



TRAVEL PLAN 2018-2023 2021 REVIEW

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List of acronyms

NUH Nottingham University Hospitals NHS Trust

STP Sustainability Transformational Partnership

SMT Senior Management Team

ICS Integrated Care System

SOC Strategic Outline Case

EVs Electric Vehicles

NCC Nottingham City Council

NET2 Nottingham Express Transport Phase 2

TSG Transport Strategy Group

WTE Whole Time Equivalent

WFH Work From Home

WPL Work Parking Levy

NPS Net Performance Score

Executive Summary

A travel plan is a long-term management strategy for an organisation that seeks to deliver sustainable transport objectives. It involves identifying a package of measures for the promotion of sustainable travel as well as work with voluntary sector organisations to encourage the shift away from the use of the private cars for staff commutes.

The Nottingham University Hospitals (NUH) travel plan aims build on it current sustainable travel initiatives by further reducing the impact of travel to and from NUH's sites: Nottingham City Hospital (NG5 1PB), The QMC Campus (NG7 2UH) and Ropewalk House (NG1 5DU).

Trust Strategic Context

The NUH Sustainable Development Strategy aligns with all six of the NUH Promises:

- Our Patients
- Our People
- Our Places
- Our Performance
- Our Partner, and
- Our Potential

2021 context and the 2018 NUH Travel Plan

This is the first updated version of the 2018 NUH Travel Plan. Since its previous iteration, there have been a number of significant changes to travel at NUH that are reflected throughout the updated Travel Plan.

Most significantly, this will cover the impact of the Covid-19 pandemic and Smarter Working/Work from Home (WFH) guidance, the Trusts current Strategic Context and the Integrated Care System, as well as the latest Trust-wide travel survey and upgrades to parking infrastructure.

Strategic context background

The Estates Strategy approved by Trust Board in March 2018 describes how large areas of the NUH estate have through life cycle/age deteriorated into an unsatisfactory condition. The provision of fit for purpose and safe healthcare premises is a key sustainability aim for NUH.

The Estates Strategy outlines the programme of works required to create "Tomorrow's NUH". Fundamental to its delivery is the securing of significant capital investment, once secured this will enable the transformation of the NUH Estate, which will support the delivery of future clinical pathways for both NUH and the wider Integrated Care System (ICS)

This sustainable programme will right size our estate, remove duplication of services and reduce the inefficiencies these cause. This will be achieved through:

- The development of a system wide clinical services strategy, led through the ICS leadership taking into consideration the current configuration and location of services

delivered by NUH (QMC, City and Ropewalk House), and where these could be best delivered from in the future.

- Reviewing the validity of continued dual-site working for a number of services, including exploring the potential to consolidate and or co-locate some on the same site.
- Exploring opportunities to share estates with our health system partners and other public sector bodies through the 'One Public Estates' programme. Therefore, enabling the development and delivery of a divestment strategy for surplus land in accordance with the recommendations of the Naylor Report.

The aforementioned is further supported through the Trusts Long-Term Strategy approved by the Board in March 2018 which outlines that the QMC Campus should focus on the highest acuity of patients and the City Campus should prioritise ambulatory and less complex workload, as well as long-term condition management.

In shaping the Estate Strategy to support the drive to improve services for patients across these themes, the system is focusing on schemes that fall into two categories:

- **Bridging and Transition** – Immediate schemes to address key service and infrastructure priority issues from the above themes that are also compatible with potential transformed service and estate configurations, and are flexible and scalable with that future.
- **Enabling and Long Term Transformation** – Schemes that enable future service models and deliver the long term vision.

The Travel plan is a supporting document to the Trust Sustainable Development Strategy 2018 - 2023 which continues to build on and further embed NUH's achievements; ensuring continuity of good practice and its delivery of successful initiatives. This plan is reflective and aligns to local and national policies. Therefore, to ensure successful achievement and delivery of its goals, it has been drafted so its action plan is flexible and therefore able to adapt for future strategic or legislative changes as will be covered in the following sections. These show the holistic cohesion of the National and Trusts Strategic vision with the Sustainable Development Strategy

Key to ensuring the success of these strategies is through ensuring the right access to health through a robust sustainable travel networks that are embedded and accessible at NUH.

Aims and objectives – what we need to do

The ultimate aim of the Travel Plan is to encourage further behavioural change, which will lead to the use of more sustainable modes of travel and reduce overall travel to and from NUH sites.

As per the 2020 Travel Survey, prior to the COVID Pandemic 46.34% of staff travel to NUH alone in a private motor vehicle, while the rest access via other means (primarily car sharing, public transport and active travel). However, the COVID pandemic increased this proportion

to 51.15%. The Travel Survey indicates that under the right conditions, 25% of staff who currently travel alone by car would change their travel behaviour.

The Travel Plan aim will be achieved via the following objectives:

- Reducing the number of single occupancy car journeys.
- Future proof Trust's access and travel by ensuring its major developments enable easier sustainable transport choices.

Key actions and outputs – how we will get there

To achieve the Travel plan, the following are the key actions:

- Continue working on its current sustainable transport programmes promoting active travel, public transport and car-sharing. Appendix 1 includes a summary of these programmes.
- Continue Managing Carparks under a permit system and enforcement.
- Continue working with Nottingham City Council and public transport operators to create new services where a gap in services exists.
- Improving facilities to increase the attractiveness of active travel and public transport.

The Key outcomes from implementing the Travel Plan are:

1. Improved access to NUH services
2. Reduction of car park demand pressure
3. Mitigation of off-site parking in nearby streets
4. Improved access to NUH via active travel and public transport
5. Improved internal traffic circulation within NUH's grounds
6. Improved staff-wellbeing
7. Improved air quality as a result of a decrease in emissions from vehicle access
8. Monitoring travel patterns to inform future investment decisions
9. NUH Board approved document required for supporting planning processes.

Matters with investment implications

To successfully implement and deliver all the goals of the Travel Plan, it will be necessary for the Trust to commit adequate resources. Therefore the main investment requirements to implement this plan are:

1. Improve sustainable travel facilities in the proposed in car parking, cycling, changing facilities, and Electric Vehicle charging points
2. Upgrade the existing car parking infrastructure to allow smarter allocation of parking spaces.
3. Improve internal roads and signalling to make them more cycling and walking friendly.
4. Create high quality changing facilities at City Campus and QMC Campus that encourage active travel.

Monitoring and review

The travel plan is a live document, requiring monitoring, review and revision to ensure its relevance to NUH and those using NUH sites. NUH will undertake monitoring of staff and visitors' travel patterns via travel surveys carried out every two years.

Following approval by the Trust Board, progress in implementing the travel plan will be reported to Trust Board every six months via the reports prepared by the Estates and Facilities Management Directorate.

The travel plan is monitored and updated by NUH's Transport Strategy Group (TSG), whose membership is multi-disciplinary and have staff side and public representation.

Any updates and amendments will be communicated to the Nottingham City Council who will be one of the stakeholders of the travel plan during its review and implementation.

1 Introduction

A travel plan is a long-term management strategy for an organisation that seeks to deliver sustainable transport objectives. It involves identifying a package of measures for the promotion of sustainable travel with an emphasis on reducing reliance on single occupancy car journeys.

The Nottingham University Hospitals (NUH) travel plan aims to reduce the impact of travel to and from NUH's sites:

- Nottingham City Hospital (NG5 1PB)
- The QMC Campus (NG7 2UH)
- Ropewalk House (NG1 5DU)

The main drivers for implementing this travel plan are compliance with planning applications, mitigation of local congestion and parking pressures and compliance with the NUH sustainability agenda. This document acknowledges NUH plans set in the Nottinghamshire Integrated Care System (ICS) plan. NUH aims to maximise the use of the QMC Campus with consolidation of acute services over 10 years. This consolidation of services means the QMC will be subject to further development and this will in turn increase access requirements in all forms of transport to this campus. The travel plan will support mitigation measures required to minimise these access pressures and therefore easing access to NUH services.

The NUH travel plan was developed under a set of principles for the delivery of positive results for NUH, all aligned with the Trust's 6 Promises:

- Principle 1: *NUH wants a positive outcome for the community.* NUH wants its services to be delivered to the community in a way that contribute to the wellbeing of the community. Less traffic on roads produces fewer emissions to air and an improvement in the health and wellbeing of the region.
- Principle 2: *Facilitate access.* The travel plan must ease access to NUH services via multiple modes of transport. This is for the benefit of patients, visitors and staff.
- Principle 3: *Sustainable access.* Single use vehicular occupancy is the least sustainable alternative for commute. NUH will only promote this mode of travel where no other type is feasible. NUH will make sustainable alternatives more attractive (public transport and active travel).
- Principle 4: *Access fairness.* Carpark spaces are limited at NUH. These spaces must be used by those who do not have another feasible means of transport or required for service delivery.
- Principle 5: *Maximise social gains via partnership.* NUH will seek to create synergies in the community with key stakeholders such as the Nottingham City Council, public transport operators, transport charities and local Universities.

The travel plan will present the case for change. The Travel plan is aligned with the strategic direction of the Trust. This strategic direction is articulated in section 3. Section 4 describes the current travel situation at NUH, including facilities and initiatives in place. Section 5 describes the objectives and targets of the travel plan, which are in line with NUH strategy. Section 6 presents the lead measures for change. These are based on information gathered

from the latest staff travel survey. Section 7 describes how this travel plan will be monitored and reported, and section 8 presents the action plan.

2 Strategic Context

2.1 Our Hospital

The Nottingham University Hospitals NHS Trust (NUH) is one of the largest acute teaching hospitals in England. NUH was established on 1 April 2006 following the merger of Nottingham City Hospital and Queen's Medical Centre (QMC). With a budget of just under £1.2 billion, we are one of the largest employers in the region, employing 16,500 people at QMC, City Hospital and Ropewalk House (2018).

We have 90 wards and around 1,960 beds across three main sites:

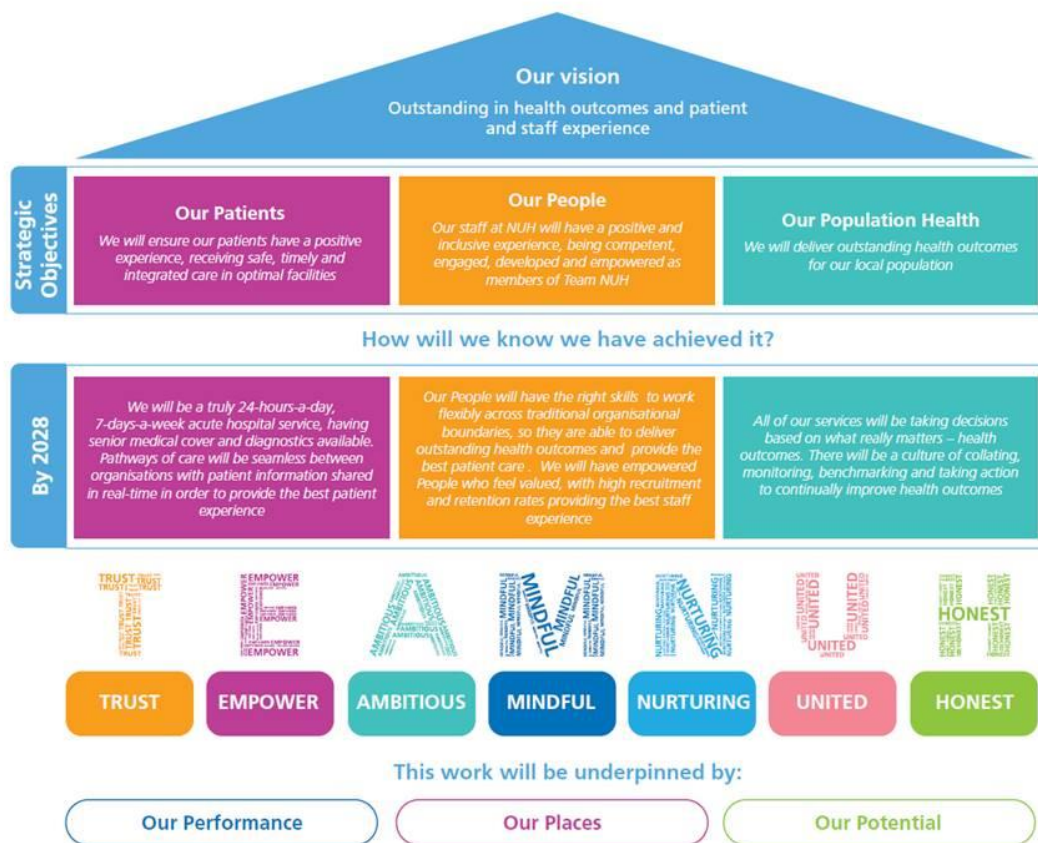
- QMC is where our Emergency Department (ED), Major Trauma Centre and the Nottingham Children's Hospital are based. QMC is also home to the University of Nottingham's School of Nursing and Medical School.
- Nottingham City Hospital is our planned care site, where our cancer centre, heart centre and stroke services are based.
- Ropewalk House is where we provide a range of outpatient services, including hearing services.

We deliver services to 2.5 million residents of Nottingham, Nottinghamshire and its surrounding communities. We also provide 92 specialised services to 4.5 million people from across the East Midlands region, including Derbyshire, Lincolnshire, Leicestershire, and nationally for a handful of services. We are the only hospital in England to provide some highly-specialised services (e.g. adult Lymphangiomyomatosis, paediatric Ataxia-Telangiectasia).

2.2 Our Vision, Mission and Our Promises

The Trust has set out a compelling vision for the future to become "outstanding in health outcomes and patient and staff experience", underpinned by leading edge research and teaching with "Team NUH" taking pride in achieving this.

To deliver this vision and aims, the Trust Board committed to six promises, which have been developed into three strategic objectives that will form the basis of its plans over the next 10 years.



2.3 Nottingham and Nottinghamshire Integrated Care System (ICS) 5 Year Strategy

Our health and care partners across Nottingham and Nottinghamshire came together in 2016 in a Sustainability and Transformation Partnership (STP) with the collective goal of improving the quality and sustainability of health and care services. This collaboration subsequently evolved into an Integrated Care System (ICS) in 2018. Our early shared purpose has now developed into a collective vision ‘to both increase the duration of people’s lives and to improve those additional years allowing people to live longer, happier, healthier and more independently into their old age.’

We are now coalescing around our ICS Sustainability Model, a framework for our priorities, actions and investments that defines our success in improving the health, wellbeing and independence of our citizens and transforming the way health and care is provided.

Five priorities form the core of our transformation plans to deliver our system sustainability model and address the challenges we face:

- Prevention, inequalities and the wider determinants of health: More action and improvements in the upstream prevention of avoidable illness and addressing inequalities, will improve healthy life expectancy and reduce resource utilisation.
- Proactive care, self-management and personalisation: We will accelerate the pace and scale of the work we started to ‘join-up’ care through our Vanguard to improve

support to people at risk of and living with long term conditions and disabilities, thereby giving them more control, reducing exacerbations and the need for care.

- Urgent and emergency care: Redesigning our urgent and emergency care system provides our single greatest opportunity to address fragmentation and unwarranted variation – central to this is ensuring the right capacity exists in the right part of the system to ensure care is provided in the most appropriate setting.
- Mental health: We will renew our commitment to invest in and transform mental health service to improve the quality of our service and the care they provide, and address the inequalities in mental health
- Value, resilience and sustainability: We will deliver increased value, resilience and sustainability across the system (including estates) through the implementation of our system sustainability model

The Nottingham and Nottinghamshire ICS Estates Plan provides a roadmap for the development of an integrated service of NUH in the community. It is based on the enabler principle of estates utilisation maximisation.

