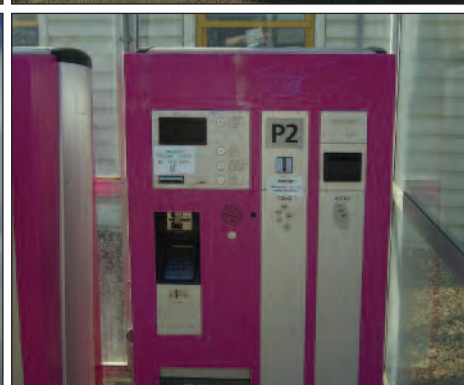
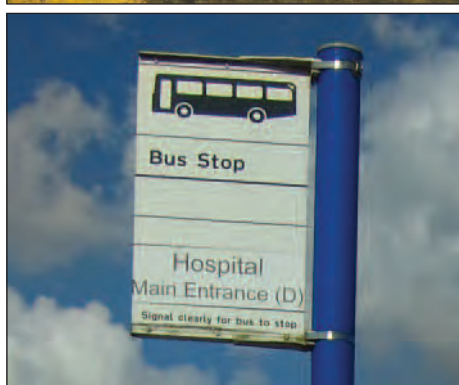


Milton Keynes University Hospital



Travel Plan

2016 - 2019

GLOSSARY

MKC	Milton Keynes Council
BUG	Bicycle User Group
MSCP	multi-storey car park
RATC	Richard Armitage Transport Consultancy Ltd.
Trust	Milton Keynes University Hospital NHS Foundation Trust
TWG	Transport Working Group
VED	Vehicle Excise Duty

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Milton Keynes University Hospital

Travel Plan 2016-19

1 EXECUTIVE SUMMARY

- 1.1 Since 2002, Milton Keynes University Hospital NHS Foundation Trust has encouraged staff, patients and visitors to reduce over-dependence on the car as the means of getting to and from Milton Keynes University Hospital .
- 1.2 Currently, the proportion of staff travelling to work by car - nearly 82% - is higher than the national average. This is putting car parking provision under pressure. The aim is to reduce the number of staff coming to work by car.
- 1.3 Looking ahead, the Trust needs to develop the Hospital site further, in order to deliver excellent healthcare services to a rapidly-expanding population. The Trust will need to continue to manage the site effectively, through its Estates Strategy. The Travel Plan is therefore an essential tool for the job.
- 1.4 The Travel Plan is the responsibility of the Trust's Estates team, which reports directly to the Deputy Chief Executive.
- 1.5 The Trust has set the following targets for the next three years to 2019:

Staff Travel targets	2013 survey	2019 Target	Number of staff to switch
Car, alone	73.2%	63.0%	-337
Car share	8.2%	12.0%	+125
Walk	3.9%	7.0%	+102
Cycle	2.6%	5.0%	+79
Bus	7.7%	9.0%	+43
Motorcycle/scooter	0.2%	0.5%	+10
Train	0.2%	0.5%	+9
Other	4.0%	3.0%	-33

- 1.6 An Action Plan will be implemented, concentrating on eight areas:

- Car parking management
- Cycling promotion
- Walking promotion
- Bus and train promotion
- Travel information provision
- Car sharing promotion
- Business travel reduction
- Transport carbon reduction.

Milton Keynes Hospital Travel Plan

2 ABOUT THE HOSPITAL

- 2.1 Milton Keynes University Hospital NHS Foundation Trust provides hospital based services for approximately 252,400 people from Milton Keynes and its surrounding area (July 2012). Current forecasts predict that the population will reach 302,100 by 2026, with the population aged 65 years or older projected to increase by 82% between 2012 and 2026. The total natural catchment area of the Trust is considered to be about 15% wider than the MKC boundary, consisting of patients from the market towns of Buckingham and Leighton Buzzard and the surrounding villages.
- 2.2 The Trust is developing and expanding its services in order to be able to continue to meet the healthcare needs of the rapidly-expanding population in its catchment area.
- 2.3 The Trust employs about 3,300 staff. The Trust's services are provided from a single 60-hectare site south of the centre of the city. This site is shared with other Trusts offering specialist healthcare services from the same site, but the Trust is the largest employer on site.
- 2.4 In 2016, the Trust plans to reduce the number of non-clinical staff on site by about 150, by relocating them to offices in Milton Keynes. These staff will still be covered by the principles outlined in this Travel Plan, but there may need to be site specific travel planning measures taken at the new premises.
- 2.5 The Trust understands the benefits of travel planning. The Travel Plan will help the Trust to manage the site, to improve access for patients, visitors and staff, and to meet its responsibility to reduce carbon emissions and reduce health inequalities in Milton Keynes. The Travel Plan forms part of the Trust's Estates Strategy.

3 ABOUT TRAVEL PLANNING AT THE TRUST

- 3.1 The Milton Keynes University Hospital Travel Plan was first introduced in 2003 and last updated in February 2014. Following a review, this is the fourth edition which will be further amended following completion of the 2016 staff travel survey (March 2016).
- 3.2 Department of Health guidance, contained in *Health Technical Memorandum 07-03 NHS car parking management: environment and sustainability* (HTM 07-03, 2015 edition), has informed the preparation of this Travel Plan.

4 AIMS

- 4.1 The aims of the Travel Plan are to:
- Ensure the site is sustainable, over time, so the Trust can continue to develop and serve the local community well.
 - Provide a mechanism for the Trust to manage transport, staff travel, goods and services deliveries, parking and site as a whole.

- Reduce carbon from transport, leading to energy savings, less traffic pollution, and less congestion.
- Improve health by increasing active travel (i.e. walking and cycling) by staff, patients and the general public.
- Reduce health inequalities by improving patient access to healthcare.
- Reduce parking pressure.
- Slow down, and then halt, the growth in car use, especially drivers travelling alone to the Hospital site.
- Improve control over the Trust's transport and travel expenditure.
- Ensure that travel planning measures introduced at the Trust are successful by being delivered in a timely and cost-effective manner.
- Provide the framework that will allow the Trust to participate effectively and consistently in area-wide transport decision-making forums, working closely with Milton Keynes Council (MKC).
- Enhance public perceptions of the Hospital and all who work here.

5 **STAFF TRAVEL: 2002, 2007, 2013 AND 2016**

- 5.1 The third staff travel survey was conducted in November 2013. The table below shows staff travel to work patterns for the Trust in 2002, 2007 and 2013. The key indicator used to measure the impact of the Travel Plan is the proportion of staff travelling to work by car driver alone. Table 1 shows that there has been little change in the overall percentage of staff travelling to the site by car since 2007. Nearly 82% of staff travel by car driver alone and by car share. There has been a decline in car sharing of around 4% over the same period.
- 5.2 The survey results were published by the Trust in February 2013:
- It was reported that the car is used for work purposes every day by 14% of staff, with a further 13% using their car at least once a week. Experience at other hospitals suggests this is over-stated. In practice, when questioned in more detail, a high proportion of this group of staff said they used the car for travel to work only. So the percentage of staff using the car for work at least once a week has been revised to. 22% As 76.5% of all staff drive a car to work, this means over 54% of staff cars are likely to remain parked all day, every working day.
 - The majority of respondents (73%) have a Trust Parking Permit.
 - Staff were asked which alternative forms of travel they occasionally use to travel to work. Concentrating on those staff who usually drive to work alone, 12% walk, 6% cycle, 16% use public transport and 18% car share. Some will use more than one of these alternative forms of transport.
- 5.3 The Trust's fourth staff travel survey will be conducted in February 2016. The results will be used to revise the Travel Plan modal share targets (see below)

and other relevant aspects of this Travel Plan, and the revised edition will be completed by the end of March 2016.

