

Travel Planning Support and Development

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Paper F 1

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	X
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
Reconfiguration Programme Cmte	26/02/2021	Discussion
Executive Board	02/03/2021	For noting
Trust Board Committee		
Trust Board		

Executive Summary

Context

On 14th September 2020 Go Travel Solutions were commissioned to work alongside the UHL Travelwise Manager to provide Travel Planning Support and Development for UHL covering the consultation phase of Building Better Hospitals for the Future and help develop long-term investment in sustainable travel for the Trust. Go Travel Solutions are a local specialist sustainable transport consultancy that have strong and strategic relationships with stakeholders in the city and beyond. These include the main local providers of transport services, transport infrastructure, local authorities and major employers.

Questions

1. What progress has been made with the work?
2. Who will be involved in this work?
3. What is required from the Trust?

Conclusion

1. Since the last report, the Travel Action Plan for Phase 3 has been completed and work is progressing at pace on Phase 4 of the project. This involves providing a priority list of alternative travel options and then delivering the priorities.
2. Go Travel Solutions and the Travelwise Manager have met directly with various council representative (Leicester City Council, Rutland County Council, Leicestershire County Council). In addition to overarching meetings, specific meetings have been held around bus, cycle developments in the city and partnership working e.g. with Leicestershire County Council in respect of County Hall and Glenfield Hospital. The partnerships are maturing and have the potential to lever in significant benefits to the Trust in the coming years.
3. The Trust is asked to provide senior level support to prioritising sustainable travel for staff, visitors, and patients (where appropriate). The Trust is asked to provide a clear route for submission of proposals (both policy and monetary) to ensure partnerships can be given a very clear message i.e. the Trust are in support of sustainable travel options. The Trust for the strategic reasons of carbon emissions, well-being and equality, diversity & inclusion, will benefit from promoting and providing a range of travel choices. Prioritising and providing for just car travel is not sustainable and does not support these strategic ambitions. In addition to the support, the Trust will require finance to facilitate changes in travel options and help maximise support from its partners.

Input Sought

We would welcome the Trust Board's input regarding acknowledging the information within this paper and recognising next steps i.e. the need to senior level support and finance.

For Reference:

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	[Yes /No /Not applicable]
Safely and timely discharge	[Yes /No /Not applicable]
Improved Cancer pathways	[Yes /No /Not applicable]
Streamlined emergency care	[Yes /No /Not applicable]
Better care pathways	[Yes /No /Not applicable]
Ward accreditation	[Yes /No /Not applicable]

2. Supporting priorities:

People strategy implementation	[Yes /No /Not applicable]
Estate investment and reconfiguration	[Yes /No /Not applicable]
e-Hospital	[Yes /No /Not applicable]

More embedded research
 Better corporate services
 Quality strategy development

[Yes/No/Not applicable]
 [Yes/No/Not applicable]
 [Yes/No/Not applicable]

3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)? Not applicable
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required

This work is part of the reconfiguration program that has its own set of engagement activities

- How did the outcome of the EIA influence your Patient and Public Involvement?

Not applicable

- If an EIA was not carried out, what was the rationale for this decision?

Not required at this point

4. Risk and Assurance

Risk Reference:

Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a <i>Principal Risk</i> on the BAF?	x	PR 7 – Reconfiguration of estate
Organisational: Does this link to an <i>Operational/Corporate Risk</i> on Datix Register	No	
New Risk identified in paper: What <i>type</i> and <i>description</i> ?	No	
None	X	

5. Scheduled date for the **next paper** on this topic: [April 2021]

6. Executive Summaries should not exceed **5 sides** [My paper does/~~does not~~ comply]

1. Introduction

The purpose of this paper is to update the Trust Board on progress to date with the Travel Planning Support and Development in support of Building Better Hospitals for Leicester.

2. Progress to Date

The main areas of progress to date:

- Finalisation of Phase 3 Travel Action Plan with the inclusion of an emerging sustainable travel network for the three UHL sites based on Leicester City Council investment.
- Meeting of the Steering Group on 15th October, 12th November, 10th December and 14th January, bringing together external and internal stakeholders e.g. De Montfort University, Leicester City Council, Leicestershire County Council, Rutland County Council, Healthwatch Leicester & Leicestershire, Healthwatch Rutland, UHL Communications, UHL HR and UHL staff side.
- Meeting of Forum on 29th October, 26th November, 17th December and 21st January to support effective project delivery including but not limited consisting of representatives from areas such as junior doctors, capital, equality, Leicester Tigers etc.
- Continued liaison with internal stakeholders to look at online channels for the dissemination of information and the creation of an online travel portal for staff and public.
- Linking with PTS and Volunteer services to establish details on this form of transport and for this then to be promoted to the public through an enhanced online travel portal.
- Internal meeting with the salary sacrifice team to help better link together.
- Discussions have been held with the patient involvement lead and a presentation took place to all Patient Partners on 11th February.
- Further meetings have also been held with external bodies such as Leicestershire County Council (to discuss travel support for the UHL and partnership working as a neighbour to Glenfield Hospital), Leicester City Council, Healthwatch Rutland and Rutland County Council, Arriva, First, Faxi (journey sharing), Park and Ride Partners, Hospital Hopper bus partners. External meetings are planned with Centrebus, Cross Country, East Midlands Railway and Leicester Tigers.
- Further 1:1 meetings held to build on existing work and securing of support from Leicester City Council in the UHL project. They have a desire to partner with the UHL in developing an enhanced sustainable travel network serving the hospitals. This includes:
 - Electric rapid transit services serving LRI e.g. from Birstall, Meynells Gorse and Enderby.
 - Investment in electric buses for the hopper, this could happen as early as Spring 2021.
 - Investment in all the Park and Ride services including but not limited to bringing all P&R via the LRI, plus opportunity for extended hours and more frequent services.
 - New Park and Ride services, including one at Beaumont Leys, with link to GH.
 - Possible Park and Ride at LGH (see below).
 - Santander Cycles Leicester electric bike docking station at the LRI site to link with up to 50 other central Leicester docking stations (including the train and bus stations) by the end of Spring 2021, with further discussions to extend to GH (as a priority) and LGH. Potential barrier to adoption at GH is the Dept for Health need for investment in Santander Cycles Leicester to be a capital spend.
 - A new cycle parking facility at the LRI.
 - Improvements to existing cycle parking at the LRI.

- New city centre electric bus shuttle serving the LRI and linking with the train and bus stations and city centre.
- All the above work has been moved on and prices are now coming forward with regards to achieving all the above. A priority list is being created.
- Funding is secured from the City Council for some cycle related work at the GH and LRI. An order has been placed for the work linked to this. This will enable the shed at the GH and LRI to have swipe card technology installed.
- Monies have been secured through the Charitable Appeals funding for some addition cycle related work. This money is no longer required as an external source of funding has been found.
- Monies have been secured from Department of Health for work on additional cycle related projects i.e. new bike shed at GH, better fencing to A&E bike shed (LRI), better storage for Gas Store bike shed (LRI)
- Links being developed with the architects for the reconfiguration project to ensure travel and the related requirements are considered.
- Development of using the new Beaumont Leys Park & Ride as off-site parking for GH. This is planned to be live by early 2022. Interim off-site parking options are being reviewed and developed to support the ICU move to GH in summer 2021.
- The Trust has given the go ahead to work in partnership with Go Travel Solutions for another 12 months to the end of January 2022. this enables the momentum now generated in the initiatives that form the Travel Action Plan to be built upon.

3. Work Plan

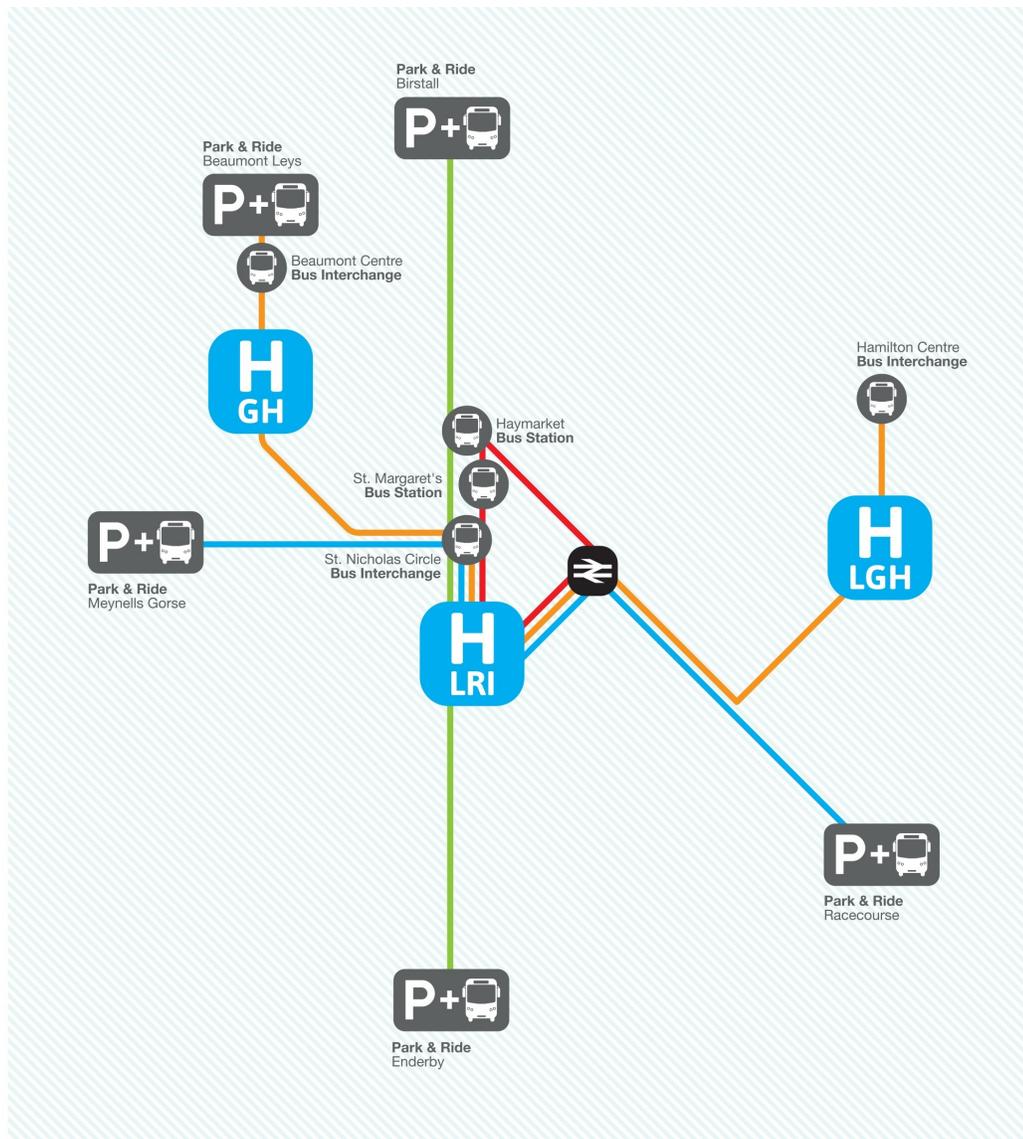
To reflect the requirements of the consultation, the workstream of this commission is divided into four phases. They are:

- Phase 1: Creating a Draft Travel Action Plan for the three sites (completion of Phase 1 Travel Action Plan by end of October 2020)
- Phase 2: Creation and delivery of engagement with stakeholders and development of Travel Action Plan (completion by end of December 2020)
- Phase 3: Reviewing and Finalising Travel Action Plan for the three sites (completion by end of January 2021)
- Phase 4: Delivering and Development of the Travel Action Plan from February 2021

The key priorities in February for Phase 4 include:

- Actions to support the ICU move to GH e.g. Santander Cycles Leicester e-bike dock at GH, Park & Ride from Beaumont Centre, short-term transport facility bridging ICU move and start of Park & Ride in early 2022.
- Development of online travel portals for staff and public.
- Engagement with BDP to ensure TAP priorities and design requirements support one another.
- Start of new TAP Delivery Groups for Phase 4 (see Appendix 2). Engagement with Patient Partners and Healthwatch Leicester & Leicestershire and Healthwatch Rutland will be through their own separate meetings.

A more detailed Work Plan for Phase 4 can be found in Appendix 1.



Above is an illustration of the planned network of electric rapid transit services by 2023. This would be delivered as a partnership between Leicester City Council and the UHL. Currently the only services that exist of the above that serve the hospitals are the Hospital Hopper and the Park & Ride from Enderby.

4. Feedback to date

There has been a variety of feedback from the different consultation methods, below is a list of the comments raised and the changes that have been made.

Suggestions already covered within the TAP

- Increase/improve the public transport options.
- Consider Park & Ride or shuttle buses to the hospitals.
- Increase the Hopper hours and frequency.
- Ensure that sustainable travel options are considered and included in the plan.
- Consider people without access to a car.
- Improve cycle parking including security
- Improve showers and changing facilities.

- Consider inter-site travel.
- Improve travel information sharing.
- Improve signage.
- Make improvements to/include car parking within the development plans.
- Look at car parking charges.
- Ensure that parking charges are comparable to public transport.

Suggestions that have been added into the TAP

- Ensure that disability and equality issues are actioned.
- Include Drop-off points for drivers with no desire to park.
- Encourage e-bikes as these are more accessible to a wider range of people and can negate or reduce need for as many changing facilities
- Include e-charging for bikes and cars
- Consider payment by means such as phone or phone app.
- Direct partnership engagement with Rutland County Council.
- Including information about travel to staff before starting.
- Direct partnership with Leicestershire Partnership Trust
- New section to be added – **Priorities**. To ensure that key items such as showers and changing are not missed during the design phase.
- Create videos of cycle routes between the sites.
- Plans for cycle storage need to be more ambitious than the status quo.
- Highlight that EV vehicles are covered by the Salary Sacrifice scheme.
- Advertise initiatives on payslips.

Feedback not acted upon

- Phone and video consultations: already taken care of with the configuration plans.
- Centralisation versus devolution: beyond the scope of our involvement.
- Specific comments regarding maternity provision: beyond the scope of our involvement.
- Add a brief section/statement on e-scooters: currently not legal to use in Leicester.

Specific feedback from Healthwatch Rutland was sent to the Trust Board on 4th February stating there was a lack of attention being given to hospital travel for Rutland residents. A response was provided by this project providing evidence of significant levels of engagement with stakeholders and initiatives to support future hospital travel for Rutland residents.

5. Project risks

The Trust has historically not fully supported investment in sustainable travel and this is a major risk for this project. If the UHL is going to secure the maximum investment in transport from Leicester City Council, the UHL need to compliment the support from the authority. This commitment needs to be via senior level buy in and financial support.

Here are examples of the commitments that may need to be made:

- Development of a Parking Strategy that aligns with and supports the provision of Park & Ride services.
- Prioritising promotion of sustainable travel to staff, visitors, and patients (where appropriate).