Table 2.3-1 Nottinghamshire STP Estates Workshop: 10-year programme for the proposed development plans

	Year 1	Year	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Building Block 1 – East Midlands Trauma Centre -New build including Emergency Department, Acute Assessment Unit, Critical Care, Theatres and Helipad										
Building Block 1 - Development Space and Multi Storey Car Park (MSCP)										
Building Block 2 – Re-alignment of Family Health										
Building Block 3 – Re-alignment of In-Patient Services										
Building Block 3 / 4 - Cancer and Associated Services										
Building Block 4 – Re-alignment of Out-Patient Services										
Building Block 5 – Re-alignment of Corporate / Support / Facilities Management Services. Rationalisation of the estate										
Trust(s) Ongoing Five Year Capital Programme including Maintenance and Critical Remedial Works										

2.4 Trust Clinical Strategy

As part of the Nottingham University Hospitals (NUH) Trust Long Term Strategy, a key milestone is our NUH Clinical Services Strategy, which will enable reconfiguration of services to provide a more flexible bed base across NUH. In the future our services need to focus on “population health outcomes” and “patient and staff experience” and to consider what role our specialties play in delivering this, through clear, measurable goals. The NUH Clinical Service Strategy (CSS) provides a foundation to achieve our Vision of being “outstanding in health outcomes and patient and staff experience”. The Strategy sets out five planning principles for services to adopt as they transform over the next 5-10 years in order to support the Trust vision. The planning principles are outlined as follows:

- Person-centred care and how we manage multiple health conditions
- Clinical priority conditions / provision areas for our population
- Health promotion, prevention and holistic care
- Developing partnerships to deliver high quality specialised services
- Clinical innovation and emerging technologies

We know through day to day life the population of Nottingham and Nottinghamshire will need access to our Emergency department to treat life threatening emergencies and they will need Maternity and Neonatal Services for when their family is growing. These services are core services to NUH and will always be provided at NUH in alignment with the ICS agreed fixed planning points. The diagnosis of the clinical priority conditions is impossible without diagnostic services; this is also considered as one of the core service areas which we will always continue to provide for our patients.

The strategy identified five enablers that will provide the building blocks for implementation of the NUH Clinical Service Strategy.

1. The ICS Long-term plan will promote better integration of care and sharing of information, and will identify key priorities for delivery in both the short and long-term.
2. Aligning our planning process to our Clinical Service Strategy (e.g. investment, capacity planning, and infrastructure). We will review our processes and develop new 'quick' approaches to facilitate rapid investment and focus on areas of transformation, aligned to agreed priorities e.g. create a health promotion and prevention fund
3. Getting the basics right with our ICT systems. Review of systems to streamline, prioritisation of areas for investment. Common systems across the ICS to share information – all electronic patient records, including prescribing. Standardisation of data to improve transferability
4. Involving patients in developing our plans for services to gain their perspectives and insights, understanding the wider non-health issues (e.g. accommodation, access to ICT). Improved links with key patient groups to gain feedback and perspectives to inform decision-making
5. Leadership and leadership development will promote a culture change to embed our five planning principles. Through leadership we will transform our approach to focus on our population health needs and 'system' ways of working within the ICS

As stated above, the NUH CSS sits within the wider strategic context of the Nottingham and Nottinghamshire ICS which sets out a strategy for developing new models of care to deliver enhanced population health outcomes. This strategy also supports the ICS System Level Outcomes Framework to increase not just life expectancy, but healthy life expectancy and reduce illness and disease.

2.5 NUH Estates Strategy

The NUH Estates Strategy was agreed by the Trust Board in 2018 and provides a 10-year plan for NUH to invest in its physical estate and workforce to provide safe and sustainable healthcare premises. This strategy focuses on the Places Promise with the objective of

investing in its estate, equipment and digital infrastructure to support the delivery of high quality patient care.

During a comprehensive review in 2018/19, more than 200 individual estates risks were identified and consolidated into 18 core risks that take into consideration both the operational management and property infrastructure elements within them. Significant progress has been seen in closing gaps in controls and assurance of management risks, and further reductions are anticipated in 2019/20. NUH will achieve this through the continued training of Approved Persons and Competent Persons and the development of the existing staffing resource.

In terms of understanding the challenges faced by the Trust, a number of Model Hospital metrics demonstrate how NUH compares against other NHS provider organisations and underlines the need for investment in its estate.

- Total revenue costs spent on NUH estate and facilities were in the second quartile nationally (Trust value of £350.06 per m2 against a benchmark value of £380.24 per m2, 2018/19).
- Total revenue costs spent on NUH estate and property maintenance were in the second quartile nationally (Trust value of £29.06 per m2 against a benchmark value of £38.08 per m2, 2018/19).
- The level of NUH Critical Infrastructure risk out of all NHS provider organisations for high and significant backlog maintenance was in the fourth quartile (highest) nationally (Trust value of £98.22m against a benchmark value of £23.21m, 2018/19).
- The total NUH backlog maintenance out of all NHS provider organisations was in the fourth quartile (highest) nationally (Trust value of £425.63 per m2 against a benchmark value of £233.39 per m2, 2018/19).

The NUH Estates Strategy recognises that there is an ongoing risk of unpredictable engineering plant and infrastructure failures and these are reflected within the strategic risks identified within the Board Assurance Framework.

2.6 Tomorrow's NUH

The strategy describes that we have commenced a programme of work to create "Tomorrow's NUH", which will involve securing significant capital investment to create a fit-for-purpose estates that can support effective and efficient care, whilst also meeting future needs of a growing population. The intent is to transform and develop NUH's existing hospital services and integrate them with primary care, community services, mental health and social care. The capital investment will enable NUH to achieve its ambition for the future to become 'outstanding in health outcomes and patient and staff experience'. Investment is now required to provide facilities that are fit-for-purpose with a clinical model that is future-proof and addresses health inequalities and health outcomes.

This investment provides NUH with a unique once-in-a-generation opportunity to invest in its services to improve health outcomes for our patients, improve facilities for our workforce and play our part in a sustainable health and care system.

2.7 National and Local Policy

NUH activities generate a large number of journeys related to work commute, access to services and supplies delivery. In line with its Sustainable Development Strategy, NUH seeks to mitigate the environmental impact of its activities, including the greenhouse gas emissions from single occupancy vehicles journeys. NUH must take into consideration national and local policy context on travel as well as strategic plans for service transformation.

2.7.1 National Policy

The National Planning Policy Framework 2012 states that all developments that generate significant amounts of movement should be supported by a Transport Statement or Transport Assessment. Developments should aim to minimise the need to travel and maximize the use of sustainable transport modes. Travel Plans are a key tool in achieving this aim. National Planning Policy Framework (NPPF 2012) requires that all developments, which generate significant amounts of movement, should provide a Travel Plan. A Travel Plan is implemented as part of the development proposals upon occupation and sets out the measures that are proposed to encourage sustainable transport.

At a national level, the NHS is aware of its role as the largest employer in the UK and as a significant generator of travel, resource consumption and pollution through its activities. *Saving Carbon, Improving Health*, (NHS England, 2009) sets out a ten-point vision for carbon reduction in the NHS including a commitment to introduce Travel Plans and states: “All Trusts should have a Board approved active Travel Plan as part of their Sustainable Development Management Plan”.

2.7.2 Local Policy

The Nottingham City Council (NCC) published its sustainable travel vision in the Nottingham [Local Travel Plan Strategy 2011-2026](#) (LTP). This 15-year strategy sets ambitious targets to improve the importance of the City by improving its connections with the rest of the Country and to contribute to achieve its equality vision set in the One Nottingham partnership. The LTP is in line with Carbon Neutral 2028 aims of NCC. This incorporates specific actions around transport, the built environment, energy generation, waste, water, consumption, carbon removal, resilience and adaptation and ecology and diversity. The strategy aspires for Nottingham to move towards a low carbon transport city via the implementation of policy that promotes sustainable travel and disincentives high carbon travel.

Because of this strategy NCC has introduced, amongst other initiatives, the Workplace Parking Levy, Travel Plans, implemented the NET phase 2, implemented a multi operator public transport pass and improved cycling lanes across the city.

The LTP strategy is implemented via the LTP Implementation Plan, which is reviewed every three years. The most recent review is the [2019-2022 Local Travel Implementation Plan](#). In this document, NCC includes the following schemes/initiatives that have immediate impact to NUH's initiatives:

- NET2 – Completion of phase 2 of the tram (lines two and 3); now completed

- NET3 – Future phases for the tram service development. The Council will review further expansion of the tram service to improve the connectivity within the city.
- PTC2 and PTC3 – Integration of public transport with taxi and private hire vehicles/Voluntary and community transport.
- BUS1 and BUS3 – These schemes relate to the development of the bus and Link bus networks. NUH would be benefited by actively proposing initiatives to improve the connectivity of NUH to areas where services are scarce or the commute time is increased due to the need to change services in the city centre.
- GC1 – Green infrastructure links seen through developing multi-user paths through interconnected green spaces.
- W3 – This scheme relates to the active promotion of walking in the City.
- C1 – Cycle partnerships to promote of cycling in the City. NUH was a member of the successful Ucycle Nottingham Project, which helped NUH improve its cycling infrastructure and awareness initiatives with staff.
- C2 – Improve cycle infrastructure. This contributes to making cycling a more accessible activity and means of commute across the city. Of special interest is the creation of the northern cycle corridor running from the north of Nottingham to the City Centre and passing next to the City Hospital

In addition to the above, NCC determined in July 2018 that No Clean Air Zone would be introduced in the City.

2.8 Strategic Opportunities

NUH recognises opportunities and risks from its major reconfiguration plan. More acute patients attending QMC would increase the number of vehicles traveling and parking at QMC. However, the major capital development offers the opportunity to provide key infrastructure linked to a number of themes related to sustainable travel:

- Increase active travel infrastructure: shower and changing facilities and bike storage area
- Low carbon transport: the creation of a new multi-storey car park could be provided with Electric Vehicle Charging points and future proof the facility for likely increase in demand.
- Alternative use of tram: explore opportunities for the delivery of goods and supplies using the tram track.
- Improve access information: upgrade information on internal circulation and on-campus navigation.

3 Existing Travel Situation (Where are we?)

The Nottingham University Hospitals NHS Trust (NUH) is one of the largest acute teaching Trusts in the Country. NUH delivers its service on three sites inside the Greater Nottingham conurbation:

- The Queen's Medical Centre (QMC) campus delivers emergency services;
- The City Hospital campus delivers elective services;
- Ropewalk House is a day clinic with outpatient services.

The spatial location of NUH campuses within the Greater Nottingham area is shown in Figure 3-1.

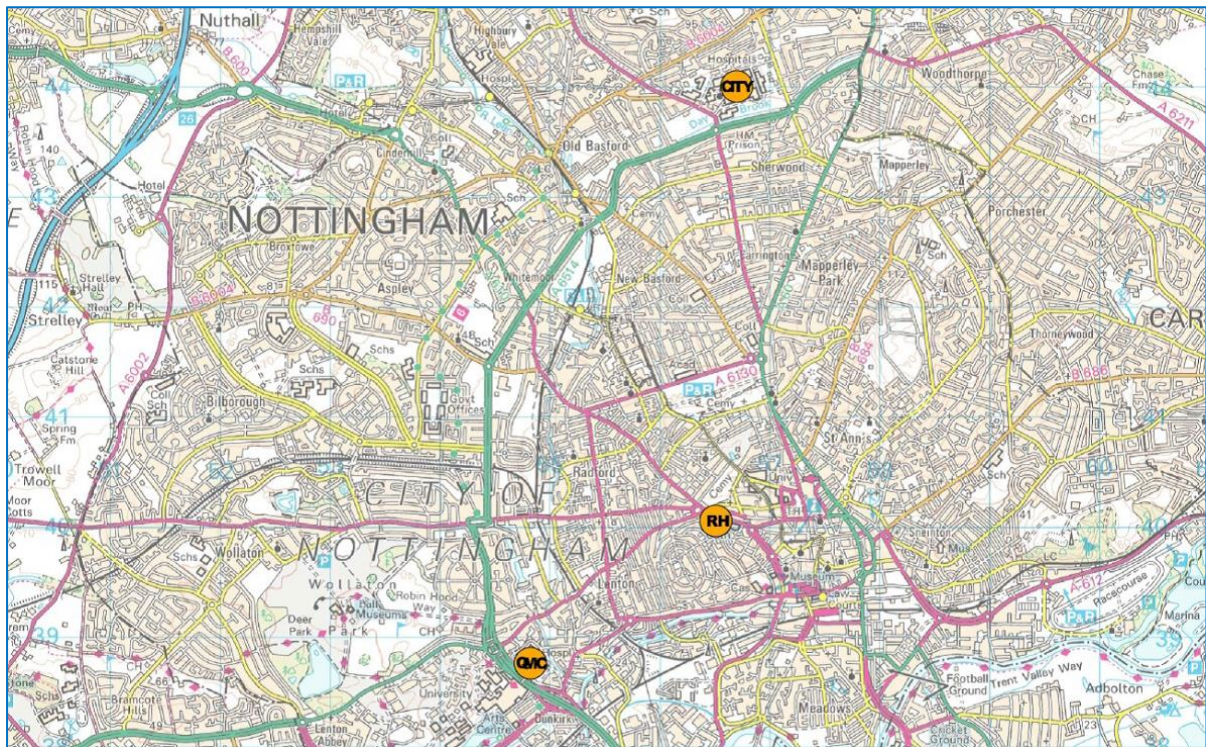


Figure 3-1 Location of NUH Campuses in Nottingham

3.1 QMC Campus

The QMC Campus is the regional Emergency Centre located approximately 2.5 km to the south-west of Nottingham City centre. The QMC Campus is bordered by the A6200 Derby Road to the north-west, Abbey Road to the southeast and A52 Clifton Boulevard to the south-west. The River Leen forms the north-eastern boundary of the main hospital campus beyond which is located a staff car park (car park 2). To the south-west of the site lie the residential suburbs of Beeston, Chilwell and Long Eaton that extend along the A6005 Abbey Street, Beeston Road and University Boulevard. Further residential suburbs including Bramcote, Stapleford and Sandiacre extend along the A52 Derby Road corridor to the west of the site. This connects to Junction 25 of the M1 approximately 9.0 km from the site and towards the city of Derby beyond.



Figure 3.1-1 QMC Campus

Multiple organisations operate within the NUH grounds, including the University of Nottingham's Medical School. Access to site is shared with these and other organisations. The Medical School has parking arrangements for their own for staff and visitors, NUH provides limited access to car parking to some staff from this organisation as well as visitors, patients and students.

In August 2019 the Trust was awarded a contract for five years (with a possibility of a 2 year extension) for the operation and management of the Treatment Centre. With this, the Trust acquired additional services and staff (circa 500). The building has integrated parking facilities for staff, visitors and patients.

Figure 3.1-2 shows the location of the QMC Campus access points. All areas are accessible by pedestrians, cyclists, taxis, personal motor vehicles and ambulances. Some public transport vehicles have stops close to these access points, some other access the campus.

- A. Main Entrance.** This entrance is accessed from Derby Road. It provides access to a limited number of buses. It connects to the inner ring road via the north road.
- B. Clifton Boulevard.** This entrance to site connects Clifton Boulevard (A6514) with the inner ring road via the West Road.
- C. Leen Gate.** Leengate connects with the inner ring road via the East Road. This entrance provides access to the Medilink Bus service.
- D. Abbey Street.** The Abbey Street entrance connects the campus to the Nottingham Cycle Super Highway running along Abbey Street

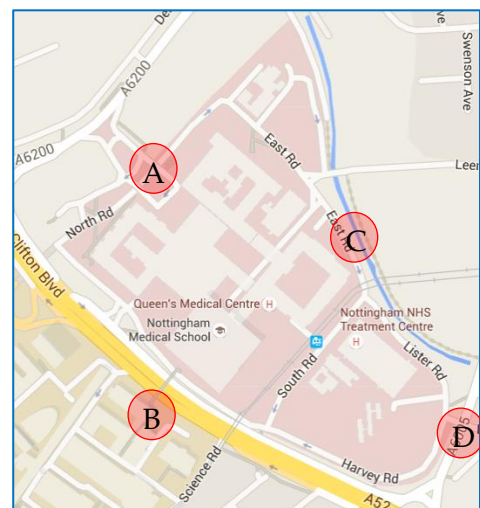


Figure 3.1-2 QMC Campus

which is an increasingly important access point for cyclists.

3.1.1 Car Parking Provision

Future NUH is working to improve the current car parking facilities available across NUH. Going forward the Trust aims to better utilise car parking spaces and upgrade the physical parking infrastructure through the introduction of a new multi-storey car park at QMC, to replace the site's previous multi-storey of which was demolished in 2008.

There have been significant changes to the staff, patient and visitor parking supply at the QMC Campus over the last 10 years. Major related infrastructure projects have taken place including the construction of two surface car parks (Car parks 1 and 3, 2011) and the construction of the NET2 Tram line between 2012 and 2015.

