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Withington Community Hospital – Community Diagnostic Centre

Travel Plan

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Curtins

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1.0 Introduction

1.1 Background

1.1.1 Curtins has been appointed by Manchester University NHS Foundation Trust (MFT or 'the Trust') to provide traffic and transport advice in relation to a new Community Diagnostic Centre (CDC) within the Withington Community Hospital site in West Didsbury, South Manchester.

1.1.2 In July 2023, a planning application (Application Reference: 137537/FO/2023) was validated for the erection of a two-storey building comprising a CDC with associated external landscaping, patient and delivery drop off area and 6 no. accessible parking spaces.

1.1.3 Subsequently, in December 2023, this was approved and permission was granted by Manchester City Council (MCC).

1.1.4 As part of application, a Travel Plan Addendum (TPA) was prepared to support the proposals - with the expectation that the CDC and associated TPA would be integrated into the wider Withington Community Hospital Travel Plan, along with updated travel surveys once operational to ensure effective Travel Plan delivery. This is still expected to occur once operational.

1.1.5 The latest site layout is shown in **Appendix A** to the rear of the report.

1.2 Purpose of the Report

1.2.1 As noted above, the Trust has prepared a full Travel Plan for Withington Community Hospital (dated 30 June 2023), included in **Appendix B** to the rear of the report.

1.2.2 It is noted that surveys will be undertaken for staff biennially, and a programme of surveying patients and visitors is currently being established. To establish higher response rates, incentives are being explored by the Trust such as entry into a prize draw.

1.2.3 Notwithstanding this, as part of the planning consent associated with Application Reference: 137537/FO/2023, the Decision Notice listed various conditions, of which Condition 15 was related to the submitted Travel Plan Addendum (TPA).

1.2.4 Condition 15 is set out below:

"15) A detailed Travel Plan which relates to the hereby approved development and the wider Withington Community Hospital buildings at the site shall be submitted to and agreed in writing by the City Council as Local Planning Authority prior to first occupancy of the development hereby approved. In this condition a Travel Plan means a document which includes:

1. *The measures proposed to be taken to reduce dependency on the private car by those attending or employed in the development;*
2. *A commitment to surveying the travel patterns of staff and patients during the first three months of the development and thereafter from time to time;*
3. *Mechanisms for the implementation of the measures to reduce dependency on the private car; and*
4. *Measures for the delivery of specified travel plan services; and measures to monitor and review the effectiveness of the Travel Plan in achieving the objective of reducing dependency on the private car.*

Within six months of the first use of the development, a revised Travel Plan which takes into account the information about travel patterns gathered pursuant to item (2) above shall be submitted to the City Council as local planning authority for approval. Any Travel Plan which has been approved by the City Council as local planning authority shall be implemented in full at all times when the development hereby approved is in use."

1.2.5 On this basis, this Travel Plan has been prepared to address Condition 15 in advance of the CDC being integrated into the wider MFT Withington Community Hospital Travel Plan.

1.2.6 This Travel Plan addresses Sections 1 – 4 of Condition 15 set out above, which can be undertaken prior to first occupancy.

1.2.7 It should be noted that the Trust is planning to update the wider Withington Community Hospital Travel Plan later in 2026 – but this will be undertaken post-opening of the CDC to ensure the updated surveys capture the CDC use.

1.3 Structure of the Report

1.3.1 Following this introduction, **Section 2** of the report provides a brief description of the existing site location and situation, including accessibility to local amenities and public transport.

1.3.2 The development proposals are summarised in **Section 3**, including the proposed parking provision and access arrangements.

1.3.3 **Section 4** addresses the requirements set out in Points 1 – 4 of Condition 15 above, which can be undertaken prior to first occupancy.

2.0 Site Location and Highway Layout

2.1 Site Location

2.1.1 The site is situated in West Didsbury, approximately 7.5km to the south of Manchester City Centre. Withington Community Hospital is located to the south of Nell Lane, which in turn provides connectivity to the A5103 Princess Road; a key arterial road running from Manchester City Centre in the north to the M60 motorway in the south.

2.1.2 More locally, the site is bound by the north by Withington Community Hospital and its car park, to the east by Burton Road, to the south by Fielden Road, and to the west by Buccleuch Lodge. West Didsbury is a predominantly suburban area, with the local centre and many residential areas within walking distance of the site.

2.1.3 **Figure 2.1** below shows the site in relation to Withington Community Hospital and the regional highway network:

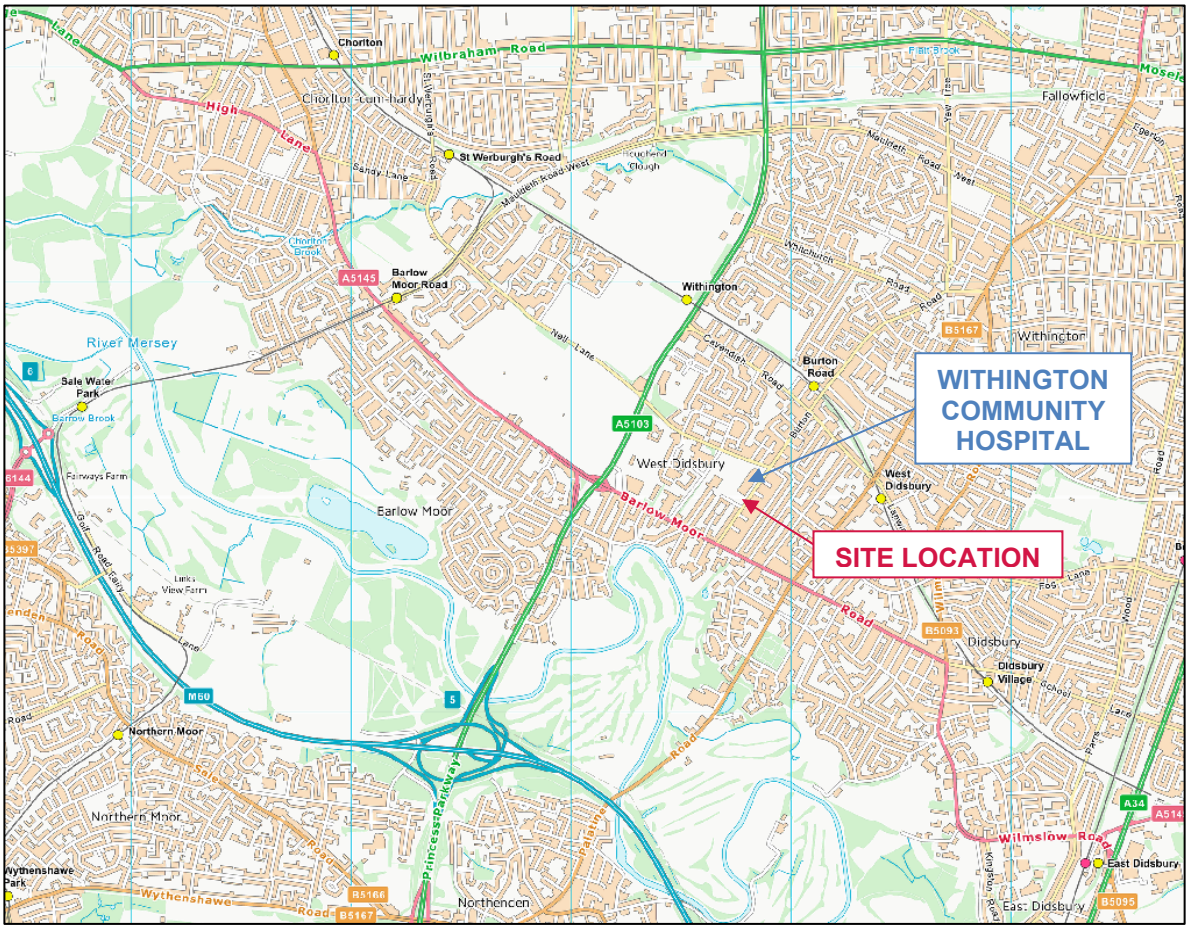


Figure 2.1 – Site Location in Relation to the Regional Highway Network
(Source: OS Maps, 2026)

2.1.4 Additionally, **Figure 2.2** below shows the site in a local context relating to Withington Community Hospital and the local highway network:

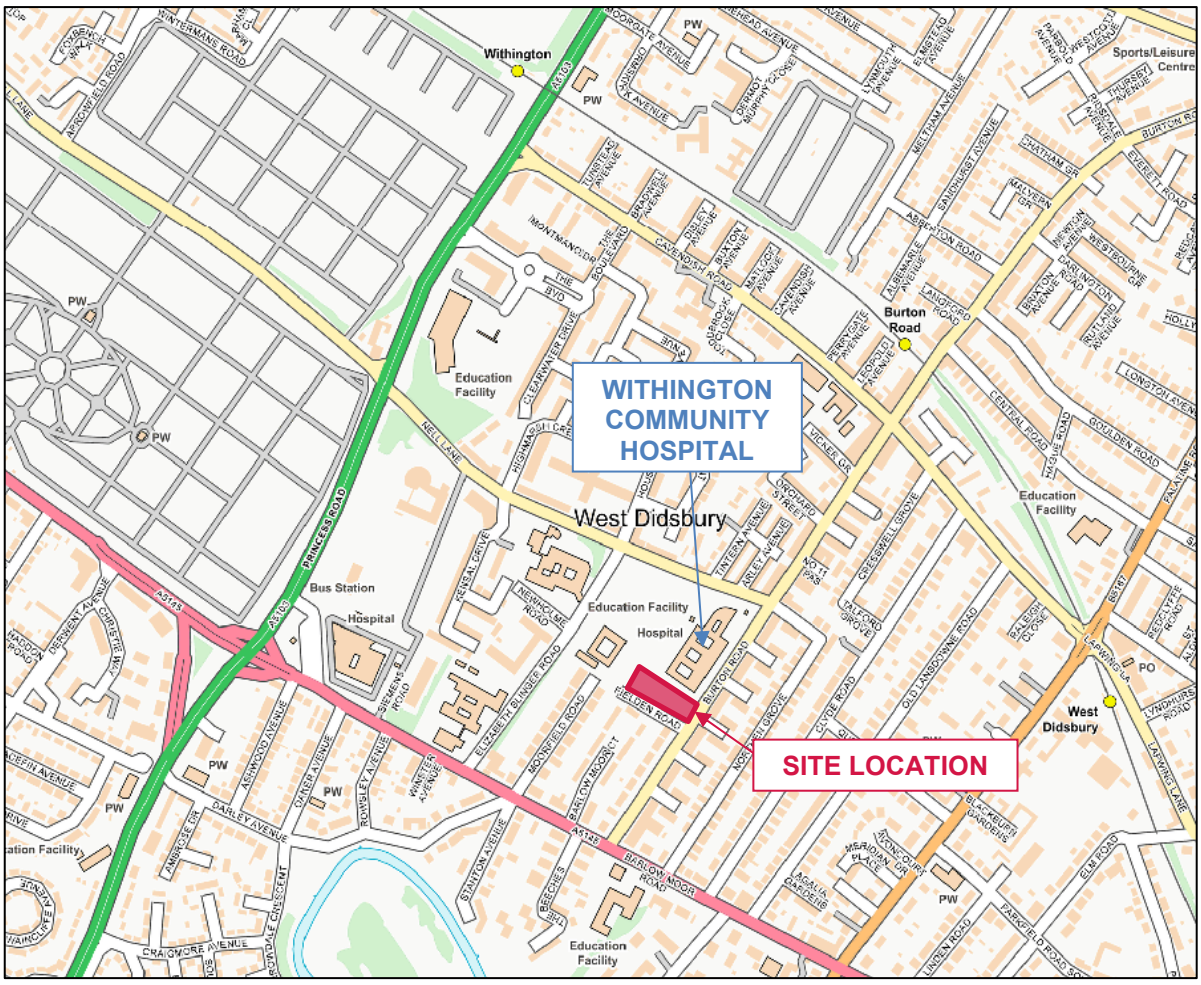


Figure 2.2 – Site Location in Relation to the Local Highway Network
(Source: OS Maps, 2026)

2.2 Existing Situation

2.2.1 The hospital site is bound by Nell Lane, Burton Road, Elizabeth Slinger Road, and Fielden Road (and a residential dwelling accessed off Moorfield Road). The site currently comprises Withington Community Hospital near the eastern portion of the site off Burton Road, a large surface car park, and Buccleuch Lodge.

2.2.2 Further details of the key facts and figures about Withington Community Hospital, including access arrangements for vehicles, pedestrians, and cyclists, car and cycle parking provision, are provided in Section 5 of the wider Withington Community Hospital Travel Plan in **Appendix B** to the rear of this report.

2.2.3 As an overview, there are a total of 440 car parking spaces at the site (403 standard bays, 30 disabled bays, 5 electric vehicle (EV) charging bays for MFT transport, and 2 public EV charging bays), whereas there are 54 cycle parking spaces (42 long-stay for staff, 12 short-stay for visitors).

2.2.4 Cycle parking for staff is available in the form of individual cycle bins and Sheffield hoops under a secure cycle shelter, whereas cycle parking for visitors is available in the form of Sheffield hoops under a secure cycle shelter.

2.3 Access for Mobility and Visually Impaired Users

2.3.1 There are a number of existing features which ensure safe, convenient, and aided access for those site users who are disabled and / or visually impaired. There are currently 30 disabled parking bays within the car park.

2.3.2 Level access is provided in the vicinity of the site, with dropped kerbs and tactile paving at controlled crossing points to aid the crossing of mobility and visually impaired users. There is also level access between the hospital building and the surrounding public realm.

2.4 Accessible Amenities

2.4.1 Guidance from the Building Research Establishment Environmental Assessment Method (BREEAM) UK New Construction Version 6 (2022) consultation states that Transport Assessments and Travel Plans should include reporting on the number and type of amenities within 500m of the to obtain credits. The number and type of existing accessible amenities within 500m of the site can be summarised in **Table 2.1** below, with the approximate area within this walking distance shown in **Figure 2.3** below:

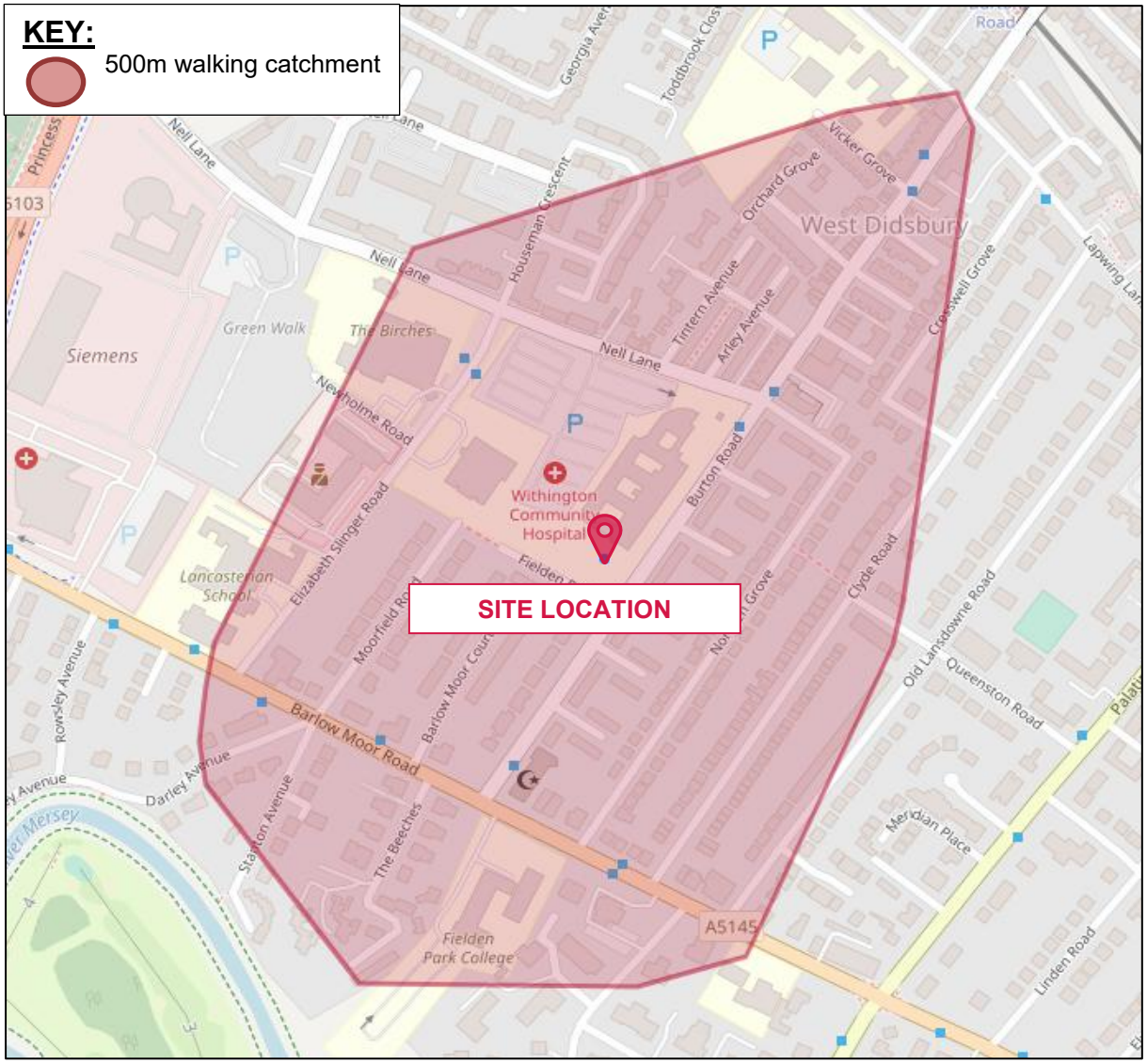


Figure 2.3 – Areas Accessible within 500m of the Site
(Source: OpenStreetMap, 2026)

No.	Amenity	BREEAM Criteria / Type	Proximity to Site (m)
1	The Birches, Lancasterian School	Childcare facility or school	350 – 450
2	Burton Road, comprising: The George Charles, Co-Op Food, Co-Op ATM, Azzuro Ristorante, Saison, The Canadian Charcoal Pit, Dish and Spoon, The West Didsbury Club, FOLK, Another Heart to Feed, Volta, Burton Road Bakery, Goodtime Games, Crazy Wendy's Thai Restaurant and Takeaway, Pomegranate, Mary & Archie, Rustik Café Bar, Wanago Street Food & Bar, Mercado Café Bar, Namaste Nepal, Proove Pizza, Sip West Didsbury	Appropriate food outlet Access to cash	300 – 500

Table 2.1 – Number and Type of Existing Accessible Amenities within 500m of the Site

2.5 Public Transport Accessibility Index

2.5.1 Guidance from the BREEAM UK New Construction Version 6 (2022) consultation also states that Transport Assessments and Travel Plans should include reporting on the public transport accessibility (i.e., Tra 01 – proximity to train, bus etc. stops and frequency of services) to obtain credits. This includes calculation of the Accessibility Index (AI) of the site.

2.5.2 The methodology for calculating the AI uses Transport for London's Public Transport Accessibility Level (PTAL) method, itself based on a methodology developed in 1992 by the London Borough of Hammersmith and Fulham. The Greater Manchester Accessibility Levels (GMAL) methodology is also derived from the PTAL approach but modified to consider flexible transport service provision (Local Link) and to reflect local service provision levels (different accessibility levels) within Greater Manchester.

2.5.3 Based on previous experience and guidance from the BREEAM Knowledge Base, it is considered that GMAL index scores can be used interchangeably as the AI of the site to demonstrate compliance against BREEAM.

2.5.4 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 an 'excellent' GMAL rating of 6, with a further GMAL index score of 14.03. This is understood to be the AI of the site.

2.5.5 It can be observed that the site's AI of 20.15 suggests that the site has a good level of public transport accessibility in relation to BREEAM.

3.0 Community Diagnostic Centre Information

3.1 Overview

3.1.1 As set out in Section 1, a planning application (Application Reference: 137537/FO/2023) was validated in July 2023 for the erection of a two-storey building comprising a CDC with associated external landscaping, patient and delivery drop off area and 6 no. accessible parking spaces. Subsequently, in December 2023, this was approved and permission was granted by MCC

3.1.2 The CDC will house cardiorespiratory and endoscopy facilities. The CDC is located to the south of the existing hospital buildings, with a new parking area located to the west of the CDC. This would comprise a total of 6 new spaces, all of which would be accessible bays.

3.1.3 3 spaces within to the existing car park (to the north-west of the proposed building) would also be converted into drop-off bays for visitors to the proposed development.

3.1.4 The CDC will be operational from 09:00 – 17:00 on weekdays, with no appointments on the weekend. The gross internal floor area (GIFA) of the building is understood to be 2,049m².

3.1.5 The latest site layout is shown in **Appendix A** to the rear of the report.

3.2 Proposed Access Arrangements

Vehicular Access

3.2.1 The CDC will be accessed via the vehicular access off Nell Lane as in the existing situation. There are no changes proposed to the site access junction.

3.2.2 The CDC building and landscaping result in 14no. parking bays removed from the southernmost car parking spaces but replaced with 6no. accessible bays. In addition, 3no. existing bays adjacent to the new accessible bays will be converted to drop off bays. This new provision is served by the existing car park layout and routes.

Pedestrian and Cycle Access

3.2.3 Pedestrian and cycle access to the site is gained from the eastern boundary of the building via an extension to the existing landscaped public realm off Burton Road. This public realm will be extended into the red line boundary of the site, ensuring that the new building remains permeable to the east.

3.2.4 In addition, there are walkways between car park aisles which provide level access from the car park to the main hospital entrance, and there is currently a Zebra crossing bisecting the access road to the service compound.

3.2.5 Level access into the proposed building will be provided for pedestrians and cyclists (all types of users regardless of the level of mobility or visual impairment) across all areas within the site in the form of ramps and lifts where necessary. There would also be accessible toilets and changing areas.

3.3 Proposed Parking Provision

Car Parking

3.3.1 As part of the development proposals, 6 parking bays (all of which would be accessible bays) would be provided for use by visitors. All 6 of the new parking bays would also be equipped with electric vehicle (EV) charging facilities. 3 spaces within to the existing car park (to the north-west of the proposed building) would also be converted into drop-off bays for visitors to the proposed development.

Cycle Parking

3.3.2 In line with the Trust's mode share for cycling (as shown in **Section 3.4** above), it is considered appropriate that cycle parking spaces should be provided at a quantum of 25% of the total number of staff at the site. As there would be 33 additional FTE staff at the site, c. 8 spaces should be provided.

3.3.3 A total of 10 long-stay cycle spaces are provided for staff. These spaces are provided in a secure and sheltered facility to the west of the site. There would also be rooms which provide lockers and showers for staff.

3.3.4 Due to the nature of the development and the type of care provided, it is not envisaged that there would be significant demand for short-stay cycle parking for patients/visitors, however the demand for cycle parking would be monitored as part of the ongoing Travel Plan – and the future update to the wider Trust Travel Plan once the CDC element is incorporated.

3.3.5 In addition, the existing cycle spaces in front of the main entrance of Withington Community Hospital will be available for use.

4.0 Condition 15 Alignment

4.1 Introduction

4.1.1 As noted in Section 1, as part of the planning consent associated with Application Reference: 137537/FO/2023, Condition 15 was related to the submitted Travel Plan Addendum (TPA).

4.1.2 Condition 15 is set out below:

"15) A detailed Travel Plan which relates to the hereby approved development and the wider Withington Community Hospital buildings at the site shall be submitted to and agreed in writing by the City Council as Local Planning Authority prior to first occupancy of the development hereby approved. In this condition a Travel Plan means a document which includes:

1. *The measures proposed to be taken to reduce dependency on the private car by those attending or employed in the development;*
2. *A commitment to surveying the travel patterns of staff and patients during the first three months of the development and thereafter from time to time;*
3. *Mechanisms for the implementation of the measures to reduce dependency on the private car; and*
4. *Measures for the delivery of specified travel plan services; and measures to monitor and review the effectiveness of the Travel Plan in achieving the objective of reducing dependency on the private car.*

Within six months of the first use of the development, a revised Travel Plan which takes into account the information about travel patterns gathered pursuant to item (2) above shall be submitted to the City Council as local planning authority for approval. Any Travel Plan which has been approved by the City Council as local planning authority shall be implemented in full at all times when the development hereby approved is in use."

4.1.3 The below sub-sections address the requirements set out in Points 1 – 4 of Condition 15 above, which can be undertaken prior to first occupancy.

4.1.4 It should be again noted that the Trust is planning to update the wider Withington Community Hospital Travel Plan later in 2026 – but this will be undertaken post-opening of the CDC to ensure the updated surveys capture the CDC use.