A proactive approach to sustainable travel is totally consistent with the strategic priorities of the Trust to enhance health outcomes, reduce its carbon footprint, support its peoples and the communities around.

Below is a summary of the key project risks. This register will be updated throughout as new risks emerge and mitigating measures are deployed.

Risk	Mitigation	Severity (low/medium/high)
Covid-19 – reducing attractiveness of public transport in short to long term	Go Travel Solutions (GTS) to engage with transport authorities and bus operators to supply latest travel guidance and promotions of measures to help make public transport safe to use	High
Internal UHL project conflict, which compromises TAP in delivering long-term positive sustainable change because of short-term project focus e.g. car parking requirements.	GTS to provide business case for sustainable travel to senior managers at UHL. UHL to review policies and practices that undermine sustainable travel and prioritise sustainability.	High
Historic low priority given to sustainable travel at UHL - reflected in the culture and decision-making process	GTS to provide business cases for sustainable travel to senior managers at UHL. UHL to facilitate opportunities to review policies and practices that undermine sustainable travel.	High
National pro-parking policy at hospitals promoted by government - leading to policies of free parking making sustainable travel less attractive and undermining business case for new parking provision	GTS through its national links to make case for a parking policy to be applied at hospitals that does undermine sustainable travel. UHL to likewise lobby through their partnerships.	High
Lack of funding to deliver investment needed in sustainable travel (e.g. cycle hubs, enhanced bus network), particularly given the Reconfiguration Programme does not come with budget for transport provision and the Trust being in financial special measures.	GTS to maximise support from public sector partners and transport providers through collaborations and engaging with other strategic employers. UHL to review different ways of funding sustainable travel measures.	High
Lack of future attractive public transport offer because of Covid-19 undermining the business model for the operation of bus and train services.	Engage with Leicester City Council as the local transport authority to secure the strongest public transport offer through the partnership being developed.	Medium
Focus of NHS on responding to Covid-19 , leading to policies promoting counter to sustainable travel and reducing capacity to introduce a pro-sustainable travel approach.	GTS to provide business case for sustainable travel measures and be sensitive to NHS capacity. UHL to provide up to date position on capacity.	Medium
Non receipt of data - leading to less informed/smart measures	Development of engagement with multiple contacts within UHL. UHL to provide multiple contacts.	Low

6. Conclusion

Work is progressing well and the Travel Action Plan has been through many iterations and can now be used to inform the various groups in a controlled manner.

The Trust is asked to recognise the risks of this work as detailed in section 5. The benefits of this project for the Trust are high. Success will come through increasing senior buy-in to the project, through the adoption of policies and delivery of funding to support. There has been positive progress in this area over the last month. This will need to continue to maximise the leverage of support from external stakeholders.

Appendix 2

Internal Stakeholders TAP Delivery Group	
Membership	
TAP project team (Ruth, Justin, Ian, Cliff and Robin) and Nigel Bond/UHL sponsor	
Patient Rep	
HR	
Comms	
Payroll/salary sacrifice	
Consultant rep	
Junior doctor rep	
Receipt and distribution	
Health and Safety	
Capital	
Equality, Diversity and Inclusion	
Well-being	
Staff engagement	
Terms of Reference	
<i>On behalf of the area of UHL/specialism they represent:</i>	
1. Support the delivery of key actions of the Travel Action Plan	
2. Facilitate co-production of actions	
3. Provide feedback on the TAP as part of its monitoring and evaluation	
External Stakeholders TAP Delivery Group	
Membership	
All external stakeholders (see below) plus TAP project team (Ruth, Justin, Ian, Cliff and Robin) and Nigel Bond/UHL	
Terms of Reference	
<i>On behalf of the organisation/specialism they represent:</i>	
1. Support the delivery of key actions of the Travel Action Plan	
2. Facilitate co-production of actions	
3. Provide feedback on the TAP as part of its monitoring and evaluation	
External key stakeholders	
Public Transport Operators	Arriva
	Centrebus
	Cross Country
	East Midlands Railway
	First
Authorities	Leicester City Council (including Santander Cycles Leicester)
	Leicestershire County Council
	Rutland County Council
Employers	De Montfort University
	Leicester College
	Leicester Tigers
	Leicestershire Partnership NHS Trust
	University of Leicester

*WORK IN PROGRESS – the Travel Action Plan development
is in four phases:*

✓ *Creation (Phase 1)*

✓ *Feedback (Phase 2)*

Prioritising (Phase 3)

Delivery (Phase 4)

THIS IS PHASE 3 DRAFT v2.2

DR IAN MURDEY

23 Feb 2021

Building Better Hospitals for the Future

University Hospitals of Leicester NHS Trust

Travel

Action

Improving access to our sites

Plan

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Foreword

The University Hospitals of Leicester NHS Trust is one of the three largest healthcare providers in the UK. Across our three sites, we treat over one million patients a year, and employ around 16,000 staff. Our catchment includes Leicester, Leicestershire and Rutland and we also receive referrals from the surrounding counties, resulting in travel to our sites from throughout the region.

This Travel Action Plan has been produced in order to provide a greater choice of transport options to site users and minimise the impact of travel associated with the Trust. It sets out our strategy for reducing dependency on the private car while facilitating and encouraging travel by healthier and more sustainable modes.

It is intended to directly benefit patients, visitors and staff of the Trust. By making it easier and more attractive to leave the car at home, the Travel Action Plan allows greater freedom to take advantage of healthier and more environmentally friendly alternatives. In addition, by reducing the traffic generated by the Trust sites, we hope to have a positive impact on the local road network.

We recognise that alternatives to car travel are not a viable option for all users. Therefore, in tandem with promoting alternative modes of travel, we aim to ensure that appropriate and sufficient car park provision is provided for those who need it.

The document will be a working document for the Trust under regular review and updated as appropriate.

I hope that you enjoy reading about the plan the Trust has for making steps towards greener and healthier travel and for being an exemplar of best practice in the area.

Executive Summary

Workplace Travel Plans are an excellent tool for supporting travel. They have identifiable and measurable benefits for organisations and their users that include improvements to health and wellbeing, reductions in emissions, and lower costs.

This Travel Action Plan (TAP) is a working document that builds on the existing Travel Plan created by Curtins in 2020. The recommended outputs and initiatives contained within the Travel Plan have been assessed and expanded upon to create a set of *Actions*. These include priorities for the first 12 months after publishing, which will help to ensure that all staff patients, and visitors to the three main UHL NHS Trust sites (Leicester Royal Infirmary, Leicester General Hospital, and Glenfield Hospital) have options for the most appropriate access to those sites.

The reconfiguration programme has unsurprisingly resulted in questions being raised about the effects of the proposed changes on site access. This document aims to reassure users that access will be maintained or improved for most but also to mitigate where those results may impact negatively.

The TAP is set against a background of restrictions due to the Covid-19 pandemic but also, more positively, in an environment in which the local councils are currently investing heavily in improvements to public transport, including an additional Park & Ride (P&R) service that will stop at the Glenfield Hospital, and cycle infrastructure including a new public ebike hire system – Santander Cycles Leicester – that will be the largest such scheme in this country at its launch.

Within this environment, there is a real opportunity for the UHL to create a shift in attitudes and behaviours among users whereby non-car transport options are not only more readily available but also in greater demand.

Key to the success of the TAP is buy-in from the senior management of the Trust and others. It has therefore been created following a period of extensive public consultation on the reconfiguration plans plus a series of forums that gave a voice for feedback from UHL managers and staff, other local employers, patient representatives, Leicester, Leicestershire and Rutland councils, and the local Healthwatch groups.

UHL believes in and supports equal access to its sites for all patients, visitors, and staff and the principles of Equality, Diversity, and Inclusion are inherent in the *Actions* outlined.

The *Actions* can be seen in detail within the document and are based upon the Curtins TP, the expected future travel demands of the Trust, feedback and consultation, and experience of successful projects in other similar locations.

The primary target will be to:

- Increase the proportion of staff and public who travel using more sustainable modes by completing the 11 Priorities listed on page 36.

The expected outcomes will include:

- Achievement of the benefits outlined on pages 9 and 10 for the Trust, staff, patients, and visitors.

Monitoring will be via:

- Task Group and Monthly Update Group.
- Feedback from Internal and External Delivery Groups.
- Staff and Public Travel Surveys.

The priorities for the first 12 months are as follows:

P&M4. *Rebuild transport webpages.*

P&M8. *Carry out an annual Staff Travel Survey.*

PT14. *Introduce a temporary P&R from Meynells Gorse from Summer to Winter 2021 (or Park & Stride from County Hall).*

PT7. *Increase the frequency of the Hospital Hopper.*

C16. *Invest in a Santander Cycles docking station at GH.*

PT16. *Introduce a five-year temporary P&R from LGH using the Hospital Hopper service*

C11. *Introduction of improved cycle storage.*

PT15. *Introduce additional bus journeys between GH and Beaumont Centre P&R.*

PP3. *Introduce Personalised Travel Planning to staff.*

PT11. *Encourage an increase in P&R hours to cover 0600 until 2130 Monday to Friday.*

PT3. *Provide staff discounts on tickets.*

SP7. *Introduce a car park management system that encourages a more flexible form of transport decision making.*

For copies of this document in alternative languages, please contact:

XXX

Background

Context

University Hospital Leicester (UHL) NHS Trust, as one of the biggest trip generators in Leicester, is now embarking on a major reconfiguration and investment programme costing £450 million and lasting for 5+ years. The new services provided are likely to result in greater footfalls at two of the three existing Leicester hospitals and create significantly changing patterns of travel during the build programme. Future projected patient numbers and staff numbers as of Sept 2020 can be seen in Appendices 1 and 2.

Within the local community there are concerns about accessibility to the hospitals in Leicester, particularly the Leicester Royal Infirmary, and a perception that this will worsen as a result of future developments.

UHL have recently had an updated Travel Plan produced. This comprehensive report reflected some successes, but overall take-up of sustainable travel has been in decline over the last decade.

Across Leicester and for the NHS across the UK, there is growing expectation and requirement for the NHS to be managing the impacts of changes made and ensure that all stakeholders are appropriately consulted and engaged. *Building Better Hospitals for the Future* (BBH) offers a great opportunity in terms of generating multiple benefits for the Trust and the wider city through prioritising promotion and investment in sustainable transport, support of *Net Zero*, better local health and a more liveable city. This is achievable with a step-change in internal and external engagement by UHL with a demonstration of prioritising promotion and investment in sustainable transport.

¹ <https://www.england.nhs.uk/greenernhs/a-net-zero-nhs/>

Net Zero¹

The UK government has committed to reaching net zero carbon by 2050. The health and care system (England) is responsible for an estimated 4-5% of the country's emissions and therefore reductions in this area will be crucial in helping to reach the Net Zero target.

In order to achieve the substantial carbon reductions required by the NHS, a new report - *Delivering a 'Net Zero' National Health Service*² – highlights the necessary interventions that will be necessary if emissions are to fall.

Page 23 of the report includes section **3.2. Travel and transport**, which contains the following statement:

“Approximately 3.5% (9.5 billion miles) of all road travel in England relates to patients, visitors, staff and suppliers to the NHS, contributing around 14% of the system's total emissions. This includes approximately 4% for business travel and fleet transport, 5% for patient travel, 4% for staff commutes and 1% for visitor travel.

A summary of the broad range of interventions considered is presented ...from transitioning the fleet to zero-emission vehicles, to reducing unnecessary journeys and enabling healthier, active forms of travel such as cycling and walking.”

If Net Zero is to be realised, it is incumbent on all NHS Trusts to engage with the ambitions set out in the document and introduce policies, initiatives, and infrastructure that support low carbon behaviours, especially around transport and travel.

² <https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2020/10/delivering-a-net-zero-national-health-service.pdf#page=24&zoom=100,68,578>

Travel Plan

A University Hospitals of Leicester Travel Plan (HTP) created by Curtins was issued by the Trust in March 2020 and included a range of measures designed to encourage a greater uptake of sustainable travel measures by staff and visitors to the three acute Leicester hospital sites that make up the Trust:

- Leicester Royal Infirmary (LRI).
- Leicester General Hospital (LGH).
- Glenfield Hospital (GH).

The aim of this Travel Action Plan (TAP), is to:

- Take the measures suggested in the Curtins HTP and provide the detail necessary to put those ideas into action.
- Propose and develop new measures to respond to the needs for enhanced sustainable transport links to serve the requirements of the reconfiguration programme.

The suggestions made in the TAP will be based on the following background information:

- Successes and failures of previous HTPs.
- Ideas and evidence included in the latest (Curtins) HTP.
- Best practice from other employers.
- Local schemes and opportunities.
- Existing UHL policies and expected future travel demand.

For the future success of the UHL and its reconfiguration programme, a step change in the promotion and development of sustainable travel will be required. The TAPs for the three sites of the UHL seek to achieve this goal.

Responsibilities and Buy-In

Responsibility for the creation and adherence to the HTP lies with the Trust although there will be a number of different staff members who will have more or less of a role in its implementation. These will include, but are not restricted to:

- Travelwise Manager.
- Communications/Website Team.
- Estates Management Team.
- Human Resources.
- Payroll.
- Reconfiguration Project Team.
- Leicester City Council Transport Officers.

The specific levels of responsibility are likely to vary throughout the lifetime of the plan.

Key to the success of any Travel Plan is the notion that any restrictions and initiatives contained therein are for the benefit of all users and therefore are applied appropriately and fairly to all relevant parties.

This can be enabled by ensuring that the creation of the plan is agreed and supported by Senior Leadership teams and staff groups with input from those if necessary, via the creation of a Travel Plan Group. Exceptions to restrictions erode confidence in the plan and should, therefore, be avoided.

Benefits of a Travel Action Plan

A TAP takes the advice and ideas from the HTP to create a package of measures that an employer can introduce to make it easier for their staff and visitors to choose different, cleaner and/or more sustainable ways to get to a particular site.

A good TAP should not be anti-car, rather it should be pro-choice: encouraging all staff and visitors to consider how they will travel for their next journey rather than just resorting to habit (often driving in a car alone).

Users should be encouraged to understand that it is not necessary to forgo all car use to take advantage of these initiatives; flexibility with transport choices is key to making a TAP work.

Good plans can benefit the employer plus current & potential staff members, visitors, and other users of the site. Initiatives that provide alternative transport options for those who are able/want to choose them also help car users by reducing demand for the limited resources of road room and car parking spaces.

Therefore, although a TAP is unlikely to be able to mitigate against external travel times, there are other positive outcomes that can benefit those travelling to the sites:

Benefits for UHL



- Enhanced staff retention and recruitment.
- Reduced need for expensive car parking areas.
- Staff arrive at work less stressed¹ and have fewer sick days².
- Reduced carbon footprint.
- Enhanced corporate responsibility.

¹ Stéphane Brutus, Roshan Javadian, Alexandra Joelle Panaccio (2017), *Cycling, car, or public transit: a study of stress and mood upon arrival at work*, International Journal of Workplace Health Management.

² YouGov, 2013 Commute and Exercise Survey commissioned by Sustrans.

