<sup>5</sup> \* Jelinek, G. and Weiland, T. (2013) 'Response from Prof. Jelinek and Dr Weiland to Surveys: Sample sizes and response rates. Emergency Medicine Australasia, vol. 25, no. 4, pp. 377-379

The table below shows the changes in Mode of Transport since 2011.

Response	Mode Share %				
	2011	2015/16	2018	2015 5% SOV reduction	% change
<b>Staff travel survey results</b>					
<b>Walk</b>	4.7%	7.8%	7.8%		0%
<b>Cycle</b>	1.3%	5.5%	3.8%		-0.7%
<b>Cycle Train</b>	not recorded	0.6%	0.3%		-0.3%
<b>Bus</b>	1.6%	2.8%	3.1%		0.3%
<b>Train</b>	1.2%	1.2%	0.4%		-0.8%
<b>Motorcycle</b>	0.1%	0.3%	0.4%		0.1%
<b>Lift in car that than goes elsewhere</b>	not recorded	not recorded	0.6%		0.6%
<b>Taxi</b>	not recorded	not recorded	0.5%		0.5%
<b>Car Share</b>	4.6%	3.3%	3.9%		0.3%

### Reasons for travelling by car

To help understand why staff commute predominantly by car, they were allowed to select a number of reasons;



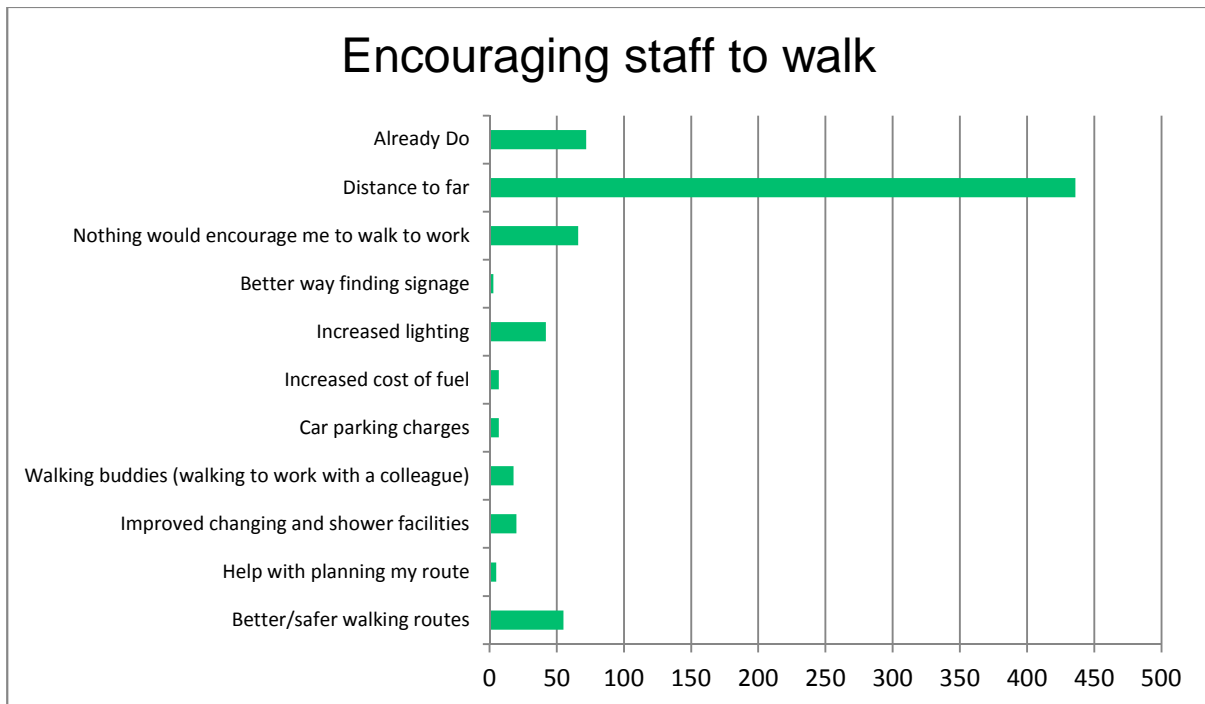
Due to the rural location of the hospitals, the majority of staff have no realistic alternative than to travel by car. 33% of staff indicated that they required a car for cross-site visits, yet only 21 staff indicated that no pool car was available. Childcare was another main reason for commuting by car, but it is noted that 77% of responders were female. However, this reflects the gender split within the SaTH workforce.

Reliance on the use of one's own car was highlighted further into the survey with 61% percent of staff using their own car for business meetings and only 12% using a pool car. This could suggest that staff find it easier to use their own car instead of going through the procedure of obtaining a pool car.



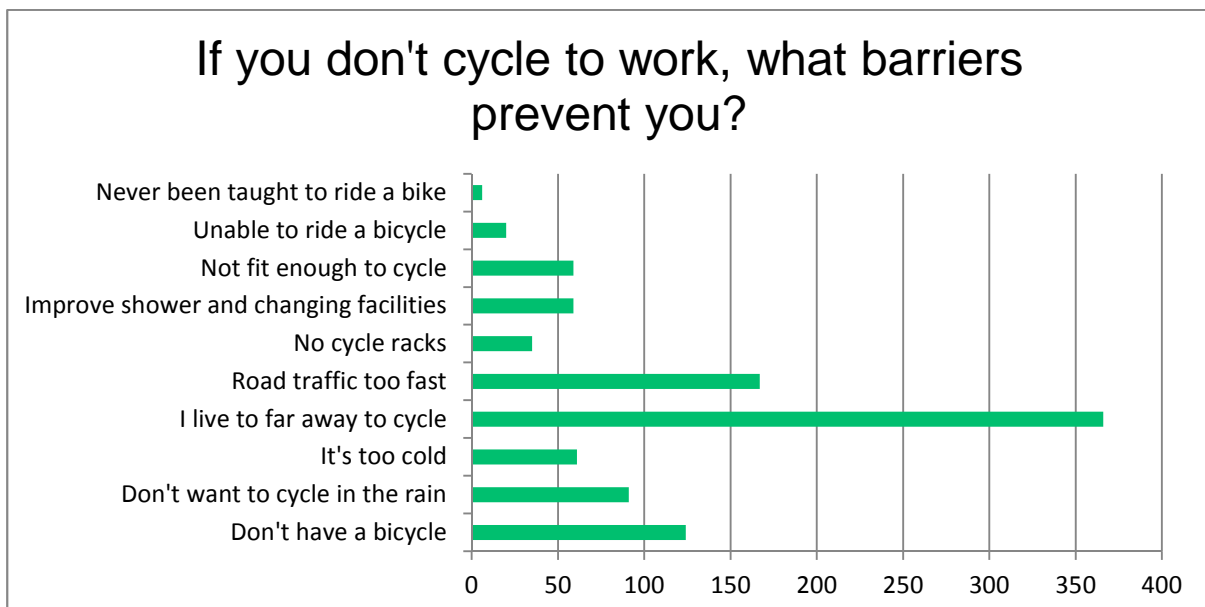
## Measures to encourage sustainable and active travel