4.2 Alignment to the Wider WCH Travel Plan (June 2023)

4.2.1 As part of ongoing commitments towards sustainable travel for staff and patients, the Trust has implemented a Travel Plan (June 2023 - included as **Appendix B** to the rear of the report) to implement the Trust's Healthy Travel Strategy.

4.2.2 The Healthy Travel Strategy (2023 – 2028) was recently published by the Trust and is active across the group. This is included in **Appendix C** to the rear of this report.

4.2.3 The Healthy Travel Strategy is the Trust's group-wide approach to sustainable travel, which sits above each of the individual site-based travel plans.

4.2.4 The Trust have implemented Travel Plans at other locations within their remit such as Wythenshawe, Trafford and the Oxford Road Campus, with the Withington Community Campus the latest hospital to benefit from the Trust-wide Strategy.

4.2.5 The Healthy Trust Strategy sets out the vision to:

- *"Support staff, patients and visitors to choose low carbon forms of travel; and*
- *Ensure hospital operations and business practices can adopt low carbon forms of transport."*

4.2.6 The Travel Plan aims to minimise the number of car trips generated by Withington Community Hospital and encourage staff, patients, and visitors to use sustainable modes of transport where possible.

4.2.7 The Travel Plan is managed by the single Travel Plan Coordinator (TPC) for the Trust, who is responsible for the implementation of the Healthy Travel Strategy and the site-based travel plans. The TPC achieves this by ensuring various elements of the Plan are monitored and applied effectively to promote genuine choices in travel modes.

4.2.8 The Travel Plan was recently awarded the Green Award (under the Modeshift 'Business' category) by Modeshift STARS, which is an independent scheme recognising schools, businesses and other organisations that have shown excellence in supporting cycling, walking and other forms of sustainable and active travel.

4.3 Travel Plan Measures & Mechanisms (Point 1 and 3 of Condition 15)

4.3.1 Table 6 within the Withington Community Hospital Travel Plan (included in **Appendix B**) outlines the Travel Plan initiatives for the Withington Community Hospital site as follows which are either to be introduced or ongoing.

4.3.2 From the list of proposed measures within the Withington Community Hospital Travel Plan which are noted to be considered in either the short, medium or long term, the following measures would be introduced as part of the new CDC building:

- For staff only:
  - Consider staff cycle changing and showering facilities; and
  - Consider need for provision of charging facilities for specialist groups of vehicles such as emergency vehicles and taxis.

- For staff and visitors:
  - Consider funding opportunities to increase the number of electric vehicle charging points; and
  - Review provision of disabled and EV car parking spaces to ensure accessibility and promote lower carbon travel.

4.3.3 On this basis, the remaining measures would be reviewed in the forthcoming Travel Plan updates for the Withington Community Hospital site (which will incorporate the CDC facility), or are ongoing measures:

- For staff only:
  - Continue the cycle repair / maintenance scheme;
  - Provision of cycle repair kits at the hospital at several locations (and during sustainability events) so they are accessible to staff;
  - Gauge interest in restarting the Bicycle User Group (BUG) initiative (Trust-wide);
  - Use the Grey Fleet Toolkit to gather data and formulate plans regarding fleet travel, working with TfGM and the Energy Saving Trust;
  - Support the newly implemented zero carbon salary sacrifice car leasing options;
  - Explore potential for a car club to operate from the site;
  - Identify active travel advocates within the workplace, at a sufficiently senior level, to coordinate workplace promotional activities and schemes; and
  - Promote road safety across all modes, providing information on local safety initiatives and training sessions arranged by others.

- For staff and visitors:
  - Work with TfGM and MCC to support the development of routes surrounding the site to develop connections to existing cycle routes;
  - Provision of cycle repair kits at the hospital at several locations (and during sustainability events) so they are accessible to staff;
  - Active monitoring and security patrols to deter and reduce bike theft;
  - Launch of the corporate Travel Plan framework (known as the Healthy Travel Strategy); and
  - Refresh and update travel information to continue to promote active and sustainable travel.

- For visitors only:
  - Consider including links to sustainable travel information on patient appointment letters.

4.3.4 The marketing measures outlined within the Travel Plan would also be applied to staff and visitors of the proposed development.

4.3.5 With regards to mechanisms for the implementation of measures, once updated travel surveys have been undertaken, it will be possible to monitor modal splits so that Travel Plan initiatives can be tailored to increase uptake of certain modes of travel. Future updated Travel Plans will include a comparative table containing updated survey findings to best understand travel habits, and shape effective initiatives.

4.4 Travel Surveys (Point 2 of Condition 15)

2021 Trust-Wide Travel Survey & 2023 Travel Plan

4.4.1 MFT has confirmed that the June 2023 Travel Plan analysed a Trust-wide staff travel from July to September 2023. It was noted that the response rate at Withington Community Hospital was considered low (around 0.45% of staff) and is therefore not statistically reliable.

4.4.2 In its place, the Trust-wide modal split (which comprised a higher response rate of approximately 4.7% of full-time equivalent (FTE) staff) is included in **Table 4.1** below:

Mode of Travel	Mode Split (%)
Car driver	53%
Public Bus Service	13%
Bicycle (including e-bike)	9%
Walk / jog / running	5%
Work at home	5%
Metrolink (Tram)	4%
Other or unknown modes	4%
Train	3%
Car passenger	2%
MFT Shuttle Bus Service	1%

Table 4.1 – Mode Split from 2021 MFT Trust-Wide Staff Travel Survey

4.4.3 MFT have also noted that the Withington Community Hospital Travel Plan be updated later in 2026 – once the CDC is operational. Therefore, there is a commitment to survey travel patterns once operational and in future years.

Travel Survey Report 2025

4.4.4 In November 2025, the MFT prepared a staff travel survey results report, providing a detailed summary of the optional online survey aimed at MFT and Sodexo staff which ran during July and August 2025. The survey received 1,674 valid responses, representing around 6.1% of full time equivalent (FTE) staff in employment at MFT as of July 2025.

4.4.5 The survey mirrored the 2023 staff travel survey, enabling direct comparison and providing a clear measure of the effectiveness of implemented travel planning measures. The staff travel survey report, prepared in November 2025, is included in **Appendix C** at the rear of this report.

4.4.6 The survey was promoted to staff through several communication channels, including MFT Time (global staff newsletter), site specific newsletters, our monthly sustainability newsletter, and posters and flyers on site.

4.4.7 The 2025 Trust-wide modal split is included in **Table 4.2** below:

Mode of Travel	Mode Split (%)
Car driver	51.1%
Bus	19.3%
Bicycle (including e-bike)	7.3%
Walk / jog / running	5.1%
Work at home	4.5%
Train	4.1%
Metrolink (Tram)	3.5%
Car passenger	3.3%
Taxi	1.4%
Motorcycle / moped	0.3%

Table 4.2 – Mode Split from 2025 MFT Trust-Wide Staff Travel Survey

4.4.8 **Table 4.2** shows that just over half of the respondents travel as a car driver, with the second-most common response (around 20%) travelling by public bus.

4.4.9 For bus services, the most used services were those along the Oxford Road Corridor such as the 41, 42, 43, 141, 142, 143 and 'V' branded services. For Wythenshawe, the 101, 11 and 41 were the most popular services. 59% of bus users reported that they use the tap in-tap out system for bus services, which is £2 for single journeys, capped at £5 per day.

4.4.10 The Staff Travel survey has been updated over several years and it is possible to review the modal split (by travel choice) results to consider any trends. The chart below shows the modal splits for the overall categories of travel type since 2019.

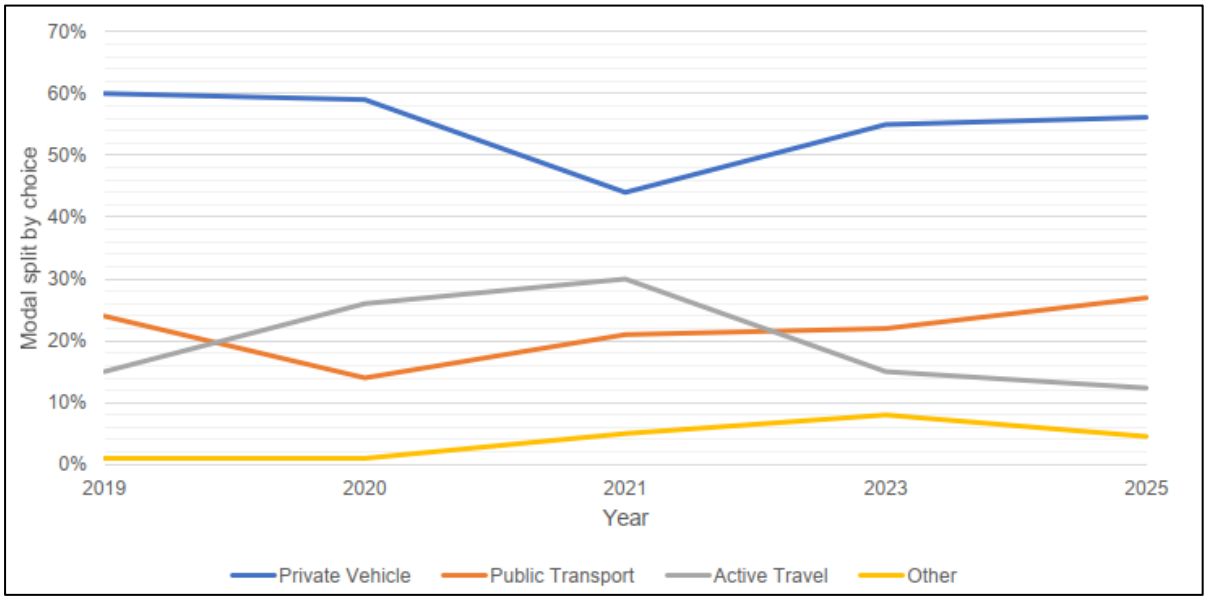


Figure 4.1 – Modal Split of Staff per Year

4.4.11 **Figure 4.1** shows that overall, travel habits have been regularly static, acknowledging the different results during 2021 when much of the workforce was impacted by the Covid-19 pandemic. Working from home (covered under the 'other' travel type) has seen a small increase, alongside an apparent trend for greater use of public transport.

4.4.12 However, it will be necessary to complete follow up surveys in future years to see if these trends are sustained.

4.5 Monitoring and Review (Point 4 of Condition 15)

4.5.1 Overall responsibility for the wider WCH Travel Plan lies with the Trust-appointed TPC. There is a Healthy Travel Strategy Steering Group which is chaired by the TPC. The Group, along with other key stakeholders such as the Car Parking Team, Facilities, and Capital Teams are consulted on the Travel Plan.

4.5.2 The agreed approach for the wider WCH Travel Plan is set out in Section 9 of the June 2023 Travel Plan (**Appendix B**); this notes that the monitoring of travel behaviour is vital to measure progress towards the targets and is the responsibility of the appointed TPC.

4.5.3 The main monitoring process will involves undertaking regular travel surveys and liaising with TfGM and the Trust on transport-related matters.

4.5.4 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.

Appendix A – Proposed Site Layout



Ground Floor GA Plan

1 : 500

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EXTERNAL MODEL REFERENCES

MEP MODEL	REV	DATE
22182-BAM-WCH006-ZZ-M3-Z-00001	C02	06.01.2026

S.ENG MODEL	REV	DATE
22182-CCS-WCH006-XX-M3-S-00001		19.05.2025

NOTES

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REV	DESCRIPTION	DATE	BY	CHK
C1	Construction Record Issue	20.05.26	RG	DAY
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KEY PLAN

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Appendix B – Withington Community Hospital Travel Plan (June 2023)

Manchester University
NHS Foundation Trust

Withington Community Hospital

Travel Plan

Revision: v1.1
Issue Date: 30 June 2023

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2. Quality Assurance

It is the author's responsibility to ensure that all sections below are completed in relation to this version of the document prior to submission for upload:

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Lead Author's Manager	Name: Jen Strong Role: Acting Head of Environmental Sustainability (MFT)
Applies to	Withington Community Hospital and Buccleuch Lodge Intermediate Care Centre and the Community Day Hospital
Keywords / Phrases	Travel, Active Travel, Sustainable Travel, Travel Plan, Walking, Cycling, Public Transport, Electric Vehicle Charging, Car Sharing
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.
Document review arrangements	This document will be reviewed by the author, or a nominated person, annually and as required.

3. Introduction

Background

This Travel Plan has been prepared by Manchester University NHS Foundation Trust (MFT) (the 'Trust'), for Withington Community Hospital. This Travel Plan applies to the main hospital site and also to Buccleuch Lodge Intermediate Care Centre and the Community Day Hospital, which is operated by MFT.

Figure 1 below shows the location of Withington Community Hospital and Buccleuch Lodge in the context of the surrounding neighbourhoods.

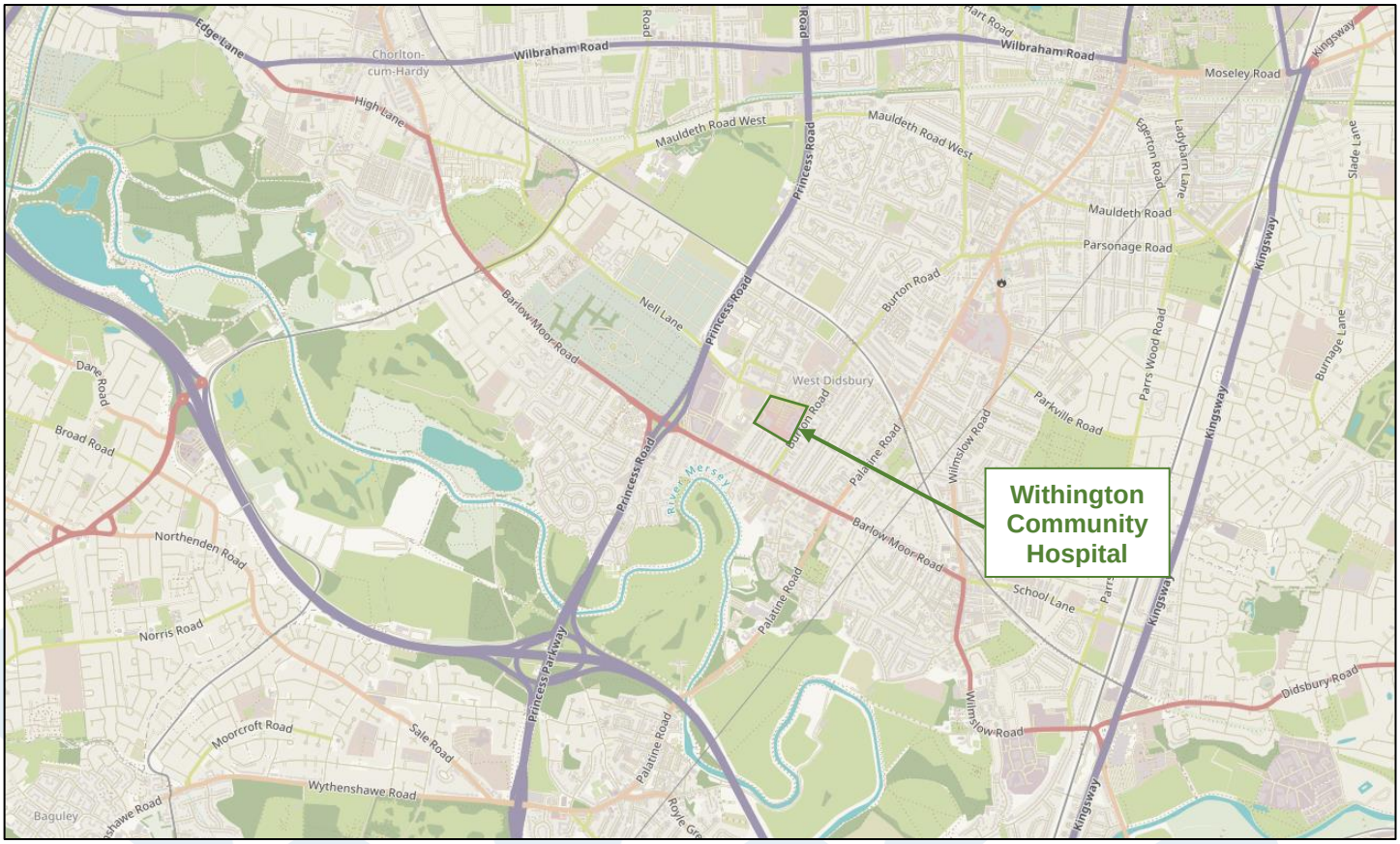


Figure 1 – Location of Withington Community Hospital and Buccleuch Lodge
(Source: Open Street Map, 2023)

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.

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).

This document is a mechanism to deliver the Trust's Healthy Travel Strategy. The overall vision of the Healthy Travel Strategy is to:

- support staff, patients and visitors to choose low carbon forms of travel
- ensure hospital operations and business practices can adopt low carbon forms of transport.

These changes will have a positive impact for our people and environment.

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, 2019;
- Sustainable Development Strategy for the Health and Social Care System, Public Health England, 2014;
- 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) have also been considered in the production of this Travel Plan, in relation to how physical activity, health and well-being, and active travel are encouraged within public bodies:

- 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 DfT guidance. The Travel Plan pyramid is replicated in Figure 2:

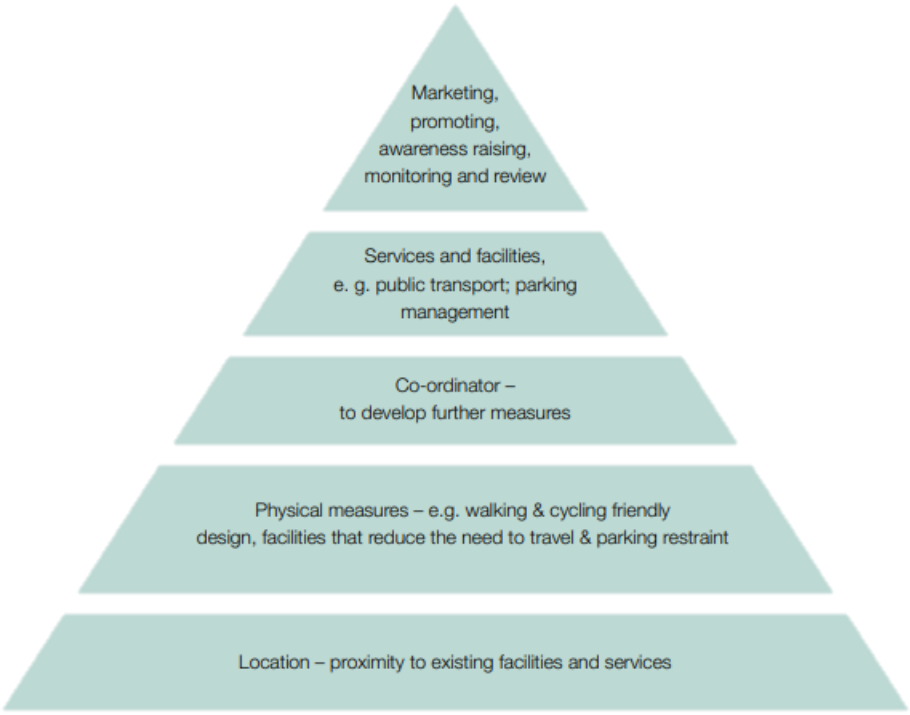


Figure 2 – Travel Plan Pyramid
(Source: DfT)

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.

4. 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. This travel is responsible for around 14% of the NHS' total carbon emissions (known in the Green Plan as the NHS Carbon Footprint Plus), including 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. 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. MFT has set more ambitious targets in line with Greater Manchester authorities to reach net zero by 2038 for directly controlled emissions.

How people travel will therefore play a key role in the UK's carbon reduction agenda. On a national scale, the UK Government has pledged to reduce emissions which are harmful to the earth by setting legally binding 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 (NO_2) exceedances. Several measures have been proposed to help reduce roadside NO_2 levels as effectively as possible, while also protecting local people, businesses, and the economy.

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 NO_2 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.

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 need to 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."

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.

"[it is estimated that] 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.

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 (NO_2) 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; long-term effects include stroke, lung cancer, respiratory conditions, and cardiovascular diseases. These health conditions disproportionately affect the most vulnerable in society.

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

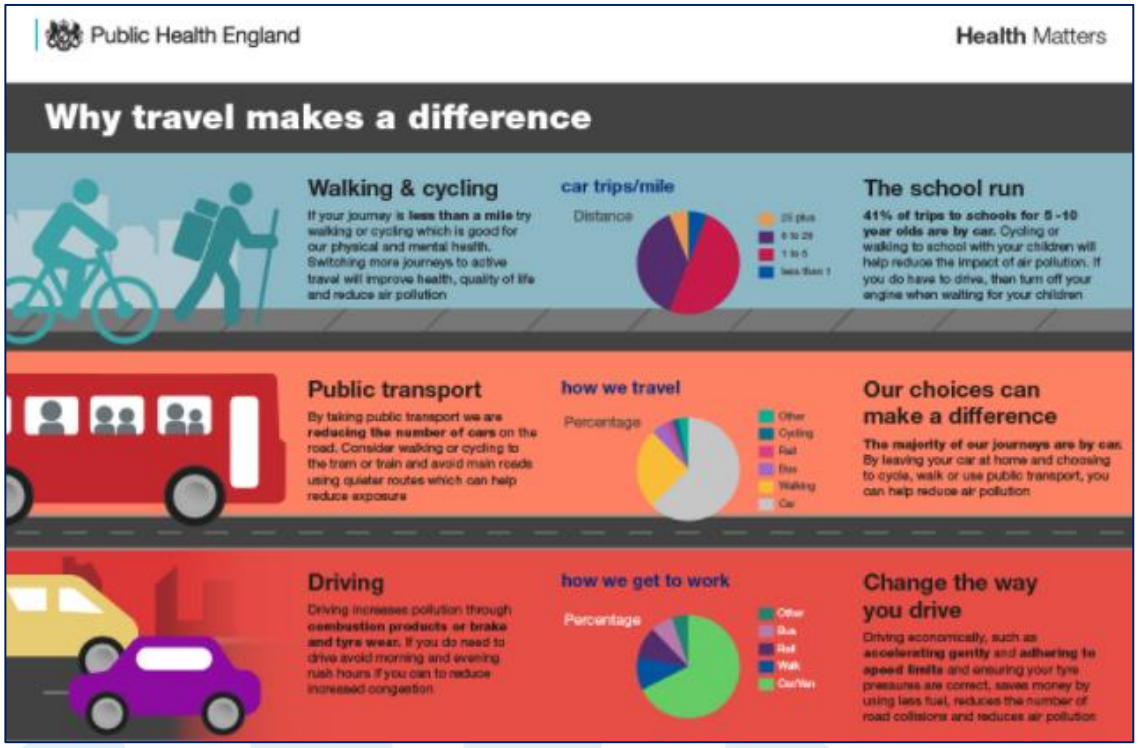


Figure 3 – The Impact of Travel Behaviour on Public Health

(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.

Local Context

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 stations into 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. The Mayoral commitment is to deliver 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 for Withington Community Hospital and Buccleuch Lodge 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.

5. Existing Situation

Site Description and Key Characteristics

A breakdown of key characteristics at the site included in the table below.

Site Address and Location	Withington Community Hospital, Nell Ln, West Didsbury, Manchester M20 2LR
Hospital Services Available On-Site	Provides specialist care to those patients requiring diagnostic treatment, day surgery and community services. Fields of specialist expertise include: • Antenatal Care • General Surgery • Gynaecology • Orthopaedics • Radiology • Urology
Number of Full-Time Equivalent (FTE) Staff	At the end of March 2022, there were approximately 166 FTE staff at Withington Community Hospital.
Patient Admissions	In 2021/22, there were 57,937 patient contacts. There are no overnight stays at Withington.
Number Car Parking Spaces	Main car park: 186 Car park overflow: 217
Number of Accessible Parking Spaces	30 in main car park
Number of Electric Vehicle (EV) Charging Points	1 x 7 kWh unit – Mer Network (2 sockets) – main car park
Number of Cycle Parking Spaces	12 public spaces (shelter off Burton Road) 30 x bike secure 'bins' (staff only) 12 spaces within secure shelter (staff only)
Location of Car and Cycle Parking	Car parking and staff cycle parking is all accessed from Nell Lane.
Nearest Bus Stops	The closest bus stops are on Burton Road. A larger range of services is available from the Princess Road/Southern Cemetery bus terminus, a five minute walk away.
Nearest Metrolink Stops	Burton Road Metrolink station is less than a ten minute walk from Withington.
Nearest Rail Stations	The nearest railway station is Burnage, a 30 minute walk from Withington.

Table 1 – *Key Facts and Figures about Withington Community Hospital*

Existing Access Arrangements

Pedestrian and Cycle Access

Primary access to the hospital building is taken from the northern aspect, close to the Nell Lane/Burton Road junction. Thanks to the proximity to Burton Road and the centre of West Didsbury there are good pedestrian linkages around the site.