Benefits for staff, visitors, and patients



- New staff find it easier to access the work site.
- Increased opportunities for daily activity.
- Reduced stress.
- Reduced carbon footprint.
- Provides greater choice so that a car is not the only option.
- Provides support for those without access to a private vehicle.
- Helps to reduce travel costs.
- Helping people to move away from private car use frees up road and parking spaces for those with the greatest need to drive.
- There is the potential for some fall in travel times with enhanced public transport services; for example, with the addition of bus-only lanes and new bus services.

All visitors to the UHL sites will experience the ability to plan their individual journey in a more flexible manner with the following benefits:

- Easier online travel planning.
- Improved pedestrian access.
- Increased and improved cycle storage facilities.
- City council investment in new cycle schemes.
- More options for off-site and displaced parking.
- Fairer car parking provision.
- Increased options from an enhanced P&R that includes:
 - Additional sites at Beaumont Centre and Leicester Racecourse (see Figure 1, page 15).
 - Routes that visit GH and the LRI.

The *Actions* listed in this Travel Action Plan have been chosen and prioritised to provide the most effective mitigation against any perceived negative changes to travelling to the UHL sites caused by the reconfiguration.

Covid-19

This TAP has been created during a time of national and international restrictions and uncertainty as UHL, like Trusts across the UK, are still impacted significantly by the largest ever worldwide pandemic with Covid-19. This is generating a set of additional travel planning requirements, to support essential workers to easily get to/from work. It is anticipated this impact could last for up to two years.

In this context, a series of temporary transport changes have been in place in the period March 2020 to September 2020 that do not represent the usual operating situation or follow UTP recommendations.

1. A weekend Hospital Hopper (bus) service was run plus duplicate buses during the day to help with the reduced bus capacity allowances.

These changes are still in place at Sept 2020.

2. At all three sites, staff were permitted to use patient parking.
3. Some restrictions on permit validity were temporarily lifted i.e. permits were valid across all three sites, night and weekend permits were valid during the day.
4. Car park charges were removed.
5. Additional car parking spaces were available at the following places:

For all staff

- Permits were issued for parking in Leicester City Council car parks and on street bays.

For the LRI

- De Montfort University – over 600 temporary permits until 16 August 2020.
- Leicester City Football Club – free staff parking around the stadium until 31 August 2020.
- Sherwin Hall Kitchens (Jarrom Street) – 50 permits until 31 May 2020.
- Highcross car park.
- The Shed.
- Havelock Street public car park – approximately 500 permits.
- Additional permits (approximately 100) were issued for the staff multi-storey car park.

For the GH

- Beaumont Centre car park.

In addition to these changes introduced by UHL, Leicester City Council also prioritised supporting key workers travel to work via the promotion of walking and cycling and introduction of new initiatives including pop-up cycle lanes and free access to bikes – a scheme that benefitted 315 hospital-based staff members between March and April 2020.

Some of these schemes are expected to continue long-term, which creates an opportunity for partnership working between UHL and LCC.

Pre-Consultation Business Case

The Pre-Consultation Business Case³(PCBC), shows how the options for acute hospital reconfiguration and redesign were arrived at, and what is needed to put these plans into action in a managed and safe way.

The case for change is set out, including how local clinicians have joined forces to lead system-wide planning, based on clinical evidence and how public and patients have been involved in every decision-making stage, with more to follow.

This PCBC is critical in order to enable detailed public consultation so that the investment needed to reconfigure the acute hospitals can be secured.

A section within the PCBC (pp297 – 308) sets out some of the expected impacts, positive and negative, on transport to the sites from the surrounding areas with a particular focus on the change in time.

Statements on the relevant Equality Impact Assessments and some suggested mitigations are also included.

As explained earlier in this document:

The *Actions* listed in this Travel Action Plan have been chosen and prioritised to provide the most effective mitigation against any perceived negative changes to travelling to the UHL sites caused by the reconfiguration.

³<https://www.betterhospitalsleicester.nhs.uk/EasysiteWeb/getresource.axd?AssetID=80336&type=full&servicetype=Inline>

Transport Findings

Salient points include (but are not limited to) the following (**bold added**):

“The proposed reconfiguration of UHL services potentially creates a materially increased travel journey for circa **30%** of LLR [Leicester, Leicestershire & Rutland] patients travelling by car. This increase is largely for those patients living in the east of the sub-region, who use services shifting from LGH to LRI..., the maximum increase to journeys will be **12 minutes** for a small proportion of our patients.”

“However, this is offset by reductions in journey times for patients to the west of the sub-region who will have reduced travel times to GH compared to both LGH and LRI.”

“Previous engagement undertaken by the BCT engagement campaign in spring 2015 suggested that **the majority of people rated waiting times and access to a specialist above travel time**”

“However, it is also possible...that a number of **the overall system changes may mitigate the negative impact of the above changes** for those in the east of the sub-region particularly.”

“In addition, mitigations will include: • Ensuring patients and visitors have access to accurate, up to date information about their travel choices, including **public transport information**, and are aware of **online journey planners**. • Ensuring patients and visitors have **accurate information about parking choices** and costs. • Providing users with information about schemes that offer assistance with travel costs. • **Providing travel information** with appointment letters.”

“the personal impact on families, patients and carers of additional travel, is not underestimated. The deprivation levels across both geographical areas, represents a financial as well as emotional impact and this will be **analysed further through consultation**.”

Consultation and Engagement

The Travel Action Plan has been influenced and shaped by feedback from a broad base of current and potential users and stakeholders of UHL. In summary the channels of feedback are as follows:

Public consultation process

The Travel Action Plan has received feedback from the official Building Better Hospitals for the Future consultation process.

Creation of Steering Group and Forum

To maximise opportunities for input into the development of the Travel Action Plan and to provide a structure for engagement with internal and external stakeholders, the project has been supported by a Steering Group and Forum. Their purpose has been to:

- Be an active part of the Reconfiguration consultation, receiving feedback on travel/transport matters.
- Be a sounding board for different transport measures proposed by UHL and Go Travel Solutions.
- Act as a catalyst for co-production of transport measures to enhance accessibility for the three sites.

During the development of the Travel Action Plan between October 2020 and January 2021, the developing Travel Action Plan was regularly shared to benefit from the input of the members of these two groups.

Further details of the Steering Group and Forum including their membership can be found in Appendix 3.

Additional feedback from other parties

A project on the scale of the reconfiguration with so many different parties involved, meant further feedback was received throughout from other interested internal and external parties.

All feedback from the above consultation and groups has been reviewed and responded to as appropriate within the Travel Action Plan.

Delivery of the Travel Action Plan in 2021

TAP Project Team: UHL (Travelwise Manager, Deputy Director of Estates, Reconfiguration Programme Manager, and Go Travel Solutions)

Internal TAP Delivery Group (bi-monthly meetings): the TAP Project Team plus Patient Rep, HR, Comms, Payroll, Consultant & Junior Doctor reps, Equality, Diversity & Inclusion, Health & Wellbeing, Capital, Staff Engagement, Receipt & Distribution.

External TAP Delivery Group (bi-monthly meetings): the TAP Project Team plus Leicester City Council, Leicestershire County Council, Rutland County Council, local bus & train operators, RideOn (Santander Cycles Leicester), and local major employers.

Plus, separate ongoing meetings with:

- Healthwatch Leicester & Leicestershire and Healthwatch Rutland.
- Patient Reps.
- Other key stakeholders.

Partnerships

As detailed throughout the document, opportunities exist for collaboration with the local councils' (Leicestershire County Council, Leicester City Council, Rutland County Council) transport services development.

Leicester City Council

With Leicester City Council, these opportunities include (but may not be limited to):

- Development of a Sustainable Travel Network (see next section) including:
 - Electric rapid transit services serving LRI e.g. from Birstall, Meynells Gorse, and Enderby P&R sites.
 - A new P&R connection linking Beaumont Centre with the GH and LRI.
 - An electric cycle hire facility as a part of the new Santander Cycles Leicester initiative.
- Further details, including costs and exclusions can be found at www.rideonleicester.com.
- A new cycle parking facility at the LRI.
 - Investment in the Hospital Hopper including electric vehicles.
 - New city centre connection serving the UHL.

- Supporting key workers getting to work during the Covid-19 epidemic and subsequent restrictions on movement.
- Support for Health & Wellbeing e.g. 100 paper maps detailing lunchtime walks created by Leicester City Council and Living Streets are now available to staff.
- Sustainable travel grants. For example, funding (circa £30k) from Leicester City Council is available to be used by 31 March 2021. This is from the DfT Emergency Active Travel Fund in response to the Covid pandemic. Recommendations from White Young Green consultants following a site audit will help to inform how this funding is used.

A list of the currently proposed transport developments that present an opportunity for partnerships can be seen in Appendix 4.

Rutland County Council

Following feedback, Rutland CC have planned to improve communication of their current transport offerings to local residents and working with UHL to share information between the parties.

Leicestershire County Council

The county council also offers initiatives to help support employee travel, including:

- Pool e-bike loans for employers.
- Park & Cycle from P&R sites (currently LRI staff only).
- Staff cycle training for county residents.
- Personalised travel planning sessions (in conjunction with the city council).
- Free access to the BetterPoints app to earn points and redeem them for high street vouchers or donate them to charity:
www.choosehowyoumove.betterpoints.uk/page/choose-how-you-move

Opportunities for partnership working with UHL include:

- Extending the Santander Cycles scheme up to Glenfield via the addition of new docking stations en route and on-site.
- Temporary arrangements for Park & Ride/Park & Stride during the creation of the Beaumont Centre P&R site. This could include parking at County Hall and/or additional bus services from the existing P&R sites.

Development of a Sustainable Travel Network for the UHL

As listed on the previous page, the local transport authority has secured funding to develop new public transport and active travel services. Hence there is the opportunity with the scale of change taking place with Building Better Hospitals for Leicester and the engagement of Leicester City Council, to create a sustainable travel network the better serves the three sites.

For the Trust to maximise the investment from Leicester City Council, it will require a commitment at policy and promotional level to sustainable travel. At policy level, for example, it will be important that parking strategy supports and encourages use of the P&R services. At promotional level, for example, it will be important that sustainable travel is prioritised with staff, visitors, and patients (where appropriate). These commitments are expected to be part of a partnership agreement with Leicester City Council.

As an indication of the sustainable travel network that is planned to be developed during the Reconfiguration Programme, Figure 1 shows a visual reflecting the current rapid transit services stopping at the UHL, whilst Figure 2 indicates the expected future electric network.

In addition to the public transport services, the new Santander Cycles Leicester initiative will provide access to electric hire bikes from a variety of docking stations across the city including Infirmary Square and other locations within walking distance of the LRI in the first phase. A supplementary cycle storage hub for public use is also planned for installation in Infirmary Square. See Appendix 5 for the plans.

There is also potential in future phases to link the LGH and GH into this network with docking stations onsite and en route although this may require capital investment from the UHL.

Corporate sponsorship and packages will be available to help staff with the costs of accessing bikes for both commuting and work use.

Figure 1. Current Rapid Transit Services to the UHL

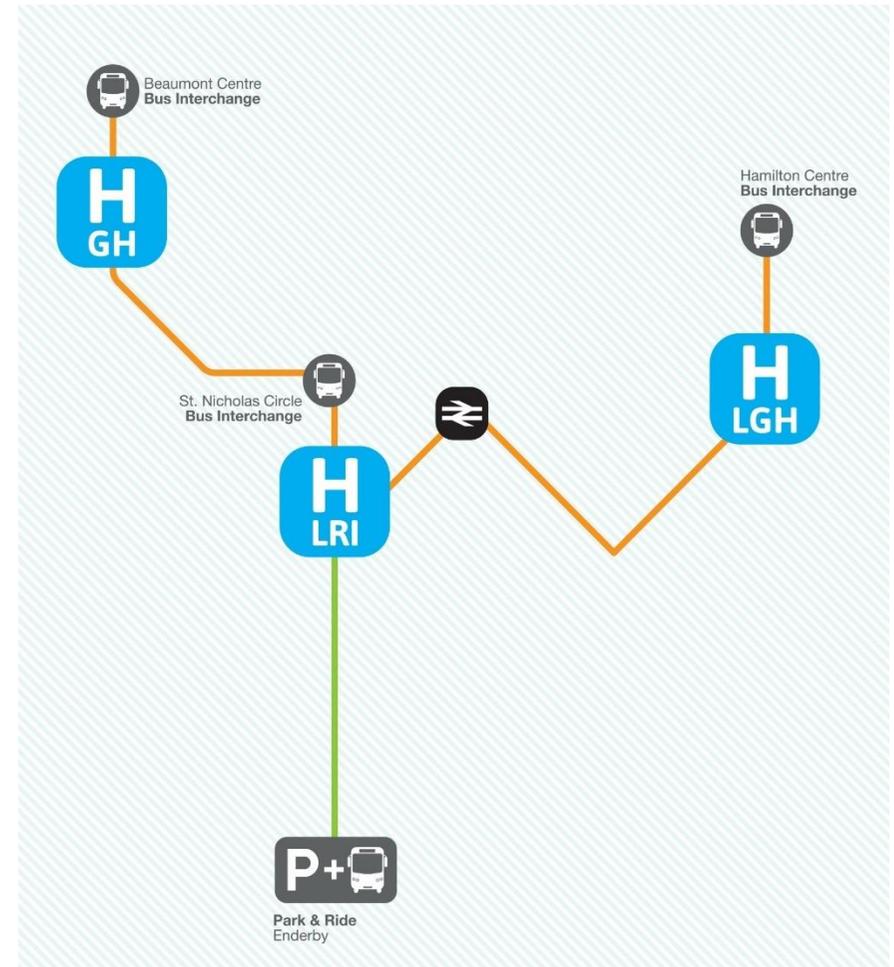
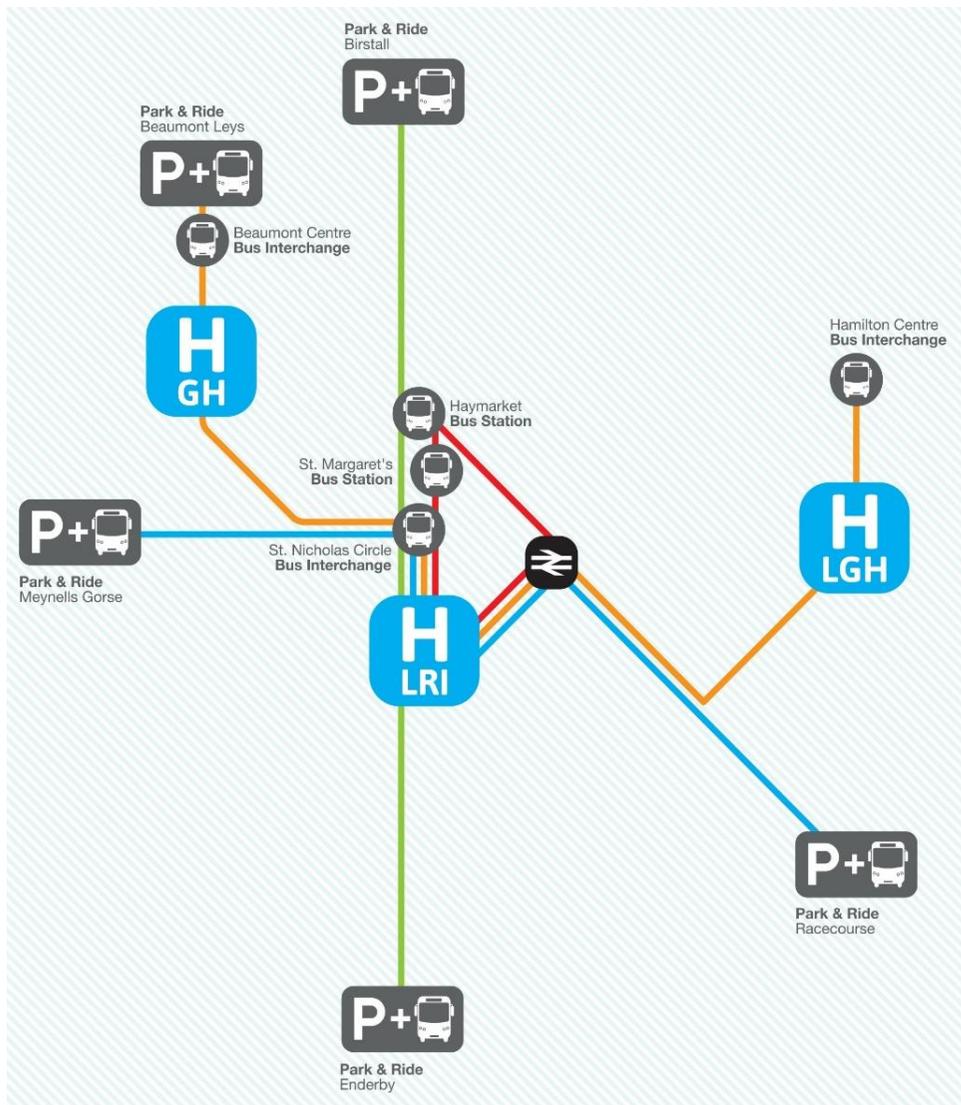


