

Wythenshawe Hospital Travel Plan

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- Plan 78274-CUR-00-XX-DR-TP-06001-P01 – Location Plan – Regional**
- Plan 78274-CUR-00-XX-DR-TP-06002-P01 – Location Plan – Local**
- Plan 78274-CUR-00-XX-DR-TP-06003-P01 – Accessibility – Pedestrian Catchment Plan**
- Plan 78274-CUR-00-XX-DR-TP-06004-P01 – Accessibility – Cycle Catchment Plan**
- Plan 78274-CUR-00-XX-DR-TP-06005-P01 – Accessibility – Public Transport Plan**

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- Appendix A – Summary of Policy and Guidance**
- Appendix B – Trust Car Park Policy**
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- Appendix D – Travel Plan Initiatives that Have Been Implemented**

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Quality Assurance

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Communication plan	The Travel Plan will be uploaded onto the staff intranet, and a link to the document will be circulated to staff via promotional emails / newsletters as and when necessary. New joiners will also be sent a link to the Travel Plan.	
Document review arrangements	This document will be reviewed by the author, or a nominated person, annually.	

Introduction

Background

This Travel Plan has been prepared by Manchester University NHS Foundation Trust (MFT) (the 'Trust'), in conjunction with Curtins, for Wythenshawe Hospital.

Figure 1 below shows the location of Wythenshawe Hospital in the context of the surrounding neighbourhoods:

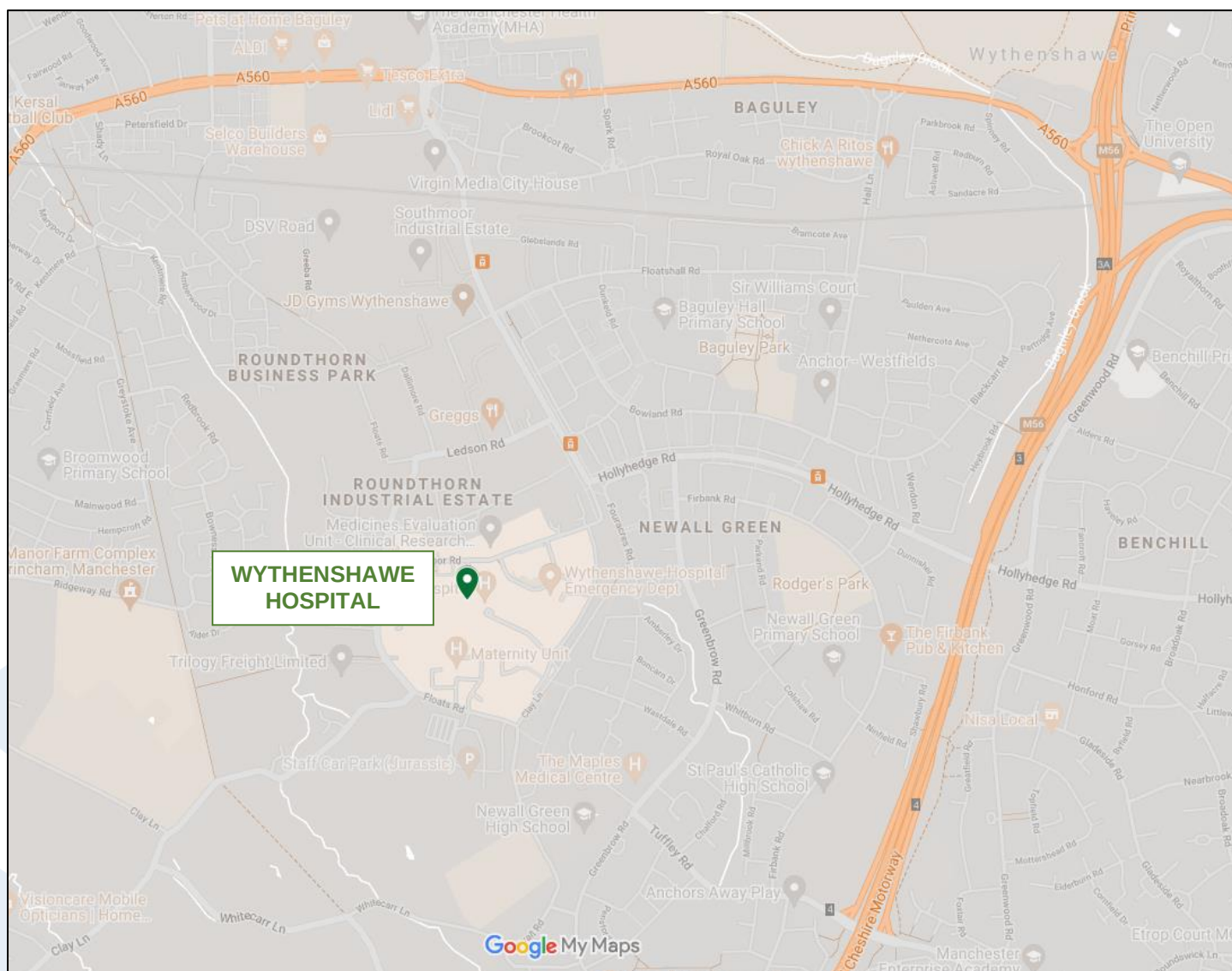


Figure 1 – Location of Wythenshawe Hospital

(Source: Google Maps, 2021)

The Trust has also developed a Strategic Regeneration Framework (SRF) for Wythenshawe Hospital which has been approved by Manchester City Council's Executive on 17th March 2021. As part of the SRF, the hospital site will form the centre of a new sustainable health village, which also offers enhanced employment, leisure and retail opportunities to the Wythenshawe community. These changes are expected to be undertaken over the course of the next 10 – 15 years.

What is a Travel Plan?

A Travel Plan is defined by the Department for Transport (DfT) and by the Ministry of Housing, Communities & Local Government (MHCLG) (formerly DCLG – the Department for Communities and Local Government) as:

“A long-term management strategy for an organisation or site that seeks to deliver sustainable transport objectives and is regularly reviewed.”

Source: *National Planning Policy Framework*, DCLG, 2019.

In essence, a Travel Plan is intended to encourage people to choose alternative transport modes (such as public transport, walking, cycling and car share schemes) over single occupancy car use and, where possible, reduce the need to travel at all. Such a plan should include a range of measures designed to achieve this goal.

There are different types of Travel Plan. Interim and Framework Travel Plans are typically prepared to support development proposals, prior to the construction and operation of a site. A Full Travel Plan is typically prepared post-occupation when travel survey data can be collected relating to the occupants at the site.

Document Purpose

This report is a Full Travel Plan, which is prepared upon construction and operation of a site. It includes a list of measures that are being / will be implemented to affect modal choice, and a management strategy for implementation of these measures.

MFT was formed on 1st October 2017 following the merger of Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM). The Trust has previously commissioned AECOM to produce a Travel Plan for Wythenshawe Hospital in 2015. The Travel Plan was subsequently updated in 2018 and 2020 by MFT. The most recent update of the Travel Plan (in 2020) includes:

- An action plan of new travel plan measures to be considered from June 2020 onwards;
- A background of the hospital and its planning history;
- A breakdown of national and local transport-related policies;
- An assessment of existing pedestrian and cycle infrastructure, and accessibility across the site;
- A summary of car parking provision and policy;
- Identifying modal shifts using staff postcode plots, with analysis of staff travel surveys in 2019;
- A package of measures that have been / are being implemented as of June 2020;
- Mode share targets; and
- Travel Plan Coordinator (TPC) and monitoring details.

The contents of the previous Travel Plan will be referenced and updated (where applicable) in this Travel Plan.

This document is a mechanism to deliver the Trust's Healthy Travel Strategy. The overall vision of the Healthy Travel Strategy is to *“make sustainable travel choice, a natural choice. As a healthcare provider we must ensure we are helping to protect the health and wellbeing of the populations we serve. Travel choices can deliver a wide range of benefits including air quality improvement, reduced climate change impacts, support healthy lifestyles and mental health benefits”*.

The strategy covers staff commuting, patient and visitor travel, business travel and fleet transport. It will follow the travel hierarchy, focusing on reducing the need to travel, supporting an increase in active travel journeys, and reducing single occupancy vehicle journeys.

Transport for Greater Manchester (TfGM) endorses the need for Travel Plans to reduce the impact of transport on the local environment, to improve accessibility and to encourage active travel which improves peoples' health. According to TfGM's document 'Transport for Sustainable Communities: A Guide for Developers', a Travel Plan should achieve:

- *"A reduction in car use (particularly for single occupancy trips) and increase travel by sustainable modes, namely active travel and public transport;*
- *A reduction in the impact of the generated traffic, both in the immediate neighbourhood and on the wider highway network;*
- *Safe access for pedestrians and cyclists; and*
- *A coordinated approach to developing and implementing realistic travel options."*

Source: *Transport for Sustainable Communities: a Guide for Developers*, TfGM, 2013.

This Travel Plan has been written with reference to the above statement and the following policy and guidance documents:

- National Planning Policy Framework, DCLG, 2019;
- National Planning Practice Guidance, MHCLG, 2014;
- Sustainable Development Management Plan, Public Health England, 2020;
- Greater Manchester Transport Strategy 2040, TfGM, 2021; and
- Good Practice Guidelines: Delivering Travel Plans through the Planning Process, DfT, 2009.

The following supplementary guidance documents published by the National Institute for Clinical Excellence (NICE) in relation to how physical activity, health and well-being and also active travel are encouraged within public bodies have also been considered in the production of this Travel Plan:

- PH13 – Physical Activity and the Workplace, 2008;
- PH41 – Guidance on Walking and Cycling, 2012; and
- NG90 – Physical Activity and the Environment, 2018.

A summary of the key points from the Healthy Travel Strategy and the above policy and guidance documents is included in **Appendix A**.

Document Structure

Following this introductory section, the **Travel Plan Benefits** section of the report provides background information on the benefits which can be derived from a successful Travel Plan. It also sets out keys aims and objectives for the Travel Plan process.

The remainder of the document considers all elements of the Travel Plan pyramid, provided in Figure 4.2 of the DfT's guidance document titled 'Good Practice Guidelines: Delivering Travel Plans through the Planning Process'. The Travel Plan pyramid is replicated as follows:

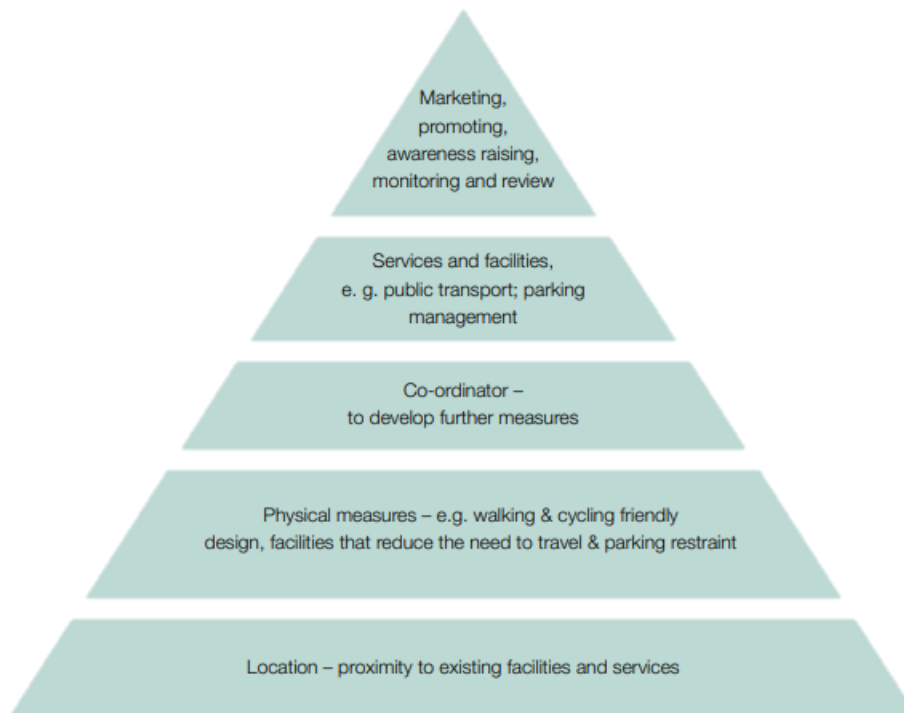


Figure 2 – Travel Plan Pyramid
(Source: DfT)

The **Existing Situation** section describes the existing transport conditions at and surrounding the site, whilst the **Accessibility by Sustainable Modes of Travel** section assesses the accessibility of the site by walking, cycling and public transport modes.

The **Travel Plan Initiatives** section outlines various initiatives that will be implemented to encourage maximum uptake in sustainable modes of travel, whilst the **Targets** section outlines the Travel Plan targets and indicators.

The **Monitoring and Review** section provides details on the monitoring and review process, responsibility and management of the Travel Plan, and the role of the TPC. The **Action Plan** section concludes the report by providing an Action Plan to support the implementation and ongoing management of the Travel Plan.

Travel Plan Benefits

Introduction

The benefits from a Travel Plan can be broadly categorised under four main headings:

- Environmental Benefits;
- Health Benefits;
- Financial Benefits; and
- Social Benefits.

This section explores just some of the improvements which can be made during a successful Travel Planning process.

Environmental Benefits

Climate change is a global issue that affects all nations. According to a report published in 2018 by Public Health England, titled 'Reducing the Use of Natural Resources in Health and Social Care', 3.5% (9.5 billion miles) of all road travel in England in 2017 related to patients, visitor, staff and suppliers to the NHS, contributing around 14% of the system's total carbon emissions. This includes approximately 4% for business travel and fleet transport, 5% for patient travel, 4% for staff commutes and 1% for visitor travel.

MFT declared a Climate Emergency in 2019 and committed to fast tracking action on climate change and delivery of sustainable healthcare, whereas NHS England has also committed to net zero for the emissions controlled directly (the NHS Carbon Footprint) by 2040, with an ambition to reach an 80% reduction by 2028 to 2032.

Data on greenhouse gas emissions provided by the Department for Transport also show that carbon emissions from domestic transport account for one third of the UK's net domestic emissions. Over 90% of domestic transport emissions arise from road transport. How people travel will therefore play a key role in the UK's carbon reduction agenda as follows. On a national scale, the British Government has pledged to play its part in reducing emissions which are harmful to the earth by setting carbon reduction targets:

"A net-zero greenhouse gas emissions (GHG) target for 2050 will deliver on the commitment that the UK made by signing the Paris Agreement. It is achievable with known technologies, alongside improvements in people's lives, and within the expected economic cost that Parliament accepted when it legislated the existing 2050 target for an 80% reduction from 1990."

Source: *Net Zero: The UK's contribution to stopping global warming*, Committee on Climate Change, 2019.

A coordinated Clean Air Plan is being developed by all 10 local authorities in Greater Manchester to tackle air pollution, and in particular, nitrogen dioxide (NO₂) exceedances. Several measures have been proposed to help reduce roadside NO₂ levels as effectively as possible, while also protecting local people, businesses and the economy. These include:

- **A Greater Manchester Clean Air Zone** – a daily penalty applied to non-compliant vehicles (buses, coaches, heavy goods vehicles, taxis, private hire vehicles, vans and minibuses) driving into, inside and through Greater Manchester via local roads (not motorways);
- **A multi-million-pound funding package** – Government-funded schemes for people and businesses who own vehicles that would be subject to the Clean Air Zone penalty to upgrade to a cleaner vehicle; and

- Trebling the number of **electric vehicle public charging points**.

In January 2021, TfGM published a 2040 Vision for Transport to develop flexible and customer-focused travel choices, supported by smart information, ticketing and payment systems, across a truly integrated Greater Manchester transport network. This Transport Strategy outlined that road transport is responsible for 80% of NO₂ pollution at the roadside, where it is most damaging to health, and that the cost of congestion in Greater Manchester has been estimated by TfGM to be £1.3 billion per year.

The Transport Strategy states an ambition for a well-connected, zero carbon Regional Centre at the heart of the North. The Strategy is therefore aiming for 90% of morning peak trips into the city centre to be made on foot, by bicycle or public transport before 2040. The travel planning process can support this aim by encouraging active and sustainable travel behaviour.

Under Policies 3, 4, and 10, the Transport Strategy states that TfGM will:

- *“maintain a programme of interventions encouraging people to make sustainable journeys. We will support this programme through journey planning tools, and information to encourage travel behaviour change and mode shift, in order to make the most efficient use of available capacity (particularly during peak periods);*
- *work with developers to ensure that new developments are accessible by sustainable modes, and to reduce transport emissions and impacts on the highway network.*
- *work with partners to reduce transport carbon emissions to support Greater Manchester's ambition to be net zero carbon by 2038; and to implement measures to ensure our transport system is resilient to climate change.”*

Source: *The Greater Manchester Transport Strategy 2040*, TfGM, 2021.

In July 2019, a motion asking Manchester City Council (MCC) to formally declare a ‘climate emergency’ was agreed, making sure that all key decisions are taken to create a thriving, healthy, zero carbon city in line with the Draft Manchester Zero Carbon Framework (2020 – 2038). The framework details MCC’s commitments to limiting the impacts of climate change by adopting and meeting objectives such as:

1. *“Carbon Reduction and Contributing to the Paris Agreement*
2. *Improving (our) residents’ health, wellbeing and quality of life*
3. *Creating good jobs, supporting successful businesses and attracting investment.”*

Source: *Draft Manchester Zero Carbon Framework*, MCC, 2019.

Encouraging people to make smarter choices in the way they travel can significantly reduce the impact that a particular site or organisation makes on the environment.

Health Benefits

A reduction in polluting vehicles on the roads surrounding the site will mean better air quality throughout the local area. There are also well documented health benefits associated with active travel, and activity levels across the UK could still be improved:

"66% of men and 58% of women aged 19 and over met the aerobic activity guidelines of at least 150 minutes of moderate activity or 75 minutes of vigorous activity per week or an equivalent combination of both, in bouts of 10 minutes or more.

26% of men and 27% of women were obese. The proportion of adults who were obese has been similar since 2010."

Source: Health Survey for England, DoH, 2016.

Regular moderate physical activity (including walking and cycling) can help prevent and reduce the risk of cardiovascular disease, cancer, obesity, diabetes, stroke, mental health problems, high blood pressure, and musculoskeletal problems. This emphasises the importance of active travel in promoting healthy lifestyles.

In 2018, Public Health England published an edition of 'Health Matters' focusing on air pollution, and noted that poor air quality is the largest environmental risk to public health in the UK. Based on the study, road transport contributes to 33.6% and 12.4% of all nitrogen dioxide (NO₂) and particulate matter (PM) emissions, which are major components of urban air pollution. The short-term effects of air pollution can include exacerbation of asthma, and cough, wheezing, and shortness of breath; whereas long-term effects include stroke, lung cancer, respiratory conditions, and cardiovascular diseases.

"In addition to communicating the right messages to patients, the health service must no longer be a major polluter itself. The NHS Sustainable Development Unit estimates the baseline NHS impact on air pollution is 9.5bn road miles, 7,285t NO_x and 330t PM_{2.5} emitted. It estimated that a 3% increase in uptake of active travel by NHS staff in England would lead to healthier staff, saving over £265m in avoided health treatment costs and improving health by 114,000 Quality Adjusted Life Years (QALYs)."

Source: Health Matters: Air Pollution, Public Health England, 2018.

Further examples of the impact of travel behaviour on public health is shown in **Figure 3** below:

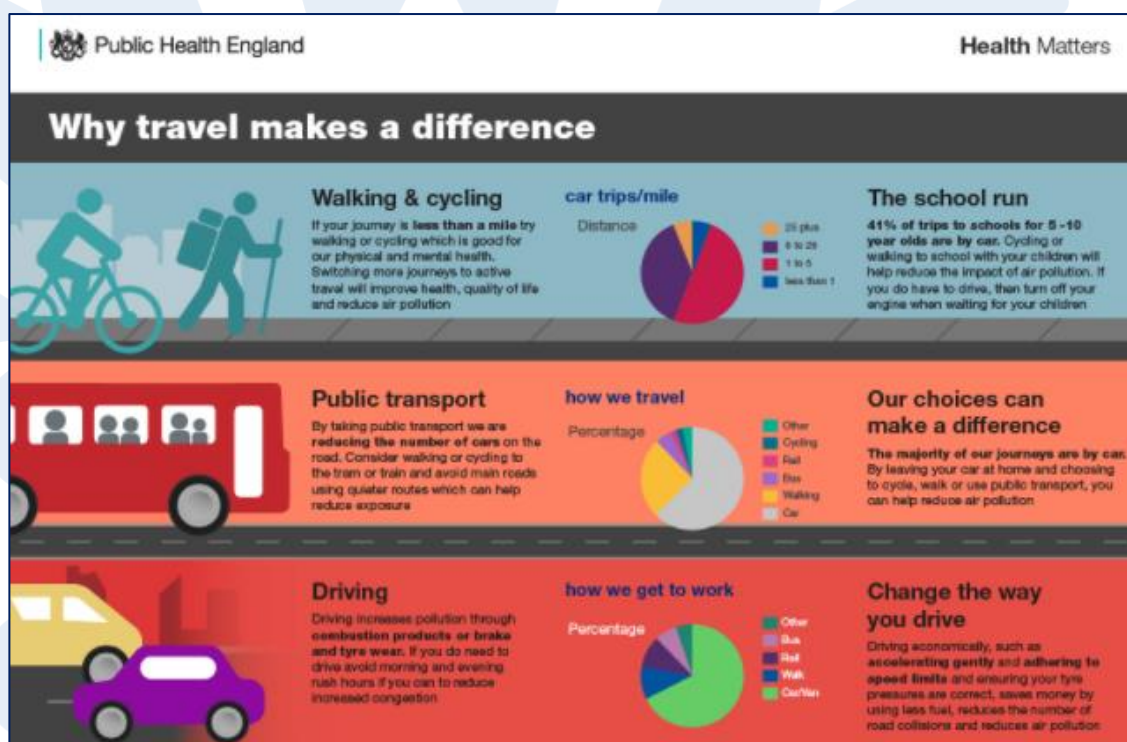


Figure 3 – The Impact of Travel Behaviour on Public Health

(Source: Public Health England)

Financial Benefits

Although secondary to health and environmental benefits, there are also financial benefits to be gained from increasing active travel rates:

“The estimated direct cost of physical inactivity to the NHS across the UK is £1.06 billion. This is based upon five conditions specifically linked to inactivity, namely coronary heart disease, stroke, diabetes, colorectal cancer and breast cancer.

In England, the costs of lost productivity have been estimated at £5.5 billion per year from sickness absence and £1 billion per year from the premature death of people of working age.”

Source: *Start active, stay active: report on physical inactivity in the UK*, DoH, 2011.

Individuals can also benefit financially from travelling to and from a site with a Travel Plan in place due to the improved range of transport options available, some of which may be more cost-effective than car travel. In some circumstances, Travel Plan measures can remove an individual's need for a car (or their household's need for a second car), removing the capital and on-going cost of car ownership.

An effective Travel Plan can help encourage staff, patients, and visitors to lessen their environmental impact by reducing emissions from transport, lead a healthier and more active lifestyle, and reduce financial wastage.

Social Benefits

The use of active and sustainable modes of transport, including car sharing, can offer social benefits and improved well-being through the interaction with other people:

“Engagement with individuals and communities through the travel planning process can support higher levels of walking and cycling, and this in turn can encourage greater social inclusion and community cohesion as well as healthier communities.”

Source: *Good Practice Guidelines: Delivering Travel Plans through the Planning Process*, DfT, 2009.

Mutual Benefits

As demonstrated above, there are multiple reasons why Travel Plans are important to modern society. This Travel Plan will seek to influence the travel behaviour of staff, patients, and visitors to achieve positive outcomes, and the benefits must be communicated correctly:

“It is important that the outcomes sought from the travel plan can be seen as a benefit to all parties, e.g. the developer, occupiers and site users, the community and the local authority. Such benefits can help in gaining widespread commitment.”

Source: *Good Practice Guidelines: Delivering Travel Plans through the Planning Process*, DfT, 2009.

As part of the 2021 Greater Manchester mayoral election, the elected Mayor (Andy Burnham) made a pledge to bring buses under local control to be run by Transport for Greater Manchester (TfGM), on behalf of the Greater Manchester Combined Authority (GMCA). Buses would be part of an integrated public transport network which allows people to change between different modes of transport with price-capped tickets. The new system is called franchising, where GMCA will coordinate the bus network and contract bus companies to run the services.

Over time, the benefits of bus franchising to passengers would be:

- **Simpler fares and ticketing** – Passengers will be able to use their tickets on all Greater Manchester’s buses and hop-on and hop-off between services. Prices would be capped so no one would pay more than a certain amount for daily journeys;
- **Integration** – Passengers can change between buses and trams, or buses and cycling or walking;
- **Accessibility** – Every bus will be accessible and have audio and visual announcements by 2024;
- **Simple travel information** – Buses will have better, clearer on-board travel information so people know where they are going and where they need to get off. There will be a ‘one-stop shop’ for travel information and customer support;
- **Single identity** – Local control will allow GMCA to develop a single identity for the transport network, which is attractive, clearly recognisable and easy for passengers to navigate and understand; and
- **Local accountability** – The bus network will be locally accountable and run for the benefit of its passengers. GMCA will set performance targets around punctuality, reliability and standards and take action if they are not met.

Bus franchising is also envisaged to boost Greater Manchester’s economy, and is the first step in improving transport across Greater Manchester. The Mayoral Pledge also includes extension of the Metrolink network, integrating trains and train stations into the Bee Network, delivering 500 miles of the walking and cycling routes of the Bee Network by 2024, and guarantee that everyone in Greater Manchester is within easy reach of these routes by 2030.

Travel Plan Aims & Objectives

Considering the above benefits, this Travel Plan aims to minimise the number of car trips generated by the Trust and encourage staff, patients, and visitors to use sustainable modes of transport.

The aims of this Travel Plan will be supported with the following objectives:

- **Objective TP1** – To reduce the travel generated by the Trust’s activities;
- **Objective TP2** – To provide a range of travel options for staff, patients and visitors;
- **Objective TP3** – To increase the proportion of journeys by active and sustainable travel;
- **Objective TP4** – To reduce single occupancy car travel and increase car sharing, to and from the site; and
- **Objective TP5** – To reduce the carbon intensity of travel through sustainable travel choices.

The **Travel Plan Initiatives** and **Targets** sections of this report reflect the above aims and objectives to help deliver the environmental, health, financial, social and mutual benefits outlined earlier.

Existing Situation

Site Description and Key Characteristics

A map of the site is shown in **Figure 4** below, with a breakdown of key characteristics at the site included in the following table:

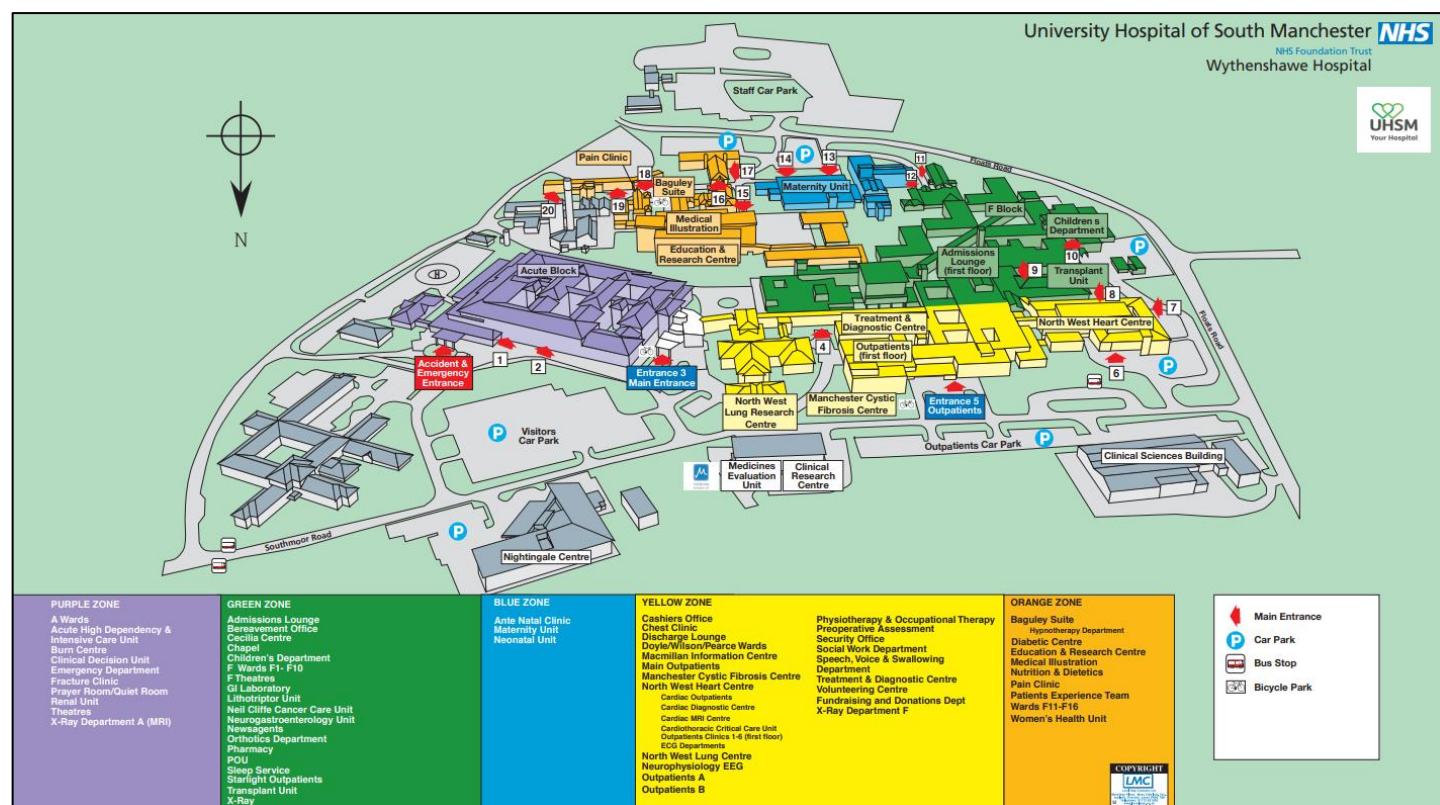
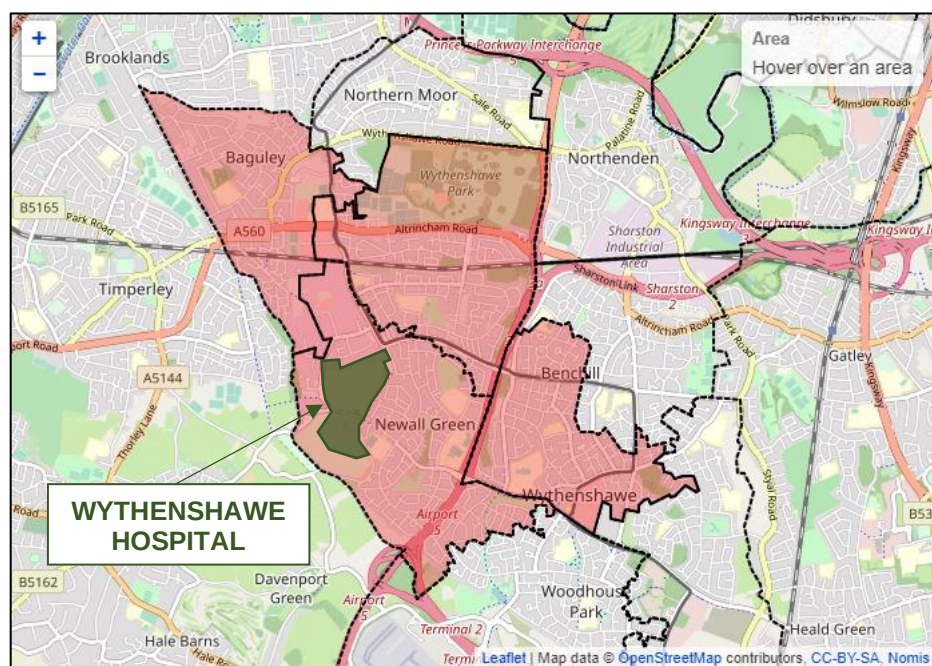


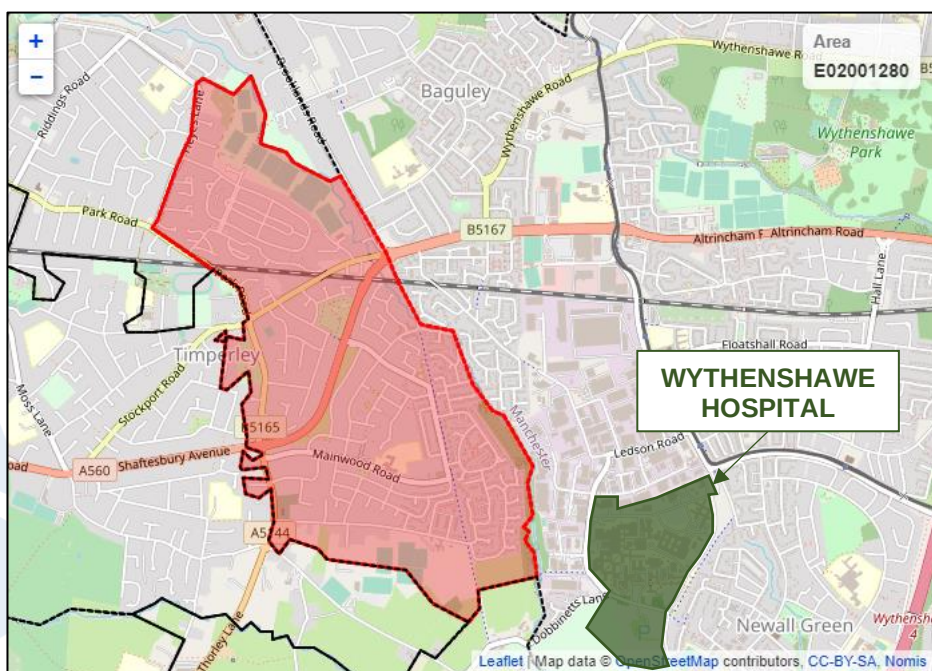
Figure 4 – Wythenshawe Hospital Campus Map
(Source: MFT)

Site Address and Location	Wythenshawe Hospital, Southmoor Road, Wythenshawe, Manchester, M23 9LT.
Hospital Services Available On-Site	A major acute teaching, research, and development hospital, with a focus on clinical and academic strengths in cancer, lung disease, cardiovascular, wound management and medical education. Fields of specialist expertise include: • Cardiology and cardiothoracic surgery; • Heart and lung transplantation; • Respiratory conditions; • Burns and plastics; and • Cancer and breast care services.
Number of Full-Time Equivalent (FTE) Staff	There are c. 6,414 FTE staff at Wythenshawe Hospital as of 31 st March 2020.
Patient Admissions	In 2019/20, there were 706,298 patient contacts and 4,912 bed days. In 2020/21, there were 573,268 patient contacts and 9,392 bed days.
Number Car Parking Spaces	c. 2,211 staff spaces and 918 patient / visitor spaces.
Number of Accessible Parking Spaces	c. 99 Disability Discrimination Act (DDA)-compliant spaces on-site (10 for staff, 89 for patients / visitors), which equates to c. 3% DDA spaces.