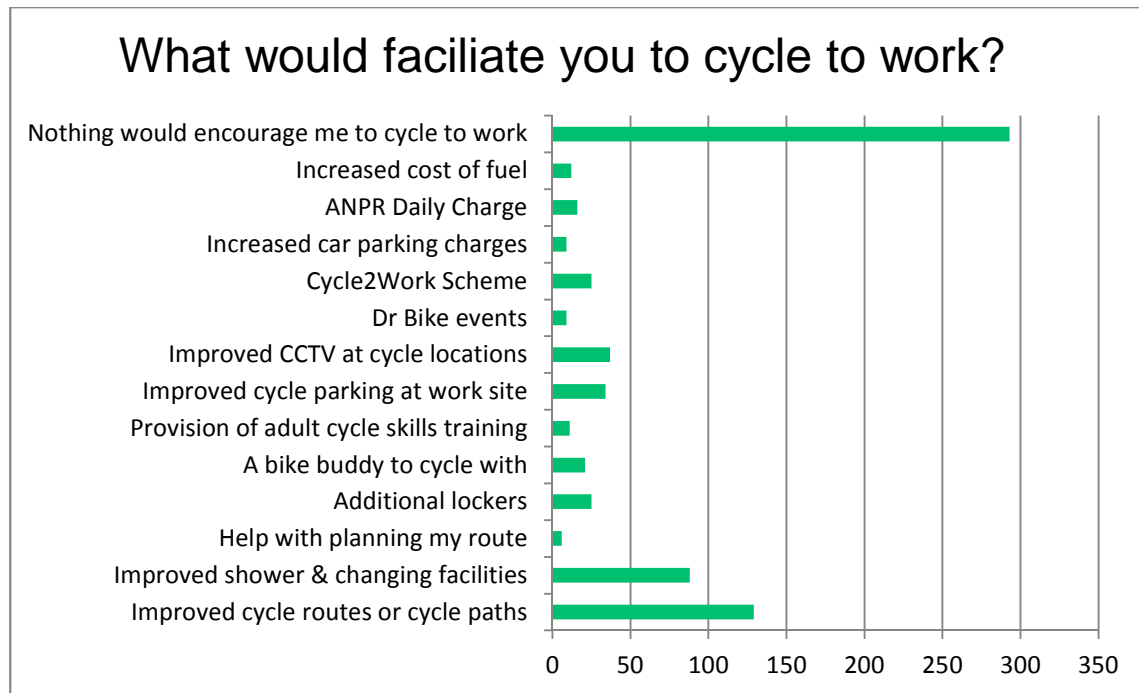
### Encouraging staff to walk



The chart shows that staff would be more motivated to walk to work if the routes into work had better lighting and security on the route. Due to the rural nature of Shropshire, 57% of staff found distance a major obstacle to walking to work. 18 staff members showed an interest in finding a walking buddy (other work colleague) to walk to work, indicating that this would warrant further research.

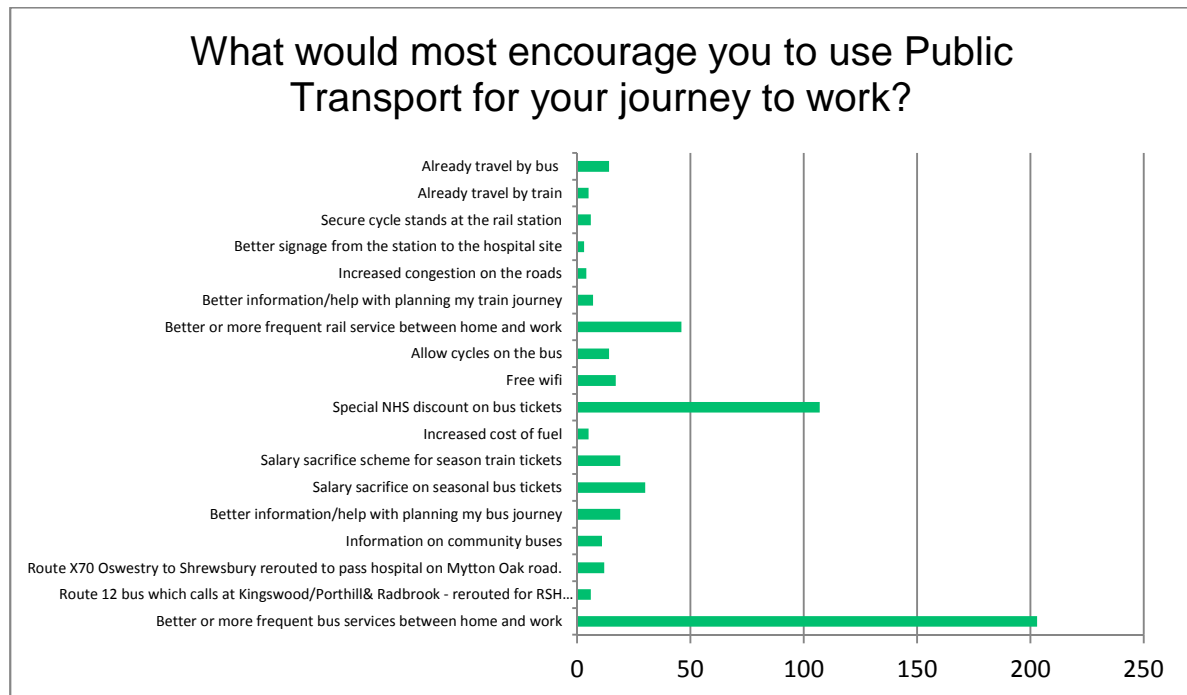
### Encouraging staff to Cycle to Work





To encourage cycling, staff would like to see improved cycle infrastructure on the main roads ie reduce the speed of traffic close to the hospital sites (17% of respondents), which suggests that the issues around road safety are the main barriers in encouraging more staff to cycle. In addition, staff felt there was a need to improve shower and changing rooms on the sites as well as providing suitable lockers. On inspection, the main changing area at the Royal Shrewsbury Hospital does require modernisation. Members of staff also highlighted their concern over lack of security (CCTV) and uncovered cycle shelters. Similar to walking, distance is also a barrier when encouraging staff to cycle, with 48% of staff stating they live too far away. This is a smaller proportion than the 57% of staff that live too far away to walk, which suggests that there is more scope to encourage staff to cycle than there is to encourage staff to walk/jog.

