

Nottingham City Hospital NHS Trust

Hucknall Road
Nottingham
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Health sector (acute teaching hospital with regional specialties)

Interviewee: Clive Young, Environmental Services Manager

Travel planning for the Nottingham City Hospital site was non-existent until 1997 when the trust entered into a Section 106 planning agreement with Nottingham City Council. The resulting travel plan, with ring-fenced funding from car parking charges, has enabled the trust to develop a number of on-site facilities to improve security, pedestrian and cycling provision and measures to enhance public transport. There are now regular bus services entering the site. The trust has developed a relationship with the University of Nottingham so that students have been able to undertake the travel surveys. These surveys reveal that solo car use has declined from 72% to 55% while car sharing has risen from 2% to 11% and bus use has risen from 11% to 19% between 1997 and 2000.

The work site

The Nottingham City Hospital NHS Trust's activities are centred on an edge of town 98 acre site located approximately 6 miles from Nottingham city centre. It is estimated that 12,000 vehicles a day enter the site. The site is located in a valley close to residential estates.

There is a restaurant on the site as well as small catering outlets, a bank and a day nursery. The site has some landscaping but is dominated by large buildings, large car parking areas, and a significant on-site road network. There are currently 1,200 car parking spaces for staff and 450 for patients and visitors. There are few opportunities for free parking in the adjacent local residential streets as these have waiting restriction orders that limit parking.

The hospital has 250,000 outpatient appointments and treats 75,000 inpatients and day cases each year. There is a pay-and-display parking system for car-borne patients and visitors.

Staff numbers and profile

In 1997 there were 3,500 full time equivalent posts employed by the trust, which equalled 5,200 when part time staff are included. This has remained the same at 2001.

The trust staff profile is predominantly female at 75%. Over 70% of staff are paid under £15,000 pa. There is a staff turnover of 15% each year. In terms of distance from home to work, 63% of staff live within five miles of the hospital:

- 10% live less than 1 mile away
- 20% live between 1 and 2 miles away
- 33% live between 2 and 5 miles away
- 20% live between 5 and 10 miles away
- 15% live between 10-25 miles away
- 2% live over 25 miles away.

Forty per cent of staff who travel by car live within two miles of the hospital.

Management of the travel plan

Introduction and reasons for the travel plan

In 1996 the trust provided free parking and had an unknown number of vehicles entering the site. There was little security on site and between 70-80 vehicles per month were subjected to car crime. No public transport entered the site, there was little understanding of pedestrian requirements, and there was one dilapidated cycle shed. Unrestrained car use had resulted in gridlock on site at peak times, parking chaos, and little faith in security. Additionally, the trust was entering into a Section 106 planning agreement for the construction of new buildings on the site and needed to have a co-ordinated approach to travel planning.

It is seen as essential for the trust to have a coherent travel plan in order that support facilities such as car parking are adequate to enhance the 'patient experience'. Therefore the trust has the following objectives:

- to develop a strategy for the future (2001-2006)
- a menu based approach, whereby it allows the trust board to tailor the proposals to best meet service requirements
- to provide sustainable alternatives of transportation to and from the hospital
- to ensure patients and visitors receive a quality service.

Coordination and management of the travel plan

The trust produced a first travel plan in 1997. This involved negotiations with staff and their representatives and feedback was that any travel plan funds generated from parking revenue had to be ring-fenced for transport improvements.

There is management support for the travel plan and from autumn 1996 it was incorporated into the corporate strategy for the trust. There are examples of management leading by example through the returning of managers' parking permits on account of the high frequency and low cost of bus services to the city centre. The Chief Executive has also given his personal approval to the travel plan and there is endorsement by the trust board.

Funding

Funding for the travel plan comes from ring-fencing of the parking charges. The annual cost of funding the travel plan is approximately £144,000. This is comprised of £100,000 capital to spend from car parking revenues once payments have been made for park and ride, parking management (contracted to outside service) including parking wardens, and CCTV cameras. A sum of £15,000 is spent on cycling each year and approximately £29,000 is staff costs.

Travel plan measures

These are comprised of:

- Improved cycle facilities
- A car sharing scheme
- Improved public transport provision and information
- Car parking charges
- Improved security on site
- Park and ride.

Main emphasis: car parking charges and buses on site.

Travel plan effectiveness

A travel survey was undertaken in 1997 and this was sent out to 4,700 staff and achieved a response rate of approximately 65%. A subsequent travel survey in 2000 using a more cost-effective representative sample of staff attitudes and behaviour involved the surveying of a random sample of 500 staff. This revealed that solo car driving had reduced significantly and that bus use had increased by 73%.