Number of Electric Vehicle (EV) Charging Points	4 no. 7kW dual units (providing 8 sockets) located across the site as follows: • 2 units at the Jurassic car park; • 1 unit at the Baguley car park; and • 1 unit at International House, Ledson Road.
Number of Cycle Parking Spaces	• c. 83 individual cycle lockers / bike bins; • c. 57 cycle shelter spaces (by the Education and Research Centre (ERC) bike park and an internal storage area by Entrance 4); • c. 73 Sheffield Stand spaces; • Total – 213 cycle parking spaces. Additional facilities provided for cyclists include 1 main cycle hub located by the ERC building, comprising 2 male showers, 2 female showers, and separate male and female changing rooms. There are 24 lockers in the male changing room and 22 lockers in the female changing room. There are also hooks to dry clothes, and the room is heated.
Location of Car and Cycle Parking	The car parking locations are shown in Figure 4 above. Bike bins are located at International House, Ledson Road, the Clinical Sciences Building, North West Heart Centre (near Entrance 6), Children's Department (near Entrance 10), Laureate House, main entrance to the Acute Block (near Entrance 3), behind the Acute Block (adjacent to Central Road), and at the ERC building (near entrances 15 and 16). Bike park areas are located at the Cystic Fibrosis Centre (near Entrance 4), adjacent to the Nightingale Centre, and at the ERC building (near Entrance 16). Regular bike hoops are located at the Cystic Fibrosis Centre (near Entrance 5), North West Heart Centre (near Entrance 6), Children's Department (near Entrance 10), main entrance to the Acute Block (near Entrance 3), and at the entrance to the Maternity Unit (near Entrance 13).
Nearest Bus Stops	Bus stops along Southmoor Road, Floats Road, and Ledson Road.
Nearest Metrolink Stops	Roundthorn.
Nearest Rail Stations	Manchester Airport and Altrincham.
Demographics of Local Population	The Middle Super Output Areas (MSOAs) within an approximate 2km distance from the site are Manchester 047, 048, 050, 051, and Trafford 022 as shown below:



(Source: Nomis)



(Source: Nomis)

Notable statistics according to 2011 Census datasets KS101EW and KS102EW, titled 'Usual Resident Population' and 'Age Structure' respectively:

- There are a total of 42,235 residents in the area, making up 0.6% of the entire population within the North West region;
- 48% of the population are male whereas 52% are female;
- 24% (10,315) of the population is aged 17 and under. This is slightly higher than the North West average of 21%; and
- 14% (5,779) of the population is aged 65+, comparable to the North West average of c. 17%.

Notable statistics according to 2011 Census dataset KS105EW, titled 'Household Composition':

- There are a total of 14,963 households within the area, 36% (5,321) of which are one-person households:

	○ Of the one-person households, 36% (1,915) comprised residents aged 65+, comparable to the North West average of 40%; • 57% (8,557) of households were one-family households, a further 9% of which (774) comprise entirely of residents aged 65+. This is lower than the North West average of 13% of one-family households comprising residents aged 65+; • The remaining 7% (1,085) comprise 'Other' household types, which is consistent with the North West average of 7%; • Of all households, c. 36% (5,335) are households with dependent children. This is higher than the North West average of 28%.
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Table 1 – Key Facts and Figures about the Site

Existing Access Arrangements

Pedestrian and Cycle Access

As seen in **Figure 4** earlier and **Figure 5** below, there are many pedestrian accesses into separate buildings within the Wythenshawe Hospital Campus from Southmoor Road, Floats Road, and other internal access roads. During a site visit on Wednesday 26th May 2021, Curtins has observed that all main roads surrounding the site have good pedestrian infrastructure such as wide footways, street lighting, and uncontrolled pedestrian crossings and dropped kerbs with tactile paving at certain points.

The main pedestrian entrance to the Acute and Outpatient blocks are via Southmoor Road. At the Southmoor Road / Floats Road junction, there is a dropped kerb across Southmoor Road, and there is intermittent footway provision along the north of Southmoor Road. To the east of this junction, there are dropped kerbs with tactile paving adjacent to Entrance 6 (leading to the North West Heart Centre). This leads to an internal footpath network away from traffic. The intermittent footway along the north of Southmoor Road continues between the vehicular access to the outpatients car park and the Zebra crossing with dropped kerbs and tactile paving opposite Entrance 5 (Outpatients).

The footway along the south of Southmoor Road also continues throughout, with dropped kerbs and tactile paving adjacent to Entrance 5 (Outpatients), Entrance 4 (Cystic Fibrosis Centre), the North West Lung Research Centre, Entrance 3 (Acute Block) where there is also a Zebra crossing, and is separated from the carriageway by a grass verge for the remainder of its length. The footway along the north of Southmoor Road also resumes from the Clinical Research Centre and to the east, and there are dropped kerbs with tactile paving adjacent to the Nightingale Centre car park access, a zebra crossing across Southmoor Road opposite the Nightingale Centre, and dropped kerbs with tactile paving across Southmoor Road in the vicinity of the bus stops.

The Maternity Unit to the south of the site is accessed from Floats Road. There is narrow footway provision alternating between the west and east side of the carriageway with uncontrolled crossing points (dropped kerbs). On approach to the Maternity Unit, the footway leads directly to Entrances 13 and 14 and the Jurassic car park, where the footway terminates. This is elaborated in the **Key Issues** section below.

Within the hospital campus, level access is also provided for pedestrians (regardless of the level of mobility or visual impairment) in the form of large pedestrian footways along hospital fronts. There are also many signposts on-site, providing signage to each facility, and site maps showing the hospital layout.

Cyclists would access the site in a similar manner to vehicles and push their bicycles to the parking facilities located throughout the site (bike bins, bike park area, and bike hoops), shown in **Figure 5** below.

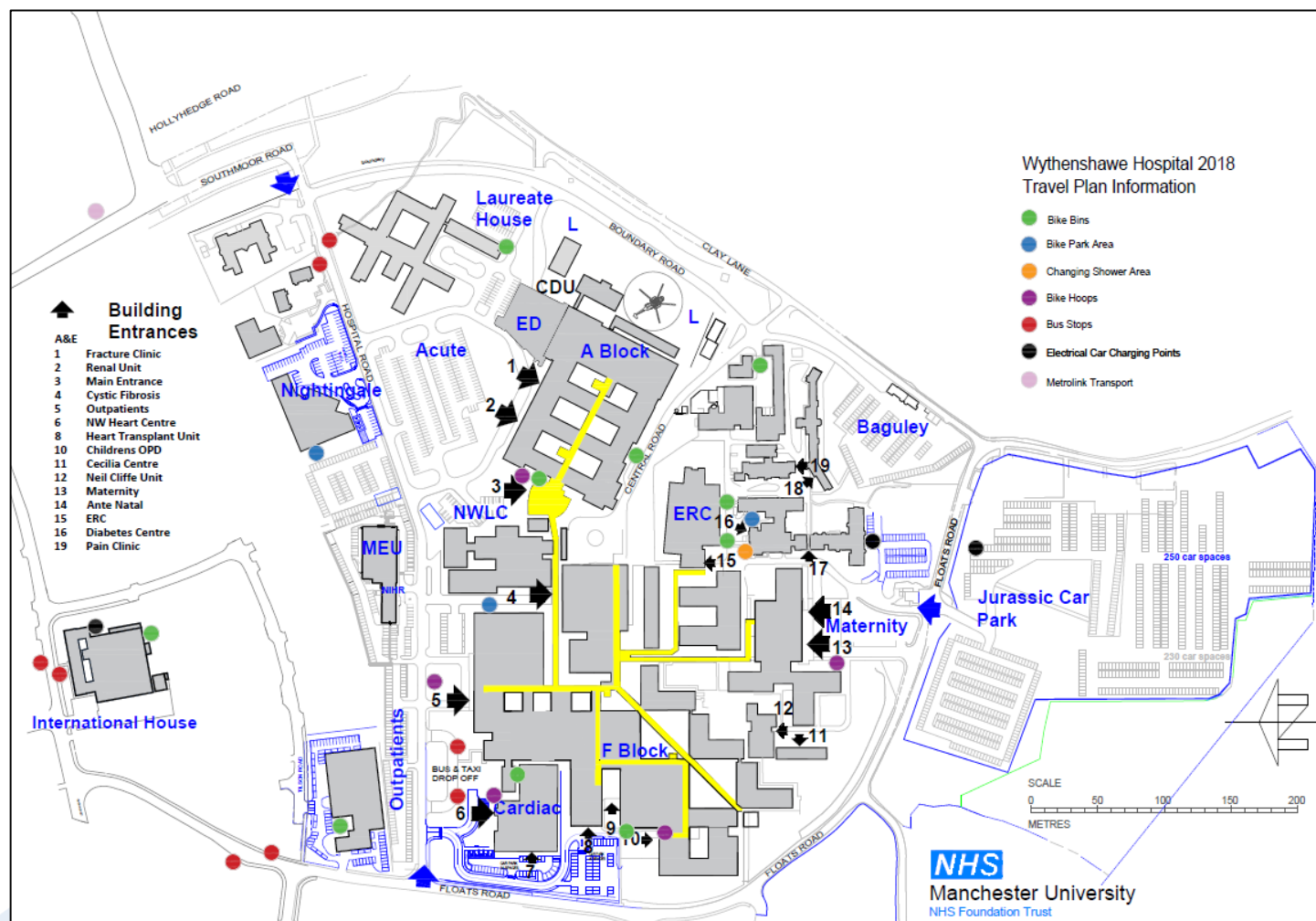


Figure 5 – Wythenshawe Hospital Map
(Source: Manchester University NHS Foundation Trust (MFT))

Public Transport Access

Figure 6 below shows a map of the public transport network in the vicinity of the site, comprising bus, rail, and Metrolink services.

Wythenshawe Hospital is well-served by buses along Southmoor Road, such as at the bus stop / bus layby opposite the Outpatients car park and North West Heart Centre, and a pair of bus stops towards the east of Southmoor Road. An inter-site shuttle bus operating between Wythenshawe Hospital and St Mary's Hospital in the Oxford Road Campus (ORC) also calls at the bus layby every hour. However, during the site visit, it was observed that there is no signage available to direct staff and patient / visitors to the shuttle bus service. This is elaborated in the **Key Issues** section below.

The closest rail stations to the site are Manchester Airport (MIA) approximately 5km to the south of the site, and Altrincham (ALT), approximately 5km to the west of the site. Both are within a 20-minute cycle (at an average cycling speed of 15km/h) ride from the site. Alternatively, both stations can be accessed by bus or Metrolink (MIA only).

The closest Metrolink station is Roundthorn, located approximately 550m to the north-east of the site. The rail and Metrolink stations are well-served by buses, therefore multi-modal trips could likely be made for those arriving to the site by public transport.

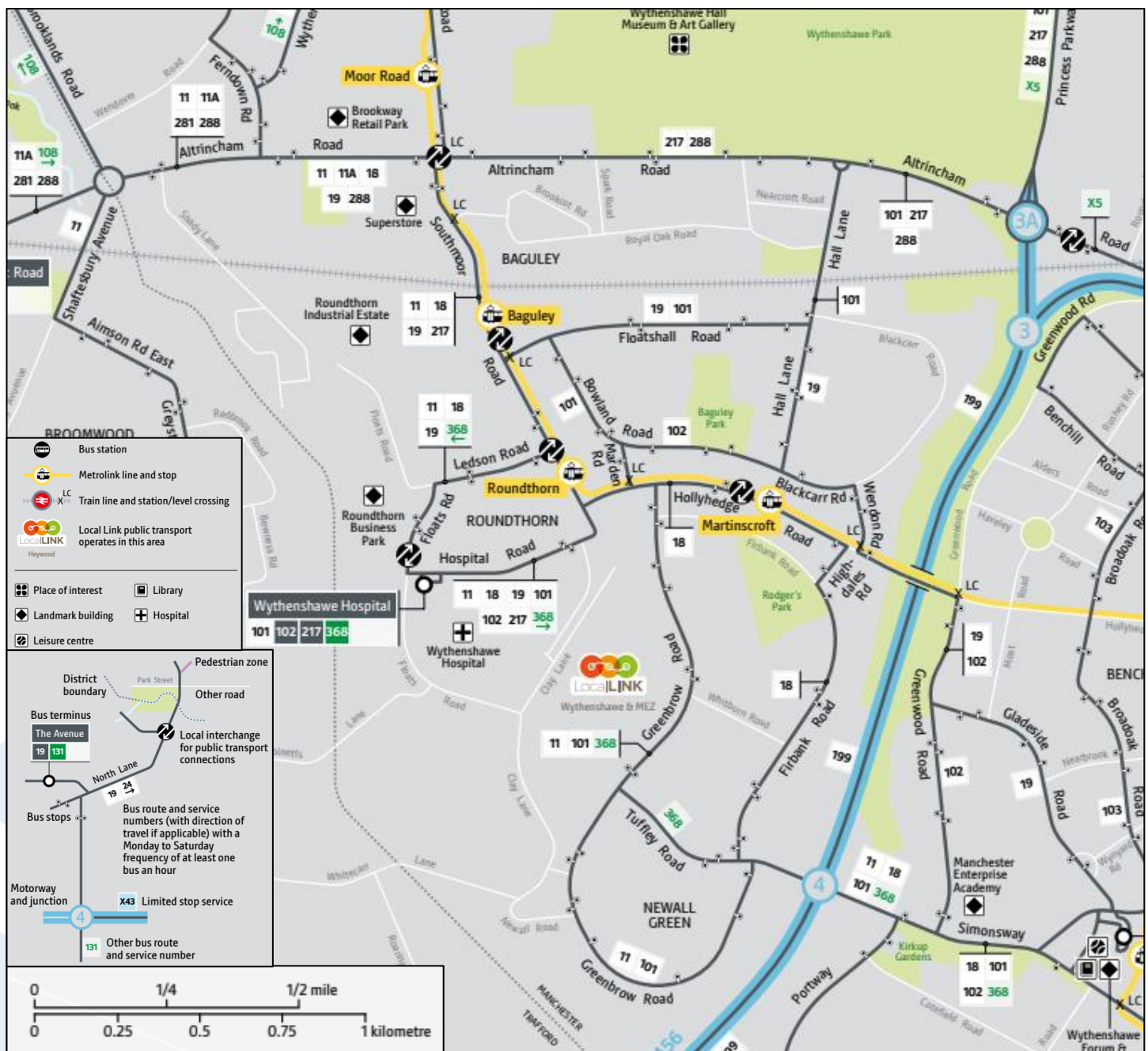


Figure 6 – Public Transport Network in the Vicinity of the Site
(Source: Transport for Greater Manchester (TfGM))

Vehicular Access

Car parking at the Wythenshawe Hospital is dispersed across different parts of the site for staff and visitors. In order to support the SRF, Curtins commissioned parking surveys on Tuesday 27th November 2018 across the hospital, with the parking zones identified as follows:

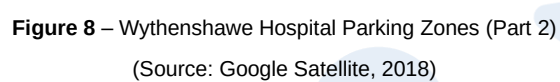
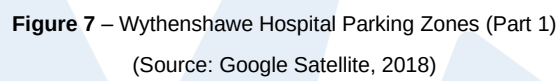




Figure 9 – Wythenshawe Hospital Parking Zones (Part 3)
(Source: Google Satellite, 2018)

As such, vehicular access to the site is mainly obtained off Southmoor Road, Floats Road, and Tilson Road (for a small number of car parking within Roundthorn Industrial Estate). There is also a spine road to the east of the site (which serves car park zones 12 and 13) which can be accessed from Southmoor Road; however this road is for blue light and service and delivery access.

The main visitor car parks are barrier-accessed and operate a pay-on-foot system, where customers make their payment for parking on exiting the car park, whereas staff are required to obtain parking permits to park on-site. There are also pick-up / drop-off areas in front of the Main Entrance, Accident and Emergency (A&E), North West Heart Centre, Nightingale Centre, Maternity Unit, and the Outpatients Department.

Existing Parking Provision

Car Parking

Car parking across Wythenshawe Hospital is currently provided at the following quanta:

Zone	Location	Staff			Visitors			Total
		DDA	Marked	Unmarked	DDA	Marked	Unmarked	
1	Clinical Science Building	0	36	0	0	0	0	36
2	Outpatients Car Park	3	78	0	3	152	0	236
3A	N/A, industrial units							

Zone	Location	Staff			Visitors			Total
		DDA	Marked	Unmarked	DDA	Marked	Unmarked	
3B	University Hospital of South Manchester Car Park	0	0	0	0	0	152	152
4	N/A, industrial units							
5	Nightingale Car Park	0	6	0	5	106	0	117
6	Outpatients Building / North West Heart Centre	0	0	0	24	35	0	59
		8 ambulance parking bays			2 drop-off bays			
7	Visitor Car Park	0	0	0	0	231	0	231
8	Laureate House	0	0	0	36	64	0	100
9	Accident and Emergency (A&E)	0	0	0	0	8	0	8
		8 ambulance parking bays						
10	Transplant Unit / Children's Unit	7	23	55	0	0	0	85
11	Baguley Suite	0	12	7	0	0	0	19
12	Rear of A&E	0	18	0	1	0	0	19
13	East of Acute Building	0	43	84	0	0	0	127
14	Maternity Unit	0	74	0	20	81	0	175
15	Pain Clinic	0	147	18	0	0	0	165
16	Staff 'Jurassic' Car Park	0	600	1,000	0	0	0	1,600
Total		10	1,037	1,164	89	677	152	3,129
		2,211 staff spaces			918 visitor spaces			

Table 2 – Car Parking at Wythenshawe Hospital

Patient and visitor car parking is signposted separately to staff parking and is for use by patients and visitors only. Staff or visitors who park in unauthorised areas will receive a Penalty Charge Notice (PCN), and staff may have their permit revoked. At the time of writing, parking is enforced internally by the Trust at Wythenshawe.

There are also 8 electric vehicle (EV) charging points (4 no. 7kW dual units) located across the site at the Jurassic Car Park (4 sockets), Baguley Suite Car Park (2 sockets), and at the International House (2 sockets). Although, a site visit has shown that these spaces are usually occupied, and the Trust has received feedback and requests to install more EV charging points.

There are separate zones for staff parking, where coloured triangles denote the user locations:

- Green = General;
- White = Pay As You Go;
- Black = Volunteers and Medical exemptions;
- Blue = Restricted;
- Red = Clinical Sciences Building;
- Yellow = International House; and
- Purple & Purple / White = Mental Health Unit.

The coloured triangles allow staff parking access onto the following car parks:

- Jurassic Car Park – Green & White triangles;
- Baguley Car Park (via Boundary Road) – Green and White triangles;
- Boundary Road Late Starter – Green & White triangles;
- Baguley Restricted parking – Blue & Black triangles;
- Ante Natal Shale area – Black & Blue triangles;
- Paediatric Out Patient Department (POPD), Jim Quick, etc. and 'The Hill' – Green, Blue, Black and White;
- National Institute for Health Research (NIHR) Building – Black triangles only;
- Cystic Fibrosis Car Park – Black Triangles only;
- Pulmonary Oncology Unit (POU) Car Park area – Black Triangles only;
- International House – Yellow triangles;
- Clinical Sciences Building (CSB) – Red triangles; and
- Laureate House – Purple & Purple / White triangles.

The 2018 car park occupancy survey indicated the following findings:

- The peak utilisation of staff car parking bays across the site occurs at 10:00 when 92% of the bays are utilised. Utilisation stays at a similar level until 13:00 when the level of parking curtails;
- The highest occupancy levels at staff car parks were observed at the Clinical Science Building, Nightingale Car Park, Maternity Unit, Pain Clinic, and the 'Jurassic' Car Park, which were over 90% occupied during most of the AM;
- The peak utilisation of visitor car parking bays across the site occurs at 11:00 when 88% of the bays are utilised. Utilisation stays at a similar level until 14:00 when the level of parking curtails;
- The highest occupancy levels at visitor car parks were observed at the Outpatients Car Park, Visitor Car Park (outside the Acute Block), Laureate House, and the Maternity Unit, which were over 90% occupied during most of the AM;
- Whilst the overall staff and visitor car parking does not reach capacity, specific car parks do reach or exceed capacity throughout the day; and
- Some of the smaller pockets of car parking had lower observed occupancy rates, potentially due to some of them having discreet locations within the site and not being signed as well / easily accessible from the wider highway network compared to the other car parks.

The 2020 Travel Plan also outlined several observations regarding car park use. These included:

- 2015 site visit:
 - Extensive informal parking occurring along most of the internal access roads, some of which occurs on the footway and disrupts pedestrian access; and
 - Unauthorised parking at the fuel loading area for Biomass Boilers to the south of the site, and on yellow box areas ('keep clear' areas) at the service area adjacent to the Starlight Unit.

Under normal conditions, it would have been beneficial to undertake an updated survey to observe any changes in usage of the car parks. Such a study has not been possible due to the changes in travel patterns, staff assignments, and patient hospital visits that have occurred as a result of COVID-19. On this basis, Curtins has engaged with the Trust to obtain information on the usage of the existing car parks and has also visited the site on 26th May 2021 following the easing of lockdown restrictions.

The Trust has stated that both staff and patient / visitor car parks are generally well utilised, and there have been requests for the installation of more Electric Vehicle (EV) charging infrastructure. This was further verified during the site visit, where Curtins observed the high demand for car parking across the estate. At the time of writing, NHS staff also benefitted from the UK Government's scheme to cover the costs of car parking, therefore providing free car parking to all NHS staff working in hospitals during COVID-19. This has provided an incentive for more staff to drive to the site, however it is not certain when the scheme will end / when parking charges are reinstated again, and subsequently what the resultant mode share of car drivers to the site will be.

Other issues observed on-site was the occurrence of vehicles parking in unauthorised areas (i.e. areas subject to double red parking restrictions (no stopping at any time) or double yellow parking restrictions (no waiting at any time) along drop-off areas, Boundary Road / the blue light route, and at the Southmoor Road / Floats Road junction. The Trust has stated that it is challenging to enforce such occurrences as enforcement is reliant on the relevant parking authority patrolling the site on foot. This is elaborated in the **Key Issues** section below.

Appendix B to the rear of the report sets out detailed findings from the Trust's Car Park Policy. The policy is summarised as follows:

- All staff are eligible to apply for a parking permit;
- A monthly fee is recovered from the staff salary;
- If successful, staff will be allocated to a specific car park or placed onto a waiting list;
- The permit is renewed annually; and
- An equitable allocation process is followed to prioritise applications e.g. shift pattern, staff classed as essential car users, staff using the onsite nursery and high-level staff.

The Car Park Policy also includes details such as parking charges (both for staff and patients / visitors), any exemptions, and methods of enforcement. A review of the Trust's Car Park Policy has identified the following observations:

Strengths	Weaknesses	Opportunities
• Issuing of PCNs in place to prevent misuse of limited spaces; • Staff working across sites can apply for cross-site parking permits; • Good cycle scheme which permits cyclists to have free car parking if they cycle 50% of their journeys, although this is not very well used; • Sustainable Travel Plan in place; and • EV parking provision.	• Review of car park policy pending; and • Challenges to provide sufficient car parking capacity to meet demand.	• Inter-site shuttle bus can be directly marketed to staff who already work across sites; • Market the Sustainable Travel Plan and benefits of sustainable modes of travel opposed to single occupancy vehicles; and • Investigate impact of COVID-19 on car parking, applications and renewals of permits, and attitudes towards flexible working.

Table 3 – Key Findings from Car Park Policy

Cycle Parking

Cycle parking at Wythenshawe Hospital is currently provided at the following quantum:

- c. 83 individual cycle lockers / bike bins;
- c. 57 cycle shelter spaces (by the Education and Research Centre (ERC) bike park and an internal storage area by Entrance 4);

- c. 73 Sheffield Stand spaces;
- **Total** – 213 cycle parking spaces.

Additional facilities provided for cyclists include 1 main cycle hub located by the ERC building, comprising 2 male showers, 2 female showers, and separate male and female changing rooms. There are 24 lockers in the male changing room and 22 lockers in the female changing room. There are also hooks to dry clothes, and the room is heated.

The majority of these spaces are free although there is a charge per year for rental of a personal cycle locker / bike bin for staff use. To request an individual cycle locker / bike bin (of which there are a limited amount), staff are required to contact the Trust Sustainability Team within Estates and Facilities.

During the site visit, Curtins has identified that the cycle parking facilities are well utilised / over-subscribed in certain locations in many instances, but there are also locations where there are spare cycle parking spaces. This is elaborated in the **Key Issues** section below.

Existing Travel Patterns

Staff – Commuter Travel

The Trust administer an annual staff survey across all its hospitals (not limited to Wythenshawe Hospital) to capture the travel patterns of staff to and from work. The most recent survey was undertaken in 2020 between June and July, and the results from this survey are provided in **Appendix C** to the rear of the report.

Travel survey data is also uploaded into the Trust's Health Outcomes of Travel Toolkit (HOTT) after the survey. HOTT has been developed to help NHS organisations measure the impact their travel and transport has in environmental, financial and health terms, and is a useful data bank.

A total of 1,624 staff (8% of the total Trust workforce) across the entire Trust participated in this travel survey, with 434 of surveyed staff (c. 27%) working in Wythenshawe Hospital to some extent. This number includes staff that were working at Wythenshawe Hospital on the day of completing the survey (229 staff), and other staff that usually work across multiple hospital sites across the Trust (including Wythenshawe Hospital), but were not working from the Wythenshawe Hospital on the day of completing the survey (205 staff). At the time of completing the survey, the working locations of the 434 staff were as follows:

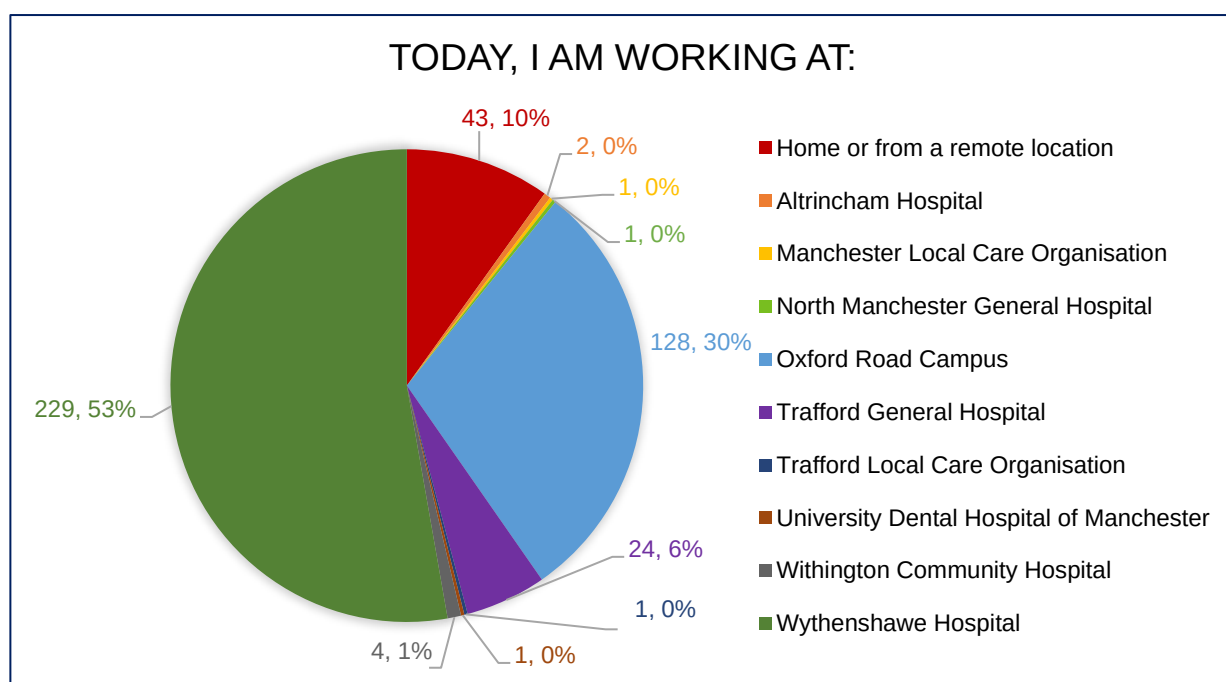


Figure 10 – Working Locations of Staff at Wythenshawe Hospital

Due to the varied nature of healthcare work, it is expected that staff work across several different hospital sites. Notwithstanding, **Table 4** below breaks down the travel patterns of the 229 surveyed staff who were working at Wythenshawe Hospital at the time of completing the survey, considering travel patterns before and during COVID-19. It should be noted that the 229 surveyed staff only represent c. 4% of the total workforce at Wythenshawe Hospital.

Mode of Travel	Before COVID-19		During COVID-19	
	No.	%	No.	%
Bicycle	24	10%	40	17%
Bus	13	6%	4	2%
Car (alone)	140	61%	140	61%
Car (as, or with a passenger)	12	5%	12	5%
I did not work for the Trust	3	1%	0	0%
Metrolink	22	10%	11	5%
Shuttle Bus between ORC and Trafford / Wythenshawe	0	0%	2	1%
Taxi	1	0%	1	0%
Train	1	0%	2	1%
Walking / Running	13	6%	17	7%
Total	229	100%	229	100%

Table 4 – 2020 Staff Commuter Travel Patterns

The results in **Table 4** are comparable to Trust-wide travel patterns (within **Appendix C**), where although the majority of staff still commute by private vehicle, there has been an increase in the numbers of staff commuting using active travel methods (walking and cycling). There has been a reduction in travel by public transport modes during COVID-19, however the proportion of staff who travelled by car (alone) did not vary significantly.

Based on the results in **Table 4**, the total distance travelled by staff across different modes can be obtained. This is shown in **Table 5** below. It is also noted that these results reflect commuting distances during COVID-19, as respondents were asked to answer according to their journey taken on the day of completing the survey.

Mode of Travel / Commuting Distance	Number of Trips						Total Distance* (miles)
	Less Than 2 Miles	2 – 5 miles	5 – 10 miles	10 – 15 miles	Over 20 miles	Total Trips	
Bicycle	2	20	18	0	0	40	207
Bus	0	1	3	0	0	4	26
Car (alone)	5	42	47	24	22	140	1,355
Car (as, or with a passenger)	1	6	3	2	0	12	70
Metrolink	0	3	3	5	0	11	96
Shuttle Bus between ORC and Trafford / Wythenshawe	0	0	1	1	0	2	20
Taxi	1	0	0	0	0	1	1
Train	0	0	0	1	1	2	38
Walking / Running	7	9	1	0	0	17	46
Total	16	81	76	33	23	229	1,857

Table 5 – 2020 Staff Commuter Distance Travelled by Mode

(Assumptions: average distances used for multiplying factors were 1 mile, 3.5 miles, 7.5 miles, 12.5 miles, and 25 miles respectively)

Table 5 above shows that the majority of distance travelled by staff to the site was by car (alone and as / with a passenger), followed by bicycle, bus, and train. The above figures could be used to provide a travel carbon footprint, although it is acknowledged that it represents a relatively small sample of overall staff numbers (the 229 survey responses equate to a sample of c. 4% of all FTE staff that work at Wythenshawe Hospital).