There are pedestrian crossings with dropped kerbs and tactile paving on both Nell Lane and Burton Road, which helps to support easy and safe access for pedestrians. The footways on Nell Lane and Burton Road north of Nell Lane are

reasonable quality and width. The footways on Burton Road to the south of Nell Lane are narrower and occasionally subject to pavement parking making access more difficult.

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 from the main car park entrance on Nell Lane and push their bicycles to the parking facilities located throughout the site (bike bins, bike park area, and bike hoops).

Public Transport Access

Figure 4 shows a map of the public transport network in the vicinity of the site, comprising bus, rail, and Metrolink services.

Withington Community Hospital is well-served by buses along Burton Road, with the bus stop adjacent to the main entrance. Further services are available from the Southern Cemetery bus terminus and along Princess Road.

Burnage is the closest railway station to the site but is not likely to be a major contributor to the public transport mode share as it is a 30 minute walk away.

The closest Metrolink station is Burton Road, located approximately 500m to the north of the site. The Metrolink station is also well-served by buses, therefore multi-modal trips could be feasible for those arriving to the site by public transport.

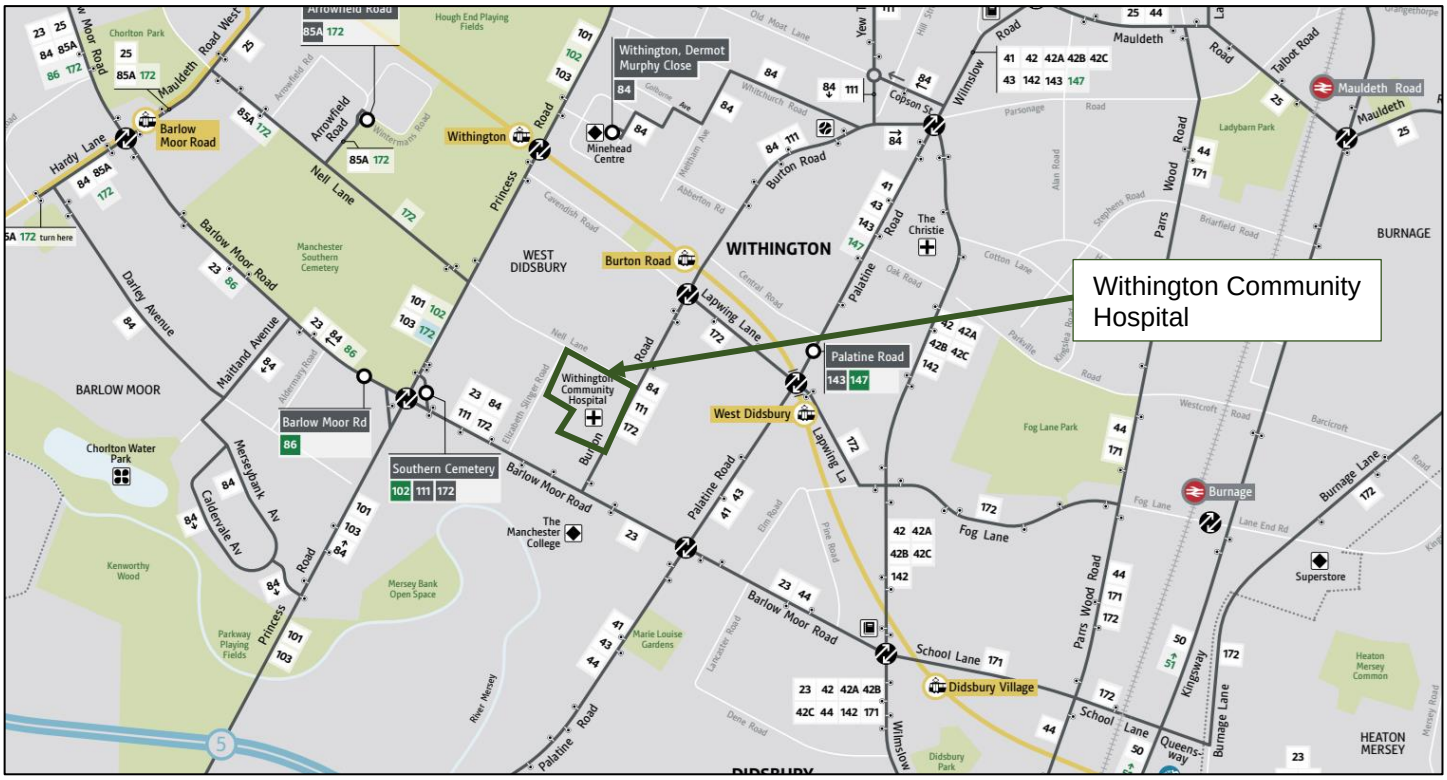


Figure 4 – *Public Transport Network in the vicinity of the site*
(Source: Transport for Greater Manchester)

Vehicular Access

Vehicular access is from Nell Lane, approximately 100m west of the junction with Burton Road. Car parking at the Withington Community Hospital is accessed through a barriered point on Nell Lane. Parking is ticketed using a pay-on-foot system, and all users have to pay and display, with some concessions for disabled car users. Staff are required to obtain and pay for parking permits to park on-site.

Existing Parking Provision

Car Parking

Car parking across Withington Hospital is currently provided at the following quantities, Table 2:

Zone	Location	Mixed Staff, Visitors and MFT Fleet				Total
		Accessible Parking	Marked	MFT Transport	Public EV Charging	
1	Northeast area	30	41	-	-	**71**
2	Southeast area	-	145	5	2	**152**
3	Western car park	-	217	-	-	**217**
Total		**30**	**403**	**5**	**2**	**440**

Table 2 – *Car Parking at Withington Hospital*

A new parking barrier and parking payment machines were installed in late 2022. The previous system did not allow the collection of data to understand parking demand. The new system will allow this, but there is currently no reliable data to provide.

Appendix B includes 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, Table 3:

Strengths	Weaknesses	Opportunities
• Issuing of Parking Charge Notices (PCN) in place to prevent misuse of limited spaces. • Staff working across sites can apply for cross-site parking permits. • Sustainable Travel Plan in place. • Electric Vehicle parking provision.	• Does not offer flexibility between modes. • Challenges to provide sufficient car parking capacity to meet demand.	• Market the Sustainable Travel Plan and benefits of sustainable modes of travel opposed to single occupancy vehicles. • Investigate changes over time towards flexible working or remote treatment opportunities.

Table 3 – *Key Findings from Car Park Policy*

Cycle Parking

Cycle parking at Withington Hospital is currently provided at the following quantities:

- 30 individual cycle bins (staff only);
- 12 space secure cycle shelter (staff only);
- 12 covered Sheffield stand spaces (public);
- **Total** – 54 cycle parking spaces.

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.

The cycle parking facilities are well utilised and are considered to have sufficient capacity to meet current staff demand.

Existing Travel Patterns

Staff – Commuter Travel

The Trust administer an annual staff survey across all its hospitals to capture the travel patterns of staff to and from work. The most recent survey was undertaken in 2021 between July-September.

Travel survey data is also uploaded into the NHS 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.

In the most recent two surveys there have only been four (2020) and five (2021) respondents from Withington hospital out of the overall respondents from across the Trust. This is less than one percent of FTE staff from the hospital. Therefore, there are currently no reliable travel patterns that can be established for Withington Hospital specifically. The general results for the whole Trust are therefore reported below.

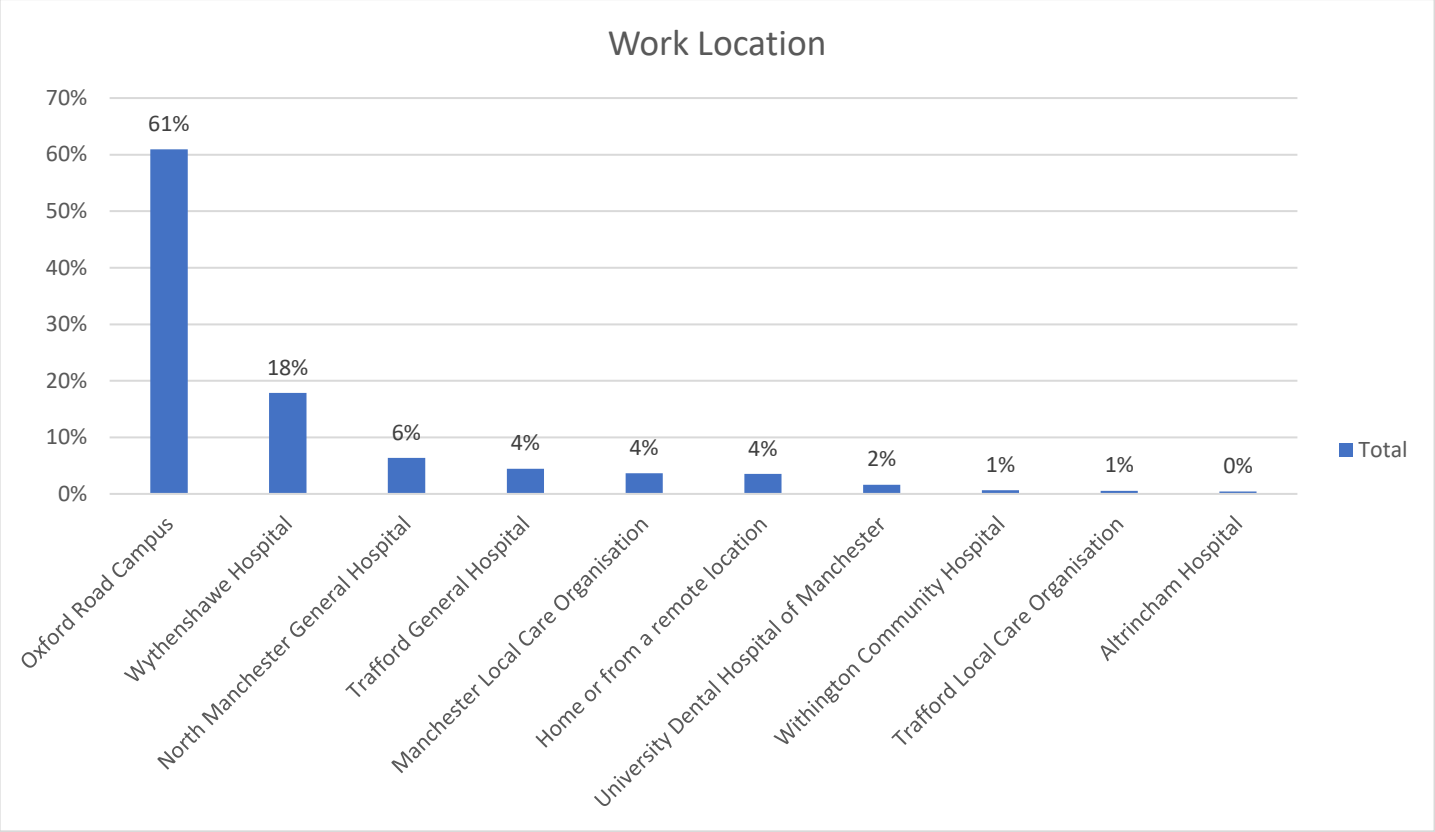


Figure 5 – 2021 *Working Locations of MFT Staff*

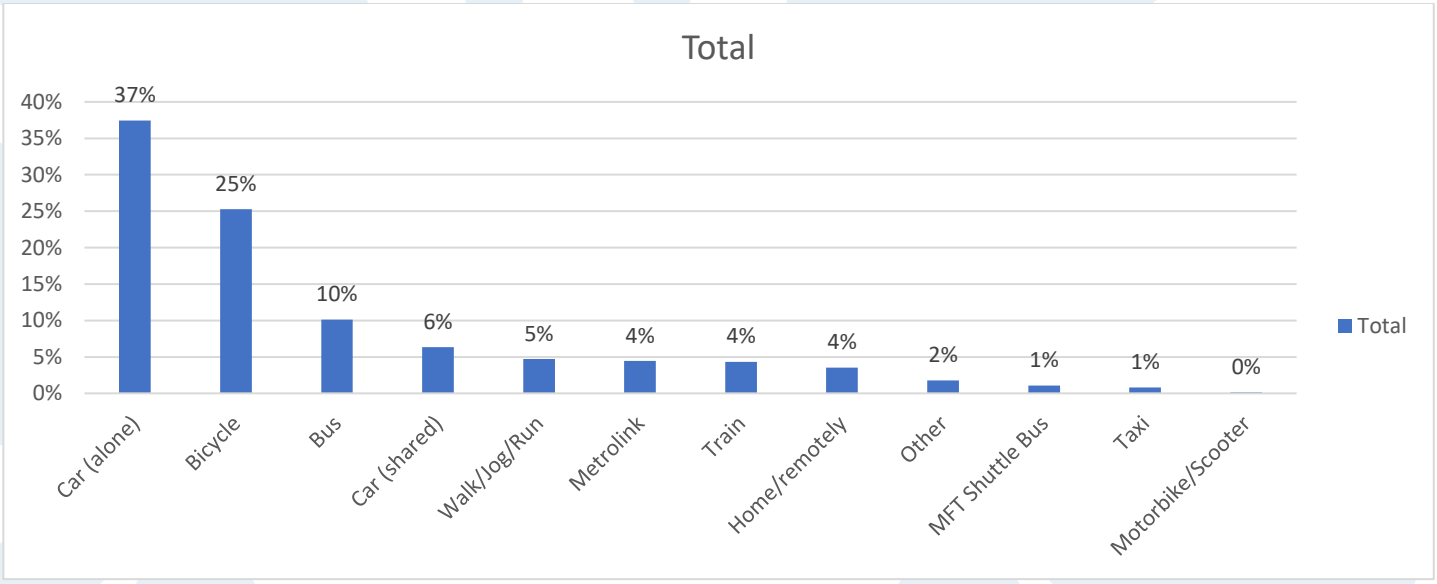


Figure 6 – 2021 *Modal Split for MFT Staff*

Figure 6 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 modal split figures could be used to provide a travel carbon footprint, although it is

acknowledged that it represents a small sample of overall staff numbers. The response rate to the survey was approximately 0.03% of total FTE staff.

Previous travel surveys in 2020 and 2021 have obtained qualitative data. Comments stated that to maintain the positive shift towards active travel journeys, MFT needed to:

- Increase the amount of secure cycle parking infrastructure (achieved in Nov 2022)
- 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;
- Improve communications around travel (achieved in 2022 with updated intranet pages).

Staff – Business Travel

Business travel differs from staff travel, where travel patterns are not obtained from a single survey as an indicative snapshot. The Trust is able to obtain an accumulation of data such as expenses claims for privately owned / lease vehicles, cycle mileage, public transport mileage, taxis, or shuttle bus utilisation.

As a day treatment focussed hospital, there is only limited need for staff to undertake business travel who are based at this site. In 2021/22 less than 1% of all fuel claims across MFT were made by Withington Staff.

There are a number of staff based elsewhere who will need to travel to Withington Community Hospital for work, but the milage claim system does not allow interrogation of end destination – only work base location and distance of travel.

Analysis of taxi travel booked through the official 'ATOM' system during 2021 showed that 290 booked trips had Withington Hospital as either the start or end point of the journey, transporting either patients, goods, or staff. This represents less than 0.02% of all taxi bookings made through the ATOM system, which again suggests that business travel is limited from Withington Hospital.

Despite the low numbers of business trips associated with Withington Hospital, business travel efficiencies should continue to be encouraged through the use of technology with online meetings and outpatient redesign.

Patients and Visitors

Patients and visitors to any MFT site 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 2023. The results will be reported in due course.

Surrounding Highway Network

Burton Road is a local route that forms the eastern boundary of the Withington Community Hospital site. The northern boundary is formed by Nell Lane. Beyond this there are important highways that provide strategic links around and towards central Manchester. As would be expected in a suburban setting, all highways have adjacent footways, although these are of varying quality and pavement parking provides obstacles for pushchairs and wheelchair users.

A summary of the key routes is described in the follow section.

Burton Road

Burton Road is a local distributor, which runs roughly north-south linking the neighbourhood centres of Withington and West Didsbury with Barlow Moor Road (A5145). Adjacent to the hospital site, the road has a primarily residential make up with residential properties and parking on the eastern side of the highway. The frontage along the hospital has double yellow lines to restrict parking. To the north of the hospital site is the neighbourhood centre of West Didsbury, and here there is short-term parking provision.

As noted elsewhere, Burton Road includes bus stops, and this, along with parking friction, can cause localised congestion at busy periods.

Nell Lane

This east-west link allows access from Burton Road, westwards towards the Southern Cemetery, Princess Road, and beyond to Chorlton. In the vicinity of the hospital site, traffic regulation orders prohibit any parking or waiting, and there are primarily residential properties to the north of the highway which have off-road parking.

Elizabeth Slinger Road

The western boundary of the site is formed by Elizabeth Slinger Road, which has a wide carriageway, and provides access to a number of public institutions including West Didsbury Police Station and two schools. There are some parking restrictions in place on both sides of the highway, but there are also areas of uncontrolled parking, which means that there can be a significant number of vehicles parked alongside the main carriageway.

Barlow Moor Road (A5145)

Barlow Moor Road provides a strategic circumferential link around southwest Manchester, providing access between Chorlton, Didsbury and Stockport. The road is around 200m to the south of the hospital site.

In the vicinity of the hospital, the road provides bus routes, and has a number of parking restrictions as would be expected of an important local distributor.

Princess Road (A5103)

Approximately 400m to the west of the site is an important regional distributor Princess Road, which provides a major link into central Manchester from a south-westerly direction. Princess Road is the continuation of the M56 which links the Wirral with north Cheshire, Warrington to Manchester. It also provides access to the M6 and the Manchester circular M60.

Princess Road is linked to the hospital via Nell Lane or Barlow Moor Road. In the area closest to the hospital, access to Princess Road is via large, signalised junctions. In this area, the road has a 30mph speed limit, and two or three lanes in either direction.

6. 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, 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 are considered as a good approximation for trips associated with the site.

Within a 500m walking distance lies a large amount of residential property particularly the areas of West Didsbury and the eastern extremities of Chorlton. As well as the residential properties, the neighbourhood centre along Burton Road provides a significant level of retail and cultural provision. The Metrolink stop at Burton Road is within 500m walk from the main entrance to the hospital.

Within a 1,000m walking distance catchment lies additional residential areas such as Withington, Didsbury, and some parts of Whalley Range, Moss Side and Northenden.

Residential areas further afield but within a 2,000m walking distance catchment include all of Northenden, Withington and further into areas such as Whalley Range, Moss Side, Fallowfield and Burnage. 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.

Most notably, there are a number of key transport links available within a 500m walk of the site such as the bus stops along Burton Road and the Burton Road Metrolink station. Within 1 km, there is also significantly more bus service provision available at the Southern Cemetery stops to the southwest. 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.

Cycle Accessibility

To assist in assessing the accessibility of the site by cycle, an 8km cycle catchment for the site should be considered. 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, Stretford and Timperley to the west, Burnage, the Heatons and Stockport to the east, Wythenshawe, Heald Green, Manchester Airport, and Cheadle to the south, and Moss Side, Rusholme, Hulme, and the city centre to the north. The catchment also encompasses a number of adjacent residential areas described in the walking section.

As the site is located within an urban street scene, there are a number of roads and routes that are considered conducive to cycling. Speed limits, street lighting, and active frontages also encourages low vehicle speeds. Cycle infrastructure also includes a reasonable 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 7**.

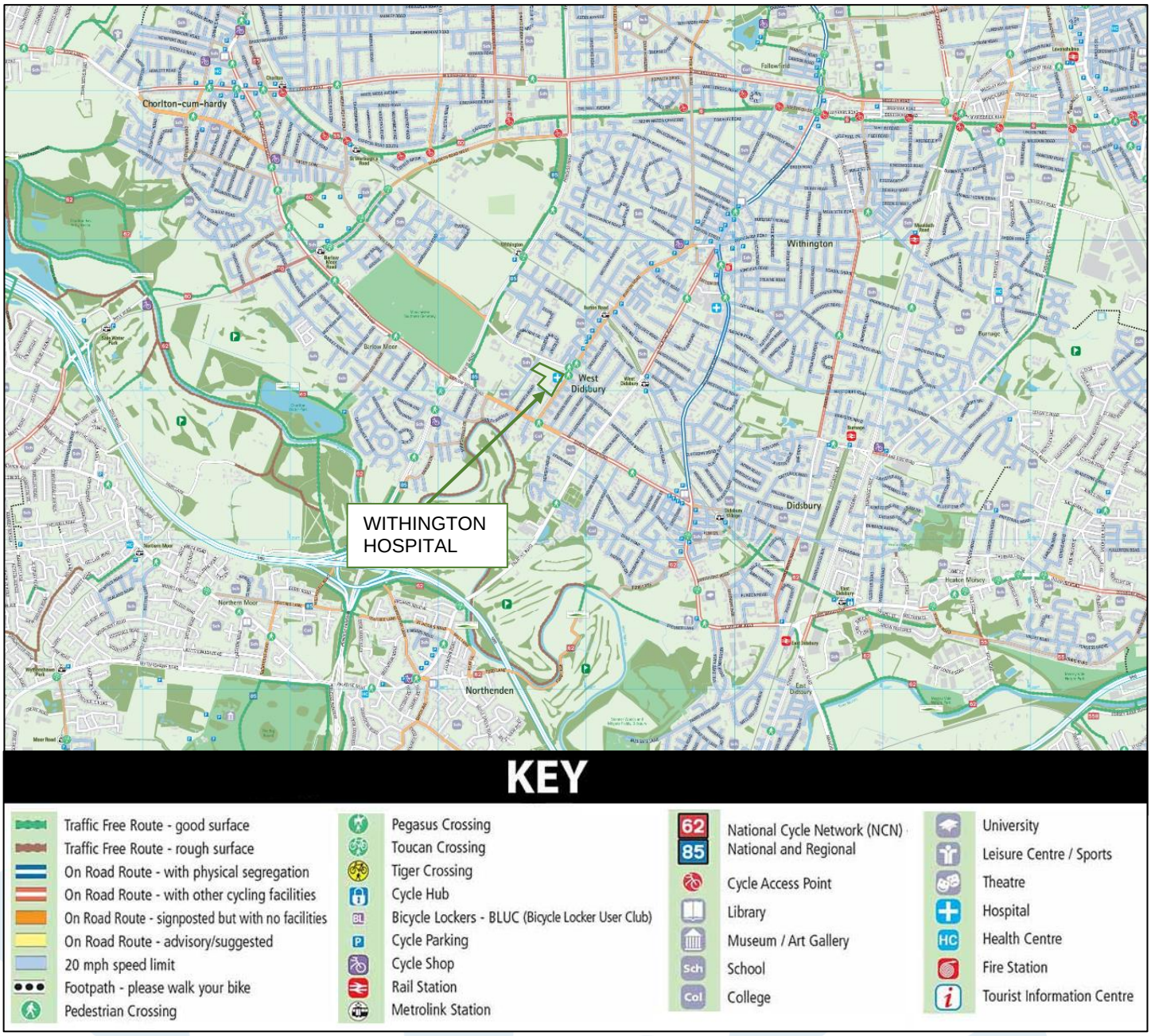


Figure 7 – *Local Cycle Infrastructure*
(Source: TfGM online cycle mapping)

The local cycle network shown in Figure 9 is also a part of Greater Manchester's cycling and walking Bee Network. The Sustrans National Cycle Network (NCN) has both route 62 and route 85 close to the south of Withington Hospital, which provides more long-distance linkages. The site is also in relative close proximity to segregated bike routes on Barlow Moor Road (between Chorlton & Princess Road) and Wilmslow Road.

Based on the above, it is considered that the site is highly accessible for cyclists.

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 very high level of accessibility (described as 'excellent') and level 1 a low level of accessibility (described as 'very poor'). The Withington Hospital site is located within an area with a GMAL rating of 6, as shown in **Figure 8**. 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.