Staff: Main mode of travel to/from work

Mode	November 1997 %	November 2000 %
Pedal cycle	5	4
Car (drive alone)	72	55
Car sharer	2	11
Bus	11	19
Train	0	1
Walk	8	9
Other	2	1
	100	100

In order to carry out travel surveys the trust has contracted Nottingham University-supervised students to carry out the surveys. This provides the student with 'live' experience and a cost efficient means of gathering key data for the trust. The 1997 survey also involved an incentive of respondents being entered for a draw where the prizes were two bicycles.

Costs and benefits

As noted above, the trust spends about £144,000 a year on the travel plan. In 2001 this is comprised of:

- Car sharing £ 2,000
- Bus measures £ 8,000
- Publicity and promotion £ 1,500
- Cycling measures £15,000
- Staff time in managing the plan £29,000
- Walking measures £60,000
- Signage and maps £28,500.

There have been some initial costs including £112,000 for the installation of CCTV cameras which was capitalised over the length of the contract. Each year the contracted parking service costs £180,000.

The annual running cost per full time equivalent employee is £41/employee (figure excludes revenue from parking).

The main benefits of the travel plan have been that it has given staff, patients and visitors a range of sustainable transport alternatives to solo car driving, together with informed choice about these options. It has been critical to put in place the 'carrots' rather than to start with 'sticks' so getting in infrastructure has been important. The most successful aspects of the travel plan have been increases in bus use and maintenance of cycle use. In particular, the introduction of buses on the site was critical in bringing about increases in bus use.

Support for bus and rail use

There is no local railway station. The main Nottingham station is located six miles away near the city centre although buses from the railway station enter the hospital site every 30 minutes.

Prior to the development of the travel plan in 1997 no public buses entered the site as services only stopped at the periphery (which is more than 400m from the building entrances). By 2001, there were services entering the site every 15 minutes during weekdays between 7am and 6pm (including between 8am and 9am). These services are operated by Nottingham City Transport who have funded bus shelters, a new fleet of low floor buses, and a travel map of their routes serving the hospital site. The trust has provided raised kerbs at each of the eight bus stops on site. There are also more services that pass the hospital periphery.

There are currently no specific discounts on bus service fares generally available to employees, but this is being pursued. The cost, however, of a single ticket to the city centre at 70p makes the bus journey attractive to staff, especially as Nottingham City Council (highway authority since 1998) has introduced more bus lanes around the district. Nottingham City Transport provides a 28 day bus pass for £28.00 (£3 for initial provision of identity card) which provides unlimited travel. There is information about bus services on the hospital web site and also on the intranet for staff which have hyperlinks to Nottingham City Transport and Trent Barton Buses, the main bus service providers in Nottingham.

The trust operates a park and ride service within the site, running every 15 minutes using three minibuses, funded out of car park revenue. Two of the vehicles have been donated by the Womens Royal Voluntary Service and the hospital's League of Friends.

Support for cycling

Access to the site is reasonably good by bicycle. There have been both off and on-site improvements for cyclists since 1997. Off-site improvements include routing part of the Nottingham cycle network past the front of the hospital site. On the site, there were existing showers and changing rooms which could be used by cyclists and these are to be upgraded in 2002. In autumn 2001 there were 450 cycle stands on site. This includes 104 Sheffield stands, 35 American style 'cycle safes' which can each accommodate two bikes. There are also three secure cycle compounds that can hold 90 cycles. These are remotely patrolled through CCTV cameras installed in 1998.

A Bicycle Users Group was established in 1997 although this has evolved into the alternative transport group within the hospital which focuses on all alternative modes to solo car use. The trust takes part in a range of cycling promotion events, including the annual Bike Week in June. It has a fleet of 12 bicycles for staff use and the trust pays 11p a mile for travel during the course of work. The bicycles are maintained by Raleigh (bicycle manufacturer located in Nottingham) and staff have access to lights, locks, baby seats, helmets and car racks. This is a popular service. Staff can take advantage of a 20% reduction on cycle equipment from Raleigh and a 12% reduction on the cost of a new bicycle. There is an interest free loan available for bicycle purchase.

In 1999 the trust developed a Cycling and Walking Strategy which sets out how it intends to improve conditions for these modes. It won a CTC employers award in 2001 for its facilities for cyclists.