## Encouraging staff to travel by public transport



14% of staff indicated that they would be encouraged to travel by public transport if there was an increased discount on tickets. In addition, staff would also be motivated if there were improvements made to the frequency of public transport services. It is worth noting that the Trust already offers a large discount on Arriva Season tickets via their Employee Travel Club (ETC), so there may be scope to further publicise this.

## Encouraging staff to car share



The above chart shows that 175 staff said that finding a car share partner with similar shift patterns is paramount to considering car sharing. Further promotion is required to breakdown the perceived barriers of car-sharing, for example childcare and the need to drop off children on the commute. The Liftshare website (<https://liftshare.com/uk>) acknowledges that this is a perceived barrier to carsharing: "If children need dropping off at school or nursery, there may be opportunity to ride with someone needing the same drop-off, or someone who lives by the school for the onward journey".

### **Other transport related questions**

The survey also posed several alternative travel related questions to gauge opinion on current and future projects at the Trust.

### **Park & Ride Option**

"If parking at the RSH reached critical and unsafe levels, would you consider parking on the Oxon Park and Ride site?"

168 staff indicated they would be willing to try this facility if parking fees were discounted. Some staff also mentioned they would be willing to either walk or cycle to the facility if proper infrastructure was created ie secure cycle parking, lighting and CCTV.

### **Electric Cars**

The survey asked staff which type of car they drove. The vast majority drove petrol (51%). Diesel was 47%, hybrid 1% and only 0.27% drove electric.

Research amongst other NHS sustainability colleagues indicates that most Trusts are waiting for further guidance and grant funding from central government on e-mobility solutions. The Secretary of State for Transport (July 2018) announced a range of initiatives to promote electric cars, vans and motorcycles. The key points to note include;

- Launching a £400 million Charging Infrastructure Investment Fund to help accelerate charging infrastructure deployment.
- Increasing the grant level of the Workplace Charging Scheme from £300 per socket to 75% of the purchase and installation costs of a charge point capped at a maximum of £500 per socket.
- Taking steps to accelerate the adoption of fuel-efficient motoring by company car drivers, businesses operating fleets, and private motorists. Continuing to offer grants for plug-in cars, vans, taxis and motorcycles until at least 2020.
- Consulting on amending building regulations to require relevant charging provision in new non-residential buildings.

### **Personalised Travel Plans (PTP)**

A Personal Travel Plan is a service currently offered to SaTH staff and provides them with information, advice and the motivation to walk, cycle and use public transport more often, to get to work. People often use their cars out of habit or are not aware of the alternative options available. **140** staff indicated they would like a PTP of which **60** staff left their email and postcode contact details.

### **Open Responses**

Respondents were given the opportunity to provide qualitative comments on their travel and issues they would like to rise. 407 individual responses were received.

## Conclusions and Next steps

The results of the 2018 survey have seen a reversal in travel patterns. After seeing a decrease in single occupancy vehicle usage amongst staff in the 2015/16 survey the opposite has occurred in 2018, with a slight increase. It is suggested here that the increase could be attributed to last year's extreme cold weather conditions as it is not in line with previous years' data.

Projected figures indicated in the 2011 Travel Survey suggest that SOV should be 52% for year ending 2018. Actual data indicates the Trust is some way off achieving this target; indeed there is no evidence that other NHS Trusts have achieved SOV levels this low. Birmingham University has also seen a trend of staff moving away from sustainable travel options and in 2016, rather than achieving a 5% drop, there was a 3% rise in SOV usage. Such changes are of concern not only for pressures on car-parking spaces for staff, but also the implications this has on patient parking, as well as the Trust's commitments to carbon targets, air quality and increase road congestion.

Many staff indicated their frustrations at the inflexibility of the car parking permit system. Especially noted was the delay in implementing a daily staff charge rate or providing a provision whereby staff who usually commute using a sustainable travel option, pay a reduced day rate where they use their car in exceptional circumstances. Two major reasons for staff using their car was childcare issues or cross site working. Interestingly, many staff had not even considered pool car options, perhaps due to a fragmented fleet.

It is encouraging to see that active travel options across the sites have remained high.

Cycling has also seen a reduction, although the Trust still exceeds the national figure of 2.8% for cycling. This reduction could be in part due to the Local Sustainability Transport Fund being cancelled in 2016, which consequently meant that regular Dr Bike repair sessions were not able to be funded and shower and changing room refurbishments had to be match-funded by the Trust. Additionally, inadequate shower and changing room provision was also considered a barrier not only to cycling, but also to walkers.

Road safety was also seen as a perceived barrier and it is suggested that closer collaboration with local stakeholders, Shropshire County Council and Telford & Wrekin Council could be a solution to improving safety on the highways that approach the Hospital sites. As discussed, respondents felt that internal footpaths were unlit and uneven and this report sees this as an area that could be addressed in a timely manner with big gains, especially as walking to work is popular and the figures reported in this survey indicate that it has remained static at 7.8% over the past 2 years.

It is also encouraging to see that despite service cutbacks on rural bus routes, bus patronage has increased with each survey. A contributing factor to this success is the sale of onsite NHS discounted weekly, monthly and yearly seasonal tickets, which later transferred to Arriva's Employee Travel Club Scheme, and the opening of a second bus stop outside the Treatment centre. These are both initiatives implemented by the Sustainable Travel Plan Coordinator as a result of the last survey.

Uptake of car sharing amongst staff is minimal since being launched. Results indicate that childcare responsibilities and shift patterns are a major barrier to its uptake. The dedicated car sharing platform Liftshare has had limited signups of 375 member of which 347 are live members. It is a disappointing number, as the current car parking permit system indicates that 4100 staff registered. More work around this issue is highly recommended so that this opportunity is not missed. It is worth noting that many other trusts and universities have similar issues; some have overcome them with additional promotion of the benefits of car-

sharing and financial incentives ie reduction in car parking fee. Other trusts have opted for a basic in-house system, although it is recommended that the Trust not consider this option as the LiftShare platform provides a range of KPI's that are useful benchmarking tools.

## Response

In terms of encouraging Sustainable and Active Travel, it is recommended that the following measures are taken into consideration when updating the Sustainable Travel Plan.