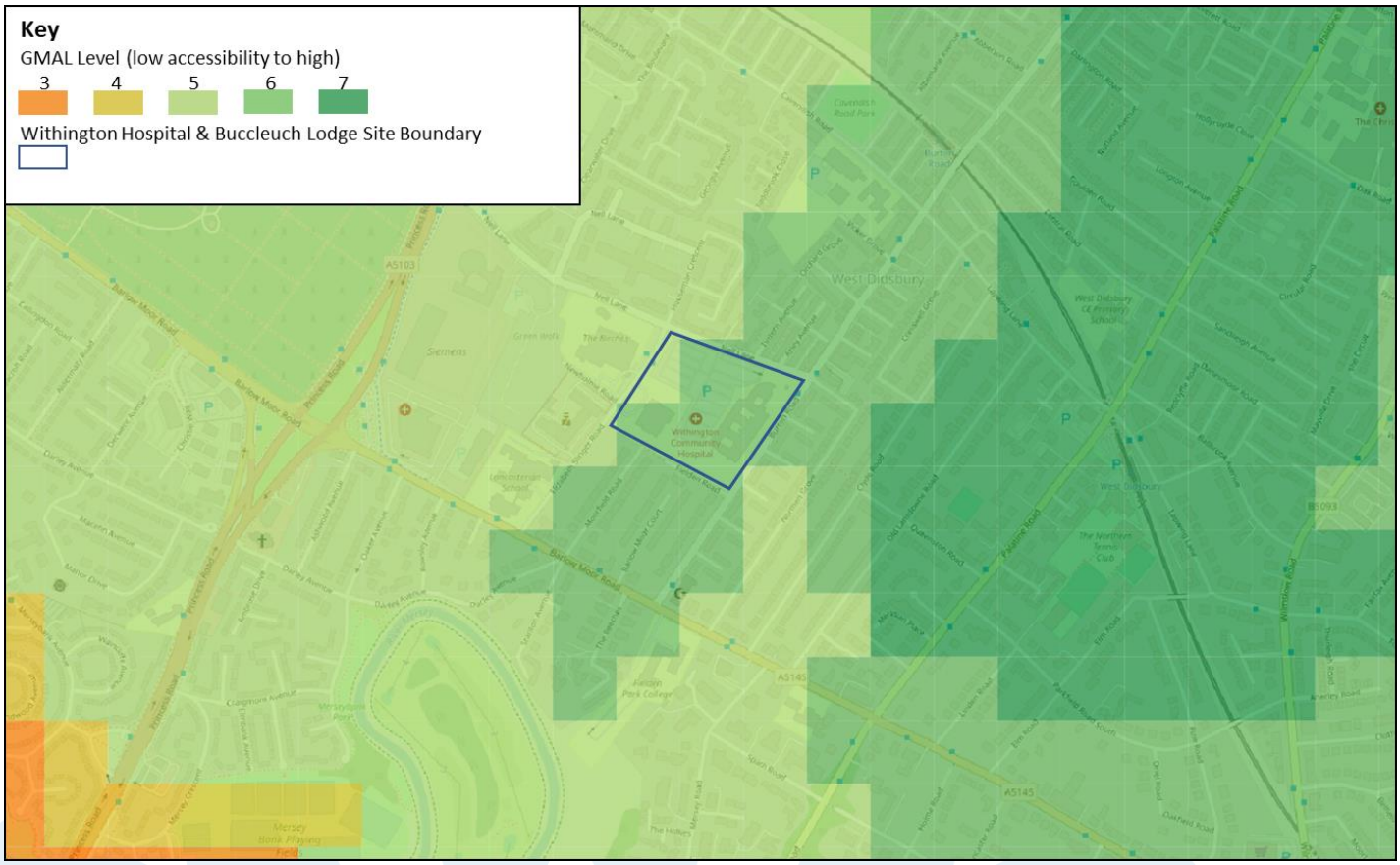


Figure 8 – *Greater Manchester Accessibility Level*
(Source: data.gov.uk & Open Street Map)

Public transport services are available for staff, patients, and visitors to access the site. Areas accessible via public transport within 20, 40 and 60 minutes of the site include:

- 20 minutes – Chorlton, Didsbury, Burnage, Parrs Wood, Withington, Fallowfield, and Rusholme;
- 40 minutes – Manchester City Centre, Timperley, Altrincham, Sale, Chorlton, Stretford, Deansgate, Moss Side, Cheadle, Cheadle Hulme, Stockport, Heald Green, and Manchester Airport;
- 60 minutes – Collyhurst, New Islington, Ardwick, Rusholme, Longsight, Levenshulme, Mauldeth Road, Heaton Chapel, Heaton Moor, Stockport, Bramhall, Wilmslow, Alderley Edge, Hale, Ashley, Bowdon, Knutsford, Broadheath, Ashton upon Mersey, Urmston, Salford Quays, Eccles, and Patricroft.

Staff shift patterns and rotas vary by department to suit operational requirements, and this can impact how easy public transport services are to use. 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 4 details all bus services that stop on Burton Road. Frequencies listed are for trips in both directions.

Bus Service	Route	Frequency			
		Mon – Fri Peak	Mon – Fri Off-Peak	Sat	Sun / Hols
84	Chorlton Green – Chorlton – West Didsbury – Withington	-	6 services per day	6 services per day	-
111	Chorlton – Withington – Moss Side – Piccadilly Gardens	12-15 mins	30 mins	15 mins	30 mins
172	Chorlton – Burnage – Levenshulme – Droylsden – Newton Heath	Hourly	Hourly	Hourly	Hourly

Table 4 – *Summary of Bus Service Frequencies*

It is noted that the provision of bus services will change over time in response to current circumstances and is likely to change further in the future with the forthcoming bus franchising in Greater Manchester. The bus times are accurate at the time of writing, but 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.

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 Burnage, located at approximately 2.5km to the east of the site. Staff, patients, and visitors can walk or cycle, and also board bus services to the station, as part of a multi-modal journey. The station has automated ticketing facilities. All the platforms are accessible with ramps for step-free access.

Table 5 shows the frequencies of regular trains that operate from Burnage, all of which are operated by Northern Rail. Frequencies listed are for trips in both directions.

Service	Peak Hourly			
	Mon – Fri Peak	Mon – Fri Off-Peak	Sat	Sun / Hols
Manchester to Crewe via Manchester Airport Calling at: Manchester Piccadilly, Mauldeth Road, Burnage, East Didsbury, Gatley, Heald Green, Manchester Airport, Styal, Wilmslow, Alderley Edge, Chelford, Goostrey, Holmes Chapel, Sandbach and Crewe	Hourly	Hourly	Hourly	Hourly
Manchester to Manchester Airport Calling at: Deansgate, Manchester Oxford Road, Manchester Piccadilly, Mauldeth Road, Burnage, East Didsbury, Gatley, Heald Green, and Manchester Airport.	Hourly	Hourly	Hourly	Hourly

Table 5 – *Summary of Rail Service Frequencies*

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;

Based on the above, it is considered that the site is moderately accessible by rail via multi-modal transport.

Metrolink

Figure 9 shows the Greater Manchester Metrolink network:

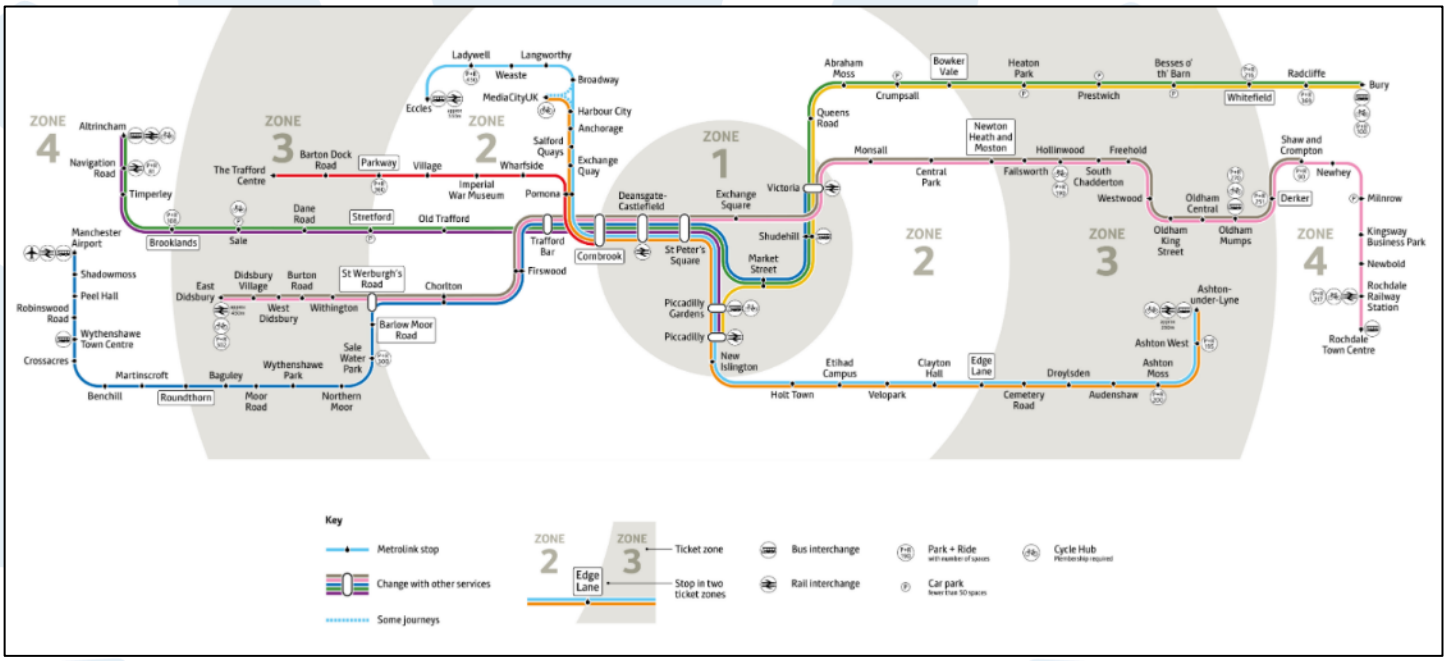


Figure 9 – *Greater Manchester Metrolink Network*

(Source: TfGM)

The nearest Metrolink stop to the site is Burton Road, which is located approximately 500m to the north of Withington Hospital, which makes it a highly realistic mode of travel for many staff and patients / visitors.

The **Pink Line** between East Didsbury to Shaw and Crompton and Rochdale (via Manchester Victoria) call at this stop, however passengers can also change at other stops such as St Werburgh's Road or Cornbrook 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. Up-to-date times can be found on the Metrolink website at: tfgm.com/public-transport/tram/tram-times.

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

Summary

Overall, it is concluded that the site has excellent accessibility 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 range of bus services that operate in the vicinity of the site and the site's proximity to the Metrolink are particular strengths of Withington Community Hospital.

7. 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.

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 C includes a further list of measures (from the previous Travel Plan) that have already been implemented at the site or are no longer considered.

Overview

Table 6 provides a summary of the Travel Plan initiatives for the site, which are either to be introduced or ongoing.

Proposed Measure	Staff		Patient / Visitor	Timescale
	Commuter Travel	Business Travel		
Measures to Encourage Active Travel (Walking and Cycling)				
Continue 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
Work with TfGM and MCC to support the development of routes surrounding the site to develop connections to existing cycle routes.	✓	✓	✓	Ongoing
Gauge interest in restarting the Bicycle User Group (BUG) initiative (Trust-wide)	✓	✓	×	Short Term
Consider staff cycle changing and showering facilities	✓	✓	×	Medium Term
Active monitoring and security patrols to deter and reduce bike theft.	✓	✓	✓	Medium Term
Measures to Encourage Car Sharing and Use of Electric Vehicles (EV)				
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
Consider need for provision of charging facilities for specialist groups of vehicles such as emergency vehicles and taxis.	✓	✓	×	Long Term
Car Parking and Related Policy (i.e., Business Travel)				

Proposed Measure	Staff		Patient / Visitor	Timescale
	Commuter Travel	Business Travel		
Use the Grey Fleet Toolkit to gather data and formulate plans regarding fleet travel, working with TfGM and the Energy Saving Trust.	✓	✓	×	Medium Term
Support the newly implemented zero carbon salary sacrifice car leasing options.	✓	✓	×	Ongoing
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 (known as the Healthy Travel Strategy)	✓	✓	✓	Short Term
Identify active travel advocates 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	✓	✓	✓	Short Term
Promote road safety across all modes, providing information on local safety initiatives and training sessions arranged by others.	✓	✓	×	Short Term

Table 6 – *Proposed Travel Plan Initiatives*

Travel Plan Coordinator (TPC)

A Travel Plan Coordinator (TPC) has been appointed for the site, identified as Paul Lewis, Senior Sustainable Travel Officer (paul.lewis@mft.nhs.uk).

In the context of the Travel Plan, 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. 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;
- 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;
- 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 Cycle to Work salary sacrifice 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;
- Details of the TPC.

The provision of this information will be formalised in a dedicated travel information for all Trust sites, which is made available through the website for each hospital.

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. This was most recently updated in 2022 and will be continually monitored to make sure the information provided remains relevant.

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).

8. 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, surveys are undertaken for staff biennially. A programme of surveying patients and visitors is being established. 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 7** below.

Staff Surveys

Surveys are distributed and completed electronically using platforms such as SurveyMonkey or Microsoft Forms. 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 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), 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 biennial basis.

Patient / Visitor Surveys

Patients and visitors are not surveyed in relation to travel to site at any Trust site. The Sustainability Team are currently investigating the opportunities for collecting patient and visitor travel data electronically. Patients and visitors are regularly surveyed as part of ‘customer satisfaction’ reviews, and there may be an opportunity to collect travel data as part of this process.

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

Suggested KPI	Data Sources	Desired Output
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 7 – *Key Performance Indicators (KPIs)*

Measuring the Carbon Footprint

As mentioned in Section 4, MFT declared a Climate Emergency in 2019 and committed to fast tracking action on climate change and delivery of sustainable healthcare. Carbon emissions generated by the Trust are estimated using a proscribed methodology using the *Health Outcomes of Travel Tool* (HOTT). HOTT uses national trends, combined with local information such as spatial characteristics, the number of FTE staff, and the number of patient interactions to establish an estimated carbon footprint. This tool is used to calculate the total carbon footprint for travel across MFT for patient/visitor travel and staff travel, but does not consider individual hospital sites, therefore the results in Table 8 are MFT-wide estimated carbon emissions for 2021/22.

Source of Emissions (Extracted from HOTT)	Staff Commute	Patient/Visitor Travel
	tonnes CO2e	tonnes CO2e
Diesel car	8,018	5,185
Petrol car	6,943	4,489
Electric car	71.17	46.0
Motorcycle	42.46	40.7
Bus	35.92	44.8
Train	42.32	3.4
Total	**15,153**	**9,809**

Table 8 – *Annual CO_2 Emissions Arising from Staff Commute and Business Travel*

Although HOTT provides business travel assumptions for emissions, the Trust is able to make more accurate calculations based on expenditure records, and therefore this is recorded differently. The estimated footprint for 2021/22 for fleet vehicles, and business travel (all modes) is shown in Table 9.

Source of Emissions	Commute
	tonnes CO2e
MFT Vehicle Fleet	178
Total Vehicle Business Travel (Mileage)	985
Total Rail Business Travel	11
Total Air Business Travel	47
Total	**1,042**

Table 9 – *Annual CO_2 Emissions Arising from Staff Commute and Business Travel*

Staff commuting appears to be the main contributor to CO_2 emissions. Based on the SMART targets in the section below to reduce single occupancy car trips and encourage more sustainable modes of travel, annual CO_2 emissions could decrease over time if the modal split targets are met.

Targets

Once travel surveys have been undertaken, it will be 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.

There are two specific headline objectives outlined in the MFT Green Plan 2022-2025:

- Reduce the carbon emissions of travel and transport activities (business travel, fleet mileage, staff commuting and patient and visitor travel) by 25% from our baseline year (2019/20).
- Achieve a “Good” rating for the Clean Air Hospital Framework.

As can be seen from the carbon targets, there will be a need 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.

9. 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 a Healthy Travel Strategy Steering Group which is chaired by the TPC. The Group, along with other key stakeholders such as the Car Parking Team, Facilities, and Capital Teams will 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 sustainable transport options and car-sharing 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 though 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.

10. 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 12**. The table contains the initiatives, individual measures, and the cost of the measures, which have been included to meet the following objectives as outlined in the previous sections:

- **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)	Continue 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
	Work with TfGM and MCC to support the development of routes surrounding the site to develop connections to existing cycle routes.	-	Long Term
	Gauge interest in restarting the Bicycle User Group (BUG) initiative (Trust-wide)	£	Short Term
	Consider staff cycle changing and showering facilities	£££	Medium Term
	Active monitoring and security patrols to deter and reduce bike theft.	£	Short Term
Measures to Encourage Car Sharing and Use of Electric Vehicles (PTW) (TP2, TP4, and TP5)	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
	Consider need for provision of charging facilities for specialist groups of vehicles such as emergency vehicles and taxis.	£££	Short Term
Measures Pertaining to Car Parking and Business Travel Policy (TP1, TP2, TP3, TP4, and TP5)	Use the Grey Fleet Toolkit to gather data and formulate plans regarding fleet travel, working with TfGM and the Energy Saving Trust.	£	Medium Term
	Support the newly implemented zero carbon salary sacrifice car leasing 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 (known as the Healthy Travel Strategy)	£	Short 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 10 – *Withington Action Plan*

Appendix A – Summary of Policy and Guidance

Appendix B – Trust Car Park Policy

Appendix C – Implemented Travel Plan Measures

- Develop and launch a new e-bike hire scheme with Manchester Bike Hire
- Increase cycle parking on site
- Update the car parking policy to include sustainable travel assessment
- Only provide ULEV through the vehicle salary sacrifice purchasing team
- EV user mailing list has been established
- Active monitoring and enforcement to prevent unauthorised parking / dwelling across the site to improve the operation of the site and road safety

Appendix C – MFT Healthy Travel Strategy (2023 – 2028)



NHS
Manchester University
NHS Foundation Trust

Healthy Travel Strategy *2023-2028*

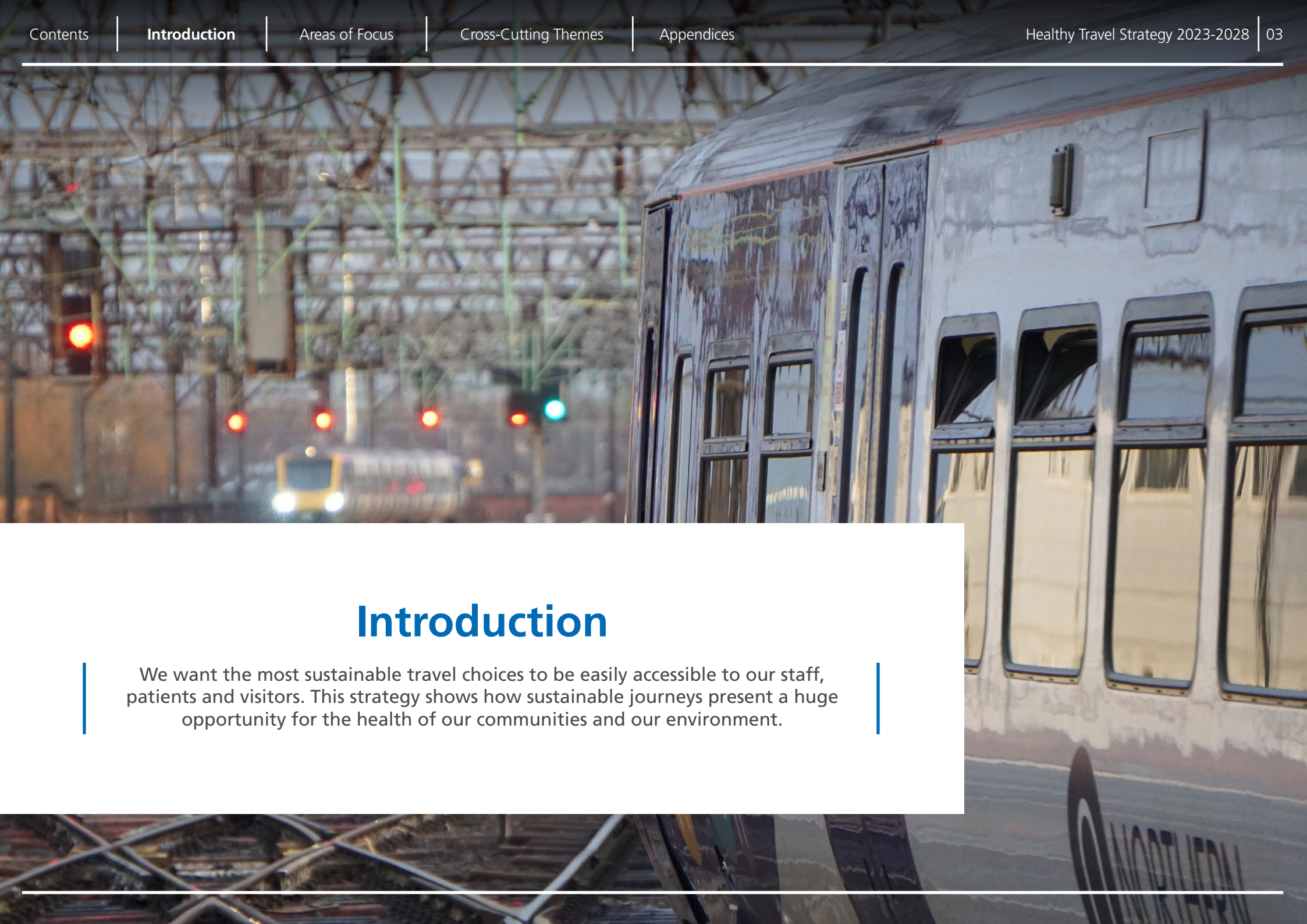
HEALTHIER
PLANET
HEALTHIER
PEOPLE

MFT Sustainability Team V1.0

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Introduction

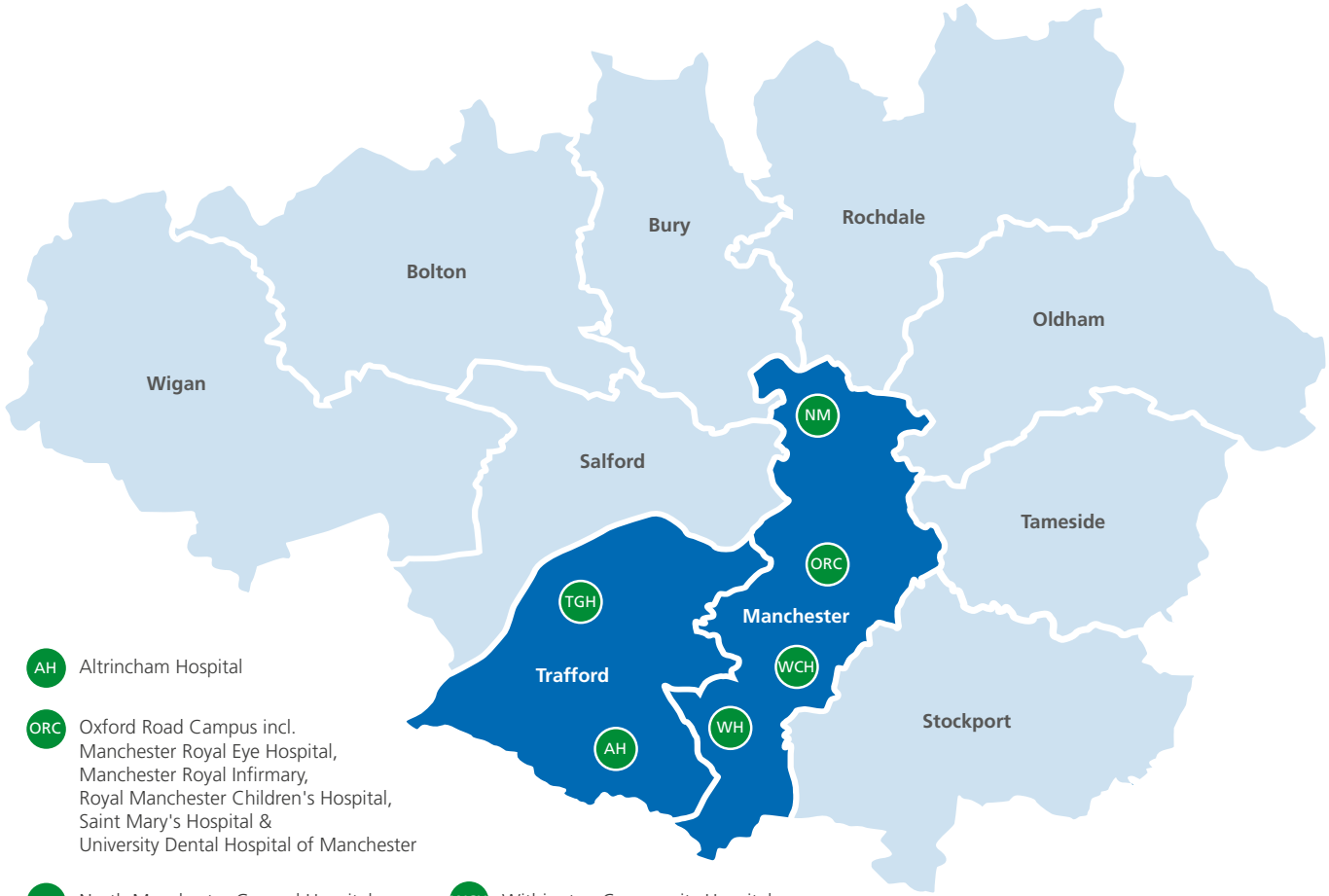
We want the most sustainable travel choices to be easily accessible to our staff, patients and visitors. This strategy shows how sustainable journeys present a huge opportunity for the health of our communities and our environment.

