University Hospital of South Manchester NHS
NHS Foundation Trust



TYPE OF DOCUMENT	Policy
NAME	Travel Plan Policy
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REFERENCES	Town & Country Planning Act 1990, Section 106. Local Government Act 1972, Section III. The Healthy Transport Toolkit. A Guide to Reducing Car Trips to NHS Facilities 2000. A Travel Plan Resource Pack for Employers 2000. The Greater Manchester Local Transport Plan. Department of Health Best Practice Guide for Car Parking Charges 2006. Health Select Committee – NHS Charges 2006.
DATE DOCUMENT DEVELOPED	September 2008
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TRAVEL PLAN POLICY

1. Policy

University Hospital of South Manchester NHS Foundation Trust recognises the need, as far as reasonably practicable, to encourage staff and partners to reduce the use of driver only vehicles visiting the hospital.

2. Aim

2.1 To develop alternative methods of transport without causing financial, physical or family discrimination and minimise the reliance of using driver only vehicles as a means of workplace transportation.

2.2 To apprise appropriate groups and personnel of existing plans, actions proposed and the effectiveness of travel plan issues.

3. Objectives

3.1 Develop and maintain communication links with staff and partners facilitating inclusive opinion gathering, absorbing comments and criticisms to enable development of reasonable alternative travel schemes. Appendix 1.

3.2 To ensure that all travel plan issues, initiatives and appropriate suggestions are communicated to all staff and partners, leading to the achievement of targets as determined with Manchester City Council (MCC) Travel Plan Workplace Manager. Appendix 2 & 3.

3.3 Explore and develop internal, external funding sources to support existing and proposed initiatives. Appendix 3.

4. Responsibilities and Duties

4.1 Chief Executive and Trust Board bear ultimate responsibility for this policy, and shall carry out an overview of its effectiveness. The Risk Advisory Committee will ensure that any significant risks are reported appropriately.

4.2 Executive, Divisional Directors, Director of Estates & Facilities, Clinical Directors and Heads of Services, General Managers, Modern Matrons, Ward and Departmental Managers will support this policy and associated procedures throughout the areas in which they work or control.

4.3 All Staff and Partners will ensure that this policy, strategy and associated procedures are supported in principle throughout the areas in which they work or control.

4.4 Occupational Health Department shall participate in the consultations, advise and make recommendations as appropriate.

4.5 Advisors - The Trust employs a Travel Plan Co-ordinator who will advise managers, staff, representatives and partners on the best practical application of Travel Plan initiatives.

5. Strategy

5.1 The Travel Plan Co-ordinator will provide details of initiatives and reports as follows:

5.2	(a)	To Chief Executive and Board	Annually
	(b)	Travel Plan Strategy Group (Appendix 3)	Quarterly
	(c)	Estates Steering and Strategy Group	On request
	(d)	MCC Workplace Travel Advisor	On request
	(e)	Staff and partners utilising the Trust's Intranet/global e-mail facilities	
	(f)	Local community partnership forums	On request
	(g)	Any other request seen as appropriate and reasonable	On request

5.3 **Initiatives**

(a) Conduct a bi-annual questionnaire survey from all staff and partners. (Appendix 1)

(b) Maintain and develop schemes to encourage alternative methods of travel to the driver only vehicle, such as car sharing, cycling, walking, public transport and inclusive of the disabled. (Appendix 2)

(c) Develop other schemes such as restricted site access to drivers living within 5 miles of the hospital and during the working day (7am - 5pm) not inc. weekends.

(d) Utilise the Local Link bus service. (Appendix 2)

(e) Maximise use of the other public services. (Appendix 2)

(f) Explore and monitor the use of Trust facilities to convey staff and partners into the hospital resident within close proximity (5 miles) and employed between 7am - 5pm.

(g) Monitor income generation from car parks (staff and visitors) and the Penalty Charge Notice Scheme and any other income generating enforcement scheme. (Appendix 3)

(h) Creation of Travel Plan Strategy Group comprising Estates Director/Deputy Director, Security Manager, Travel Plan Co-ordinator, MCC Travel Advisor, representatives from Unison and Human Resources and others as agreed. (Appendix 3)

(i) Continually review and improve Hospital signage and Travel Plan literature.

6. Risk Assessment

6.1 The Trust Safety Policy and Strategy outline its arrangements for identification, assessment and control of all risks with potential to affect safety of its staff and partners travelling too, from and within the hospital.