Figure 2. Planned Future Electric Rapid Transit Network



Additional Passenger Support Services for UHL

In addition to the public and private travel options and support described in this document, a range of other passenger transport services are available for patients needing to travel to UHL sites.

These include the A. Patient Transport Service and B. Volunteer Driver Schemes.

A. Patient Transport Service

Currently operated by TASL, the Patient Transport Service is a non-emergency transport provider for Leicester, Leicestershire, and Rutland patients who have a medical condition that would prevent travel by other means. The scheme offers transport to site by patient transport ambulance or ambulance car.

Entitlement to transport depends on whether the user meets the medical-needs eligibility criteria set out by NHS West Leicestershire CCG (Clinical Commissioning Group), NHS East Leicestershire and Rutland CCG, and NHS Leicester City CCG. In some cases, an eligible support person may also be carried on the service.

Bookings are made by contacting 0345 241 3012.

Contact (feedback) with the service can be made by:

☎ 0808 164 4696

@ PET@thamesgroupuk.com

www tasl.uk.com

✉ TASL, Landmark House East, Alpha Court, Kingsley Road, Lincoln, LN6 3TA.

B. Voluntary Driver Schemes

Community transport networks using volunteer drivers are available to residents of all three counties and offer not-for-profit transport for people who don't have access to public transport services that meet their travel needs.

For Leicester and Leicestershire residents, information and contact details can be found on the Choose How You Move webpages at:

<https://www.choosehowyoumove.co.uk/public-transport/community-transport/>.

For Residents in Rutland, information is available on the local government website:

<https://www.rutland.gov.uk/my-community/transport/community-transport/>.

Information about schemes that operate in and around other areas are likely to be available through local libraries, volunteer bureaux or GP practices.

Actions

Promotion and Management of the Travel Plan

Long-term promotion of a TAP is of paramount importance; without knowledge of the aims and initiatives then staff, patients, and visitors will be unlikely to take advantage of them. It's also important for employees to feel like they have an affinity with, and involvement in, the development and growth of the plan as it moves forward.

For potential new employees, transport to the site may be a barrier that prevents them from applying for or accepting a role so it's important that the available options are easily found before starting in post.

To move forward, sustainable travel needs to become an inherent part of day-to-day life within the Trust and not be seen as a voluntary add-on extra. To achieve this, encouragement to find and use different transport modes needs to start as a part of the first contact that a new member of staff, patient, or visitor has with UHL and continue throughout the relationship.

This means making information easy to find, appropriate, and useful. It also means creating a forum for feedback from appropriate groups so that travel and transport is viewed as the responsibility of all hospital users and not just Estates.

Messages from different Trust sources need to be regular and consistent so that expectations on travel behaviour and choices are equal and fair for all.

Current Situation

- There are Travel areas on the internal insite and external website. However, the information on insite is not easy to find.
- Promotions and posters are used as necessary.
- A pack on transport options, including information about Choose How You Move, is given to parking permit applicants but this could be improved.
- There is no regular communications channel e.g. newsletter.
- To add to information to wage slips would come at a cost.
- Promotion of sustainable transport is not a priority for the Trust.

Actions for all sites

P&M1. Ensure that senior management teams make a strategic commitment to sustainable travel and engage with the plan especially during major site developments.

P&M2. Develop a long-term partnership with Leicester City Council, to secure investment covering the Reconfiguration Programme in helping to develop a sustainable travel network for the three sites.

P&M3. Development of a Steering Group with external stakeholders (including Leicester City Council, bus operators, cycle providers etc), to help co-produce new sustainable transport measures.

P&M4. Rebuild transport webpages so that they become a one-stop-shop for travelling to the sites owned by the Trust including creating bespoke information and sustainable travel incentives.

The webpages will be the primary travel information source; therefore, it is important to ensure that the site is easily accessible and navigable for all existing, new, and potential staff and other users. For example, by using the text-to-voice system Browse Aloud.

A statement on UHL website accessibility can be found at <https://www.leicestershospitals.nhs.uk/aboutus/about-this-website/accessibility/>.

Order the information on the pages so that priority is given to non-SoV methods.

Include information and links to discount opportunities for staff, visitors, and patients.

Include travel options to other areas such as Kettering, Lincoln, Peterborough, and Northampton.

P&M5. Include information about the TAP – its aims and initiatives – as a part of the induction programme for all new staff to avoid them becoming car dependant at the start of a new job.

If induction is an online process, then create a section on transport. If it's a face-to-face meeting, then ask to have time for a short presentation and/or Q&A session.

P&M6. Establish a Travel Plan Group to manage and adapt the plan as required. Include representatives from different departments and levels across the business.

A Travel Plan Group is key to making sure that all interested parties are able to have their say on future policies and to feel that they have some ownership of the Travel Plan. This is more likely to lead to greater knowledge of the plan and engagement with its initiatives.

P&M7. Review internal communication channels.

Make sure that the information that is sent out is relevant, easy to digest and understand and is disseminated in such a way that it gets to the people it's intended for.

Use a variety of methods e.g. social media channels, payslips, and encased posters. Include questions in the annual staff travel survey about if/how staff receive the information.

P&M8. Carry out an annual Staff Travel Survey to see how employees commute and assess the success of any new initiatives.

P&M9. Review onsite signage for consistency and standardisation.

Personalised Travel Planning

Personalised Travel Plans (PTPs) are individually tailored reports that highlight the options that are available for a particular journey.

They can help to show those who may have only considered private car use what other choices may exist.

PTPs should create opportunities for staff to learn of the availability of different forms of transport for their journey.

Current Situation

- No PTP support is directly available for staff or visitors.

Actions for all sites

PP1. *Promote on-line journey planners*

e.g. <https://www.google.com/maps> or www.choosehowyoumove.co.uk

Provide links to on-line journey planners on staff, patient, and visitors travel webpages.

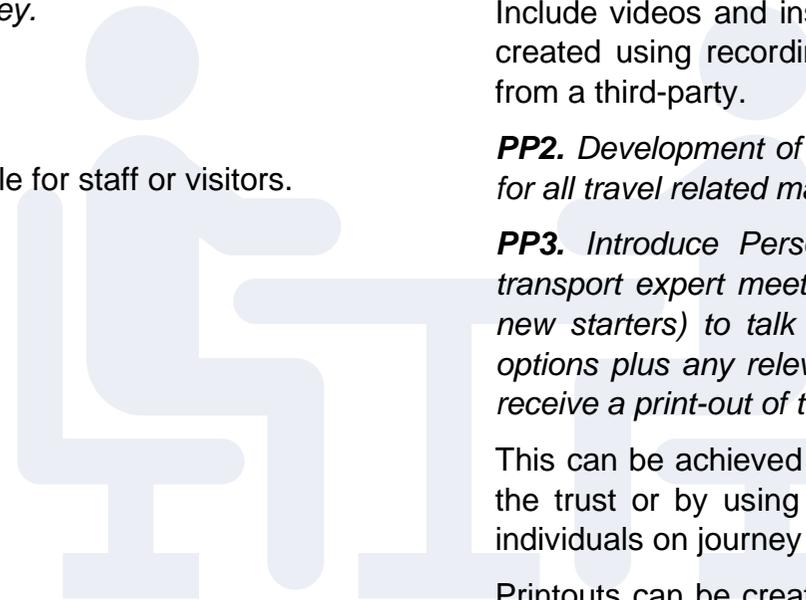
Include videos and instructions on how to use them. Videos can be created using recording software (e.g. Microsoft Teams) or bought from a third-party.

PP2. *Development of web-based travel hubs as the 'one-stop' place for all travel related matters for staff, visitors, and out-patients.*

PP3. *Introduce Personalised Travel Planning to staff. Include a transport expert meeting one-to-one with staff members (especially new starters) to talk through their commuting and business travel options plus any relevant benefits on offer. Participants should also receive a print-out of their options.*

This can be achieved by employing a member of staff directly within the trust or by using a third-party with experience of working with individuals on journey planning.

Printouts can be created directly from Google Maps or personalised by an advisor.



From LE8 9AG to LE1 6RU

Bus

Route: Arriva X3 Sapphire

Out: Bindley Lane 07:08 – Charles Street 07:36

Return: Charles Street 09:08 – Bindley Lane 09:31

Cost: Adult day ticket £5.70 (other ticket types available see <https://www.arrivabus.co.uk/midlands/bus-tickets/tickets/>)

Bike

36 minutes (6.9 miles) via A6

37 minutes (7.3 miles) via Gartree Road

43 minutes (8.2 miles) via National Route 63

Car sharing

Leicester and Leicestershire have a free public car share database at:

<https://liftshare.com/uk/community/leicestershire>

Parking is available within the city and surrounding areas. Rates vary from around £1 per hour in the city centre to £3 for all day slightly further out.

12 hours parking within the Victoria Way, Granville Road car park is £4.

Costs do not include the additional expenses of using a car e.g. fuel and wear.

Walking

10% of UK commuters report that their main transport choice for getting to work is walking. However, a much higher percentage do so only occasionally or for just part of their journey.

This suggests that some of those occasional walkers could be supported to walk more often if suitable initiatives were introduced at workplaces that encouraged and enabled them to do so.

Initiatives should make it easy to shower and change at the destination if needed, increase the idea that walking is a normal and usual method of travelling for short-range journeys, and provide opportunities for those living further away to walk part of their commute

Current Situation

- The local pedestrian network to the Hospital is good with wide, well-lit footpaths along Aylestone Road, Oxford Street, Jarrom Street, Havelock Street and Walnut Street.
- Maps of the area are available online, but these do not show recommended routes or times to get from key points e.g. bus and rail stations:
- <https://www.leicestershospitals.nhs.uk/patients/getting-to-hospital/leicester-royal-infirmary/>
- Lunchtime Walks maps are available online and 100 paper maps created by Leicester City Council and Living Streets are now also available to staff.

Actions for all sites

W1. Provide departments with umbrellas that staff can use to walk between buildings and other local areas.

W2. Update existing maps to show recommended routes including times to get from key points e.g. bus and rail stations.

Use internal Trust services or a third-party with editable mapping software.

One-mile walking is approximately 2,000 steps or 20 minutes.

Walking routes can be created and mapped using a GPS unit with the capability to download a GPX file.

W3. Include maps electronically on travel webpages and as hard copies in physical communications to new staff and visitors.

This needs to be done as a part of an overall overhaul of the travel webpages to ensure that alternatives to driving are given a high-enough priority.

Driving to the site should be physically lower or require more clicks than other options. Use the hierarchy:

Walking → cycling → public transport → car sharing → driving

W4. If demand exists, develop joint projects and initiatives with a Health and Wellbeing team to encourage increasing levels of walking including the establishment of a Walkers' Group (WG).

These could include guided walks of the local area either in person or via downloadable printouts that include interesting local area information.

W5. Ensure representation of the WG on the Travel Plan Group.

This helps to ensure that feedback is available from users.

W6. Liaise with other local parking providers that are within 0.5 – 1.5 miles from the site to help create a Park & Stride site (as is done at LCFC).

Previously supportive businesses may have excess parking spaces that can be utilised during the day and help provide those drivers who are happy to walk a short distance with the opportunity to do so.

W7. Ensure that traffic calming measures and safe pedestrian routes are included within the reconfiguration and investment programme.

W8. Ensure pedestrian areas have appropriate markings and signage for those with impaired vision.

W9. Consider the provision of dedicated mobility scooter parking areas with charging points on site.

W10. Improved and increased storage options for clothes.

Cycling

The benefits of cycling to work are well documented: not only does it provide a healthy dose of daily activity, it is also a cheap and clean commuting option that helps to keep our streets and communities congestion and emission free, stress and sickness levels among staff are lowered, and less space for parking is needed at the workplace.

In addition, recent improvements in electric-bike technology now mean that cycling is more accessible to many more people.

Initiatives should aim to provide the most appropriate, safe & secure storage for cyclists; make it easy to shower and change at the destination if needed; support existing and new cyclists, and increase the idea that cycling is a normal and usual method of travelling for short- and mid-distance journeys.

Current Situation

- The local road network contains a variety of good, average, and poor cycle routes that include segregated routes, shared bus lanes, shared-use footpaths, and standard carriageways.
- The Hospital webpages do not currently include any advice or support on how to cycle to the site or maps of public or staff cycle storage areas.
- A variety of cycle/motorcycle parking exists but could be expanded and improved. LRI sheds are full, GH are full, LGH have space.
- Dr Bike makes site visits.
- Police bike marking occurs onsite.
- The salary sacrifice scheme exists but needs upgrading.

- There are some limited public cycle routes between sites, but these are inconsistent and of varying quality and design.
- There are currently no charging points for e-bikes on site.
- Planned to be launched in the coming months is Santander Cycles Leicester (operated by Ride On Leicester). This is a new public e-bike sharing scheme for Leicester. The LRI is included as one of the initial docking stations. LGH and GH are potential future docking stations. Concessionary charges will be available for some low-income users.

