

Trust Board Paper W

To:	Trust Board						
From:	Kate Shields Director of Strategy						
Date:	20 December 2013						
CQC regulation:	All applicable						
Title:	University Hospitals of Leicester Travel Plan						
Author/Responsible Director: Andrew Chatten Managing Director NHS Horizons / Kate Shields Director of Strategy							
Purpose of the Report: To seek Trust Board endorsement of the UHL Travel Plan							
The Report is provided to the Board for:							
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Summary / Key Points:

- The report attached is an Executive Summary of the UHL Travel Plan. A full copy is available for review by request.

Planning Regulations

- Local Authority planning regulations, inclusive of section 106 of the Town and Country Planning Act 1990, have implications for UHL in delivery of capital programmes and operational management of hospital sites. This is because Local Authorities can insist upon inclusions and / or amendments to planning applications in order for consent to be given. This can include section 106 provisions for issues relating to travel and environmental considerations.
- This is particularly impactful with regard to travel planning and as such UHL has previously prepared on a voluntary basis, Travel Plans. The last one being completed in 2001, with annual updates thereafter.
- As part of the significant capital programme and site reconfiguration proposals which will be phased from 2013 to 2018, UHL commissioned a new Travel Plan which is presented for endorsement in this report.
- The Travel Plan will be used to engage the City Council about prospective planning applications and will act as a touchstone for them at a strategic level, reducing the risk of surprises with specific projects and meeting our responsibilities under section 106 of the Town and Country Planning Act 1990.
- The 2013 UHL Travel Plan is focused on encouraging people to choose alternative transport modes, reducing the environmental impact of single occupancy car use. This will form a strand of our sustainability plan
- It should be noted that the Travel Plan is not a planning application as such as specific planning applications will be subject to individual traffic impact assessments. These are by nature more detailed than the Travel Plan
- The 2013 Travel Plan has assessed modes and volumes of travel across the three UHL acute sites and has made a series of recommended actions to best encourage the use of alternative modes of transport.

- Trust Board are not being asked to approve capital resources for the recommended actions as the Travel Plan is a high level strategic document which sets a general direction of travel according to core principles. Any business cases approved as part of the site reconfiguration will therefore have to consider travel implications. Any capital implications will be considered as part of the Business case process.
- Trust Board are asked to note that the Travel Plan is a reference point and a component part in determining UHL's strategy for car parking. A Task and Finish group is currently reviewing this fully considering all aspects of parking including staff permit allocations, alternative modes of transport (including the hospital hopper) and patient/visitor parking.

Recommendations:

The Trust Board endorse the UHL Travel Plan

Previously considered at another corporate UHL Committee?

The UHL Travel Plan was approved by the Executive Team on the 10th December 2013. Comments regarding the Plan from Executive Team regarding the resourcing of recommended actions within it, have been addressed in this Trust Board Paper.

Board Assurance Framework:

No

Performance KPIs year to date:

N/A

Resource Implications (eg Financial, HR):

Subject to feasibility reports and pre-tender estimates.

Assurance Implications:

To ensure compliance with planning requirements.

Patient and Public Involvement (PPI) Implications:

N/A

Stakeholder Engagement Implications:

Leicester City Council engagement via planning processes.

Equality Impact:

N/A

Information exempt from Disclosure:

N/A

Requirement for further review?

February 2014

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: Trust Board

DATE: 20th December 2013

REPORT BY: Kate Shields Director of Strategy / Andrew Chatten
Managing Director of NHS Horizons

SUBJECT: Travel Plan

1. INTRODUCTION

1.1 On the 10th December 2013 the Executive Team approved the request to present the Travel Plan to the UHL Trust Board subject to the following clarifications;

7.0	<u>UHL TRAVEL PLAN</u> <i>(paper F – sought ET's consideration of the Travel Plan in order that it could be presented to Trust Board on 20 December 2013 for approval. Mr A Chatten, Managing Director, LLR FMC attended to present this item.)</i>		
	It was noted that the Leicester City Council required the Trust to submit a travel plan approved by the Trust Board. The Executive Team noted that further work was required on the travel plan report and suggested that the following inclusions were made prior to its submission to the Trust Board:- (a) in respect of the requirement for funding - appropriate wording to be included (i.e whether the initiatives would be undertaken through new work schemes, existing budgets, backlog monies etc.); (b) an update on the content of the Travel plan (e.g. the development a multi storey car park). The Travel plan needed to show the wider trends of capacity and travel, and (c) the action plan to include indicative timescales.	MD, LLR FMC	13.12.13