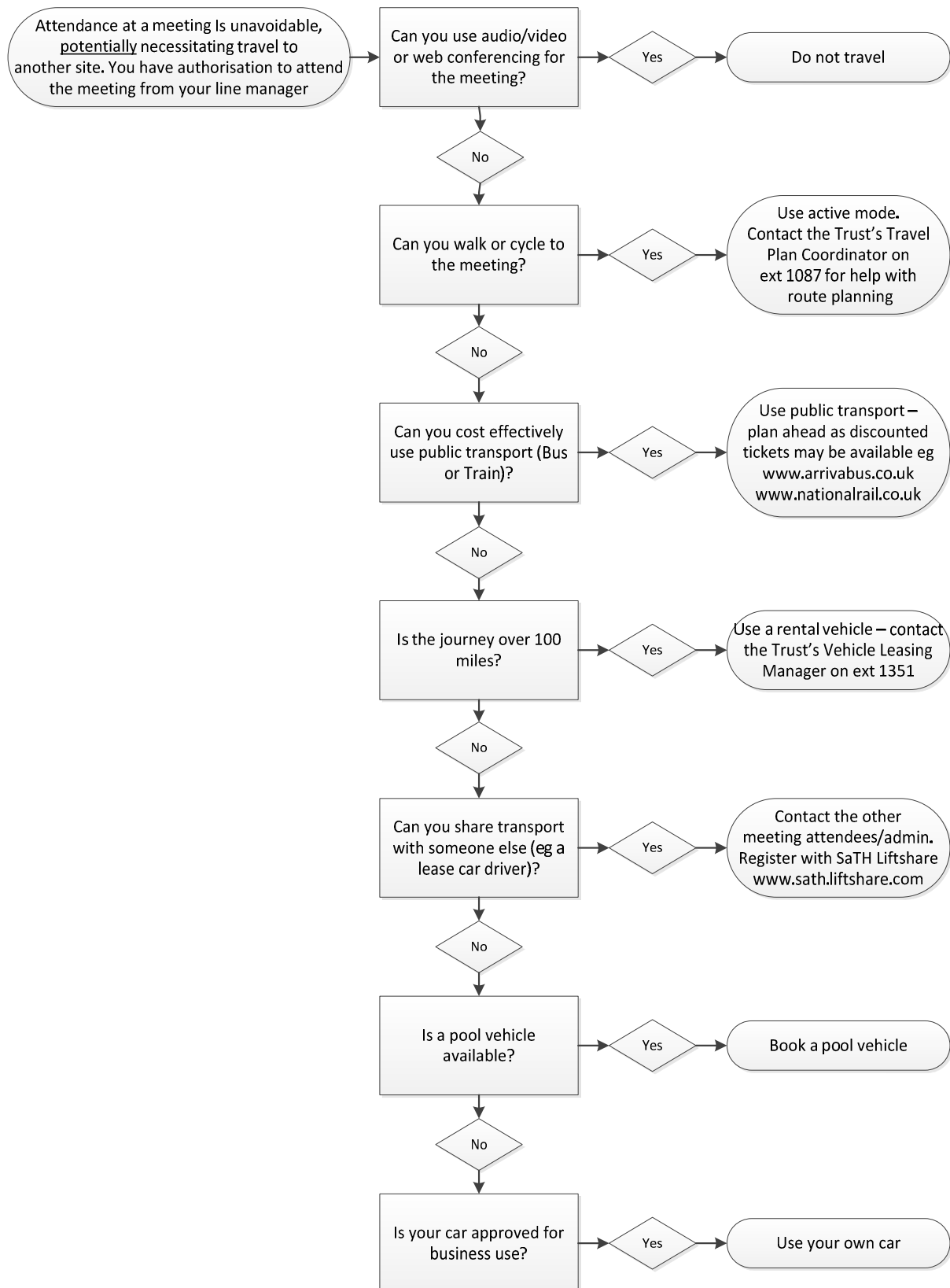
- Work with local stakeholders and SCC, TWC to improve cycle infrastructure, roundabouts and way finding routes.
- Continue to improve and promote cycle parking facilities on the sites and offer Dr Bike servicing, offer discounted d-locks to improve cycle security.
- Refurbish shower and changing rooms and promote existing resources
- Continuous promotion of the Cycle to Work scheme.
- Improve the condition and lighting around internal footpaths as they are gateways to the Hospitals.
- Offer personal alarms to walkers to increase security – check if batch given free via Warp-It from the Ministry of Justice are suitable..
- Work with partners to increase bus patronage, service routes, SCC, T&WC, and bus companies and explore shuttle bus options.
- Explore the option of offering salary sacrifice on seasonal bus tickets as it is currently offered for cycles and electronic items
- Continuous promotion of the ETC scheme and explore similar schemes with other bus companies.
- Improve facilities for motorcyclists ie drop kerbs, sheltered parking. Work with salary sacrifice partners to include motorcycles (4 motorcycles = 1 parking space)
- Further encourage car sharing as follows
  - Promote the Trust's dedicated car sharing scheme Liftshare
  - Consider discounted permits for people who car share regularly
  - Consider a collaborative approach with other local NHS Organisations and possible SCC & TWC in order to increase the potential pool of car sharers.
  - Directly contact the 4000 permit holders about Liftshare platform and its benefits

The Trust may also consider some **additional mechanisms** in order to address the pressures that surround car parking and discourage SOV.

- More flexible home working arrangements to reduce the need for staff to travel.
- Provide support for occasional car users. Currently occasional users or potential occasional users **must be full time permit holders**- no middle ground is available