The survey findings show that 56 out of 229 staff (c. 24%) who responded with their commuting distances live over 10 miles away from Wythenshawe Hospital, which could limit the potential for active travel. Notwithstanding, further analysis of those who travelled by car (alone or as / with a passenger) shows the following distances travelled:

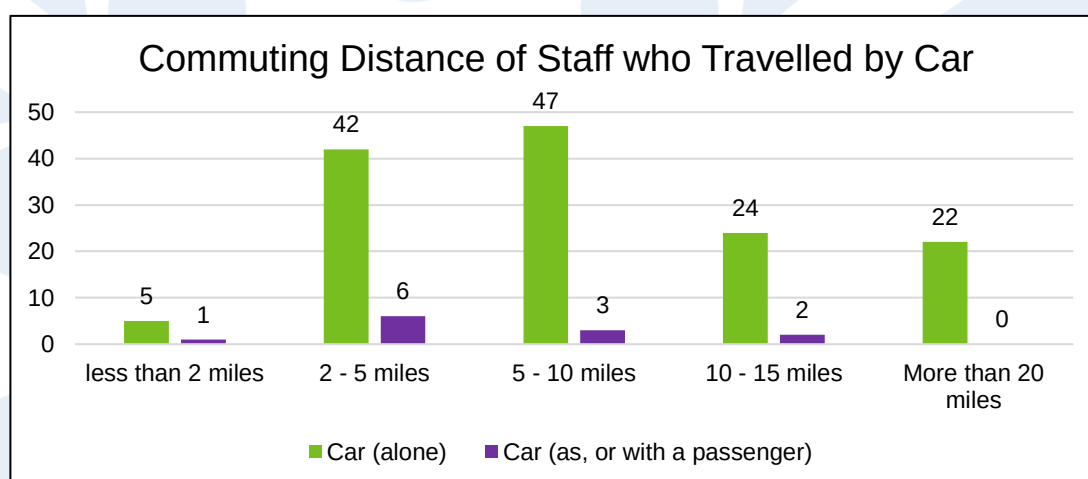


Figure 11 – Commuting Distance of Staff who Travelled by Car

It is noted that the majority (68%) of staff who travelled by car only travelled under a 10-mile distance. Other questions which asked why staff chose to drive to work revealed the following:

Reasons Why Staff Chose to Drive to Work	No.	Proportion of Staff Who Travelled under a 10-mile distance	
		No.	%
It is the most convenient mode of transport	82	58	71%
There was no viable alternative mode of transport	24	13	54%
The distance from my home address to work	44	14	32%
It is the cheapest mode of transport	17	9	53%
There are limited secure cycling facilities available	6	4	67%
There are limited active travel shower and changing facilities available to me	9	8	89%
Safety	20	14	70%
Shift-pattern	15	8	53%
I have other commitments outside of work	24	19	79%
I don't know the safest route to cycle to work	8	5	63%
Other (please specify)	17	13	76%

Table 6 – Reasons Why Staff Chose to Drive to Work

There is no summation in **Table 6** as respondents were given the option to select multiple options which best suit their circumstances. The results show that for most people, driving is the most convenient mode of transport, followed by the distance from home to work, not having viable alternative modes of transport, and having commitments outside of work. Other reasons that were specified were as follows:

- Disabilities;
- Parents on school runs;
- Staff having to use their car for work (acute home visits / travelling to other hospitals as part of outreach services);
- Lack of confidence as a beginner cyclist; and
- Staff interchange between driving and using active travel on different days, dependent on weather, night shifts, and other factors.

Notwithstanding, the majority of staff who drove to work and cited their reasons as having limited cycle facilities / shower and changing facilities / not knowing the safest routes to cycle to work, were staff who travelled under a 10-mile distance. This presents an opportunity for improved cycle facilities and publicising cycle resources to staff.

Other findings from the survey are shown in **Figures 12 and 13** as follows:

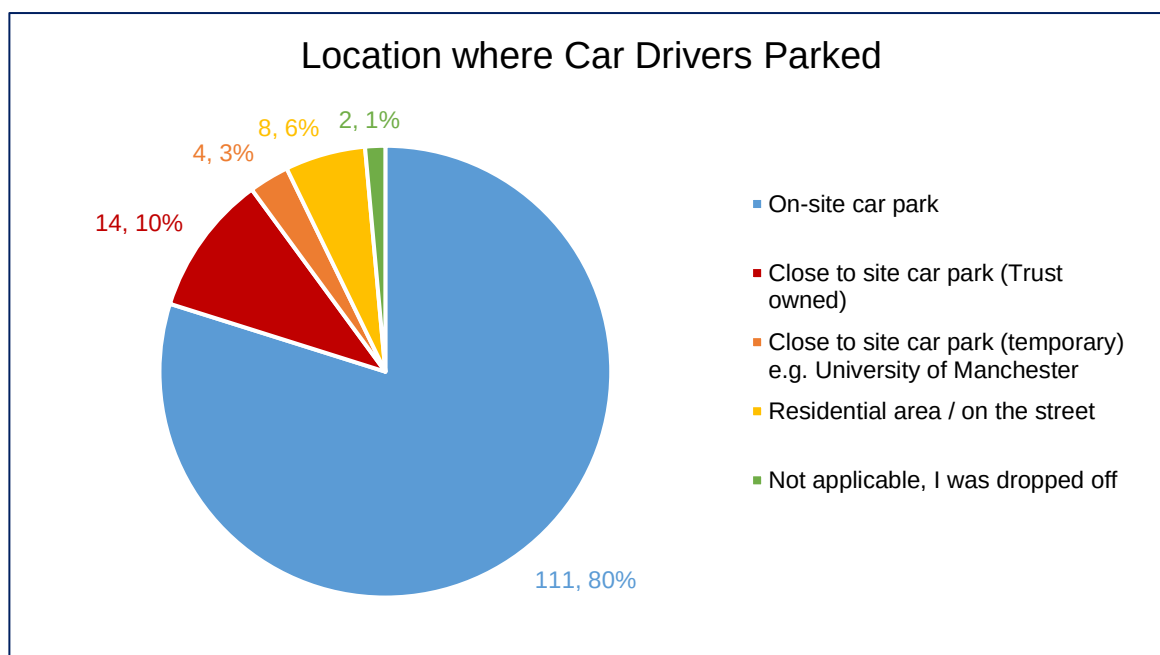


Figure 12 – Location where Car Drivers Parked

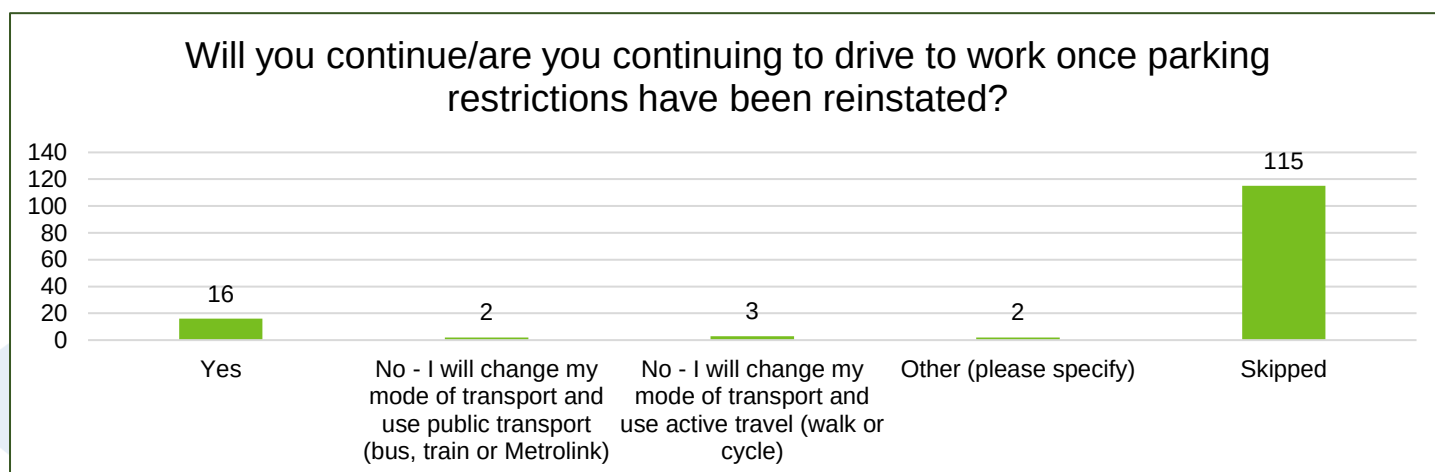


Figure 13 – Response to Question on Whether Car Drivers Would Travel Differently After Parking Restrictions are Reinstated

Based on the above information and on further analysis of the survey results, the key findings are summarised as follows:

- A total of **1,624** staff (**8%** of the total Trust workforce) across the entire Trust participated in this travel survey, with **434** of surveyed staff (c. **27%**) working in Wythenshawe Hospital to some extent;
 - This number includes staff that were **working at Wythenshawe Hospital on the day** of completing the survey (**229** staff), and other staff that usually **work across multiple hospital sites** across the Trust (including Wythenshawe Hospital), but were not working from Wythenshawe Hospital on the day of completing the survey (**205** staff). This provides a c. 4% sample size;
 - Of the 229 staff that were working at Wythenshawe Hospital on the day of completing the survey, **66%** of staff reported they **travelled by car alone or as / with a passenger prior to COVID-19**. This has remained the same during COVID-19;
- The number of **pedestrians and cyclists** to Wythenshawe Hospital has increased slightly from **6%** and **10%** respectively before COVID-19 to **7%** and **17%** respectively during COVID-19;

- However, the number of staff using **public transport** (bus, Metrolink, and train) to Wythenshawe Hospital has decreased by half from **16%** to **8%** as a result of COVID-19;
- **24%** of staff who responded with their commuting distances **live over 10 miles away** from Wythenshawe Hospital;
- The majority (**68%**) of staff who travelled by car only **travelled under a 10-mile distance**. For most car drivers, driving is the most convenient mode of transport, followed by the distance from home to work, not having viable alternative modes of transport, and having commitments outside of work;
- The majority of staff who **drove to work** and cited their reasons as having **limited cycle facilities / shower and changing facilities / not knowing the safest routes to cycle to work** were staff who **travelled under a 10-mile distance**. This presents an opportunity for improved cycle facilities and publicising cycle resources to staff;
- Most staff who drove to Wythenshawe Hospital parked on-site or close to the site, with **6%** parked at **residential areas / on-street**;
- **82%** of staff who drove to Wythenshawe Hospital **had valid car parking permits**, with **17%** of staff stating they **do not have a permit**;
- **70%** of staff (who responded to the specific question) mentioned they would still **continue driving** to work once parking restrictions lifted due to COVID-19 have been reinstated, whereas **30%** would **switch to active travel and public transport or car sharing**.

In the Trust's summary report of the 2020 Staff Travel Survey, they have also stated that to maintain the positive shift towards active travel journeys, they need to:

- Increase the amount of secure cycle parking infrastructure;
- Improve access to shower and changing facilities for cyclists;
- Collaborate with transport operators to improve trust in the public transport network;
- Increase the availability of electric vehicle charge points across the estate; and
- Improve communications around travel.

Staff – Business Travel

Monitoring for business travel differs from staff travel, where travel patterns are not obtained from a single survey as an indicative snapshot, rather through an accumulation of data such as expenses claims for privately owned / lease vehicles, cycle mileage, public transport mileage, taxis, or shuttle bus utilisation.

Curtins has been working with the Trust to examine travel between the ORC and Trafford General Hospital / Wythenshawe Hospital sites. As part of this study, Curtins was able to gather data on the use of car, taxi, and shuttle buses for inter-site travel, with the following limitations:

- The analysis only involves movements between the three hospital sites, rather than movements to / from Wythenshawe Hospital to all MFT sites;
- Car (privately owned and lease) journey data was reliant on historic mileage claims, whereas not every staff member would file a mileage claim. Full year data with accurate journey start / end locations have also not been obtained; and
- It is difficult to quantify the number of journeys which constitute business travel and are made by the inter-site shuttle bus. For example, 5 individual staff members may board 1 inter-site shuttle bus service at the same time to travel to the same location for business purposes, but this would still total 1 shuttle bus journey taken, instead of 5 individual shuttle bus journeys (and therefore 5 times the mileage).

Notwithstanding the above limitations, the following observations were made on inter-site travel:

- 32% of the total passengers in 2020 on the **ORC – Wythenshawe Hospital shuttle bus service** were using the service for business travel;
- 28% of all taxi journeys booked on the **Ambulance & Taxi Operational Management (ATOM)** system were identified as staff trips; and
- Business travel has decreased by 20% over a like for like period during COVID-19, however this figure is liable to change due to late claims. This has resulted in a saving of more than £59,000, 125,000 miles travelled and 34 tonnes of CO₂e.

The reduction in business travel should continue to be encouraged through the use of technology with online meetings and outpatient redesign. Curtins and the Trust are currently in the process of reviewing improved methods on collecting and reporting business travel data.

Patients and Visitors

Patients and visitors to Wythenshawe Hospital have not been surveyed in recent years. The Trust is currently in the process of reviewing a Trust-wide patient and visitor survey template and programme with a view to administering a new survey in 2021. The results will be reported in due course.

Existing Transport Fleet

Data has also been provided by the Trust on the existing fleet that is managed by the Transport Team. The fleet is used to transport goods between the Trust's hospital sites and comprises 8 electric vans, 2 electric cars, and a single 3.5 tonne diesel Heavy Goods Vehicle (HGV).

The electric car is a pool car that is also used for business travel.

In the Trust's summary report of the 2020 Staff Travel Survey, it is stated that the NHS Long Term Plan aims to cut business mileage and fleet air pollutants emissions by 20% by 2023/24 and ensure that 90% of the NHS fleet will use low-emission engines by 2028.

Surrounding Highway Network

The hospital is served by a number of internal access roads. The primary access road to the hospital is Southmoor Road which bisects the northern section of the site, and provides access to patient car parks.

Southmoor Road connects to Floats Road at its western extents, which sweeps around the western and southern bounds of the hospital campus. Clay Lane forms the eastern boundary, and is largely closed to vehicular traffic. A summary of the key routes is provided below.

Southmoor Road

Southmoor Road has two distinct characteristics as the primary access route to Wythenshawe Hospital and the key link to the A560 Altrincham Road approximately 1,400m north of the hospital zone. Adjacent to the hospital, the road follows a west-to-east alignment for a length of c. 550m and provides access to a number of hospital buildings and car parks, including the Acute Block and main outpatients building.

Southmoor Road comprises a two-way single carriageway road of c. 6m in width, subject to a 30mph speed limit. There is a good level of pedestrian infrastructure along its extents, including zebra crossing provision, dropped kerbs, tactile paving and footways on either side of the carriageway measuring c. 1.5m–2m wide. Some lengths of the footway are also separated from the carriageway by a wide grass verge. The road is also very well-lit, with street light columns at regular intervals.

Traffic Regulation Orders (TROs) in the form of a combination of double yellow (no waiting at any time) and double red (no stopping for any purpose at any time, except in an emergency or to set down / pick up a disabled person) parking restrictions are present intermittently along both sides of the carriageway restricting parking as appropriate.

To the west, Southmoor Road forms a priority junction with Floats Road. To the east, the road bears north for c. 100m where it then forms a signalised junction with Hollyhedge Road. Beyond the junction, the road continues towards the north for c. 1.2km, terminating at a signalised junction with the A560 Altrincham Road and Moor Road. Along this section, the carriageway widens approaching the Roundthorn Metrolink Station and to accommodate various turning lanes associated with junctions at Ledson Road, Floatshall Road, Royal Oak Road, and Timpson Road.

To the north-east of the hospital campus, there is a pair of bus stops located along Southmoor Road. The westbound bus stop comprises a pole with a notice board with timetable information, along with dropped kerbs and tactile paving; whereas the eastbound bus stop comprises an additional shelter with seating and a bus layby. These bus stops host regular services to Wythenshawe, Stockport, Piccadilly Gardens, Manchester Airport, Altrincham, and Macclesfield. There is an additional bus terminus to the west of Southmoor Road, complete with good bus infrastructure such as shelters, seating, and a dedicated bus turning circle.

Floats Road

Floats Road follows a north-to-south alignment for c. 1.4km from Roundthorn Business Park and along the western and south-western boundary of the hospital campus. Floats Road primarily provides access to the Clinical Science Building, Southmoor Road, the Maternity Unit to the south of the hospital campus, and the main Jurassic staff car park; however, it is also used to access the industrial units located to the west of the hospital campus.

In the vicinity of the hospital campus, Floats Road comprises of a two-way single carriageway c. 6.5m in width, and is subject to a 20mph speed limit, which is enforced with speed humps at several points. TROs in the form of double yellow parking restrictions is present along both sides of the carriageway, restricting parking along its extents.

Footway provision is intermittent, with the majority of the footway infrastructure along Floats Road considered to be below standard in width (c. 1.0m – 1.5m in width, only available on one side of the carriageway, dropped kerbs but no tactile paving nor formal crossing points). There are also street light columns at regular intervals along the carriageway.

Accident & Emergency (A&E) / Servicing Access Route

To the west of the northbound bend in Southmoor Road, there is an access road where Accident & Emergency (A&E) blue light and servicing vehicular access is taken to the south. The road is c. 6m in width, and comprises a 2m-wide footway on its western side (there are no uses to serve on the eastern side). The road is marked with TROs in the form of double red parking restrictions along its length.

In addition to providing access to A&E, this route also leads to staff parking areas such as the rear of the A&E, the east of the acute building, and the pain clinic.

Clay Lane

Clay Lane borders the east of Wythenshawe Hospital, forming a priority junction with Floats Road at the south-east. Vehicle movements along this 500m section are restricted to access only and bicycles, providing virtually traffic-free links between Floats Road, Fouracres Road in the north-east, and Newall Green to the east (via Stapleford Close). This section of Clay Lane has a width of c. 3.5m and some intermittent street lighting.

To the south-east of the hospital campus, Clay Lane forms the eastern boundary of the Jurassic car park for staff. Here, Clay Lane extends to the south for c. 400m as a two-way, single carriageway road of c. 5m in width, then continues as Barnacle Avenue, providing access to the southern areas of Newall Green. There is no footway provision, and there is some intermittent street lighting.

Clay Lane provides a key link onto Tuffley Road in Newhall Green (via Barnacle Avenue, Newall Road, and Greenbrow Road) which in turn is a key link eastwards to Junction 4 of the M56 motorway. In addition, the south of Clay Lane links to Manchester Airport (via Barnacle Avenue, Newall Road, Whitecarr Lane, Roaring Gate Lane, and Thorley Lane). On this basis, it is understood that Clay Lane forms a key commuter route for staff parking at the Jurassic Car Park.

M56 Junction 3A / A560 Altrincham Road

The M56 spur provides access to Wythenshawe Hospital via Junction 3A and the A560 Altrincham Road to the north-east of the hospital campus. The M56 motorway forms a strategic east-to-west route from the M60 in the east to the M53 in the west, providing access to Greater Manchester and Cheshire areas. The M56 also provides direct links to the M6, which is approximately 15km to the west.

This junction takes the form of a roundabout gyratory and comprises a shared footway / cycleway along the southern side of the carriageway, along with an underground link for pedestrians and cyclists between Netherwood Road and the A560.

In the vicinity of the motorway junction, the A560 Altrincham Road comprises a single carriageway with a lane in each direction and a typical carriageway width of 10m including central hatching / islands, turning pockets, and pedestrian refuge islands with dropped kerbs and tactile paving. The A560 is well-lit with street lighting at regular intervals, and there is also a large grass verge separating the shared footway / cycleway from both sides of the carriageway.

The A560 Altrincham Road is subject to a speed limit of 30mph, however there are no physical measures to enforce this. The road widens as it approaches the signalised junction with Southmoor Road and comprises additional infrastructure such as advanced cycle stop lanes, signalised crossing points and bus stops with shelter, seating, a pole, and timetable information.

Key Issues

In preparing the 2015 Travel Plan, AECOM undertook a site visit in 2015 and identified several issues to be resolved at the site. When undertaking a site visit in 2021, Curtins referred to these issues and recorded any other new findings. Three separate lists follow, with the first being issues raised in 2015 that were not observed in 2021 (potentially resolved), the second being issues that have not yet been resolved, and the third being issues that were newly observed in 2021, with accompanying details.

Potentially Resolved Issues:

- **No Record as to How Many of the Storage Bins are Actually in Use** – The Trust has conducted an audit of cycle bin usage and capacity levels, and has developed a monitoring procedure to assess how facilities are being utilised. Notices are placed on bike bins as shown in **Figure 14** below, and staff are instructed to contact the Estates and Facilities Team if they are still in use. If no response is received, padlocks are to be cut after a specified period; storage bins are to be reallocated to staff and users retained on a register, and the register will be re-checked every 6 months to ensure allocated bins are still being used.



Figure 14 – Bike Locker outside Clinical Sciences Building with Notice

Unresolved Issues:

- **Car Parking on Footways and along Internal Access Roads** – Although no inappropriate on-street parking was observed along the footways on Southmoor Road, vehicles have been observed to park in areas subject to double red parking restrictions (no stopping at any time) or double yellow parking restrictions (no waiting at any time), and along drop-off areas. This has been observed along Boundary Road / the blue light route, at the Southmoor Road / Floats Road junction, and in front of Entrance 1 as shown in **Figures 15 to 17** below.



Figure 15 – Delivery Van Waiting on Double Red Parking Restrictions on Boundary Road (left)



Figure 16 – Cars Parked on Double Yellow Parking Restrictions at the Floats Road / Southmoor Road Junction (middle)



Figure 17 – Car Parked on Drop-off Area at Entrance 1 (right)

Besides those pictured in the above figures, car parking on areas where no stopping / waiting restrictions are in place also occurred along other internal roads such as Central Road, within the Baguley car park, and outside the Maternity Unit. Deterrents have been put in place along Central Road as shown in **Figure 18** below, however this is not fully effective as these are not placed along the entire length of the road.



Figure 18 – Installations to Deter Inappropriate Parking on Central Road

- **Capacity Issues with the Disabled Parking Bays** – Disabled parking bays were observed to be mostly full during the 2021 site visit;
- **Car Parking for Staff and Visitors is at Capacity** – The car parks were observed to be mostly full during the 2021 site visit, with limited available spaces for visitors. Notwithstanding, it is noted that at the time of the site visit, the UK Government's offered to cover the costs of car parking, therefore providing free car parking to all NHS staff working in

hospitals during COVID-19. Therefore, this would have incentivised more staff to drive to the site out of convenience; and

- **Cycle Parking Capacity Issues / Informal Cycle Parking, i.e. Cycles Attached to Railings or Street Furniture –**
It was observed during the site visit that the cycle parking facilities are well utilised, but over-subscribed in certain locations in many instances (and therefore bicycles are chained to railings and street furniture); conversely, there were also locations where there were spare cycle parking spaces. The over-use of cycle parking is shown in **Figures 19 to 21** below at the Education and Research Centre (ERC) Bike Park, whereas areas where spare capacity was observed are shown in **Figures 22 to 24** below at Entrance 5, Entrance 3, and to the rear of A&E:



Figure 19 – Over-Use of Cycle Parking at ERC Bike Park (left)

Figure 20 – Cycles Left in the Open at ERC Bike Park (middle)

Figure 21 – Cycles Chained to Street Furniture Directly Opposite ERC Bike Park (right)

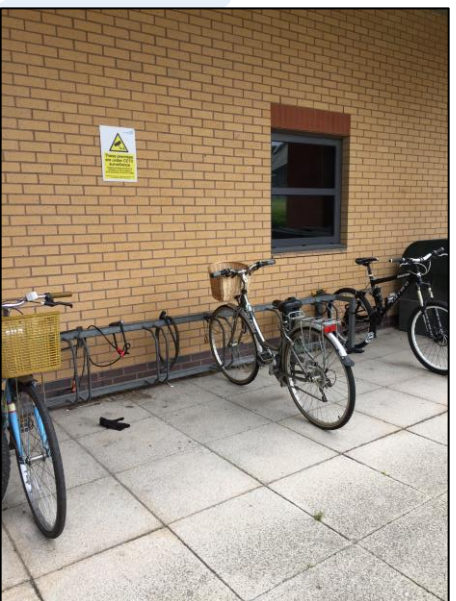


Figure 22 – Spare Cycle Parking Spaces near Entrance 5 (left)

Figure 23 – Spare Cycle Parking Spaces near Entrance 3 (middle)

Figure 24 – Spare Cycle Parking Spaces to the Rear of A&E (right)

Newly Observed Issues:

- **Insufficient Electric Vehicle (EV) Charging Points** – The majority of EV charging points were fully utilised during the site visit, and it is noted there are insufficient charging points at the moment. There is signage advising people to move their vehicles to a parking space once fully charged, but it is unsure if this is enforced as fully charged cars were observed to be dwelling at the charge points;
- **No Signage to Shuttle Bus** – The inter-site shuttle bus service between ORC and Wythenshawe was available as Curtins successfully boarded the shuttle bus at the Southmoor Road bus layby, however this was only possible due to prior knowledge that a specified bus would depart from there at a specified time. There was no signage nor timetable at any of the notice boards along the bus layby to indicate that a shuttle bus was in service, which could deter first-time patients / visitors to the site that are unfamiliar with the shuttle bus service;
- **Poor Pedestrian Infrastructure on Floats Road** – Footway provision on Floats Road is intermittent between both sides of the carriageway, shown in **Figure 25** below and pedestrians have to cross the road several times to continue walking along the road. There is no formal crossing facility across the road, and cars have been observed to speed along the road, posing a safety risk to pedestrians. Near the Jurassic car park, there is also no pedestrian crossing from the car park to the maternity unit, shown in **Figure 26** below. **Figure 26** also shows inappropriate parking on double yellow parking restrictions.



Figure 25 – Poor Footway Provision along Floats Road (left)



Figure 26 – Absence of Pedestrian Crossing from Jurassic Car Park to Maternity Unit / Across Floats Road (right)

- **Poor Pedestrian Connection to Clay Lane** – Staff who park at Jurassic Car Park and work towards the northern part of the site either have to walk through the hospital buildings or along Floats Road, as there is no pedestrian footway to the east of Jurassic Car Park. As such, there is no southern connection to Clay Lane and very limited permeability to the east, although Clay Lane is well-maintained and well-lit. The only link from Stapleford Close to the hospital campus via Clay Lane along the eastern perimeter of the site is in the vicinity of the Baguley Car Park, via a gated access that is activated by staff swipe cards.

Accessibility by Sustainable Modes of Travel

Introduction

A key element of national and local policy is to ensure that developments are in areas where alternative modes of travel are available. It is important to ensure that sites are accessible and located close to complementary land uses. This supports the aims of integrating planning and transport, providing more sustainable transport choices, and reducing overall travel and car use.

The accessibility of the site is considered in this context for the following modes of travel:

- Pedestrian accessibility;
- Accessibility by cycle; and
- Accessibility by public transport.

Pedestrian Accessibility

To assist in summarising the accessibility of the site by foot, an indicative pedestrian catchment plan has been produced. **Figure 27** below and **Plan 78274-CUR-00-XX-DR-TP-06003-P01** to the rear of the report shows distances of 500m, 1,000m and 2,000m which are termed 'Desirable', 'Acceptable' and the 'Preferred Maximum' by the Chartered Institution for Highways and Transportation (CIHT) for commuting trips; which are considered a good approximation for trips associated with the site.

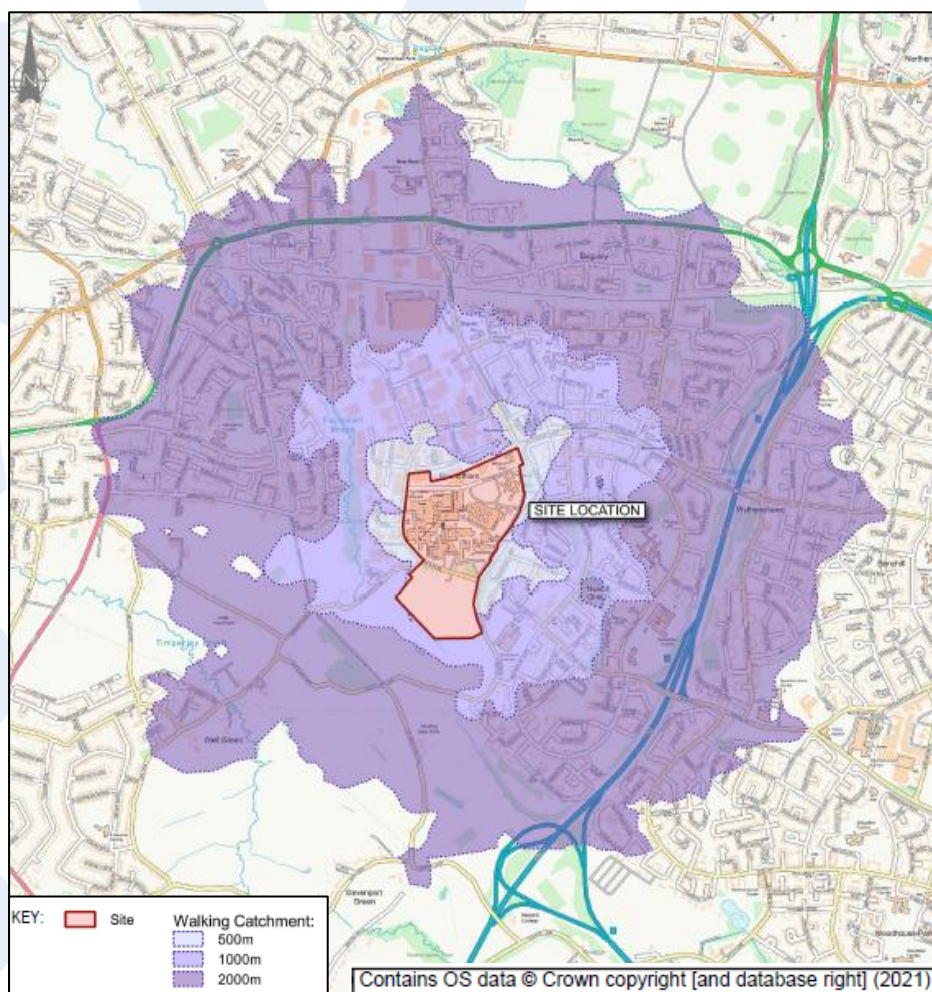


Figure 27 – Indicative Walking Catchment
(Source: OS Maps)

Within a 500m walking distance lies some of the residential areas to the north and east of the site, such as those off Fouracres Road, Stapleford Close, Wastdale Road, Capenhurst Close, and Johannesburg Gardens. Within a 1,000m walking distance catchment area lies additional residential areas such as the majority of Newall Green to the east and residential dwellings in the south of Baguley.

Residential areas further afield but within a 2,000m walking distance catchment include all of Newall Green, west of Benchill, west of Woodhouse Park, all of Baguley, up to the Moor Road Metrolink station, the residential area to the north-west and west of Roundthorn Business Park, and the east of Timperley. The catchment demonstrates that walking can be a realistic mode of travel for staff who work at the site and live in the above areas and patients and visitors who live in the above areas and need to attend the site.

Staff and patients / visitors can utilise on-site amenities such as machines that dispense hot and cold drinks and snacks throughout the hospital site, a cash machine, the Moment To Restaurant, Costa Café and WHSmith at the centre of the hospital, a Subway restaurant at the hospital's main entrance, tea bars at the North West Heart Centre and Maternity Unit, and a hospital shop and café run by Royal Voluntary Service at the Outpatients building.

There are also off-site amenities such as a Greggs hot food takeaway and a gym within the Roundthorn Industrial Estate to the north, pubs, restaurants / hot food takeaways, and convenience stores within Baguley and Newall Green to the east, and a retail complex off the A560 Altrincham Road (comprising petrol stations, Tesco Extra, Aldi, and Lidl supermarkets, and other retail shops) further to the north.

Most notably, there are a number of key transport links available within a 500m walk of the site such as the bus stops along Southmoor Road and the Roundthorn Metrolink station. It is considered that the site is situated within a highly accessible area, with a number of complimentary land uses within walking distance. Walking can also be combined with use of public transport to nearby interchanges as part of a multi-modal trip.

There is already a high pedestrian footfall in the area, and so high-quality pedestrian facilities exist along the main roads. Based on the above, it is considered that the site is highly accessible for pedestrians. This is reflected in the **Existing Travel Patterns** section of this report, which shows that a proportion of staff travel to work on foot.

Cycle Accessibility

To assist in assessing the accessibility of the site by cycle, an 8km cycle catchment for the site has been produced and shown in **Figure 28** below and **Plan 78274-CUR-00-XX-DR-TP-06004-P01** to the rear of the report.