The total supply of car parking at the QMC Campus as per March 2021 is shown in Table 3.1.1-1:

Table 3.1.1-1 Car parking at QMC Campus (March 2021)

Type	Spaces
Staff	1189
Visitors	655
Disable	81
TOTAL	1,240

The carpark spaces are distributed across nine car park areas shown in Figure 3.1.1-1.

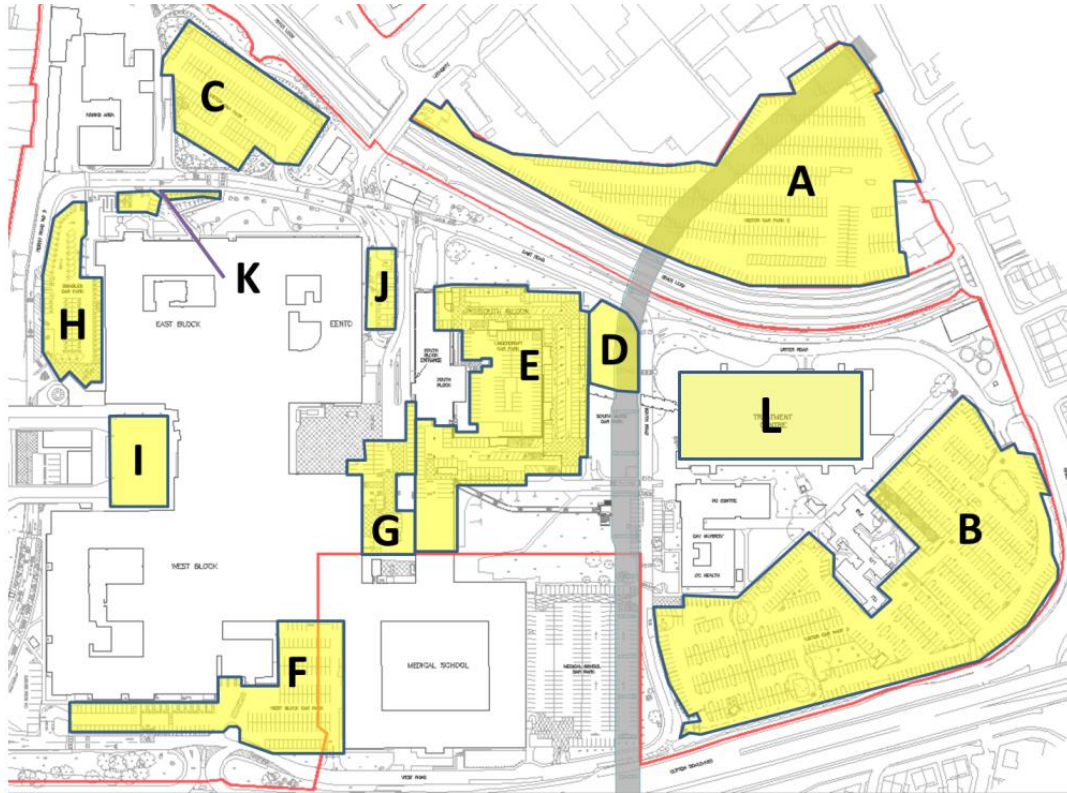


Figure 3.1.1-1 QMC Car parking areas

The total number of car parking spaces at any one time fluctuates due to the temporary closure of spaces due to capital projects, as well as temporary expansions of parking during the Covid-19 pandemic. An example, in 2020 The University of Nottingham allowed NUH staff to use their car parks to allow more staff to travel to QMC in the safety of their own vehicle. This added over 100 additional temporary spaces.

In addition, of on-site parking, the Trust has off-site parking in place for staff use. This was part of the arrangement inherited by the Trust during the Treatment Centre transference. Offsite parking currently is for 120 spaces in the following areas:

- Bishop House 10 spaces
- Mellors and Kirk West 100 spaces
- The White Heart 10 spaces

3.1.2 Park and Ride

There are two Park and Ride facilities close to the QMC Campus (See Figure 3.1.2-1):

- **Queens Drive P&R** is located 1.71 miles driving distance from the QMC Campus entrance. The P&R is connected to the QMC and City Hospitals Campuses via the Medilink Bus Service. It has a capacity of 1,066 parking spaces
- **Toton Lane Tram P&R** is located 4 miles distance from the QMC Campus and connected via the Tram. This P&R is convenient for commuters driving from the direction of Derby. It has a capacity of circa 1,400 spaces

- **Wilkinson Street P&R** is located 4.5 miles driving distance from the QMC Campus. The P&R is connected to the QMC and City Hospital Campuses via the Medilink Bus Service. It has a capacity for 600 spaces.

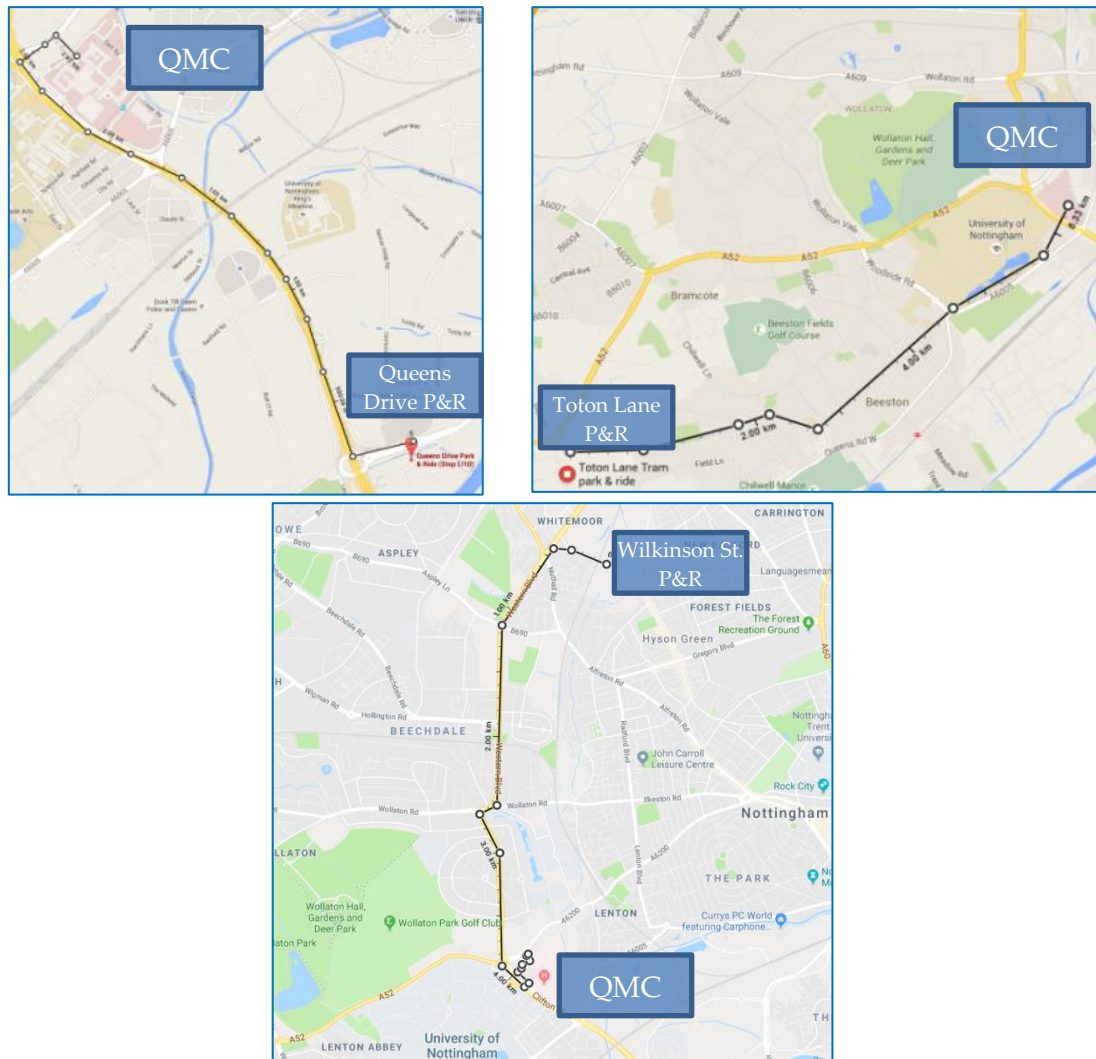


Figure 3.1.2-1 Location of Park and Rides

PUBLIC TRANSPORT LINKS

All NUH sites are served by existing bus-based public transport services. Direct services provide good quality connections between each of the sites and Nottingham City centre, along major radial routes as well as linking to nearby suburban areas of Greater Nottingham. Direct routes serving the QMC are particularly well developed on the western side of the conurbation. However, orbital routes directly connecting to QMC sites tend to be less so, particularly to areas at the east of Nottingham and West Bridgford, demonstrated clearly in Figure 3.1.2-2.

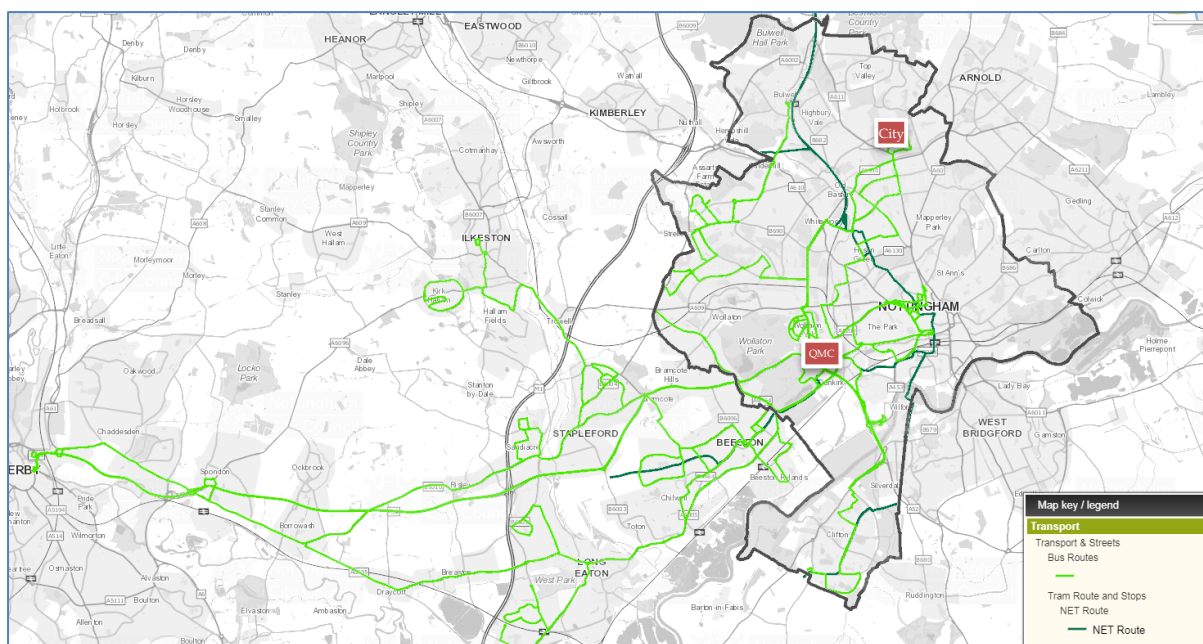


Figure 3.1.2-2 Routes of bus services connecting with the QMC

Source: Nottinghamshire Insight Mapping (<http://maps.nottinghamcity.gov.uk/insightmapping/#>)

Bus stops at the QMC Campus are located near the main entrance at Derby Road and at the A52 entrance. The inner ring road also has a number of Medilink Bus stops at the EENT building, Treatment Centre and Medical School. The Tram stop is located between the Medical School and the South Block. In 2017 the tram stop and the QMC Campus was connected with a new south entrance point into the building via a bridge

All off-campus bus stops are located within 400 meters of the campus entrances. Figure 3.1.2-3 Bus and tram stops at QMC

Table 3.1.2-1 (page 25) provides detail of the bus and tram stops and the bus and tram services provided at the QMC Campus. The location of the bus and tram stops within the campus can be seen in Figure 3.1.2-3.

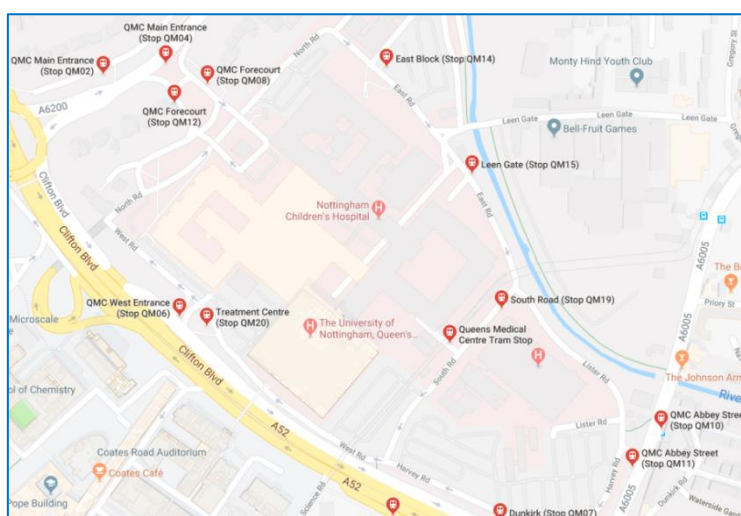


Figure 3.1.2-3 Bus and tram stops at QMC

Table 3.1.2-1 Bus and tram Stops at or near QMC Campus

Location	Number of Stops	Services which call here	Description of stop	Key destinations
Derby Road and QMC Forecourt	4: QM02, QM04, QM08, QM12	Nottingham City Transport: Orange Line: 34, 35, 36, N34, N36 Grey Line: 53 Trent Barton buses: 20, 21, Indigo, i4, Club Class, Route 18, Red Arrow Nottingham Community Transport: L3, L5, L12, L44, L64, L66, Medilink	Provided with: Shelter, Timetable, Display, Pole light, Raised Kerb	Arnold, Beeston, Bilborough, Borrowwash, Bramcote Bulwell, Chaddesden Chilwell, City Hospital, Clifton, Derby, Heanor, Ilkeston, Kirk Hallam, Long Eaton, Nottingham City Centre, Sandiacre, Spondon, Stapleford, Strelley, Trowell, University Park, Wollaton
Clifton Boulevard	3: QM05, QM06, QM07	Nottingham City Transport: Grey Line: 53, Nottingham Community Transport: L64 Trent Barton Buses: Route 18	Provided with: Shelter, Timetable	Arnold, Beeston, Clifton, Nottingham City Centre, Ring Road, Stapleford
Abbey Street	1: QM11	Trent Barton Buses: Skylink Nottingham	Provided with: Shelter, Display, Timetable, Raised Kerb	Beeston, Borrowwash, Chaddesden, Chillwell, Derby, Draycott, Long Eaton, Nottingham City Centre, Spondon, Wilsthorpe
Inner Ring: West, East, South and North Roads, Stop	7: QM06, QM13, QM14, QM15, QM19, QM20, Tram Stop	Nottingham Community Transport: Medilink Tramlink: Tram	Provided with: Shelter, Timetable, Display	City Hospital Campus, Nottingham City Centre, Phoenix Park, Hucknall, Queens Park and Ride, Toton/Clifton

In 2015, the Nottingham Express Transport Phase 2 (NET2) was completed, extending tram services from the Nottingham City centre to Beeston and Clifton. The QMC Campus was provided with a tram stop. QMC Campus can now be reached by the tram from Clifton, Beeston and Hucknall. Figure 3.1.2-4 shows the tramlines.

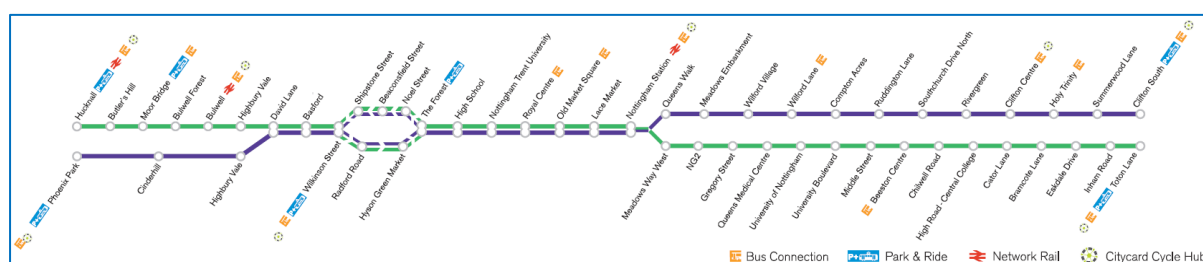


Figure 3.1.2-4 Tram Service Line

From the period of 18/03/2019 – 15/03/2020 it was seen that 481,768 people had accessed the QMC by tram. This number significantly decreased between the same periods the following year, dropping to 73,613. This is likely due to the influence of the Covid-19

pandemic and nationwide ‘stay at home’ orders. A study conducted by NUH during the winter 2015/16 suggests that the tram has helped displace circa 110 vehicles from the QMC car parks.