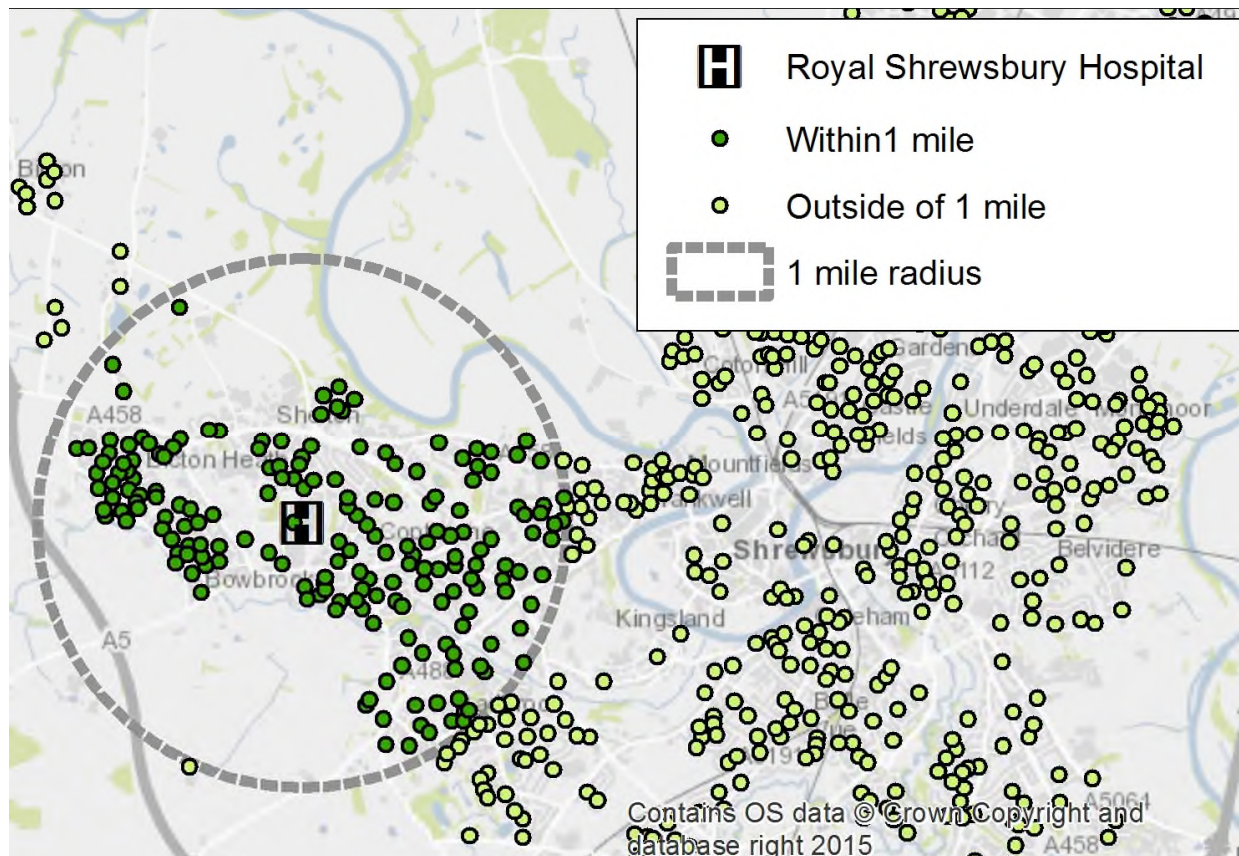
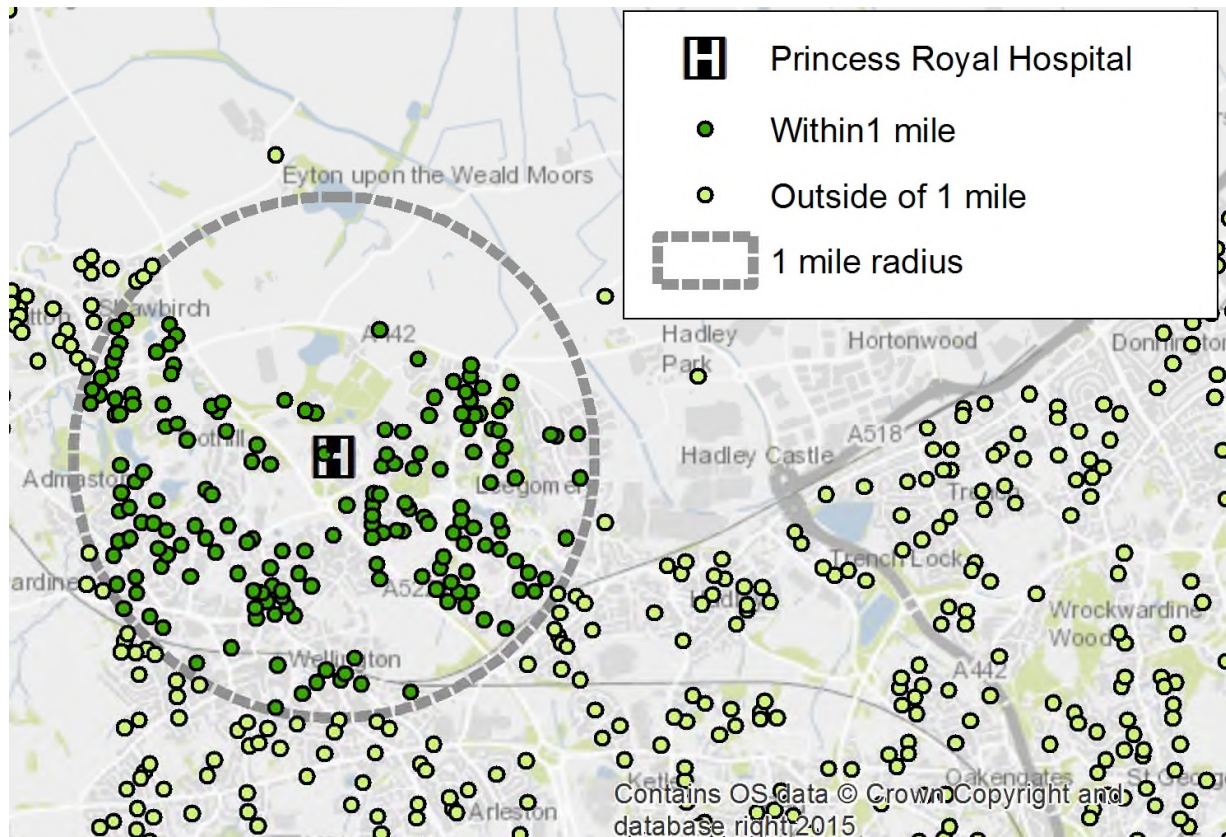
- Explore the possibility of Park and Ride options at the Oxon site ie;
  - 'Park n Stride'
  - 'Park n Cycle'
  - 'Park n Ride'
  - Financial incentive to use the site ie Free or discounted parking for staff.
- Offer a free Personalised Travel Plan to staff with an incentive ie
  - Free coffee vouchers if you car- share
  - Free piece of fruit and bottle water if you try cycling to work
  - A free day return ticket on the bus
  - A Free pedometer if you walk to work.
- Provide an onsite recharge point for electric vehicles when government funding becomes available, helping to improve local air quality.