A Bit About Us

Manchester University NHS Foundation Trust (MFT) was established in 2017 following the merger of the former Central Manchester University NHS Foundation Trust and University Hospitals of South Manchester. In 2021, North Manchester General Hospital also became part of the Trust to provide a consistent single hospital service to the local population. Our services include community and secondary care to the populations of Manchester and Trafford, and specialist services to patients from Greater Manchester, the North West, and the rest of the UK.

In total, the Trust has around 28,000 members of staff who offer care to 750,000 people in Manchester and Trafford. MFT is the largest single provider of specialised services in North West England. MFT is also one of the major academic research centres and education providers in England. Research and innovation are at the heart of everything we do, enabling our patients to have access to the latest high-quality care and clinical trials.

MFT comprises of ten hospitals, across six sites, plus MFT staff based within the Manchester and Trafford Local Care Organisations (LCOs) as shown on this map.



Foreword



Dame Sarah Storey

Creating better sustainable transport choice is vital to enabling the people of Greater Manchester to grow up, get on and grow old.

Enabling choice means that everyone can have the option of walking, wheeling or cycling some or all of their short journeys and that the integration of active travel into the public transport system provides people with a viable alternative to the car for longer journeys.

In Greater Manchester we are building the Bee Network and for sustainable transport choice this means;

- walking, wheeling and cycling routes that are integrated with the public transport system and allow people to get to the bus, tram or train without having to drive every time.
- operating and expanding the GM Cycle Hire scheme, alongside the developing network of bike libraries to enable people who don't own their own cycle to access the network.
- appraising and updating the GM Home to School travel strategy to ensure that young people and primary age children are able to benefit from getting to school via the Bee Network.
- tackling the issues posed by road danger and working to establish the possibility of a Vision Zero approach for GM.
- building routes and infrastructure that are universally accessible, so that non-standard cycles and cargo cycles, as well as electric-assist pedal cycles and those wheeling or walking can access the Bee Network.
- expanding the number of secure cycle parking spaces across the region and ensuring they are accessible for non-standard cycles as well as cargo bikes.

Alongside the work being done to improve active travel provision, the region is working to implement bus franchising and a contactless, capped ticketing approach for end-to-end journeys, enabling people who live, work or visit GM to move around in a most cost-effective way.

By building the Bee Network and creating a far more accessible, convenient and cost-effective active travel and public transport system, Greater Manchester will be better positioned to tackle health and social inequalities, increase access to opportunities and develop the region's economy.

This strategy is an important step by one of the region's largest employers and the biggest health institution. It builds on the work happening across the region and will support Greater Manchester's ambitions to be carbon neutral by 2038.



Introduction

As an anchor institution in a large city region, we can influence our communities to make a difference and challenge the default approach of travelling to our sites by car. We must break down barriers that prevent people from making sustainable travel choices, whether that be by championing our majority female workforce to cycle to work, enabling staff that live locally to get to our sites on foot, or supporting lower-paid staff to access sustainable travel choices. We need to empower, encourage, and support everyone so they can play their part.

The vision of the MFT Healthy Travel Strategy is to support staff, patients and visitors to choose low carbon forms of travel. We want to ensure that our business practices adopt low carbon forms of transport.

This strategy aims to:

- Reduce the carbon footprint of MFT travel
- Support improvements in local air quality
- Improve health & wellbeing outcomes for the MFT community.

This strategy details our commitments to change behaviour, improve operational efficiency, and develop infrastructure for sustainable travel and transport activities over the next two years and beyond.

The strategy relates to staff, patient and visitor travel, as well as the transport and logistics services moving goods and people to or from our sites.

Each of the major MFT sites already has a bespoke travel plan that outlines the geo-spatial and accessibility requirements. This Healthy Travel Strategy will provide the overarching framework to inform the local travel plans as they are renewed on a regular basis. Through these supporting documents, we will seek to promote inclusive, low-carbon opportunities and activities for all. The changes we make to support sustainable travel will have a positive impact for our people and environment.

Background to the Strategy

MFT contributes to, and is affected by, the environmental impacts of travel and transport. As one of the largest employers in Greater Manchester, we:

- facilitate over 28,000 employees travelling to work
- treat over 750,000 patients
- travel over 6 million business miles every year

This work complements the MFT Green Plan and the ambition to deliver sustainable healthcare across Greater Manchester. In 2019, MFT declared a Climate Emergency and this strategy will support efforts to address the climate crisis, as well as the aims of the NHS to achieve net zero.

This strategy also supports NHS England and Improvement's goal to become net zero carbon by 2040.



Green Plan 2022-25

- Code Green: Delivering Net Zero Carbon at MFT
- The long-term vision for a sustainable healthcare system



Healthy Travel Strategy

- This document
- Overarching sustainable travel vision and aims



Site-based Travel Plans

- Specific documents for each major MFT site
- Outline the package of site-based actions to encourage safe, healthy and sustainable travel options

Greater Manchester Context

The travel options available at each of our sites vary as they are within a complex city-wide transport network that has historic challenges as well as emerging innovative improvements.

External changes to the transport system in Greater Manchester such as the bus franchising – part of "Destination Bee Network" – will bring about fundamental changes to local transport networks. These changes could deliver real and lasting improvements for Greater Manchester residents, making it easier and more affordable to travel sustainably.

It is important to acknowledge that much of the infrastructure, legislation and delivery of daily travel are beyond the direct control of the Trust. However, by setting out our healthy travel vision within this strategy we are able to influence our partners positively and proactively to represent the needs of our staff and patients.

Travel at MFT

This strategy builds on previous Travel Plans, which had a primary focus on staff commuting. However, the new strategy encompasses a broader range of travel activities and associated impacts.

Travel emissions are categorised into:

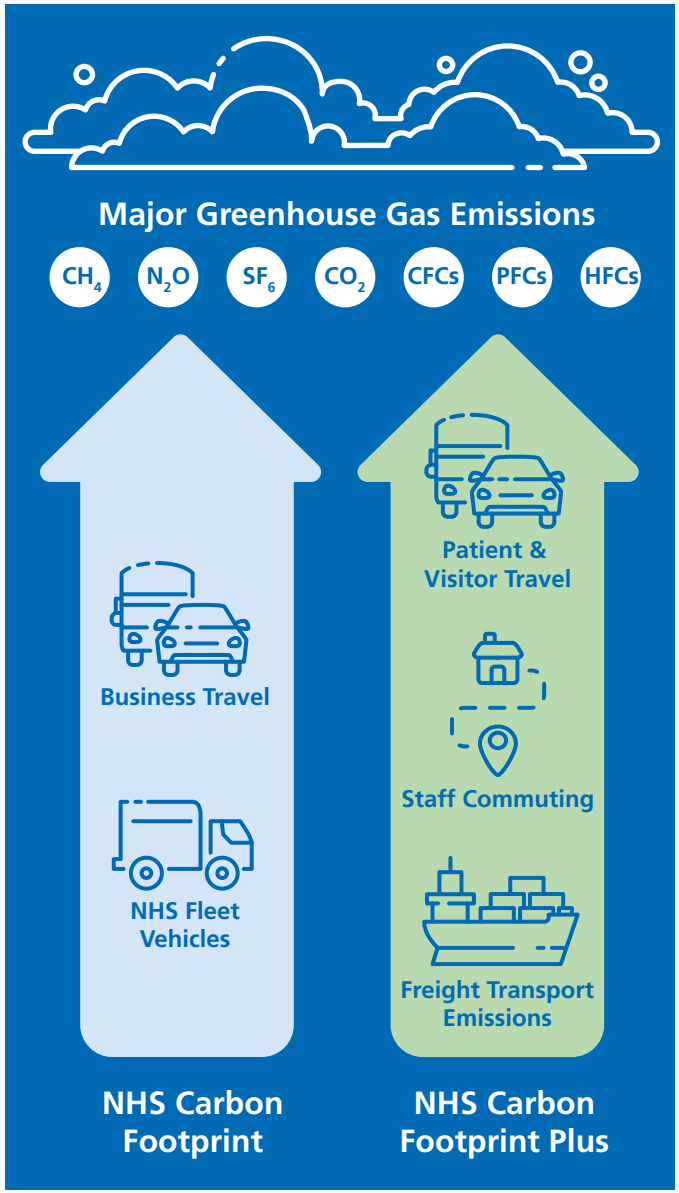
- Direct – Travel undertaken by the Trust, where there is direct control over the activities undertaken. These are part of the MFT 'Carbon Footprint'.
- Indirect – Travel associated with Trust activities, where there is less influence on travel decisions. These are part of the MFT 'Carbon Footprint Plus'.

Elements of Direct Travel Emissions:

- 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 at a patient's home or in community settings. Business Travel can be conducted via active travel, public transport or staff-owned vehicles. This also includes vehicles owned or leased by the Trust in order to fulfil a service need.
- MFT Transport Fleet – Travel undertaken using Trust operated vehicles delivering a range of services across healthcare sites such as transporting patient records, sample collection services, mail deliveries, and any in-house waste collection.

Elements of Indirect Travel Emissions:

- Staff Commute – Travel by employees to and from their place of work.
- Patient and Visitor Travel – Travel by patients and visitors to access MFT services on-site or at community bases. Travel needs and requirements will differ depending on the type and level of patient care, as well as the frequency of visitors coming to our hospital sites.
- Supply Chain Deliveries and Logistics – Deliveries of products and services that keep healthcare services running. The Trust receives hundreds of deliveries across its sites every day. This element of travel overlaps with the Sustainable Procurement theme of the Green Plan and is heavily linked to the procurement strategies of the Trust.



Why do we need this Strategy?

Care delivery across the NHS is changing, with a focus on prevention, out of hospital care, and more personalised care. All of these elements will have an impact on travel needs and have been considered in determining our approach and priorities.

Travel is fundamental to delivering healthcare, with 3.5% (9.5 billion miles) of all road travel in England relating to NHS patients, visitors, staff, and suppliers. However, this travel has a negative impact on our climate, air quality, local environment, and health.



Climate Change

Transport using petrol- and diesel-powered vehicles release carbon emissions and pollutants, and are a significant contributor to climate change. In the UK nearly 10 mega tonnes of CO_2e are emitted by domestic transport sources.

In 2009, the Lancet Commission declared that "climate change is the biggest public health threat of the 21st century". When the Delivering a Net Zero NHS plan was launched in October 2020 it was made clear that **"the climate emergency is a health emergency".**

In 2019, MFT followed 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 and our health.

The situation is getting worse, with nine of the top 10 hottest years on record occurring in the last decade, and around 1,500 people per year dying from excess heat in 2020 and 2021. Without accelerated action to fight climate change, there will be increases in the intensity of heatwaves, more frequent storms, and flooding. Furthermore, the Intergovernmental Panel on Climate Change (IPCC) warns of the potential for increased spread of infectious diseases such as tick-borne encephalitis and vibriosis. These impacts disproportionally affect the most vulnerable in society, both nationally and globally.

Climate change targets and declarations have been publicised by a range of organisations:

- 2038 Greater Manchester net zero target (GMCA)
- 2040 net zero for direct emissions (NHS E&I)
- 2045 net zero for indirect emissions (NHS E&I)
- 2050 national net zero (UK Government)

The environmental commitments we have already made mean that emissions from our fleet vehicles and business travel must reach net zero by 2038, and that emissions from staff commuting, and patient and visitor travel must be net zero by 2045.

Decarbonising transport forms an important part of delivering these commitments. **Travel and transport are consistently responsible for 6% of MFT's Carbon Footprint Plus**



Health & Wellbeing

Travel choices can affect other health conditions. Physical inactivity contributes to 1 in 6 deaths in the UK and costs £7.4 billion per year to business and wider society, and the problem is worsening.

It is known that active travel (cycling and walking) is a good way to build physical activity into the day and can also help improve mental health. In Manchester, more than 30% of trips made by car are less than 1km and 50% of adults in Greater Manchester are classed as inactive, meaning that there are lots of opportunities to promote further walking and cycling across our communities.

Building cycling and walking into daily routines is the most effective way to increase physical activity as well as boost mental wellbeing.

Why do we need this Strategy?



Air Pollution

Air pollution causes 7 million premature deaths every year across the world and is responsible for one-third of all deaths globally. In Greater Manchester, air pollution contributes to at least 1,200 early deaths each year.

The emission of noxious and poisonous gases, along with particulate matter from brakes and tyres are important contributor factors to poor air quality.

These causes of air pollution have a disproportionate effect on deprived and vulnerable communities, as they are often reliant upon housing in more affordable locations close to busy roads.

Pollutants are inhaled and absorbed by the body, increasing the risk of chronic cardiovascular and respiratory diseases, airway and lung cancers as well as exacerbating existing health problems such as asthma. Poor air quality affects everyone in society but certain groups tend to be more at risk. This includes children, pregnant women and unborn babies, older people, and people with respiratory medical conditions.



Local Environment

Traffic congestion creates real challenges:

- Negative economic and social impacts are caused by missed appointments
- It can create dangerous or hostile spaces in the public realm.

Evidence from satnav data showed that during the morning peak period, Manchester was 38% congested, and 46% congested in the evening peak. This adds an additional 11 minutes and 14 minutes respectively to a 30-minute journey.

With 3.5% of all road travel attributable to the NHS and as an anchor institution within Greater Manchester, we have a responsibility to reduce our traffic levels on the roads. This can be through a combination of re-timing journeys to avoid peak periods, or preferably switching drivers to other modes of transport where feasible.



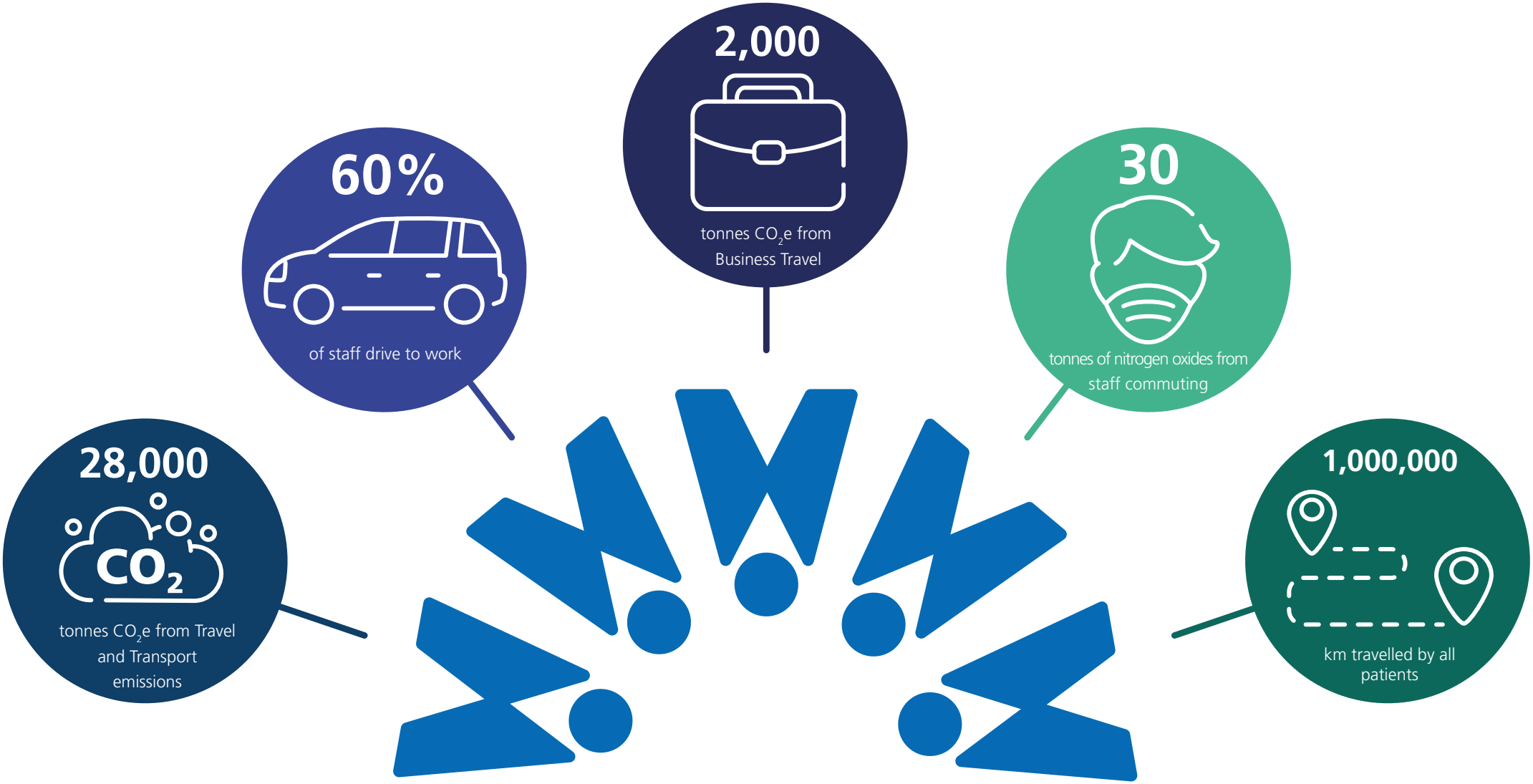
Ethical Concerns & Unintended Consequences

Changing travel habits and updating technology could have broader implications. For example, as the demand for electric vehicles increases, there are increasing ethical concerns around the mining of raw materials such as cobalt, graphite and lithium, as well as the shortage of metals like copper. Human rights issues, child labour and mining practices are all under scrutiny. Although electric vehicles support the delivery of net-zero carbon ambitions, this cannot be at the expense of other sustainability and socioeconomic issues. It is vital that we build responsible, resilient, and transparent supply chains.

Increased provision of electric vehicles will not reduce congestion and the issues related to this. We need to shift our approach away from private car use and towards active travel and public transport. Electric vehicles will of course play their part in reducing tailpipe emissions but should not be seen as the primary solution. Furthermore, new electric vehicles can be expensive to purchase and are therefore not universally available to MFT staff.

Our Impact

Carbon emissions and pollution lead to poorer health outcomes. MFT travel activities contribute to these problems locally and globally.



Highlights So Far

We have been working on sustainable travel improvements for several years, which has led to local and national recognition, including:

- Platinum Travel Choice Award from Transport for Greater Manchester (2020)
- Case study featured in the launch of 'For a Greener NHS Campaign' (2019)
- Highly commended in the Travel category at the NHS Sustainability Day (2018)
- Cargo Bikes and EVs featured in the Greener NHS promotional video (2022).



Case Study: Bike Courier Service

Our bike courier service is provided by Toby and Lucy from Chorlton Bike Deliveries. They use e-cargo bikes to collect samples from local GP surgeries and pharmacies and deliver them to the laboratories at Wythenshawe and Oxford Road hospitals. This has replaced trips that were previously made using the electric vans, which are now able to conduct an enhanced scheduled delivery and parcel service across MFT. In turn, this has replaced outsourced courier and taxi trips, saving approximately 5 tonnes CO_2e per year, plus around £19,000 per year on avoided taxi and courier costs.

Initiatives

Some of the key initiatives that have delivered improvements for staff and patients over the last few years are shown below.

Case Study: Remote Working

Since the COVID-19 pandemic, the way meetings have been conducted has been revolutionised. Before COVID-19, 83% of meetings were held face to face, whereas during the pandemic 97% of meetings were conducted remotely. This change has helped to break down barriers and resistance to conducting meetings in this way. Now the technology is embedded, many meetings can be held without the expected need for travel.

Case Study: Electric Vehicles

The MFT Transport Fleet is now 74% electric thanks to ongoing investment in infrastructure and lifecycle replacement of the leased fleet vehicles. As a result of this transition to zero tailpipe emission vehicles, the carbon footprint of MFT Transport Fleet has dropped from 155 tonnes CO_2e per annum to less than 56 tonnes, a reduction of 64% since 2019/20.

Case Study: Remote Patient Care

Prior to the pandemic around 1,500 patients had hip and knee replacements at Manchester Orthopaedic Centre, based at Trafford Hospital. As part of the process, patients would attend a pre-op education programme in a face-to-face group setting. This changed to an innovative online education class designed collaboratively with MFT and Johnson & Johnson Medical Devices. This project has minimised the number of hospital visits required before surgery, improved patient experience, and makes the enhanced recovery pathway as safe as possible.

Case Study: Access to Bikes

We ran a "Bikes for Business" scheme in collaboration with Transport for Greater Manchester (TfGM) in 2019. This pilot scheme enabled 40 staff to hire a range of hybrid, electric, or folding bikes for 14 days free of charge.

In 2023 we are running two additional bike hire schemes:

a) We are the first NHS site to pilot the Cycling UK *Making Cycling E-asier* project

b) We have relaunched a scheme called *Rent-e-bike* in collaboration with Manchester Bike Hire

Case Study: Community Based Services

Macular degeneration is the most common cause of blindness amongst the elderly. Wet age macular degeneration is treatable with regular injections to prevent visual loss. Often this means monthly trips to the hospital. However, in 2015 new community-based eye clinics were set up which have delivered over 2,500 treatment appointments locally. This care provided closer to home is much more convenient for patients, and saves over 30 tonnes CO_2e annually, a 50% reduction compared to hospital-based appointments..

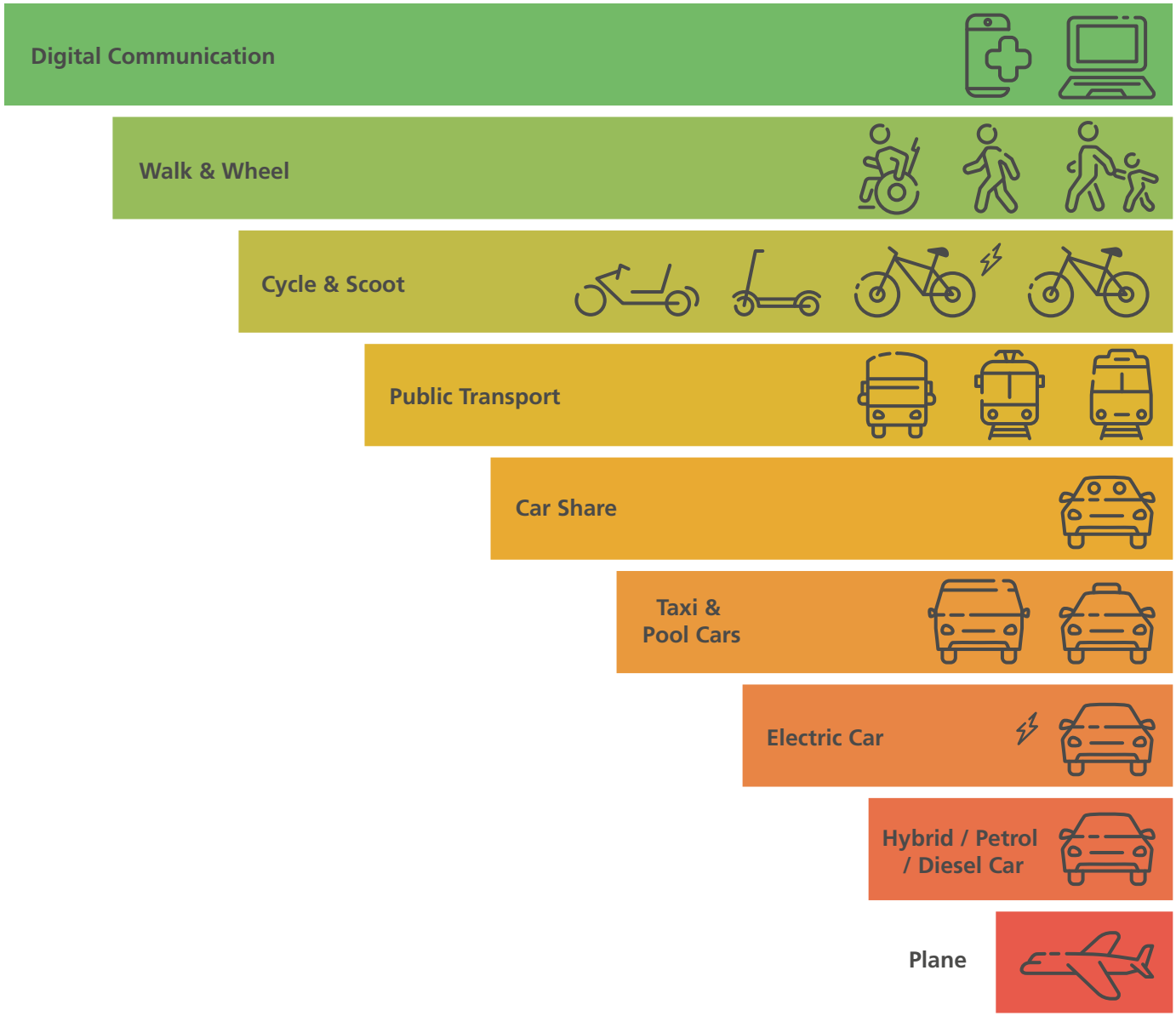
If you want to find out more about the sustainable travel options available at our sites, please scan the QR code below:

What You Can Do

The travel hierarchy is a tool to rank travel choices. The most sustainable options are shown at the top of the diagram. This hierarchy represents a decision tree that staff and patients should consider before making any journey.