The responses to the clarifications sought are as follows;

- Trust Board are not being asked to approve capital resources for the recommended actions as the Travel Plan is a high level strategic document which sets a general direction of travel according to core principles. Any business cases approved as part of the site reconfiguration will therefore have to consider travel implications. Any

capital implications will be considered as part of the Business case process.

- NHS Horizons will prepare costing and feasibility responses to the action plan in January 2014 and feed this into the site reconfiguration business planning process and the Executive Task and Finish Group for Car Parking.
 - The Travel Plan addresses the wider trends of capacity and travel as a strategic document with which to engage the City Council contingent to the planning application processes and business cases.
 - Timescales for delivery of aspects of the recommended actions from the Travel Plan will be determined from the progression of business cases and also from the direction of an Executive Task and Finish Group.
 - Trust Board are asked to note that the Travel Plan is a reference point and a component part in determining UHL's strategy for car parking. A Task and Finish group is currently reviewing this fully considering all aspects of parking including staff permit allocations, alternative modes of transport (including the hospital hopper) and patient/visitor parking
- 1.2 The Travel Plan is a large document therefore an Executive Summary has been produced. The full Plan is available for review upon request.

2. **AIM**

The aim of this paper is to seek Trust Board endorsement of the UHL Travel Plan. This endorsement is important as the City Council requires this before it will formally consider the Travel Plan. The Travel Plan is a high level strategic document that sets out the intentions of UHL to meet its responsibilities under Section 106 of the Town and Country Planning Act 1990.

3. **BACKGROUND**

- 3.1 Local Authority planning regulations, inclusive of section 106 of the Town and Country Planning Act 1990, have implications for UHL in its delivery of capital programmes and on-going operational management of hospital sites. Under the National Planning Policy Framework, Travel Plans are required for any developments that generate significant amounts of movement. In addition, Travel Plans are required by NHS Policy: *All Trusts should have a Board approved active Travel Plan as part of their Sustainable Development Management Plan.*

This is particularly important with regard to travel planning and as UHL has over many years planned site re-configuration it has previously prepared (on a voluntary basis) Travel Plans. The last Travel Plan was completed in 2001, with annual updates thereafter.

Due to the significant capital programme and site reconfiguration process phased from 2013 to 2018, UHL commissioned a new Travel Plan which is presented for endorsement in this report. Cummins Consultancy was employed at the end of 2012 to work with the Travelwise Manager in the creation of a new Travel Plan.

- 3.2 This Travel Plan will be used to engage the City Council about prospective planning applications and will act as a touchstone for them at a strategic level, reducing the risk of surprises for specific projects and avoiding potential conflict under section 106 of the Town and Country Planning Act 1990.

The Travel Plan is not a planning request in itself. Individual business cases will need to have specific applications and these planning applications will be subject to individual traffic impact assessments, which are more detailed

- 3.3 The 2013 Travel Plan has assessed modes and volumes of travel across the three UHL acute sites and has made a series of recommended actions to best encourage the use of alternative modes of transport.
- 3.4 Trust Board are asked to note that the Travel Plan will be a reference point and a component part in determining UHL's strategy for car parking. A Task and Finish group is currently reviewing this focussing on staff permit allocations, alternative modes of transport (including the hospital hopper) and patient/visitor parking.

4. PROPOSALS

- 4.1 Appendix 1 contains an executive summary of the Travel Plan.

5. CONSIDERATIONS on the proposal

- 5.1 The details within the Travel Plan and the final recommendations have been made after extensive consultation and surveys. The following actions were taken:
- Travel questionnaire created for patients and staff;
 - Approval for the content of the above was gained from the city council;
 - The travel questionnaires were circulated both via electronic and paper based means. The survey was advertised and responders could complete the survey on line or in paper based form;
 - Surveys were carried out with regards to current provision of car parking and travel facilities on all 3 sites;
 - Car park surveys were conducted to establish usage rates and capacity.