6.2 Risks may be identified proactively via scheme development inspections, reports from staff/partners, etc., or post implementation, following near miss or incident reports.

6.3 Staff and partners will be encouraged to utilise HIRS (Hospital Incident Reporting Scheme) as a method of creating a record and informing the Travel Plan Co-ordinator of incidents or near misses.

6.5 The Travel Plan Co-ordinator will ensure that faults are, where applicable, reported to Atkins against a job number.

6.5 The Travel Plan Co-ordinator will complete details of Risk Assessments using the Trust's Universal Assessment format grading matrix and enter onto the Trust's Risk Register via MIRANDA.

6.6 MCC Travel Plan Advisor will be apprised of all reported risk issues.

7. Working Safely

7.1 All managers will encourage staff and others in the hospital to acknowledge self-awareness of a pro security and safety standards involved in workplace travel, particularly cycling and walking outside of the working day.

7.2 The Travel Plan Co-ordinator will assist, advise and instigate improvements with appropriate people, management and staff.

8. Monitoring Progress

The Trust shall monitor the success of its efforts to minimise security risks by the following indicators:-

- The Risk Advisory Committee shall overview the population of the Risk Register and any significant risks relating to security issues.
- General Managers and Heads of Corporate Services shall review via appraisal of local managers and overview of their Risk Register minimisation of security risks within their wards and departments.
- Local managers shall overview via safety inspection and ongoing supervision the management of security risks within their wards and departments.
- The Trust Security Adviser shall overview reports on the HIRS system to ensure appropriate investigation is undertaken and where relevant control measures are revised to prevent repetition.

Health & Safety Committee Approval: - **Date** _____

Risk Advisory Committee Approval: - **Date** _____

Policy Advisory Committee Approval: - **Date** _____

Appendix 1

PROTOCOL - (a) INFORMATION GATHERING (b) TARGETS

(a) Information Gathering

The Travel Plan relates to the Trust's staff and partners.

- Opinions/comments will be collected annually during the Counter Fraud Security Management (CFSMS) Security Awareness month (SAM).
- Bi-annually a written questionnaire will be circulated to capture responses on topical issues likely to affect current and future Travel Plans.
- The methods used will be inclusive of existing technology such as e-mail/global, one to one interviews, postal (internal), focus groups, etc.

(b) Targets

Agreed targets with MCC Travel Plan Workplace Manager are:

	2006	2008	2008 Targets	
Returned questionnaires	1063	715		
Car Share	8%	10%	10%	of questionnaire responses
Cycling/Motorbike/Scooters	7%	9%	9%	of questionnaire responses
Public Transport	9%	12%	11%	of questionnaire responses
Walking	5%	4%	6%	of questionnaire responses

Appendix 2

PROTOCOL – TRAVEL PLAN INITIATIVES

(a) Cycling

- No charge is made for the staff car park swipe card which will be used when cyclists are unable to use their cycles (weather, work demands, etc.)
- A rescue service is available whereby Trust Security (T. 0161 291 2818) will assist cyclists at the scene of breakdown and transport as required.
- Repair requests when cyclists are at work in Trust premises will be attended to by Security, usually by way of engaging with a local Cycle Repair Shop.
- In the event of the cyclist being usable to use their cycle, Security will arrange for a taxi to convey the cyclist to their requested home destination at Trust expense.
- Cyclists may utilise showers, changing, toilet and bike parking facilities at sites across the Trust site (inc. 40 secure bike bins and cycle stores).
- The Trust has a Cycling Club which meets every Saturday at International House, Ledson Road.
- Cycling proficiency training is available for beginners and return to saddle cyclists.
- Cycles are available for loan, usually short-term to staff wishing to evaluate the feasibility of cycling to work including students on short stay at the Trust.

Further information: 0161 291 5258.

(b) Car Share

- 84 car share bays are dedicated for sharing in Jurassic Park. Any member of staff conveying a passenger/s may use these bays on an ad hoc basis, whereby no notification is required by the Trust's Travel Plan Co-ordinator.
- 4 car share bays are in use on the Nightingale visitors car park.
- These bays are reserved for car sharing between 7am – 10am Monday to Friday inclusive.
- No charge is made for staff who convey colleagues to the Trust site.
- If passengers are car park scheme members, they may also qualify for a car park fee waiver.