Upon inauguration, the tram stop at QMC lacked a direct connection to the QMC main building. To access the QMC, tram passengers had to exit the tram platform and then walk to an entrance or use the Medilink Bus to go to the main entrance.

On 28 July 2017, NUH officially inaugurated the Sir Peter Mansfield Bridge. This bridge connects the tram platform with the main building, further improving access to NUH services via this transport service (see Figure 3.1.2-5).

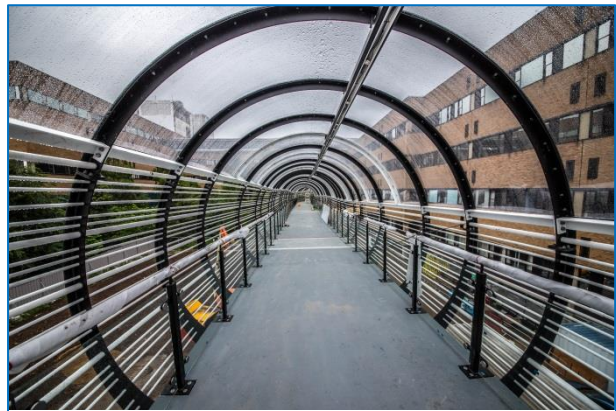


Figure 3.1.2-5 Tram bridge to QMC (2017)

3.1.3 Rail Connection

The closest rail station is *Nottingham Station*, located in the City Centre (NG2 3AQ). The train operating companies serving this station are East Midlands Trains, Cross Country and Northern.

Nottingham Station is served by the “Nottingham Express Transit” tram network, which makes the switch from train to tram to the QMC Campus very convenient. The tram commute time between the Train Station and the QMC Campus is 10 minutes.

Beeston Station is located to the south of the city in the area of Beeston. It is connected to the tram network via a 12-minute walk from the train to the tram station (Beeston Centre Tram Stop). The tram commute between the tram station and the QMC Campus is 10 minutes.

3.1.4 Bicycle Access and Supporting Facilities

Route 6 of the National Cycle Network runs directly adjacent to the QMC Campus (heading towards City Hospital Campus and Bulwell), and provides direct connections to key University of Nottingham sites (University Park and Jubilee Campus). The route is well utilised by NUH staff cycling to work from areas such as Beeston, Lenton and Wollaton. Additionally, the Big Track, Nottingham’s waterside 10 mile orbital car free route, runs close to the QMC Campus, serving staff who live in areas such as Beeston, West Bridgford, Clifton, Sneinton and the city centre.

Off-road cycle facilities run along Western Boulevard (A6514). In 2016, the cycle corridor “Cycle Super Highway” was commissioned, connecting Castle Boulevard to the QMC Campus and the edge of Beeston. This corridor separates cyclists from other traffic (pedestrians and motor vehicles) in the area.

In March 2021 the NCC announced the opening of the 'Rainbow Route', named in honour of the NHS heroes during the Covid-19 pandemic. This route runs between the QMC and City campus.

Bicycle parking for staff and members of the public is provided at the QMC Campus for free. Staff bicycle parking is provided in bicycle compounds at the QMC Campus. Public bicycle parking is provided primarily via cycle stands and NUH continues to work with Nottingham City Council in creating additional bicycle parking accessible to members of the public.

The QMC Campus has allocated space for 390 staff bicycles in 4 open compounds (1 closed compound) and 154 public bicycles in stands. Compounds utilisation varies across the site, with one compound well-utilised (full occupancy), one compound exceeding its design capacity (120% occupancy) and two compounds underutilised (50% and 29%). Most public bike stands are underutilised with occupancy efficiency reported fewer than 25%. The highest utilised bike stands being near the ENT entrance.

As for supporting facilities, the QMC Campus has 4 dedicated shower facilities (two for females and two for males) and 134 lockers for hire for staff to store their personal belongings.

3.1.5 Delivery of Goods

Deliveries to the QMC Campus take place in the QMC Goods Yard. This accounts for internal deliveries of patient meals, linen, as well as external deliveries to pharmacy and other departments procuring the delivered goods.

3.1.6 Motorcycles

Access via motorcycles is possible at NUH. At QMC motorcycle users are catered in two areas, but these areas are not secure and in some circumstances damages and theft have occurred. It is desirable to provide a single secure location for motorcycles at QMC. Access via motorcycle does not incur in payment for parking.

CITY HOSPITAL CAMPUS

The City Hospital Campus is located approximately 3.5 km to the north-west of the city centre and approximately 6.0 km to the north of the QMC Campus, with the two connected by way of the A6514 Middleton Boulevard (western ring road). The City Hospital Campus is bounded by the A6514 Valley Road to the south, A511 Hucknall Road to the west and Edward's Lane to the east. Hucknall Road connects to residential areas of the Greater Nottingham conurbation including Rise Park, Top Valley and Hucknall to the north, Sherwood and further residential areas towards the City centre to the southeast.



Figure 3.1.6-1 City Hospital Campus

Organisations operating within this campus include the University of Nottingham and Nottinghamshire Healthcare Trust. Both access and car parking is shared with these organisations.

Figure 3.1.6-2 shows the location of the City Hospital Campus access points. All areas are accessible by pedestrians, cyclists, taxis, personal motor vehicles and ambulances. Some public transport vehicles have stops close to these access points, some other access the campus.:

- A. Gates 1 and 2.** These entrances are accessed from Hucknall Road (A611). They lead to the north-west side of the campus connecting to the North road and to the outpatients and maternity services. Gate 2 is the exit point of the Medilink and Blue Line 40 buses.
- B. Gate 3.** This entrance is accessed from Hucknall Road (A611). It connects with the South Road in the campus. This entrance is the access point of the Medilink bus service.
- C. Gate 4.** This entrance is accessed from Edwards Lane. It connects with the South Road and Linden Way and the Yellow Car Park. This entrance is the access point of the Blue Line 40 Bus service.
- D. Gate 5.** This entrance is accessed from Edwards Lane. It connects with the North Road, Linden Way, and the Purple Carpark.

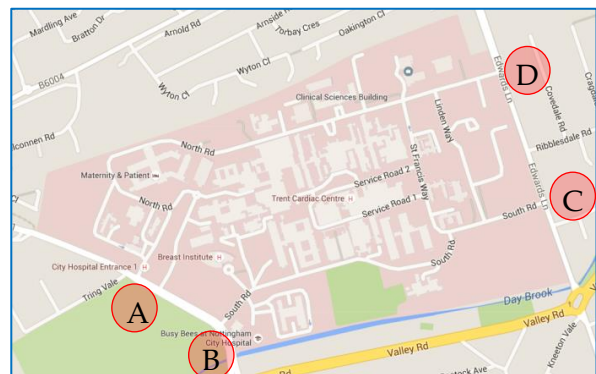


Figure 3.1.6-2 City Hospital Access Points

3.1.7 Car Parking Provision

Future NUH is working to improve the current car parking facilities available across City and QMC. Going forward the Trust aims to better utilise car-parking spaces and upgrade the physical parking infrastructure. There has been significant investment in parking provision at the City Hospital Campus. Car parking barriers have been installed to control access to car parking areas dedicated to staff and public access to improve the balance of parking for these groups.

The total supply of car parking at City Campus as at March 2021 is shown in Table 3.1.7-1:

Table 3.1.7-1 Car Parking at City Hospital Campus (March 2021)

Type	Spaces ¹
Staff	1,438
Visitors	559
Blue Badges	160
TOTAL	2,157

The City Hospital Campus has a total of 44 car parking areas, with the Yellow Car Park and Purple Car Park (staff and main) being the largest ones for the provision of staff and visitors parking.

During the Covid-19 pandemic car parking was made free on site. Efforts were made to extend the areas in which staff could temporarily park (gravelled areas).

Figure 3.1.7-1 shows the car parking locations at City Hospital campus.

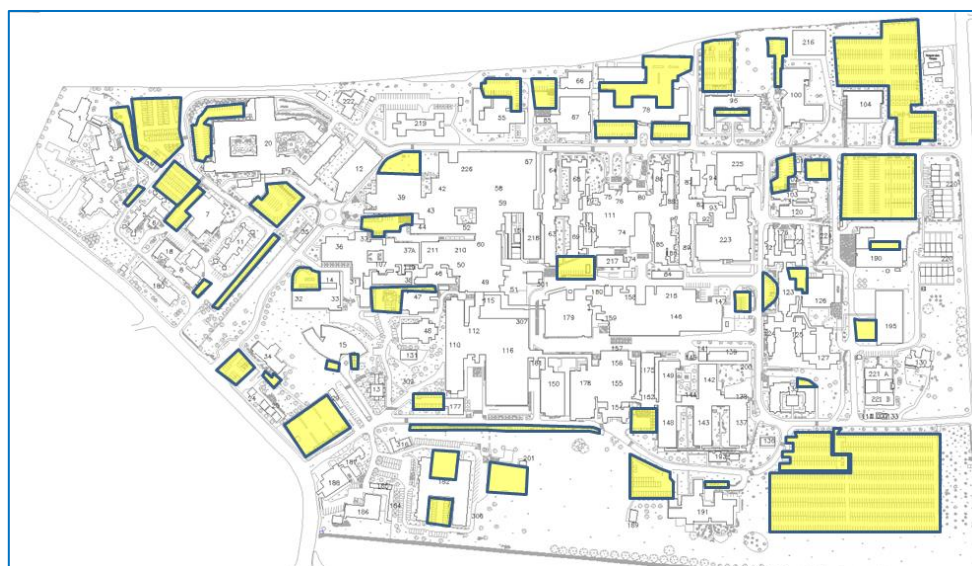


Figure 3.1.7-1 Carpark Spaces at City Hospital campus

¹ The number of spaces are estimated due to spaces in some car parks cannot be marked (gravel surface, etc.)

3.1.8 Park and Ride

There are two Park and Ride facility close to the City Hospital Campus (see Figure 3.1.8-1):

- **Wilkinson Street P&R** is located 1.88 miles driving distance from the City Hospital Campus. The P&R is connected to the QMC and City Hospital Campuses via the Medilink Bus Service. The Park and Ride has 600 available parking spaces.
- **Moor Bridge P&R** is located 3.4 miles north from City Hospital Campus along Hucknall Road. It is connected via Trent Barton's The Threes buses (3A, 3B, 3C). The P&R has limited capacity. The Park and Ride has 119 available parking spaces.

City Hospital Campus would be benefitted from having a nearby P&R facility allocated at the north or northeast of the campus.

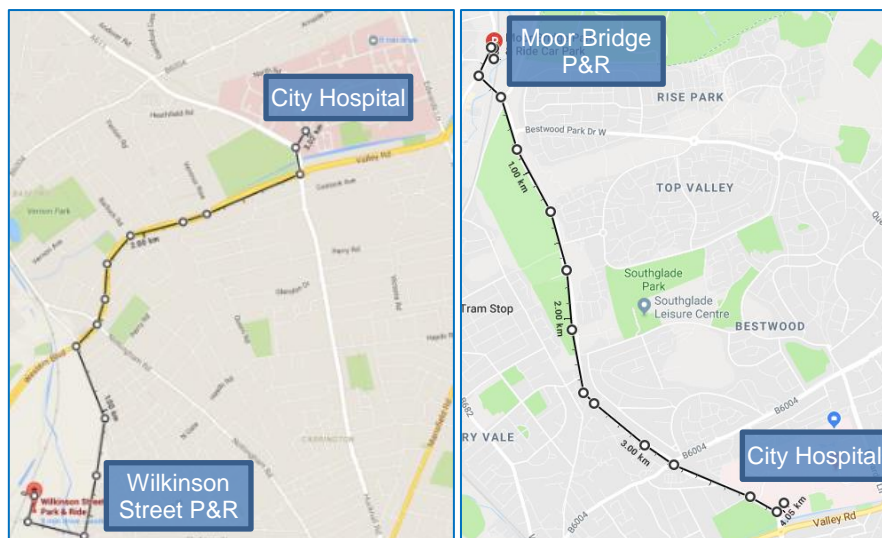


Figure 3.1.8-1 Location of Park and Rides

3.1.9 Public Transport Links

All NUH sites are served by existing bus-based public transport services. Direct routes serving the City Hospital Campus are particularly well developed connecting the City Centre and Northern area of the conurbation. However, orbital routes directly connecting to City Hospital tend to be less so as it can be seen in Figure 3.1.9-1.

Its geographic location (north of the City), requires public transport connections that extends the total commute time, when traveling from certain areas in the City.

Bus stops at City Hospital Campus are located near the main entrances to the campus on Hucknall Road and Edwards Lane. The inner road in the campus has a number of bus stops for the Medilink Bus and the Blue line 40 Services. Table 3.1.9-1 provides detail of the bus stops and the bus services provided at City Hospital Campus. The location of the bus stops within the campus can be seen in Figure 3.1.9-2.

Table 3.1.9-1 Bus stops at or near City Hospital Campus

Location	Number of Stops	Services which call here	Description of stop	Key destinations
Hucknall Road	5: SH52, SH53, SH54, SH48, SH118	Trent Barton Buses 3A, 3B, 3C, 141 Nottingham City Transport: 40, 15, 16, 16C, 17, L14 Nottingham Community Transport: Medilink AOT Travel: 8AOT	Provided with: Shelter, Timetable, Display, Pole light, Raised Kerb	Bestwood Village, Blidworth, Bulwell, Heatherfield Estate, Hucknall, Mansfield, Nottingham City Centre, QMC, Sherwood, St Ann's, Sutton, Ravenshead, Rainworth, Rise Park, Top Valley
Valley Road	8: SH22, SH23, SH24, SH25, SH26, SH27, SH92, SH107	Nottingham City Transport: 40, 53, 53B, N89	Provided with: Timetable Display Raised Kerb	Arnold, Clifton, QMC, Ring Road, Valley Road, Nottingham University, St. Ann's
Edwards Lane	4: SH33, SH34, SH37, SH38	Nottingham City Transport: 87, 87B, 88, N89 Nottingham Community Transport: L9	Provided with: Shelter, Timetable Display	Arnold, Bestwood Park, Brackendale Ave., Clarendon College, Nottingham City Centre, Sherwood, Top Valley
Inner Ring: North Road, South Road, Linden Way	8: SH98, SH99, SH103, SH105, SH122, SH124	Nottingham City Transport: 40 Nottingham Community Transport: Medilink	Provided with: Shelter (some) Timetable Display, Pole light (some)	QMC, Queen's Drive, St. Ann's

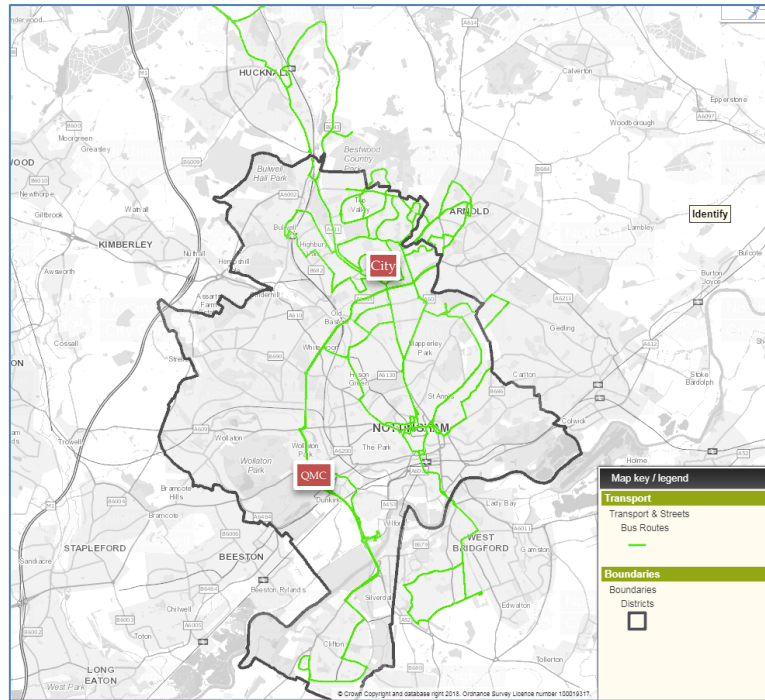


Figure 3.1.9-1 Routes of bus services connecting with City Hospital

Source: Nottinghamshire Insight Mapping (<http://maps.nottinghamcity.gov.uk/insightmapping/#>)