- 5.2 The local council are keen to work with the Trust on all projects however they wish to see consideration travel and environmental impacts for all aspects of builds.
- 5.3 The local council need to be able to see that the Trust is committed to providing alternatives to car use.
- 5.4 Many of the actions within the plan overlap with the work that will be looked at by the new Executive Task and Finish group for Travel and Car Parking.

6. CONCLUSIONS

- 6.1 This Travel Plan has Executive support and now needs Trust Board endorsement before being presented to the City Council.
- 6.2 UHL has to have a Travel Plan in place to support gaining planning permission for individual schemes as part of the Trust reconfiguration programme

7.0 RECOMMENDATIONS

- 7.1 The Trust Board are requested to endorse the UHL Travel Plan.

Appendix 1

Travel Plan Executive Summary

Travel Plan Executive Summary

1.0 Introduction and Background

- 1.1 A Travel Plan (TP) is defined by the Department for Transport (DfT) and by the Department for Communities and Local Government (DCLG) as: *A long term management strategy for an occupier or site that seeks to deliver sustainable transport objectives through positive action and is articulated in a document that is regularly reviewed.*
- 1.2 In essence, a TP is intended to encourage people to choose alternative transport modes 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.
- 1.3 Under the National Planning Policy Framework, Travel Plans are required at developments that generate significant amounts of movement. In addition, Travel Plans are required by NHS Policy: *All Trusts should have a Board approved active Travel Plan as part of their Sustainable Development Management Plan.*
- 1.4 There are unique issues surrounding the transportation needs of hospitals, which typically feature a significant number of shift patterns, staff working “on call”, and the need to travel between sites. It is also necessary to consider the needs of patients with limited mobility and the need for patients with chronic conditions, and their visitors, to be able to access the site easily and reliably. These unique transportation needs have therefore underpinned the analysis within this TP.
- 1.5 This TP has been prepared to demonstrate UHL’s commitment to sustainable travel, and to inform Highways Officers at Leicester City Council of how UHL will promote the use of alternative sustainable modes of travel and discourage single vehicle occupancy, including targets and methods for management and monitoring of measures.
- 1.6 This document supersedes an existing TP for UHL which was adopted in 2001. Since then there have been a number of measures implemented as part of the TP, which include:
 - Improved cycle and pedestrian infrastructure;
 - A car parking strategy;
 - The introduction of a UHL bus service;
 - Discount schemes for staff travelling sustainably; and
 - Various events to encourage healthier transport modes.

2.0 Benefits of Travel Plans

- 2.1 There are multiple reasons as to why TPs are important to modern society. In order to summarise their importance, the benefits derived from TPs have been categorised under the following headings:
- Health benefits;
 - Environmental benefits; and
 - Financial benefits.

3.0 Objectives of the Travel Plan

- 3.1 Setting clear objectives is considered to be essential to ensuring a successful Travel Plan (TP).
- 3.2 Objectives provide a clear context for the measures proposed within the Travel Plan, and allow an opportunity for measurable target-setting.
- 3.3 Based upon a review of the measures in the 2001 Travel Plan and Travel Planning policy, a set of objectives have been established for this TP. The TP objectives are set out in Table below:

Objective A	Build on the successes of the initiatives since and including the 2001 Travel Plan.
Objective B	Reduce unnecessary travel.
Objective C	Make sustainable modes more affordable and attractive, increasing sustainable travel across the three sites.
Objective D	Reduce UHLs impact on climate change and the local environment.
Objective E	Reduce the number of single occupancy car trips by staff, patients and visitors.
Objective F	Encourage staff, patients and visitors to live a healthier and more active lifestyle
Objective G	Increase the accessibility of the three sites to those with mobility impairments.

- 3.4 The measures within the Travel Plan are designed to achieve the above objectives.