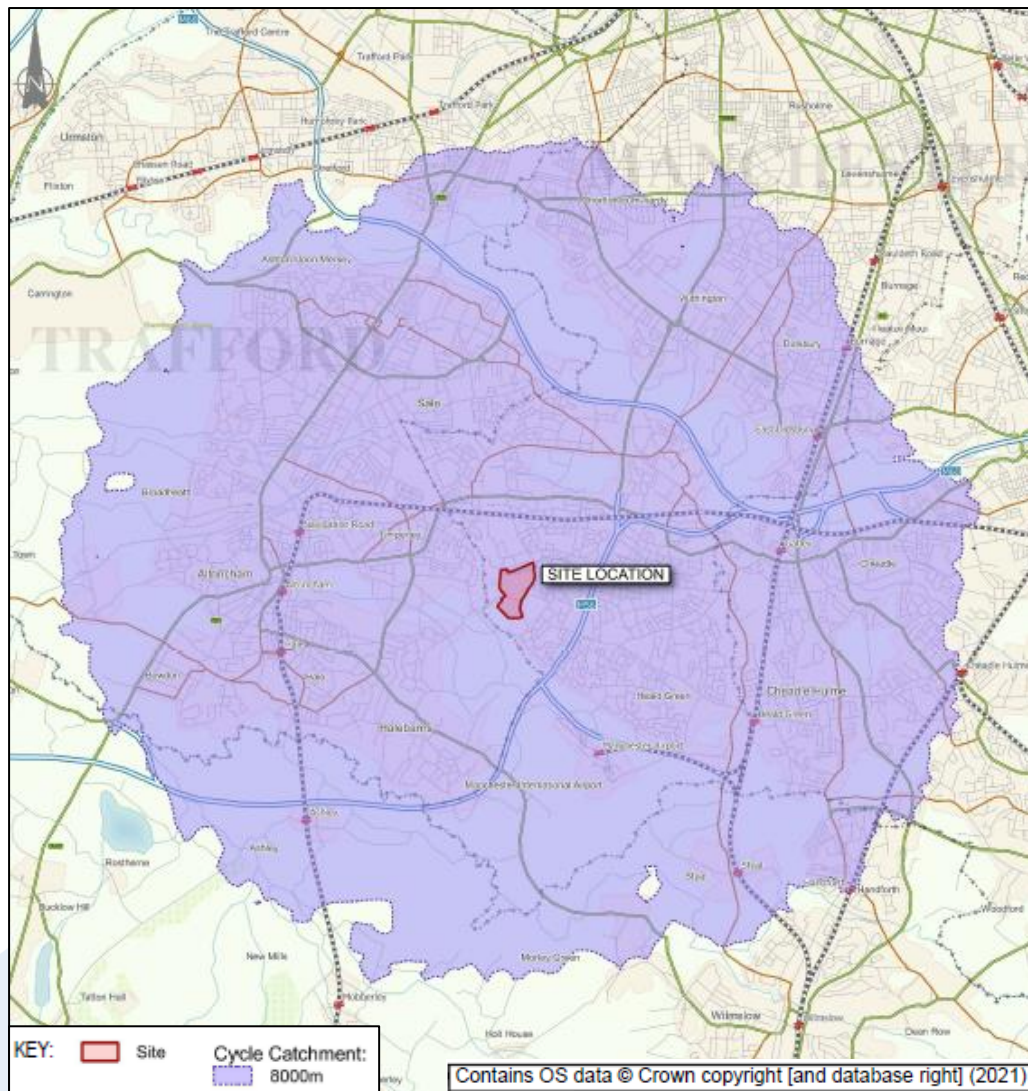


Figure 28 – Indicative Cycling Catchment
(Source: OS Maps)

The 8km (5-mile) cycling distance refers to a recommendation by Cycling England in the document *'Integrating Cycling into Development Proposals'* (2009), which states: “most cycle journeys for non-work purposes and those to rail stations are between 0.5 and 2 miles, but many cyclists are willing to cycle much further (i.e. for work, a distance of 5 miles should be assumed)”.

The 8km catchment encompasses areas such as Sale, Chorlton, Withington, and Didsbury to the north, Altrincham and Hale to the west, Heald Green, Manchester Airport, and Styal to the south, and Cheadle Hulme to the east. The catchment also encompasses a number of adjacent residential areas including Wythenshawe itself, Northenden, Gatley, Timperley and Brooklands.

As the site is located within a hospital zone, the surrounding roads are considered conducive to cycling. The reduced speed limits and the presence of footways, street lighting, and active frontages also encourages low vehicle speeds. Cycle infrastructure is also reasonable with a network of traffic-free cycleways and segregated footpath / cycle paths, which provides safer options to less experienced cyclists. It is considered that these surrounding routes could be easily utilised by staff and visitors to the site.

The local cycle map in the vicinity of the site is shown in **Figure 29** below:

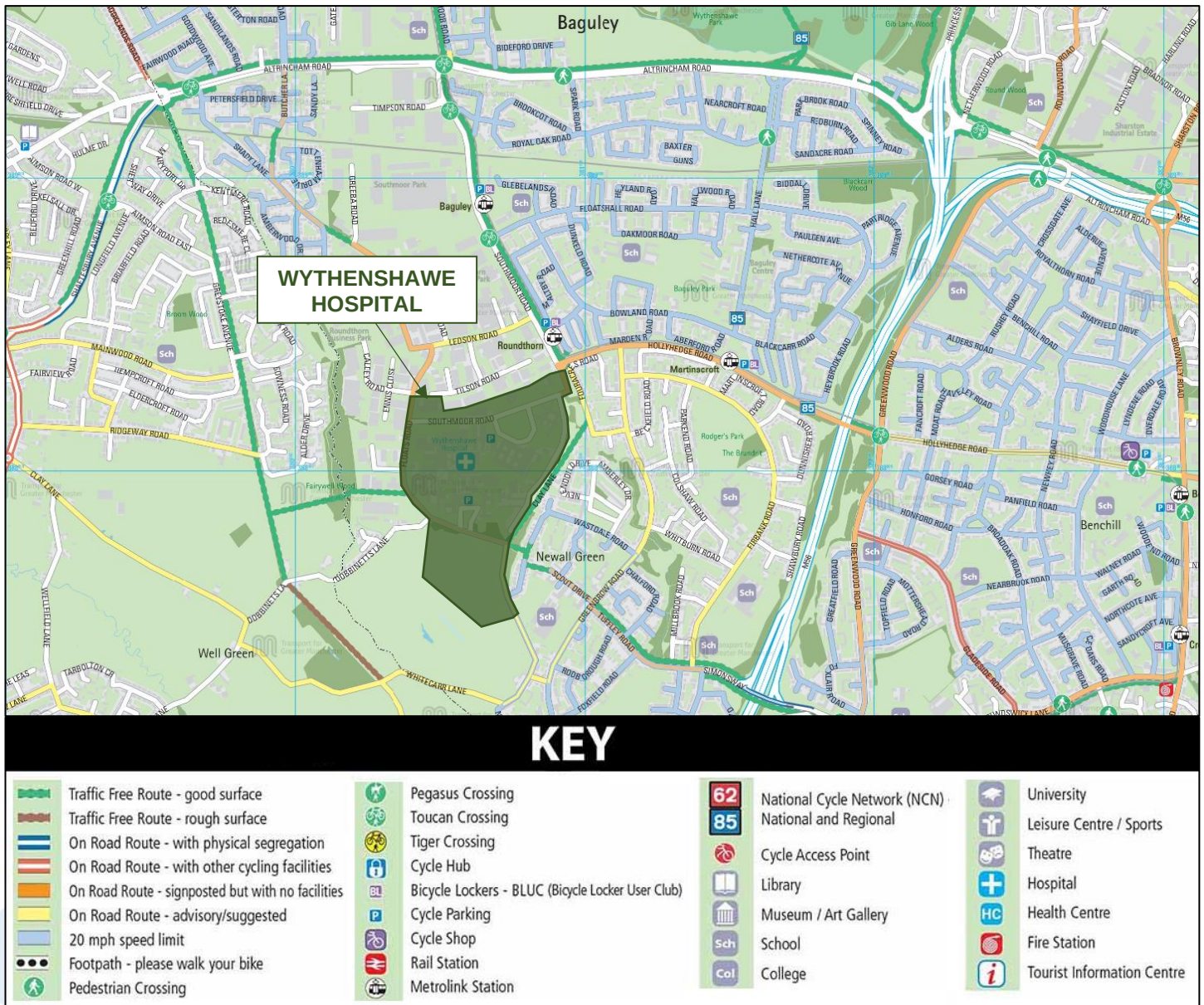


Figure 29 – Local Cycle Infrastructure
(Source: TfGM)

The local cycle network shown above is also a part of Greater Manchester's cycling and walking infrastructure proposal, named the "Bee Network". The Bee Network comprises signed routes that mark the most direct and pleasant way to navigate an area on foot or by bike, where quieter existing streets are to be connected, leading to existing and proposed cycle-friendly crossing points across busier roads. Clay Lane and Fouracres Road to the east, Tibson Road to the north, and the traffic-free cycle paths to the west and south are designated as "Beeways", therefore those travelling to and from the Wythenshawe Hospital campus from all directions by bicycle can benefit from these facilities.

Regional Route 85 on the National Cycle Network (NCN) to the east of Wythenshawe Hospital can be accessed via Hollyhedge Road. Route 85 connects the site to the Manchester Airport Orbital Cycle route which spans c. 8 miles across quiet lanes, cycle paths and off-road trails. The route takes cyclists around the outer perimeter of the airport, through tunnels under the runways, close to Styal Country Park, and past Heald Green before returning to Wythenshawe Town Centre.

Based on the above, it is considered that the site is highly accessible for cyclists. This is reflected in the **Existing Travel Patterns** section of this report, which shows that many staff use a bicycle to travel to work.

Public Transport Accessibility

Developed by TfGM, Greater Manchester Accessibility Levels (GMAL) are a measure of the accessibility of a point to both the conventional public transport network (i.e. bus, Metrolink and rail) and Greater Manchester's Local Link (flexible transport service), considering walk access time, service availability, and average waiting time. The method is essentially a way of measuring the density of the public transport provision at any location within the Greater Manchester region.

The accessibility index score is categorised into eight levels (1 to 8), where level 8 represents a high level of accessibility (described as 'excellent') and level 1 a low level of accessibility (described as 'very poor'). The site is located in an area with a GMAL rating of between 5 and 7, with the majority in Level 6, as shown in **Figure 30** below. This is a particular strength of the site, which offers good multi-modal links from the south of Manchester into Manchester City Centre / across Greater Manchester and the North West.

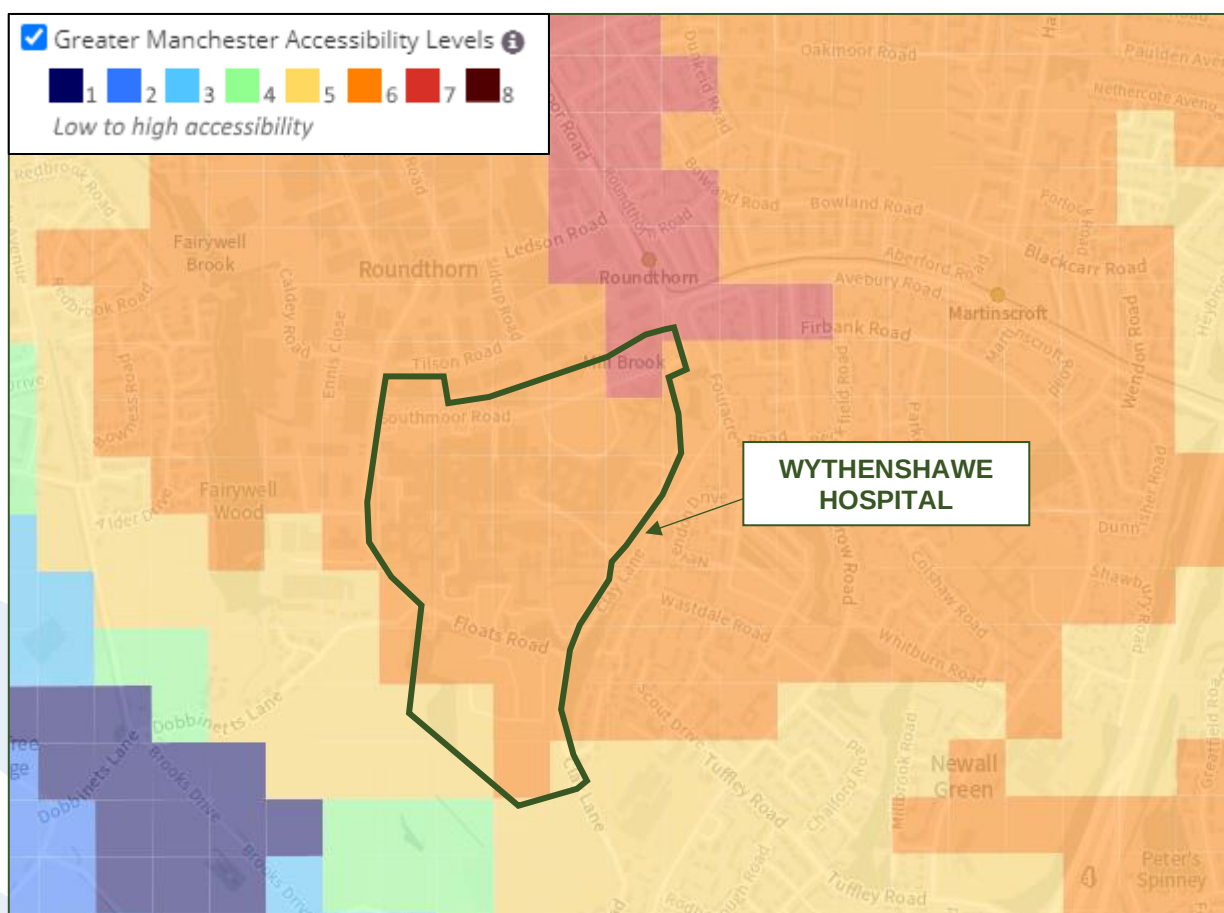


Figure 30 – Greater Manchester Accessibility Level
(Source: MappingGM)

Figure 31 below and **Plan 78274-CUR-00-XX-DR-TP-06005-P01** to the rear of the report demonstrate the areas accessible via public transport within 20, 40 and 60 minutes of the site. These include:

- 20 minutes – Newall Green, Gatley, and Baguley;
- 40 minutes – Timperley, Altrincham, Sale, Chorlton, Stretford, Deansgate, Moss Side, Withington, Didsbury, Burnage, Cheadle Hulme, Heald Green, and Manchester Airport; and

- 60 minutes – Manchester City Centre, Collyhurst, New Islington, Ardwick, Rusholme, Longsight, Levenshulme, Mauldeth Road, Heaton Chapel, Heaton Moor, Stockport, Cheadle, Bramhall, Wilmslow, Alderley Edge, Hale, Ashley, Bowdon, Knutsford, Broadheath, Ashton upon Mersey, Urmston, Salford Quays, Eccles, and Particroft.

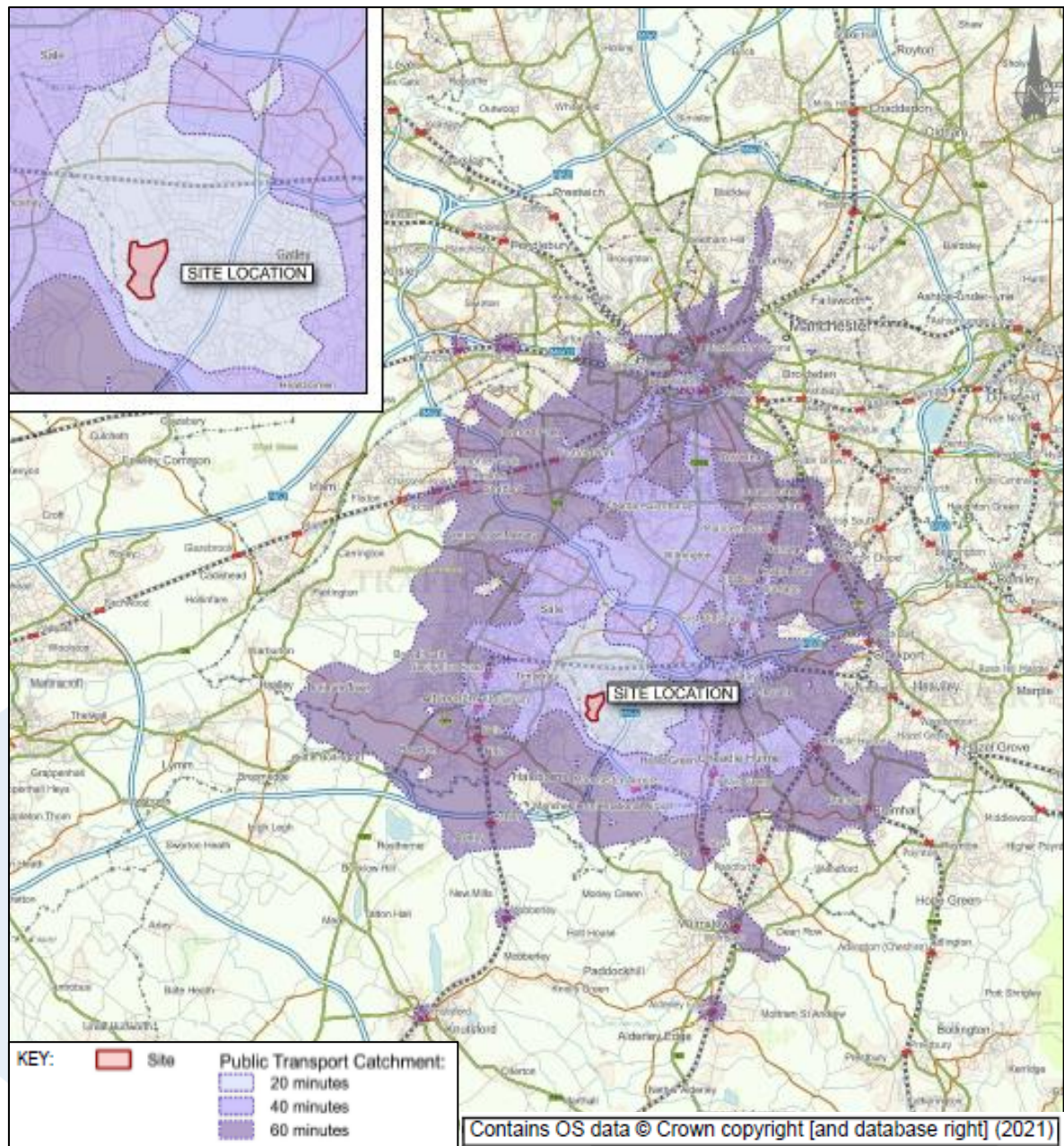


Figure 31 – Indicative Public Transport Catchment
(Source: OS Maps)

Public transport services will be available for staff, patients and visitors to access the site. Staff shift patterns vary by department and rotas to suit operational requirements. Shift patterns tends to include a mixture of:

- Full rotation (mix of early, days and nights);
- Regular office hours;
- On-call; and
- Nights.

The availability of public transport services throughout the day is considered as part of the review in the following sub-sections.

Bus Accessibility

Table 7 below details all bus stops within a 400m walking distance of the site. Frequencies listed are for trips in both directions unless otherwise stated with an asterisk (*).

Bus Service	Route	Peak Hourly Frequency		
		Mon – Fri	Sat	Sun / Hols
From Southmoor Road				
11	Altrincham – Gatley – Cheadle – Edgeley – Stockport	20 mins	20 mins	30 mins
18	Manchester Airport – Sale – Trafford Park – Eccles	Hourly	Hourly	Hourly
19	Wythenshawe – Northern Moor – Sale Moor – Sale – Altrincham	20 mins	30 mins	Hourly
44	Wythenshawe Hospital – Withington – Piccadilly Gardens	Hourly	Hourly	-
101*	Wythenshawe – Baguley – Moss Side – Piccadilly Gardens	15 mins	15 mins	20 mins
130	Wythenshawe Hospital – Wilmslow – Henbury – Macclesfield	Hourly	-	-
368*	Manchester Airport – Cheadle Hulme – Edgeley – Stockport	1 in the AM 3 in the PM	3 in the PM	-
From Floats Road				
Buses no. 11, 18, 19, 368 as above.				

Table 7 – Summary of Bus Service Frequencies

As the hospital is a 24-hour operation, it is relevant to identify the start and end time of each services, and whether services run 24 hours per day, for staff in particular. The below list contains approximate start and end times of bus services, but it must be noted that the start and end time of each service and in each direction varies according to current circumstances (i.e. in the summer times between mid-July and early September, some timetables will be different):

- **Mondays to Fridays:**
 - Most services in **Table 7** above start in the AM between 05:30 – 07:50;
 - Services no. 101 and 19 start earlier at 04:35 and 05:10 respectively, whereas service no. 130 starts later at 08:45;
 - Most services end in the PM between 00:00 – 01:00; and
 - Some exceptions are services no. 44 and 130 which end earlier between 18:00 – 19:00, and service no. 368 which ends at 20:10.
- **Saturdays:**
 - Most services start in the AM between 06:30 – 07:30;
 - Service no. 101 starts earlier at 05:00, whereas service no. 368 only has 3 buses in the PM, starting from 18:00;
 - Most services end in the PM between 00:00 – 01:00; and
 - Some exceptions are services 44 and 368 which end earlier at 18:30 and 20:15 respectively.
- **Sundays and Public Holidays (except Christmas and New Year period):**
 - Most services start in the AM between 07:45 – 08:45;
 - Service no. 101 starts earlier at 05:50; and
 - All services end in the PM between 23:00 – 00:00.

There are no bus services with a 24-hour timetable. It is noted that the provision of bus services will change over time in response to current circumstances. The bus times are accurate at the time of writing, whereas up-to-date bus times can be found on TfGM's website: tfgm.com/public-transport/bus.

Based on the above, it is considered that the site is accessible by bus. Notwithstanding, the **Existing Travel Patterns** section of this report shows that not many staff travel to the site by bus.

Community Transport

For patients and visitors that may have difficulty accessing regular public transport, the Trust promotes several alternative schemes by TfGM, MCC, and the NHS, such as:

- **Ring and Ride** – door-to-door transport for people who face difficulty getting to a bus stop or boarding / alighting ordinary buses, whereby drivers trained in disability awareness can provide short local journeys on buses with low entrance steps and lifts at the rear, along with wheelchair equipment and the option for carers / friends / relatives to travel together;
- **TfGM Travel Vouchers** – vouchers that can be used to pay for taxis and for travel on accessible bus services such as Ring and Ride;
- **The Motability Scheme** – a national charity where a disabled person can use their higher rate component of Disability Living Allowance or their War Pensioners' Mobility Supplement to lease or buy a car or powered wheelchair or scooter; and
- **Patient Transport Service** – a non-emergency service for people who may need special support getting to and from their healthcare appointments, and in certain circumstances it may be possible to have someone accompany a patient on their journey.

Rail Accessibility

The nearest rail station is Manchester Airport, located at c. 5km to the south of the site. Staff, patients and visitors can also board bus services or the Navy Line on the Metrolink that would call at the station, or cycle between Wythenshawe Hospital and the rail station, as part of a multi-modal journey.

The station is staffed and has automated ticketing facilities. All the platforms are accessible via a footbridge or with lifts for step-free access. There is also sheltered cycle storage available which is monitored by CCTV cameras.

Table 8 shows the frequencies of regular trains that operate from Manchester Airport. Frequencies listed are for trips in both directions unless otherwise stated with an asterisk (*).

Service	Peak Hourly Frequency		
	Mon – Fri	Sat	Sun / Hols
Northern Rail trains:			
Carlisle to Preston and Manchester via Cumbrian Coast and Windermere to Manchester Airport Calling at: - Barrow-in-Furness, Roose, Dalton, Ulverston, Cark, Kents Bank, Grange-over-Sands, Arnsdale, Silverdale, Carnforth, OR - from Windermere, Staveley, Burneside, Kendal, Oxenholme Lake District converging at Lancaster, then continuing to Preston, Manchester Oxford Road, Manchester Piccadilly, and Manchester Airport.	Hourly	Hourly	Hourly
Bolton to Manchester and Manchester Airport Calling at: Bolton, Salford Crescent, Deansgate, Manchester Oxford Road, Manchester Piccadilly, Heald Green, and Manchester Airport.	Hourly	Hourly	Hourly
Manchester to Southport and Kirkby Calling at: Manchester Airport, Heald Green, Manchester Piccadilly, Manchester Oxford Road, and Wigan North Western.	Hourly	Hourly	Hourly
Liverpool to Manchester Airport and Warrington Bank Quay via Earlestown (includes Helsby to Ellesmere Port) Calling at: Liverpool Lime Street, Edge Hill, Wavertree Technology Park, Broad Green, Roby, Huyton, Whiston, Rainhill, Lea Green, St Helens Junction, Earlestown, Newton-le-Willows, Patricroft, Eccles, Deansgate, Manchester Oxford Road, Manchester Piccadilly, and Manchester Airport.	Hourly	Hourly	Hourly
Manchester to Crewe via Stockport and via Manchester Airport Calling at: Manchester Oxford Road, Manchester Piccadilly, Mauldeth Road, Burnage, East Didsbury, Gatley, Heald Green, and Manchester Airport.	Every 30 minutes	Every 30 minutes	Every 30 minutes
Manchester to Manchester Airport local stopping services Calling at: Deansgate, Manchester Oxford Road, Manchester Piccadilly, Mauldeth Road, Burnage, East Didsbury, Gatley, Heald Green, Manchester Airport, Styal, Wilmslow, Alderley Edge, Chelford, Goostrey, Holmes Chapel, Sandbach, Crewe	6 per hour	6 per hour	2 per hour
Transport for Wales trains:			
Holyhead to Llandudno to Chester to Manchester Calling at: Llandudno Junction, Colwyn Bay, Abergale and Pensarn, Rhyl, Prestatyn, Flint, Shotton, Chester, Helsby, Frodsham, Runcorn, Runcorn East, Warrington Bank Quay, Earlestown, Newton-le-Willows, Manchester Oxford Road, Manchester Piccadilly, East Didsbury, and Manchester Airport.	Hourly	Hourly	No service
TransPennine Express trains:			
Manchester to Sheffield, Doncaster, Scunthorpe, Grimsby and Cleethorpes Calling at: Manchester Airport, Manchester Piccadilly, Stockport, Dore & Totley, Sheffield, Meadowhall, Doncaster, Scunthorpe, Barnetby, Habrough, Grimsby Town, and Cleethorpes.	1 in the AM 2 in the PM	1 in the AM	No service
Manchester Airport to Preston, Carlisle, and Glasgow Central / Edinburgh Calling at: Manchester Airport, Manchester Piccadilly, Manchester Oxford Road, Bolton, Preston, Lancaster, Oxenholme, Penrith, Carlisle, Lockerbie, Carstairs, diverge to Motherwell and Glasgow Central OR Haymarket and Edinburgh.	Every 2 hours	Every 2 hours	Every 2 hours

Service	Peak Hourly Frequency		
	Mon – Fri	Sat	Sun / Hols
Manchester Airport to Leeds, Hull, York, Scarborough, Middlesbrough, Newcastle and Edinburgh Calling at: Manchester Airport, Gatley, Manchester Piccadilly, Manchester Oxford Road, Manchester Victoria, Huddersfield, Dewsbury, Leeds, York, Thirsk, Northallerton, Yarm, Thornaby, Middlesbrough, and Redcar Central.	Hourly	Hourly	Hourly

Table 8 – Summary of Rail Service Frequencies

As the hospital is a 24-hour operation, it is relevant to identify the start and end time of each services, and whether services run 24 hours per day, for staff in particular. The below list contains approximate start and end times of rail services, but it must be noted that the start and end time of each service and in each direction varies according to current circumstances:

- **Mondays to Saturdays:**

- Most services in **Table 8** above arrive at Manchester Airport in the AM around 04:30 – 06:30;
- Some exceptions are the TransPennine Express service from Leeds which arrives earlier, starting from 04:00, and the Northern Rail service from Carlisle which arrives later, starting from 07:15;
- Most services end in the PM around 22:30 – 00:30; and
- Some exceptions include the Northern Rail service to Wigan (where the last direct service departs from the station earlier at 22:10), and the Northern Rail local stopping service (where the last direct service departs from the station later at 01:15).

- **Sundays and Public Holidays (except Christmas and New Year period):**

- Most services arrive at Manchester Airport in the AM between 08:00 – 11:30;
- Some exceptions include the Northern Rail service from Manchester Oxford Road and local stopping services which arrive earlier at 05:45, and the Northern Rail service from Bolton which arrives earlier at 07:40; and
- Most services end in the PM around 22:00 – 01:00.

There are no rail services with a 24-hour timetable. It is noted that the provision of rail services will change over time in response to current circumstances. The rail frequencies are accurate at the time of writing, whereas up-to-date rail times can be found the respective train operators' websites:

- Northern Rail: northernrailway.co.uk/travel/timetables;
- Transport for Wales: tfwrail.wales/travel-safer/timetable; and
- TransPennine Express: www.tpexpress.co.uk/travel-updates/timetables.

Alternatively, Altrincham station c. 5km to the west of the site is a station on the Mid-Cheshire Line, with regular services to Manchester Piccadilly via Stockport, and Chester. Trains call at Altrincham approximately every 2 hours in each direction.

Based on the above, it is considered that the site is accessible by rail via multi-modal transport. Notwithstanding, the **Existing Travel Patterns** section of this report shows that not many staff travel to the site by rail.

Metrolink

Figure 32 shows the Greater Manchester Metrolink network:

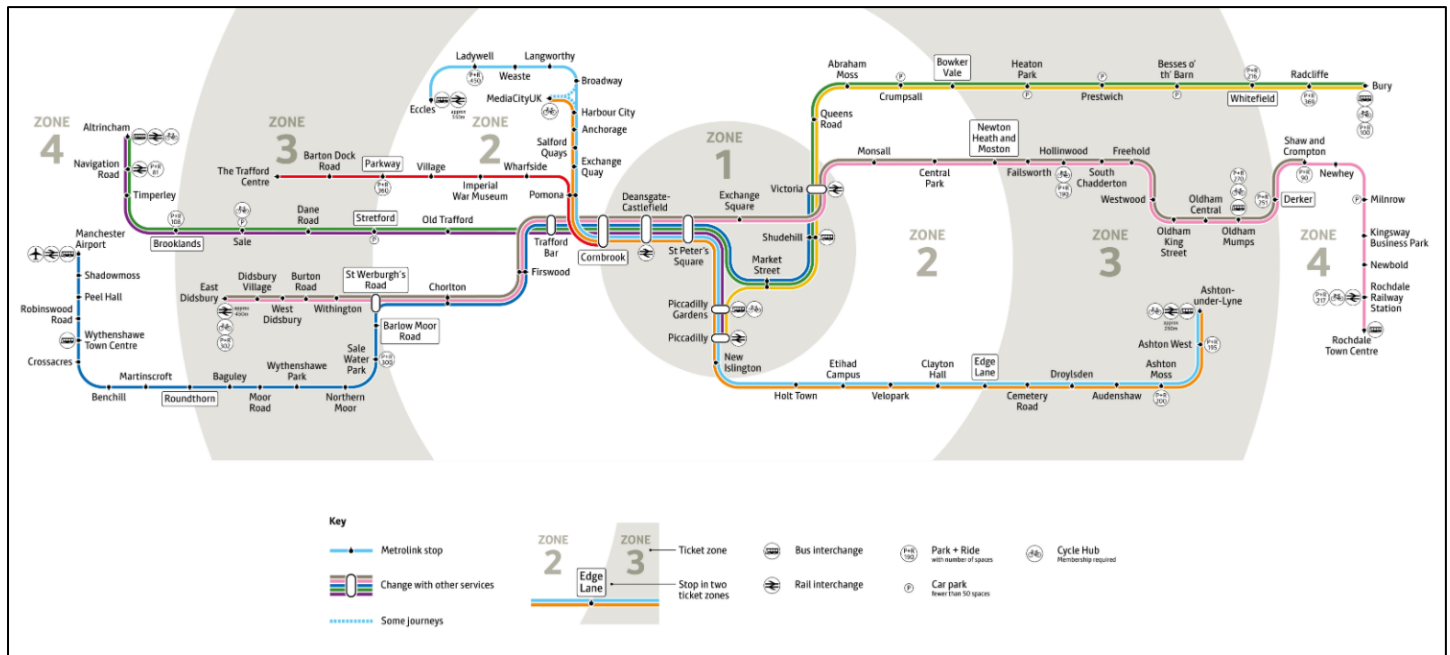


Figure 32 – Greater Manchester Metrolink Network
(Source: TfGM)

The nearest Metrolink stop to the site is Roundthorn, which is located c. 550m to the north-east of Wythenshawe Hospital, which makes it a highly realistic mode of travel for many staff and patients / visitors.