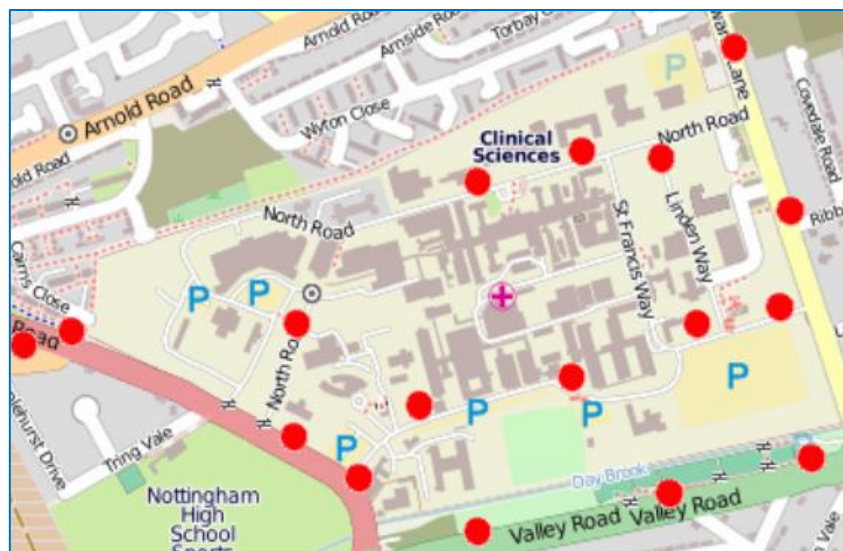


Figure 3.1.9-2 Bus stops at Nottingham City

3.1.10 Rail Connection

The closest rail station is *Nottingham Station*, located in the City Centre (NG2 3AQ). The train operating companies serving this station are East Midlands Trains, Cross Country and Northern.

Bulwell Station is located north of the city of Nottingham in the area of Bulwell. It has a single line and platform through the station. The station is connected to the tram network and the bus network. Buses connecting to the City Hospital Campus have 18 to 25 minute commute time.

3.1.11 Bicycle Access and Supporting Facilities

City Hospital can be accessed via off-road cycle facilities run along Western Boulevard (A6514). Otherwise, public transport lanes along Hucknall Road and Edwards Lane allow for on-road access to the campus.

Bicycle parking for staff and members of the public is provided at City Hospital Campus for free. Staff bicycle parking is provided in bike compounds and bike lockers. Public bicycle parking is provided via cycle stands.

City Hospital Campus has 127 bike lockers for staff. These are located across the campus, and have varying degrees of use. There are plans for these to be relocated to more centralised locations throughout the site and new padlocks are being rolled out for them throughout April 2021. The City Hospital has 2 well-utilised bike compounds with a combined capacity for 94 spaces and 13 areas with public bike stands.

As for changing facilities, the City Hospital Campus has 4 shower facilities (one for females, one for males and two unisex) and 48 storage lockers for hire for staff to store their personal belongings.

3.1.12 Delivery of Goods

Deliveries to the City Campus take place at multiple locations within the inner ring road depending on the service and department. Drop off sites include south corridor logistics, post office, laundry, Central Procurement Unit (north corridor) and pharmacy.

3.1.13 Motorcycles

Access via motorcycles is possible at City Hospital. Motorcycle users park in a variety of locations, but these areas are not secure and in some circumstances damages and theft have occurred. It is desirable to provide a single secure location for motorcycles at the City Hospital. Access via motorcycle does not incur in payment for parking.

3.2 Ropewalk House

Ropewalk House is a day clinic located in the southern area of the City Centre along The Ropewalk. It is accessible from Derby Road or Park Road.



Figure 3.2-1 Ropewalk House

3.2.1 Car Parking Provision

Ropewalk House does not provide onsite car parking for staff or members of the public, however different departments operating in Ropewalk House pay for parking spaces for members of staff in a local multi-storey car park.

3.2.2 Public Transport Links

The Ropewalk House is located in the City Centre. The closest bus stops are located on Derby Road, requiring a 7 minutes-walk. The location of the bus stops close to the Ropewalk House can be seen in Figure 3.2.2-1.



Figure 3.2.2-1 Bus Stops close to Ropewalk House

3.2.3 Bicycle Access and Supportive Facilities

The Ropewalk House has allocated space for 12 staff bicycles in one cycle compound.

As for supporting facilities, the Ropewalk House has two shower facilities (one for females and one for males).

3.3 Car Park Management

NUH has a limited number of car park spaces available in its grounds for the use of staff and members of the public (patients and visitors). As such, NUH manages car parking aiming to prioritise it to those who most need access.

Dedicated car parking spaces for members of staff are managed via a car-parking permit system. Dedicated spaces for public use are operated by a pay and display or pay on foot system. NUH also provides disabled parking spaces for blue badge holders.

Access to staff car parking spaces is managed by a criteria-based car parking permit system. The criterion to grant a permit includes commute distance/time, shift pattern and whether the use of a personal vehicle is essential to allow staff to carry out his/her duties. A provision is also made to take into account blue badge holders who need their personal vehicle for accessing NUH sites. Staff car-parking permits are not free-of charge. Staff are required to pay a monthly fee for their car-parking permit in accordance with their pay band.

As per February 2018, NUH set a cap to the maximum number of permits that can be active. This is currently 6,500, however there is a growing waiting list of 1,400.

The waiting list for a car park permit (for staff who meet the eligibility criteria) is now 1,400. The Transport Strategy Group have been asked to review the Car Parking Policy and Permit Eligibility Criteria in the light of the waiting list and stress upon capacity in our car parks.

Access to most car parking areas is controlled via a barrier system linked to the car parking permit system or to the pay on foot system.

In August 2017, in partnership with a third party partner, NUH introduced a system to monitor and enforce car-parking policy on site to deter illegal car parking. The reason for doing so is to maintain safe access for emergency vehicles in and around our campuses. Using a soft approach (first infringement warning, further infringement penalty fees), NUH aims to successfully deter illegal car parking.

Throughout the Covid-19 pandemic NUH has allowed for all staff members to park on its sites without the need for a permit. In Spring 2021 the Trust will be rolling out a new car parking management system which will see major changes in the management of car parking facilities going forward. A revised car parking permit system will follow up.

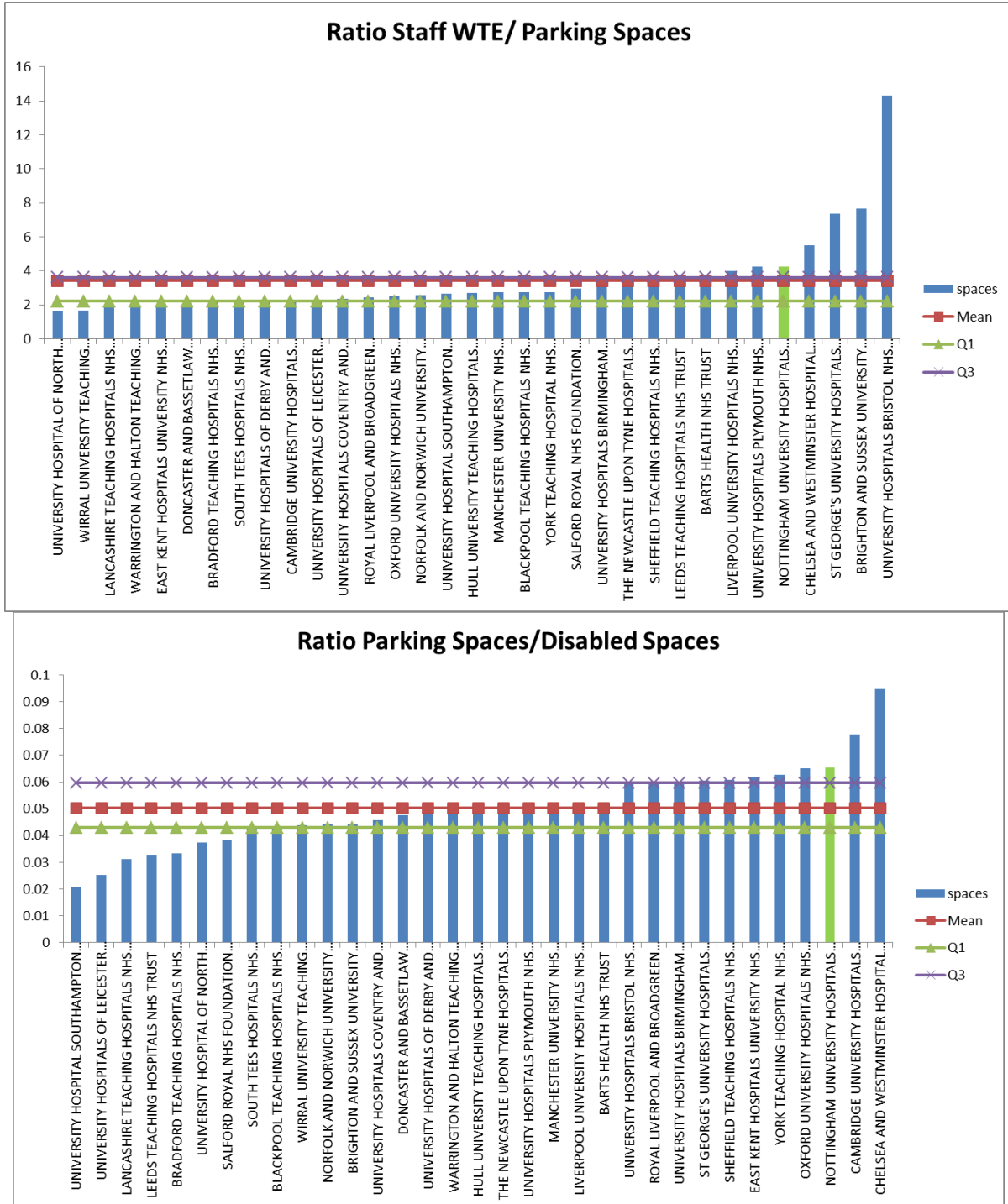
3.3.1 Adequacy of Car Parking provision

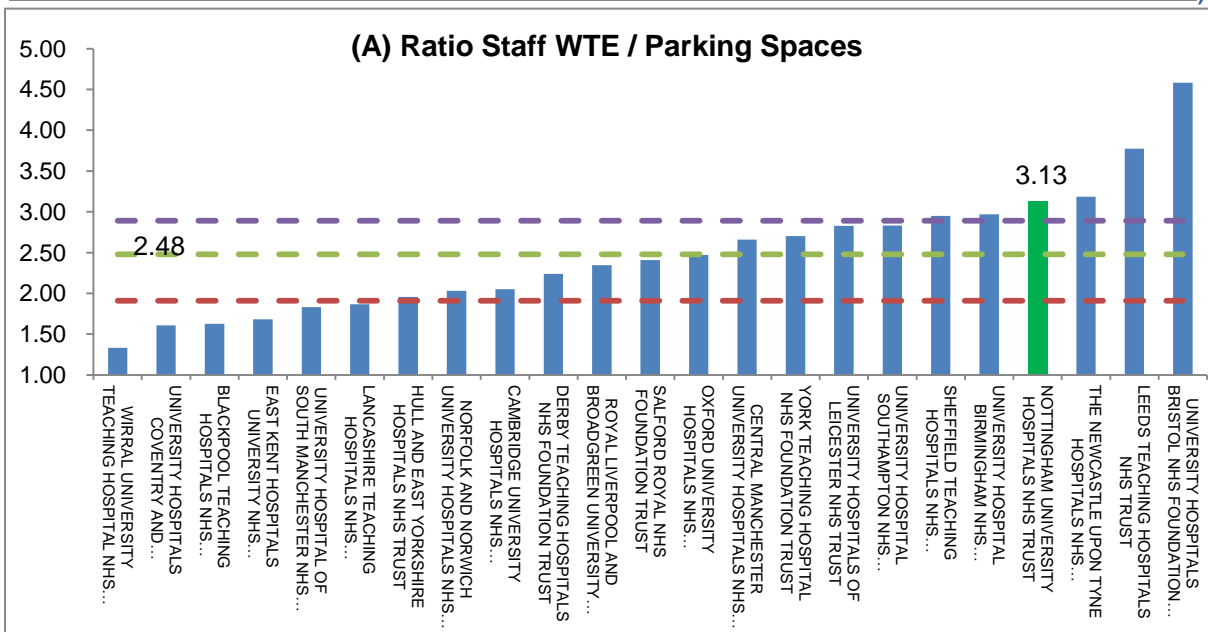
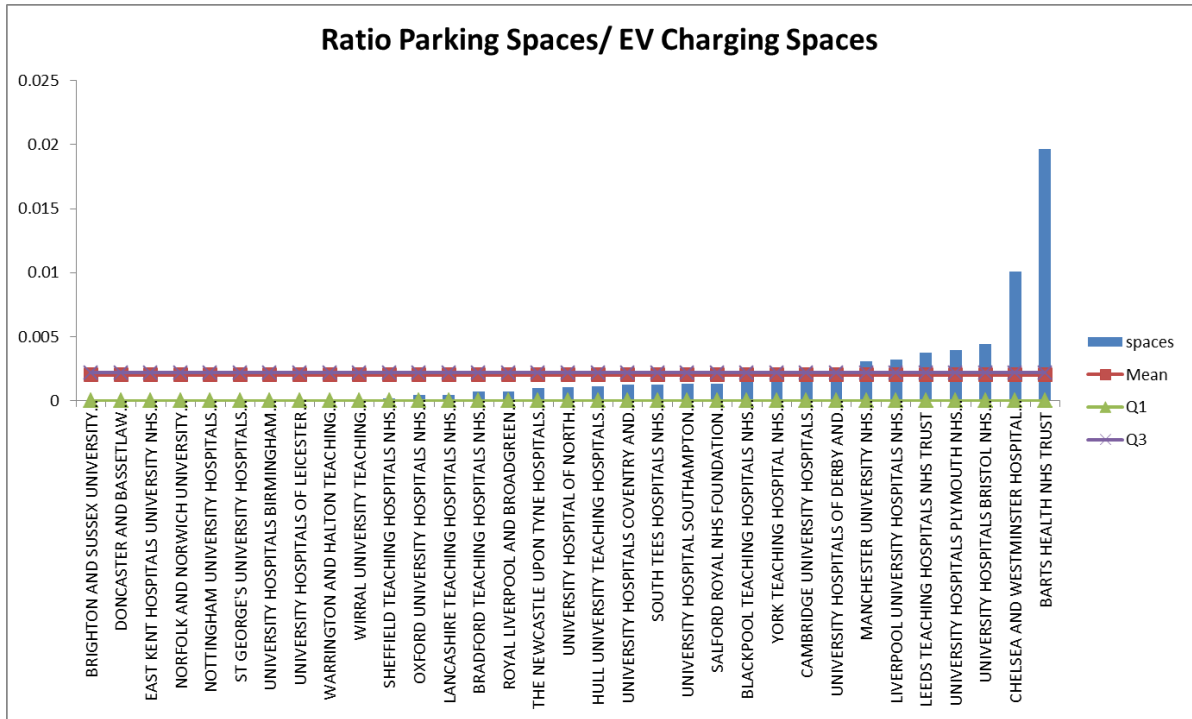
Chart 3.3.1-1 shows the 2019/2020 NUH ranking amongst its peers (NHS acute teaching hospitals outside London) in terms of car parking spaces, disabled spaces and EV charging spaces. It also shows the number of staff and clinical activity seen in 2016/2017, with more recent data not being available. Although the comparison is not conclusive (i.e. does not account for the effect of the activity from third parties operating in NUH premises), it provides perspective on NUH's parking offer compared to other acute teaching hospitals in England.