4.0 Audits and Surveys

- 4.1 In order to fully understand travel opportunities and constraints at UHL, site visits were undertaken at each of the UHL hospitals. These site visits form the basis of an audit of each site's accessibility by sustainable modes of travel.
- 4.2 In order to fully understand travel and transportation issues across the Trust, staff travel and patient/visitor surveys were undertaken. The results of these surveys have been used to establish mode share targets for this Travel Plan (TP), and to inform the measures to achieve these targets. The Trust has performed well against the original modal split targets set in 2001 (some of the significant findings are listed in appendix 1).

- 4.3 In order to provide an understanding of the level of existing parking supply at each UHL site, and the level of occupancy at each car park, manual count car park surveys were commissioned and undertaken by an independent survey company on the 19th and 21st of March 2013.
- 4.4 In addition to the above car park surveys 'in/out' vehicle surveys were undertaken at all site entrances, in order to ascertain the relative usage of each site access.
- 4.5 Car park management is considered to be fundamental to the effective implementation of the measures described in this Travel Plan (TP) to encourage people to travel by non-car modes by decreasing the attractiveness of car travel relative to other modes. Effective car park management can also offer financial and operational benefits which can contribute to the efficiency of an organisation as a whole. To this end, the consultancy firm employee to look at the TP plan have also analysed the UHL's current parking policies and suggested changes, these are detailed in appendix 2.

5.0 Measures to Encourage Sustainable Travel

- 5.1 A series of measures have been devised which encourage travel behaviours away from single occupancy car use ("stick" measures) and towards more sustainable modes ("carrot" measures).
- 5.2 Negative "stick" measures, designed to directly discourage the use of single-occupancy car travel, are detailed in appendix 2.
- 5.3 The positive "carrot" measures proposed have been considered separately by mode, and include the following:
 - Encouraging Cycling;
 - Encouraging Motorcycling;
 - Encouraging Public Transport Use;
 - Encouraging Car Sharing;
 - Encouraging Walking; and
 - Other Initiatives.
- 5.4 Appendix 3 contains more details with regards to the "carrot" measures.

6.0 Monitoring and Review

- 6.1 Monitoring and review is of central importance to the progression of the TP.
- 6.2 After reviewing the data from the travel survey results in, a series of targets can be established in order to encourage the overall modal shift to more sustainable forms of travel. These should consist of short, medium and long term modal shift goals. Details of these goals are contained in Appendix 4.

7.0 Action Plan and Budget

- 7.1 In order to maximise the value of the TP measures and to achieve the targets, it is important to establish a clear timetabled Action Plan. This is intended to ensure that the steps to implementing each measure are thought thorough in detail.
- 7.2 It is also important to ensure that appropriate funding is made available to ensure that the TP can continue to be implemented on the same basis in future, particularly as there may be a capital cost associated with some measures.
- 7.3 The proposed Action Plan is set out in Appendix 5, those categorised as “low” primarily involve only stationary costs and the cost of staff time. Those categorised as “medium” would be expected to cost under approximately £10,000. Costs categorised as “high” would be expected to cost £10,000 or more to implement.

Appendix 1

Headline figures from the Travel Surveys:

Overall information:

- 70% of staff work full time
- 53% work 9am to 5pm
- 52% drive to work as single driver, 60% travel by car in total
- 13% use the hopper to travel to work;
- 24% use public transport of some kind;
- 53% of staff would use sustainable transport if their normal mode was not available.
- 61% of staff would be willing to try sustainable modes some of the time.

How far do our staff live from their place of work?

- 4% within 1 mile;
- 21% between 1 and 3 miles;
- 26% between 3 and 5 miles;
- 25% between 5 and 10 miles;
- 16% between 10 and 20 miles;
- 9% over 20 miles.

Patient information with regards to travel:

- 75% of patients travel to site by car (23% single driver, 27% as passenger, 22% as driver with passenger, 3% taxi);
- 15% of patients use the bus to get to the hospital (4% use the hopper);
- 57% of patients would use sustainable transport if some changes were made.