Travel Hierarchy Decision Tree



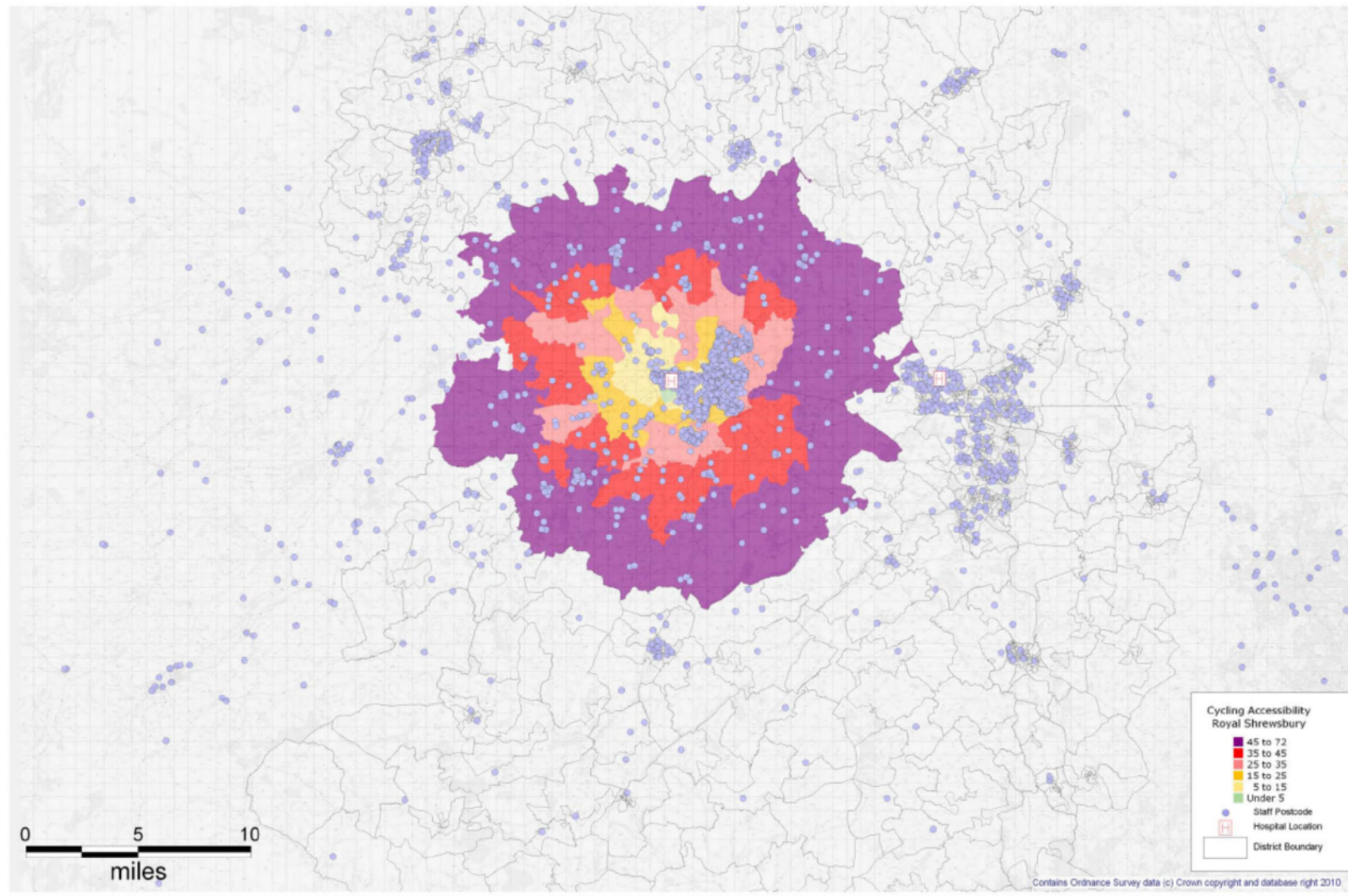


SaTH staff – residential mapping to place of work

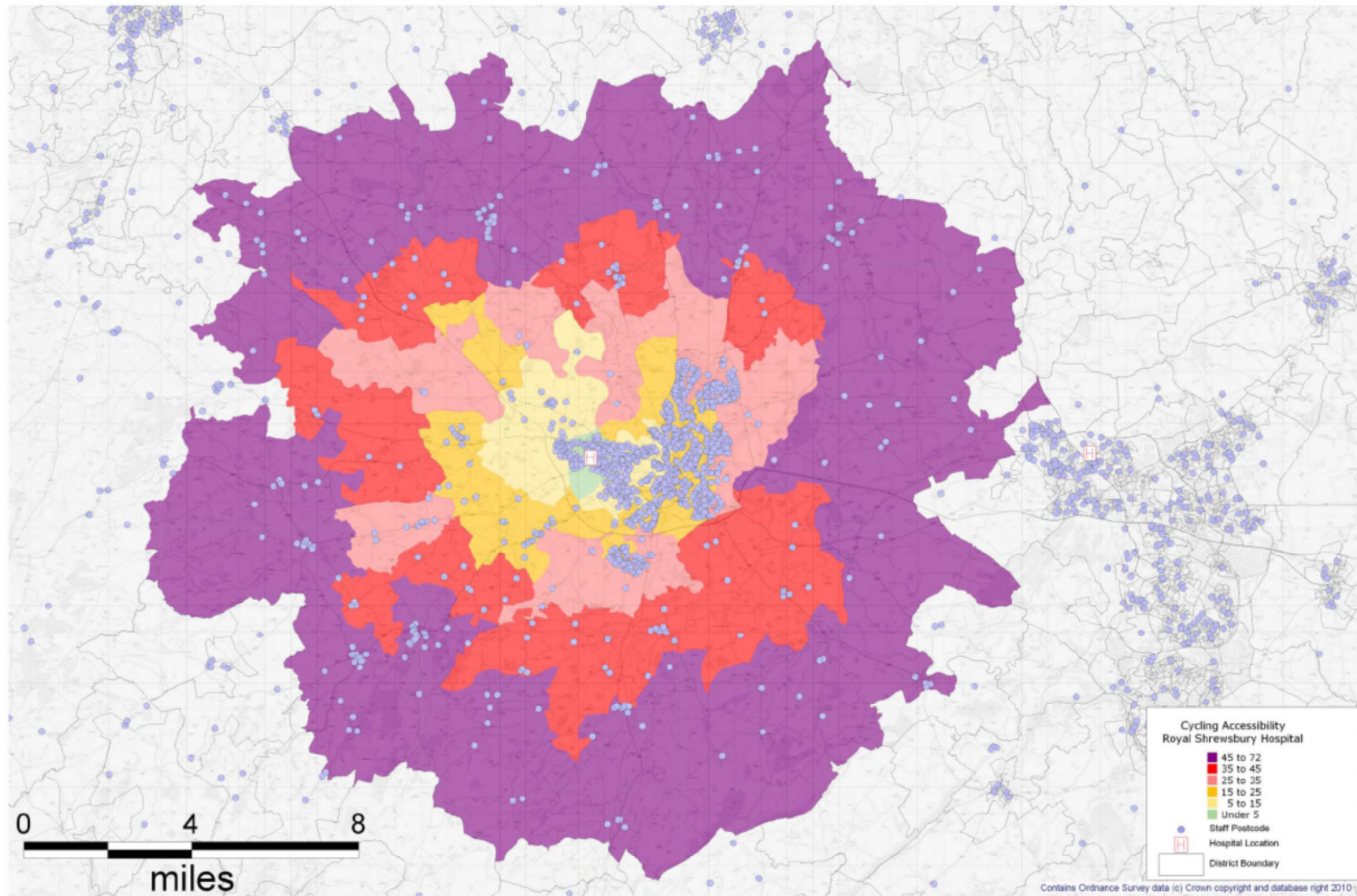




i) Royal Shrewsbury Hospital: Cycling Accessibility (Larger Area, Smaller Scale)