Actions for all sites

C1. *Encourage e-bike use among staff.*

Promote the availability of e-bike hire from LCC via the Wheels to Work programme:

<https://www.choosehowyoumove.co.uk/cycling/wheels-to-work/>

Have an open day of e-bikes on site for staff to try out.

Introduce e-bike charging points in appropriate cycle sheds.

C2. *Develop a partnership with the Santander Cycles Leicester bike share scheme.*

Investigate the opportunities for sponsorship or bulk purchasing of memberships to sell onto staff with the associated corporate discount.

Ensure that a either Leicester City Council cycle representative is present within the UHL Stakeholders group or a UHL representative sits on the LCC Cycle Cities Group.

C3. *Include a cyclist representative on the Sustainable Travel Plan Group).*

This helps to ensure that feedback is available from users.

C4. *As with Walking, update existing maps to show recommended routes including times to get from key points e.g. bus and rail stations.*

This could include videos of routes being taken.

C5. *Create and share maps of the site showing areas where visitors and/or staff can store bicycles including relevant advice on how to access any locked storage.*

C6. *Introduce cycle equipment discounts for staff.*

Use a third-party offer such as SmartGo.

C7. *Improvements to shower and changing facilities.*

Showers and changing in all new buildings to include lockers and clothes' hangers for drying. Where space allows, drying rooms to be located next to the changing facilities.

C8. *Improved and increased storage options for clothes.*

C9. *Improve the current salary sacrifice scheme.*

Liaise with Payroll and/or HR to expand the number of windows to four per year.

Ask the current provider to increase the limit above £1,000 or move to the Green Commute Initiative. Having a higher threshold will enable the types of bikes available to expand to include e-bikes.

C10. *Loan out free cycle locks and lights to staff and have a supply of free repair kits and inner tubes to support those who may puncture on the way to work.*

Create a central hub where staff can access the equipment – may require additional personnel as described in *Personalised Travel Planning* above.

Speak to a local bike shop e.g. Websters to see if discounts are available for bulk buying.

Loans should be free, renewable monthly.

Previous concerns about loaning out repair kits can be removed by ensuring that all kits are new and unused.

C11. *Introduction of improved cycle storage*

The type of storage that is suitable, will depend on the expected users. Those staying long term e.g. staff, may require covered lockable areas, whereas those who are visiting short-term may require easier access to covered but open areas.

As the use of electric bikes is expected to increase, the need for lockable storage will also increase but the requirements for showers & changing plus lockers may fall as riding is less strenuous.

In places where space is limited, open and uncovered facilities may be more appropriate. See Appendix 6 for examples of storage types. Eye catching facilities would be a good opportunity to promote the facilities and encourage more users.

New and existing facilities need to be well lit and covered by CCTV. Wherever appropriate and possible, access to staff facilities should be controlled by existing staff ID cards.

Actions for LRI only

C12. *Update existing cycle storage.*

Some funding (circa £30k) from Leicester City Council is available to be used by 31 March 2021. This is from the DfT Emergency Active Travel Fund in response to the Covid pandemic. Recommendations from White Young Green consultants following a site audit will help to inform how this funding is used.

The LRI requires the following **as a minimum** for cycle storage:

1. Numbers need to reflect the status quo at least (see Appendix 7) but it would be preferable to increase to encourage greater use.
2. Uncovered stands should be covered wherever possible.
3. Any stands lost during the refurbishment should be replaced on a like-for-like basis as a minimum but should be upgraded where appropriate.

C13. *Promote access to the new cycle hub on Infirmary Square.*

Actions for LGH only

C14. *Invest in a Santander Cycles docking station at LGH.*

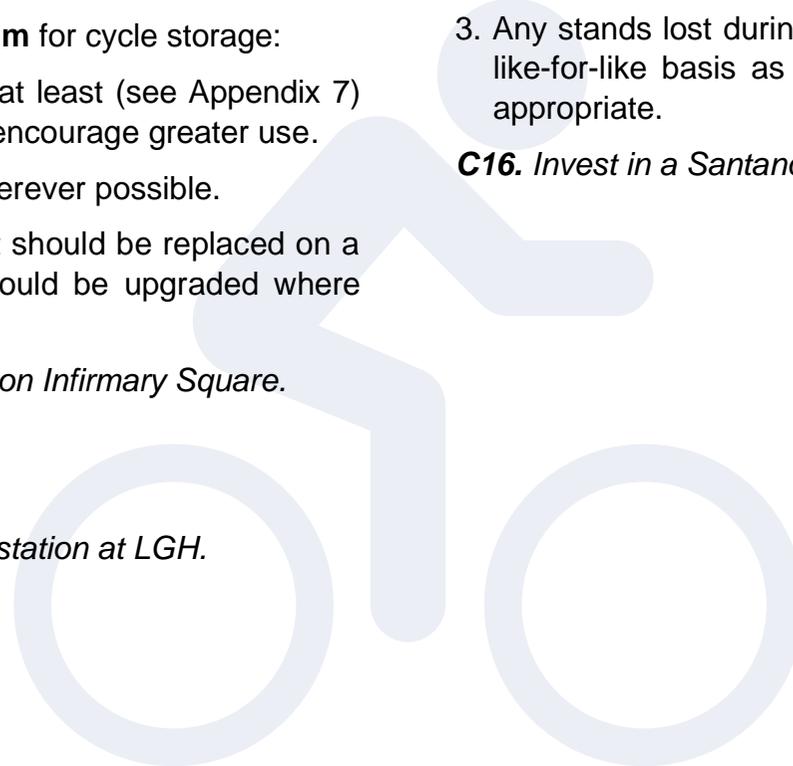
Actions for GH only

C15. *Update existing cycle storage.*

GH requires the following **as a minimum** for cycle storage:

1. Numbers need to reflect the status quo at least (see Appendix 7) but it would be preferable to increase to encourage greater use.
2. Uncovered stands should be covered wherever possible.
3. Any stands lost during the refurbishment should be replaced on a like-for-like basis as a minimum but should be upgraded where appropriate.

C16. *Invest in a Santander Cycles docking station at GH.*



Public Transport

It is noted that at the time of writing, public transport use is subdued due to Covid-19 although it is hoped that this situation will improve during 2021. Any public transport promotion should be made with reference to the latest government advice: <https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers>.

Staff travel-to-work surveys regularly show that employees would consider switching from car use to public transport if the latter was cheaper, easier and more convenient to use. However, the perceptions of cost and difficulty of using public transport may not always align with the reality among drivers who have not used a bus or train for a while.

Employers can help by providing easy-to-use sources of information where staff can quickly and simply plan a journey and compare costs and journey times versus driving.

The minimum accessibility standards of buses and coaches in England, Scotland and Wales are outlined in the government Public Service Vehicle Accessibility Regulations (PSVAR):

<https://www.gov.uk/government/publications/accessible-buses-and-coaches/bus-and-coach-accessibility-and-the-public-service-vehicle-accessibility-regulations-2000>. The Hospital Hopper new electric buses are expected to exceed these minimum regulations. Bus stop accessibility e.g. raised kerbs is the responsibility of the local authority.

As indicated earlier in the HTP, there is the opportunity for a step-change in public transport provision for the three sites through the development of a partnership with the local authority. Leicester City Council have secured funding for a network of electric rapid transit bus services as described earlier in the document.

Initiatives should aim to make journey planning by public transport quick and easy for all staff members.

Current Situation

- The LRI is well served by buses from the south of the city and county with stops along Aylestone Road, Jarrom Street, Havelock Street, and Walnut Street.
- Operators along these routes include Arriva, Centrebus including the Hospital Hopper service, and First Bus.
- The rail station is a 15 to 20-minute walk away.
- UHL staff travel for free on the Hospital Hopper service.
- There is some use of Real Time Information (RTI) via electronic display boards, but this is not ubiquitous across the sites and may be underutilised.
- Concessionary fares are available to some groups at certain times. See:
 - <https://www.choosehowyoumove.co.uk/public-transport/bus-passes-and-concessionary-travel/>.
 - <https://www.rutland.gov.uk/my-community/transport/bus-passes/>.
 - <https://www.gov.uk/apply-for-elderly-person-bus-pass>
 - <https://www.gov.uk/apply-for-disabled-bus-pass>
- Other groups may be able to claim travel costs back (including, but not limited to, public transport). See <https://www.nhs.uk/nhs-services/help-with-health-costs/healthcare-travel-costs-scheme-htcs/>

Actions for all sites

PT1. *Include the provision of EV charging points at P&R sites.*

PT2. *Introduce loans for season tickets.*

PT3. *Provide staff discounts on tickets.*

This can be achieved by liaising with the local bus companies or via a third-party such as SmartGo.

PT4. *Real time bus information.*

Electric board displays should be installed in all key buildings with high numbers of visitors (where not already in place). Use of the boards could be expanded to include information on support for sustainable travel beyond public transport use.

In addition to electric board displays, promote the use on on-line and smart phone apps from the local bus operators for travel planning, real time maps, and ticket purchases.

PT5. *Extend the Hospital Hopper to link up with P&R services.*

PT6. *Expand Hospital Hopper times to include weekends.*

PT7. *Increase the frequency of the Hospital Hopper.*

PT8. *Engagement with LCC regarding future bus service schemes to ensure that the UHL sites are key destinations.*

PT9. *Introduce a Demand Responsive Transport (DRT) service similar to ArrivaClick to serve areas with no direct public transport link to the site.*

PT10. *Promote the availability of multi-provider tickets.*

For example, the *flexi* bus ticket and *PlusBus* rail and bus tickets.

PT11. *Encourage an increase in P&R hours to cover 0600 until 2130 Monday to Friday.*

Actions for LRI only

PT12. *Inclusion of the Hospital Hopper into the PlusBus travel card scheme.*

PT13. *A bus hub to be introduced on-site at the LRI.*

The bus hub will allow easy access to wheelchair users and others with restrictions created by some form of disability.

Actions for GH only

PT14. *Introduce a temporary P&R from Meynells Gorse from Summer to Winter 2021 (or Park & Stride from County Hall).*

To cover period when the Beaumont Centre P&R is not yet available.

PT15. *Introduce additional bus journeys between GH and Beaumont Centre P&R.*

Actions for LGH only

PT16. *Introduce a five-year temporary P&R from LGH using the Hospital Hopper service.*

Car Sharing

It is noted that at the time of writing, car sharing may be unpopular due to Covid-19 although it is hoped that this situation will improve during 2021. Any car sharing promotion should be made with reference to the latest government advice: <https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers>.

Like public transport, results from travel surveys often indicate that car sharing has a high potential for encouraging solo car drivers to alter their behaviour towards more sustainable travel choices.

Car sharing reduces costs for users and helps free up car parking spaces where demand may be high.

Initiatives should aim to reduce the barriers to participation in car sharing by making it more beneficial than driving alone. They should also make it easy for potential sharers to find and communicate with each other.

Current Situation

- Staff members have free access to a Liftshare database.
- Members of the public can use the public car share group at www.choosehowyoumove.co.uk/carshare.

Actions for all sites

CS1. *Introduce an Emergency Ride Home scheme (not 'guaranteed') for car sharers left behind if a driver needs to leave early.*

CS2. *Promote the staff car share pages to new staff members as a part of the interview or induction process.*

Ensure that the car share database is clearly linked to on any communication, paper or electronic, from where staff sign up for car park permits.

CS3. *Increase take-up on the existing car share database by holding promotions.*

These could include, for example, sign-up prizes for randomly selected members.

CS4. *Consider alternative provision of a car share database e.g. Taxi.*

With technology changing all the time, different operators have different methodologies for finding a partner, paying for a lift, confirming a lift etc.

This is very likely to be an improved service in comparison to Leicestershare although it would need to be paid for.

CS5. *Create Car Share Permits and ensure that parking areas have designated spaces for those permit holders.*

DMU have a similar scheme for their Main Car Park – liaise with their Transport Co-ordinator to get details on how it can be introduced and policed.

Staff Car Parking

Car parking can be a very useful asset for helping some staff to get to work; however, it can also cause barriers for those who do not have access to a car if investment in car parking reduces the availability of alternative transport initiatives or if motorised access to the site makes cyclists and pedestrians feel unsafe.

Driving to work can be an expensive and stressful activity for some people and studies have shown that active commuting methods such as cycling can result in healthier staff who take less time off sick.

Initiatives should help to ensure that car parking is a facility that is used by those with the greatest need and/or least access to other forms of travel. Properly managed, a car park can benefit all staff members and encourage car users to consider whether driving is the most appropriate transport choice for their next journey.

Current Situation

- Car parking is available for the public and staff members at the hospital, but charges (usually) apply.
- Car parking charges are regularly reviewed.
- The income is not currently ring-fenced for the use of providing or promoting alternative transport choices.
- During the Covid-19 restrictions car parking charges have been dropped and additional facilities added as described in the *Covid-19* section.
- Government rules and guidelines on hospital parking charges for the future are currently under review and unknown.

- Comparison tables containing information about other hospitals and their parking charges/policies exist but are not always up to date.
- There are contacts between UHL and local private car park owners.
- Electric Vehicles (EVs) are available to be purchased via the existing salary sacrifice scheme.
- There are currently no charging points for EVs on site.
- Parking policies exist but are not always applied consistently.
- A Workplace Parking Levy scheme is proposed for Leicester and currently being consulted on by Leicester City Council. If introduced, the earliest start date would be late 2022. This could result in a charge being made by Leicester City Council for all staff car parking provided by employers in Leicester. The scale of the current annual licence fee in Nottingham is £424 per parking space for employers who provide 11 or more liable places. In Nottingham hospital staff parking is excluded from the scheme. However, this is a local not national exemption, so a potential significant charge could in the future be made on the UHL. If this did occur, the Board of the UHL would need to decide whether to pass this cost onto its staff.

Actions for all sites

SP1. *Car parking development will, as a minimum, retain the recommended ratio of disabled:standard parking bays.*

SP2. *Provide car parking information to new staff as a package of travel options and never in isolation.*

The travel webpages should be updated to include information on all transport options with prominence given to non-driving options.

SP3. *Ensure that policies are observed by all relevant parties and applied fairly and consistently across all user groups.*

Making exceptions for individuals or groups erodes faith in the policy and leads to resentment and a loss of adherence and hence effectiveness.

SP4. *Review the car parking offer for contractors.*

The Staff Car Parking Protocol currently states that 'Generally main contractors will be given compounds for the duration of the contract, and a number of car parking permits will be issued'. This should be reviewed to ensure that parking offers are made on a case-by-case basis with clear criteria for when parking permits will only be offered.

SP5. *Ensure that parking rates are comparable with the costs of public transport to the site and comparable with other similar institutions.*

Keep the comparison tables up to date but it is understood that government policies may over-ride decisions made at the local level.

SP6. *Use car parking income to promote and enable more sustainable transport choices.*

Ring-fencing of car parking income (either in total or in part) is common at other institutions e.g. De Montfort University.