Appendix 2

Following a detailed review of existing parking policy, supply, and usage at the 3 UHL sites, and in light of government guidance on hospital car parking, the following car park measures should be considered for future implementation:

- Increasing patient/visitor parking charges, with a focus on shorter-stay parking.
- Increasing staff car parking charges, potentially combined with a decremental charging system;
- Adjusting the assessment criteria for staff permits to account for actual distances;
- Providing barrier control at all car parks potentially combined with a “pay on exit” system at patient/visitor car parks;
- Reducing staff parking supply, particularly in locations where occupancy is already low;
- Offering incentives such as a preferential, guaranteed or reduced cost parking space to car sharers; and
- Promoting an up-to-date car sharing database.

Appendix 3

Proposed Initiatives to Encourage Cycling

Initiative	Description
Cycle to Work Scheme	Reintroduce salary sacrifice scheme. Allow staff to purchase cycles with a tax reduction.
Review of Existing Cycle Storage	A review into the provision and location of cycle stores across the site.
Cycle Lanes on Site	Providing cycle lanes throughout the main routes in the three sites to the main cycle storages.
Cycle Discounts	Continue to negotiate with local retailers to provide discounts for hospital employees.
Cycle Buddy Scheme	Buddy scheme where cyclists can meet up and arrange to cycle to and from work together.
Staff Showers	Provide showers and changing facilities for the use of staff travelling to work by cycle.

Proposed Initiatives to Encourage Public Transport Use

Initiative	Description
Review Hopper Service	Review the extent and running times of the Hopper Service route.
Fare Discounts	Implement a fare discount scheme for members of staff.
Electronic Bus Information	Information for buses across the network provided electronically.
Improved Waiting Facilities	Provision of additional bus shelters and seating within UHL sites

Proposed Initiatives to Encourage Car Sharing

Initiative	Description
Car Share Incentives	Provide guaranteed car share spaces in more of the most attractive (i.e. convenient) spaces within existing car parks.
Emergency Ride Home	Provide a guaranteed free emergency taxi ride home to car sharers who are let down by their sharing partner.
Car Sharing Database	Promote <i>Leicestershare</i> scheme.

Proposed Initiatives to Encourage Walking

Initiative	Description
Review of Pedestrian Routes	Review of the existing pedestrian infrastructure across the three hospitals
Walking Buddy Scheme	Buddy scheme where walkers can meet up and arrange to walk to and from work together

Other proposed initiatives

Initiative	Description
Transport Awareness Week	A week aimed at promoting cycling, walking, and public transport across the Trust.
Transport Newsletter	Newsletter detailing all the relevant transport information to staff.
Promote Smarter Travel Leicester (STL) Scheme	Maximise benefits of existing STL scheme by promoting benefits.
Personalised Journey Planning (PJP)	Provision of a PJP service for all staff, patients and visitors.

Appendix 4

UHL Staff Modal Shift Targets

Travel Mode	Existing Modal Split Percentage	Short Term Target Modal Shift Change	Medium Term Target Modal Shift Change	Long Term Target Modal Shift Change	Total Target Modal Shift Change
Single-Occupancy Car	51.7%	- 5%	- 5%	- 5%	- 15%
Taxi	0.4%	+/-0%	+/-0%	+/-0%	+/-0%
Car Share	7.9%	+1%	+1%	+1%	+ 3%
Bus	21.8%	+1%	+1%	+1%	+ 3%
Train	2.1%	+/-0%	+/-0%	+/-0%	+/-0%
Walking	4.7%	+1%	+1%	+1%	+ 3%
Bicycle	4.9%	+1%	+1%	+1%	+ 3%
Motorcycle	0.9%	+1%	+1%	+1%	+ 3%
Other	6.0%	+/-0%	+/-0%	+/-0%	+/-0%

UHL Patient/Visitor Modal Shift Targets

Travel Mode	Existing Modal Split Percentage	Short Term Target Modal Shift Change	Medium Term Target Modal Shift Change	Long Term Target Modal Shift Change	Total Target Modal Shift Change
Single-Occupancy Car	23.3%	- 2.5%	- 2.5%	- 2.5%	- 7.5%
Car: As Passenger or With passenger	48.8%	- 2.5%	- 2.5%	- 2.5%	- 7.5%
Taxi	2.9%	+/-0%	+/-0%	+/-0%	+/-0%
Volunteer Car	2.7%	+/-0%	+/-0%	+/-0%	+/-0%
Ambulance	2.4%	+/-0%	+/-0%	+/-0%	+/-0%
Bus	15.0%	+2%	+2%	+2%	+ 5%
Walking	1.9%	+2%	+2%	+2%	+ 5%
Bicycle	0.3%	+1%	+1%	+1%	+ 5%
Train	0.3%	+/-0%	+/-0%	+/-0%	+/-0%
Motorcycle	0.0%	+/-0%	+/-0%	+/-0%	+/-0%
Other	2.4%	+/-0%	+/-0%	+/-0%	+/-0%