Table 1 Staff travel to work 2002, 2007 and 2013

Staff travel to work	2002	2007	2013	
Usual Travel Mode	%	%	%	Number
Car driver alone	75.5%	69.8%	73.2%	372
Car share as passenger colleague	11.2%	11.9%	3.3%	17
Car share as driver			4.9%	25
Motorcycle/scooter	0.2%	0.3%	0.2%	1
Cycle	2.3%	4.2%	2.6%	13
Walk	5.0%	2.3%	3.9%	20
Bus	5.2%	9.0%	7.7%	39
Train	0.2%	0.3%	0.2%	1
Taxi		2.3%	0.8%	4
Other		0.0%	3.1%	7
Total	100%	100%	100%	506

6 IMPLEMENTATION OF THE TRAVEL PLAN

- 6.1 The Travel Plan is the responsibility of the Trust's Estates department, which reports directly to the Deputy Chief Executive on these matters.
- 6.2 The Travel Plan lead is John Brierley (Capital Projects), who will oversee its implementation. The Travel Plan Co-ordinator will be appointed in April 2016 and details will be forwarded to MKC.
- 6.3 The Action Plan, which is attached to this document, will be regularly updated to ensure travel planning measures continue to support ongoing development at the Trust.

7 MONITORING AND EVALUATION

- 7.1 On a regular basis, the Trust will use sampling and checks, such as:
- Site audits (e.g. number of cycles on site)
 - People using carsharing database
 - Discounted public transport tickets sold
 - Applications for the Cycle to Work scheme
 - Face-to-face meetings replaced by teleconferences.

- 7.2 The Trust has agreed the following targets for the proportion of journeys by a particular form of transport (known as *modal share*).

Table 2: Modal shift targets

Staff Travel targets	2013 survey	2019 Target	Number of staff to switch
Car, alone	73.2%	63.0%	-337
Car share	8.2%	12.0%	+125
Walk	3.9%	7.0%	+102
Cycle	2.6%	5.0%	+79
Bus	7.7%	9.0%	+43
Motorcycle/scooter	0.2%	0.5%	+10
Train	0.2%	0.5%	+9
Other	4.0%	3.0%	-33

- 7.3 These targets will be monitored by conducting a snapshot staff travel habits survey in November 2017 and November 2018, followed by a full survey in November 2019.

- 7.4 The Estates department will prepare an annual review of the Travel Plan. Once approved by the Trust senior management team, a summary will be made widely available. The next review will be completed and published by the end of March 2017.

Action Plan 2016-19

8 TRAVEL PLAN IMPLEMENTATION

8.1 The Travel Plan will be implemented through a series of complementary actions overseen by the Estates department, focused on eight topics:

- Car parking management
- Cycling promotion
- Walking promotion
- Bus and train promotion
- Travel information provision
- Car sharing promotion
- Business travel reduction
- Transport carbon reduction.

8.2 Where practical, the Trust will encourage the appointment of champions or co-ordinators for each topic. They will be chosen because of their enthusiasm for the subject, rather than the role being thrust upon them, and will be drawn from staff or from volunteers who work at the Hospital.

8.3 A summary of the Action Plan is contained in **Appendix A**.

9 PARKING

9.1 Department of Health guidance, contained in *Health Technical Memorandum 07-03 NHS car parking management: environment and sustainability* (HTM 07-03, 2015 edition), sets the standards the Trust wishes to meet through its Car Parking Policy. This includes HTM 07-03's car parking principles for patient, visitors and staff (see **Appendix B**).

9.2 The Trust will maintain a database of staff and other parking permit holders containing the following information:

- Name
- Home address (including postcode)
- Telephone numbers (home, work and mobile)
- Department
- Line manager
- Job title
- Vehicle model(s)
- Vehicle registration(s)
- Permit type.

- 9.3 Where staff use their car on Trust business, the database will also contain details in relation to driving at work health and safety requirements (e.g. car insurance, current driving licence and so on).
- 9.4 During 2016, the Trust will complete a review of its Car Parking Policy. The current annual permit system ties staff into paying for parking whether or not they travel to work by other means or work from home on some days.
- 9.5 In particular, the parking permit system will be examined to ascertain the potential for moving away from annual or monthly parking permits to a “Pay As You Go” system (PAYG) - so staff only pay for the days on which they park.
- 9.6 As well as being fairer for people who travel to work less frequently, PAYG would provide an immediate financial incentive to ridesharing or leaving the car at home and travelling to work by bus, on foot or by bicycle. The aim would be to encourage staff to make occasional or regular use of other modes.

10 CYCLING

- 10.1 The Trust will implement measures to increase the proportion of staff travelling to work by bicycle from 2.6% to 5% by 2019.
- 10.2 There are currently 90 cycle parking spaces at the site.
- 10.3 Cycle parking has recently been reviewed across the site. A budget of £25,000 has been provided for 84 additional cycling and 10 additional motorbike parking spaces to be installed by April 2016 (for the location of these new cycle parking spaces, see the map in **Appendix C**).
- 10.4 The number of cycle parking areas and spaces will be logged and where the cycle parking provision is of poor quality or damaged it will be removed and replaced. Cycle parking standards will be set to ensure that all future cycle parking is well located, near to main entrances, of good design which allows cycles to be secured through the frame and both wheels to the cycle stand (e.g. Sheffield stands). The Trust will increase the quantity of undercover, secure cycle parking for staff and this will be monitored to meet demand. Showers and lockers will be found for staff who cycle to work.
- 10.5 The business case for further investment in cycling provision for staff will be made for consideration by the Trust. The 2013 staff survey showed that 6% of staff who currently drive to work alone also cycle to work occasionally. The comments made by staff about the problems they have with the current provision for cyclists on site give a clear indication that there is an opportunity to convert a number of these occasional cyclists into regular cyclists if the right provision is put in place. Getting more staff to cycle to work will relieve car parking pressure. This Action Plan envisages a reduction of 3% in demand for car parking through improvements in on-site support for cyclists. In nearby Bedford Hospital, where improvements have been made to cycling infrastructure, cycling to work is at 8%.
- 10.6 The Trust is in discussion with a company that provides changing facilities, showers and lockers in a 'shipping container' unit. It is estimated that a

modest annual fee of £25.00 could be levied for use of a secure cycle space, as long as the staff member gets a locker, with access to a changing area with clothes drying facilities, a shower, and the facility is generally high quality, secure and well-managed.