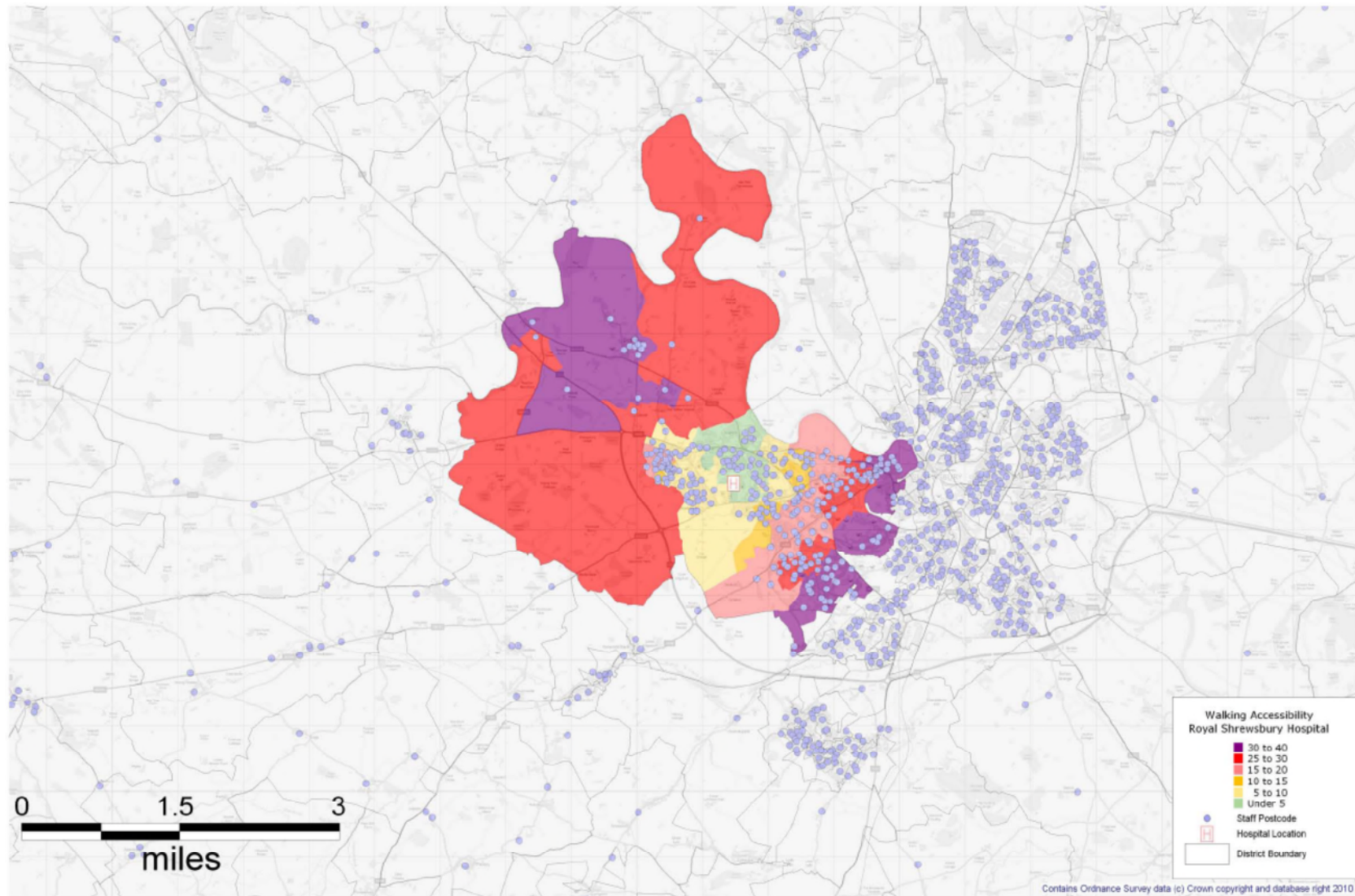


ii) Royal Shrewsbury Hospital: Cycling Accessibility (Smaller Area, Larger Scale)