Alongside our commuting, business travel and patient trips, the logistics associated with our supply chain can have a large detrimental impact on the environment and emit a large amount of CO_2e. We will also be working with our supply chain to reduce the effects of deliveries and logistics on the environment.

See the Hierarchy of Travel image on the right, which shows the various options from most to least sustainable.



Opportunities & Risks

Many elements of transport infrastructure are outside of our direct control. It is therefore important to consider the elements that could have an effect on the delivery of this Healthy Travel Strategy.

Opportunities

1. Local Improvements to Transport Systems

TfGM, local authority, and GMCA interventions to bring about improvements to various aspects of the Bee Network will be vital to improve the accessibility, integration, and affordability of travel. This might give an opportunity for new ticket offers, or behaviour change programmes.

2. Integrated Care System and Collaboration

There should be greater opportunities for collaboration through the ICS (Integrated Care System) as Greater Manchester partners share priorities and best practice.

3. Technological Innovation

Technical innovation in travel and transport is becoming increasingly fast paced. Digital and electrification solutions are becoming more widespread both in terms of developing travel options and to support reducing the need to travel. We will look to be early adopters and pilot these in the most appropriate setting.

4. Enhanced Equality

Actions for net zero carbon can address existing health inequalities as exemplified by the benefits of active travel, which is free or very low cost to access.

5. Co-benefits

There will be significant co-benefits from decarbonising travel including cleaner air, which will provide economic benefits by reducing respiratory hospital admissions. Travel by healthy models also presents health opportunities as it promotes good physical and mental wellbeing.

Risks

1. Access to Finance

Investment will be required to deliver some of the commitments in this strategy, and it will be key that external funding opportunities are maximised alongside the efficient use of internal funding streams.

2. Staff Resources

In order to deliver our local commitments there must be sufficient staff resource to cater for the coordination of both 'business as usual' travel requirements, but also new innovative interventions and projects. This must include time for colleagues in other areas of the Trust to contribute to delivering the projects.

3. Patient Demand

It will take several years for the NHS to catch up on missed elective surgeries and the backlog of care caused by the COVID-19 pandemic. This activity will impact on the carbon footprint which may not reduce in absolute terms as fast as we need it to. Remote healthcare services will help to address this backlog, and will become more prominent as healthcare demand grows. This presents opportunities to reduce travel demand associated with patient travel.

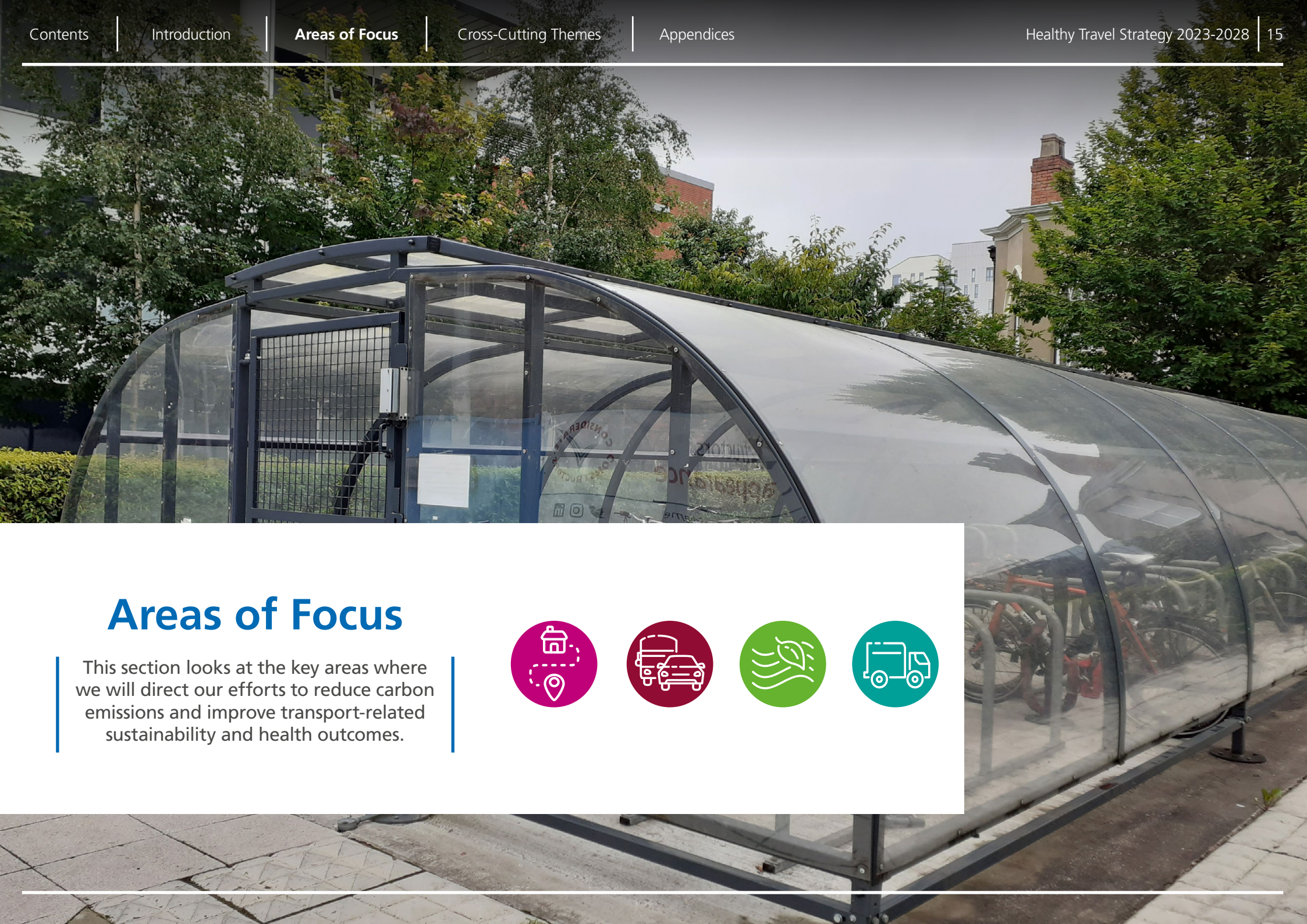
4. Insufficient Electrical Capacity

The decarbonisation of travel may result in an increase in electrical capacity requirements. It will be key that needs are identified at an early stage, and we will need to liaise closely with the power network operator, Electricity North West, to ensure any intervention fits with other electrical requirements.

5. Reporting Requirements

Reporting requirements are becoming more frequent and demanding, and we need better data to monitor progress on a real-time basis. Investing in smarter systems for collating and reporting data will be key.





Areas of Focus

This section looks at the key areas where we will direct our efforts to reduce carbon emissions and improve transport-related sustainability and health outcomes.

What We Want to Achieve

We want sustainable travel to be the simplest choice for anyone travelling to, or on behalf of, MFT.



Targets

There are two specific headline travel and transport objectives outlined in the MFT Green Plan, shown below.

The two areas are heavily linked, as we know that reductions in transport emissions will not only lower our carbon footprint, but will also have local benefits for air quality.

Each activity has been given a ranking based on its effect in achieving our two key targets. Alongside this, there are notes on the additional benefits that the intervention could achieve, and an ease of delivery assessment which includes some broad costs for delivery.



Reduce the carbon emissions of travel and transport activities by 25% from our baseline year

This will help us to begin the reduction in overall emissions that contribute to our 'Carbon Footprint Plus'. Some of this saving must come from reducing the total distance commuted by staff using fossil fuel powered transport.

Achieve a "Good" rating for the Clean Air Hospital Framework.

The air quality of Greater Manchester has a direct effect on the health and quality of life of our entire community. MFT can take steps to play our part in improving the air quality in and around our estate, which will also have wider benefits such as reductions in carbon emissions.

Staff Commuting

Carbon Impact

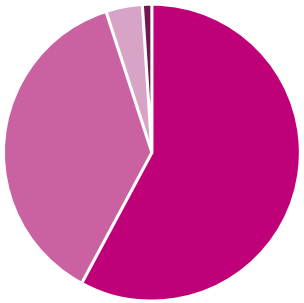
HIGH
MEDIUM
LOW

CO_2

Air Quality Impact

HIGH
MEDIUM
LOW

MFT Transport Emission Sources 2021/22



- **58% Total Staff Commute**
- 37% Total Patient & Visitor Travel
- 4% Total Business Travel
- 1% Total Fleet

Why it Matters

Staff commuting to and from work generates around 4% of the MFT Carbon Footprint Plus. We have the ability to influence how staff travel. In particular we want staff to adopt active travel modes, supporting them to make healthy choices, which are low cost.

What We're Doing

Each hospital site currently has a travel plan that includes bespoke action plans. There are also Trust-wide measures such as access to the cycle to work scheme, public transport discounts and season ticket loans.

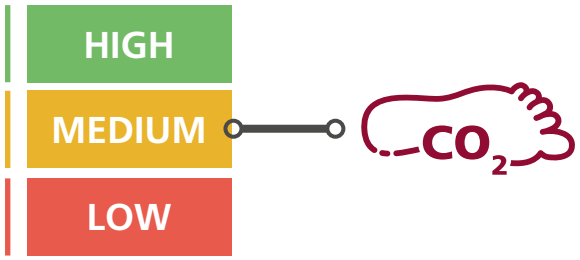
What We Will Do

- Renew site-specific travel plans to tailor our actions.
- Improve staff survey monitoring processes to accurately calculate carbon emissions.
- Provide opportunities for staff to 'have a go' at low carbon travel options.
- Develop attractive Rewards and Benefits options that support low-carbon commuting.
- Deliver an EV Charging Strategy and develop fair usage policies for charging units.

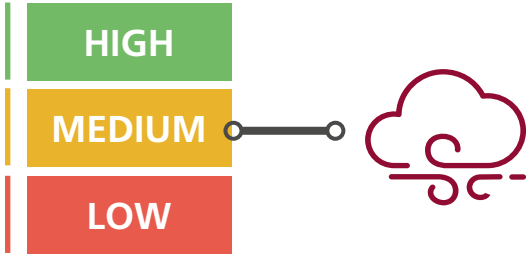


Patient & Visitor Travel

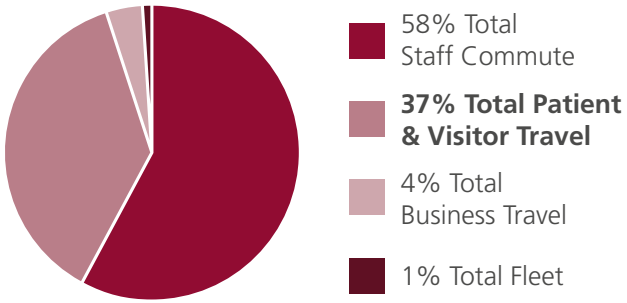
Carbon Impact



Air Quality Impact



MFT Transport Emission Sources 2021/22



Why it Matters

Patient and visitor travel generates around 2% of the MFT Carbon Footprint Plus. We need to support patients and visitors to make low carbon and health travel choices wherever they can.

What We're Doing

Each hospital site currently has a travel plan that includes bespoke action plans. We promote sustainable travel to our patients and visitors through the provision of online information, and links to TfGM journey planning tools.

What We Will Do

- Work with clinicians to promote more virtual and out of hospital care, identifying the carbon saving benefits where this is applied.
- Advocate and support the development of local improvements to transport networks for patient and visitor travel, especially around active travel.
- Provide reliable and current information to our patients & visitors, working with partners such as TfGM to promote low carbon options.



Clean Air

Carbon Impact

HIGH
MEDIUM
LOW

CO_2

Air Quality Impact

HIGH
MEDIUM
LOW

Why it Matters

Clean air benefits everyone, especially our staff, patients, visitors and neighbours. For example, reducing emissions of nitrogen oxides across the region could save 250 hospital bed days per year.

What We're Doing

Working towards a 'good' rating on the Clean Air Hospital Framework will help us to take steps to ensure that the hospital estate and activities support our clean air ambitions. For example, our staff salary sacrifice scheme for buying a new car now only allows the purchase of zero or ultra-low emission vehicles.

What We Will Do

- Gap analysis against the Clean Air Hospital Framework.
- Mapping the steps to reach 'good' on the Clean Air Hospital Framework.
- Scope out an air quality monitoring programme for internal and external spaces.
- Review Trust anti-engine idling policies and enforcement.
- Work with clinicians to understand how air quality education is integrated into healthcare.
- Look at how air quality information is distributed to patients and the opportunities for incorporating poor air quality alerts.



Business & Operational Travel

Carbon Impact

HIGH
MEDIUM
LOW



Air Quality Impact

HIGH
MEDIUM
LOW



Why it Matters

We have the greatest control over this area of travel, with direct influence on the types of vehicles we use, and the choices that staff can make as part of their working practices. However, this area of transport emissions has the lowest impact overall due to the comparative scale of emissions.

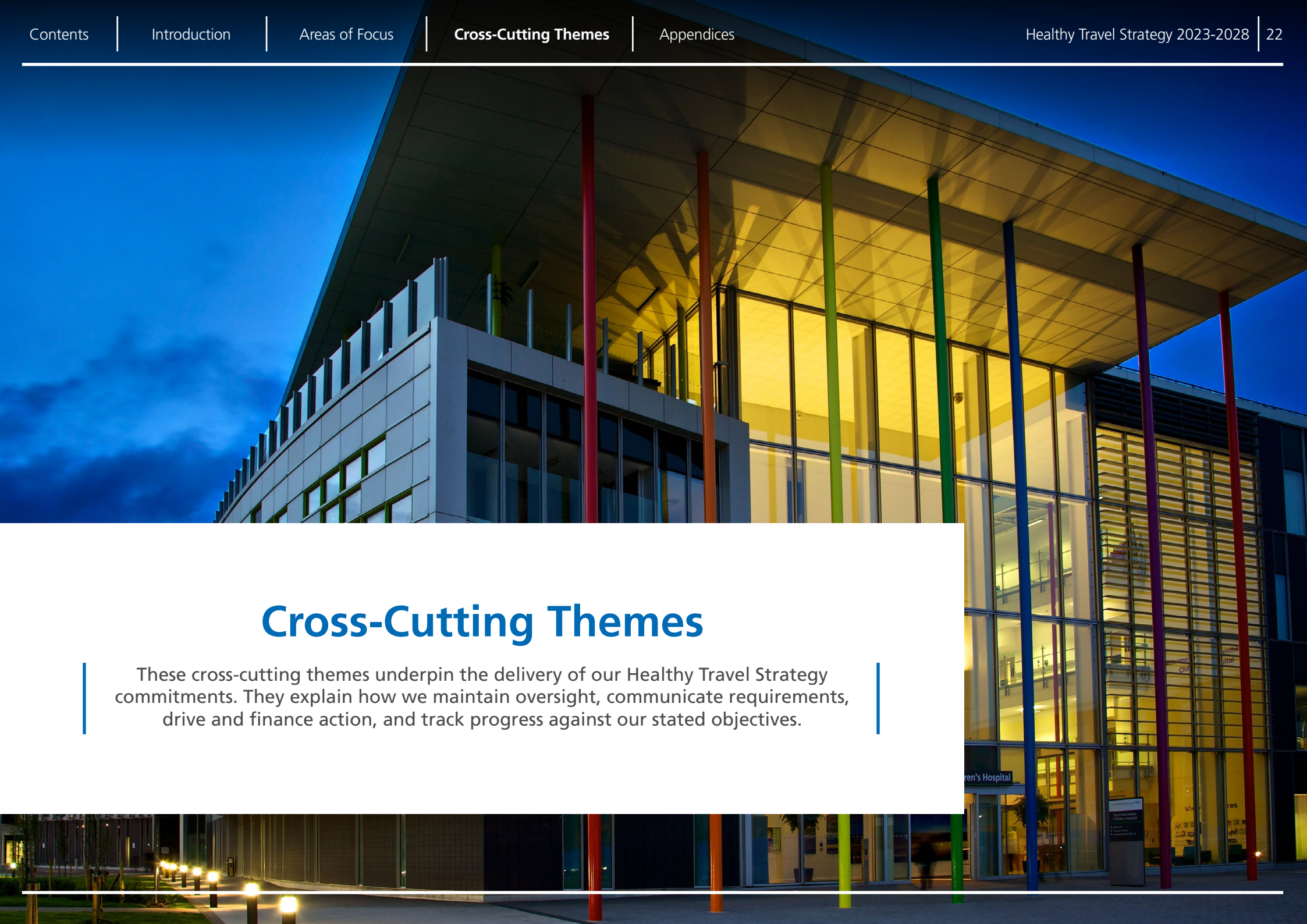
What We're Doing

We will fully electrify our in-house transport fleet, and our Sustainability Policy mandates that all new vehicle purchases across the Trust are ultra-low or zero emission vehicles.

What We Will Do

- Complete a full review of our current business travel patterns through expenses claims to identify sources of carbon emissions.
- Work with service leads to identify opportunities for staff trips to be minimised or changed to virtual options.
- Review low-carbon business travel options, especially around electric vehicles and bikes.
- Monitor the impact of HIVE and, in particular, any reduction in the need for paper records to be transported across MFT.





Cross-Cutting Themes

These cross-cutting themes underpin the delivery of our Healthy Travel Strategy commitments. They explain how we maintain oversight, communicate requirements, drive and finance action, and track progress against our stated objectives.

Governance

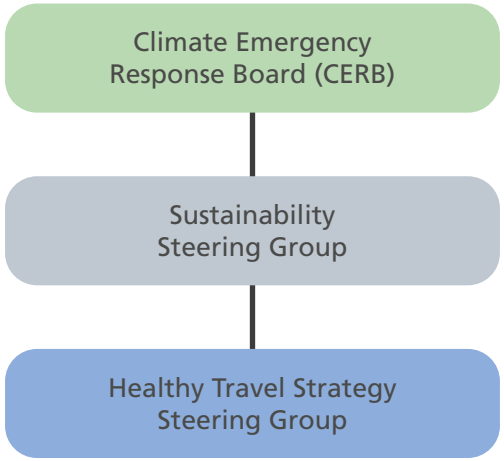
Clear leadership and accountability are needed to ensure progress against this strategy is delivered consistently, efficiently and at pace across our large and complex Trust.

The Healthy Travel Strategy has been developed to support delivery of the Green Plan. Progress on the Green Plan is reported to the Climate Emergency Response Board and progress is overseen by the Sustainability Steering Group (SSG)

A Healthy Travel Steering Group has also been established which will maintain oversight of the objectives. This group will regularly consider the carbon reductions achieved though projects designed to support sustainable travel, and how current staffing and service issues interact with the travel agenda. Representatives from a range of departments will be invited to participate in this group to reflect the multi-faceted issues which intersect with travel and transport.

If you are a member of MFT staff who would like to join the Steering Group, please get in touch via ecoteam@mft.nhs.uk

Internal Governance



External Bodies

Our travel and transport ambitions are heavily reliant on the actions and plans of external partners and third parties. These include:

- Local planning and highway authorities especially Manchester City Council (MCC) and Trafford Council (TC)
- Greater Manchester Combined Authority (GMCA)
- Transport for Greater Manchester (TfGM)

We will also work closely and in partnership with some key stakeholders including:

- Oxford Road Corridor Group – Working with partners around the Oxford Road Hospitals to amplify the need for high quality sustainable travel infrastructure, and sharing best practice
- National Greener NHS team – Sharing learning and experiences from other NHS bodies
- North West Greener NHS Team – Working with local partners to support and collaborate on sustainable travel initiatives
- Greater Manchester ICS – Ensuring that sustainable travel is part of the governance agenda
- PFI delivery partners – To deliver on site improvements and maintenance

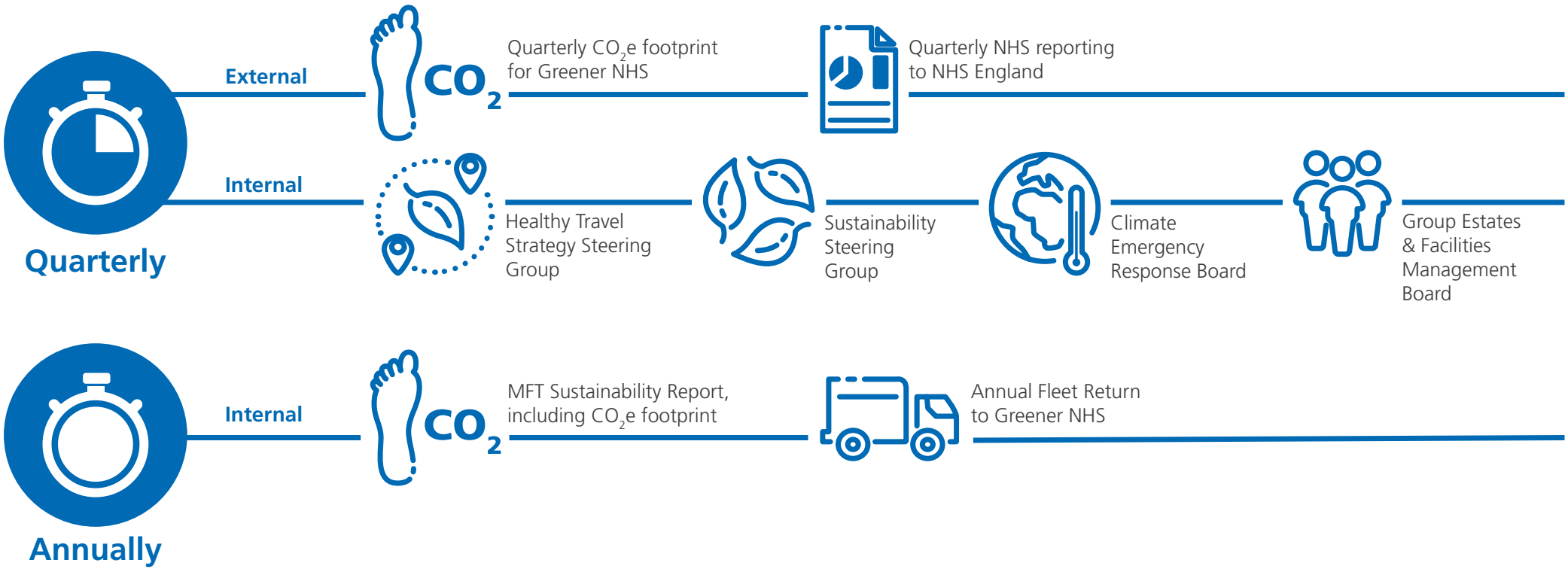
Tracking Progress

It is important that we track our progress against the ambitious travel and transport carbon reduction targets.

We use many data sets, both quantitative and qualitative, to assess performance across our individual hospitals as well as at Trust level. These data sets are collected and analysed with differing frequencies, depending on the availability of the data, complexity of processing, and priority of issues.

Reports and data submissions are made throughout the year, both internally and externally, and are summarised in a publicly accessible Annual Sustainability Report released each summer. This section outlines a list of the current monitoring mechanisms. It is one of our key ambitions to improve the accuracy of our travel data collection, so we understand more clearly where there are opportunities to reduce emissions.

We will regularly review progress against the Healthy Travel Strategy targets. There are also a number of internal and external reporting requirements that will help to track progress. These include:



Conclusion

This strategy sets out our commitments and actions over the next two years to enable a sustainable travel choice to be a natural choice. It supports the Trust's net zero transition and encourages our communities to assess the need and mode of travel.

We cannot do this in isolation, we need to work collaboratively with partners, stakeholders, staff and suppliers to deliver this plan.

Healthy travel habits lead to:

- Better health outcomes
- Superior environmental outcomes
- Long term financial and economic savings for the Trust and individuals

Thanks to these benefits, which overlap and cut across many thematic areas, Sustainable Travel has the potential to improve livelihoods for our staff, patients and local communities. This Strategy is therefore a crucial element of the Trust's Green Plan, and delivering it successfully will support our ambitions to reduce MFT's carbon emissions.