SP7. *Introduce a car park management system that encourages a more flexible form of transport decision making.*

Annual permits encourage those who have paid for them to use their cars. Payment on a trip basis – e.g. using ANPR as cars enter the car parks – encourages some drivers to consider alternatives on days when they are available.

Payment by phone app may also be a possibility.

SP8. *Review the number of permits issued to the staff and students of the universities.*

To ensure that the numbers stated in the Staff Car Parking Protocol are still appropriate.

SP9. *Introduce electric charging points in all car parks and ensure that these are enforced.*

Electric vehicles produce lower emissions than petrol or diesel engines and hence help to reduce the carbon footprint of the Trust.

Where charging points are not provided, ensure that groundwork preparations include conduits for potential future additions.

SP10. *Engage with Leicester City Council as part of the Workplace Parking Levy consultation.*

Need for UHL to determine its policy position in relation to this proposal and future impact on parking strategy.

Patient and Visitor Car Parking

Whilst the same costs and benefits exist for patient and visitor drivers as they do for staff, additional factors may apply for why car use is considered the primary transport choice for those many in those former groups. These factors include, but are not limited to:

- Illness or injury.
- Stress or anxiety.
- Lack of knowledge.
- Appropriate alternatives at some periods during the day.

Providing an appropriate level of patient and visitor car parking is therefore considered essential for the three main UHL sites.

Current Situation (see also *staff car parking*)

- Car parking is available for the public and staff members at the hospital, but charges (usually) apply. Concessions are available for patients & prime carers; parking is free for Blue Badge holders in selected areas. Car parking charges are regularly reviewed.
- The income is not currently ring-fenced for the use of providing or promoting alternative transport choices.
- Government rules and guidelines on hospital parking charges for the future are currently under review and unknown.
- Comparison tables containing information about other hospitals and their parking charges/policies exist but are not always up to date.
- There are contacts between UHL and local private car park owners.

Actions for all sites

PVP1. Car parking development will, as a minimum, retain the recommended ratio of disabled:standard parking bays.

PVP2. Include information on all transport options to the sites on all forms of relevant communications.

PVP3. Ensure that parking rates are comparable with the costs of public transport to the site and comparable with other similar institutions.

PVP4. Examine payment via phone app options.

PVP5. Use car parking income to promote and enable more sustainable transport choices.

PVP6. Introduce electric charging points in all car parks and ensure that these are enforced.

PVP7. Include drop-off points at the main entrances to all the hospitals.

These should not be within the car parks unless there is a way to prevent those dropping off from getting mixed up with the car park traffic.

Priorities

With so many suggested *Actions* and competition for resources, a methodology was required for ranking those that should be priorities in the first 12-months after launch of the TAP.

This methodology is detailed below:

1. The *Actions* were categorised by cost range.
2. Marks were given in a variety of areas:
 - a. Requirement for planning permission (out of 10).
 - b. Urgency due to the reconfiguration timings (out of 5).
 - c. Strategic fit with the overall Trust aims (out of 5).
 - d. Estimated benefit to cost ratio (out of 5).
3. The total out of 25 was used to order the list.
4. This list was used in conjunction with discussions around the likelihood of being able to successfully complete the *Action* within the timeframe.
5. A final list of 11 *Actions* was agreed upon.

The suggested priorities for introduction in the first 12 months are as follows:

P&M4. Rebuild transport webpages.

P&M8. Carry out an annual Staff Travel Survey.

PT14. Introduce a temporary P&R from Meynells Gorse from Summer to Winter 2021 (or Park & Stride from County Hall).

PT7. Increase the frequency of the Hospital Hopper.

C16. Invest in a Santander Cycles docking station at GH.

PT16. Introduce a five-year temporary P&R from LGH using the Hospital Hopper service

C11. Introduction of improved cycle storage.

PT15. Introduce additional bus journeys between GH and Beaumont Centre P&R.

PP3. Introduce Personalised Travel Planning to staff.

PT11. Encourage an increase in P&R hours to cover 0600 until 2130 Monday to Friday.

PT3. Provide staff discounts on tickets.

SP7. Introduce a car park management system that encourages a more flexible form of transport decision making.

Timetable for Starting *Actions* See individual sections for references

	Site	2021		2022		2023		2024	
		Jan - June	July - Dec	Jan - June	July - Dec	Jan - June	July - Dec	Jan - June	July - Dec
Car Parking	All Sites								
	LRI	SP7							
	LGH								
	LG								
Promotion & Management	All Sites	P&M4	P&M8						
	LRI								
	LGH								
	LG								
PTP	All Sites		PP3						
	LRI								
	LGH								
	LG								
Walking	All Sites								
	LRI								
	LGH								
	LG								
Cycling	All Sites	C11							
	LRI								
	LGH	C16							
	LG								
Public Transport	All Sites		PT7/PT11/PT3						
	LRI								
	LGH		PT16						
	LG		PT14/PT15						
Car Sharing	All Sites								
	LRI								
	LGH								
	LG								

	Site	2025		2026		2027		2028	
		Jan - June	July - Dec						
Car Parking	All Sites								
	LRI								
	LGH								
	LG								
Promotion & Management	All Sites								
	LRI								
	LGH								
	LG								
PTP	All Sites								
	LRI								
	LGH								
	LG								
Walking	All Sites								
	LRI								
	LGH								
	LG								
Cycling	All Sites								
	LRI								
	LGH								
	LG								
Public Transport	All Sites								
	LRI								
	LGH								
	LG								
Car Sharing	All Sites								
	LRI								
	LGH								
	LG								

Comparing the *Actions* of the Travel Plan versus the TAP

In Tables 1 – 5 below, reference codes in the middle columns indicate where the *Actions* in the TAP match or, in some places, replace those in the Curtins' Travel Plan. Where an explanation is needed, comments are shown in the right-hand column.

Any *Actions* introduced in the TAP that were not included in the original TP are shown as additions at the bottom of each section.

Priorities for the first 12 months are shown in red text.

Table 1: Walking

Action from Original Travel Plan	Action from the TAP	Comments
Create a walkit.com link on the UHL intranet.	W3.	Creating maps internally rather than using external links gives greater control on the information that can be included.
Promote the health benefits of walking.	W4.	Creating initiatives with the Health & Wellbeing team will help to promote the health benefits in addition to the transport benefits.
Implement and promote the walking buddy scheme.	W4.	
Implement and advertise a forum to staff about walking groups.	W5.	Having pedestrian representation on the Travel Plan Group helps to ensure that pedestrian issues are heard by those who can support any changes.
Create walking packs.	W2. W3.	
Assess current pedestrian provision.	W1.	Small items like umbrellas help to normalise walking in all conditions.
Provide improved pedestrian infrastructure.	W7. W8.	
Assess & improve current traffic calming measures.	W7.	
	W9. <i>Consider the provision of dedicated mobility scooter parking areas with charging points on site.</i>	Requested following the consultation process.
	W10. <i>Improved and increased storage options for clothes.</i>	Requested following the consultation process.

Table 2: Cycling

Action from Original Travel Plan	Action from the TAP	Comments
Continue the salary sacrifice scheme.	C9.	The current scheme needs to be updated to provide a greater upper limit that would allow e-bikes to be purchased.
Negotiate with local retailers to provide discounts for hospital employees.	C6.	
Repair kits available for staff to borrow.	C10.	Repair kits and other equipment are very useful to encourage cycle uptake among new users.
Implement and advertise a cycle group or buddy scheme.	C3.	
Create cycle packs.	C4. C5.	
Visits from Dr. Bike.		This should be reviewed using the annual travel survey to see if there is demand from staff.
Combine Bike Week with biker breakfast/restaurant vouchers.		'Cyclists' breakfasts' are no longer tax-exempt.
A day to encourage the use of powered 2 wheelers, combined with Bike2Work.		Cycling should be encouraged all year around rather than on just one day.
Bike marking event involving the local police.		This should be reviewed using the annual travel survey to see if there is demand from staff.
Contact local authorities to organise consultation.	C13. C14. C16.	
Work with the local authority to provide cycle lanes to the hospitals.	P&M2. P&M3.	
Assess current cycle provision and identify areas to provide additional cycle parking.	C11. C12. C16.	
Provide improved infrastructure.	C7. C8.	
Provide new cycle parking & signage at building entrances.	C11.	
	C1. Encourage e-bike use among staff.	E-bikes enable a greater number of users to access active travel.
	C2. Develop a partnership with the Santander Cycles Leicester bike share scheme.	Will help extend the available of e-bikes to the staff and public.

Table 3: Car Sharing

Action from Original Travel Plan	Action from the TAP	Comments
Promote Leicester <i>share</i> car sharing scheme	CS4.	If funds allow, an internal staff-only scheme is likely to have greater impact than the public scheme. A new provider may have greater incentives to use than the existing agreement.
Organise get-togethers for the car sharers.	CS3.	Promotions may be better than get-togethers, which may be difficult in the hospital environment.
Promote incentives of car share permits.	CS5. CS2.	
Provide a guaranteed free emergency taxi ride home to car sharers.	CS1.	The scheme should be 'emergency' but not 'guaranteed' to avoid misuse.

Table 4: Public Transport

Action from Original Travel Plan	Action from the TAP	Comments
Real time bus information on electronic boards.	PT4.	
Increase bus frequency and running times.	PT7. PT11.	
Investigate the possibility of extending the Hopper service to Park and Ride Locations	PT5.	
Promote Hospital Hopper to general users.	PT12. P&M4.	
Continue negotiation with all bus companies for service improvements.	PT8. PT9.	
Re-advertise new discounts on monthly season tickets	PT3.	
Implement a fare discount scheme for members of staff.	PT3. PT10. PT12.	
Assess current walking facilities to Bus Services on and off site.	PT13.	
Contact and work with the operators of the park and rides to extend parking hours and services available to link with hospital sites.	PT6. PT15.	
	PT1. <i>Include the provision of EV charging points at P&R sites.</i>	To encourage the use of EVs and complement the provision onsite.
	PT2. <i>Introduce loans for season tickets.</i>	Helps staff to afford season tickets that result in cheaper travel.
	PT14. <i>Introduce a six-month temporary P&R from Meynells Gorse from Summer to Winter 2021 (or Park & Stride from County Hall).</i>	May be dependent on the timings of the UCI moving to GH.
	PT16. <i>Introduce a five-year temporary P&R from LGH using the Hospital Hopper service.</i>	To be available so long as the land remains in UHL ownership.

Table 5: Others (as listed in the original TP)

Action from Original Travel Plan	Action from the TAP	Comments
Promote a week aimed at encouraging cycling, walking and public transport across the Trust. Which includes a free breakfast or similar incentive.		'Cyclists' breakfasts' are no longer tax-exempt.
Provide a PJP service for all staff, patients and visitors.	PP1. PP3.	
Review car parking charges.	SP5. PVP3.	
Continue to update the car park comparison table.	SP5. PVP3.	
Improve the signage facilities where appropriate.	P&M9.	
Improve the shower and changing facilities.	C7.	
Create healthy competitions to encourage staff to walk or cycle to work.		Assess demand via the annual travel survey.
Work with private car park owners to create more and cheaper car parking spaces.	W6.	
Create and promote the health, cost and environmental benefits including PJP service.	PP3.	
Produce a smart-phone App providing sustainable transport information.	P&M4. PP2.	An app would be beneficial, but the website is a priority that should also be viewable on a phone.
Review existing car parking uses and requirements.	SP4. SP8.	
Improve car park technologies.	SP7. SP9. PVP4. PVP6.	
Update the wording on patients' letters.	PVP2.	
New staff members should receive information about sustainable travel modes.	P&M5. CS2. SP2.	This should include written information and an induction process.
Produce a Trust-wide newsletter or e-newsletter every quarter.	P&M7.	A review of internal comms would include regular newsletters.

Action from Original Travel Plan	Action from the TAP	Comments
	P&M1. <i>Ensure that senior management teams make a strategic commitment to sustainable travel and engage with the plan especially during major site developments.</i>	Senior buy-in to the TAP processes is crucial to its success
	P&M6. <i>Establish a Travel Plan Group to manage and adapt the plan as required. Include representatives from different departments and levels across the business.</i>	A Travel Plan Group creates a sense of ownership and creates greater buy-in from staff.
	P&M8. <i>Carry out an annual Staff Travel Survey to see how employees commute and assess the success of any new initiatives.</i>	A Travel Survey helps to assess which <i>Actions</i> are successful and is also a source of information sharing.
	SP1. <i>Car parking development will, as a minimum, retain the recommended ratio of disabled:standard parking bays.</i> PVP1.	To ensure equality of access.
	SP3. <i>Ensure that policies are observed by all relevant parties and applied fairly and consistently across all user groups.</i>	A feeling of 'fairness' helps to increase buy-in from site users.
	SP6. <i>Use car parking income to promote and enable more sustainable transport choices.</i> PVP5.	A feeling of 'fairness' helps to increase buy-in from site users.
	SP10. <i>Engage with Leicester City Council as part of the Workplace Parking Levy consultation.</i>	Need for UHL to determine its policy position in relation to this proposal and future impact on parking strategy.
	PVP7. <i>Include drop-off points at the main entrances to all the hospitals.</i>	To avoid the necessity of entering the car park (and queues).

Targets & Monitoring

Target Setting

The Curtins' Travel Plan targets (see Table 6) are stated to be based upon the previous travel survey results from 2013 from 2019. However, it is unclear how they have been calculated. Two data points are insufficient to observe any trends and no other evidence is provided for how or why the short-, medium-, or long-term figures have been chosen.

They are also solely focused on percentage-point outcomes rather than outputs over which the UHL have very little control, and which are highly susceptible to external factors far beyond the influence of the TP or TAP.

In comparison, the targets proposed here focus on the outputs (*Actions*) over which the Trust has a much greater influence (and total autonomy in some cases) and which will help influence outcomes that are more in-keeping with the drivers that help to encourage investment from the Trust, and which benefit the users of the site and the environment in which they live and travel.

They deliberately steer away from setting percentage-point change targets that may be easier to measure, but which are less likely to be realistic and/or achievable.

Travel Action Plan Targets

The primary target will be to:

- Increase the proportion of staff and public who travel using more sustainable modes by completing the 11 Priorities listed on page 36.

Outcomes

- Achievement of the benefits outlined on pages 9 and 10 for the Trust, staff, patients, and visitors.

The relationships between the Outputs and Outcomes can be seen in Tables 6 and 7.

Monitoring

- Task Group.
- Monthly Update Group.
- Feedback from Internal and External Delivery Groups.
- Annual Staff Travel Survey.
- Regular Public Travel Survey.