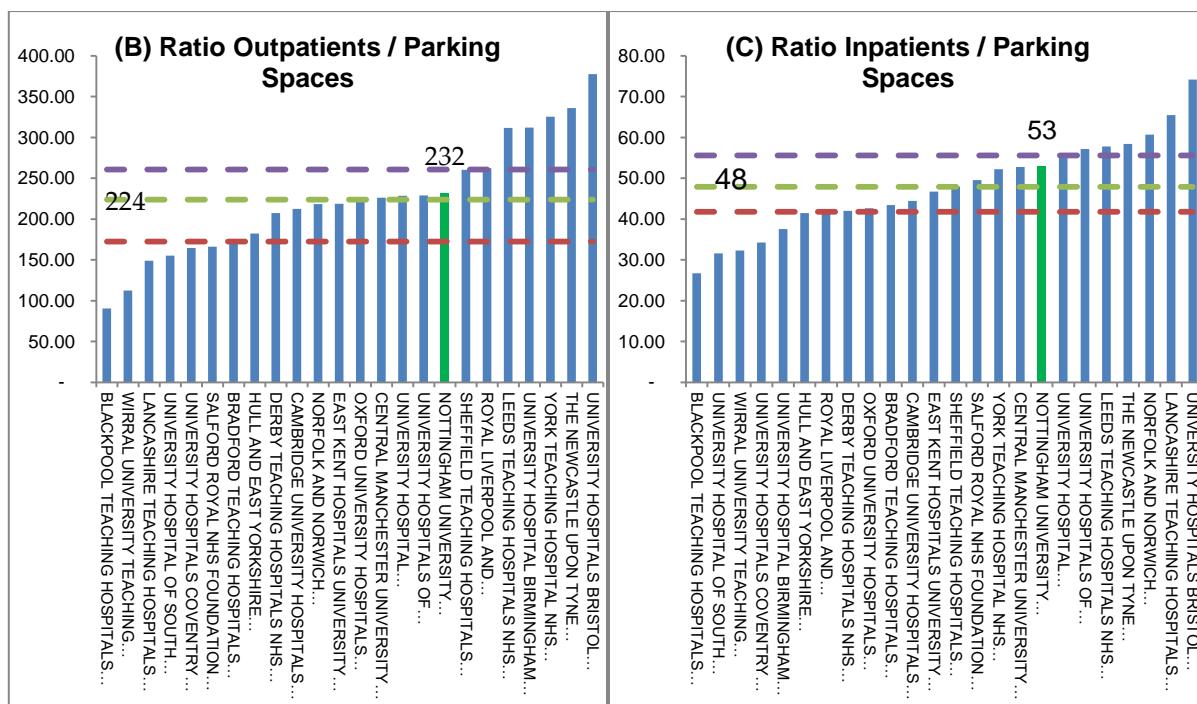
- In terms of staff vs total car parks, . NUH has 4.26 staff per each car-parking space, higher than the group's average of 3.4 staff per space.

- In terms of disabled spaces NUH has 0.07 disabled spaces per non-disabled space. This is only slightly higher than the mean average of 0.05.
- In terms of EV charging spaces NUH has 0 spaces available as of 2021. This is seen to be the case for a number of trusts.
- In terms of outpatient clinical activity NUH performance (232 outpatient per year per space) is close to the group's average of 224 outpatients per year per space .
- In terms of inpatient clinical activity NUH performance (53 outpatient per year per space) is slightly higher than the group's average of 48 inpatients per year per space.

Chart 3.3.1-1 Car Parking Comparison of NUH with Peer Group: Acute Teaching Hospitals outside London Area (2020







As previously stated, NUH Estates Strategy seeks to reconfigure services from the City Campus to the QMC as the main campus.. This will result in an increase in car parking demand at QMC and a reduction at the City Campus. An initial appraisal of the QMC car parking demand by year 10 of the implementation of the Estates Strategy QMC will require **3,360** parking spaces. To achieve this parking capacity, an additional **1,505** spaces will have to be provided on the campus. To meet this demand it is likely that the construction of a multi-storey carpark on QMC grounds will be required.

3.3.2 Issues related to car parking and access

A. Circulation: traffic congestion and access problems

In recent years, a number of infrastructure works were carried out within NUH's and nearby grounds. These works created occasional congestion and access problems. These are now being addressed by improving car-parking management and introducing changes aimed to improve traffic flow (improve road signage, etc.)

B. Car parking demand exceeds capacity

In recent years, NUH has experienced an increasing demand for car parking resulting from the increase in its activity. The number of staff employed by NUH has increased from circa 12,000 in 2009 to circa 16,500 in 2021. This produced operational as well as public relation problems and staff dissatisfaction. As a response, a car parking permit review was implemented in 2015 - 2016 to prioritise permit allocation to those members of staff who most need on-site parking due to:

1. long/unreasonable commute time via public transport,
2. use of the vehicles to perform their jobs,
3. working unsocial hours
4. certain caring responsibilities
5. blue badge holders

Although this new system has improved the situation, the high demand for car parking is still an issue due to the gradual build-up of a waiting list for car parking permits.

C. Illegal parking

A significant number of vehicles park in areas where signage and road markings indicate it is prohibited or restricted: parking in disabled park bays without displaying a blue badge, parking on grass verges around the site and parking on double yellow road markings and in areas specifically sign posted with 'no parking'.

Illegal parking was caused by a lack of sufficient car parking spaces coupled with the lack of an enforcement system to apply the parking policy effectively.

NUH introduced in August 2017 an enforcement system managed by a third party authorised to issue financial penalties where car-parking policy is not obeyed. Parking Enforcement Notices are now being issued to vehicles parking illegally. This has contributed to a reduction in the number of vehicles parked illegally.

D. City Hospital Car Parking – skewed distribution of carpark in campus

City Hospital has a number of car parking spaces for visitors on the campus; however, these spaces are not optimally allocated across the site to ease access to services. The major car park areas are located at the east of the campus, while the majority of outpatient services are allocated at the west. This situation is inconvenient for patients and affects the delivery of NUH services. This was one of the drivers for illegal parking on campus. NUH must reconfigure space to provide additional car parking in the west side of the City Hospital to counter these problems.

E. Parking overspill in surrounding roads

Car parking overspill in areas around the main campuses could be produced by the following:

- a. Availability of parking spaces in the campus
- b. The cost of parking on site
- c. Result of introduction of parking enforcement

NUH is actively monitoring car-parking activity.

The staff travel survey asked staff who commute in a personal vehicle about their parking habits. The analysis of car parking habits is done with the full dataset from the entire survey, so includes the 651 responses from those with permits. Staff parking habits per campus is shown in Table 3-5 and 3-6.

Table 3-5 Staff parking habits 2020 (unbiased dataset)

Parking habit	City	QMC	Ropewalk House	Combination of campuses	Total
•Workplace car park	83.65%	71.95%	18.18%	81.65%	77.95%
•Parking in nearby street	9.12%	6.80%	63.64%	8.86%	6.70%
•Park & Ride site	1.89%	12.46%	0.00%	4.43%	8.55%
•Other Answers	5.35%	8.78%	18.18%	5.06%	6.81%

Table 3-6 Staff parking habits 2018 (unbiased dataset)

Parking habit	City	QMC	Ropewalk House	Combination of campuses	Total
•Workplace car park	67.00%	73.00%	33.00%	67.00%	69.00%
•Parking in nearby street	26.00%	11.00%	67.00%	10.00%	18.00%
•Park & Ride site	6.00%	11.00%	0.00%	21.00%	10.00%
•Private Car Park	1.00%	5.00%	0.00%	1.00%	3.00%
•Other Answers	0.00%	1.00%	0.00%	0.00%	0.00%

This shows that the large majority of NUH staff park at NUH car parks (77.95%). This is a significant jump from 2018 wherein 69% of staff reported parking on site. In contrast to this the number of staff parking at park and ride sites has decreased slightly (going from 10% in 2018 to 8.55% in 2020) and the percentage of staff members parking in nearby streets has dramatically decreased from 18% in 2018 to 6.70% in 2020. When analysed per campus, it is clear that Ropewalk House has the largest off-site parking demand (63.64%).

3.3.3 Work Parking Levy

In 2012 the Work Parking Levy (WPL) (congestion charging scheme) was introduced by the Nottingham City Council with the objective to tackle problems associated with traffic congestion, by both providing funding for major transport infrastructure initiatives and by acting as an incentive for employers to manage their workplace parking provision.

As an NHS body, NUH has to comply with WPL and is eligible for a 100% discount on car parking spaces at City Hospital and QMC campuses. However, NUH has to cover WPL charges for staff working at Ropewalk House and parking non-NUH premises (local multi-storey car park). WPL is also charged for off-site staff car parking related to the Treatment Centre (120 spaces)

3.4 Car Sharing

Car Sharing refers to a situation where two or more people travel by car together, for all or part of the car trip. NUH is currently in the process of introducing a new initiative to promote car sharing amongst members of staff. This NUH Car Share scheme will consist of a free web-based portal where members of staff can find car-sharing partners, communicate travel needs and share travel costs. The web portal will be operated by Kinto-Join, in partnership with Toyota. Kinto-Join are the only organisation globally to be able to provide fully auditable,

real time, actual car sharing data based on the location etc. data that users choose to share with us through a customisable dashboard with the metrics that are important to NUH (journeys made, carbon saved etc..).

The car-sharing scheme will not provide either a guaranteed ride home or a guaranteed car parking space for car sharers.

3.5 Cycling

Each of the three NUH sites lie within a 5-mile radius (30-minute cycle ride) of each other and are well linked by existing cycle routes. A number of routes utilising a combination of quiet, minor roads and off-road cycle routes have been identified between the QMC and City Hospital Campuses. Ropewalk House is located in the City Centre, an area already well connected by cycling infrastructure. Cycling information for each campus is marketed to staff via the Estates and Facilities Management Team in partnership with NUH Staff Wellbeing Programme.

Since 2009, NUH has been running several programmes directed at cyclists to keep them engaged in cycling to work. These programmes are:

- Dr Bike
- Bike Maintenance Classes

Since 2011, NUH operates a **Cycle to Work scheme**, which offers staff the opportunity to hire and eventually purchase a bicycle via salary-sacrifice. This scheme is operated in application windows (Winter and Summer). Between 2011 and 2021 **1,752 staff have participated in the scheme.**

3.6 Pedestrian access

Both the QMC and City Hospital Campuses are served by a variety of internal and external pedestrian routes providing site access from all directions. The external routes are typical of built-up urban environments including footways and controlled / uncontrolled crossing points. Internal routes comprise of a combination of footways adjacent to the internal roads, dedicated pedestrian areas and a mix of controlled / uncontrolled crossing points.

Internal roads in both the QMC and City Hospital Campuses are in a reasonable state of repair, well-lit and some areas are covered with CCTV.

3.7 Management of Active-Travel Supportive facilities

NUH has in place a procedure for the management of these facilities.

Most cycle compounds require users to swipe their staff cards for access. A number of cycle compounds require staff to have a numerical code to access the compound. For swipe access compounds, staff are required to follow Trust's internal governance processes. For

compounds requiring a numerical code, staff would contact the Sustainable Travel Planning officer.

For accessing cycle lockers and lockers for the storage of personal belongings, staffs have to contact the lockers management team to request access to these facilities. Where available, staff would pay a deposit with NUH cashiers and collect a key presenting a valid NUH ID card.

NUH performs periodical locker checks to identify when a hired locker is not being used, and where found that staff are not using these facilities, the units are re-assigned to other staff on a waiting list. The deposits are used to pay for a new lock.

3.8 Medilink Bus Service

The Medilink Bus service is an initiative funded in partnership between NUH, Nottingham City Council and Nottingham Community Transport. The Medilink Bus service provides a bus connection between QMC and City Hospital to members of the public and staff. It connects NUH services to Queens Drive Park & Ride and Wilkinson Street Park & Ride.

Every year the Medilink transports circa 1 million passengers.

The Medilink Bus service was initially setup as a free service, however since March 2017 the service introduced a nominal fare for non-staff users and discounted using the Robin Hood card. **Following the introduction of the charge, the average weekly figure of passengers reduced by circa 28%, but there is evidence this number is able to recover.** It is believed this accounts for members of the public not using the service to commute to the hospital (e.g. traveling between off-campus stops), which in turn improves the service availability and reliability for those accessing healthcare treatment.

Before March 2020 the number of weekly users of the Medilink had recovered from the fee introduction, however due to Covid-19 and Smarter Working guidance, this again **dropped by 86%.**

Since March 2017, the service operates Monday to Friday between 5:45 am and 8:05 pm (QMC to City) and 6:15 am to 8:11 pm (City to QMC) with a frequency of 10 minutes between 6.20 am and 6.30 pm. Figure 3.8-1 shows the Medilink Bus route.

Strategically, the Medilink Bus service is a key resource that improves access and communication between NUH sites:

- It provides a connection to the City Hospital Campus with the tram network.
- Allows for the connection with other public transport lines and via these, further connections to other transport modes: train, buses to the East Midlands Airport, etc.
- Every year more than 1 million passengers use the service to commute to and between campuses and access NUH's Clinical Services.
- It alleviates on-site carparking pressures by providing a connection with the Park & Ride sites.

Other benefits include environmental improvements. The Medilink Service is operated using a fleet of electric vehicles, helping reduce the emission of pollutants in streets and helping

improve the air quality. Regarding the carbon agenda, it is estimated every year the service saves circa 700 tonnesCO₂ to NUH.

Due to its benefits, NUH is committed to continue supporting the Medilink Service, its development and improvement.

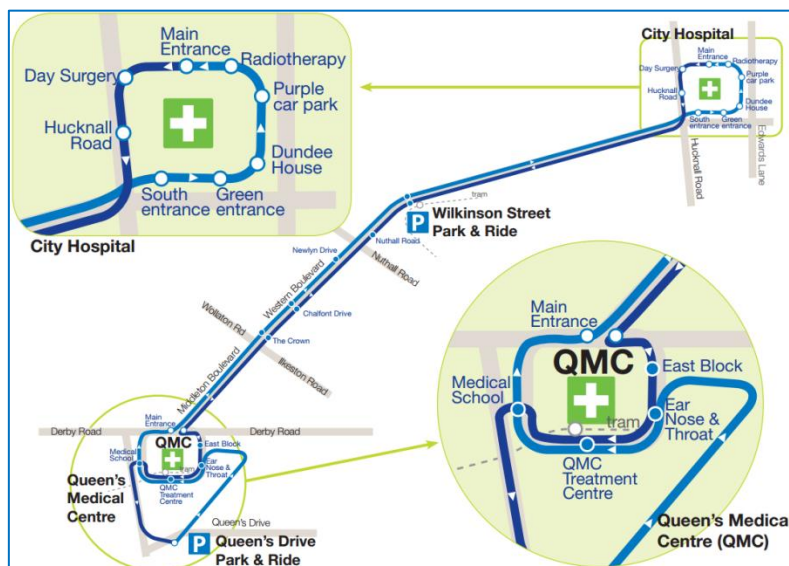


Figure 3.8-1 Medilink Bus Service Line

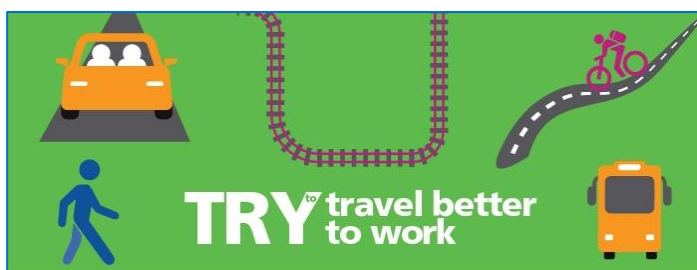
3.9 Public Transport incentives

Since 2015, NUH operates a scheme to provide staff with discounted public transport passes. The name of this initiative is the “NUH Travel to Work Scheme”. This scheme offers NUH staff the opportunity to purchase an annual travel pass offered by a pool of public transport operators. The pass is paid for by monthly salary deductions. The pool of current operators includes:

- Three bus operators: Nottingham City Transport and Trent Barton
- One tram operator: Tramlink
- One train operator: East Midlands Trains
- One multi-operator pass managed by Nottingham City Council.