- Car sharing staff wishing to claim their fee waiver must submit their monthly car usage record to the Car Park Administrator in Baguley House.

- Unexpected circumstances affecting car sharing staff resulting in transport difficulties will be serviced by Security, usually be engaging a taxi service at Trust expense.

(c) **Public Transport**

- The Trust operates a subsidy on public transport tickets.

- Route and public service planning is provided by the Trust's Travel Plan Co-ordinator.

- Display racks containing bus timetables are located in several areas throughout the hospital.

- Local Link bus service operates in the hospital area details via the Trust Travel Plan Co-ordinator.

(d) **Walking**

- The Trust Walking Club meet at lunch-time and enjoy local routes. Chorlton Water Park appears the most popular.

(e) **Infopoint Telephone Kiosks**

- There are free communication links at several locations within the hospital connecting the caller to local taxi companies and Travel Line.

Appendix 3

TRAVEL PLAN STATEGY GROUP

The Travel Plan Co-ordinator will arrange meetings as requested with the Group comprising Director/Deputy Director of Estates & Facilities, Security Manager, MCC Travel Plan Workplace Advisors, Union and Human Resources representatives, and any other person/s the Group feel would assist. In any case, the Group will meet quarterly.

The purpose of the Group is to advise the Travel Plan Co-ordinator regarding current and future initiatives.

Information required by the Group will include:

- Questionnaire analysis.
- Developing initiatives.
- Successful schemes at this Trust and elsewhere.
- Funding for Travel Plan issues.
- DOH instruction on car park income disbursement.
- Income generation by car parking including penalty charge notice scheme.
- Responses to funding applications for Travel Plan schemes from identified funding sources (Trust and Non Trust).
- Summaries of comments and opinions from staff via the internet circulation of the Strategy Group deliberations.

DEPARTMENT OF HEALTH – DEC 2006
INCOME GENERATION
CAR PARKING CHARGES – BEST PRACTICE FOR IMPLEMENTATION

Issues to Consider Regarding Car Parking Schemes

Car parking on healthcare sites should only be considered as part of a wider travel plan which the NHS body should have in place. Travel plans aim to offer a package of practical measures to improve accessibility and influence transport to an individual site or within an organisation. They aim to lessen the environmental impact of transport arrangements, reduce transport to each congestion, reduce emissions from exhausts, encourage active travel modes such as walking and cycling as part of the Department of Health's wider public health agenda, as well ad to relieve car parking shortages by reducing reliance on single user car travel. Comprehensive information on travel plans and other issues can be found in *Health Technical Memorandum 07-03: Transport management and car-parking.*

Advantages of Car Parking Charges

NHS bodies are allowed to charge for car parking and to raise revenue from it as an income generation activity as long as certain rules are followed. Income generation activities must not interfere to a significant degree with the provision of NHS core services. They must be profitable, as it would be unacceptable for monies provided for the benefit of NHS patients to be used to support commercial activities, and this profit must be used to improve health services.

Providing car parking services will inevitably incur overheads which must be paid for. If no charges were imposed, maintenance costs would have to be found from elsewhere at the risk of diverting funds from patient services. Charging for car parking will allow revenue to be raised, which can be used to improve and maintain car parking services to a level that people expect. For instance:

- **Vehicle Security** – Healthcare sites are particularly prone to theft, both of and from cars, and:

  - patrols;
  - security lighting
  - barriers; and
  - closed circuit television,

  can improve security and significantly reduce this type of criminal activity.

- **Personal Security** – This is of particular concern to night staff. Sufficient lighting, patrols and closed circuit television all assist in deterring crime and making people feel safe.

- **Further utilization of security personnel** – In addition to acting as deterrents, security staff can take on other tasks, e.g.:-

  - ensure that roads and access points are free from obstructions;
  - assist in fire, and other emergency procedures; and
  - assist in the removal of unauthorised personnel.

- **Maintenance and development** – Issues to consider include:-

  - keeping road surfaces, road markings, lighting, ticket barriers and machines etc in good working order;
  - creating further car parking spaces as the need arises in time;
  - investing in other modes of transport for staff and patients, e.g. buses and bikes, in order to fit in with the NHS body's wider travel plan.

Note: Profits after maintenance costs have been paid for must be used to improve local health services.