Table 6: Travel Plan targets for modal shift

Travel Mode	Staff and Volunteers						Patients and Visitors					
	Modal Split Percentage		Modal Shift Change Targets				Modal Split Percentage		Modal Shift Change Targets			
	2013	2019	Short Term Target	Medium Term Target	Long Term Target	Total Target	2013	2019	Short Term Target	Medium Term Target	Long Term Target	Total Target
Car (Single-Occupancy)	51.7%	59.08%	- 3.5%	- 3.5%	- 5%	-12%	23.3%	32.28%	-4%	-3%	-3%	-10%
Car (with passengers)	-	4.54%	+/-0%	+/-0%	+/-0%	+/-0%	48.8%	38.45%	+/-0%	+/-0%	+/-0%	+/-0%
Car (as passenger)	-	2.40%	+/-0%	+/-0%	+/-0%	+/-0%	2.9%	3.32%	+/-0%	+/-0%	+/-0%	+/-0%
Taxi	0.4%	0.64%	+/-0%	+/-0%	+/-0%	+/-0%	2.7%	0.95%	+/-0%	+/-0%	+/-0%	+/-0%
Car Share	7.9%	7.32%	+1%	+0.5%	+0.5%	+2%	2.4%	0.63%	+/-0%	+/-0%	+/-0%	+/-0%
Public Bus		7.64%	+1%	+1%	+1%	+ 3%		11.08%	+1.5%	+1%	+1%	+ 3.5%
Hospital Shuttle Bus	21.8%	7.59%	+1%	+1%	+1%	+ 3%	15.0%	4.27%	+1.5%	+1%	+1%	+ 3.5%
Train	2.1%	1.60%	+/-0%	+/-0%	+/-0%	+/-0%	1.9%	3.48%	+1%	+1%	+1%	+ 3%
Walking	4.7%	6.14%	+0.5%	+0.5%	+1%	+ 2%	0.3%	2.37%	+/-0%	+/-0%	+/-0%	+/-0%
Bicycle	4.9%	4.17%	+0.5%	+0.5%	+1%	+ 2%	0.3%	0.79%	+/-0%	+/-0%	+/-0%	+/-0%
Motorcycle	0.9%	0.48%	+/-0%	+/-0%	+/-0%	+/-0%	0.0%	0.16%	+/-0%	+/-0%	+/-0%	+/-0%
Other	6.0%	5.45%	+/-0%	+/-0%	+/-0%	+/-0%	2.4%	2.22%	+/-0%	+/-0%	+/-0%	+/-0%

Table 7. Relationship between Outputs and benefits to the UHL (Outcomes)

Priorities	Benefits for UHL				
	Health & Wellbeing	Reduced Car Demand	Staff Retention	Reduced CO ₂	Enhanced Corporate Responsibility
P&M4 Rebuild transport webpages.	✓	✓			✓
P&M8 Carry out an annual Staff Travel Survey.					✓
PT14 Introduce a six-month temporary P&R from Meynells Gorse	✓	✓	✓	✓	✓
PT7 Increase the frequency of the Hospital Hopper.	✓	✓	✓	✓	✓
C16 Invest in a Santander Cycles docking station at GH.	✓	✓	✓	✓	✓
PT16 Introduce a five-year temporary P&R from LGH.	✓	✓	✓	✓	✓
C11 Improved cycle storage.	✓	✓	✓	✓	✓
PT15 Additional bus journeys between GH and Beaumont Centre P&R.	✓	✓	✓	✓	✓
PP3 Personalised Travel Planning to staff.	✓	✓	✓	✓	
PT11 Encourage an increase in P&R hours.	✓	✓	✓	✓	✓
PT3 Staff discounts on tickets.		✓	✓	✓	✓

Table 8. Relationship between Outputs and benefits to the staff (Outcomes)

Priorities	Benefits for Staff		
	Cost savings	Health & wellbeing	Reduced CO ₂ footprint
P&M4 Rebuild transport webpages.	✓		✓
P&M8 Carry out an annual Staff Travel Survey.			
PT14 Introduce a six-month temporary P&R from Meynells Gorse	✓		✓
PT7 Increase the frequency of the Hospital Hopper.	✓		✓
C16 Invest in a Santander Cycles docking station at GH.	✓	✓	✓
PT16 Introduce a five-year temporary P&R from LGH.	✓		✓
C11 Improved cycle storage.	✓	✓	✓
PT15 Additional bus journeys between GH and Beaumont Centre P&R.	✓		✓
PP3 Personalised Travel Planning to staff.	✓	✓	✓
PT11 Encourage an increase in P&R hours.	✓		✓
PT3 Staff discounts on tickets.	✓		✓

Appendices

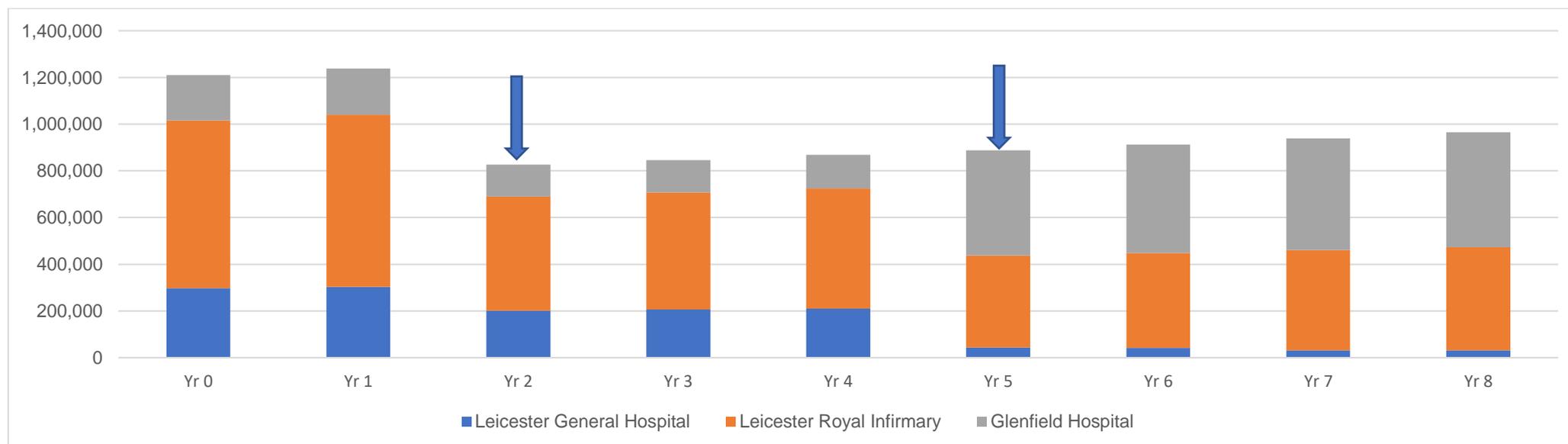
Statistics, data, and further useful information

Appendix 1: Projected Patient Numbers

Projected patient numbers during and following the reconfiguration and investment programme are as follows:

Site	2019/20 Yr 0	2020/21 Yr1	2021/22 Yr2	2022/23 Yr3	2023/24 Yr4	2024/25 Yr5	2025/26 Yr6	2026/27 Yr7	2027/28 Yr8
			% change from Yr 0						
Leicester General Hospital	296,916	+2%	-32%	-31%	-29%	-85%	-86%	-90%	-89%
Leicester Royal Infirmary	718,289	+3%	-32%	-30%	-28%	-45%	-43%	-40%	-39%
Glenfield Hospital	195,574	+2%	-30%	-29%	-27%	+130%	+137%	+144%	+152%
Grand Total	1,210,779	+2%	-32%	-30%	-28%	-27%	-25%	-22%	-20%

Key changes can be seen in Year 2 (2021/22) when overall numbers drop, and Year 5 (2024/25) when patients move from LGH to GH.



Notes:

- The data includes a 1% reduction in demand from outpatients & 45% shift from face to face to non-face to face (from 2021/22), adjusted data is shown in red.
- The predictions for 2020/21 & 2021/22 are likely to be different from reality due to the impact of Covid 19. Numbers have been left as is because the view is future activity will return however this does not reflect any of the changes in pathway driven by the pandemic.
- The time period Mar 19 to Feb 20 has been used as the baseline data.

Other assumptions were made in the development of the data:

- Audiology growth rate is set at 1.5% based on change between 18/19 actual & 19/20 straight line FOT @m10. This needs validating.
- Audiology baseline figures need checking with the service as includes repair appointments, not known at this time if they are face-to-face, non-face-to-face or a mix. Awaiting confirmation from the service. Start point used is 49,475 contacts (including repairs).
- OP figures do not reflect any potential move from face-to-face to non-face-to-face activity
- Well Baby activity has been excluded from the admitted data to prevent a double count with the birth attendance of the mother.

Appendix 2: Staff Numbers (September 2020)

The following numbers were correct as at 30 September 2020.

Glenfield	Band											Local / Adhoc	Medical		Grand Total	
	1	2	3	4	5	6	7	8A	8B	8C	8D		Consultant	Other		
358 Clinical CMGs																
CHUGGS		19	3	5	28	13	8	2					3	1		82
Clinical Support & Imaging Services		87	60	35	53	87	52	26	6	2	1	4	22			435
Emergency & Specialist Medicine		7	3		11	1	5							6		33
ITAPS		51	3	8	174	44	15	6				1	35	41		378
MSK & Specialist Surgery		31	7	8	20	16	10	3		1			13	19		128
RRCV	5	385	99	74	367	162	106	43	7	3	1	10	53	148		1463
Women's & Children's		26	4	12	49	57	18	7	1				25	21		220
Totals	5	606	179	142	702	380	214	87	14	6	2	15	151	236		2739
358 Corporate																
Corporate Medical			3	13	5	5	11	2	2			1		1		43
Corporate Nursing		1	5	3		20	13	3								45
Facilities		1	1		1		2	1	1							7
Facilities Services	29	187	26	11	7	4	2	3				16				285
Finance & Procurement		6	10	6		1	3	1	2							29
Human Resources & Training		3	4	4	6	2	1							1		21
IM & T								1								1
Operations		2		7	1	2			1		1					14
Research UHL		1	5	16	6	27	17	5				7				84
Strategy Directorate						1										1
Totals	29	201	54	60	26	62	49	16	6		1	24		2		530
Glenfield Total	34	807	233	202	728	442	263	103	20	6	3	39	151	238		3269

Leicester General Hospital	Band											Medical			Grand Total
	1	2	3	4	5	6	7	8A	8B	8C	8D	Local / Adhoc	Consultant	Other	
358 Clinical CMGs															
CHUGGS	1	149	16	28	103	38	25	6	1				28	57	452
Clinical Support & Imaging Services	3	96	50	34	49	81	51	17	1	2		2	6		392
Emergency & Specialist Medicine		76	14	16	41	22	28	1	1				16	11	226
ITAPS	1	78	17	7	184	41	14	7				1	42	38	430
MSK & Specialist Surgery		79	4	35	43	14	6	4				1	22	32	240
RRCV		54	44	13	106	25	24	5	2		1		15	28	317
Women's & Children's	2	101	26	23	54	134	23	2					12	25	402
Totals	7	633	171	156	580	355	171	42	5	2	1	4	141	191	2459
358 Corporate															
Communications & Ext Relations			3		1	1			1		1				7
Corporate & Legal		1		3		9		1		1					15
Corporate Medical		1	4	1		5	3	3					1		18
Corporate Nursing			4	1	2	8	5	1	2						23
Facilities	1	1													2
Facilities Services	40	152	34	7	5	2	3	1				23			267
Finance & Procurement		5	7	4	1	2		1	3						23
Human Resources & Training		2	4	2	1	2							1		12
Operations		1	11	31	7	2	2	2	1						57
Research CRN EM									1						1
Research UHL		5	22	22	18	31	24	13	4	1	1				141
Totals	41	168	89	71	35	62	37	22	12	2	2	23	2		566
LGH Total	48	801	260	227	615	417	208	64	17	4	3	27	143	191	3025

Leicester Royal Infirmary	Band											Medical		Grand Total		
	1	2	3	4	5	6	7	8A	8B	8C	8D	Local / Adhoc	Consultant		Other	
358 Clinical CMGs																
Alliance Elective Care						1	1			1				1		4
CHUGGS	1	209	47	40	151	96	53	19	8	2	3	2	68	96		795
Clinical Support & Imaging Services	5	233	169	127	224	272	204	78	29	11	1	25	68	45		1491
Emergency & Specialist Medicine	15	528	123	59	402	185	141	35	10	4	3	5	110	304		1924
ITAPS		86	20	11	283	70	32	6	3	2	1	3	65	68		650
MSK & Specialist Surgery	1	230	68	59	125	85	62	25	5	4	1	7	67	100		839
RRCV		11	3	2	6	8	7						4	2		43
Women's & Children's		275	53	98	227	273	115	32	6	2	3	2	96	128		1310
Totals	22	1572	483	396	1418	990	615	195	61	26	12	44	478	744		7056
358 Corporate																
Communications & Ext Relations				1	8	4	1	2			1	1				18
Corporate & Legal					2	1	1					13				17
Corporate Medical			10	2	16	7	7	6	3	1			1	4		57
Corporate Nursing		4	33	9	12	27	29	10	4	5	1	2				136
Facilities		1	1	1	4	2	3	2	4			1				19
Facilities Services	36	522	70	10	10	2	2	3		1	2	62				720
Finance & Procurement		27	28	28	12	14	14	7	8	2	1	2	2			145
Human Resources & Training		12	15	21	31	11	10	24	7	1	2	1	3	2		140
IM & T							3									3
Operations		3	1	25	9	7	8	4	3	1	1	4				66
Research CRN EM				4	8	10	10	2		1	1		1			37
Research UHL			6	29	11	49	5	1	1	1						103
Strategy Directorate						5	4	7	1	1	4	1				23
Totals	36	569	164	130	123	139	97	68	31	14	13	87	7	6		1484
LRI Total	58	2141	647	526	1541	1129	712	263	92	40	25	131	485	750		8540

Other	Band											Medical		Grand Total		
	1	2	3	4	5	6	7	8A	8B	8C	8D	Local / Adhoc	Consultant		Other	
358 Clinical CMGs																
Alliance Elective Care		120	58	12	69	14	18	6	3	3		2		15	320	
CHUGGS		4	1		4	5	4		2				3	1	24	
Clinical Support & Imaging Services		17	12	14	40	59	13	3				18	2		178	
Emergency & Specialist Medicine					1	3	4		1	1			1		11	
ITAPS		4	3			4	2	4				2			19	
MSK & Specialist Surgery							1						1		2	
RRCV		15	45	1	88	20	8	3					2		182	
Women's & Children's		14	7	1	4	94	5	1						2	128	
Totals		174	126	28	206	199	55	17	6	4		22	9	18	864	
358 Corporate																
Communications & Ext Relations				1				1							2	
Corporate & Legal												1			1	
Corporate Medical				2		1								24	27	
Corporate Nursing								1							1	
Facilities Services	52	161	14	2	1		1					62			293	
Finance & Procurement			3	1	2	1	4	4	2		1				19	
Human Resources & Training		7	1		1	1	2		1						13	
IM & T				4		2	13	3	4	2		1			29	
Operations			4	6			1								11	
Research CRN EM			2	2	2	7	1	4	2	1					21	
Research UHL				1		4	1								6	
Totals	52	168	27	16	7	15	24	12	9	3	1	65		24	423	
Other Total	52	342	153	44	213	214	79	29	15	7	1	87	9	42	1287	

Extras	Band											Medical		Grand Total	
	1	2	3	4	5	6	7	8A	8B	8C	8D	Local / Adhoc	Consultant		Other
358 Clinical CMGs															
Alliance Elective Care					1									1	
Emergency & Specialist Medicine													2	2	
Women's & Children's		1			1									2	
Totals		1			2								2	5	
358 Corporate															
358 Research CRN EM				1										1	
358 University Hospitals of Leicester NHS Trust												4		4	
Totals				1								4		5	
Extras Total	0	1	0	1	2	0	0	0	0	0	0	4	0	2	10

Grand Totals

Glenfield	3269
LGH	3025
LRI	8540
Others	1287
Extras	10
Overall	16131

Appendix 3: Steering Group and Forum Membership Details

Steering Group

Meets every four weeks, four times during the consultation phase.