- 10.7 The locker provision will be expanded to meet demand and staff will be made aware of the Trust's cycle storage, shower, changing and locker facilities.
- 10.8 Staff will be made aware of the Trust's cycling policy. In particular, a bespoke email and leaflet to promote the Cycle to Work scheme to all staff will be distributed. This will be aimed primarily at car users who live within 15 minutes ride of the main hospital site.
- 10.9 The Trust's travel information for staff, patients and visitors will include cycling maps and promotional materials on cycling.
- 10.10 A Bicycle User Group (BUG) will be set up. It will arrange "Dr Bike" bicycle maintenance sessions and other cycling promotional activities and participate in events such as National Bike Week. The BUG will organise lunchtime rides using the Redways to accompany less confident cyclists and help them find their way around Milton Keynes without having to negotiate main roads. Working with MKC, the BUG will arrange for cycle training to national 'Bikeability' standards to be offered to all staff.
- 10.11 Staff travelling on Trust business will be encouraged through a 20 pence per mile reimbursement rate to cycle on journeys of 5 miles or less.
- 10.12 The Trust will work with MKC's cycling and walking development officer to ensure that the Hospital is comprehensively sign-posted along the Redways around the town and provide feedback on how MKC can improve cycling infrastructure in Milton Keynes. Funding for work to improve the highways and Redways has been allocated by MKC and the Trust will ask the Council to ensure that the Hospital is recognised as a key destination with priority given to signage and improvements on routes to the hospital.
- 10.13 The Trust will consider purchasing a pool of bicycles for staff to use when attending local meetings. They may also be used by new or returning cyclists to practice cycling, for example by participating in lunchtime rides.
- 10.14 The Trust welcomes the new nextbike public bike hire scheme and will look at the feasibility of extending the scheme to the hospital.
- 10.15 The Trust has recently been introduced to a new form of Cycle to Work scheme that involves staff acquiring electrically assisted pedal cycles (known as e-bikes). The Trust will sponsor an event promoting this scheme to see if any staff are interested. The Trust will also look at suitable arrangements for charging e-bike batteries.

11 WALKING

- 11.1 The Trust will implement the measures to increase the proportion of staff walking to work from 3.9% to 7% by 2019.
- 11.2 The Trust will run a marketing campaign promoting walking to work with an active health message. This will include posters, events and possibly

incentives such as free pedometers or umbrellas for staff who walk to work. Staff who live within fifteen minutes walking distance from the hospital will receive targetted email messages outlining the health benefits of walking to work.

- 11.3 The Trust will join in National Walk to Work week (usually held in May: walkingworks.org.uk), preferably working with other Milton Keynes employers and MKC.
- 11.4 The walking routes to and from the Hospital will be audited with the MKC officer responsible and improvements or repairs will be negotiated. Walking routes and lighting on the Hospital site will be audited and improvements or repairs will be introduced if required, as resources permit.
- 11.5 The Trust will make lockers and a secure clothes drying area for staff available, possibly shared with cyclists, and make staff aware of this. This will be of particular value to the Run To Work Group that has been established by staff who work for the Trust.
- 11.6 The Trust will provide umbrellas at reception / other staff areas for staff to borrow for short local journeys.

12 TRAVEL BY BUS AND TRAIN

- 12.1 The Trust will implement the measures to increase the proportion of staff travelling to work by bus from 7.7% to 9% by 2019.
- 12.2 In 2014, the Trust introduced and promoted discounted ticketing initiatives to staff through Arriva's Milton Keynes Employers Travel Club corporate scheme. Arriva is able to offer a 10% discount on their 4 weekly and annual tickets, purchased using a monthly direct debit scheme. This ticket also allows staff to take up to 2 children on the bus for free at weekends and on Bank Holidays.
- 12.3 The Trust has promoted Arriva's Mobile ticketing scheme to staff, which offers a 10% discount on 4 weekly tickets which are stored on the individual's mobile phone.
- 12.4 The Trust will refresh its bus discount offer to staff and promote it more strongly. Targetted marketing will be concentrated on staff who live on a direct frequent bus route to the hospital site, as shown in the map in **Appendix D**. It shows that 1,005 Trust staff live within 400m of a bus route that is 10 minutes' ride from the hospital and runs at least 3 times an hour on weekdays.
- 12.5 The Trust will assess the impact of current bus promotion and review with bus operators and MKC whether there is a need for more buses to serve the hospital site directly, including passing directly through the hospital site.
- 12.6 The Trust will explore whether discount options are available from other local bus operators, such as Red Rose, Redline, Vale Travel and Centrebus.
- 12.7 The Trust's Communications staff will work with local bus operators to improve the bus travel information being made available on the Trust's website.

12.8 Taking the train is not a significant option for many staff, as it involves a bus, taxi, or cycle ride from Milton Keynes Central railway station. Nonetheless, the Trust will examine whether it is worthwhile promoting the train to certain groups of staff, with an additional question on the topic being added to the 2016 staff travel survey (see above).

12.9 A full list of buses currently serving the hospital site is contained in the *Academic Centre Transport Statement* (February 2016) together with timetables.

13 TRAVEL INFORMATION PROVISION

13.1 The Trust will ensure that all staff, visitors and patients travelling to the hospital are able to access travel information (using digital media and in paper format) that promotes sustainable travel choices.

13.2 The Trust will introduce a site-specific travel information leaflet containing a local travel map, bus and park & ride information, parking information, cycle parking, details of the Healthcare Travel Costs Scheme, patient transport eligibility criteria and community transport.

13.3 The Trust will introduce Travel Plan intranet web pages to enable staff to obtain travel information and Trust policies on travel with a clear statement of the advantages of sustainable travel to the individual staff members (healthier, cheaper, and greener) and separate pages for each mode of travel (public transport, walking, cycling, car sharing, car parking). The intranet should contain all relevant information on:

- Car Parking Policy and staff and other parking permits
- Travel plan initiatives (such as the Cycle To Work scheme)
- Ways to access the hospital to by public transport, cycling and walking
- Journey planner widgets for public transport and cycling journeys
- Promotion of car sharing
- Travel on Trust business and meetings arrangements.

13.4 Suitable locations for hospital travel information points will be identified (e.g. staff room/ canteen) for leaflet stands and posters for travel events. If these exist already, they will be reviewed, refreshed and re-branded. Information points should contain up-to-date travel information, such as:

- The Milton Keynes cycle map
- Local bus timetables
- Site-specific *How to Get Here* leaflet with local travel map
- Non-emergency patient transport services and Healthcare Travel Costs Scheme
- Walking for health leaflets.

13.5 Working with with MKC and local bus operators, the Trust will seek to introduce real-time bus information onto public facing screens throughout the Hospital, in addition to the screen currently in the main reception area.

- 13.6 The Trust will ensure reception staff and volunteers at the Hospital are aware of the availability of travel information and how to use it.

14 CAR SHARING

- 14.1 The Trust will review its *Car Sharing Policy* to include:
- Assistance for staff in finding a car sharing partner.
 - Get-you-home guarantee in case of emergencies.
 - Car sharing information leaflet, especially dealing with people's concerns - mostly unfounded - about insurance.
- 14.2 The Trust will offer assistance to staff to find car sharing partners by identifying matching journeys from a simple spreadsheet attached to the parking permit database. The Trust will promote the financial advantages of car sharing and promote green permits and car sharing bays.
- 14.3 Each car sharer will be provided with a car sharer's code of conduct that contains the arrangements for the sharing agreement which will be provided to the sharer's line manager so that management are aware of the need for the car sharer to finish on time.
- 14.4 The Trust will target staff living in the MK surrounding villages, especially LU, PE SG and NN postcode areas.

15 REDUCING THE NEED FOR BUSINESS TRAVEL

- 15.1 The Trust will seek to reduce the need for staff to travel on Trust business and establish a travel hierarchy that helps staff choose the most economic and sustainable mode of travel for each journey. A draft travel hierarchy is to be found in **Appendix E**.
- 15.2 The Trust commissioned a *Transport Emissions Carbon Footprint* report in May 2014. The report's Executive Summary and Recommendations are provided in **Appendix F**. This report covers in detail the Trust's duty of care towards staff driving whilst at work, by taking action to avoid or mitigate the risks associated with business travel.
- 15.3 The Human Resources department will develop a policy on *Staff Using Cars on Trust Business and Arranging Meetings* containing the following guidance:
- Assessment of whether meetings are necessary
 - Prioritisation of audio/video calls over face-to-face meetings
 - Circulation of contact details for all attendees to encourage car sharing to meetings and training courses
 - Prioritisation of venues accessible by public transport
 - Travel information, including a map and public transport access, provided for each meeting or training course venue.
- 15.4 The Trust will provide staff with access to audio conferencing facilities that can be used from any telephone or mobile and do not have to be booked in advance. Induction sessions will be provided to staff on how to make best

use of audio conferencing, together with a short written guide, downloadable from the staff intranet.