As February 2021, the scheme has **1,028** net active passes. Pre Covid-19 the scheme was growing annually by 28%, which in turn means the scheme is gaining popularity. According to an annual satisfaction survey, members of staff

subscribed to the scheme are very likely to promote it amongst other members of staff. The same survey identified that 14% of successful applicants to the scheme used to drive their car on their own. This is a reduction of circa **130 daily** single vehicle trips being displaced from the road and alleviating car parking pressure in the Trust.



When asked about their motivations to join the scheme, the most popular reasons are “it is more economic” (72%), followed by “more convenient due to new public transport services (32%), “Friendly to the environment” (27%), “More convenient for the weekends (24%) and “car parking problems” (17%).

Overall, NUH Travel to Work Scheme is helping the Trust deliver the core of its travel plan regarding public transport access.

3.10 Business Travel

NUH has set a business travel policy, which clearly states the circumstances in which staff can claim business travel using personal vehicles. NUH has a reimbursement system based on the number of travel miles claimed.

Table 3.10-7 shows the annual miles related to business travel. As per 2018/19, a reduction of -4.5% has been registered compared with the previous year.

Table 3.10-7 Travel Miles NUH

Vehicle	2013-14	14-15	16-16	16-17	17-18	18-19
Car	1,077,585	1,051,679	1,036,574	1,009,172	784,932	970,514
Train	299,644	282,746	315,618	280,590	314,321	167,641
Airplane (domestic)	62,759	12,325	24,915	72,046	38,138	51,021
Total Business Travel (miles)	1,439,988	1,346,750	1,377,107	1,361,808	1,137,391	1,189,176

3.11 Reducing the need to travel during the course of business

NUH supports flexible working initiatives such as working from home where the nature of the works allows it. NUH also has IT systems to allow meetings to take place remotely, reducing the need to commute across sites. There has been a significant increase in the use of these systems throughout 2020 and 2021, with the Microsoft Teams platform becoming fully ingrained in NUH culture.

3.12 Reducing the need to travel to work

NUH has a policy in place to promote flexitime and working from home where suitable. NUH also has compressed working weeks initiatives for nursing staff, who usually work weekly 3.5 shifts of 12 hours.

3.13 Information for staff

NUH provides travel information to its staff via the intranet and NUH's public website. Information includes public transport routes, timetables, cycle routes and pedestrian

pathways. The website also includes information on the NUH Travel to Work Schemes. NUH offers staff as well a “1-2-1” assistance sessions to help plan a more sustainable commute to work. Both QMC and City Hospital Campuses have a real-time display board with all information on bus travel.

3.14 Information for visitors

NUH provides travel information to its visitors via NUH's public website. Information includes public transport routes and timetables. NUH also provides other forms of communication: bus timetables leaflets at QMC main reception and some entrances at the City Hospital. NCC information boards (at QMC entrance and close to City Hospital Outpatients/Urology) display bus services' departures in real time. Bus Stops have real time information on bus services.

3.15 Staff commute choices and potential for change

The last NUH Staff Travel Survey (December 2020- January 2021) provides a snapshot of travel choices made by NUH staff to commute to work. Table 3.15- shows the breakdown of all modes of transport used by NUH staff.

The 2020 survey found out that up to **12%** of existing single car commuters would consider public transport and active travel as the ideal means of commute should the right conditions be in place. An additional **5.6%** would consider car sharing. This means that NUH has the potential to reduce single-car use by up to **18%** with the right infrastructure and policies in place.

Appendix A has more detailed information on this and other relevant findings including information on incentives to change.

Table 3.15-8 Modes of travel breakdown as per the NUH Staff Travel to Work survey 2020 (non-biased sample)

Mode of travel	2020 post covid	2020 Pre Covid	Difference
Private Vehicle	54.89%	50.60%	4.29%
• Car, your own	51.15%	46.34%	4.81%
• Car, w/other people	3.50%	3.72%	-0.22%
• Motorbike or moped	0.24%	0.54%	-0.30%
• Park and Ride			
Public Transport	19.55%	30.67%	-11.12%
• Bus	11.46%	17.53%	-6.07%
• Tram	4.05%	7.02%	-2.97%
• Medilink	3.74%	5.46%	-1.72%
• Tram + Medilink			
• Train/ Train + Bus	0.30%	0.66%	-0.36%
Active Travel	15.94%	17.28%	-1.34%
• Cycle	9.84%	11.16%	-1.32%
• Walk, Run/Jog	5.56%	5.52%	0.04%
• Electric bike/scooter	0.54%	0.60%	-0.06%
Other	2.36%	1.44%	0.92%

3.16 Patients & Visitors Commute Choices and potential for change

The latest NUH Patients & Visitors Travel Survey (November 2020) provides a snapshot of travel choices made to NUH by patients and visitors. Table 3.16-9 shows the breakdown of all modes of transport reported.

Analysis on the survey's results indicates that members of the public's ideal commute is driving with their car. However, the survey also found that access via the Tram was also very popular. Finally, the survey results also show that there is desire to access via active travel in terms of both cycling and walking. Appendix B has more detailed information on this and other relevant findings including information on incentives to change.

Table 3.16-9 Main mode of travel breakdown as per the NUH Patients &Visitors survey 2020 (non-biased sample)

Travel Choice	Percentage of respondents	Total per group
Private Vehicle		
Car (driving)	27.6%	64.9%
Car (as passenger)	29.5%	
Motorbike	0.2%	
Taxi	7.6%	
Public Transport		
Bus	19.0%	24.3%
Medilink	0.6%	
Train	0.2%	
Tram	4.5%	
Assisted access		
Ambulance	4.5%	6.8%
Community transport	1.6%	
Voluntary/dial-a-ride	0.6%	
Mobility scooter	0.1%	
Active Travel		
Bicycle	0.4%	1.3%
Foot	0.9%	
Not Specified	2.7%	2.7%

3.17 Covid-19

As a result of the Covid-19 pandemic, a significant number of NUH staff began working from home in March 2020. This was in line with government guidance.

The Smarter Working trend has led to staff adapting their commuting habits, with it no longer being economically sensible to remain on the staff travel to work scheme for many non-

essential workers. As a result, the T2W scheme saw a 35% decline compared to the previous year.

NUH has recognised the danger commutes now pose to staff who are unable to work from home, and has advised not to Carshare or use public transport if avoidable. The policy accepts that this will lead to an unavoidable decline in the number of users of the Medilink bus service and increase in single occupancy vehicle commutes.. To help relieve the stress of this, NUH has imposed a temporary policy allowing staff members to park on site without a permit.

4 Objectives, Targets and Indicators (Where do we want to be?)

The ultimate goal of the Travel Plan is to reduce the number of single vehicle travel to NUH to comply with local transport policy and help NUH mitigate existing access challenges.

It is important to align the long-term strategic goal of NUH with the Travel Plan objectives to identify the most cost effective and long-lasting actions.

A key component is the understanding of the scale of development and reconfiguration proposed across NUH sites (in line with the Nottinghamshire ICS) and recognise the existing issues related to access to NUH, such as the traffic congestion and car parking demand during peak travel times.

4.1 Desirable Outcomes

As described in section 2 (strategic context), NUH has aligned its Clinical and Estates Strategies with the Nottinghamshire ICS goals. The Estates Strategy highlights the need to make QMC the hot clinical site by reconfiguring key acute services to this campus. The trigger for the implementation of such strategy is the creation of a new emergency block that will house key services. This will allow the release of space in the QMC to allow for a continuous reconfiguration programme aiming to address poor clinical adjacencies and eliminate duplication and inefficiency. The actual development of services is subjected to the approval a number of business cases aiming to reconfigure services across NUH campuses. However the following is expected:

1. In 10 years, most services would be centralised at QMC while City Hospital activity would be reduced.
2. The creation of a new block will require the provision of new parking capacity at the QMC Campus (new multi-storey car park) to recover the loss parking capacity due to the developments, and to create new car parking capacity due to the reconfiguration of services from City Hospital to QMC.
3. It would be expected that a large proportion of staff would be based at QMC.

Taking into account the above, it is clear that NUH must act to mitigate the effect of current problems experienced on both campuses (car parking demand vs supply, lack of alternative for commute, etc.), to avoid their exacerbation when making QMC campus the primary site.

The desirable outcomes for the Travel Plan are:

1. **Improve access to NUH services.** It is desired to work towards further integration of NUH with the rest of the City to make its services more accessible. This includes future proofing the Trust to cope with the emergence of new type of vehicles (e.g. Electric Vehicles).
2. **Reduce car park demand pressure.** With an increasing number of staff joining NUH, the demand of car parking has increased. Between 2009 and 2021 NUH increased its staff base from 12,000 to more than 16,500 staff, resulting in major pressure to its carparks and to nearby streets used for parking.
3. **Mitigate off-site parking in nearby streets.**
4. **Improve access to NUH via active travel and public transport.**
5. **Improve internal traffic circulation within NUH's grounds.** In the past NUH has experienced congestion problems within its grounds. It is desirable to prevent new congestion occurrences.
6. **Improve staff wellbeing.** Promotion of active travel is not only in line with the principles of the travel plan, but a need of NUH. This is linked to NUH's Staff Wellbeing Programme.
7. **Improve air quality in the area by reducing emissions from vehicles.** NUH wants to improve the recovery rate of its patients and reduce the impact to health to the local community by improving the quality of air in the area.

4.2 Targets and indicators

To achieve the desirable outcomes, it is clear NUH must act to discourage single car commute, promote active travel, public transport access and improve the utilisation of private vehicles via car sharing and promotion of low carbon alternatives (electric vehicles, etc.).

The results of the 2020 staff travel survey (see **Appendix A**) suggest that a substantial number of staff currently commuting alone in their cars would be encouraged to use sustainable travel modes of travel. In total 18% of respondents indicated a degree of willingness to change if the right conditions were in place. Table 4.2-1 compares the 2020 staff travel modes with the theoretical maximum achievable. NUH will use this potential as a reference to measure its success in implementing the travel plan.

Table 4.2-2 articulates specific targets for all travel modes in terms of the identified potential for change.

Table 4.2-1 Comparison: staff's modes of travel (pre Covid-19) vs potential change (as per staff travel survey 2020)

Mode of Travel	2020	Potential	Difference
Private Vehicle	50.60%	46.41%	
Car, your own	46.34%	36.90%	-9.44%
Car, w/other people	3.72%	8.10%	+4.83%
Motorbike or moped	0.54%	0.55%	+0.01%
Public Transport	19.55%	29.80%	
Bus	17.53%	14.78%	-2.75%
Tram	7.02%	6.13%	-1.11%
Medilink	5.46%	8.10%	+2.64%
Train / Train + Bus	0.66%	0.79%	+0.13%

Active Travel	17.28%	23.14%	
Cycle	11.16%	14.43%	+3.27%
Walk/Run/Jog	5.52%	8.03%	+2.51%
Other *	1.44%	0.65%	-0.79%

Table 4.2-2 NUH-wide key mode share targets, key measures and metrics from 2018

Mode	Target	Key Measures	Metric	Comment
Single Occupancy Vehicle	<p>Maintain existing proportion of NUH staff commuting to work by single occupancy car use as a minimum requirement (currently 49%).</p> <p>Reduce the proportion of staff commuting to by single occupancy car by 12% by 2028.</p>	<ul style="list-style-type: none"> Enhance staff parking permit management systems including smart systems to manage access to carparks. Promote the NUH car-share scheme. Maintain financial support for sustainable travel measures currently in place. Develop a business case supporting further investments in sustainable travel measures. Improve flexibility of car parking permit system to allow staff to combine single car occupancy with other transport modes. Future-proof QMC development: create new facilities that promote active travel. 	<p>Percentage of staff driving to work alone as informed by the results of the staff travel surveys carried out every two years.</p> <p>Number of car park permits in circulation vs total number of staff in NUH.</p>	<p>It is anticipated that NUH growth and increasing regionalisation in the medium-term will increase the size of catchment areas from which staff are drawn thus reducing feasibility of using alternative modes of travel to private car use.</p>
Car Parking	<p>Eradicate illegal car parking within NUH</p> <p>Actively mitigate the impact of car parking in streets surrounding the campuses.</p> <p>Promote transition to Electric Vehicles: built EV infrastructure capacity for at least 1% of car parking spaces by 2022</p>	<ul style="list-style-type: none"> Introduced carpark enforcement Improve access via public transport to NUH sites from poorly connected areas in the city. Liaise with neighbour groups and City Council to address external parking problems. Install Electric Vehicles Charging points in NUH carparks. 	<p>Number of illegal parking cases in campus</p> <p>External parking surveys</p>	<p>Enforcement will help NUH improve the management of its car parks. However, an indirect consequence might be an increase in off-campus parking.</p>
Car Sharing	<p>Increase the proportion of NUH staff regularly car sharing for journeys to and from work from 4.9% to 8.1% by 2022.</p>	<ul style="list-style-type: none"> Promote the NUH staff car-share scheme via marketing and communication campaign and events e.g. car-share coffee mornings. Integrate of car-share scheme with wider parking management strategy to provide incentives to car-sharers such as premium parking, reduced permit charges, flexible arrangements. 	<p>Percentage staff car sharing as informed by the results of the staff travel surveys carried out every two years.</p>	

Table 4.2-2 NUH-wide key mode share targets, key measures and metrics (cont.)

	Target	Key Measures	Metric	Comment
Public Transport	Increase the proportion of staff commuting to work by public transport (bus, tram, rail) including Park and Ride from 26.7% to 29.8% (+3.1%) by 2022	<ul style="list-style-type: none"> Enhance staff parking permit management systems including smart systems to manage access to carparks. Maintain financial support for sustainable travel measures currently in place (e.g. Medilink service). Develop a business case supporting further investments in sustainable travel measures. Increase promotion of public transport discount passes offered by NUH. Work with delivery partners to secure improvements to public transport provision serving NUH sites (bus operators and NCC concerning existing services and NET2). 	Percentage staff commuting by public transport from the staff travels survey.	NUH must work with local authorities to promote public transport services to areas with high concentration of staff not covered with suitable transport means.
Active Travel	Increase rates of walking and cycling amongst staff to 23.14% by 2022 building on progress made by NUH Health and Wellbeing and Ucycle initiatives.	<ul style="list-style-type: none"> Maintain funding of the NUH Staff Wellbeing initiative Adopt design guidance principles for the development of its internal roads prioritising movement of pedestrians and cyclists. Continue to work with key partners including NCC and Sustrans to enhance pedestrian and cycling measures. Invest in improving the number and quality of cycling infrastructure. 	Percentage staff walking and cycling for journeys to / from work as informed by the staff travel surveys.	Target to be reviewed periodically
Business Travel	Reduce business travel requirement between campuses.	<ul style="list-style-type: none"> Promote web conferencing and audioconferencing schemes already in place within NUH. Integration of clinical services under a long-term reconfiguration program at NUH 	Percentage staff commuting between campuses as indicated by the staff travel surveys	This will require maintaining a suitable infrastructure to support web and teleconferencing.

5 Lead Measures for Change (How do we get there?)

This section presents the lead measures identified to achieve the targets set in the travel plan.

Since its creation, NUH has actively worked to mitigate single occupancy car travel. Efforts include initiatives in public transport (Medilink Bus service, NUH Travel to Work Scheme, etc.), active travel (cycle to work scheme, bike maintenance classes, etc.), car sharing (NUH car sharing scheme) and on-site parking (NUH car parking permit system, introduction of enforcement).

NUH will continue its work promoting sustainable transport and in parallel, it will work to improve access to its services in line with its overall strategic development.

5.1 Infrastructure Improvements

NUH is committed to prevent a growth in the proportion of staff commuting to work by car. However, the long-term plan to maximise the use of the QMC means that staff that currently commute by car to City Hospital Campus will have to park at QMC Campus. If this is correct, additional parking capacity on the QMC Campus will have to be provided.

In the short and medium term, car parking pressures at both QMC and City Hospital require addressing to prevent affecting access to NUH services.

To answer to current car parking pressures and to allow for the development of the Trust's infrastructure goals, NUH plans to improve some key infrastructure both at QMC and City Hospital campuses.

5.1.1 QMC Car Parking

The long-term goal to maximise QMC use will increase the demand of car parking at that campus and consequently additional car parking provision will be required to accommodate staff and public car parking currently allocated at City Hospitals. The development of a new regional Trauma Centre (emergencies department) on existing car park area will require first the creation of a multi-storey car park to re-provide lost staff and public carpark spaces plus additional spaces resulting from increasing in activity.