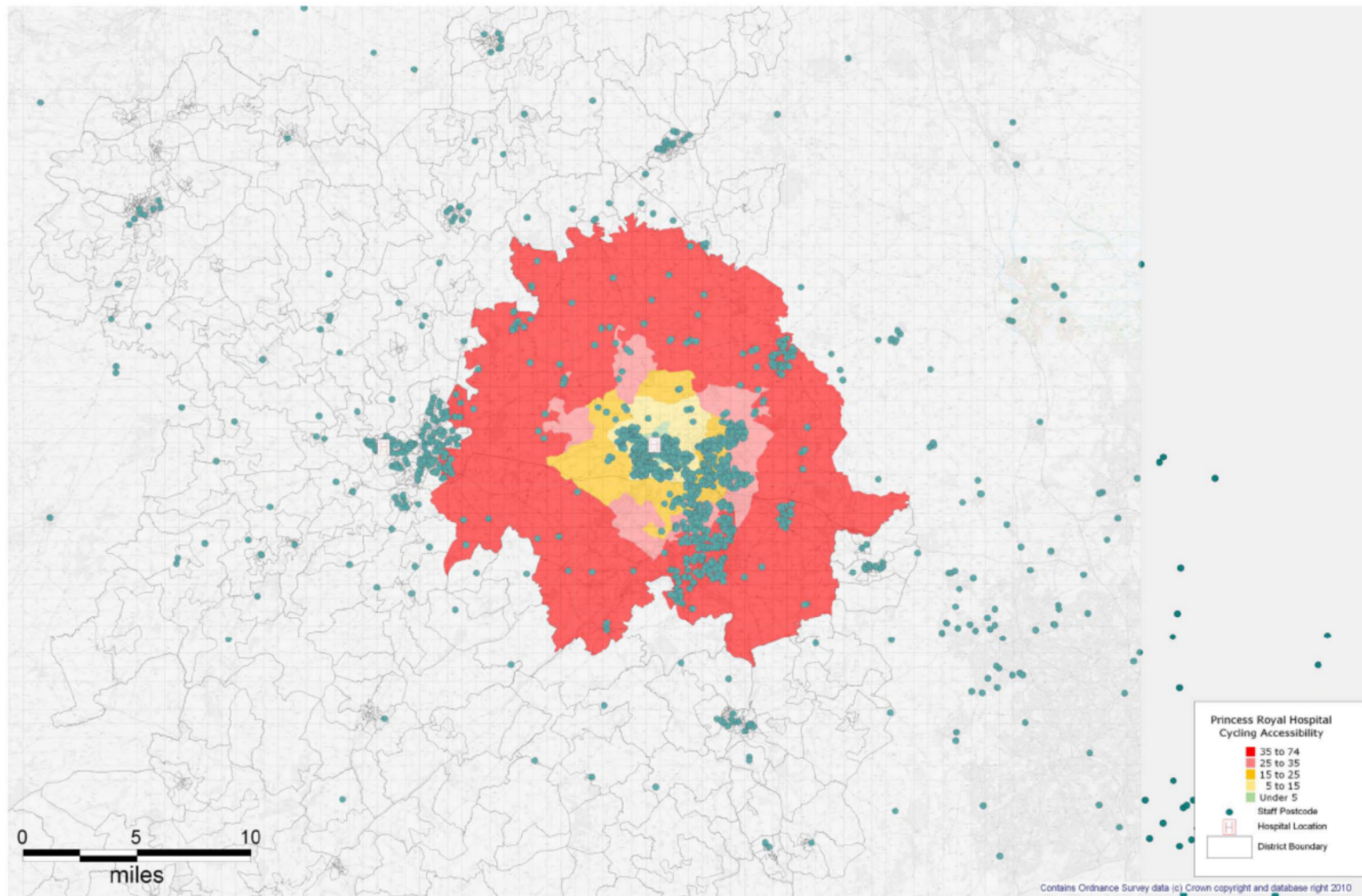




iii) **Royal Shrewsbury Hospital: Walking Accessibility (Smaller Area, Larger Scale)**

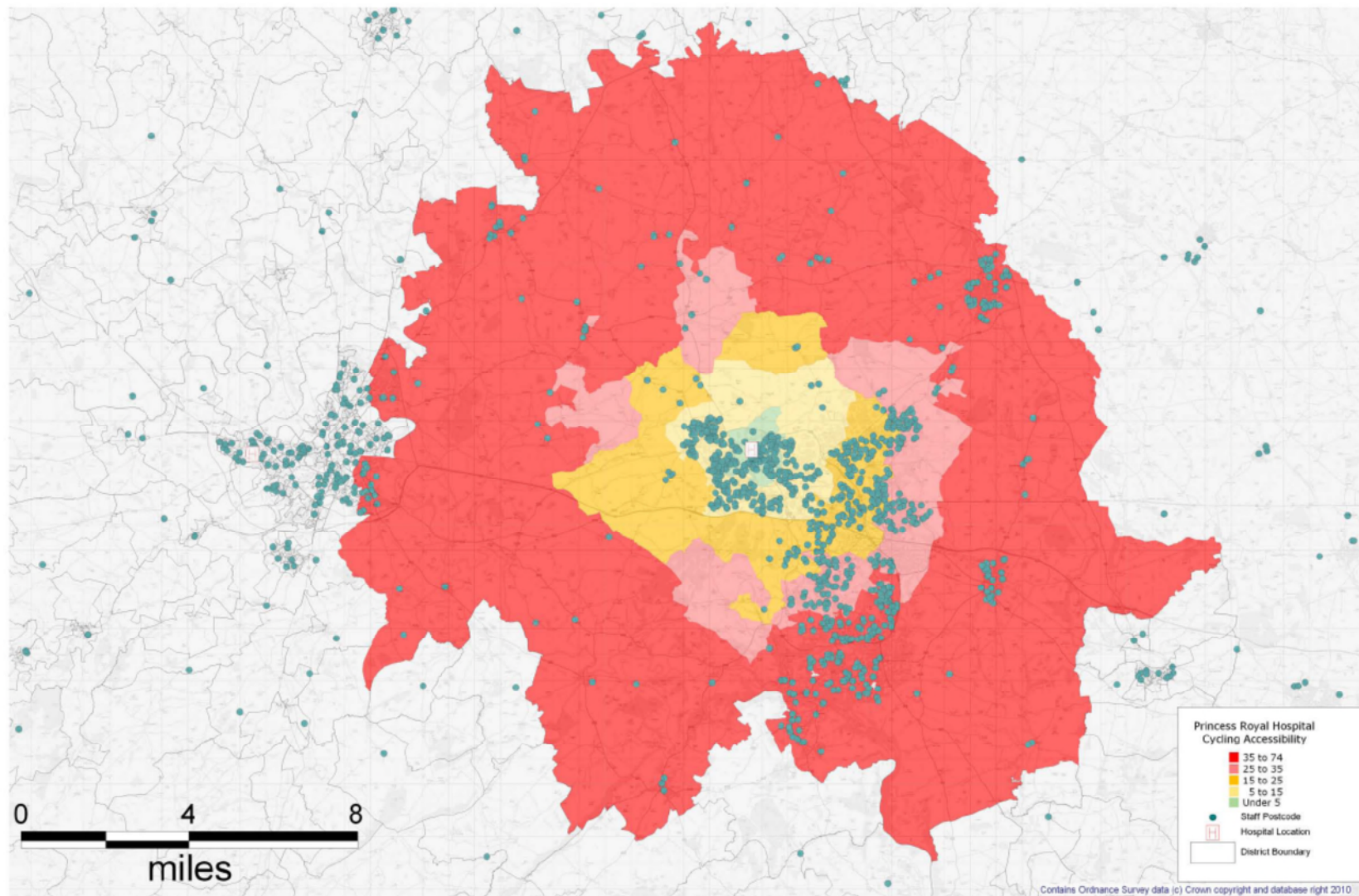


iv) Princess Royal Hospital, Telford: Cycling Accessibility (Larger Area, Smaller Scale)





v) **Princess Royal Hospital, Telford: Cycling Accessibility (Smaller Area, Larger Scale)**



vi) **Princess Royal Hospital, Telford: Walking Accessibility (Smaller Area, Larger Scale)**