Support for walking

Accessibility of the site by foot is described as 'medium'. The trust has employed consultants to advise on improvements for pedestrians in recognition that several hundred of its staff walk to work each day. A 15 mph speed limit has been introduced on the site with some cycle-friendly traffic calming measures, dropped kerbs, and new pedestrian zebra crossing installed at a cost of over £100,000. Street lighting has been upgraded and some new paths constructed.

There is also a programme of pedestrian signing being introduced or upgraded. This has arisen from an audit of the site by consultants and the development of a Pedestrian Signing Strategy in 2000.

Support for car sharing

The trust has operated a computerised matching service since June 2001. Staff can access this via the intranet and self-match. There are plans to exempt car sharers from parking charges in the revised travel plan for 2001-2006 and priority parking spaces nearer to buildings.

Car park management

There is an annual car parking charge for staff of £55.00. Each staff member can apply for a permit allowing access to the site. Staff car parking charges were introduced in 1997 at £50 a year and raised in 1999. There is a window sticker permit. As of September 2001 all students are banned from bringing cars on to the site. Currently some staff with peripatetic work patterns, such as some surgeons and community nurses who work off-site are guaranteed a parking space. In 1997 this was 3.8% of staff and the percentage has reduced to 3.2% in 2001 against a background of stable staff numbers.

There are currently 1,200 car parking spaces dedicated for staff use, with 4,000 'live' car parking permits issued. This results in as many as 200 staff cars parked on an unofficial basis each day.

Because of substantive improvements in car park security arising from travel plan measures the trust has received ten car parking awards since 1997. There is a trust security working group which in 2001 has been evaluating how other large organisations manage their security issues in order that an integrated system can be developed at the hospital site.

Other strategies

The trust has developed a 'Link' project with local schools to develop a safer route for pupils via the hospital's external footpaths to link with the local community and to reduce vandalism. This is funded from the car park revenue.

There is some home working although this is not directly related to the travel plan.

Communications

Since 1997 the trust has communicated with staff on a continual basis about travel plan developments. The mechanisms for this communication have been through the hospital newsletter City Post, road shows about the travel plan, articles for the hospital notice board, information included in pay packets, and emails. The trust alternative transport group has been exploring the idea of a logo to give the travel plan a unique identity.

Views of those managing and implementing the plan

According to the Environmental Services Manager, it is important to expect some bad publicity and to have a 'thick skin'. It is however, important to get communications right and so to keep the media well informed, including the internal public relations staff and the local media who will always be quick to publicise perceived opposition. At the trust, the staff and their representative wanted to see clear evidence that money raised through parking was being reinvested in transport security measures. Continual liaison with staff groups and use of internal communications media was, therefore, important. In addition, there must be support from the highest levels of management for the travel plan.

The trust has had some very good publicity from its work on the travel plan, nationally and internationally. It has also developed a very good working relationship with Nottingham City Council since 1997, with whom it had little contact prior to this time. Similarly it has developed good working relationships with the local bus companies.

In terms of plans for the future, a key objective is the implementation of a new travel plan with restrictions on parking according to distance from home to hospital. Subject to further negotiations with staff, those new staff living less than 800 metres will be barred from driving to work unless they have special justifiable reasons for the use of a car. The cost of permits is to be structured so that those living closest to the hospital will pay most for a car parking permit. Staff working shifts or on rotas will be given higher priority for permits as well as those who car share.

The trust also wishes to increase bus services further and to develop a transport hub within the site. This would provide:

- a focal point for public transport
- travel information
- toilet/baby changing facilities
- facilities to meet special needs
- snacks and beverages
- travel ticket issue.

These facilities would enhance in essence the government’s initiatives (The NHS Plan) of providing patients with focal points for information on a personal level.

The new travel plan will have a range of targets to be achieved. These are set out below:

Criteria	From:	To:	Date:
Monitor air quality and vehicle count	Ongoing	Ongoing	May 2001
Increase disabled car parking spaces	90	150	April 2003
Increase bus use	19%	21%	April 2004
Increase cycling use	4%	5%	April 2003
Reduce single car occupancy	55%	50%	April 2005
Establish car share database	May 2001	May 2004	May 2004
Develop car parking facilities	December 2001	December 2002	December 2002
Develop travel hub/Light Rapid Transit	May 2001	May 2002	May 2002
Reduce day time deliveries by fuelled vehicles	May 2001	May 2002	May 2002
Increase patient parking facilities	480	600	May 2003
Undertake travel survey	Bi-annually		May 2002 2004 & 2006