Appendix A: Historical Data Performance

The MFT Carbon Footprint has been measured since its inception in 2017. North Manchester General Hospital has also been included in the footprints for 2019/20 and 2020/21 for the purposes of comparison. However, this site was not officially part of MFT until April 2021.

Key travel and transport data is highlighted to the right.

The carbon footprint contribution from travel has remained static (barring the impact of the COVID-19 pandemic), with the largest contribution coming from staff commuting and patient and visitor travel. Private vehicle remains the most popular mode for both 'staff' and 'patient and visitor' travel.

KPI	2017/18	2018/19	2019/20 [baseline]	2020/21	2021/22
Transport Fleet (km)	153,182	243,571	697,041	567,135	582,581
Total Business Travel (km)	4,186,692	5,112,687	7,888,127	4,193,162	4,630,969
Modelled Staff Commuting (km)	110,862,889	118,335,755	146,295,961	139,496,383	154,981,965
Modelled Patient & Visitor Travel (km)	85,636,443	85,636,443	99,625,822	65,645,680	84,314,255
Travel & Transport Emissions (Tonnes CO_2e)	24,586	25,014	27,883	19,384	26,101

Supporting Data

55,525kWh

electricity consumed by EV charging in 2022

603

secure cycle parking spaces for staff

Over 350

bikes purchased through Cycle to Work since 2020

Appendix A: Historical Data Performance

Mode of Travel	2018	2019	2020	2021
Car alone	49%	55%	50%	37%
Car sharing	6%	5%	8%	6%
Bus	19%	17%	9%	10%
Train	6%	4%	2%	4%
Tram	3%	3%	2%	4%
Walk	6%	6%	9%	5%
Cycle	10%	9%	18%	25%
Motorcycle	1%	0%	0%	0%
Taxi	1%	0%	1%	1%
Shuttlebus	–	–	1%	1%
Work from home / remotely	–	–	–	4%
Other method of transport	–	–	–	2%
Total	100%	100%	100%	100%

Modal split is based on our staff travel survey. Response rates vary and this is an indicative guide only.

Appendix B: Legislative and Policy Drivers

Drivers provide the legal and policy context for improving sustainability and can be divided into six key groups, as outlined below. This list is not intended to be exhaustive and key documents will be updated and released throughout the duration of this strategy.

Healthcare Specific Guidance Strategies and Policies

Delivering a 'Net Zero' National Health Service

- Sets out how the NHS will respond to the climate and health emergency and provides a robust analytical process regarding how the health system can reach net zero carbon.

Greener NHS Programme delivery reports and regional Memorandum of Understanding (MOU)

- National programme working to deliver the NHS Net Zero Plan, engage the workforce, and share learning to reach net zero across the healthcare system.

Health Technical Memoranda and Health Building Notes

- Health Technical Memoranda give comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare. Health Building Notes give best practice guidance on the design and planning of new healthcare buildings and on the adaptation or extension of existing facilities.

NHS Long Term Plan 2019

- A 10-year plan to ensure that the NHS is fit for the future.

NHS Long Term Workforce Plan 2023

Legislative

Planning regulations

- Define the need and scope of a travel plan, plus the requirements for buildings to incorporate sustainable travel infrastructure.

International Guidance and Agreements

United Nations Sustainable Development Goals (SDGs), in particular;

- Goal 3 Good Health & Wellbeing
- Goal 11 Sustainable Cities and Communities
- Goal 13 Climate Change

Paris Climate Change Agreement

Glasgow Climate Pact

UK Strategy and Guidance

Clean Air Strategy 2019

- Sets out plans for dealing with all sources of air pollution.

National Policy and Planning Framework

- Sets out the government's planning policies for England.

Greater Manchester Frameworks

Greater Manchester Active Travel Health Manifesto

GM Clean Air Plan (under consultation)

Made to Move Strategy

Greater Manchester Transport Strategy 2040

Zero Carbon Framework (2020-2038)

GMCA 5 Year Environment Plan (2019-2024)

Manchester Climate Change Framework 2020-2025

Trafford Council Carbon Neutral Action Plan

MFT Policies and Strategies

Car Parking

Travel, Subsistence & Accomodation

Flexible Working

Employee Health & Wellbeing

Equality & Diversity

Fleet

Energy & Sustainability

Green Plan

Estates & Facilities Strategy

Site Based Travel Plans

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Appendix D – Example Travel Survey

Februrary 2023

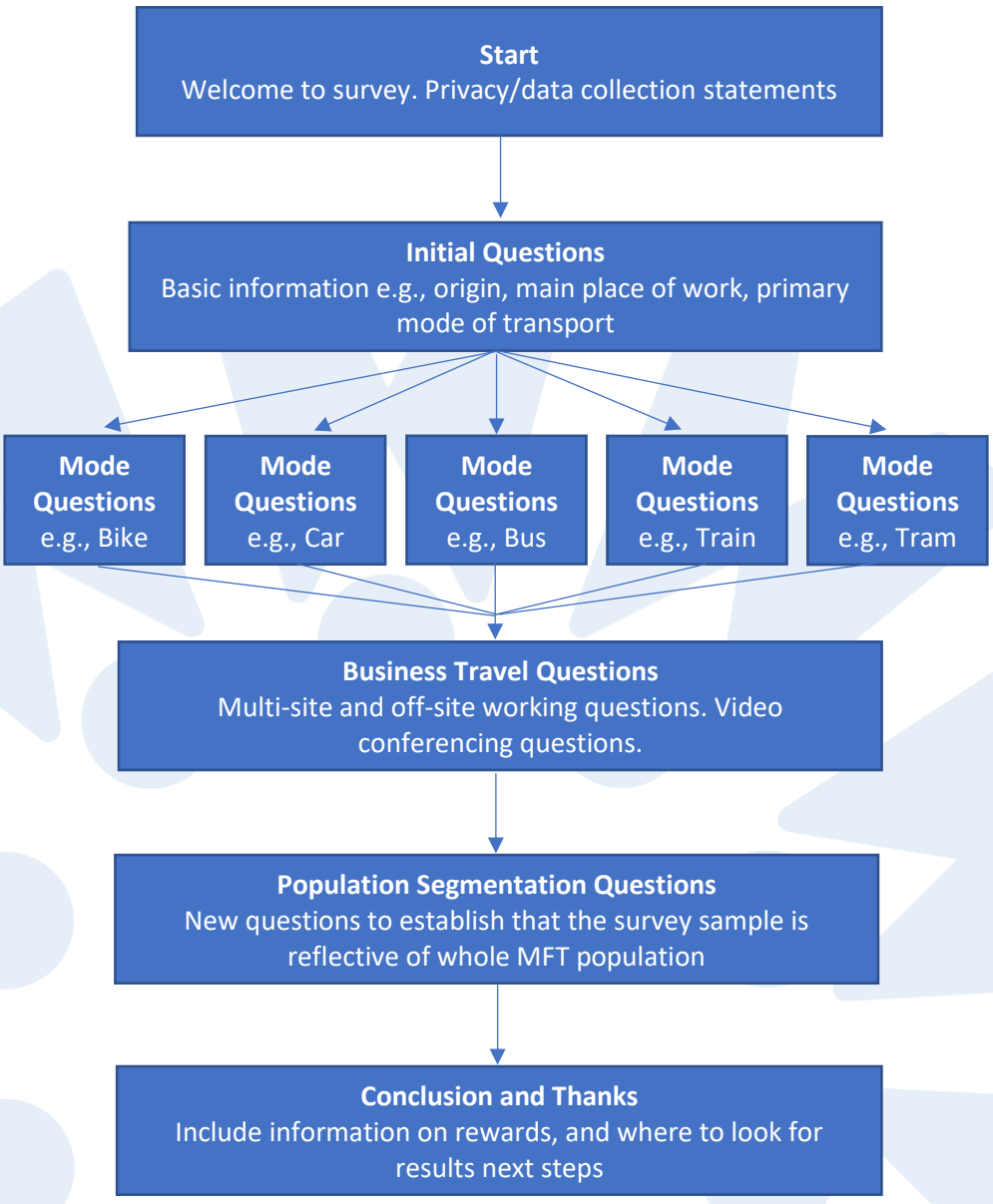
Manchester University NHS Foundation Trust

Staff Travel Survey Questions - 2023

Introduction

This note summarises the proposed questions and response types for the 2023 MFT staff travel survey, including justification and changes from previous survey versions.

An indicative flow chart of the survey branching is shown below to demonstrate the way that respondents will follow the survey from start to finish.



Februrary 2023

Initial Questions

The first pages of the survey will include the justification for the survey, and a privacy statement that informs respondents about how the data will be used (for travel planning and carbon footprint calculations only). All respondents will be asked the initial series of questions, which is included to establish some basic facts about the respondent to allow later classification.

Journey Origin

Question 1	**Answer 1**
Please provide your home postcode	*Free text response*

Asking respondents for their postcode allows for better analysis of commuting distance, travel mode options from locations, and calculating journey duration. The 2023 version of the question is preferred to the previous surveys which only asked for the respondent's GM borough (or of they live outside GM), and then asked for distance to work and journey time, which will not always elicit factual responses.

Journey Destination

Question 2	**Answer 2**
Which site are you primarily based at?	• *Oxford Road Campus (including Manchester Royal Infirmary, Royal Manchester Children's Hospital, Manchester Royal Eye Hospital, St Mary's Hospital, University Dental Hospital of Manchester)* • *North Manchester General Hospital* • *Wythenshawe Hospital (including International House, Carol Kendrick Centre, Opal House)* • *Trafford General Hospital* • *Withington Community Hospital* • *Altrincham Hospital* • *Manchester Local Care Organisation (please specify site)* • *Trafford Local Care Organisation (please specify site)* • *Other (please specify site)*

Analysis can be completed on the home postcode to primary work base by distance and mode.

Home Working

Question 3	**Answer 3**
As an agreed part of your role, do you regularly work from home?	*Yes/No*
	If yes, slider showing percent of time

This allows carbon footprint calculations to consider reductions in total annual travel distance.

Other Site Working

Question 4	**Answer 4**

As an agreed part of your role, do you regularly work from any other MFT sites?	*Yes/No*
	If yes, slider showing percent of time per site (all sites listed)

This allows carbon footprint calculations to consider changes in total annual travel distance.

Main Mode of Transport

Question 5	**Answer 5**
What is your usual mode of transport to work? Please choose the mode of transport that you use most often, which covers the longest distance	• *Car driver* • *Car passenger* • *Train* • *Public Bus Service* • *MFT Shuttle Bus Service* • *Metrolink* • *Bicycle (including e-bike)* • *Walk/jog/running* • *Taxi (including private hire, uber, or hackney carriage)* • *Motorbike/moped* • *E-scooter* • *Other (please specify)*

This supports both our modal split calculations and carbon footprint calculations.

Alternative Modes of Transport

Question 6	**Answer 6**
Do you regularly travel by any other modes of transport?	*Yes/No*
	If yes slider showing percent: • *Car (driver)* • *Car (passenger)* • *Train* • *Public Bus Service* • *MFT Shuttle Bus Service* • *Metrolink* • *Bicycle (including e-bike)* • *Walk/jog/running* • *Taxi* • *Motorbike/moped* • *E-scooter* • *Other (please specify)*

This supports both our modal split calculations and carbon footprint calculations and allows for staff who travel by a variety of modes during the week or year.

Modal Questions

Car Drivers

Occupancy

Question CD1	Answer CD1
In the car today were you:	• *Alone* • *With one or more passengers*

This helps to identify the rate of single occupancy vehicles.

Power Train

Question CD2	Answer CD2
My vehicle is powered by…	• *Petrol* • *Diesel* • *Fully electric* • *Plug-in hybrid* • *Self-charging hybrid* • *Other (please specify)*

This helps to show the power train types for the vehicles used by MFT staff.

Car Passengers

Occupancy

Question CP1	Answer CP1
In the car today were you:	• *The only passenger* • *With one or more other passengers*

This helps to identify the occupancy rate of vehicles.

Trip Linking

Question CP2	Answer CP2
Did the driver finish their journey at the same point as you, or travel onward to a different place?	• *Same place* • *Different destination*

This helps to identify car sharing at MFT or car sharing with other people and could inform discussions about what lift sharing platforms we use in the future.

Train Passengers

Routes

Question T1, T2	Answer T1, T2
Thinking about the journey TO work only:	
Which Station do you normally board at?	*Free text*
Which Station do you normally disembark at?	*Free text*

This helps to identify the most common train routes.

Multi-leg trips

Question T3, T4	Answer T3, T4

Thinking about the journey TO work only:	
How do you get from your home to the station?	*Car (driver)* *Car (passenger)* *Public Bus Service* *Metrolink* *Bicycle (including e-bike)* *Walk/jog/running* *Taxi* *Motorbike/moped* *E-scooter* *Other (please specify)*
How do you get from the station to your place of work?	• *Car (driver)* • *Car (passenger)* • *Public Bus Service* • *Metrolink* • *Bicycle (including e-bike)* • *Walk/jog/running* • *Taxi* • *Motorbike/moped* • *E-scooter* • *Other (please specify)*

This helps to identify travel habits around train trips.

Tickets

Question T5	**Answer T5**
What type of ticket do you normally use?	*Free text*

This helps to identify the most common train tickets and will be followed by information about the rewards and benefits hub (link).

Public Bus Passengers

Routes

Question B1	**Answer B1**
Which is the main bus service you use? Please specify the number and operator.	*Free text*

This helps to identify the most common bus routes.

Tickets

Question B2	**Answer B2**
What type of ticket do you normally use?	*Free text*

This helps to identify the most common bus tickets and will be followed by information about the rewards and benefits hub (link).

MFT Shuttle Bus Passengers

Routes

Question SB1	Answer SB1
Thinking about the journey TO work only:	
Which shuttle bus route do you use?	*Oxford Road to Wythenshawe* *Oxford Road to Trafford* *Trafford to Oxford Road* *Wythenshawe to Trafford*

This helps to identify shuttle bus demand.

Multi-leg trips

Question SB2	Answer SB2
Thinking about the journey TO work only:	
How do you get from your home to the shuttle bus departure point?	*Car (driver)* *Car (passenger)* *Train* *Public Bus Service* *Metrolink* *Bicycle (including e-bike)* *Walk/jog/running* *Taxi* *Motorbike/moped* *E-scooter* *Other (please specify)*

This helps to identify the travel habits on linked trips.

User Feedback

Question SB3	Answer SB3
Please provide any feedback or comments on your experience of the shuttle bus service.	*Free text*

This helps us to understand if there are any issues that we need to be made aware of.

Metrolink

Routes

Question M1, M2	Answer M1, M2
Thinking about the journey TO work only:	
Which Metrolink stop do you normally board at?	*Free text*
Which Metrolink stop do you normally disembark at?	*Free text*

This helps to identify the most common Metrolink routes.

Multi-leg trips

Question M3, M4	Answer M3, M4
Thinking about the journey TO work only:	

How do you get from your home to the Metrolink stop where you board?	• *Car (driver)* • *Car (passenger)* • *Public Bus Service* • *Train* • *Bicycle (including e-bike)* • *Walk/jog/running* • *Taxi* • *Motorbike/moped* • *E-scooter* • *Other (please specify)*
How do you get from the Metrolink stop to your place of work when you disembark?	• *Car (driver)* • *Car (passenger)* • *Public Bus Service* • *Train* • *Bicycle (including e-bike)* • *Walk/jog/running* • *Taxi* • *Motorbike/moped* • *E-scooter* • *Other (please specify)*

This helps to identify travel habits around Metrolink trips.

Walking, Running and Jogging

Question W1, W2	**Answer W1, W2**
Do you use changing facilities when you get to work?	*Yes/No*
Do you have any feedback on the facilities available for staff who walk, run or jog?	*Free text*

These questions will be followed by information on earning Green Rewards and other incentives through Rewards and Benefits.

Cycling

Question C1-5	**Answer C1-5**
Where do you normally park your bike?	• *Public stand* • *Individual Cycle Locker/bike bin* • *Secure Shelter* • *Other (please specify)*
Is your bike…	• *Pedal power* • *E-bike*
Have you purchased a 'Gold Standard' bike lock from the Trust?	*Yes/No*
Do you use any staff changing facilities	*Yes/No*
Do you have any feedback on the facilities available for staff who cycle?	*Free text*
Are you aware of the Cycle to Work scheme offered by MFT Rewards and Benefits?	*Yes, I have used the scheme* *Yes, I intend to use the scheme in the future* *Yes, but I have not needed to use the scheme* *No, I'm not aware of the scheme*

This helps to identify specific cycling habits. Will be followed by information on the staff cycle to work scheme and cycling information on intranet.

Taxi (including private hire, uber, or hackney carriage)

Question T1, T2	**Answer T1, T2**
Which sort of taxi do you normally use?	*Black cab/hackney carriage* *Pre-booked private hire* *Uber, Bolt or similar*
Please will you let us know why you choose to use a taxi to get to work	*Free text*

We have not previously asked any questions to taxi users, and this should help to gain some insight into use type and rationale.

Motorbike/moped

Question Mo1 – Mo4	**Answer Mo1 – Mo4**
Is your motorcycle/moped:	*Petrol* *Electric* *Other (specify)*
Where do you normally park your motorcycle/moped?	*Free text*
Do you use changing facilities when you get to work?	*Yes/No*
Do you have any feedback on the parking or changing facilities available to motorcyclists?	*Free text*

We have not previously asked any questions to motorcyclists, and this should help to gain some insight and feedback.

E-scooter

Question E1, E2	**Answer E1, E2**
Where do you normally store your e-scooter?	*Free text*
Do you have any feedback on the parking or changing facilities available to e-scooter users?	*Free text*

We have not previously asked any questions to e-scooter riders, and this should help to gain some insight and feedback, even though they are not legal on most highways at the moment.

Removed Questions

The following topics have been removed from the modal areas of the survey this year:

- Pre/post Covid travel arrangements
- Parking location, and permit holding
- Driving rationale
- EV user questions

- Engine size (‘average vehicle’ will be used in carbon footprint calculations)
- Qualitative questions about public transport

Business Travel & Community Working

Question BT1	**Answer BT1**
Not including your regular working requirements, are you ever required to travel to meetings at other MFT sites?	*Yes/No*
	If yes, how many times per month are do you normally travel to other MFT sites?
	If yes, please specify how you normally travel to other sites (slider showing percent): • *Car (driver)* • *Car (passenger)* • *Train* • *Public Bus Service* • *MFT Shuttle Bus Service* • *Metrolink* • *Bicycle (including e-bike)* • *Walk/jog/running* • *Taxi* • *Motorbike/moped* • *E-scooter* • *Other (please specify)*

Question BT2	**Answer BT2**
Are you ever required to travel away from MFT sites to meetings or events (not including working in the community)?	*Yes/No*
	If yes, how many times per month are do you normally travel offsite?
	If yes, please specify how you normally travel (slider showing percent): • *Car (driver)* • *Car (passenger)* • *Train* • *Public Bus Service* • *MFT Shuttle Bus Service* • *Metrolink* • *Bicycle (including e-bike)* • *Walk/jog/running* • *Taxi* • *Motorbike/moped* • *E-scooter* • *Other (please specify)*

Question BT3	**Answer BT3**
Does your role involve working in the community (e.g., completing home visits)?	*Yes/No*
	If yes, how many times per week are you required to travel to patients in the community?

	If yes, please specify how you normally travel to other sites (slider showing percent): *Car (driver)* *Car (passenger)* *Train* *Public Bus Service* *MFT Shuttle Bus Service* *Metrolink* *Bicycle (including e-bike)* *Walk/jog/running* *Taxi* *Motorbike/moped* *E-scooter* • *Other (please specify)*

Question BT4	**Answer BT4**
Do you use videoconferencing technology (e.g., Microsoft Teams or Zoom) to attend meetings or events remotely (either with MFT colleagues or externally)?	*Yes/No*
	If yes, are you comfortable using the software required to host or attend meetings and events virtually? [Free text]

There are additional layers to the offsite working questions and BT4 aims to understand the usage of Teams etc.

Population Segmentation

This section of the survey will be used to gain information from respondents so that we are able to understand whether the results can be assumed to be reflective of the wider staff cohort. It will be made clear that none of the answers to these questions will be shared and it is entirely voluntary for people to respond.

Working Patterns

Question Seg1-4	**Answer Seg1-4**
Please choose the role that most closely resembles your main role at MFT:	*Allied Health Professional* *Ambulance team* *Dental Team* *Doctor* *Estates & Facilities* *Health Informatics* *Healthcare Science* *Healthcare support work* *Management* *Medical associate professions* *Midwifery* *Nursing* *Pharmacy* *Psychological professions* *Public Health* *Wider Healthcare team (including Administration, IT, Clinical Support, and other corporate services)* • *Other (please specify)*

Do you have a contract that is…	• *Full time* • *Part time* • *Other (please specify)*
Please choose the shift pattern that most closely resembles your working practices:	*Doctor shifts (day/late/night)* *Nursing shifts (early/late/night)* *Monday to Friday with some weekend cover* *Monday to Friday only*
Are you employed directly by the Trust?	*Yes/No*
	If no, please specify main employer

Personal Information

Question Seg5-7	**Answer Seg5-7**
To which gender identity do you most identify?	*Female* *Male* *Transgender Male* *Transgender Female* *Gender variant/non-conforming* *Not listed (option to specify)* *Prefer not to answer*
Which age bracket do you fit into?	*16-24* *25-34* *35-44* *45-54* *55-64* *65 and over* *Prefer not to answer*
What is your ethnic group?	*Asian or Asian British* • *Indian* • *Pakistani* • *Bangladeshi* • *Chinese* • *Any other Asian background* *Black, Black British, Caribbean or African* • *Caribbean* • *African* • *Any other Black, Black British, or Caribbean background* *Mixed or multiple ethnic groups* • *White and Black Caribbean* • *White and Black African* • *White and Asian* • *Any other Mixed or multiple ethnic background* *White* • *English, Welsh, Scottish, Northern Irish or British* • *Irish* • *Gypsy or Irish Traveller* • *Roma* • *Any other White background* *Other ethnic group* • *Arab* • *Any other ethnic group* *Not listed*

	Prefer not to answer

This should allow us to cross-check against general statistics from workforce planning to ensure we have a good representation from across the MFT community. The terminology in the population questions is taken from the ONS census language used and will be completely optional.

Appendix E – Staff Travel Survey Report (November 2025)

Sustainable MFT

NHS Manchester University NHS Foundation Trust

Staff Travel Survey 2025

Results Report

06 November 2025

Introduction

This is a summary of the results of the Staff Travel Survey 2025, which was an optional online survey aimed at MFT and Sodexo staff which ran during July and August 2025. The survey received 1,674 valid responses, representing around 6.1% of full time equivalent (FTE) staff in employment at MFT as of July 2025.

The survey mirrored the previous travel survey in 2023 and included questions in relation to respondent's demographics and type of employment. This is to ensure that the travel survey responses provide an accurate representation of the wider MFT population.

The survey was promoted to staff through several communication channels, including MFT Time (global staff newsletter), site specific newsletters, our monthly sustainability newsletter, and posters and flyers at our sites.

The information gathered from the survey will continue to inform the Healthy Travel Strategy which sets the overall vision, strategy, and objectives on travel for the Trust. The results will also feed into site-based action plans, to support the most appropriate interventions and enable staff to make more sustainable travel choices. Data from the survey will be used to model the carbon footprint associated with staff commuting, published as part of annual sustainability reporting requirements.

This report is separated into four sections:

1. Trust-wide results and patterns.
2. Site-based analysis, where the number of responses allows for local analysis.
3. Analysis of travel patterns over time.
4. Carbon footprint of staff commuting.

Separate analysis is undergoing for the free text responses in relation to feedback and commentary on staff travel options and support.

1. Trust Level Results

There are two ways of assessing modal split, either by choice of mode, or by overall share of distance travelled. These two results are presented below for all valid responses.

Modal Split – by mode of transport

The total number of responses per mode for the question *"What is your normal mode of transport to work"* is shown in Table 1. This shows that just over half of the respondents travel as a car driver, with the second-most common response (around 20%) travelling by public bus.

This modal split can be extrapolated to the entire MFT population as the number of respondents is assumed to be a statistically relevant representation of the whole staff population.

Table 1: Modal Split by Main Mode of Transport

Mode of Transport	No. Responses	Modal Split
Car	856	51.1%
Bus	323	19.3%
Bicycle (including e-bike)	122	7.3%
Walk, wheel, jog or run	85	5.1%
Work from home	76	4.5%
Train	69	4.1%
Metrolink (tram)	59	3.5%
Car passenger	55	3.3%
Taxi (including private hire or hackney carriage)	24	1.4%
Motorcycle or moped	5	0.3%
Grand Total	**1674**	**100.0%**

These modes of transport can be grouped into larger categories, as demonstrated in Table 2.