- 15.5 The Trust will make available webcams and headsets to enable staff to use Skype (or similar) video conferencing where this will be beneficial.
- 15.6 Written instructions on how to use the equipment and related software will be published on the staff intranet, accompanied by a familiarisation programme on using the kit to be delivered by the IT team.
- 15.7 An awareness-raising campaign will be rolled out to promote audio and video conferencing.
- 15.8 Separate guidance will be provided on how to set up, prepare for, and chair audio and video conference calls effectively.
- 15.9 To reduce the need for certain staff members to always bring the car to work, the Trust will examine the feasibility of making pool cars available to staff who have to travel on Trust business. The Trust will establish whether there is potential to share pool cars with MKC or other employers in Milton Keynes.
- 15.10 The Trust's Working At Home Policy will be reviewed to ensure that, wherever practical, audio and video conferencing services are available for staff who are working at home or away from the hospital.

16 TRANSPORT CARBON REDUCTION

- 16.1 The Trust commissioned a *Transport Emissions Carbon Footprint* report in May 2014. The report's Executive Summary and Recommendations are provided in **Appendix F**.
- 16.2 It gives a detailed analysis of Trust-related fleets and suggested ways of reducing Trust travel on business carbon emissions, and therefore expenditure, including staff travel on business in privately-owned cars (grey fleet).
- 16.3 The implementation of this report's recommendations will form part of this Action Plan. The Trust will prepare an update of the Carbon Footprint report in April 2016.
- 16.4 The Trust will work with MKC and other partners to provide electric vehicle charging points on the hospital site.

Appendix A:

Travel Plan implementation

17 ACTION PLAN TASK LIST

- 17.1 The following tables summarise the Action Plan for the implementation of the Travel Plan over the next period. The show the area of activity, who is responsible for implementation and, where practical, there is an indication of costs.

MKH TP ACTION PLAN 2016: ESTATES	Action	Costs
Parking and Car Sharing		
Develop database of parking permit holders	One off	
Assess current parking provision against future demand	Annual	
Review and promote Car Sharing Policy	Bi-annual	
Review and re-write Car Parking Policy	One off/ then bi-annual	
Cost pay as you go parking for staff	One off	
Implement pay as you go parking for staff (promote)		
Cycling		
Audit current cycle parking provision	One off/ then bi-annual	
Audit current locker and shower facilities for cyclists	One off/ then bi-annual	
Set cycle parking, shower and locker standards	One off	
Develop and consult on plan to improve cycle support facilities	One off	
Additional cycle parking/ changing facilities purchase and installation 2016		£25,000
Additional cycle parking / changing facilities purchase and installation 2017		£25,000
Additional cycle parking / changing facilities purchase and installation 2018		£25,000
Investigate options and locations for charging for ebikes		
Academic Centre includes cycling facilities 2016/2017		
Scope pool bikes initiative	One off	
Improve cycling signage (with MKC)	One off	
Walking		
Support for Run to Work Group (shower and changing access)	One off	
Identify lockers and secure drying area for walkers and runners	One off	
Pool Cars		
Investigate bookable pool car options (for travel on Trust Business	One off	
Totals:		£75,000

MKH TP ACTION PLAN 2016: EXTERNAL TRAVEL PLAN SUPPORT TEAM		Time (Days)	Costs
Preparation of travel information			
Site specific travel leaflet for MKH		5	
Promotional articles for comms team - Annual set and individual items to promote first year or two.		5	
Preparation of travel information for website working with IT		5	
Identification of travel information points on site		1	
Travel information carousel purchase, selection of items, information sheet for future orders of items		1	
Training for reception staff & volunteers on travel information, use of internet travel information, ordering leaflets for racks		3	
Cycling information for staff and patients		2	
Review options for increasing real-time information screens		1	
Develop travel information pack for new staff		2	
Working with staff to promote sustainable modes			
Walking at Lunchtime - set up working in partnership with Occupational Health - to be passed on to Occupational Health		5	
Cycle Buddy Scheme - partnerships of existing cyclists with those who want to try cycling - to be passed on to Occupational Health		5	
Bikeability Training - MKC will put on course if sufficient demand - set up course at hospital for staff considering cycling		5	
Lunchtime promotions of discounted bus tickets, individual travel plans, cycle to work routes, walk to work routes		5	
Walk / Cycle challenges: mix of individual & group challenges work - work with Occupational Health on delivery		5	
Promotion of cycling on Trust business		1	
Total Days		51	£25,000

MKH TP ACTION PLAN 2016: COMMUNICATIONS

Preparation of travel information

Site specific travel leaflet for MKH

Promotional articles for comms team - Annual set and individual items to promote first year or two.

Preparation of travel information for website working with IT

Identification of travel information points on site

Travel information carousel purchase, selection of items, information sheet for future orders of items

Training for reception staff & volunteers on travel information, use of internet travel information, ordering leaflets for racks

Cycling information for staff and patients

Review options for increasing real-time information screens

Develop travel information pack for new staff

Working with staff to promote sustainable modes

Walking at Lunchtime - set up working in partnership with Occupational Health - to be passed on to Occupational Health

Cycle Buddy Scheme - partnerships of existing cyclists with those who want to try cycling - to be passed on to Occupational Health

Bikeability Training - MKC will put on course if sufficient demand - set up course at hospital for staff considering cycling

Lunchtime promotions of discounted bus tickets, individual travel plans, cycle to work routes, walk to work routes

Walk / Cycle challenges: mix of individual & group challenges work - work with Occupational Health on delivery

Promotion of cycling on Trust business

Total Days

MKH TP ACTION PLAN 2016: HUMAN RESOURCES			Actions	Who with?
Travel survey and travel information				
Assistance with circulation of travel survey			as required	
Provision of travel information pack to new staff			ongoing	
Reducing the need for Business Travel				
Develop Hierarchy of Travel Choice/Meetings Protocol			one-off	
Identify IT implications of Car Parking Policy changes and Travel Plan			one-off	Mainly IT
Trial of hierarchy meetings protocol (single department)			one-off	
Staff familiarisation process (cascade model)			one-off	
Roll-out hierarchy of travel choice & mtgs protocol across Trust			one-off	
Investigate bookable pool car option			one-off	Estates

MKH TP ACTION PLAN 2016: IT

Promoting alternative travel on the web

Developing new webpages for improved travel and transport information for staff and patients

Carbon reduction/ travel costs reduction

Introduce IT to reduce need to travel: tele/video conferencing services; training; equipment

Car Parking Policy changes

Work with Estates and Car Parking Manager to introduce back office changes for PAYG staff parking

Totals:

MKH TP ACTION PLAN 2016: OCCUPATIONAL HEALTH	
Supporting Health Promoting activities for staff	Who with?
Walking at Lunchtime Groups	External Support Team
Cycle Buddies	External Support Team
Walking & cycle challenges - mix of individual & group challenges	External Support Team

Appendix B:

Department of Health guidance

18 HTM 07-03 - PARKING PRINCIPLES

- 18.1 Department of Health guidance, contained in *Health Technical Memorandum 07-03 NHS car parking management: environment and sustainability* (HTM 07-03, 2015 edition), sets the standards the Trust wishes to meet through its Car Parking Policy.
- 18.2 Here we reproduce the parking principles from this guidance.