The **Navy Line** between Manchester Airport to Manchester Victoria calls at this stop, however passengers can also change at other stops such as St Werburgh's Road to access other services. All lines run at a frequency as follows:

- **Monday to Friday** – Every 10 minutes between 06:00 – 19:00, every 20 minutes between 19:00 to 00:00;
- **Saturday** – Every 20 minutes between 06:00 – 08:00 and 20:00 – 00:00, every 10 minutes between 08:00 – 20:00; and
- **Sunday** – Every 15 minutes between 07:00 – 23:00.

The start and end times for specific stations will change over time in response to current circumstances. The Metrolink frequencies are accurate at the time of writing, whereas up-to-date times can be found on the Metrolink website at: tfgm.com/public-transport/tram/tram-times.

The **Existing Travel Patterns** section of this report indicates that a proportion of staff travel by Metrolink, which confirms the accessibility of these services.

Based on the above, it is considered that the site is accessible by Metrolink.

Summary

Overall, it is concluded that the site is accessible by active and sustainable modes of transport. The surrounding area exhibits good levels of walking and cycling infrastructure, and there are several public transport opportunities within walking distance of the site. The wide range of bus services that operate in the vicinity of the site and the site's proximity to the Metrolink are particular strengths of Wythenshawe Hospital.

Travel Plan Initiatives

Introduction

This section provides details of new initiatives proposed based on the findings of the Travel Plan surveys set out earlier in this report. One of the primary reasons for undertaking a modal split survey is to ensure that the proposed initiatives are tailored to the site and effective as possible. For example, if most staff, patients, and visitors already travel by public transport, it might be more worthwhile to focus on promoting walking and cycling to encourage greater levels of sustainable travel.

The initiatives have been designed to complement the Travel Plan aims and objectives, and to help deliver the environmental, health, financial, social and mutual benefits outlined in the **Travel Plan Benefits** section.

Appendix D to the rear of the report includes a further list of measures (from the previous Travel Plan) that have already been implemented at the site / are no longer considered.

Overview

The following tables provide a summary of the proposed Travel Plan initiatives for the site:

Proposed Measure	Staff		Patient / Visitor	Timescale
	Commuter Travel	Business Travel		
Measures to Encourage Active Travel (Walking and Cycling)				
Restart the cycle repair / maintenance programme.	✓	✓	×	Short Term
Provision of cycle repair kits at the hospital at several locations (and during sustainability events) so they are accessible to staff.	✓	✓	×	Short Term
Investigate the provision of demarcated and signed cycle routes within the campus and connections to existing cycle routes on the external road / footway network. Review all pedestrian links within the site and where possible, upgrade pedestrian links to ensure it connects to key public transport hubs.	✓	✓	✓	Cycle and pedestrian access is one of the focal points of the forthcoming Wythenshawe Hospital Strategic Regeneration Framework (SRF), which will develop over the next 10-15 years.
Gauge interest in restarting the Bicycle User Group (BUG) initiative.	✓	✓	×	Short Term
Develop and launch a new e-bike hire scheme with Manchester Bike Hire.	✓	✓	×	Short Term
Increase cycle parking and cycle facilities.	✓	✓	✓	Ongoing. Successful funding bid to increase cycle parking capacity across the Trust. Changing areas will be a future focus once parking spaces have increased.
Active monitoring and security patrols to deter and reduce bike theft.	✓	✓	✓	Medium Term

Proposed Measure	Staff		Patient / Visitor	Timescale
	Commuter Travel	Business Travel		
Measures to Encourage Public Transport Uptake				
Promote shuttle bus service to increase patronage.	✓	✓	✓	Short Term
Provide shuttle bus signage and information available to staff, patients and visitors.	✓	✓	✓	Short Term
Measures to Encourage Car Sharing and Use of Electric Vehicles (EV)				
Gauge interest in starting a site-based Electric Vehicle (EV) user group.	✓	✓	×	Short Term
Consider funding opportunities to increase the number of electric vehicle charging points.	✓	✓	✓	Strategy in development. The strategy reviews demand, electrical capacity and funding opportunities.
Review provision of disabled and EV car parking spaces to ensure accessibility and promote lower carbon travel.	✓	✓	✓	Short Term
Provide charging facilities for specialist groups of vehicles such as emergency vehicles and taxis.	✓	✓	×	Long Term
Car Parking and Related Policy (i.e. Business Travel)				
Enforce a transport hierarchy policy, i.e. not progress mileage claims if there was a viable sustainable option.	✓	✓	×	Medium Term
Parking Policy Review to incentivise sustainable travel and ensure consistency of approach (i.e. review measures that could incentivise use of the car).	✓	✓	✓	Medium Term
Use the Grey Fleet Toolkit to gather data and formulate plans regarding fleet travel, working with TfGM and the Energy Saving Trust.	✓	✓	×	Medium Term
Work with the Trust car leasing team and lease car companies to provide lower carbon options.	✓	✓	×	Medium Term
Explore potential for a car club to operate from the site.	✓	✓	×	Medium Term
Marketing, Monitoring, and Budgeting / Funding				
Launch of the corporate Travel Plan framework.	✓	✓	✓	Short Term
Active monitoring and enforcement to prevent unauthorised parking / dwelling across the site to improve the operation of the site and road safety.	✓	✓	✓	Medium Term

Proposed Measure	Staff		Patient / Visitor	Timescale
	Commuter Travel	Business Travel		
Identify an 'active travel champion' (or champions) within the workplace, at a sufficiently senior level, to coordinate workplace promotional activities and schemes.	✓	✓	×	Short Term
Other General Travel Plan Measures				
Consider including links to sustainable travel information on patient appointment letters	×	×	✓	Medium Term
Refresh and update travel information to continue to promote active and sustainable travel (i.e. within welcome packs for new staff and continuing to remind existing staff of resources available on the intranet).	✓	✓	✓	Short Term
Promote road safety across all modes, providing information on local safety initiatives and training sessions arranged by others.	✓	✓	×	Short Term

Table 9 – Proposed Travel Plan Initiatives

Travel Plan Coordinator (TPC)

A Travel Plan Coordinator (TPC) has been appointed for the site, identified as Victoria Barlow, Senior Sustainability Officer (victoria.barlow2@mft.nhs.uk).

In the context of the TP, the duty of the TPC will be to take responsibility for ensuring that the various elements of the Plan are monitored and operate effectively to offer a genuine choice of travel modes. Additional responsibilities of a TPC are further detailed in the **Monitoring and Review** section of this report.

Details of Other Measures

Marketing to Staff

The provision of information to staff is an important element of the Travel Plan, so that staff can make informed choices about their travel needs and the options available. As existing, all staff and new recruits are already provided with information about active and sustainable travel, with existing information provided comprising:

- Introduction to the Travel Plan concept detailing objectives and aspirations;
- Literature on the health benefits of walking, cycling and environmental benefits of sustainable modes of transport;
- Personal travel initiatives; and
- Details of public transport services, including timetables and routes.

The above information is primarily available via the staff intranet. It is envisaged that the above could be continued and expanded as part of the Travel Plan delivery. Additional information that could be provided to staff include:

- Details of the TfGM online journey planning resources: tfgm.com/plan-a-journey;

- Maps showing local walking / cycling routes and places of interest;
- Information on existing bike hire facilities and local cycle shops;
- Information on the Trust's Cycle2Work scheme, a map with details of cycle storage and facilities onsite (i.e. the Cycle Hub, cycle shelters, and locations of showers and changing / drying facilities), and discounted D-locks available for purchase;
- The shuttle bus services between the ORC and Trafford / Wythenshawe to be used for business travel;
- The Trust's provision of interest-free loans for public transport season tickets;
- Details of specific discounts on First Bus, Go North West, Arriva, Merseylink, Stagecoach, and Metrolink services; and
- Details of the TPC.

The provision of this information will be formalised in a dedicated Travel Pack made available on the staff intranet and communicated in the form of a newsletter.

The Trust also has a desire to support staff on each stage of their career journey with relevant travel information. The provision of travel information and promotion of the Travel Plan will be integrated as part of the staff induction process.

Marketing to Patients and Visitors

A 'Getting Here' webpage is already available to patients and visitors that are accessing the site. Links to sustainable travel information could be provided on patient appointment letters to promote active and sustainable travel, making best use information that is already available online.

Business Travel and Use of Fleet

As existing, the following working practices are already in place (some are only applicable for certain wards / departments). These should be continuously practiced and adopted where appropriate:

- Flexitime;
- Tele-working / remote office facilities;
- Hot-desking;
- Working from home;
- Tele- or audio-conferencing technology;
- Compressed working weeks; and
- Cycle mileage rate (20p per mile currently paid).

Targets

Introduction

Target setting is an important part of any Travel Plan, providing a focus for the overall process and a measure against which the Travel Plan initiatives can be judged. This section sets out the target strategy and provides an overview of the data that should be collected as part of future travel surveys.

Data Collection and Analysis

Travel Surveys

To understand travel habits, annual surveys are undertaken for staff, whereas patients and visitors would be surveyed every three years. Recipients will be encouraged to participate and will be entered into a prize draw to encourage higher response rates.

The information obtained will be used to undertake modal split analysis and Key Performance Indicator (KPI) analysis. These will be used to set SMART targets for the site, with an example provided in **Table 10** below.

Staff Surveys

Surveys are distributed and completed electronically. Questions are transferred to SurveyMonkey, which is an online survey service widely used by both private and public sector organisations for data collection. Staff are sent this link via email to be directed to an internet-based survey. All results are recorded on a computer database for analysis.

Staff surveys are more comprehensive and gather information on place of residence, commuting distance, travel duration, travel choices, parking and permit details (if relevant), cycle and cycle parking details, inter-site travel details (centred around business travel), travel patterns before and after COVID-19, suggestions for improvement, and other comments. The link to the survey is open for a period of time to collect responses, then closed shortly after for analysis. This process is repeated on an annual basis.

Patient / Visitor Surveys

In previous examples of patient / visitor survey (last administered in 2017, only amongst the ORC and Trafford General Hospital (Central Manchester University Hospitals NHS Foundation Trust (CMFT) sites), patients and visitors were asked to complete the survey upon entering or leaving the main entrances of each hospital. The Trust intended to administer an updated survey in 2020; however, this was put on hold due to COVID-19. However, it is envisaged that a new approach will be undertaken in the next round of patient / visitor surveys.

Patients and visitors could be sent a link to a separate visitor survey when they log into the NHS Wi-Fi service or when they are discharged / when their appointment has concluded. Posters could also be placed in waiting areas, where patients and visitors can scan a QR code displayed on the poster and fill in the survey whilst they wait to be seen.

Visitor and patient surveys will be less comprehensive than staff surveys and will only gather basic information centred on their travel modes, reasons behind choosing their mode of travel, and other comments. The link to visitor and patient surveys could be open throughout the year. The results could be collected in bulk and processed every three years.

Key Performance Indicators (KPI)

The following Key Performance indicators can be considered when undertaking the next staff and visitor travel surveys:

Suggested KPI	Data Sources	Desired Output
Travel Plan Awareness	Average engagement with any intranet posts made by TPC, a question to be asked in the travel surveys if the respondent is aware a Travel Plan is in circulation	High or improved Travel Plan awareness
Staff Satisfaction	A question to be asked in the travel surveys, via a rating of 1 to 10, 1 being least satisfied and 10 being most satisfied with travel options to the site	High or improved staff satisfaction
Attractiveness of Active and Sustainable Travel	A question to be asked in the travel surveys, via a rating of 1 to 10, 1 being least satisfied and 10 being most satisfied with the quality, condition and performance of active and sustainable travel infrastructure	High or improved satisfaction with active and sustainable travel options
Perceived Safety of Areas Surrounding the Site	A question to be asked in the travel surveys, via a rating of 1 to 10, with 1 being low perception of safety and 10 being high perception of safety	Same or improved perception of safety
Car Ownership and Use	Year-on-year comparison of car ownership and use for commuting and business travel	Same or reduced level of car ownership and use
Renewal Rate of Benefit Scheme	Year-on-year comparison of number of staff signing up to any travel ticket loans / benefit scheme	Same or improved rate of renewal
Cost of Business Travel	Year-on-year comparison between monthly expense reporting system for business related travel	Same or reduced cost of business travel

Table 10 – Key Performance Indicators (KPIs)

Carbon Footprinting

As mentioned in earlier sections, MFT declared a Climate Emergency in 2019 and committed to fast tracking action on climate change and delivery of sustainable healthcare, whereas NHS England has also committed to net zero for the emissions controlled directly (the NHS Carbon Footprint) by 2040, with an ambition to reach an 80% reduction by 2028 to 2032.

Carbon emissions generated by the Trust can be estimated using the results from staff surveys and other data provided by the Trust. The travel categories for carbon emissions that are quantifiable are as follows:

- Carbon generated by staff commuting to work across all modes (except for the shuttle bus), based on responses to the staff surveys;
- Carbon generated by the shuttle bus services as a whole, based on a separate shuttle bus study undertaken by Curtins;
- Business travel using a car, based on mileage claims provided by the Trust; and
- Carbon generated by fleet vehicles leased by the Trust, based on information provided by the Trust.

There is insufficient information to calculate the carbon emissions for business travel through other modes (i.e. air travel), patient and visitor transport to and between the sites, and service vehicles accessing the site.

An overview of the methodology used for calculating carbon generated is as follows:

- The average distance travelled to work by staff (and the number of staff) was provided by the answers to the staff survey, reproduced in **Table 5** above;
 - It is noted that the number of journeys in **Table 5** were obtained from 229 staff who happened to work at Wythenshawe Hospital at the time of completing the survey. However, there were a total of 434 staff who reported that they work at Wythenshawe Hospital to some extent;
 - As such, it is assumed that c. 53% of staff at Wythenshawe Hospital would travel to the site regularly. Due to the nature of healthcare work, requirements for staff to work at different sites, and changing travel patterns (i.e. those who work from home several days a week), it is assumed that 47% of staff at Wythenshawe Hospital would not be travelling to the site regularly.
 - **Table 1** earlier stated that there are c. 6,414 staff at Wythenshawe Hospital as of 31st March 2020. 53% of this figure would amount to c. 3,384 staff that travel to Wythenshawe Hospital regularly; and
 - As such, the figures in **Table 4** are to be extrapolated to a factor of c. 15.
- The distances are also multiplied by two to represent both journeys to and from work;
- For car drivers, the constitution of the fleet was determined by answers to the staff survey, which allowed the ratio of petrol / diesel / electric vehicles and make-up of engine sizes for each fuel type to be determined;
- Levels of CO₂ emissions across all modes were gathered from the Department for Business, Energy & Industrial Strategy (DBEIS) 2020 report titled 'Greenhouse gas reporting: conversion factors 2020';
- Curtins was provided the total mileage incurred by business travel across all modes, however there is insufficient data on the number of trips which incurred such mileage, or what proportion of total mileage incurred is associated with the ORC instead of the wider Trust and its other hospital sites:
 - As such, this is estimated using the proportion of Wythenshawe Hospital staff (6,414 staff) across the entire Trust workforce (20,300 staff), which is an approximate 32%.
- All numbers presented are annual figures.

The total annual CO₂ emissions arising from staff commute (data from 2020 survey, annualised across 220 working days) and business travel (data as of 2019/20) is as follows:

Mode of Travel	Commute		Business Travel	
	tonnes CO ₂ e	%	tonnes CO ₂ e	%
Bicycle	0	0%	0	0%
Bus	28	1%	See shuttle bus	0%
Car (alone)	2,399	97%	217	91%
• Privately Owned	N/A	N/A	199	84%
• Lease	N/A	N/A	18	7%
Car (as, or with a passenger)	0	0%	0	0%
Metrolink	30	1%	2	1%
Shuttle Bus between ORC and Trafford / Wythenshawe	See below	0%	See below	0%
Taxi	2	0%	13	5%

Mode of Travel	Commute		Business Travel	
	tonnes CO ₂ e	%	tonnes CO ₂ e	%
Train	14	1%	6	2%
Walking / Running	0	0%	0	0%
Total	2,473	100%	237	100%
Carbon Intensity per Staff Member	0.73 tonnes CO₂ e		N/A	

Table 11 – Annual CO₂ Emissions Arising from Staff Commute and Business Travel

A summary of the total annual CO₂ emissions across all categories (that are quantifiable) are as follows:

Calculated CO ₂ Emissions ¹	
Carbon generated by staff commuting to work across all modes of travel	2,473 tonnes CO ₂ e
Carbon generated by business travel across all modes of travel	237 tonnes CO ₂ e
Carbon generated by shuttle bus (used for commuting and business travel)	11 tonnes CO ₂ e
Carbon generated by the Trust's fleet vehicles	69 tonnes CO ₂ e
Total Annual CO₂ Emissions	<u>2,790 tonnes CO₂ e</u>

Table 12 – Annual CO₂ Emissions Across All Categories

Staff commuting appears to be the main contributor to CO₂ emissions. Based on the targets in the section below to reduce single occupancy car trips and encourage more sustainable modes of travel, the following table provides a snapshot of how annual CO₂ emissions could decrease over time if the modal split targets are met.

Mode of Travel for Commuters	Existing tonnes CO ₂ e	Future tonnes CO ₂ e		
		Short Term	Medium Term	Long Term
Bicycle	0	0	0	0
Bus	28	28	28	28
Car (alone)	2,399	2,351	2,269	2,167
Car (as, or with a passenger)	0	0	0	0
Metrolink	30	30	30	30
Taxi	2	2	2	2
Train	14	14	14	15
Walking / Running	0	0	0	0
Total	2,473	2,425	2,343	2,242
Carbon Intensity per Staff (in tonnes CO₂ e)	0.73	0.72	0.69	0.66

Table 13 – Change in Annual CO₂ Emissions Arising from Staff Commute According to Modal Split Targets

¹ Carbon generated by the shuttle bus and by the Trust's fleet vehicles are calculated on a Trust-wide basis across all MFT sites. For example, the shuttle bus runs between the ORC – Wythenshawe Hospital and ORC – Trafford General Hospital; whereas the Trust's fleet vehicles are used across all MFT hospitals. As such, this figure cannot be disaggregated across individual sites.

SMART Targets

Once travel surveys have been undertaken, it is possible to monitor modal splits so that Travel Plan initiatives can be tailored to increase uptake of certain modes of travel. Modal split targets are set for a reduction in private car use offset by an increase in sustainable modes. Other travel targets could also be set, such as a reduction in carbon footprint calculated above, and an increase in the proportion of trips made by sustainable modes of travel.

All performance indicator and modal split targets will be set through consultation with Manchester City Council and TfGM. The official targets will be **SMART** (**S**ite-specific – **M**easurable – **A**chievable – **R**ealistic – **T**ime-bound). The following phrases have been used to give a general indication of timescales for the ‘SMART’ targets following the adoption of this Travel Plan:

- Short Term Target – within one year;
- Medium Term Target – between one to three years; and
- Long Term Target – more than three years.

The following **Table 14** illustrates the interim staff commuter travel targets.

Travel Mode	Existing Modal Split	Staff Commuter Travel Modal Shift Targets			
		Short Term Target	Medium Term Target	Long Term Target	Overall Modal Shift Target
Car	66%	- 2.0 %	- 3.5 %	- 4.5 %	- 10.0 %
Active Travel	24%	+ 1.0 %	+ 1.5 %	+ 2.0 %	+ 4.5 %
Public transport	9%	+ 1.0 %	+ 2.0 %	+ 2.5 %	+ 5.5 %

Table 14 – Staff Commuter Travel Interim Modal Shift Targets

As can be seen from the modal shift targets, there will be an overall aim to reduce the number of trips to the site by car as a single occupant, whilst increasing the proportion who travel by more sustainable modes including lift sharing, using public transport, walking, or cycling. The other performance indicators / travel targets seek a corresponding reduction in the carbon intensity of travel and the number of journeys to the hospital site.

The above aspirational targets are considered suitable when considering the existing travel patterns outlined in the **Existing Situation** section. They are ambitious yet realistic when considering the initiatives as detailed throughout the **Travel Plan Initiatives** section of this Travel Plan.

Future updated Travel Plan reports will include a comparative table containing updated survey findings to best understand travel habits, and shape effective initiatives.

Monitoring and Review

Introduction

This section of the report sets out the proposed management arrangements associated with the Travel Plan.

Responsibility and Management

Overall responsibility for the Travel Plan will lie with the Trust-appointed TPC. There is also an Employee Health & Wellbeing Group which is attended by a member of the Sustainability Team. The Group, along with other key stakeholders such as the Car Parking Team, and Facilities and Capital Teams would also be consulted on the Travel Plan.

Adequate support from the Trust is also required to ensure the smooth implementation of the Travel Plan. A number of measures to be undertaken comprise:

- Support for a TPC in ways including, but not limited to, funding to enable them to fulfil their duties and deliver the Travel Plan as intended;
- Maintenance of walking and cycling infrastructure, lighting and any CCTV installations in collaboration with the Local Highway and Planning Authorities; and
- A commitment to actively promoting car-sharing and sustainable transport options at the site.

DfT Good Practice Guidelines outlines six key messages regarding implementation and management, as follows:

- *“Travel plans are living documents that need to be updated in the light of experience and sustained throughout the life of a development.*
- *At all times a named individual needs to be responsible for leading the delivery of the travel plan.*
- *The developer/occupier should take the lead in respect of delivering the site-specific elements of the travel plan.*
- *Local authorities need to establish robust databases of all travel plans in their areas.*
- *Post-implementation management arrangements must be identified and included in the travel plan.*
- *Transport Management Associations may be an appropriate mechanism for assisting with the implementation and on-going management of travel plans within a wider area.”*

Source: *Good Practice Guidelines: Delivering Travel Plans through the Planning Process*. DfT, 2009.

It is clear from the above that a Travel Plan document should be considered as merely the starting point of the process. The implementation of a Travel Plan is an on-going requirement and will require support and leadership in achieving its objectives.

Travel Plan Coordinator (TPC)

The TPC will take responsibility for ensuring that the various elements of the plan are monitored and operate effectively to offer a genuine choice of travel modes. Typical duties include:

- Leading on the delivery of the Travel Plan;
- Representing the human face of the Travel Plan and explaining its purpose and opportunities on offer;
- Implementing and promoting sustainable travel initiatives to ensure a coordinated approach across the site as a whole;
- Instigating relevant marketing campaigns;

- Liaising with public transport operators;
- Administering the car share scheme;
- Monitoring the Travel Plan and identifying trends in relation to the targets and reporting the findings to relevant parties (i.e. TfGM and the Trust); and
- Taking a key role in reviewing the Travel Plan according to the achievement of the modal shift targets specified therein.

Monitoring and Evaluation

The monitoring of travel behaviour is vital to measure progress towards the targets and would be the responsibility of the appointed TPC. Apart from liaising with TfGM and the Trust on transport-related matters, the main monitoring process will involve travel surveys as described in the **Targets** section above.

The results of each survey would be used to review progress against target modal splits, where the TPC will be required to calculate the percentage share of all travel modes to and from the site. Where targets are not met, remedial actions will be proposed, agreed, and then monitored for effect.



Action Plan

Introduction

To effectively coordinate the Travel Plan initiatives and ultimately encourage sustainable modes of travel at the site, it is important to establish a clear timetabled Action Plan. This is intended to ensure that the steps to implementing each measure are considered in detail.

It is also important to ensure that appropriate funding is made available so that the Travel Plan can continue to be implemented on the same basis in future, particularly as there is a capital cost associated with some measures.

The proposed Action Plan is set out on the following pages in **Table 15**. The table contains the initiatives, individual measures, and the cost of the measures, which have been included to meet the following objectives as previously outlined:

- **Objective TP1** – To reduce the travel generated by the Trust’s activities;
- **Objective TP2** – To provide a range of travel options for staff, patients and visitors;
- **Objective TP3** – To increase the proportion of journeys by active and sustainable travel;
- **Objective TP4** – To reduce single occupancy car travel and increase car sharing, to and from the site; and
- **Objective TP5** – To reduce the carbon intensity of travel through sustainable travel choices.

Action Plan

Initiative (Objectives in Brackets)	Actions to be Led by TPC	£ / ££ / £££	Timescale
Measures to Encourage Active Travel (TP2, TP3, and TP5)	Restart the cycle repair / maintenance programme.	££	Short Term
	Provision of cycle repair kits at the hospital at several locations (and during sustainability events) so they are accessible to staff.	££	Short Term
	Investigate the provision of demarcated and signed cycle routes within the campus and connections to existing cycle routes on the external road / footway network. Review all pedestrian links within the site and where possible, upgrade pedestrian links to ensure it connects to key public transport hubs.	£££	Long Term
	Gauge interest in restarting the Bicycle User Group (BUG) initiative.	£	Short Term
	Develop and launch a new e-bike hire scheme with Manchester Bike Hire.	£££	Short Term
	Increase the number of cycle parking and cycle facilities.	££	Short Term
	Active monitoring and security patrols to deter and reduce bike theft.	££	Medium Term
Measures to Encourage Public Transport Uptake (TP2, TP3, and TP5)	Promote shuttle bus service to increase patronage.	££	Short Term
	Improve shuttle bus signage and information available to staff, patients and visitors.	££	Short Term
Measures to Encourage Car Sharing and Use of Electric Vehicles (PTW) (TP2, TP4, and TP5)	Gauge interest in starting a site-based Electric Vehicle (EV) user group.	£	Short Term
	Consider funding opportunities to increase the number of electric vehicle charging points.	£	Short Term
	Review provision of disabled and EV car parking spaces to ensure accessibility and promote lower carbon travel.	££	Short Term

Initiative (Objectives in Brackets)	Actions to be Led by TPC	£ / ££ / £££	Timescale
	Provide charging facilities for specialist groups of vehicles such as emergency vehicles and taxis.	£££	Long Term
Measures Pertaining to Car Parking and Business Travel Policy (TP1, TP2, TP3, TP4, and TP5)	Enforce a transport hierarchy policy, i.e. not progress mileage claims if there was a viable sustainable option.	£	Medium Term
	Parking Policy Review to incentivise sustainable travel and ensure consistency of approach (i.e. review measures that could incentivise use of the car).	£	Medium Term
	Using the Grey Fleet Toolkit to gather data and formulate plans regarding fleet travel, working with TfGM and the Energy Saving Trust.	££	Medium Term
	Work with the Trust car leasing team and lease car companies to provide lower carbon options.	£££	Medium Term
	Explore potential for a car club to operate from the site.	££	Medium Term
Marketing of Travel Plan and Initiatives (TP1, TP2, TP3, TP4, and TP5)	Launch of the corporate Travel Plan framework.	££	Short Term
	Active monitoring and enforcement to prevent unauthorised parking / dwelling across the site to improve the operation of the site and road safety.	£££	Medium Term
	Identify an 'active travel champion' (or champions) within the workplace, at a sufficiently senior level, to coordinate workplace promotional activities and schemes.	£	Short Term
Other General Travel Plan Measures (TP1, TP2, TP3, TP4, and TP5)	Consider including links to sustainable travel information on patient appointment letters.	££	Medium Term
	Refresh and update travel information to continue to promote active and sustainable travel.	££	Short Term
	Promote road safety across all modes, providing information on local safety initiatives and training sessions arranged by others.	££	Short Term

Table 15 – Action Plan

Plans

Plan 78274-CUR-00-XX-DR-TP-06001-P01 – Location Plan – Regional

Plan 78274-CUR-00-XX-DR-TP-06002-P01 – Location Plan – Local

Plan 78274-CUR-00-XX-DR-TP-06003-P01 – Accessibility – Pedestrian Catchment Plan

Plan 78274-CUR-00-XX-DR-TP-06004-P01 – Accessibility – Cycle Catchment Plan

Plan 78274-CUR-00-XX-DR-TP-06005-P01 – Accessibility – Public Transport Plan





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Project:
MFT TRAVEL PLAN - WYTHENSHAW

Status:
PRELIMINARY

Drg Title:
SITE LOCATION
REGIONAL VIEW

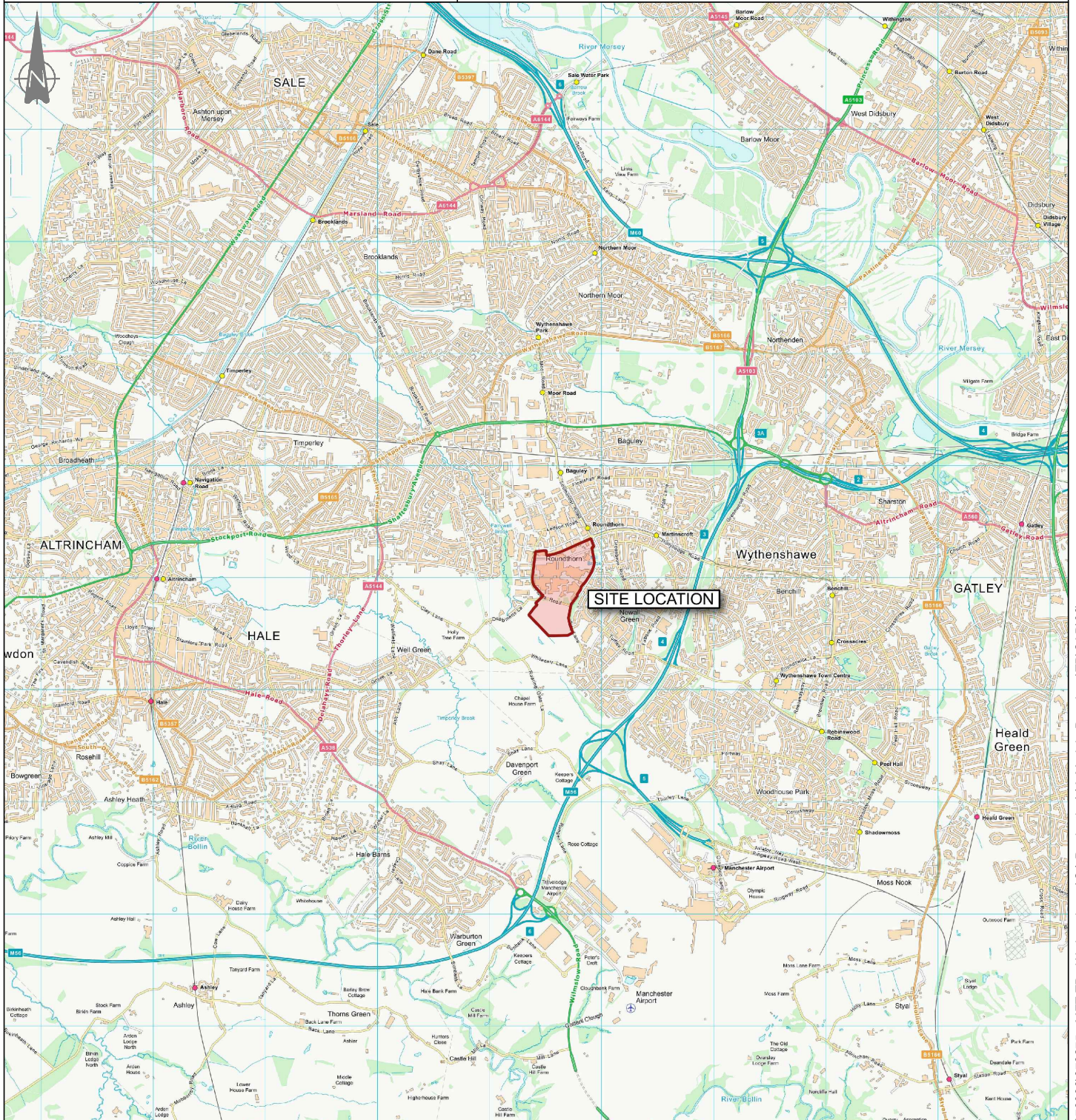
Drawn By: JM Checked By: LL

Designed By: JM Date: 24/05/21

Scale: NTS

Project No: Originator: Volume: Level: Type: Role: Category / Number: Rev:

78275 - CUR - 00 - XX - DR - TP - 06001 - P01



KEY: Site



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Project:
MFT TRAVEL PLAN - WYTHENSHAW

Status:
PRELIMINARY

Drg Title:

SITE LOCATION
LOCAL VIEW

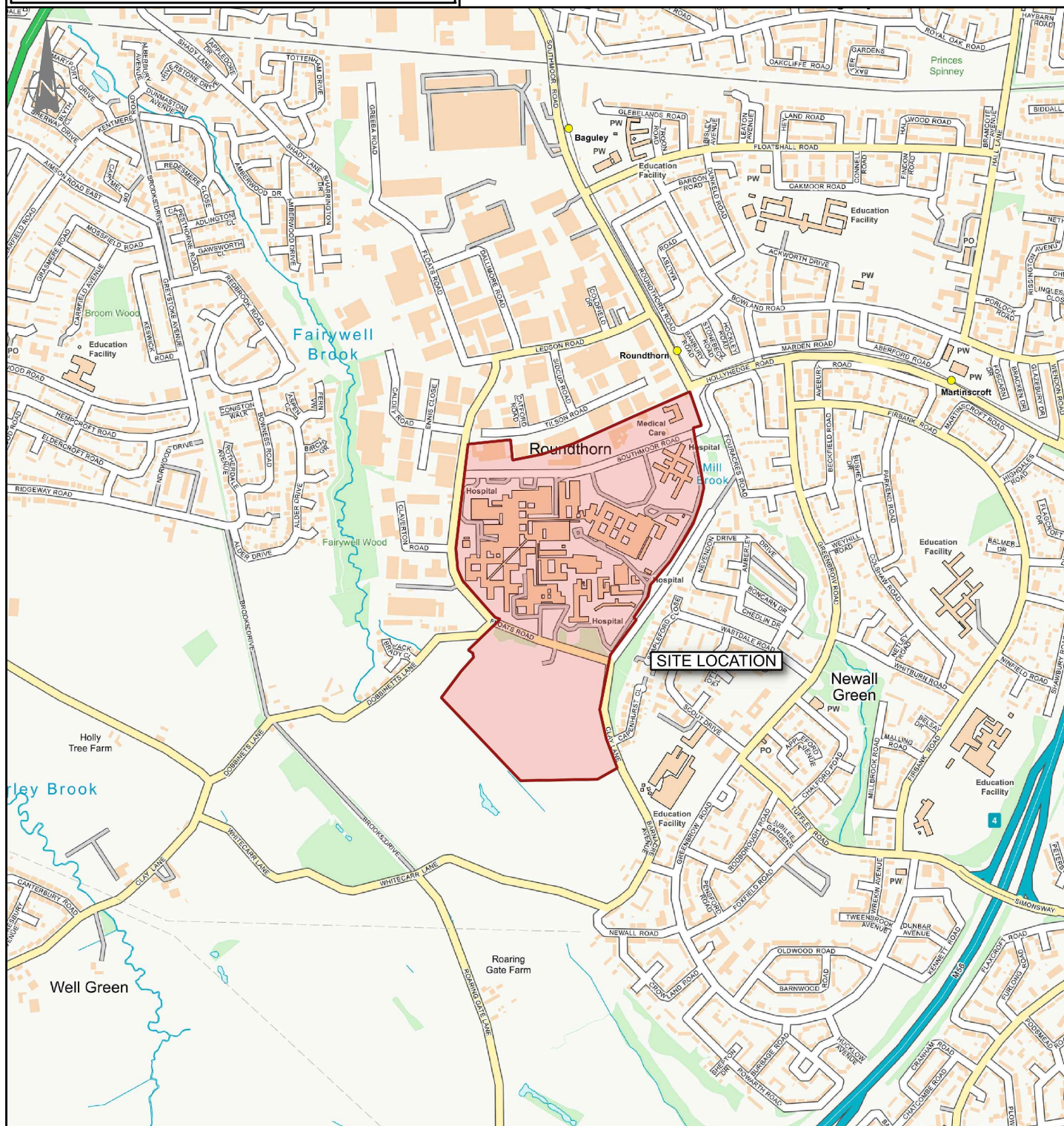
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Designed By: JM Date: 24/05/21

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Project:
MFT TRAVEL PLAN - WYTHENSHAW

Drg Title:
ACCESSIBILITY
INDICATIVE WALKING CATCHMENT

Status:
PRELIMINARY

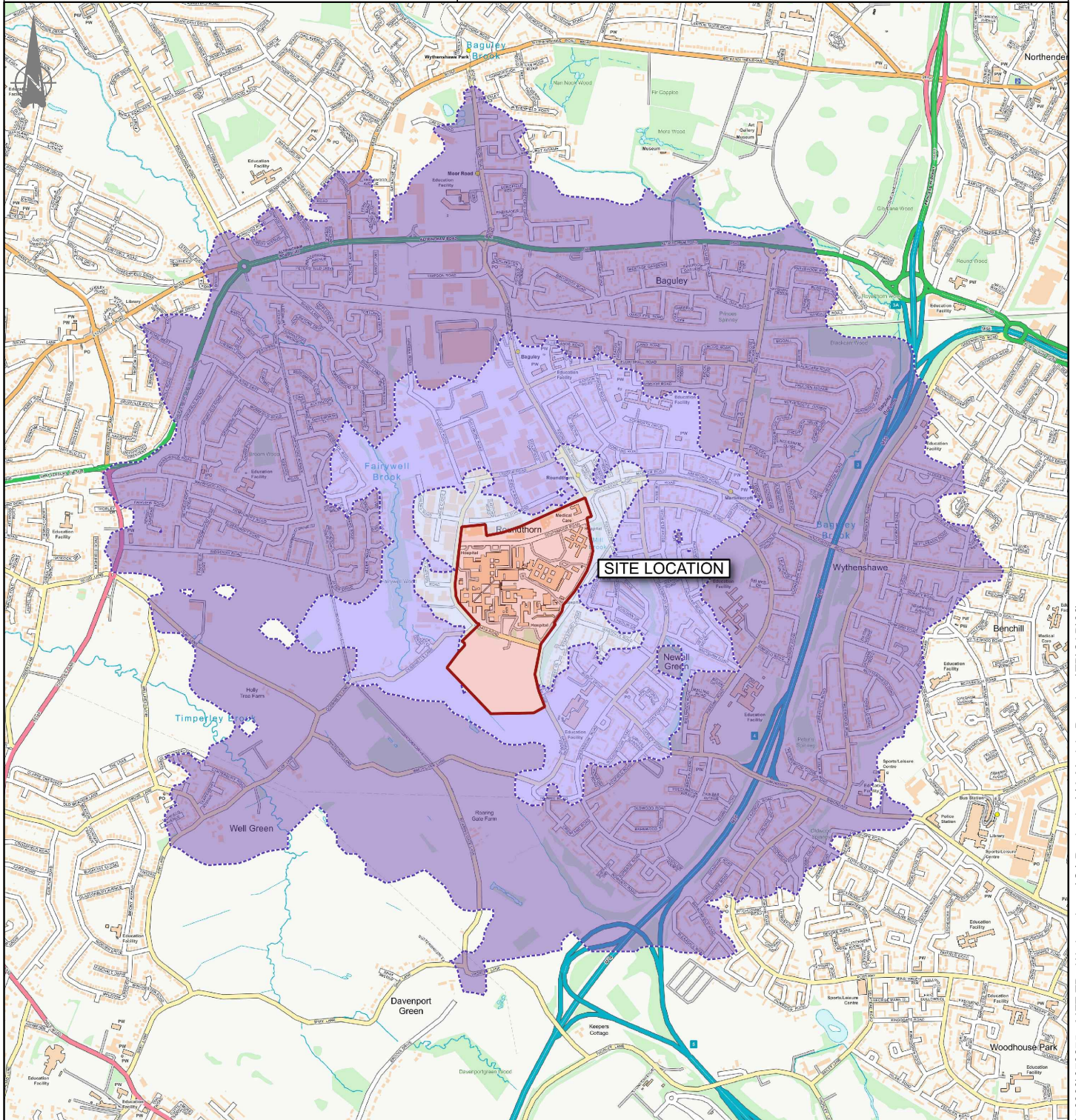
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Designed By: JM Date: 24/05/21

Scale: NTS

Project No: Originator: Volume: Level: Type: Role: Category / Number: Rev:

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KEY: Site

Walking Catchment:

- 500m
- 1000m
- 2000m

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Project:
MFT TRAVEL PLAN - WYTHENSHAW

Status:
PRELIMINARY

Drg Title:
ACCESSIBILITY
INDICATIVE CYCLE CATCHMENT

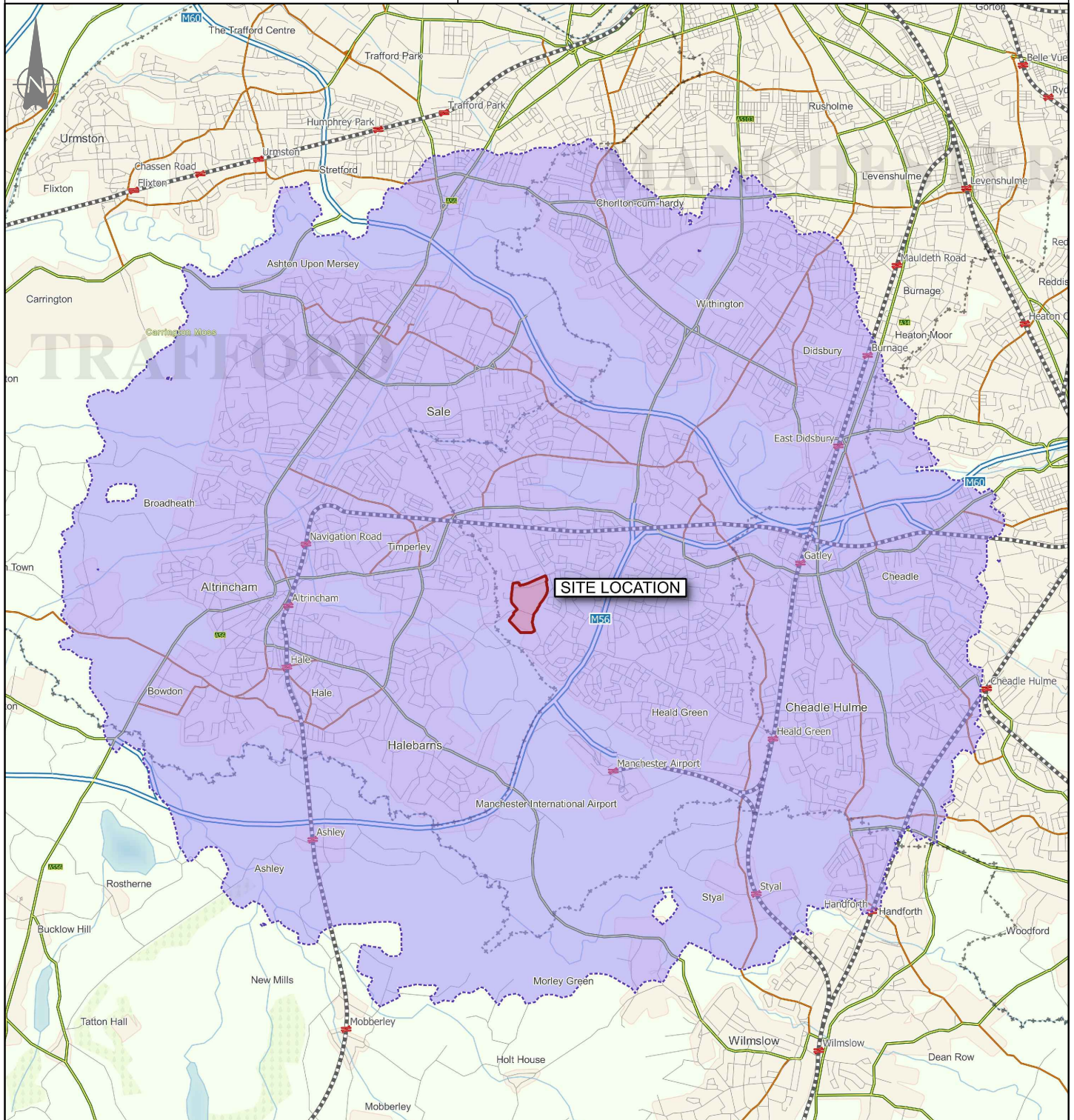
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Designed By: JM Date: 24/05/21

Scale: NTS

Project No: Originator: Volume: Level: Type: Role: Category / Number: Rev:

78275 - CUR - 00 - XX - DR - TP - 06004 - P01



KEY:  Site  Cycle Catchment:
8000m

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Project:
MFT TRAVEL PLAN - WYTHENSHAW

Drg Title:
ACCESSIBILITY
INDICATIVE PUBLIC
TRANSPORT CATCHMENT

Status:
PRELIMINARY

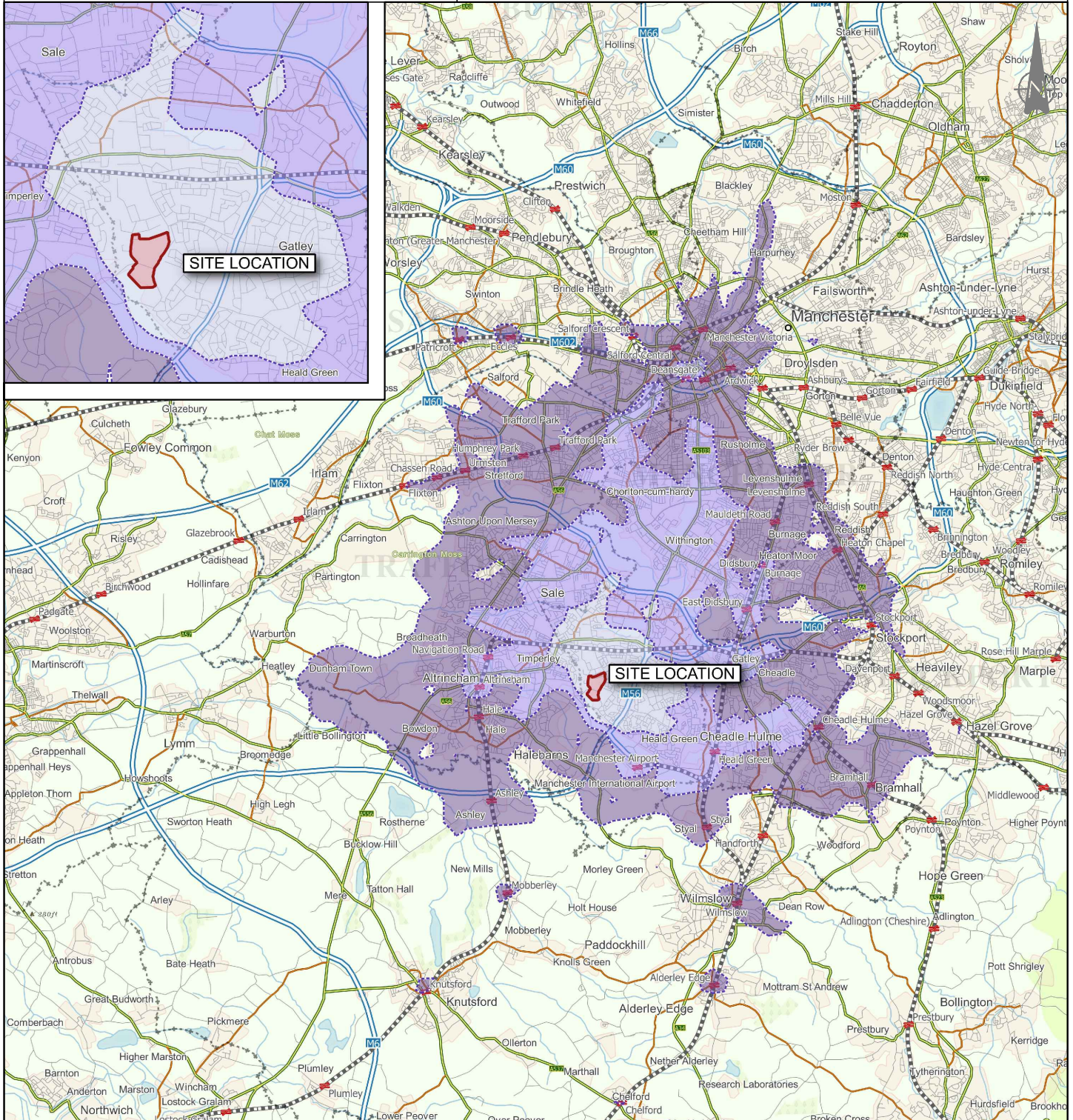
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Designed By: JM Date: 24/05/21

Scale: NTS

Project No: Originator: Volume: Level: Type: Role: Category / Number: Rev:

78275 - CUR - 00 - XX - DR - TP - 06005 - P01



KEY:  Site

Public Transport Catchment:

-  20 minutes
-  40 minutes
-  60 minutes

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Appendix A – Summary of Policy and Guidance



Travel Plan Related Policy and Guidance

This Travel Plan has been written with reference to the Trust's Healthy Travel Strategy and the following policy and guidance documents. A summary of the key points from these documents is provided below.

Healthy Travel Strategy 2021 – 2024, MFT, 2021

The Healthy Travel Strategy outlines Manchester University NHS Foundation Trust's (MFT) commitments and actions over the next 3 years to changing behaviour, operations, and infrastructure to reduce the environmental impact of their travel activities and facilitate more sustainable and active modes of travel by staff, patients, and visitors. The strategy aims to:

- Reduce the carbon footprint of travel;
- Reduce impact on local air quality; and
- Improve health & wellbeing outcomes for the populations the Trust serves and for those who work for the Trust.

The strategy forms part of MFT's Green Plan and its ambition to deliver sustainable healthcare across the city of Manchester, Trafford, and beyond. It also supports the Trust's Climate Emergency declaration in 2019 and NHS England and NHS Improvement's net zero carbon ambitions.

In 2020, NHS England and NHS Improvement committed to achieving net zero emissions by 2040 for areas it controls, and 2045 for areas it can influence. For travel this means emissions from the fleet, leased vehicles, and business travel to be net zero by 2040 and emissions from staff commuting and patient and visitor travel to be net zero by 2045.

In 2019, MFT joined the Greater Manchester Combined Authority (GMCA) and the Greater Manchester Health and Social Care Partnership (GMHSCP) in declaring a Climate Emergency, publicly recognising the threat that climate change poses to the world. Decarbonising transport forms an important part of delivering these commitments. At MFT, miles travelled on behalf of the Trust account for 8% of the Trust's overall carbon footprint, shown in **Figure 1** below.

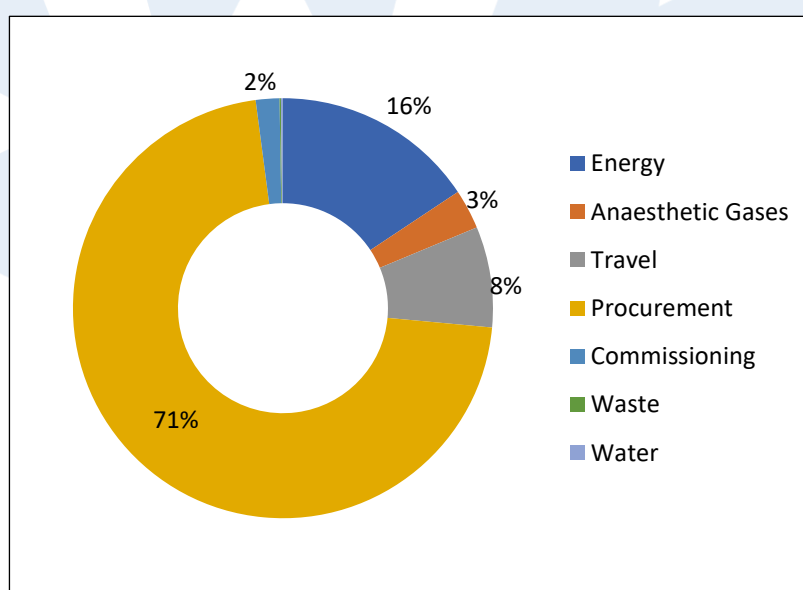


Figure 1 – Sources of Carbon Emissions by Proportion for MFT

(Source: DfT)

A survey in 2018 by the National Infrastructure Commission (NIC) showed Manchester suffered the worst congestion in England, outside of London with average speeds at 15 mph across the city. Traffic congestion worsens air quality, increases

emissions, and creates economic inefficiencies. With 3.5% of all road travel attributable to the NHS, the Trust has a part to play in reducing traffic on the roads.

Physical inactivity contributes to 1 in 6 deaths in the UK and costs £7.4 billion per year to business and wider society. For trips in Greater Manchester which are under 1km, more than 30% are made by car. Building cycling and walking into daily routines is the most effective way to increase physical activity, reduce climate change emissions, and improve local air quality.

The Healthy Travel Strategy builds on a previous version which was more focused on staff commuting, therefore encompassing a broader range of travel activities and associated impacts. Travel activities are categorised into:

- **Core** (travel undertaken by the Trust, where there is direct control):
 - Business Travel – Travel undertaken on behalf of the Trust which can be local, national, or global. It includes travel by community-based staff to deliver care in patient homes; and
 - Transport Fleet – Travel to deliver a range of goods and services such as transporting patient records, sample collection services, mail deliveries, and waste collection services at some sites.
- **Community** (travel associated with Trust activities, where there is a varying degree of influence):
 - Staff Commute – The modes of transport used by employees to travel to and from their place of work;
 - Patient and visitor travel – The modes of transport used by patients and visitors to access healthcare provisions across MFT. Travel needs and requirements will differ depending on the type and level of patient care as well as the frequency of visitors coming to MFT hospital sites; and
 - Supply chain deliveries and logistics – Deliveries made to keep healthcare services running. The Trust receives hundreds of deliveries across its sites every day. This element is integrated within the Sustainable Procurement theme of the Green Plan and will not be covered in detail in this strategy.

The Healthy Travel Strategy presents a vision for taking a sustainable journey as the natural choice for all. The document set out a travel hierarchy as a framework for improving travel choice, with the most preferred choice at the top, shown in **Figure 2** below:

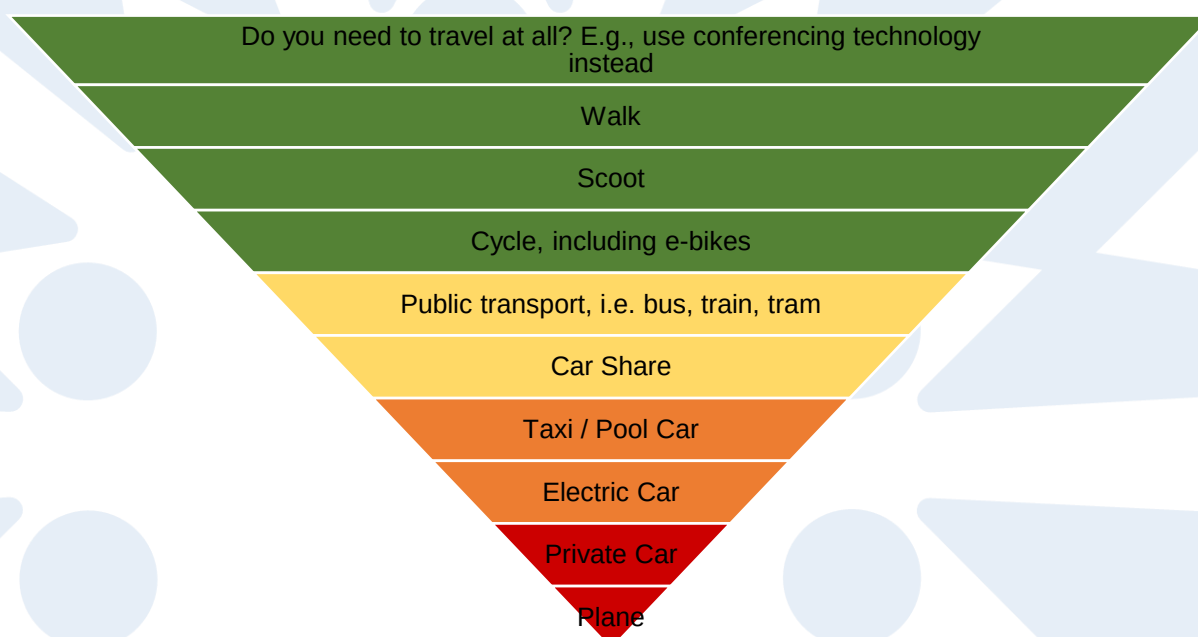


Figure 2 – Travel Hierarchy

The Healthy Travel Strategy also considers a range of internal policies and will align with / feed into other Trust sustainability strategies and reporting tools, including site-based Travel Plans, site-level analytics, and targeted Action Plans.

Since the creation of MFT in 2017, the following improvements have been delivered:

- 22% increase in staff walking or running to work; and
- 42% increase in staff using the Metrolink and bus to get to work.

Initiatives included within the document include case studies across different areas of travel, such as provision of the Cycle2Work scheme, delivery of cycle maintenance sessions, bike hire schemes, discounted public transport tickets, the inter-site shuttle bus, enabling remote working, and providing care closer to patients' home.

The Healthy Travel Strategy also includes baseline figures for miles travelled and tonnes of CO₂ emissions, however updated versions of this have been provided in the main body of the Travel Plan. The document concludes with a series of targets and actions, such as:

- Reduce transport fleet carbon emissions by 70%;
- 90% of transport fleet to be electric;
- Reduce Business Travel carbon emissions by 10%;
- Increase the percentage of staff actively commuting to work by 5%;
- Increase the provision of cycle parking spaces by 10% across the Trust;
- Reduce single car occupancy journeys by 5%;
- 30% patients and visitors travel using a sustainable mode;
- Achieve "Good" scoring on Clean Air Hospital Framework;
- Achieve 80% score on Sustainable Development Assessment Tool (SDAT) Travel & Logistics module; and
- Achieve Platinum Award on TfGM Sustainable Journeys Accreditation Scheme.

The strategy will be monitored, and progress will be reported through the annual Public Sustainability Report, as well as internally.

National Planning Policy Framework, MHCLG, 2019

The National Planning Policy Framework (NPPF) sets out the current national transport planning policy and outlines the important role that transport policies have to play in facilitating sustainable development.

Paragraph 11 states that:

"Plans and decisions should apply a presumption in favour of sustainable development."

For decision taking this means granting permission unless:

"...any adverse impacts of doing so would significantly and demonstrably outweigh the benefits, when assessed against the policies."

Section 9 of the NPPF is entitled Promoting Sustainable Transport and outlines the important role that transport policies have to play in facilitating sustainable development. The section states that:

“The planning system should actively manage patterns of growth ... Significant development should be focused on locations which are or can be made sustainable, through limiting the need to travel and offering a genuine choice of transport modes.”

The document emphasises the need for developments to offer a choice of sustainable modes of transport to “reduce congestion and emissions, and improve air quality and public health” and provide “safe and suitable access” for all users.

Paragraph 110 of the NPPF states that applications for development should:

- a) “give priority to pedestrian and cycle movements, both within the scheme and with neighbouring areas; and second – so far as possible – to facilitating access to high quality public transport, with layouts that maximise the catchment area for bus or other public transport services, and appropriate facilities that encourage public transport use;
- b) address the needs of people with disabilities and reduced mobility in relation to all modes of transport;
- c) create places that are safe, secure and attractive – which minimise the scope for conflicts between pedestrians, cyclists and vehicles, avoid unnecessary street clutter, and respond to local character and design standards;
- d) allow for the efficient delivery of goods, and access by service and emergency vehicles; and
- e) be designed to enable charging of plug-in and other ultra-low emission vehicles in safe, accessible and convenient locations.”

Additionally, Paragraph 111 states that:

“All developments that will generate significant amounts of movement should be required to provide a travel plan, and the application should be supported by a transport statement or transport assessment so that the likely impacts of the proposal can be assessed.”

National Planning Practice Guidance, MHCLG, 2014

In addition to the NPPF, a National Planning Practice Guidance (NPPG) document has also been developed by the Ministry of Housing, Communities & Local Government (MHCLG). It brings together planning practice guidance for England and sits alongside the NPPF. Within this document there is a specific section that clarifies the over-arching principles on Travel Plans, Transport Assessments and Transport Statements. With regard to Travel Plans, the guidance states that:

“Travel Plans should identify the specific required outcomes, targets and measures, and set out clear future monitoring and management arrangements all of which should be proportionate. They should also consider what additional measures may be required to offset unacceptable impacts if the targets should not be met.

Travel Plans should set explicit outcomes rather than just identify processes to be followed (such as encouraging active travel or supporting the use of low emission vehicles). They should address all journeys resulting from a proposed development by anyone who may need to visit or stay and they should seek to fit in with wider strategies for transport in the area.

They should evaluate and consider:

- Benchmark travel data including trip generation databases;
- Information concerning the nature of the proposed development and the forecast level of trips by all modes of transport likely to be associated with the development;
- Relevant information about existing travel habits in the surrounding area;

- Proposals to reduce the need for travel to and from the site via all modes of transport; and
- Provision of improved public transport services.

They may also include:

- Parking strategy options (if appropriate – and having regard to national policy on parking standards and the need to avoid unfairly penalising motorists); and
- Proposals to enhance the use of existing, new and improved public transport services and facilities for cycling and walking both by users of the development and by the wider community (including possible financial incentives).

These active measures may assist in creating new capacity within the local network that can be utilised to accommodate the residual trip demand of the site(s) under consideration.

Travel Plans need to set out clearly what data is to be collected, and when, establishing the baseline conditions in relation to any targets.

The length of time over which monitoring will occur and the frequency will depend on the nature and scale of the development and should be agreed as part of the Travel Plan with the developer or qualifying body for neighbourhood planning. Who has responsibility for monitoring compliance should be clear.

Monitoring requirements should only cease when there is sufficient evidence for all parties to be sure that the travel patterns of the development are in line with the objectives of the Travel Plan. This includes meeting the agreed targets over a consistent period of time. At this point the Travel Plan would become a voluntary initiative.”

Sustainable Development Management Plan, Public Health England, 2020

The Sustainable Development Unit (SDU) is funded by, and accountable to, NHS England and Public Health England (PHE) to work across the NHS, public health and social care system. The SDU launched the Sustainable Development Strategy for the Health, Public Health and Social Care System 2014 – 2020 in 2014, however this has since been superseded by the Greener NHS Programme in October 2020 and the Sustainable Development Management Plan (SDMP) 2020 – 2025 in August 2020.

The Greener NHS Programme is based off the “Delivering a Net Zero Health Service” report published by the NHS in October 2020. It provides a detailed account of the NHS’ modelling and analytics underpinning the latest NHS carbon footprint, trajectories to net zero and the interventions required to achieve that ambition. It lays out the direction, scale and pace of change. It describes an iterative and adaptive approach, which will periodically review progress and aims to increase the level of ambition over time. MFT’s Healthy Travel Strategy has been informed by this report.

Whereas the SDMP sets out PHE’s aims to help it to operate in more sustainable ways that meet its objectives and targets by providing a roadmap for their management teams and staff to follow, identifying the approach that PHE will take to improve the organisation’s social, environmental and financial performance.

Greater Manchester Transport Strategy 2040, TfGM, 2021

In January 2021, TfGM published a 2040 Vision for Transport to develop flexible and customer-focused travel choices, supported by smart information, ticketing and payment systems, across a truly integrated Greater Manchester transport

network. This Transport Strategy outlined that road transport is responsible for 80% of NO₂ pollution at the roadside, where it is most damaging to health, and that the cost of congestion in Greater Manchester has been estimated by TfGM to be £1.3 billion per year. The Transport Strategy states an ambition for a well-connected, zero carbon Regional Centre at the heart of the North.

Under Policy 3, the Transport Strategy states that TfGM will “maintain a programme of interventions encouraging people to make sustainable journeys, supported through journey planning tools, and information to encourage travel behaviour change and mode shift, in order to make the most efficient use of available capacity (particularly during peak periods)”. Such interventions comprise:

- “Reducing the carbon and environmental cost of journeys;
- New ways of working which make the best use of the transport network;
- Delivering public health benefits through enabling more active travel;
- Improving access to key services and jobs;
- Maximising sustainable travel in new developments; and
- Becoming more resilient to disruption.”

Under Policy 4, TfGM will also “work with developers to ensure that new developments are accessible by sustainable modes, and to reduce transport emissions and impacts on the highway network”. This will be in accordance with the principles of:

- “Reducing the need to travel;
- Reducing the need to travel by car, and the distance travelled;
- Maximising accessibility by sustainable modes;
- Making the best use of existing infrastructure, particularly through increasing the density of development close to public transport nodes;
- Maximising opportunities to provide additional public transport; and
- Designing to encourage active travel.”

Good Practice Guidelines: Delivering Travel Plans through the Planning Process, DfT, 2009

In April 2009, the Department for Transport commissioned the production of the ‘Good Practice Guidelines: Delivering Travel Plans through the Planning Process’. Since then, this guidance has been superseded by the National Planning Practice Guidance (NPPG) suite stated above; however the document is comprehensive and remains relevant to MFT’s site-specific Travel Plans.

Although the document is primarily tailored to Travel Plans linked to the planning process (i.e. ensuring that new development is located where they can be effectively accessed by everyone, and minimising the impact of developments on the transport infrastructure), the general benefits of Travel Plans still apply to the hospital campus / developments that have been built out and are operational. These benefits include:

- Support increased choice of travel modes;
- Promote and achieve access by sustainable modes;
- Respond to the growing concern about the environment, congestion, pollution and poverty of access; and
- Promote a partnership between the authority and the developer in creating and shaping ‘place’.