Membership includes representation from:

- UHL
- Go Travel Solutions (GTS)
- Uni of Leicester
- De Montfort University
- Healthwatch Rutland, Healthwatch Leicester and Healthwatch Leicestershire
- Patient Rep
- Leicester City Council
- Leicestershire County Council
- Rutland County Council
- Arriva
- First
- Centrebus
- RideOn

Role:

- Recognised engagement channel as a part of the Reconfiguration consultation.
- Catalyst for co-creation on transport measures to enhance accessibility.
- Sounding board for different solutions proposed by UHL/GTS.

Forum

Meets every four weeks, four times during the consultation phase.

Membership includes representation from:

External

- East Midlands Railway
- CrossCountry
- Leicester College

Internal

- Junior doc rep
- Consultant rep
- Equality, Diversity, and Inclusion lead
- Health & safety
- Staff engagement and well-being
- Capital
- Payroll
- Salary sacrifice
- Receipts and distribution

Role:

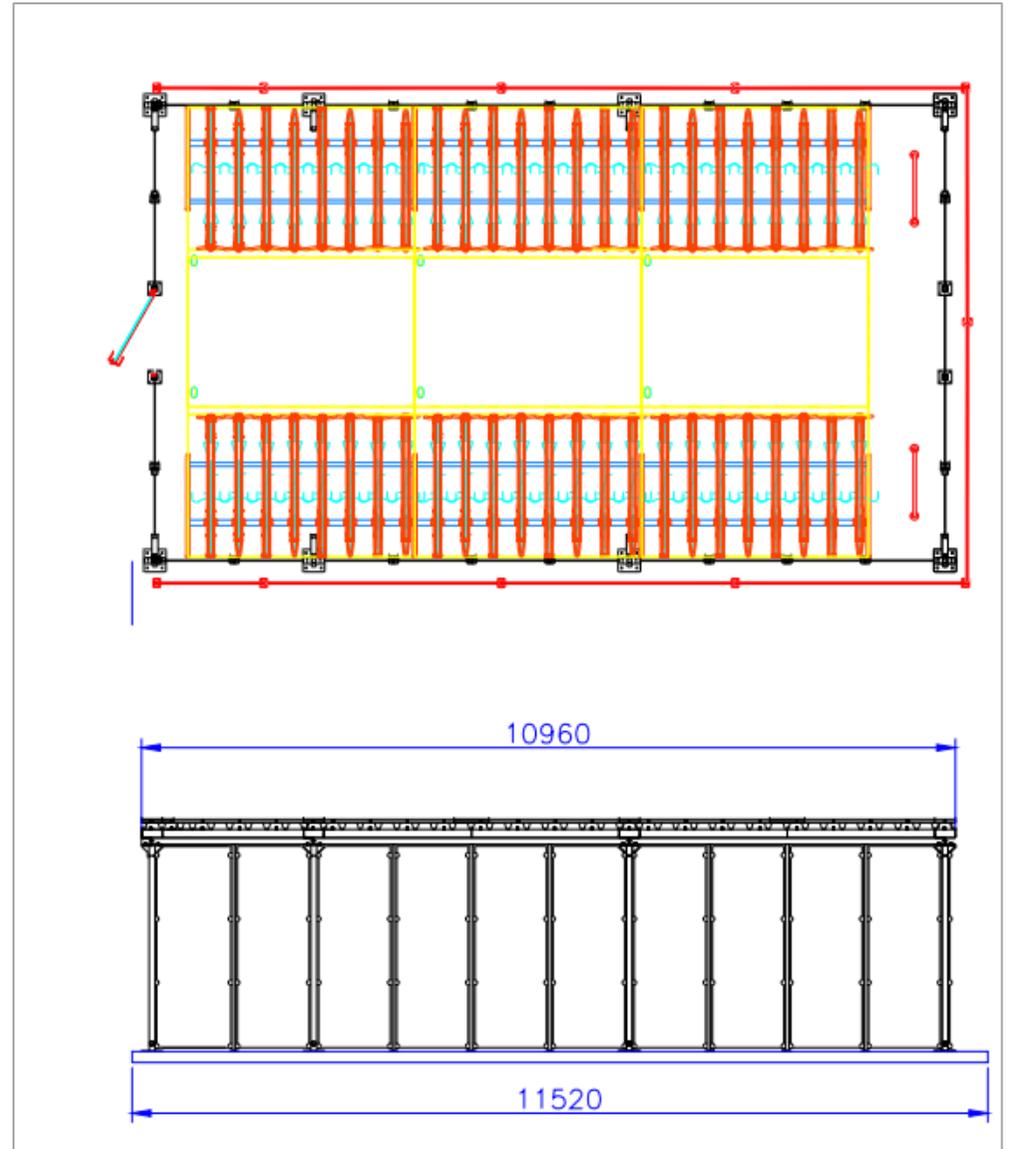
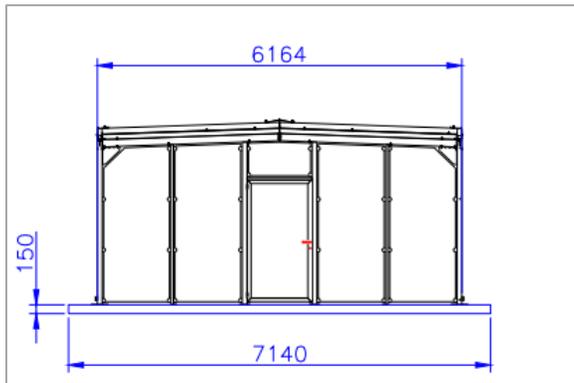
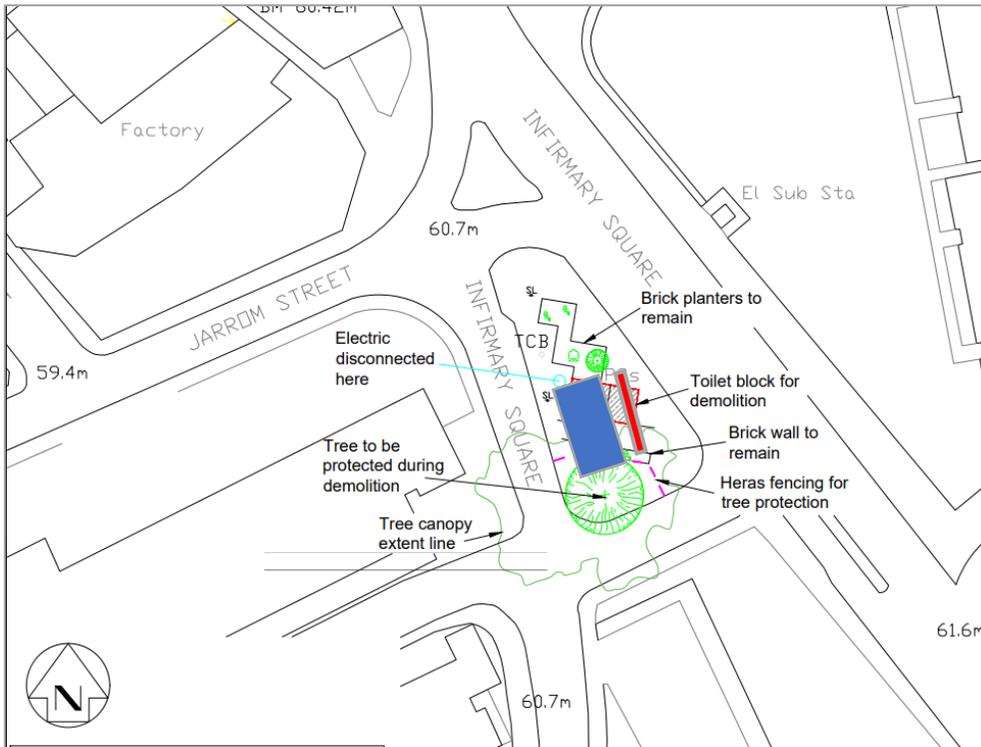
- Forum for co-creation of transport measures to enhance accessibility.
- Recommending of measures for Steering Group and as a part of the future travel plan.
- Gathering of wider transport feedback and concerns as part of the Reconfiguration Committee.

Appendix 4: Opportunities for Partnership Working

New confirmed/proposed interventions	Focus	Sites served	Potential Investor	Current situation
Enderby P&R with extended hours	Bus	LRI	LCC	Operates Mon - Sat 7-7
Beaumont Centre P&R for GH, LRI and LGH with Hospital Hopper	Bus	GH + LGH + LRI	UHL/LCC	None
Extension of P&R from Beaumont Centre to Birstall P&R	Bus	GH + LGH + LRI	UHL/LCC	None
Creation of dedicated bus link from Anstey Lane into grounds of GH with dedicated bus interchange	Bus	GH	UHL/LCC	None
Anstey - city centre - LGH with extended hours	Bus	LGH	LCC	None
Birstall P&R extended to serve LRI with extended hours	Bus	LRI	LCC	None
New city centre shuttle bus service with extended hours	Bus	LRI	LCC	None
Oadby P&R with extended hours	Bus	LRI	LCC	None
Meynells Gorse P&R with extended hours	Bus	LRI	LCC	None
Thurnby Lodge - LRI with extended hours	Bus	LRI	LCC	None
Eyres Monsell - LRI with extended hours	Bus	LRI	LCC	None

New confirmed/proposed interventions	Focus	Sites served	Potential Investor	Current situation
Santander Cycles Leicester scheme	Cycling	LRI (and then LGH and GH)	LCC/UHL	None
Provision of enhanced cycle parking at LRI	Cycling	LRI	UHL/LCC	None
Creation of cycle hub at LRI	Cycling	LRI	UHL	None
Creation of cycle hub at GH	Cycling	LGH	UHL	None
Creation of cycle hub at LGH	Cycling	GH	UHL	None
Development of network of dedicated cycle lanes	Cycling	GH + LGH + LRI	LCC	Mixed
Online website with travel discounts, personal journey planning and travel information for UHL staff	Experience	GH + LGH + LRI	UHL	None
Online website with travel discounts, personal journey planning and travel information for UHL visitors & patients	Experience	GH + LGH + LRI	UHL	None
Delivery of seamless bus ticketing i.e. flexi ticket development	Experience	GH + LGH + LRI	LCC	Limited

Appendix 5: Infirmary Square Cycle Hub Plans





Appendix 6: Examples of Potential Cycle Storage

1. Open and Uncovered

Popular because of their low cost, relatively easy installation, and suitability for small spaces; the most popular open and uncovered stand type is the Sheffield stand – a steel hoop to which a bike or motorbike can easily be locked.

These are available as single hoops or multistand ‘toast racks’ that can be set into, or bolted onto, a suitable base.

Other solutions include vertical stands, wall-mounted stands, and racks that hold the front wheel only (‘wheel benders’ – not recommended) plus some more innovative designs including stands integrated into plant pots and lamp posts.

Best for short-term parking due to reduced security compared with an enclosed and lockable shelter.

Figure 2: Single Sheffield Stand



Photo courtesy of bikedocksolutions.com

Figure 3: Integrated Designs: the Cyclehoop and Planter Rack



Photos courtesy of cyclehoop.com

Figure 4: 'Toast Rack'



Photo courtesy of cyclepods.co.uk

Figure 5: Vertical Cyclepod



Photo courtesy of cyclepods.co.uk

2. Open and Covered

Where more space is available, open stands can be improved by adding a cover to protect cycles from inclement weather.

These are available in a wide range of styles and designs.

Figure 6: Basic Cover



Photo courtesy of bikedocksolutions.com

3. Open Shelters

These are a more enclosed and protected version of the open and covered shelters but still allow admission to all users without requiring the need to access a lock.

4. Semi-Open Shelters

Similar to an open shelter but with the addition of a lockable door inside to divide the shelter in two.

The lockable area is more appropriate for longer-term parking that requires a higher level of security.

Figure 7: Lockable Internal Door



Photo courtesy of cyclepods.co.uk

5. Lockable Shelters

In style similar to semi-open shelters but with the lockable door moved to the outside so that access is only available to users with the appropriate key.

Locks can range from a traditional key or padlock to more sophisticated access card types. Management of these must include a method of renewing/refreshing the list of those who have access at regular intervals.

Figure 8: Lockable Shelter



Photo courtesy of cyclepods.co.uk

6. Internal/Underground Storage

Requires an internal or underground space or room. If managed appropriately this has the potential to have the highest level of security if access can be controlled.

Where space and finances allow, capacity can be increased by using a two-tier option.

Figure 9: Two-tier solution



Photo courtesy of bikedocksolutions.com

7. Individual Lockers

Lockers offer a high level of security but tend to be more expensive and less space efficient per bike than the multi-bike options.

Figure 10: Locker for one (or two) bikes



Photo courtesy of cyclepods.co.uk

For further information on the infrastructure shown here please see the following websites:

www.bikedocksolutions.com

www.cyclehoop.com

www.cyclepods.co.uk

Appendix 7: Cycle & Motorcycle Facilities (Sept 2020)

		Cycle	Motor bike	Other Facilities
Leicester General Hospital	Main Shed (undercover and locked)	22	10	
	Clinical Ed (Sheffield stands)	8		
	Main Entrance (undercover)	12		No general facilities
	Area on car park		5	
	Total	42	15	
Glenfield Hospital	Main Entrance (undercover and locked)	30	10	
	South Entrance (undercover and locked)	15		Changing, shower and lockers near linen room in main hospital
	Uni	8		Recently upgraded but lockers are not appropriate type
	Total	53	10	No drying facilities
Leicester Royal Infirmary	Car park B (undercover and locked)	60		
	Ah hoc (various Sheffield stands)	12		Changing, shower and lockers near car park office
	Old A&E (Sheffield stands)	10		in main hospital and in basement of new ED
	Windsor (undercover and locked)	20		Recently upgraded but lockers are not appropriate type
	Gas store (undercover and locked)	18		No drying facilities
	A&E Moat (undercover and locked)	40		
	Sandringham (Sheffield stands)	10		
	Motorbike parking in car park		5	
	Motorbike parking in public multistorey car park		6	
	Motorbike parking in staff multistorey car park		6	
Total	170	17		