Department
of Health

Health Technical Memorandum 07-03

NHS car-parking management: environment and sustainability

2015 edition



1.0 Policy and regulatory overview: car-parking and the healthcare estate

Car-parking

1.1 Car-parking has a large bearing on people's experience of the NHS and influences perceptions of local healthcare facilities.

1.2 DH (2014) published its car-parking principles, which provide clear and consistent ground rules that will help manage car-parking provision in the NHS and help to improve the patient experience across the NHS (see below).

1.3 HTM 07-03 provides guidance that will help NHS organisations to comply with these principles.

NHS patient, visitor and staff car parking principles

- NHS organisations should work with their patients and staff, local authorities and public transport providers to make sure that users can get to the site (and park if necessary) as safely, conveniently and economically as possible.
- Charges should be reasonable for the area.
- Concessions, including free or reduced charges or caps, should be available for the following groups:
 - disabled people
 - frequent outpatient attenders
 - visitors with relatives who are gravely ill, or carers of such people
 - visitors to relatives who have an extended stay in hospital, or carers of such people
 - carers of people in the above groups where appropriate
 - staff working shifts that mean public transport cannot be used.

- Other concessions, e.g. for volunteers or staff who car-share, should be considered locally.
- Priority for staff parking should be based on need, e.g. staff whose daily duties require them to travel by car.
- Trusts should consider installing 'pay on exit' or similar schemes so that drivers pay only for the time that they have used. Additional charges should only be imposed where reasonable and should be waived when overstaying is beyond the driver's control (e.g. when treatment takes longer than planned, or when staff are required to work beyond their scheduled shift).
- Details of charges, concessions and additional charges should be well publicised including at car park entrances, wherever payment is made and inside the hospital. They should also be included on the hospital website and on patient letters and forms, where appropriate.
- NHS trusts should publish:
 - their parking policy
 - their implementation of the NHS car parking principles
 - financial information relating to their car parking
 - summarised complaint information on car parking and actions taken in response.

Contracted-out car parking

- NHS organisations are responsible for the actions of private contractors who run car parks on their behalf.
- NHS organisations should act against rogue contractors in line with the relevant codes of practice where applicable.
- Contracts should not be let on any basis that incentivises additional charges e.g. 'income from parking charge notices only'.

Appendix C:

Cycle and motorcycle parking investment 2016

19 MAP OF NEW CYCLE AND MOTORBIKE PARKING

- 19.1 Cycle parking has recently been reviewed across the site. A budget of £25,000 has been provided for 84 additional cycling and 10 additional motorbike parking spaces to be installed by April 2016. The map below shows the location of the new parking facilities.

Car Parking Spaces

-
- 542 Visitor Pay on Foot Parking
- 93 Disabled Parking
- 1203 Staff Permit Holders Parking
- 9 Short Stay/Drop Off Parking
- 35 Pay and Display Parking
- 50 Reserved Permit Parking Service Specific
- 178 Incident Contingency
Unmarked Staff Parking
- Level 2,3 & 4 - 548 Staff
- Level 1 Vis

Plan 1st
July 2015

Upgrade and replacement of cycle storage facilities across the Trust.

Locations & Estimated costs.

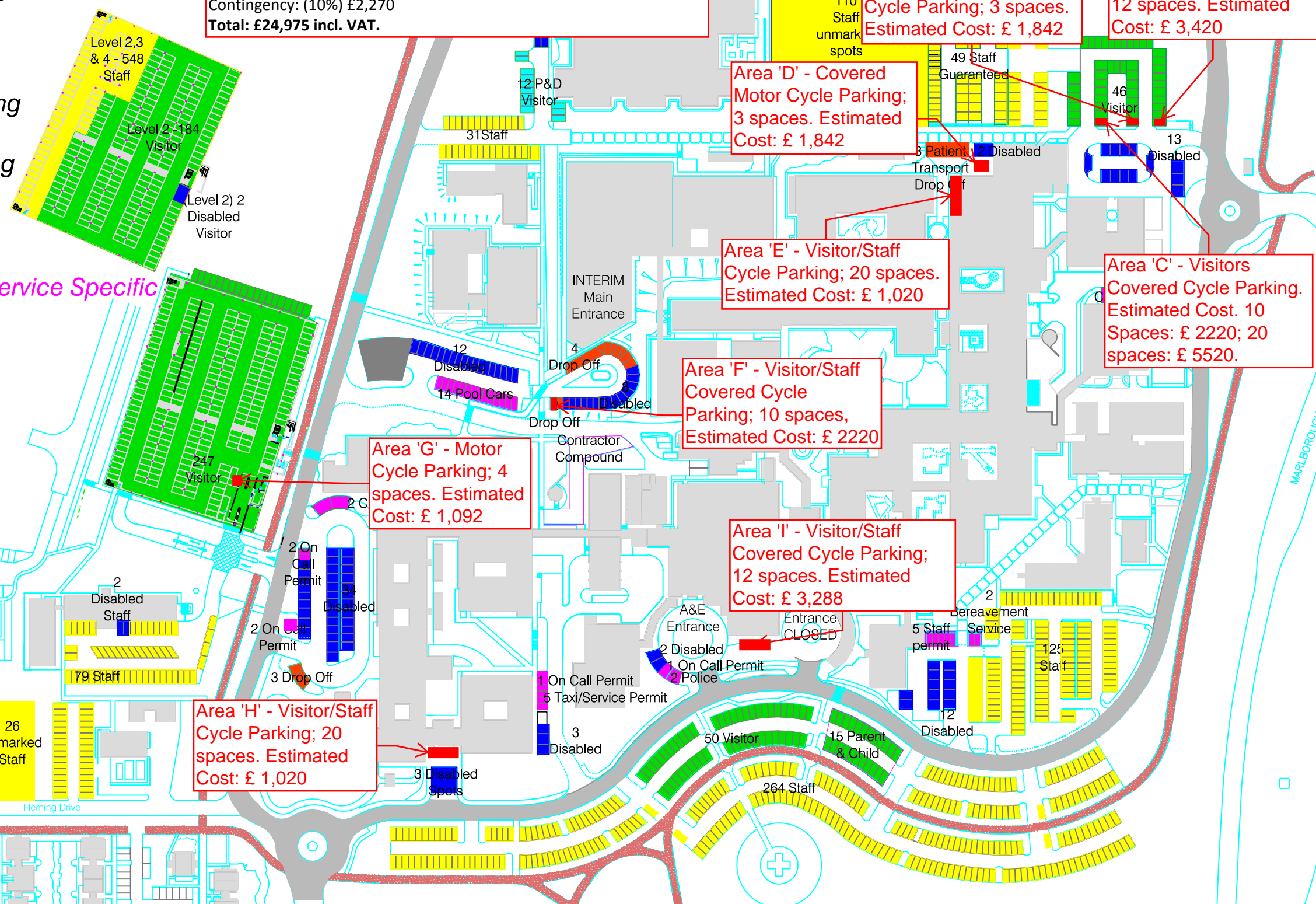
- A. Car Park B - £3,420
- B. Car Park B - £1,842
- C. Car Park B - £2220 - 5520
- D. Rear Entrance - £1,842
- E. Rear Entrance - £1,020
- F. Treatment Centre (affects parking space) - £ 2220
- G. MSCP - £1,092
- H. Eaglestone Health Centre - £1,020
- I. A&E - £3,288

Sub-total: £21,264 incl. VAT

CCTV/Lighting £ 1,440

Contingency: (10%) £2,270

Total: £24,975 incl. VAT.