Appendix 5 (Action Plan)

Initiative	Measure	Cost	Timescale	Responsibility
Cycle to Work Scheme	Reintroduce salary sacrifice scheme. Allow staff to purchase cycles with a tax reduction.	Low	On-Going	TPC
Review of Existing Cycle Storage	Assess current cycle provision and identify areas to provide additional cycle parking.	Low	On-Going	TPC
	Provide new cycle parking at building entrances.	Medium	Medium Term	TPC
Cycle Lanes on Site	Identify cycle routes across each site.	Low	Short Term	TPC
	Mark out cycle lanes identified.	Medium	Medium Term	TPC
Liaise with the Local Authority over cycle lanes	Contact local authorities to organise consultation.	Low	Long Term	TPC
	Work with the local authority to provide cycle lanes to the hospitals.	Low	Long Term	TPC
Cycle Discounts	Continue to negotiate with local retailers to provide discounts for hospital employees.	Low	On-Going	TPC
Cycle Buddy Scheme	Implement and advertise a cycle buddy scheme where cyclists can meet up and arrange to cycle to and from work together.	Low	Short Term	TPC
Staff Showers	Provide showers and changing facilities for the use of staff travelling to work by cycle.	Medium	Medium Term	TPC
Review Hopper Service	Investigate the possibility of providing additional buses at peak times.	Low	Short Term	TPC
	Investigate the possibility of extending the hopper service.	High	Medium Term	TPC
	Promote Hospital Hopper to general users	Low	On-going	TPC
	Implement findings and recommendations.	Low-High	Long Term	TPC
Fare Discounts	Implement a fare discount scheme for members of staff.	Low	Medium Term	TPC
Electronic Bus Information	Investigate reintroducing real time bus information on electronic boards.	High	On-going	TPC
	Produce a smart-phone App providing sustainable transport information across the three sites.	Medium	Medium Term	TPC

Car sharing database	Promote 'Leicestershare' car sharing scheme.	Low	Short Term	TPC
Car Share Spaces	Provide marked guaranteed car share spaces in the most attractive (i.e. convenient) spaces within existing car parks.	Low	Short Term	TPC
Emergency Ride Home	Provide a guaranteed free emergency taxi ride home to car sharers who are let down by their sharing partner registered to the car sharing database.	Low	Short Term	TPC
Review of Pedestrian Routes	Assess current pedestrian provision and identify areas to improve infrastructure.	Low	On-Going	TPC
	Provide improved infrastructure as described in the measures section.	High	Medium Term	TPC
	Assess current traffic calming measures and identify areas to improve infrastructure.	Low	Short Term	TPC
Walking Buddy Scheme	Implement and promote the buddy walking scheme.	Low	Short Term	TPC
Transport Awareness Week	Promote a week aimed at encouraging cycling, walking, and public transport across the Trust.	Low	Short-Term	TPC
	Hold 'Transport Awareness Week' in the spring/summer.	Low	Short-Term	TPC
Transport Newsletter	Establish and then produce a Trust-wide newsletter or e-newsletter every quarter.	Low	Short Term	TPC
Promote Smarter Travel Leicester (STL) Scheme	Promote the benefits of the STL scheme.	Low	Short Term	TPC
Personalised Journey Planning (PJP)	Provide a PJP service for all staff, patients and visitors. Promote the PJP service.	Low/medium	Medium Term	TPC
Car Park Management	Review existing car parking uses and requirements going forward.	Low	Short Term	TPC
	Install barrier control at all UHL car parks, with pay on exit facility.	High	Medium Term	TPC
	Phase out entirely the use of rented off-site car parking at all UHL sites.	Medium	Long Term	TPC