The following **Figure 3** shows the elements of an effective Travel Plan, including a management plan to identify how the Travel Plan proposals will be implemented and managed:

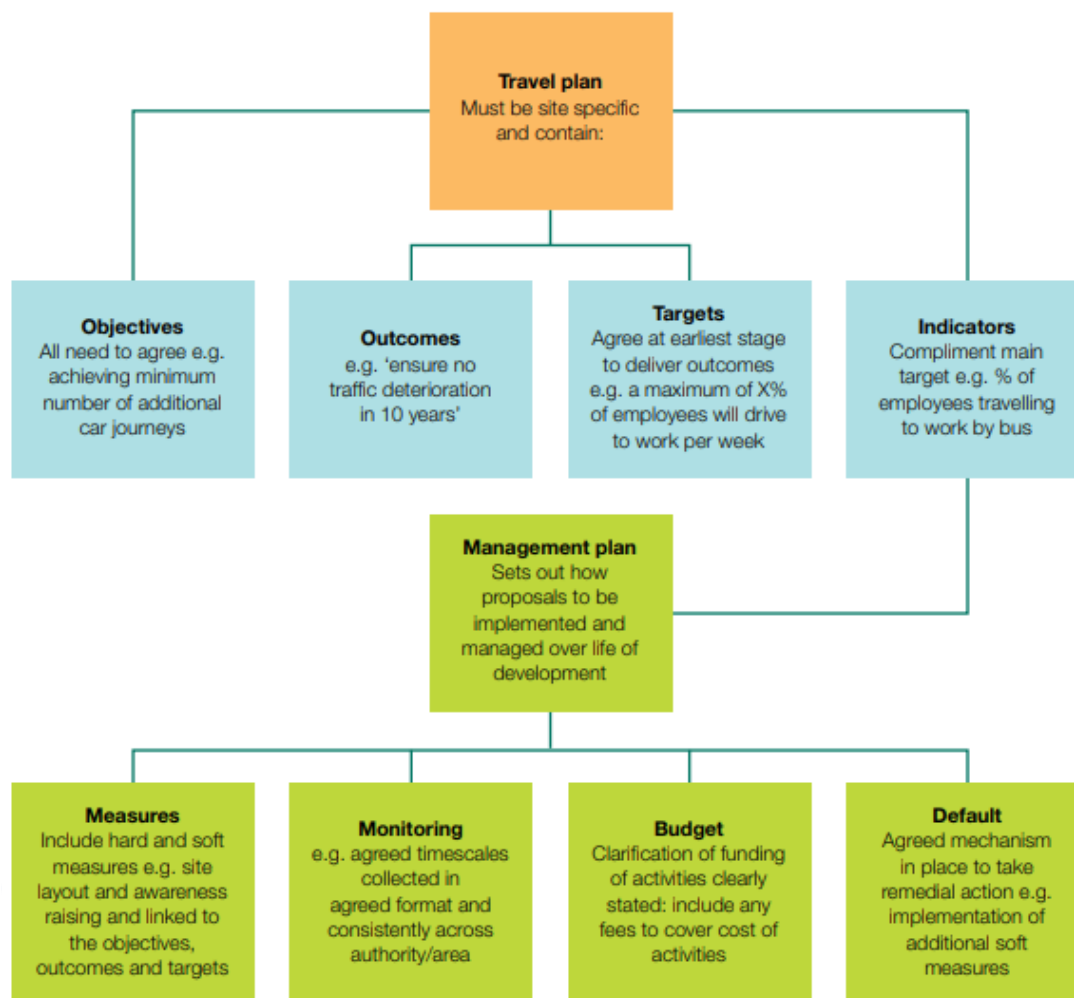


Figure 3 – The Elements of an Effective Travel Plan
(Source: DfT)

The measures are likely to include both ‘carrots’ and ‘sticks’ to encourage changes in travel behaviour. This may require incentives, such as travel discounts, and movement restraint, such as restricting car parking or charging for its use. Quantitative and qualitative tests are needed to evaluate Travel Plans, to ensure they:

- Cover the key elements;
- Address the site-specific issues;
- Tip the balance in favour of sustainable travel.

Travel Plans need to be seen as ‘living documents’. To stay relevant, and remain effective, they need to be regularly updated as part of an iterative process. The setting of targets is crucial for all parties to monitor the Travel Plan and ensure it is meeting the desired outcomes. To be effective, the number of targets will be small, easily understood and measurable. The targets may be achieved through a range of different measures that may be amended over time.

Following implementation, regular monitoring of the targets and indicators will inform parties of the progress made by the Travel Plan. To ensure follow-up, the Travel Plan needs to detail when/what/by whom and who is paying. The type of targets will link to the outcomes sought, the type of use/s, and the location.

The Local Authority will be able to look at the wider effectiveness of its Travel Planning policy where all monitoring data collected is comparable. Authorities can then pinpoint good practice and adapt actions and policies accordingly – as can developers and occupiers of the sites. During the lifetime of the Travel Plan, different actions at different times will help to secure its sustainability.

PH13 – Physical Activity and the Workplace, NICE, 2008

Produced by the National Institute for Health and Care Excellence, the PH13 guideline covers how to encourage employees to be physically active, and is prepared for employers and professionals in small, medium and large organisations who have a direct or indirect role in, and responsibility for, improving health in the workplace. This includes those working in the NHS, local authorities and the wider public, voluntary, community and private sectors, especially those working in human resources or occupational health. It will also be of interest to employees, trades union representatives and members of the public.

The aim is to increase the working population's physical activity levels. The aims are supported by a series of recommendations shown in **Table 1** below:

No.	Recommendation	Action to be Taken
1	Policy and Planning	Develop an organisation-wide plan or policy to encourage and support employees to be more physically active. This should: • include measures to maximise the opportunity for all employees to participate; • be based on consultation with staff and should ensure they are involved in planning and design, • as well as monitoring activities, on an ongoing basis; • be supported by management and have dedicated resources; • set organisational goals and be linked to other relevant internal policies (for example, on alcohol, smoking, occupational health and safety, flexible working or travel); and • link to relevant national and local policies (for example, on health or transport).
2	Implementing a physical activity programme	Introduce and monitor an organisation-wide, multi-component programme to encourage and support employees to be physically active. This could be part of a broader programme to improve health. It could include: • flexible working policies and incentive schemes; • policies to encourage employees to walk, cycle or use other modes of transport involving physical activity (to travel to and from work and as part of their working day); • the dissemination of information (including written information) on how to be more physically active and on the health benefits of such activity. This could include information on local opportunities to be physically active (both within and outside the workplace) tailored to meet specific needs, for example, the needs of shift workers; • ongoing advice and support to help people plan how they are going to increase their levels of physical activity; and • the offer of a confidential, independent health check administered by a suitably qualified practitioner and focused on physical activity.

No.	Recommendation	Action to be Taken
3	Components of the physical activity programme	- Encourage employees to walk, cycle or use another mode of transport involving physical activity to travel part or all of the way to and from work (for example, by developing a travel plan); - Help employees to be physically active during the working day by: - where possible, encouraging them to move around more at work (for example, by walking to external meetings); - putting up signs at strategic points and distributing written information to encourage them to use the stairs rather than lifts if they can; - providing information about walking and cycling routes and encouraging them to take short walks during work breaks; - encouraging them to set goals on how far they walk and cycle and to monitor the distances they cover; and - Take account of the nature of the work and any health and safety issues. For example, many people already walk long distances during the working day, while those involved in shift work may be vulnerable if walking home alone at night.
4	Supporting employers	*To be actioned by directors of public health, public health practitioners in the statutory and voluntary sectors. - Offer support to employers who want to implement this guidance to encourage their employees to be more physically active. Where appropriate and feasible, this should be provided on the employer's premises. It could involve providing information on, or links to, local resources. It could also involve providing advice and other information or resources (for example, the services of physical activity experts). - If initial demand exceeds the resources available, focus on: - enterprises where a high proportion of employees are from a disadvantaged background; - enterprises where a high proportion of employees are sedentary; and - small and medium-sized enterprises.

Table 1 – Recommendations to Increase Physical Activity in the Workplace
(Source: NICE)

Increasing employee's physical activity levels may help reduce some illnesses and conditions that are important causes of sickness absence, resulting in improved productivity and reduced costs for employers. Increasing levels of physical activity in the workplace could also have an impact on equality in the workplace, since not all employees may be able to participate in all the activities on offer (for example, shift workers or people with disabilities may be excluded from some activities).

The guidance concludes with the following research questions to be addressed to further improve evidence relating to workplace physical activity. It notes that 'effectiveness' in this context relates not only to the size of the effect, but also to the cost effectiveness, duration of effect and harmful/negative effects.

1. How is the effectiveness of workplace physical activity interventions influenced by the characteristics (for example, age, ethnicity, gender, socioeconomic status or disability) of employees?
2. How is the effectiveness of workplace physical activity interventions influenced by the size of the workplace and the type of occupations involved?
3. Do employer schemes to encourage employees to walk or cycle to work increase the individual's overall level of physical activity? For example, does an increase in the use of transport involving physical activity to commute to work lead to a decrease in other types of physical activity? Or is there an overall net increase in the individual's physical activity levels?

4. To what extent do employers benefit from increased productivity and reduced sickness absence if their employees become more physically active?
5. How effective are incentive schemes at increasing workplace physical activity levels?

PH41 – Guidance on Walking and Cycling, NICE, 2012

The PH41 guideline covers encouraging people to increase the amount they walk or cycle for travel or recreation purposes. This will help meet public health and other goals (for instance, to reduce traffic congestion, air pollution and greenhouse gas emissions). The recommendations cover:

- Policy and planning;
- Local programmes; and
- Schools, workplaces and the NHS.

This guidance does not cover:

- Environmental changes to encourage walking or cycling;
- National actions to support walking and cycling, such as fiscal measures and other policy interventions to alter the balance between active and motorised travel in terms of cost and convenience; and
- Measures to reduce the risk of unintentional injuries from walking and cycling.

The document comprises a series of recommendations, with those relevant to the hospital campus reproduced in **Table 2** below:

No.	Recommendation	Action to be Taken
1	High-level support from the health sector	• Ensure a senior member of the public health team is responsible for promoting walking and cycling. They should support coordinated, cross-sector working, for example, by ensuring programmes offered by different sectors complement rather than duplicate each other; • Ensure the joint strategic needs assessment, the joint health and wellbeing strategy and other local needs assessments and strategies take into account opportunities to increase walking and cycling. They should also consider how impediments to walking and cycling can be addressed; • Ensure walking and cycling are considered, alongside other interventions, when working to achieve specific health outcomes in relation to the local population (such as a reduction in the risk of cardiovascular disease, cancer, obesity and diabetes, or the promotion of mental wellbeing). These include outcomes identified through the joint strategic needs assessment process; • Ensure walking and cycling are included in chronic disease pathways; • Ensure all relevant sectors contribute resources and funding to encourage and support people to walk and cycle; • Where appropriate, ensure walking and cycling are treated as separate activities which may require different approaches; and • Ensure walking and cycling projects are rigorously evaluated. This includes evaluating their impact on health inequalities.

No.	Recommendation	Action to be Taken
2	Ensuring all relevant policies and plans consider walking and cycling	• Ensure local, high-level strategic policies and plans support and encourage both walking and cycling. This includes a commitment to invest sufficient resources to ensure more walking and cycling – and a recognition that this will benefit individuals and the wider community. Relevant policies and plans include those on: ◦ air quality; ◦ community safety; ◦ disability; ◦ education; ◦ environment (including sustainability and carbon reduction); ◦ health and wellbeing; ◦ housing; ◦ land use, planning and development control; ◦ physical activity; ◦ regeneration and economic development; and ◦ transport. • Ensure the walking and cycling aspects of these plans are developed in conjunction with relevant voluntary and community organisations; • Ensure strategies to promote walking and cycling address factors which influence activity at various levels – from policy down to the individual. This includes ensuring NICE's recommendations on physical activity and the environment are implemented. • Assess the impact of relevant policies and decisions on people's ability to walk and cycle. Where necessary, amend them to ensure support for walking and cycling; and • Ensure plans relevant to walking and cycling are implemented and evaluated.
4	Personalised travel planning	Help those interested in changing their travel behaviour to make small, daily changes by commissioning personalised travel planning programmes. These should be based on current best practice. Staff running these programmes should: • Identify those willing to make changes, for example, people at transitional points in their life (such as when moving house, job or school); • Provide people with information and help, such as tickets, maps, timetables and, if required, more support to make different travel choices. This includes people with impairments who may rely on wheelchairs or adapted cycles; and • Consider implementing NICE's recommendations on physical activity and the environment to create a supportive environment to encourage and sustain walking or cycling.

No.	Recommendation	Action to be Taken
5	Cycling programmes	• Address infrastructure and planning issues that may discourage people from wanting to cycle. Take into account NICE's recommendations on physical activity and the environment and on road design. For example, ensure local facilities and services are easily accessible by bicycle and make changes to existing roads, where necessary, to reduce traffic speeds; • Implement town-wide programmes to promote cycling for both transport and recreational purposes. These should be linked to existing national and local initiatives. (Note: 'town-wide' in this case could include cities or suburban areas.) Programmes could include: ○ provision of information, including maps and route signing; ○ fun rides, recreational and sponsored group rides and school sports promotions; ○ use of leisure routes on and off roads; ○ use of off-road mountain bikes, BMX courses, circuits and parks; ○ car-free events or days, virtual cycle races and links with cycle sports events; ○ cycle hire schemes; ○ intensive sessions in particular settings or aimed at particular groups, such as: 'Bike to work' weeks and workplace challenges; activities aimed at children and families (such as 'Bike it', 'Bike club' and other school programmes); and activities for people with impairments who may use specially adapted cycles; and ○ activities and campaigns to emphasise the benefits of cycling (including the health benefits, the reliability and ease of access to local facilities and services). • Ensure programmes are based on an accepted theoretical framework for behaviour change and take into account NICE's recommendations on behaviour change. They should also be based on an understanding of the needs of existing and potential cyclists, including those with impairments; • Ensure cycle parking and residential storage issues are addressed; • Ensure travel by cycle and public transport is integrated to support longer journeys. This includes providing secure cycle parking at public transport sites as well as support to transport adapted cycles and tandems for people with disabilities; • Ensure training is available for those who are interested in cycling, either as a form of transport or as a recreational activity. An example of a cycle training programme is the Department for Transport's Bikeability; • Ensure all training is sensitive to cultural issues, for instance, by providing women-only groups with female trainers, where appropriate. Also ensure it includes an understanding of the needs of people with impairments; • Consider providing free cycle safety checks (such as Dr Bike sessions) and cycle maintenance training; • Use local media to publicise activities and to clarify the links between different elements of the programme (for instance, the programme may include the provision of maps, local cycling classes and local challenges and events). In addition, use local media to raise awareness of any new or improved infrastructure. Also provide success stories from different elements of the programme to create momentum.

No.	Recommendation	Action to be Taken
6	Walking: community-wide programmes	• Address infrastructure issues that may discourage people from walking, for example, motor traffic volume and speed, lack of convenient road crossings, poorly maintained footways or lack of dropped kerbs, where needed. Take into account NICE's recommendations on physical activity and the environment and on road design; • Develop walking programmes for adults who are not active enough, based on an accepted theoretical framework for behaviour change and taking into account NICE's recommendations on behaviour change. Ensure groups that are likely to be the least active are encouraged to participate, by addressing issues that may act as a barrier; • Ensure walking programmes for all adults link to existing national and local walking initiatives; • Ensure all programmes address safety, cultural and disability issues; • Ensure all programmes offer a variety of routes, paces and distances at different times of the day (including evenings and on different days of the week or at the weekend). Local people with different preferences, time constraints and physical abilities should all be able to participate. Programmes could include: ◦ community-wide events, such as mass participation walking groups, community challenges and 'walkathons'; and ◦ walks led by suitably trained walk leaders (paid or voluntary) and aimed at people who are currently inactive. • Ensure walking routes are integrated with accessible public transport links to support longer journeys. Signage should give details of the distance and/or walking time, in both directions, between public transport facilities and key destinations; • Provide information tailored for individuals who want to go walking without joining a group or club. Offer continued support in line with recommendation 7; • Develop and implement a publicity strategy to let the local community know about the walking routes and events and how accessible they are; and • Provide support to help people who have started walking as a leisure activity to also consider walking as a means of transport.
7	Walking: individual support, including the use of pedometers	• Ensure individual support is available for anyone who is walking on their own, walking informally with others in a group, or participating in local walking programmes. This includes helping to assess their activity levels and to set goals which build on this. The aim should be to increase the distance walked gradually, rather than providing them with a set target to aim for; • Ensure additional, one-to-one support is offered at regular intervals to help people develop a long-term walking habit. This could be provided face-to-face, via the telephone or by using print-based materials, email, the Internet or text messaging. The support could include: ◦ individual, targeted information; and ◦ goal setting (which may or may not include the use of pedometers), monitoring and feedback. • Provide general information including: ◦ maps, signs and other details about walking routes; ◦ how to visit places of interest on foot (such as shops, educational or recreational facilities); and ◦ details on surface quality and accessibility. • Only use pedometers as part of a package which includes support to set realistic goals (whereby the number of steps taken is gradually increased), monitoring and feedback.

No.	Recommendation	Action to be Taken
9	Workplaces	• Develop strategies in consultation with staff (and other relevant stakeholders, for example, students in universities and colleges) to promote walking and cycling in and around the workplace. Ensure activities are developed in line with wider local activities (see recommendations 2 and 4) and are linked to existing national and local initiatives; • Liaise with local authority transport departments, neighbouring businesses and other partners to improve walking and cycling access to workplace sites. (Also see NICE's recommendations on physical activity and the environment and promoting physical activity in the workplace.); • Identify an 'active travel champion' (or champions) within the workplace, at a sufficiently senior level. They should coordinate activities such as led and informal walking groups, workplace 'challenges' and promotional competitions (for example, using pedometers), bicycle user groups and walking interest groups. The active travel champion/s should also develop (or promote) schemes that give staff access to a pool of bicycles for short-distance business travel, or access to discounted cycle purchases (such as cycle to work schemes); • Ensure workplace walking and cycling programmes are developed using an evidence-based theoretical model of behaviour change (see NICE guidance on behaviour change); and • Provide information tailored for the specific workplace on walking and cycling routes and circuits. This should include details on the distances involved, maps, routes and safety information.
10	NHS	• Incorporate information on walking and cycling into all physical activity advice given by health professionals. (See also NICE's recommendations on four commonly used methods to increase physical activity.); • Ensure walking and cycling are among the options provided by the Let's get moving physical activity care pathway; • Ensure people who express an interest in walking or cycling as a way of being more physically active are given information about appropriate national and local initiatives. Also provide individual support and follow-up (see recommendation 7); • Direct people with limited mobility to specialist centres where adapted equipment, assessment and training are available for walking and cycling; and • Ensure walking and cycling programmes link to existing national and local initiatives.

Table 2 – Recommendations to Increase Physical Activity by Walking and Cycling
(Source: NICE)

People with disabilities are less likely to be physically active and more likely to face barriers to being active than those without impairments. Many of this group can walk or cycle. However, they may require additional support, for example, involving specially adapted equipment or changes to the physical environment.

A wide range of factors influence whether or not people walk or cycle. Many were outside the scope of this guidance. In particular, the Programme Development Group (PDG) noted that environmental factors such as the quality, accessibility and availability of walking and cycling networks are likely to be important. Other issues, such as the relative costs and convenience, are also likely to be significant. As a result, it recommended that this guidance should be implemented in conjunction with other related NICE recommendations, in particular, on the changes needed to the physical environment.

The PDG noted a range of issues which, if tackled in isolation, are unlikely to lead to a significant increase in walking or cycling. It also noted that tackling such issues could, nevertheless, provide a necessary foundation for interventions which will have a significant impact. For example, a key factor preventing people from walking and cycling is the danger as well

as the perceived danger (including personal security fears) facing them on or near roads, paths or trails. The PDG discussed a range of measures that may help overcome this problem. These included:

- Awareness-raising of the comparatively low risks posed on the roads and contextualising these in terms of other risks (such as the potential risks caused by having a sedentary lifestyle);
- Awareness-raising among motorists and cyclists of the needs of pedestrians (for instance, the need to avoid causing a hazard by pavement parking);
- Awareness-raising among motorists of the needs of cyclists (for instance, by making motorists aware that they should give way, where appropriate, and should give cyclists a wide berth when overtaking them);
- Appropriate enforcement of road traffic law;
- The potential role of engineering measures such as chicanes or raised junctions and 20 mph limits in helping to restrict motor traffic speed;
- The needs of children and older people; and
- The needs of people with mobility difficulties or other impairments which may increase their vulnerability on the road.

Action to increase walking and cycling rates may reduce motor traffic volume and the PDG was concerned that the resulting benefits (of reduced congestion and reduced air pollution) should not be lost. For example, less traffic could lead to increases in vehicle speed, or may encourage some people to drive for journeys previously undertaken using other modes of transport. Members noted that action to ensure this does not happen could include a reallocation of road space or a reallocation of time at junctions to favour walkers or cyclists, or restricted motor vehicle access.

The PDG discussed the impacts that the recommendations may have on health inequalities. It acknowledged that those who are better off may have more opportunity to respond to the choices on offer. It also acknowledged that some transport interventions may deliberately target those most likely to change their mode of transport, rather than those who are least active. In addition, it noted that people with disabilities have specific needs. Taking these issues into account, the PDG emphasised that the recommendations should be accompanied by action to address factors such as a hostile and degraded environment, restricted access points, poor surfaces and the availability of disabled toilets. The Group also noted that some people with, for example, sensory or cognitive impairments, may need specially adapted equipment or information.

The guidance concludes with the following research questions to be addressed. It notes that 'effectiveness' in this context relates not only to the size of the effect, but also to the cost effectiveness, duration of effect and harmful/negative effects. All the research should aim to identify differences in effectiveness among groups, based on characteristics such as socioeconomic status, age, gender and ethnicity.

1. How could existing guidance on evaluating complex, population-wide interventions be most usefully adapted and applied to approaches that aim to increase rates of walking and cycling? Issues to consider include: population level health outcomes such as pollution emissions and exposure, the impact of an intervention on risk and danger and other, wider outcomes of interest such as the impact on the local economy. Approaches should be developed to take account of the backgrounds and needs of the different professional groups involved in helping to influence walking and cycling for transport or recreation. This includes professionals working in public health, transport, environment, economic development and regeneration.
2. What key factors influence the effectiveness of population-level or whole-area approaches to encouraging walking or cycling? How do these factors interact? (Specifically, how do infrastructure changes, promotion of these

changes, promotion of walking and cycling generally, the provision of individual support and approaches in specific settings interact?) How does effectiveness vary between different geographical areas?

3. How do individual and local factors influence the effectiveness of specific approaches to encouraging walking or cycling? (This includes people's level and perception of risk, the degree of connectivity for cycling trips, and the local 'visibility' of cycling or walking as a mode of transport.) How do these factors interact with personal factors (such as willingness to try walking or cycling) and how do these personal factors influence effectiveness? In particular, do local factors influence the effectiveness of cycle training and personalised travel planning?
4. What key factors ensure people continue to walk or cycle in the long term (over a year)? How do individual interventions (such as follow-up or goal setting) interact with environmental factors (such as distance, perception of danger or provision of facilities) in encouraging people to continue to walk or cycle?
5. What key factors influence differences in walking and cycling behaviour among different groups – and what are the implications for interventions aiming to achieve population-level change and reduce inequalities? This should take into account transport-related variables such as level of car ownership.

NG90 – Physical Activity and the Environment, NICE, 2018

The NG90 guideline covers how to improve the physical environment to encourage and support physical activity. The aim is to increase the general population's physical activity levels. The document comprises a series of recommendations, with those relevant to the hospital campus reproduced below:

Strategies, policies and plans to increase physical activity in the local environment:

- Develop and use local strategies, policies and plans to encourage and enable people to be more physically active. Use information from sources such as the joint strategic needs assessment and local cycling and walking implementation plans. Follow established best practice to ensure everyone's needs are identified and addressed, including those of people with limited mobility;
- Use community engagement approaches to develop and review these local strategies, policies and plans:
 - Take account of the views and needs of people who walk, cycle, drive or use public transport in the local area, particularly in relation to shared or contested space. (For example, space shared by pedestrians and cyclists, or cyclists and motorists.);
 - Take account of the views and needs of people with limited mobility who may be adversely affected by the design and maintenance of streets, footways and footpaths and urban and rural public open spaces;
 - Take account of the views of voluntary and community sector organisations; and
 - Assess whether initiatives successfully adopted elsewhere are appropriate locally and, if they are, how they can be adapted to local needs.
- Develop and put policies into place to ensure people with limited mobility can safely move along and across streets and in public open spaces:
 - Adopt a consistent approach to permanent or temporary obstructions. This may include vegetation, vending boards, bins, parked cars, scaffolding and street furniture;
 - Ensure that there are enough pedestrian-controlled crossings, and that they all incorporate accessibility features. Also ensure that signal-controlled crossings give enough time to cross the road safely;
 - Provide accessible temporary crossings during street and road works (see the Department for Transport's Safety at street works and road works);

- Use and maintain tactile paving and dropped kerbs correctly (see the Department for Transport's guidance on the use of tactile paving surfaces); and
- Provide step-free access or, where this is not possible, clearly signposted accessible alternatives.
- Use existing health impact assessment tools to assess in advance what impact (both intended and unintended) any proposed changes are likely to have on physical activity levels. For example, will local services be accessible on foot, by bike, and by people with limited mobility? Make the results publicly available and accessible.

Active Travel:

- Identify and prioritise local areas where there is a high potential to increase travel on foot, by bicycle, or by other forms of active travel. Base this on demographic data, travel surveys, land use mix and other sources of local information. Take into account views identified through community engagement;
- Increase physical activity associated with using public transport services. This includes encouraging use of these services by:
 - Ensuring available services are reliable, particularly in rural areas where public transport may be more limited;
 - Making information about public transport services accessible to people with visual and hearing impairments, for example provide spoken and visual announcements about destinations and stops on board services, and at stops and stations;
 - Making public transport physically accessible to everyone (see the Department for Transport's guidance on inclusive mobility); and
 - Improving public transport to parks and other green and blue spaces.
- Ensure new and refurbished footways, footpaths and cycle routes link to existing routes and improve the connectivity of the network as a whole. Aim to make it as easy as possible for people to walk, cycle or use other forms of active travel rather than making short journeys by car. This includes journeys between residential areas and:
 - Public transport stops and stations;
 - Places of work;
 - Public open spaces;
 - Schools, colleges and early years settings;
 - Healthcare services; and
 - Shops, and leisure sites.
- Ensure footways, footpaths and cycle routes are convenient, safe and appealing to users, and are built and maintained to a high standard. For example, ensure:
 - They are even and do not include any hazards, for example from tree roots, potholes, broken paving slabs or seasonal and weather-related obstructions;
 - They have enough lighting to make people feel secure;
 - They are free from permanent or temporary obstructions, where possible;
 - They are not hidden by overgrown or poorly managed vegetation; and
 - They have clear signs to help people find their way.
- Ensure pedestrians, cyclists and users of other modes of transport that involve physical activity are given the highest priority when developing or maintaining streets and roads. (This includes people with limited mobility.) Use 1 or more of the following methods:
 - Re-allocate road space to support physically active modes of transport (for example, by widening footways and introducing cycle lanes);

- Restrict motor vehicle access (for example, by closing or narrowing roads to reduce capacity);
- Introduce road-user charging schemes; and
- Introduce traffic-calming schemes to restrict vehicle speeds (using signage and changes to highway design).
- Improve cycling infrastructure using information from people who walk, cycle, and drive in the local area, including those with limited mobility. Improvements may include:
 - Establishing cycle lanes, tracks and trails in line with best practice; and
 - Installing secure cycle parking facilities in public places, on public transport and at public transport stops.
- Make it as easy as possible for people with limited mobility to move around their local area, and work with relevant third sector organisations to achieve this. For example:
 - Ensure footways:
 - have even, non-reflective, anti-glare surfaces;
 - are free from unauthorised and unnecessary obstructions (whether permanent or temporary) including being free from pavement parking; and
 - are set back from traffic, if possible (for example, by a grass verge).
 - Ensure footways that have a kerb clearly define the kerb with a change in level (apart from pedestrian crossings);
 - Ensure pedestrian crossings have flush kerbs and tactile paving (see the Department for Transport's guidance on the use of tactile paving surfaces);
 - Ensure signal-controlled crossings have tactile rotating cones and, if appropriate, an audible beep, and give enough time to cross the road safely;
 - Ensure tactile paving is correctly installed and maintained where it is needed, for example at all crossing places, at the top and bottom of stairs, on the edge of railway platforms and on shared use routes (see the Department for Transport's guidance on tactile paving surfaces); and
 - Ensure seating is provided at regular intervals along footways that are key walking routes (see the Department for Transport's guidance on inclusive mobility).
- Improve routes that children, young people and their families and carers use, or could use, for active travel to school, college and early years settings. Focus on improving safety, accessibility, connectivity, sustainability and appeal to users; and
- Consider improving access routes to school, college and early years settings by:
 - Improving footways and pedestrian crossings; and
 - Introducing measures to reduce vehicle speed.

Public Open Spaces:

- Consider ways to enhance the accessibility, quality and appeal to users of local open spaces, especially green and blue spaces, to increase their use. Focus particularly on communities who may not currently use them, for example those with low mobility, low-income communities and some black and minority ethnic communities. Consider, for example, providing:
 - Facilities that help people of all cultures and backgrounds to feel safe and welcome, for example by providing safe areas in which children can play and picnic facilities;
 - Lighting and other measures to prevent or reduce antisocial behaviour, such as maintaining vegetation;
 - Clear signs that can be understood by everyone, including people with visual impairments and learning disabilities;
 - Seats with arms and backrests, sited at frequent intervals;
 - Shelter and shade;

- Accessible toilets that are clean, well maintained and unlocked during daylight hours;
- Footpaths with even, non-reflective, anti-glare surfaces and tactile paving;
- Access by public transport, on foot and by bike (including providing cycle parking); and
- Car parking for blue badge holders and other people with limited mobility.
- Ensure open spaces and footpaths are maintained to a high standard; and
- Involve community groups and volunteers in decisions on how to design and manage public open spaces, including trails, footpaths and towpaths. Encourage them to help maintain them, for example by reporting any problems affecting use and accessibility.

Buildings:

- Ensure different parts of campus sites (including those in hospitals and universities) are linked by accessible walking and cycling routes;
- Ensure new workplaces are linked to walking and cycling networks. Where possible, these links should improve the existing walking and cycling infrastructure by creating new through routes (and not just links to the new facility);
- During building design or refurbishment, ensure staircases are designed and positioned to encourage people to use them; and
- Ensure staircases are clearly signposted and are attractive to use. For example, they should be well lit and well decorated.

The guidance concludes with the following recommendations for research:

1. How effective and cost effective are changes to public transport provision and ticketing in creating and sustaining an increase in physical activity at a population level?
2. How effective and cost effective are environmental changes to public open spaces (including blue, green and grey spaces) in creating and sustaining an increase in physical activity at a population level?
3. How effective and cost effective are environmental changes to increase physical activity through use of public open spaces (including blue, green and grey spaces) by the following groups:
 - Black and minority ethnic groups;
 - Groups with low socioeconomic status;
 - Groups experiencing other forms of disadvantage, for example carers, people with severe mental health conditions?

Are effects maintained over time?
4. How effective and cost effective are environmental changes to increase physical activity among people with limited mobility because of either enduring or life-stage specific factors (for example, small children, parents with prams or buggies, disabled people including those with sensory impairments and learning disabilities, older people, people with dementia and their carers)? Are effects maintained over time?
5. Does reducing car use or ownership change physical activity levels? Are effects maintained over time?
6. What is the effectiveness and cost effectiveness of interventions to change the environment alone, compared with interventions to change the environment that are supported by interventions to change people's behaviour?

Appendix B – Trust Car Park Policy



Summary of Existing MFT Policies

This appendix sets out a summary of existing travel-related policies that the Trust currently have in place, and how they influence travel.

Car Park Policy

Current Policy

Curtins has been provided with Version 4.2 of the Trust-Wide Car Parking Policy, valid to 31st July 2019. A review was scheduled for 31st July 2019; although it is understood that there have been delays due to COVID-19.

The Trust's current Car Parking Policy states that its main purpose is to ensure that car parking is managed effectively and fairly, whilst simultaneously promoting the use of sustainable travel and alternative modes of transport to proactively reduce the number of single occupancy vehicle trips and the volume of car journeys made to and from the Trust.