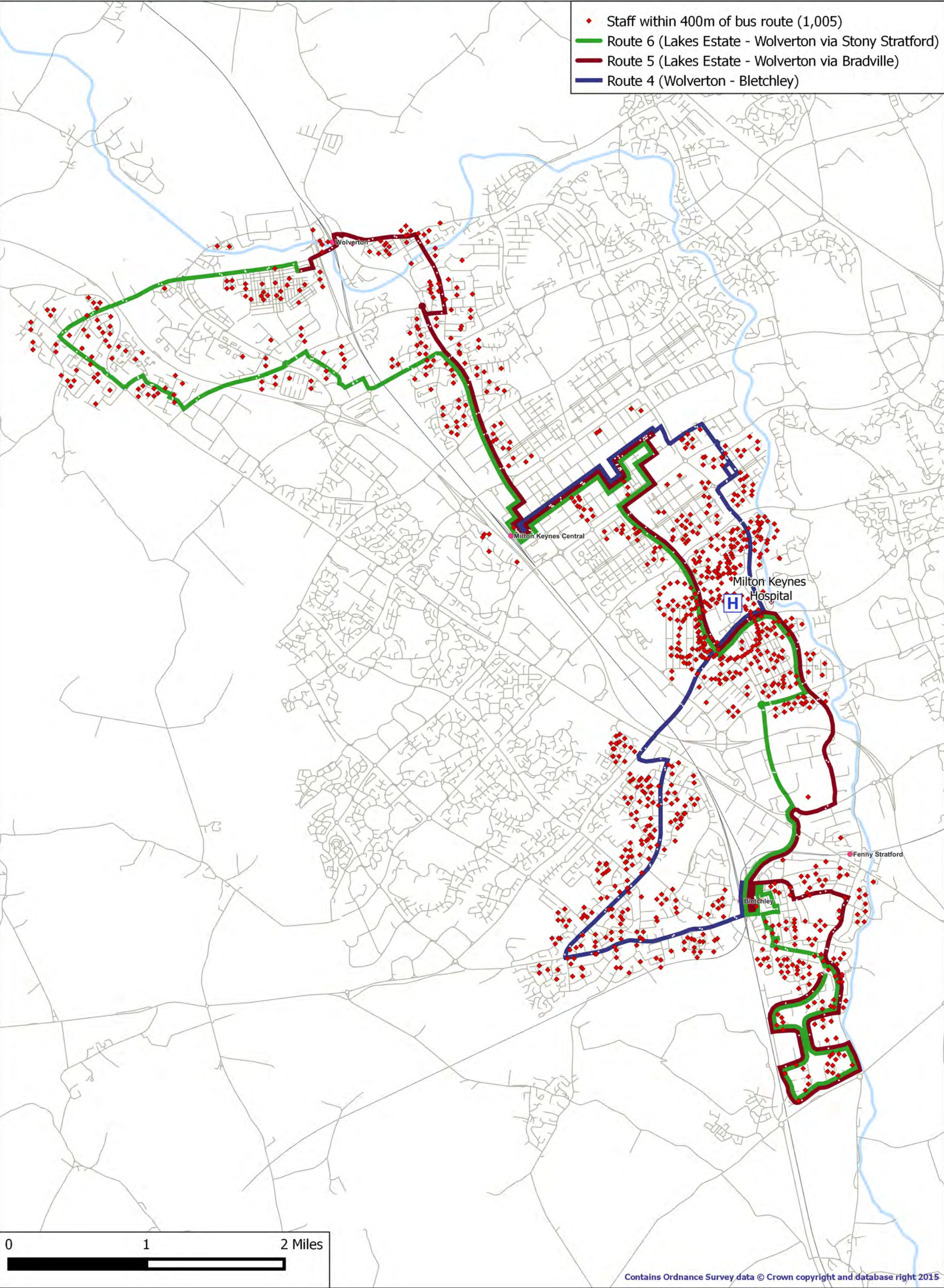
Appendix D:

Staff travel to work by bus

20 STAFF WITHIN 10 MINUTES' BUS RIDE OF THE HOSPITAL

20.1 The map below plots the 1,005 Trust staff who live within 400m of a bus route that is 10 minutes' ride from the hospital and runs at least 3 times an hour on weekdays.

Milton Keynes hospital staff within 400m of bus routes that are 10 mins from the hospital, at least 3 buses per hour.



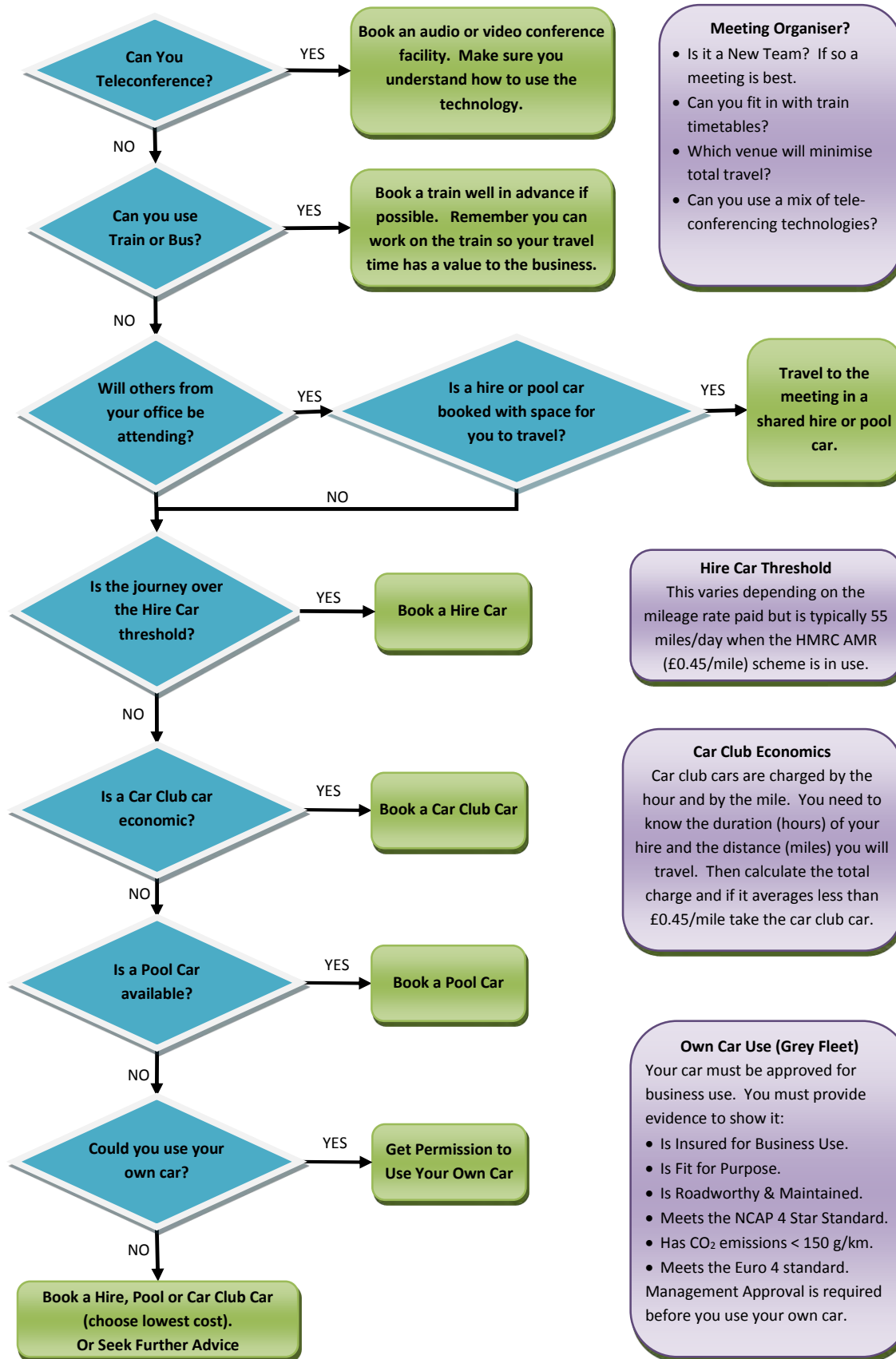
Appendix E:

Travel hierarchy for staff business travel

21 DIAGRAM OF DRAFT TRAVEL HIERARCHY FOR STAFF

- 21.1 The Trust will seek to reduce the need for staff to travel on Trust business and establish a travel hierarchy that helps staff choose the most economic and sustainable mode of travel for each journey.

Example Travel Hierarchy



Appendix F: Transport Carbon Footprint (May 2014)

22 REPORT'S EXECUTIVE SUMMARY & RECOMMENDATIONS

NHS CO₂ Footprint

Transport Emissions 2014

Milton Keynes Hospital
NHS Trust

July 2014

by Gfleet Services Ltd

Gfleet
Services Ltd

1 Executive Summary

In 2013/14 Milton Keynes Hospital (MKH) NHS Trust transport carbon dioxide emissions totalled 182 tonnes from 576,000 miles.

Business travel in private cars (the Grey Fleet) accounted for 38% of emissions (68 tonnes) and cost the Trust an estimated £135,000. Staff were reimbursed for 234,000 miles at a cost of £1,750/tonne. In 2013/14 the scheme was funded under the generous Agenda for Change mileage rates. Had HMRC approved mileage rates been used the Trust would have achieved a £30,000 saving. Because of a lack of historic data it is not possible to determine if Grey Fleet mileage at MKH is increasing or decreasing year on year – experience elsewhere in the NHS (including Bedford Hospital) would suggest it is likely to be increasing.

This is the first year of the Milton Keynes Hospital (MKH) NHS Trust transport Carbon Footprint assessment. The aim of the assessment is to consider the emissions arising from all the directly operated or directly funded transport fleets in use at MKH. The fleets in the NHS Sustainable Development Unit (SDU) Greenhouse Gas (GHG) reporting protocol include: Pool Cars, Lease Cars, Vans, Grey Fleet (privately owned cars paid a mileage allowance), Non-Emergency Patient Transport and finally the Commuter Fleet.

The emissions from these fleets can cover all three GHG reporting Scopes: Scope 1 – fuel for pool cars, vans and patient transport. Scope 2 – electricity for charging electric vehicles and Scope 3 – indirect emissions in the Grey Fleet and staff commute mileage.

The data required for the annual SDU report is itself based on the HM Treasury GHG reporting standard. That standard is compatible with international reporting as defined and required by the GHG Protocol.

In this first year some difficulty was experienced obtaining the data needed for the assessment. In particular, accurate mileage data about the lease and pool fleets was not available and no fuel purchase data for the pool fleet was forthcoming. The car park permit data was not accessible and the permit data lacked home postcode information so even if available it would not be possible to calculate the distance of the permit holder's commute.

However accurate data regarding Grey Fleet mileage claims was made available and this was supported by vehicle registration marks (VRM) although over 40% of those were not recognised by the DVLA. This is a concern as the Trust has a duty of care in relation to business use cars and should have accurate records of the vehicles in use, their insurance status and some assessment of the vehicle's roadworthiness and suitability for the task.

Carbon emission reporting can be perceived as a burden but it is an effective measure of how efficiently staff transport is being managed. Costs measured in £/tonne CO₂ and £/mile as well as total mileage are all indicators of efficient time management and cost effective travel choice as well as showing where improvements can be made.

The focus of a carbon footprint report is to reduce carbon emissions but with each tonne of transport carbon representing up to £500/tonne in fuel costs and as much as £1,750/tonne in mileage payments there are strong financial incentives - for the Trust and its staff - to reduce transport carbon emissions.

The main recommendations of this report are:

- Provide a viable lower cost alternative to the use of the Grey Fleet.
- Establish accurate monitoring of pool fleet mileage and fuel consumption.
- Capture all car park permit holder home postcodes and car park usage data.
- Improve reporting on Non-Emergency Patient Transport mileage and emissions.
- Appoint a Transport & Travel Manager, shared between Bedford and Milton Keynes Hospitals.

4 Summary of Recommendations 2014

Make the use of the Grey Fleet car the “Option of Last Resort”

Introduce a clear “Travel Hierarchy” which puts video/audio conferencing, public transport and walking cycling before all other options. The preferred car options should then include hire cars, pool cars and car club cars. Only if none of these are available should the use of a private car be permitted and funded.

Provide Ready Access to Hire Cars and make use Mandatory

At the Agenda for Change 2014/15 full rate (£0.54/mile) a hire car at £18/day costs less than paying Grey Fleet mileage for any journey over 45 miles/day. **Use of a hire car for journeys over this threshold should be mandatory – hire cars are insured, roadworthy, low carbon and meet high safety standards.**

Provide alternatives to the Grey Fleet (Cost & Carbon Saving)

Pool Cars or a dedicated Car Club or a hybrid of the two (Trust owned Pool Cars operated using Car Club technology) can significantly reduce mileage by eliminating inflated mileage claims and removing the financial incentive to make a journey (the cost difference between the fuel cost and the mileage rate paid).

The Zipcar car club at Croydon Council delivered a:

- Cut in car travel costs of 42%, from £1.3m to £756,000.
- Reduction in Croydon Council employee car users by 52%.
- Drop in employee business miles by 42%.
- Reduction in employee CO₂ emissions by 36%.

For a scheme to be successful staff must be robustly directed towards using the pool or car club cars which will be low carbon, low emission (air quality) and safe (5 Star NCAP rating). At Norfolk Community Health Care NHS Trust (NCHC) staff who use their own car instead of the car club vehicles are paid £0.24/mile.

Switch to HMRC Approve Mileage Rates (Cost & Carbon Saving)

The HMRC rates are £0.45/mile for 10,000 miles and then £0.25/mile. Both rates are tax and national insurance exempt and would have saved £30,000 in 2013/14. This rate would apply to those journeys that could not be made using a hire car, pool car or car club vehicle. The obligation would be on the employee to prove the use of their own car was the only viable option.

Improve the accuracy of the Grey Fleet Data Set (Duty of Care)

It is important that the Trust has an accurate record of the vehicles being used on its behalf. With 40% of Grey Fleet registration marks not recognised by the DVLA it is clear that the Trust's systems are not robust and the organisation does not fulfil its duty of care. A rate of under 10% is more typical of public sector bodies.

Implement Electronic Mileage Claims (Cost & Carbon Saving, Duty of Care)

Consideration should be given to a number of Grey Fleet data collection improvements including:

1. Introduction of electronic expense claims with dedicated Grey Fleet system. This can include automatic mileage calculation from postcode data.
2. Use of in-car USB trip logger; e.g. Peak Miles: <http://www.peakmiles.com/>
3. Participation in trials of automated data collection systems e.g. AutoTrip.