Table 2: Modal Split by Type of Transport

Mode of Transport	No. Responses	Modal Split
Private Vehicle	940	56.2%
Public Transport	451	26.9%
Active Travel	207	12.4%
Other	76	4.5%
Total	**1674**	**100.0%**

<u>Modal Split – by distance travelled</u>

Calculating the travel distance by mode allows an understanding of the distance that staff live from work and their modal choice. It demonstrates how each mode has a different average commute distance and forms a calculation step in the overall carbon emissions by mode.

To establish the distance by mode, the distance from home post code to the selected workplace was calculated using online journey planning tools and a total distance for each mode has been recorded. The distances for each mode calculated from the survey respondents were extrapolated proportionally to the total number of MFT FTEs. These modal distances are used as an estimate for the total distance travelled per mode by the whole staff base. Distance travelled was also included for staff who normally work at home making occasional visits to MFT sites apportioned by modal split.

The results are shown in Table 3, and this shows that private vehicles travel over two-thirds of the distance travelled by MFT staff during the commute to work. This suggests that while around half of staff opt to take the car to work, they are making comparatively longer journeys compared commuting trips made by public transport and active travel.

Table 3: Modal Split by Distance Travelled

Mode of Transport	Annual KM (Whole Trust)	Share of KM
Car Driver	105,259,738	68.3%
Bus	19,046,561	12.4%
Train	11,808,768	7.7%
Bicycle (including e-bike)	5,574,184	3.6%
Metrolink (tram)	4,049,715	2.6%
Passenger	3,919,760	2.5%
Work from home	1,687,658	1.1%
Taxi (including private hire or hackney carriage)	1,269,399	0.8%
Walk, wheel, jog or run	1,187,914	0.8%
Motorcycle or moped	395,343	0.3%
Grand Total	**154,199,038**	**100.0%**

Remote and Home Working

As part of the survey, nearly 4.5% of respondents indicated that they mainly work from home. Colleagues who primarily work at home do travel into site occasionally, on average 1.8 times per week.

Nearly 20% of site-based workers indicated that they can regularly work from home, with an average number of 1.6 days at home per week.

Active Travel

Colleagues who cycle to work travel have an average one-way journey of 7.4km, and pedestrians travel 2.1km on average (one-way).

Active Travel respondents were invited to provide comments on the facilities and experiences of cycling locally and this is being used to understand where investment or improvements are required.

Public Transport

Over one-quarter of respondents indicated that they travel by public transport, with the following average one-way journey distances:

- Train – 28.3km
- Bus – 9.2km
- Metrolink – 10.5km

The most common boarding points for journeys were:

- Train – Bolton
- Metrolink – Crossacres

For bus services, the most used services were those along the Oxford Road Corridor such as the 41, 42, 43, 141, 142, 143 and ‘V’ branded services. For Wythenshawe, the 101, 11 and 41 were the most popular services. 59% of bus users reported that they use the tap in-tap out system for bus services, which is £2 for single journeys, capped at £5 per day.

Tap in-tap out is also available on Metrolink services, and around 50% of respondents use this method for purchasing travel. A further quarter of tram users have a monthly pass.

Car Drivers

The average journey by car is 21.3km one-way. Respondents reported the following split of fuel types:

- Petrol 54%
- Diesel 21%
- Electric 14%
- Hybrid 11%

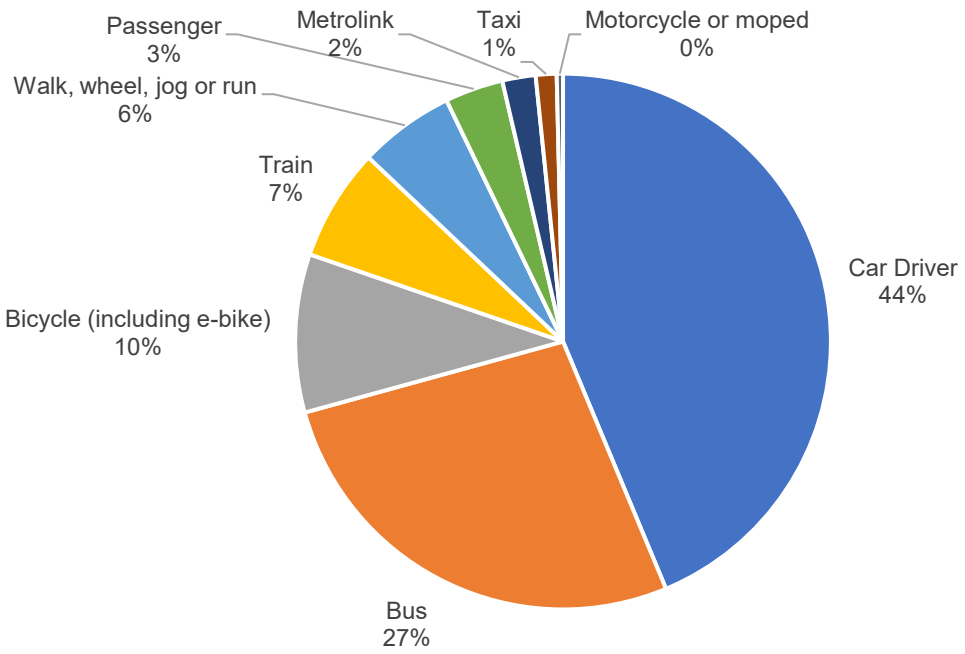
2. Site Level Results

For sites with a statistically relevant number of responses, the modal split by travel choice is shown below.

Oxford Road Hospitals

Responses from Oxford Road hospitals showed a significant increase in bus patronage compared to previous surveys. It is not currently clear if this is a true reflection of the travel patterns or a statistical anomaly from the nearly 800 responses at this site. Previously the modal share for bus travel was 21% in 2023, compared to 27% recorded in 2025.

Figure 1. Modal split by travel choice for Oxford Road hospitals

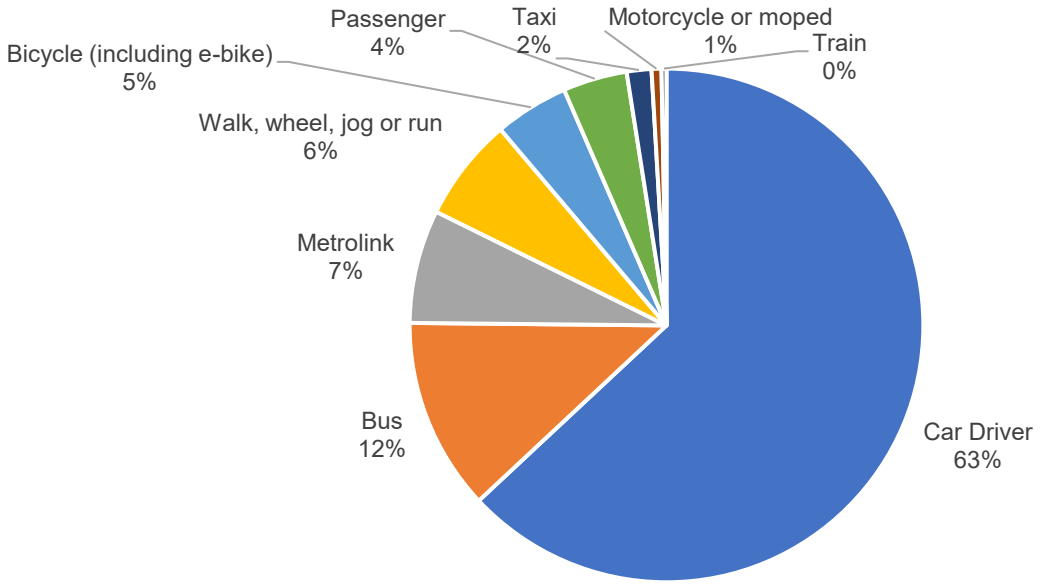


All other modes of transport have a consistent modal share with previous surveys.

Wythenshawe Hospital

Over 300 responses were received for Wythenshawe Hospital. There appears to have been a significant increase in the proportion of car drivers at this site compared to the previous survey. However, it was estimated that cycling was previously over-represented in the 2023 study due to promotion of the survey via the cycling user network, so it could be that the more recent modal split is more realistic. The walking and Metrolink modal share are in line with the proportions of the previous study.

Figure 2. Modal split by travel choice for Wythenshawe Hospital

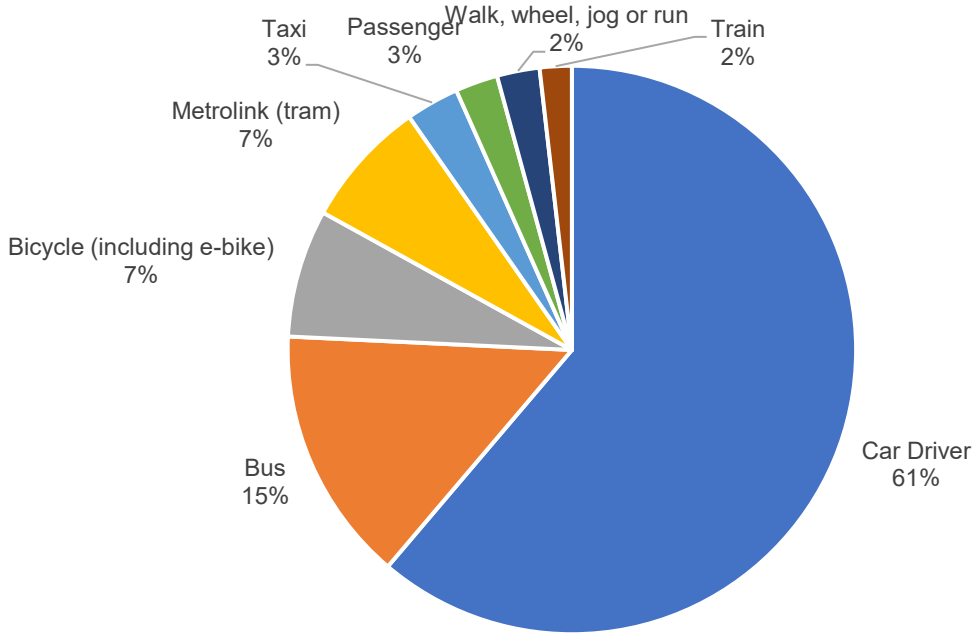


North Manchester General Hospital

There were more than 150 responses for NMGH. This site has a similar modal share for car drivers as Wythenshawe Hospital. However, significantly fewer people use walking/wheeling or jogging for trips to work.

Compared to the previous survey, this shows a reduction in sustainable modes of transport. However, this is likely due to small sample sizes and therefore large margins of error when extrapolating to the whole staff base.

Figure 3. Modal split by travel choice for NMGH

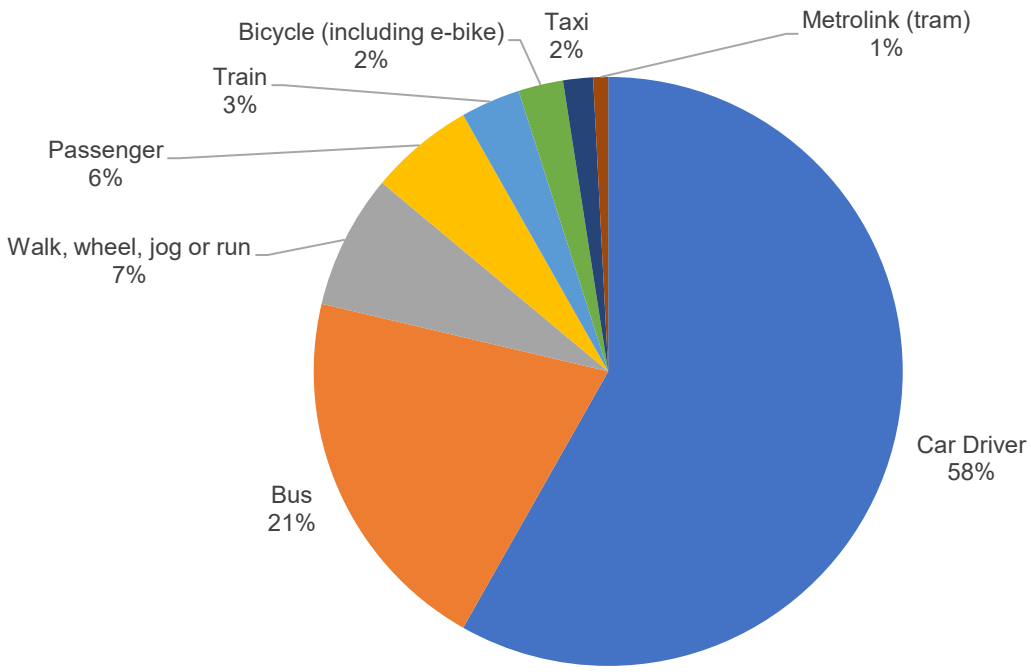


Trafford General Hospital

Over 120 responses were received for TGH. There is a larger proportion of bus users, and fewer drivers than in the previous survey. It is not clear if this is a sustained change, or whether it is due to self-

selecting respondents, leading to bias towards sustainable modes of transport. Other modes of transport appear to be consistent.

Figure 4. Modal split by travel choice for TGH

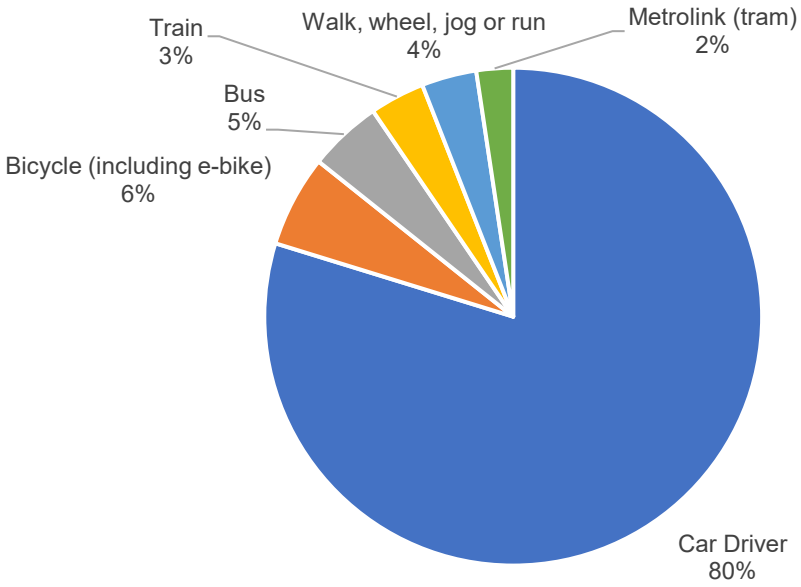


Manchester and Trafford Local Care Organisations

To provide an insight of how LCO staff travel, responses from the two groups have been considered together to give sufficient confidence in the results due to the response rates.

84 responses were received from these teams, with nearly 80% indicating that they drive to work, consistent with the results from the previous survey.

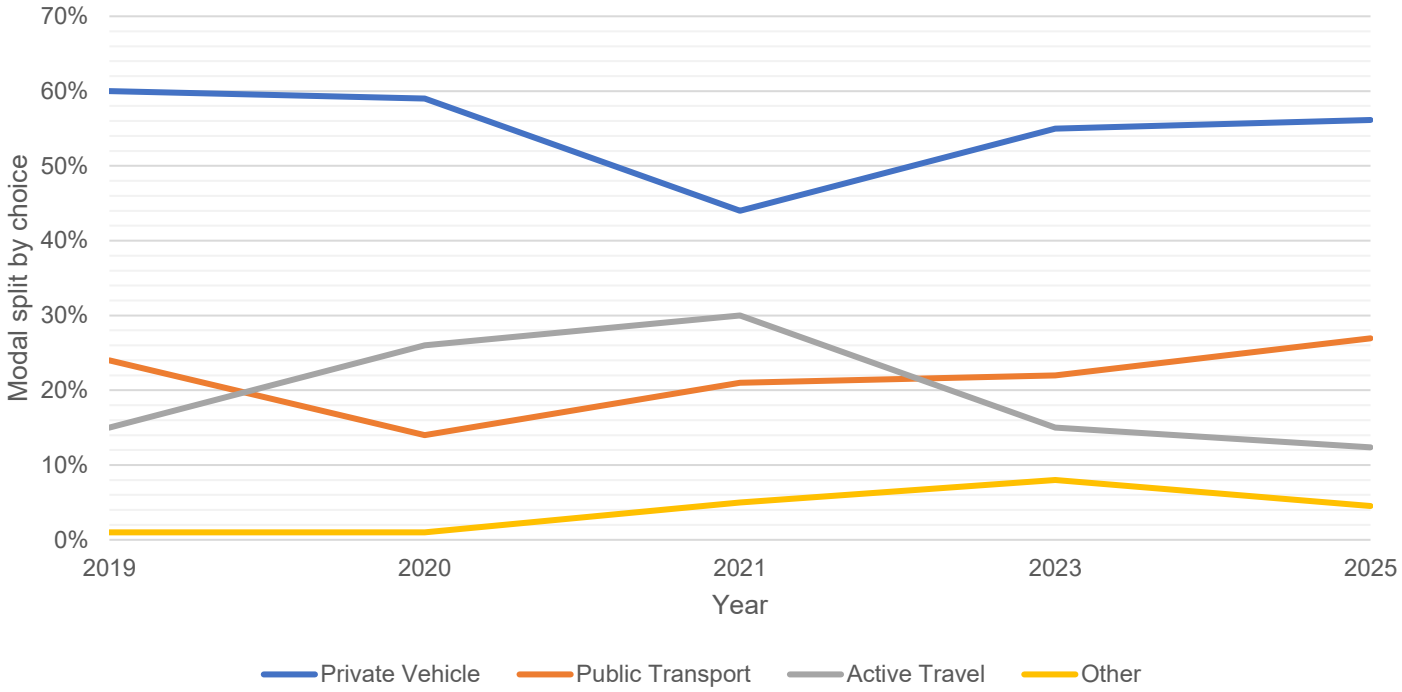
Figure 5. Modal split by travel choice for MLCO & TLCO



3. Travel Patterns Over Time

The Staff Travel survey has been updated over several years and it is possible to review the modal split (by travel choice) results to consider any trends. The chart below shows the modal splits for the overall categories of travel type since 2019, the Trust's baseline year for carbon emissions.

Figure 6. Modal Split of Staff per Year



This shows that overall, travel habits have been regularly static, acknowledging the different results during 2021 when much of the workforce was impacted by the Covid-19 pandemic. Working from home (covered under the 'other' travel type) has seen a small increase, alongside an apparent trend for greater use of public transport. However, it will be necessary to complete follow up surveys in future years to see if these trends are sustained.

4. Carbon Footprint – Staff Commuting

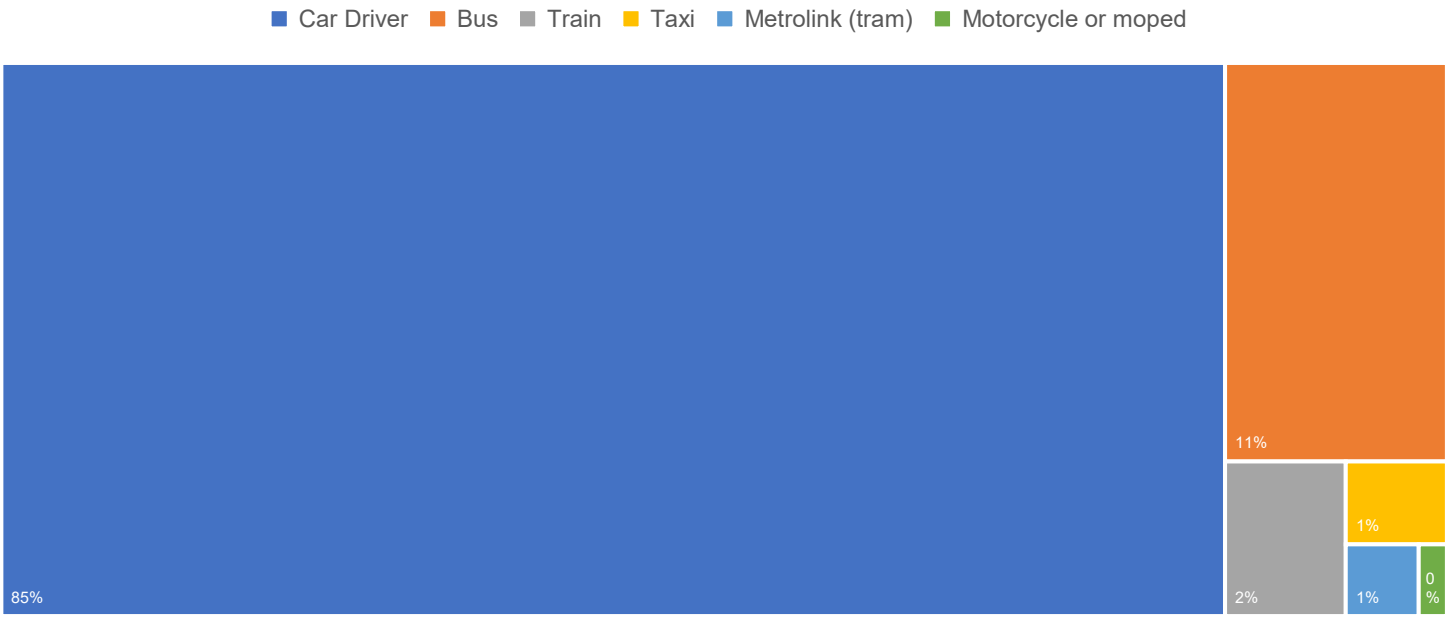
To calculate the estimated carbon footprint for staff commuting, a series of calculations have been made that extrapolate the staff travel survey for the whole MFT population. This supports the creation of a total distance travelled for each mode of transport (see section 1). The distance per mode has then been multiplied by the relevant DEFRA greenhouse gas (GHG) emissions factor for 2025, including well to tank (WTT) factors. The overall carbon emissions by mode are shown in the Table 4 below.

Table 4: Estimated Staff Travel Carbon Emissions 2025

Mode	Modal Split by Mode of Transport	GHG (Tonnes CO_2e)	Share of Staff Commuting Carbon Footprint
Car Driver	51.1%	19,000	84.6%
Bus	19.3%	2,483	11.1%
Train	4.1%	525	2.3%
Taxi	1.4%	236	1.0%
Metrolink (tram)	3.5%	146	0.7%
Motorcycle or moped	0.3%	57	0.3%
Bicycle (including e-bike)	7.3%	0	0.0%
Car Passenger	3.3%	N/A	0.0%
Walk, wheel, jog or run	5.1%	0	0.0%
Work from home	4.5%	N/A	0.0%
TOTAL	**100%**	**22,593**	**100%**

Using a Treemap chart helps demonstrate the dominance of carbon emissions by car drivers in comparison to all other modes of transport.

Figure 7. Greenhouse Gas Emissions per Mode



The same methodology for calculating greenhouse gas emissions was used in 2023, and this demonstrates that the carbon footprint from staff commuting is estimated to be around 500 tonnes CO_2e lower in 2025 than in 2023, a reduction of 5.6%. This is primarily due to a reduction in emissions from cars. As the modal split has remained similar, this is likely due to a reduction of the carbon intensity (reflected in lower emissions factors) for private vehicles of different fuel types. This reflects improved engine efficiencies for combustion engines and a greater prevalence of electric vehicles.

It should be noted that the overall methodology is comparable to the previous calculations. However, there have been improvements in the accuracy for calculating the distance travelled by rail and Metrolink (specifically the accuracy of travel distance mapping from home to work locations) which may explain the larger carbon emissions in 2025 for these modes.

Table 4: Staff Commuting Greenhouse Gas Emissions Comparison: 2023 vs 2025

Mode	2023		2025	
	GHG Emissions (Tonnes CO_2e)	Share of Carbon Footprint	GHG Emissions (Tonnes CO_2e)	Share of Carbon Footprint
Car Driver	20,701	86.5%	19,000	84.6%
Bus	2,143	9.0%	2,483	11.1%
Train	490	2.0%	525	2.3%
MFT Shuttle Bus	270	1.1%	-	-
Taxi	243	1.0%	236	1.0%
Metrolink (tram)	50	0.2%	146	0.7%
Motorcycle or moped	27	0.1%	57	0.3%
TOTAL	**23,923**	**100%**	**22,593**	**100%**

Summary and Next Steps

The 2025 Staff Travel Survey has been completed, and the headline results are presented within this report. Overall the modal split is relatively consistent with previous surveys, despite a steadily increasing number of staff employed over this period.

Alongside this there has been an exercise to review any qualitative responses to the survey and take relevant action on this feedback.

The site-based travel plans will be reviewed over the next twelve months to understand the specific challenges and actions required for each of the MFT sites.

Report by Paul Lewis, Sustainability Manager

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