Patient and visitor car parking at Wythenshawe Hospital is concentrated on car parks nearest to the hospital buildings, with designated drop off and pick-up locations in front of the main entrances to the Hospital Buildings. A map of all parking and main entrances to buildings at Wythenshawe Hospital is shown in **Figure 1** below:

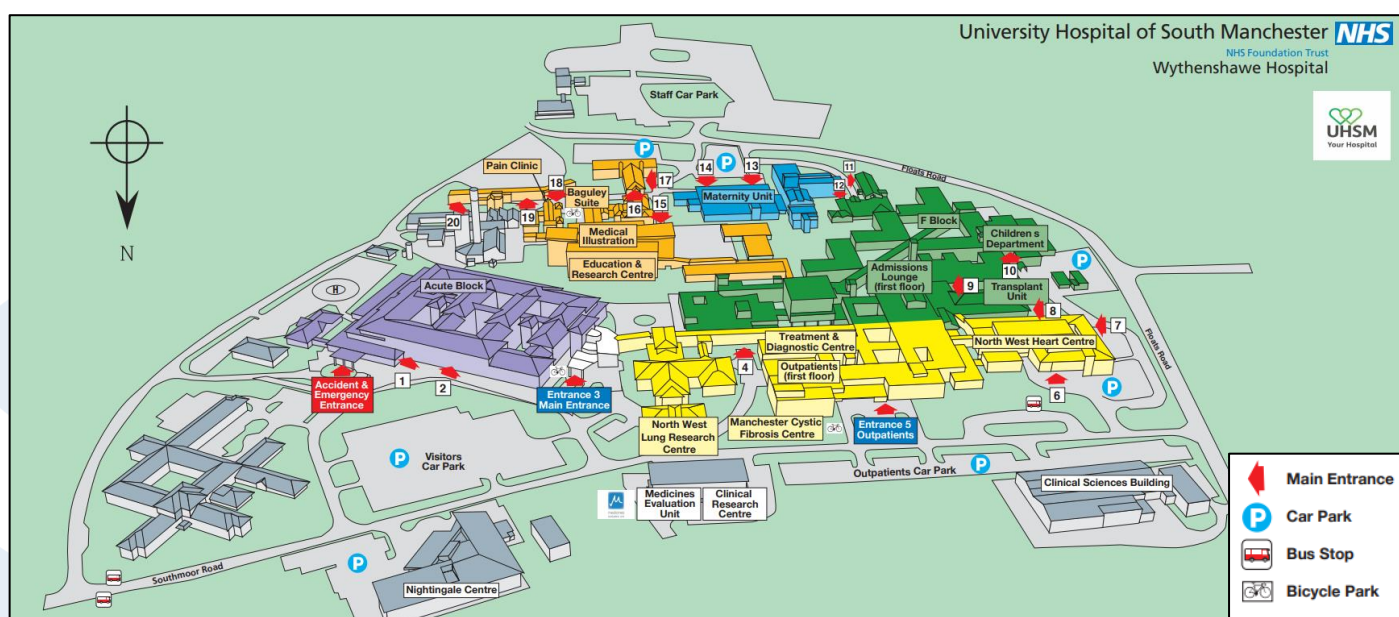


Figure 1 – Car Park Map at Wythenshawe Hospital
(Source: Manchester University NHS Foundation Trust)

All designated users of the parking facilities are required to pay for parking. There are several limited exceptions, and these include visitors who are Blue Badge Holders and others detailed below. The main visitor car parks are barrier accessed with pay on foot pay stations, with the Trust tariffs for patient and visitor car parks as follows:

Length of Stay	Tariff
Up to 20 minutes	FREE (visitors can pick up and drop off at each entrance), applies to all car parks controlled by Full/Spaces sign
Up to 2 hours	£3.00
Up to 3 hours	£4.00

Length of Stay	Tariff
Up to 4 hours	£5.00
Up to 5 hours	£6.00
Over 5 hours	£10.00
All day ticket*	£3.00
Frequent concessions – less than 4 weeks	£13.00 for six exits with no time limit on use

Table 1 – Patient Car Park Tariffs at Wythenshawe Hospital

*For patients experiencing delays with appointments or complicated examinations, visiting Locum Consultants or delegates attending Trust Training Centre.

Similar to staff car parking at the ORC and Trafford General Hospital, the designated permit holder will have access to a restricted parking area but not a specific space within that area. The quantity of permits issued for these areas is restricted to ensure that the area is not oversubscribed, and availability is controlled.

There are several parking areas within Wythenshawe Hospital that have been designated for use by certain categories of staff, patients, and visitors. This includes:

- **Restricted** – Staff parking in restricted locations attracts a higher charge;
- **Medical Exemption Parking** – Staff who require to park close by entrances for medical reasons and the request is supported by Employee Health and Wellbeing;
- **Cystic Fibrosis (CF) Parking** – Allocated spaces adjacent to the CF unit for long stay CF patients, community / outreach staff, and a small number of permanent black triangle holders; and
- **Late Finisher Car Park** – Allocated to the Burns Community Outreach Staff.

There are also several designated Blue Badge spaces for visitors, however if a Blue Badge holder is unable to access a designated disabled space, they can park in any of the visitor car parks. Valid Blue Badge Holders are exempt from charges. Staff that possess a Blue Badge are encouraged to obtain a Medical Exemption Black Triangle and use designated staff car parks that are conveniently located near to their workplace.

Certain patient and visitor groups will receive concessions from parking charges by completing a proforma, where their current car parking ticket can be validated for six exits. Patient and visitor concessions / exemptions are detailed within the parking policy.

Applications for staff car parking permits are all facilitated online. All staff who are employed by the Trust and have car parking permits will have their deductions made from their monthly salary as per the tariff set out in **Table 2** below, whereas staff concessions for use of cycles and motorbikes are further detailed within the staff intranet.

Staff NHS Salary Band	Monthly Car Parking Charge
Up to £10k	£6.00
Up to £18.6k	£15.60
Up to £27.6k	£24.00
Up to £50k	£36.00
Over £50k	£45.00
Restricted	£95.00

Staff NHS Salary Band	Monthly Car Parking Charge
Contractor	£10.00/week

Table 2 – Staff Car Park Tariffs at Wythenshawe Hospital

For bank staff, agency staff, temporary staff with less than 3 full months remaining on their contract, students, and any other non-Trust staff who are not eligible for a staff permit, they can purchase a monthly permit from the Car Parking Office.

The car park policy details separate zones for staff, with coloured triangles denoting user locations such as general parking areas, pay as you go, volunteers and medical exemptions, restrictions, and other buildings. In some cases, Trust staff may be recalled to attend medical emergencies and require short-term parking. These requirements are usually out of hours, and staff are permitted to use visitor car parks. If they are to remain after 08:00 they must vacate the visitor car park and use staff parking areas.

Staff taking maternity leave may suspend their parking permit and payments and then reinstate these on return to work, whereas staff on long-term sickness absence will continue to pay car parking permit fees for an initial period and can request for refunds only after a period of 2 months sick leave has elapsed.

The Trust's staff cycle scheme (covering Wythenshawe and Withington Community) permits cyclists to have free car parking provided they agree to cycle for 50% of their journeys in any month. They are required to submit a cycle to work form giving details of cycling to work days throughout the month to Car Park Admin to enable them to suspend that month's car park subscription.

Enforcement

The Trust's car parking terms and conditions are enforceable 24 hours a day, 7 days a week. The policy states that all Trust has large numbers of instances of unauthorised parking, but it is the volume of persistent inconsiderate parking which is of greatest concern.

Parking Charge Notices (PCN) are issued to those found breaching the car parking terms and conditions. At the ORC and Trafford General Hospital, current parking charges for a PCN stands at £70 which is reduced to £35 if paid within the first 14 days of issue. Whereas an initial charge of £25 is levied for PCNs at Wythenshawe Hospital, and the amount increases to £50 if not paid within 14 days.

At Wythenshawe Hospital, if payment is not received within a further 14 days, the Driver and Vehicle Licensing Agency (DVLA) will be contacted to obtain registered vehicle owners' details and the charge is increased to £85. The charge will increase to £135 if not paid within a further 14 days, and details will be forwarded to the Trust's Civil Enforcement Agent for collection. The policy also details procedures for appeals against sanctions for all sites.

Sustainable Travel Plan and Electric Vehicle Charging

The Trust's Sustainable Travel Plan aims to reduce the number of single occupancy vehicle trips to the hospital and contains an action plan to promote the uptake of more sustainable and active modes of travel.

The latest Sustainable Travel Plan is made available on the staff Intranet and is updated periodically. The Trust monitors performance of its Sustainable Travel Plan through an annual staff travel survey to measure modal split and carbon

footprint. The Trust offers a wide range of staff benefits related to uptake of sustainable travel including; interest free season ticket loans for public transport, the Cycle to Work scheme and discounted public transport tickets.

The Trust also participates in the Charge Your Car scheme (a pay-as-you-go network of electric vehicle (EV) charging points), and electric vehicle charging is available at Moorside Road Car Park (Trafford General Hospital) and Hathersage Road Car Park and Grafton Street Car Park (ORC).

Users need to register with the scheme (chargeyourcar.org.uk) and obtain a card which can be used at the charging point. Normal car parking charges will apply for use of the car park facility whilst charging a vehicle. Where staff members have a permit for an alternative car park, they will be able to visit the car parking office and have their ticket / token validated to exempt them from additional charges if they can evidence:

- They have a permit for another car park;
- Their vehicle is an electric vehicle (by showing registration swipe card); and
- That they only used the car park for the period when they were charging their vehicle, maximum stay 5 hours – vehicles remaining in excess of 5 hours may receive a PCN.

Travel, Subsistence, and Accommodation Policy

Current Policy

Curtins has been provided with Version 1.1 of the Trust-Wide Travel, Subsistence and Accommodation Policy, valid to October 2022, where a review will be undertaken in the future.

The policy covers what staff need to know about reimbursement of travel, subsistence, and accommodation costs because of the requirement to travel, aside from their normal journey to work, for business reasons. It is stated early on that all claims for expenses must be approved by managers.

Staff are reminded to make choices that are the best value for money and only travel when essential, keeping in mind that such expenses are paid by taxpayers' money. Managers are also reminded to check that staff abide by the above and advised to consider whether staff could have meetings at other sites virtually instead of face to face.

Different entitlements and rates apply to different types of staff across the NHS, split into the following categories. Full details, exemptions, terms, and conditions are provided within staff handbooks, with key information provided as follows:

- Members of staff on NHS Terms and Conditions of Service, a volunteer, or a Very Senior Manager (VSM):
 - Standard rate of reimbursement for cars is 56p/mile up to 3,500 miles of annual mileage, and 20p/mile over 3,500 miles of annual mileage;
 - Rates of reimbursement for all eligible miles travelled on motorcycles is 28p/mile, followed by 20p/mile for pedal cycles, 5p/mile passenger allowance, 28p/mile reserve rate, and 3p/mile for carrying heavy or bulky equipment; and
 - Employees will be reimbursed for miles travelled in the performance of their duties which are in excess of the home to agreed work base return journey.
- Medical and dental staff:
 - Allowances at regular user rates shall be paid to practitioners who are required by their employing authority to use their own car on NHS business and in doing so, travel an average of more than 3,500 miles a year,

travel an average of at least 1,250 miles a year, necessarily use their car on an average of 3 days a week, or spend an average of at least 50% of their time on such travel; and

- The standard rate per mile will be determined according to the following formula:

$$\frac{\text{Cost of one gallon of four-star petrol}}{\text{Base Vehicle's mileage on urban cycle}}$$

Bus, tram, tube, and train tickets under the value of £10 should be paid by staff and a claim for expenses to be reimbursed should be submitted together with a valid receipt. All other travel must be booked as far in advance as possible, to make sure the Trust can find the cheapest fare.

For rail travel, Standard Class Advanced Booking tickets should be used, except where it would be more cost effective to travel First Class. Staff are also encouraged to make sure comparisons of return tickets versus one-way tickets are made, only use open/refundable tickets where it is essential to achieving business needs, under £10 or the cost is no different from purchasing an advance ticket and use a railcard where possible.

Rail executive packages (usually including a meal, car parking, etc.) must be approved by a Finance Director, and only when this is no less cost effective than purchasing the elements separately.

In principle, public transport should be used over taxis. However, staff should ask their manager about whether it is reasonable to book a taxi if time pressure, cost, or personal safety would make public transport impractical. For example:

- It is not practical to travel to/from the location by public transport (i.e., it would significantly increase the length or cost of the journey or the staff member has significant luggage);
- There are several travellers in the taxi making it more cost effective than public transport; or
- The times and locations of travelling by public transport may heighten personal safety considerations.

Taxis should be booked with a cost-effective firm and in the most cost-effective way, e.g., only book for a set time if staff are certain they will be ready to depart at this time to avoid waiting charges. Trust approved taxis can be booked through the ATOM system. Where inter-site travel is already provided, e.g., the Trafford-Oxford Road Shuttle, other forms of transport should not be used and expenses for this travel may not be approved by a manager.

Reimbursement is only for what is in excess of the home to base site return journey, calculated based on the shortest possible route. If staff have an electric car, they can claim at the HMRC rate. All staff should plan the routes of car journeys carefully, to reduce mileage and / or avoid areas of likely congestion. Staff can also claim expenses if you are required to work overtime and incur additional travel expenses.

Exceptions

Staff travelling in an emergency on Trust business should contact the team who book travel for their department who will provide support as required. Staff will be reimbursed for necessary and reasonable additional travel and subsistence costs incurred during an emergency.

It is recognised that occasionally, staff may have to pay an additional fare should their departure time change. Reimbursement is at the discretion of their manager.

If staff can find travel / accommodation at a significantly lower cost than the Travel Team, they can purchase this themselves and claim reimbursement for the expense (subject to approval from their manager in advance).

If staff are required by the Trust to work on a temporary basis (over 4 consecutive days but must be less than 24 months) at another site, they can book season tickets rather than asking the Travel Team to book individual journeys. Where parking can be paid in blocks rather than a daily basis, this can also be done.

The choice to drive over other forms of transport may sometimes be necessary for safety reasons. To cater to this, the Trust has a Lone Working Policy for more information.



Appendix C – 2020 Staff Travel Survey Results



Summary Report

Annual Staff Travel Survey 2020

Executive Summary

2020 has seen a significant modal shift towards active travel journeys. Going forward this level of engagement should be maintained and supported by the Trust in order to deliver improved health and wellbeing benefits for staff, reduced carbon emissions, improved air quality and reduced local congestion.

However, in order to maintain this positive shift, the Trust urgently needs to;

- 1) Increase the amount of secure cycle parking infrastructure.
- 2) Improve access to shower and changing facilities for cyclists.
- 3) Collaborate with transport operators to improve trust in the public transport network.
- 4) Increase the availability of electric vehicle charge points across the estate.
- 5) Improve communications around travel.

Introduction

This report summarises the results of the 2020 Staff Travel Survey. In total, 1,624 staff across MFT completed the questionnaire, representing 8% of the total workforce.

Due to the COVID-19 pandemic the survey had a different focus than in previous years, indicating how some staff have changed their travel habits as a result.

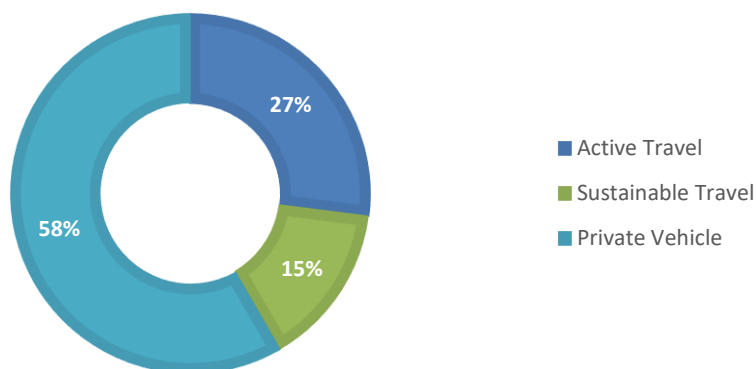
The information gathered will inform a new Healthy Travel Strategy which will set the overall vision, strategy, and objectives on travel for the Trust. The information will also feed into site-based action plans, to support the most appropriate interventions and enable staff to make more sustainable travel choices.

2020 Survey Results

Single occupancy car travel remains the most popular method of transport, with 50% of staff choosing this method, whilst active travel has dramatically increased as a result of the COVID-19 pandemic.

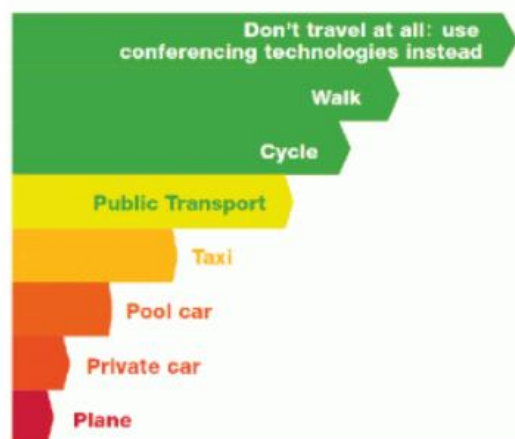
Travel Type	Change against baseline (2018)	Modal Split	Mode	2020	2019	2018
Active Travel	+69%	27%	Bicycle	17.91	9.17	9.9
			Walk/Run	8.85	6.12	5.9
Public Transport	-47%	15%	Bus	8.99	16.75	18.6
			Train	2.47	4.45	5.7
			Metrolink	1.96	2.87	2.9
			Shuttle Bus	1.09	-	-
Private Vehicle	+3%	58%	Car (alone)	50.11	55.44	49.4
			Car (shared)	7.54	4.82	6.3
			Motorbike/Moped	0.15	0.3	0.5
			Taxi	0.94	0.12	1.00

2020 MODAL SPLIT



Analysis by mode

There are a range of internal and external factors that influence how staff travel to and between our Hospital sites. The following section analyses issues and challenges from each mode of transport, including comments taken from the travel survey, and identifies opportunities for improvement in an action plan. Issues have been ordered using the travel hierarchy, see image below.



1) Minimising travel

Due to COVID-19, a proportion of staff have started to work from home (14%), reducing the need to travel to their hospital site. Although this is not practical for most clinical staff, staff should be encouraged to adopt a blended approach of office/home-based working where appropriate.

The way meetings are conducted has shifted dramatically. Before COVID-19, 83% of meetings were conducted face to face, during COVID-19, 97% of meetings have been conducted using teleconferencing facilities. 37% of respondents plan to continue to use this technology for the majority of their meetings; however 38% were unsure of how meetings would be conducted in the future.

As well as reducing travel needs, working from home and remote meetings can be a more efficient and productive method of working for some staff.

- *Working from home where able saves time and money on travel, also gives a better more peaceful working environment hence I can complete more, and to a higher standard.*
- *Worked from home for 1 week during the outbreak. Much preferred.*
- *Since Covid I have been just working from home so I am missing out on my morning exercise, cycle to work.*
- *Working from home has its plus points but it is nice to see colleagues in the office too.*

2) Active Travel

Active travel journeys, especially those by bicycle, increased dramatically during COVID-19. There are several reasons for this change;

- UK Government advice to avoid public transport.
- A long period of dry, sunny weather.
- Quieter roads.
- Local initiatives to create pop-up cycle lanes and safer streets for cycling.
- Increased media attention on cycling and supporting new cyclists.

This increase shown in the Travel Survey is backed up by other data sources. For example, access to the cycle shelters at Oxford Road increased from an average of 5 requests in June 2019 to 47 requests in June 2020, July is similar with an average of 3 requests rising to 56 requests during 2020. Requests to participate in the Cycle to Work scheme have also increased, between March and June 2020 149 members of staff were supported through the Cycle to Work scheme, three times higher than the same period the previous year.

41% of staff live up to 5 miles away from their workplace, and 72% live up to 10 miles away. These are achievable distances for a more active commute and create an opportunity to drive change.

Key Issues

Cycle parking at capacity

Due to redevelopment works and security improvements, cycle parking capacity was temporarily reduced at the Oxford Road Campus by 117 spaces between June 2019 and July 2020. Although 2 shelters have come back online since then, there are still 45 spaces and shower/changing facilities which have not been replaced. This has created undue pressure for cycling storage, as the summer peak period coupled with COVID-19, has seen cycle storage demand rapidly increase over a very short period.

We are also at capacity for cycle parking spaces at Wythenshawe too. This is because most of those spaces are in individual bike lockers which can only be used by one person at a time, rather than cycle shelters which can be used by multiple authorised personnel.

These challenges were reflected in the survey with 75% of respondents wanting access to more secure cycle facilities and 47% wanting increased security measures on existing shelters. Work is ongoing at Oxford Road to improve the security of the existing facilities.

Other issues highlighted included the length of time it took to bring a shelter back online if it needed improvement works.

- *I feel that cycling is a very good option for me to get to work and is quicker and cheaper than getting the bus. However, I sometimes struggle to find space in the bike storage and so must get to work about half an hour early to guarantee a space which is a bit ridiculous - more bike parking is needed!*

Security

There were several reports of stolen bikes and staff not wanting to cycle as they know of bikes that have been stolen from the site. Someone commented that staff are sharing access codes, without the proper procedure being followed.

More concerning were the reports that staff using the cycle shelter at Hathersage Road Car Park could request a key from security without showing Trust ID. Concerns were raised at Wythenshawe that you can access the bike parks, shower, and changing facilities with a swipe card, resulting in no control over access to these areas.

Work is underway to address the security breaches in cycle shelters for example we have rolled out double digi-lock entry, installed additional panels to block entry points from underneath shelters and have a new lock on order for the Hathersage Car Park. However, we are still experiencing bicycle thefts, for example there have been 6 reported thefts from Oxford Road during July and August 2020.

- *The Trust desperately needs to provide secure bike storage facilities and suitable changing/showering facilities. I had a bike stolen 8 years ago from the Hathersage Road bike store and nothing has changed since then despite my comments. It feels like the Trust just 'ticks the box' to say they encourage cycling to work.*
- *Security! I have had 3 bikes stolen in the 6 months, nothing is done*
- *Key available to anyone at the security booth, no ID needed, not always someone there. (Hathersage Car Park)*

Shower and changing facilities

Shower and changing facilities were in great demand, with 63% of respondents wanting more. Again the changing room lockers are full at all sites, and only a minimal number are coming back into circulation due to staff leaving.

- *I think facilities for cyclists need to be massively upgraded, there aren't even enough spaces to lock bikes. Showers, lockers, changing rooms, etc need to be provided. There is zero incentive to cycle to work - this needs to change.*
- *There are no changing rooms or shower rooms for people cycling to work. The locker rooms are very small and inadequate. the staff facilities are very limited. Storage is very small or non-existent. I had my bicycle stolen while in a staff storage facility*
- *Please address the changing facilities at Wythenshawe. They are grubby and two showers and a small changing area is not enough for how many people are cycling to work. It puts me off cycling to work.*

Other issues to note are that 38% want a place to store their accessories (e.g. helmet/lights) whilst at work and 32% wanted increased cycle maintenance sessions.

There were some very positive comments from respondents about changing to a more active commute;

- *I look forward to hopefully staying out of my car as much as possible now I have decided to cycle (since COVID-19).*
- *Love cycling. More storage and changing facilities needed!*
- *I have started walking to work since COVID, which is a 50-minute walk from Didsbury. I didn't realise how much I would enjoy a walk to work! It has also made me much fitter in terms of my running stamina, I arrive at work in a really good mood and I have lost a lot of weight as a bonus.*
- *Love riding into work on the bike, it is good for my physical and mental well-being, and I have travelled like this for many years now.*

To maintain the levels of cycling seen during COVID-19 and benefit from reduced emissions, improved air quality and improved health and wellbeing for staff, we need to resolve the challenges around cycle parking and access to changing areas quickly.

3) Public Transport

Public transport numbers have decreased by 10% since 2018, due to the increase in fares, and this decline has been exacerbated at the time of this survey following the advice of the UK Government to avoid public transport. Many of the comments from the survey reflect the view that public transport is not safe because social distancing cannot occur.

- *The trains are not clean I have email & sent numerous tweets to Northern Rail but this problem continues which is frustrating especially during a pandemic!*
- *I am choosing not to use the bus at present due to the frequency of services and concerns about safety.*

In general, public transport has suffered over the past 18-24 months with a reduction in service, increase in delays and reliability as well as ticket price rises making it a more unattractive, unaffordable option.

It will be difficult to address this by ourselves so we must work in collaboration with Transport for Greater Manchester (TfGM), operators, and other networks to bring back trust in the public transport network.

3a) Intersite Travel

The Trust operates two shuttle bus services, Oxford Road Campus to Trafford General Hospital and Oxford Road Campus to Wythenshawe Hospital. The Wythenshawe route was introduced in January 2020. Overall the feedback received through the Travel Survey was excellent and the service scored 4.5 out of 5. This positive feedback will be passed onto the shuttle bus provider.

Areas for consideration include an increase in the number of shuttle buses to increase the frequency as well as the need for larger coaches to enable social distancing.

Other comments received included;

- *This has proved to be a godsend.*
- *Reliable, convenient, drivers always happy to help – very happy with the service.*

4) Car Travel

Single occupancy car travel has remained largely consistent over the past three years. The increase in 2019 was due to increasing challenges with public transport and its reliability and cost. The increase in single-occupancy car travel and decrease in public transport use (Bus, Metrolink, and Train) in 2020 can be attributed to the UK Government's advice during COVID-19 to avoid public transport and not to car share.

The Energy & Sustainability Team have supported the review process for the Car Parking Policy which took place during 2020. The policy is due to be published shortly and will look at the following areas.

Key Issues

Access to parking

During the COVID-19 pandemic, measures were introduced to support front line staff travelling to work. These included free parking on-site for all staff, even for those without a permit. 56% of staff parked in an onsite car park and 20% had parked on a residential street. The survey results show that 65% of staff who drove will continue to drive once parking restrictions are put back in place.

- *Priority parking permits should be given to anyone who drives over 20 miles to work. I have been waiting for a parking permit for over three years!!!!*
- *If parking restrictions are put back in place I will struggle to travel to work. I do not have a permit so would not be able to park on-site, however I still won't be able to travel by bus due to the issues listed previously. If we can no longer park for free on-site, and do not have access to the university car parks anymore, I don't know how I will be able to come to work.*
- *There are 3 staff that share one car and we all live together. We cannot get a parking permit.*

The main reasons for driving to work are that it is the most convenient form of transport (60%), the distance is too great (27%), and having access to no viable alternative (23%). More detailed reasons were given in the comments and can be grouped by;

- Community-based requiring a car to complete visits

- Childcare constraints
- Disability
- Avoiding public transport because of Government advice and a general sense that it was too risky

Plug-in/Electric Vehicles

Although this mode is lower down the travel hierarchy, as it still encourages single occupancy car travel, it has a lower carbon footprint than the petrol/diesel equivalents.

Although only 2.5% of respondents stated they drove a plug-in vehicle, there were several comments suggesting this is an area people are seriously looking into for the near future. Also 66% of vehicles purchased through the Trust's leasing scheme in the first quarter of 2020 were electric.

There are legitimate concerns over the number of available charging points and is an area we need to investigate in order to provide for future needs. This will be a consideration in the Electric Vehicle Charging paper which is being developed. being pulled together at the moment.

- *I have an electric car and some more charging points in the hospital car park would be useful.*
- *I would like to buy an electric car over the next 2 years but the lack of charging points in MFT car parks puts me off making that large investment yet.*

Car Sharing

Overall, the percentage of staff who car share increased by 20% from the baseline year. This is despite the Government advice that you should not share a vehicle with those outside your household or support bubble. However, the current car parking policy and permit scheme does not encourage or incentivise car sharing. This is something which will be reviewed during the development of the new Healthy Travel Strategy.

Business Travel

The NHS Long Term Plan aims to cut business mileage and fleet air pollutants emissions by 20% by 2023/24 and ensure that 90% of the NHS fleet will use low-emission engines by 2028.

Business Travel has decreased by 20% over a like for like period during the COVID-19 pandemic, however this figure is liable to change due to late claims. This has resulted in a saving of more than £59,000, 125,000 miles travelled and 34 tonnes of CO₂e.

This reduction should continue to be encouraged through the use of technology with online meetings and outpatient redesign.

5) Communicating and collaborative working

We need to improve internal communications about travel options for staff, for new starters and existing staff. Comments included;

- *I would like to know recommended, safe cycling routes from my home in Heald Green to Wythenshawe Hospital and Withington Hospital. This information would be great.*
- *More information about cycle routes would be helpful.*
- *I think much more could be done to promote cycling as a commuting option - I didn't find it at all easy to find out about shower and storage facilities when I first started my job here.*

Externally we need to continue to collaborate with a variety of partners, including TfGM, Oxford Road Corridor and GMHSCP, to address the issues raised in the survey. Whether that be around safer cycling routes, resurfacing roads, filling in potholes, creating segregated cycling routes, or building trust in public transport.

Action Plan

	Action	Responsibility	Timescales
Policy and Strategy	Launch a Healthy travel strategy for the Trust, following Board approval.	VB	November/December 2020
	Develop site-based travel plans along with a detailed action plan which considers site infrastructure, facilities, and needs as they are very different. Prioritise ORC, Wythenshawe and Trafford.	VB	March 2021
	Set up an internal Sustainable Travel Group to share best practice across the sites.	VB	September 2020
	Develop an Electric Vehicle charging strategy which plans for future growth.	VB	October 2020
Communications	Develop and communicate an infographic on the travel survey.	VB	September 2020
	Bring together and enhance intranet content on Sustainable Travel options.	VB	August 2020
	Work with HR to improve communications to new starters around sustainable travel.	VB/GT	September 2020
	Roll out a suite of measures to make it easy for cyclists to park safely. -Improved cycle shelter signage -Easy to understand maps -Rename cycle shelters -Work with security to understand and enhance security measures -Circulate a user agreement so cyclists understand the terms for using a cycle shelter -Implement an abandoned bikes removal process -Continue to promote the discounted D-locks	GT/VB	August 2020
Operational Processes	Develop a suite of operational processes to streamline sustainable travel initiatives. These will enhance reporting on sustainable travel issues.	VB	August 2020
Grants and Discounts	Continue to collaborate with TfGM and operators to improve public transport discounts and offers. Ensure these are fed back to the Rewards and Benefits Team.	GT/VB	Ongoing
Infrastructure	Rapidly increase the number of secure cycle parking spaces at Oxford Road campus, Wythenshawe Hospital, and Trafford General Hospital to meet the increased demand from staff, subject to funding being secured.	VB	October 2020
	Review the inter-site Shuttle Bus contract. Set up a task and finish group to determine future arrangements.	GT/VB	January 2021

Appendix D – Travel Plan Initiatives that Have Been Implemented



Travel Plan Initiatives that Have Been Implemented

This appendix provides details of measures (from the previous Travel Plan) that have already been implemented at the site / are no longer considered.

Existing Measure	Staff		Patient / Visitor	Status
	Commuter Travel	Business Travel		
Measures to Encourage Active Travel (Walking and Cycling)				
Provision of secure storage and changing facilities, such as cycle park areas, showers, lockers, cycle bins, racks, and hoops throughout the campus.	✓	✓	✓	Implemented. Security measures do need to be improved on a regular basis.
Review the set limit of £1,000 on the 'cycle to work' scheme to encourage take-up of electric bikes.	✓	✓	×	Implemented. The Trust has changed to a provider which offers an increased limit of £2,000.
Conduct an audit of cycle bin usage and capacity levels, and develop a monitoring procedure to assess how facilities are being utilised.	✓	✓	×	Implemented. Padlocks are to be cut after a specified period; storage bins are to be reallocated to staff and users retained on a register, to be re-checked every 6 months to ensure allocated bins are still being used. Consideration will be made to the need for additional cycle storage.
Provision of pool bicycles for staff and business travel.	✓	✓	×	Partially implemented. Pool bikes are currently loaned to users who have had their bikes stolen, but pool bikes are no longer considered for business travel.
Measures to Encourage Public Transport Uptake				
A review was conducted and it was not economically feasible to set up a shuttle bus link from the tram station to the hospital. However a shuttle bus link from Oxford Road Campus was introduced in 2019.	✓	✓	✓	Shuttle bus delivered; promotion ongoing.
Regularly update public transport service information on internal hospital notice boards, travel office, intranet, and where relevant. The TPC should investigate additional locations for notice boards and liaise with Communications team to promote the boards and webpage regularly to staff.	✓	✓	✓	Implemented.
Measures to Encourage Car Sharing and Use of Electric Vehicles (EV)				
Continue to promote Transport for Greater Manchester (TfGM) "Car Share GM" scheme for staff through the new intranet pages.	✓	✓	×	Implemented.

Existing Measure	Staff		Patient / Visitor	Status
	Commuter Travel	Business Travel		
Car Parking and Related Policy (i.e. Business Travel)				
Implement a car parking tariff for patients and visitors has been devised to ensure equality for those who visit the hospital most regularly for treatments.	✓	✓	✓	Car park policy implemented in 2016; review pending.
Review location and parking of hospital fleet vehicles and develop a strategy to reduce the reliance on parking spaces for these vehicles within the hospital grounds.	✓	✓	×	Implemented. Fleet has been converted to fully electric at the end of 2020, and an EV charging network has been rolled out. This impacts the location where the fleet is able to park.
Reduce incidents of cars not parking appropriately.	✓	✓	✓	Car park policy implemented in 2016; review pending.
Marketing, Monitoring, and Budgeting / Funding				
Locate an information office providing staff with information concerning travel and parking in International House on Ledson Road.	✓	✓	✓	Implemented. Car parking office has been relocated to near the Baguley Unit but is still available.
Align promotion of the Travel Plan with the NHS Sustainability Day by conducting a sustainable travel awareness day at the hospital.	✓	✓	✓	Regular series of events take place annually but have been disrupted due to COVID-19. Programmes to return when it is safe to do so. Trust would launch the Corporate Framework rather than the Travel Plans.

Table 1 – Existing Travel Plan Initiatives that Have Been Implemented