Systems that improve the accuracy of mileage capture can result in mileage “reductions” in excess of 12% and sometimes as high as 20% due to the removal of mileage claims inflation.

Establish Clear Responsibility for Fleet Management (Duty of Care)

It is not at all clear who in MK Trust is responsible for the day to day management of the pool or van fleets. In the event of a serious injury accident involving an employee in a car “on business” who is responsible for assuring the employee has a valid licence, the vehicle is insured and the vehicle is fit for purpose and roadworthy? This requirement applies regardless of the ownership of the vehicle. In the absence of adequate fleet management the responsibility lies with the Chief Executive.

Policies should be in place to ensure the Trust fleet is operated safely and within the law. These would include a robust programme of driver licence checks (ideally with the DVLA), a driver handbook for all business use drivers (including Grey Fleet), regular documentation checks and monthly “walk-around” checks of all Trust vehicles. Reporting of all at-work road accidents and incidents (including those in Grey Fleet cars) should form part of the Health & Safety management process and this should be linked to system identifying high risk drivers and offering training.

Consideration should be given to the appointment of a Travel & Transport Manager on a fixed term contract with overall responsibility for all modes of travel and as well as responsibility for linked issues such as managing car park demand. This role could be shared with Bedford Hospital which has a similar requirement. A two year appointment may be adequate to establish new systems and introduce change.

Record Fuel Use and Mileage of the Pool and Van Fleets (Cost and Carbon Saving)

It is recommended that the Trust establishes a database (Microsoft Excel would suffice) of the fleet of vans and pool cars it is operating. Systems should be in place to record and report on fuel purchase and mileage data at least monthly and fuel consumption (mpg) should be regularly determined and reported to line managers and drivers.

This is good practise and provides auditable proof that fuel purchased on behalf of the Trust has been used in Trust vehicles for the business of the Trust. Where accurate monitoring of fuel use is introduced savings in excess of 10% have been observed.

Enhance Car Park Permit Data

It is recommended that the staff home postcode together with an estimate of frequency of use as well as time of use (daytime versus shift) is collected in the future as this would permit a more accurate assessment of the commute mileage of employees and the demand on the car park facilities. It is also recommended that the staff assignment number should be collected to allow the car park permit data set to be matched up with the Grey Fleet data.

Carbon reporting should be built into any future car park management system and potential suppliers should be asked to offer car park utilization and home to hospital commute mileage and carbon reporting solutions.

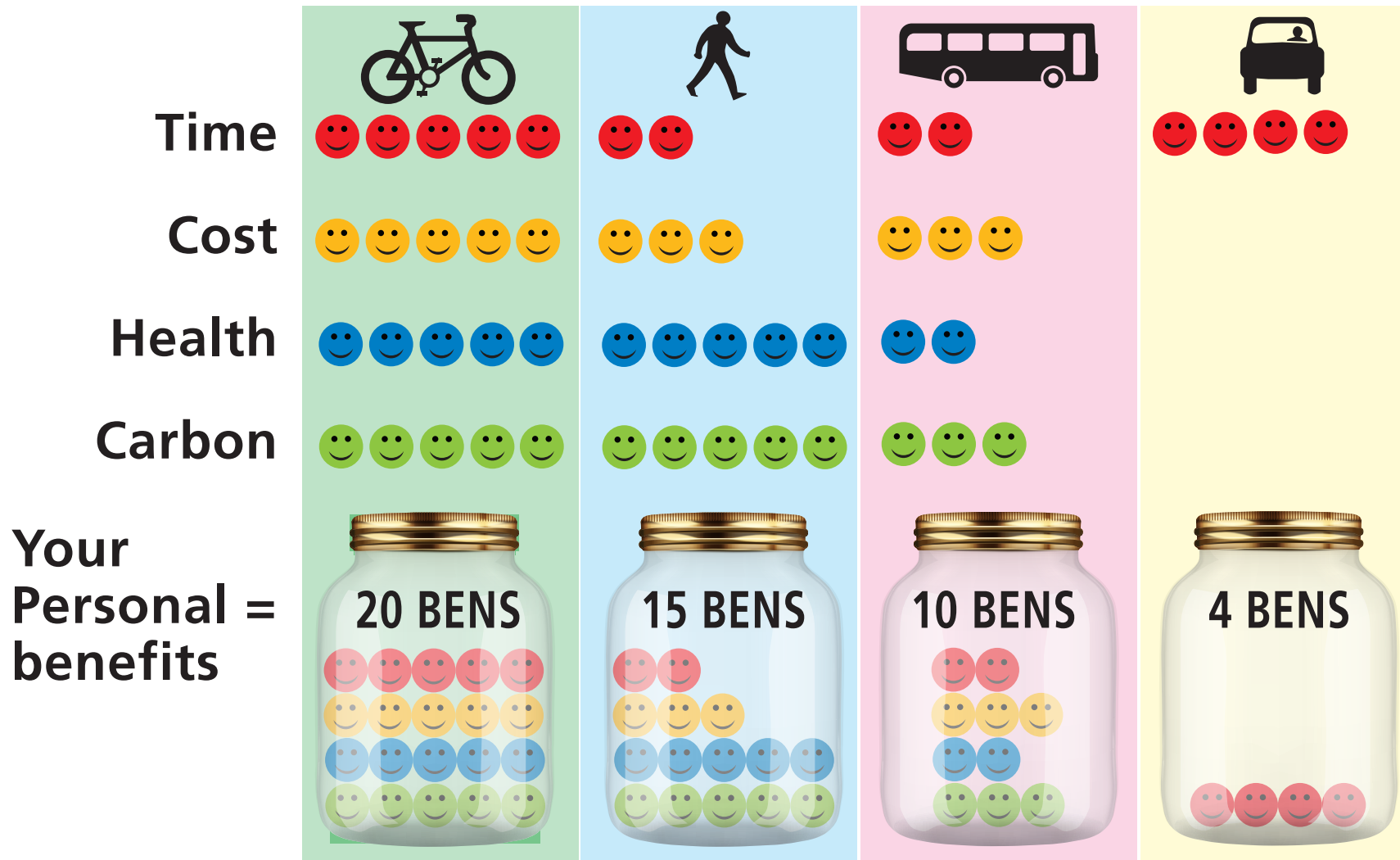
Salary Sacrifice Scheme – Set Minimum Standards

MKH has a Salary Sacrifice Scheme in place for lease cars. Staff “sacrifice” the full cost of leasing and insuring the vehicle and in return have access to cars at a lower cost than through traditional personal lease schemes. However it is understood there are no carbon limits imposed on the scheme. The lack of these limits can result in a significant cost to the Trust because the National Insurance payable on the “company car” Benefit in Kind (BIK) more than off-sets the saving made on the salary sacrificed (see Appendix C). It is strongly recommended that the scheme is reviewed and that maximum carbon emission thresholds of 120 g/km for petrol cars and 105 g/km for diesel cars are set. It is also suggested that all Salary Sacrifice Scheme cars should meet the NCAP 5 Star safety standard.



Introducing BENS, the benefits of travelling well

Work out your BENS by totalling your score: time, cost and carbon savings, plus health benefits..



Tips

Increase your weekly savings by switching or mixing your travel choices

Most staff live less than 5 miles from the Hospital. In this example, the person lives 2 miles away.

If you live 5 miles from the Hospital, and 1 day per week go to work on foot or by bike, you will save 140kg of CO₂.