5.1.2 City Hospital Car Parking

City Hospital campus requires the creation of additional car park capacity for visitors and staff in areas of the campus where parking spaces are limited or unavailable to mitigate negative effects to NUH services. The aim is to improve access to services, and to encourage legal parking.

NUH must plan for the creation of temporary car park areas within City Hospital in areas where car parking is limited. It will also allow NUH to introduce car-parking bays for car sharers.

The increase in car parking capacity is not expected to incentive additional personal vehicle travel as NUH will continue to cap its car-parking permit system to a maximum of 6,500 permits.

Following the re-configuration of services at QMC, demand for City Hospital car park spaces will reduce significantly.

5.1.3 Promotion of Electric Vehicles

The government is working to make Electric vehicles (EVs) the future of personal transport in UK. The government targets that by 2030 at least half of new vehicles to be EVs. This is in the contract of Government's Road to Zero Strategy. EVs are cleaner than conventional internal combustion engine vehicles, as they do not emit pollutants on road. NUH must upgrade its car parks to account for the demand of charging points resulting from the increasing popularity of EVs. As per the 2020 Travel Survey, 53% of respondents indicated they would consider upgrading to an EV should a number of conditions were met, including EV charging points at work.

Any future major development for car parking (e.g. a new multi-storey car park at QMC) will be future-proofed via the provision of EVs charging points.

5.1.4 Car Sharing Facilities

The staff travel survey 2020 identified that the creation of parking bays for car sharers would be one of the best incentives to car share. Due to the limited availability of car parking space, the promotion of car sharing using this as an incentive is suitable.

Along with its car parking management partners, NUH will re-investigate the demand for designated car park bays for car sharers.

5.1.5 Active Travel Facilities

The 2020 staff travel survey identified as key incentives for cycling and walking the improvement of infrastructure. Specifically:

- **Improving changing/shower facilities** – the existing offer of changing and shower facilities is not sufficient to accommodate a higher demand. New and better-located facilities have to be created to increase the popularity of active travel. This is primarily important for QMC Campus as the future primary site. It is estimated NUH will have to create at least 10 new shower and locker facilities across multiple areas

at QMC campus and 2 similar facilities at City Hospital to satisfy current demand and accommodate for additional demand resulting from the promotion of active travel.

- **Improved cycling paths on the journey to work** – Although this is outside the direct scope of action of NUH, the Trust must engage with the Council and create synergies aiming to improve safe cycling access to the identified areas. Appendix A includes a list of postcode areas within 5 miles of each campus where respondents to the staff survey indicated that better cycling paths are desirable. Circa 3,500 members of staff live within these postcode areas.
- **Safer, better-lit cycling paths on worksite** – As part of its ongoing reconfiguration and improvement, NUH needs to modify its internal roads and access points to make them more walk- and cycle-friendly. This includes the creation of cycle paths where required (e.g. connection of super cycle highway with QMC) and an upgrade to street lighting in paths leading to main roads. This should be able to be delivered during the significant infrastructure improvements at NUH.
- **Improved cycle parking at work place** – An adequate provision of cycle parking is necessary to ensure the success of active travel initiatives. Although provided with cycle parking facilities, the use of the infrastructure varies across sites. City Hospital needs to create additional cycle compounds as the existing strategy relying on cycle lockers has had limited success. At QMC some cycle compounds are well utilised while some others are underutilised due to their poor location. NUH must increase cycle parking offer at strategic places with easy access to the main building and with a nearby complementary shower facility. QMC will require creation of **500 additional** cycle parking spaces to account for future demand in line with the goals of NUH Estates Strategy.

5.2 Package of Measures for Staff

5.2.1 Active Travel: Walking and Cycling

Walking is the most sustainable method of travel, has a number of proven health benefits and is an important source of personal freedom. Walking is important for the vast majority of people, including those using public transport or without access to a car. It potentially has an important role to play in journeys to work, particularly for those living within two miles of their workplace. Walking is a form of active travel, which can offer a range of physical and psychological benefits to the individual. Therefore walking also sits in the core of the activities promoted via NUH Staff Wellbeing Programme.

Along with walking, cycling is the other mode of active travel that NUH encourages amongst its staff. Cycling is cheap, offers reliable journey times and is environmentally friendly. Within the workplace, encouragement of cycling can lead to a healthier, more productive work force.



NUH is committed to promoting walking and cycling amongst staff, patients and visitors both as a convenient practical means of travelling to, from and between NUH sites and as a means of maintaining an active, healthy lifestyle. NUH will continue to support measures it has in place to promote physical activity amongst staff through its NUH Staff Wellbeing initiatives and invest in its on-site pedestrian and cycling infrastructure. Appropriate management of NUH carparks and increased flexibility within the staff permit charging structure will provide indirect support by better recognising and rewarding individual staff members choosing to walk or cycle for at least some of their journeys to work. The incentives to achieve this are described in the following section.

Incentives for cycling and walking are in line with the findings from the Staff Travel to Work survey 2020. The key measures are shown below:

1. NUH will adopt broad design principles to guide future investment in external estates infrastructure, prioritising the movements of pedestrians and cyclists whilst recognising the need to maintain appropriate access for motorised traffic. NUH will use *Nottingham City Cycling Design Guide* (2016).
2. Improve pedestrian routes between NUH buildings and on-site carparks, bus stops and connections to off-site infrastructure. This would include improving street lighting.

3. Creating improvements to on-site cycle routes and work with the local authority to create or improve offsite cycle routes/lanes.
4. Reviewing and improving directional signage and way finding on NUH sites.
5. Increase the provision of lockers, storage areas and showers facilities used by pedestrians and cyclists.
6. Increasing the provision of cycle parking facilities and maintain, improve and promote existing facilities.
7. Collaborate with relevant retail stores and negotiating discounts on footwear/accessories for NUH staff.
8. Continue marketing of health benefits via the Staff Wellbeing Programme via special events, website and other NUH communication channels.
9. Continue providing training classes aiming to increase walking and cycling: Dr Bike, walking groups, bike maintenance classes, etc.
10. Continue promoting the use of good quality bike locks.
11. Continue promoting and scaling NUH Cycle to Work Scheme.
12. Continue the provision of access maps to NUH via different areas.
13. Implementing a more flexible staff parking permit management structure to encourage and reward staff walking, cycling, car-sharing and using public transport for at least some journeys to work.
14. Extend to NUH sites the Nottingham City Council Cycle Hire Scheme.

5.2.2 Public transport access

Access via public transport has important benefits for staff. It is reasonably priced, friendly to the environment and reliable. Commute via public transport reduces the need to park at NUH, reducing pressure on the parking facilities. Public transport also offers a faster means to commute to NUH, as buses and trams have preferential driving lanes.

Public transport is particularly useful in journeys to work of more than 5 miles.



NUH proposals on public transport are in line with the findings of the Staff travel to work survey 2020, and include the following:

1. Continue promoting and expanding NUH's Travel to Work Scheme. Through this scheme, staff can access discounted season travel tickets from bus, rail and tram operators.
2. NUH car parking permit criteria includes travel time by public transport as one of the factors to determine the applicant's eligibility to a carpark permit.
3. During the recruitment process, new members of staff are advised there is no guarantee they would be eligible for a carpark permit.
4. NUH encourages public transport as means to commute where this is feasible (e.g. rail opposed to personal car, etc.) via its Travel Policy.
5. NUH is committed to work with the local bus operators to help them improve the quality of their services available amongst staff (e.g. increase frequencies), and to introduce new services in currently serviced areas. In the same way, NUH will also raise awareness of existing bus services among staff.
6. NUH is committed to continue working in partnership with Nottingham City Council and Nottingham Community Transport to continue the provision of the service, ensuring information on timetables, pick up points, etc. are regularly updated.
7. NUH will continue promoting the use of park and ride sites among staff.
8. NUH will hold regular communication with staff (with an emphasis on new starters) on the existing facilities, services and schemes available for them to facilitate their commute via public transport.

5.2.3 Managing car use

The travel plan must consider the management of on-site car parking to alleviate parking pressure problems on or around a site as the result of increased activity. Good management of car parking provision can contribute to a more efficient and equitable use of spaces, particularly since parking is usually a subsidised resource (the provision and maintenance costs of which are often not borne or fully borne by car parkers).

To reduce car-parking pressure, NUH launched in 2016 a new car parking permit management system. This system has already capped the maximum number of permits available to prevent over saturation of staff car parking on site. NUH intends to improve its system by making it smarter and more flexible, allowing staff to combine car use with other means of commute. This includes:

- Continue using a criteria-based car parking permit allocation system prioritising blue badge holders, essential users (staff who require their vehicle to carry out their job), staff working unsociable hours, and staff with long commute times using public transport.
- Continue enforcing of car parking policy in NUH's grounds.
- Improve car park access infrastructure to allow for smart allocation of parking spaces for permit holders.
- Allocate car parking spaces for exclusive use of car sharers.
- Introduce special car parking permits for cyclists and public transport commuters who require occasional car use.
- Introducing information technology to inform drivers within NUH grounds the availability of car parking spaces in different car parks.
- Continue two-tier parking charges to staff according to their paygrade.
- Improve the quality of the parking areas (better signage, lighting, security and CCTV).
- Work in partnership with neighbour groups and the local authority in discouraging off-site parking or mitigating its detrimental effects.

5.2.4 Car Sharing

NUH is currently in the process of introducing a new initiative to promote car sharing amongst members of staff. This NUH Car Share scheme will consist of a free web-based portal where members of staff can find car-sharing partners, communicate travel needs and share travel costs. The web portal will be operated by Kinto-Join, in partnership with Toyota. Kinto-Join are the only organisation globally to be able to provide fully auditable, real time, actual car sharing data based on the location etc. data that users choose to share with us through a customisable dashboard with the metrics that are important to NUH (journeys made, carbon saved etc..).

According to the 2020 staff travel survey, the majority of car actual sharers indicated they car-share because they are able to get a lift. By increasing awareness of other staff who car share, the scheme can grow in popularity.

NUH's ambition is to roll out this system in spring 2021 and build into its policy and car parking operation the means to ease car sharing for staff. The following are examples of the supportive actions NUH will work on, based on feedback from the Staff Travel to Work survey 2020:

- Allocate car parking spaces for exclusive use of car sharers.
- Review the potential to introduce preferential parking charges for car sharers.
- Review the opportunity to introduce guaranteed ride home measures.
- Continue promoting the car-sharing scheme among staff via NUH communication channels.

5.2.5 Reducing the need to travel

NUH has in place policies and systems that allow, where possible, staff to work flexibly (flexible start-finish times), work from home, compressed working weeks (primarily for nursing staff), hot-desking and teleconferencing. All of these reduce the need to commute to NUH, or to avoid commute during peak times. Due to the nature of the organisation, these alternatives are more commonly applied amongst non-clinical, non-front line staff. However, with circa 16,500 staff, these initiatives help alleviate parking problems and reduce congestion on the road. In this regard, NUH will continue promoting these alternatives among its staff.

5.2.6 Business travel

Most activities are performed within campus; however, some services have to be delivered in the community and some departments with functions across campuses require the mobility of its staff to carry out their normal duties. The large majority of business travel in NUH is covered by these travel needs.

Community services are provided within Healthcare Centres across the City of Nottingham and the County (Cotgrave, Clifton, Carlton Park House, Ilkeston, Victoria, St Anns, etc.) as well as services provided directly in patients' houses. Due to the nature of the activities, the travel involved for these services is usually covered via single occupancy vehicles.

NUH has already done something to mitigate business travel impact by introducing in partnership with Nottingham City Council, the Medilink Bus Service. This service reduces the number of vehicles on the road for commuting between the QMC Campus and City Hospital Campus.

The long-term plan of maximising QMC will allow for better clinical adjacencies, reducing the need to commute across campuses. A reduction of business travel is linked to a more efficient operation.

NUH policy limits the use of personal vehicle for business travel. Travel-related reimbursement does not cover travel between campuses done with a personal vehicle during the working day. The policy also encourages car travel with other members of staff.

As a priority, NUH will work to reduce business travel between campuses by promoting teleconferencing. To that effect, NUH has in place a state of the art platform: *Microsoft*

Teams that facilitates remote meetings. Throughout 2020- 2021 a significant culture change has taken place within NUH wherein awareness has been raised of this service, with the majority of staff now knowing how to use it, its functionality, and best way to work with it.

5.2.7 Travel information and planning

Travel information is an essential ingredient for a travel plan, to help an individual to understand and consider the options which are realistically available to them and the benefits and disadvantages of each. The following is a summary of the measures that will be introduced to publicise travel options information, assisting in the planning of commuting and business journeys.

A. For New Employees

NUH has an annual turnover of circa 2,000 staff. Changes in habits are usually more successful when making big changes in life (e.g. a new job). Therefore, NUH will work to raise awareness of commute alternatives amongst new employees.

NUH already indicates during its recruitment process that car-park permits are limited and both the permit and parking on site cannot be guaranteed.

NUH will direct a tailored communication to new employees as part of the recruitment and induction process, highlighting the programmes in place for easy active travel (e.g. location of cycling and shower facilities), public transport (e.g. NUH Travel to Work Scheme) and car sharing (website, how to use, etc.)

B. For All Staff/ Site Users

Travel information for all staff is already available on NUH website (<https://www.nuh.nhs.uk/try-to-travel-better/>) where all the schemes and offers available to staff are described.

NUH continually promotes its sustainable travel schemes (NUH Travel to Work Scheme, Cycle to Work Scheme, Dr Bike, roadshows, etc.) This is done via NUH's communication channels (weekly bulletin, all-staff emails, etc.) and there is a link on NUH's intranet website for easy access.

NUH will continue promoting the commute alternatives available to staff.



5.3 Package of Measures for Other Site Users

NUH actively provides travel solutions to other site users (patients, visitors, students, tenants). Some solutions for staff discussed previously are also relevant to other site users; therefore, this section discusses additional relevant areas of action.

The Patient and Visitor Travel Survey 2020 (see Appendix B) shows that there is a high demand to access NUH services via personal vehicles. This is understandable due to the nature of the services NUH provides to the community. Car driving is the most popular means of transport both as driver and as a passenger. Public transport access (bus, Medilink, train and tram) accounts for one quarter of all reported trips.

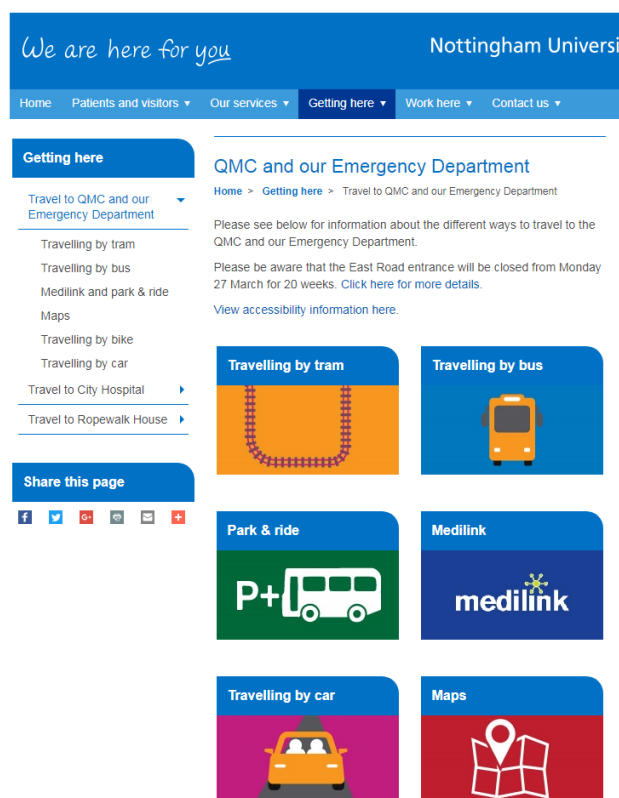
To identify the areas of improvement, the survey asked to rate from one to ten the respondent's commute experience. Using the net performance score (NPS)², it was found that access via personal vehicle had the worst service performance and the main reasons for that was the difficulty to find a place to park their vehicles and traffic.

This reinforces the need to improve public car parking facilities and to do more to promote other means of access.

NUH facilitates access to its services via a number of initiatives in place:

1. NUH public website includes comprehensive information on access alternatives including bus timetables, maps and parking information at park and ride sites.
2. NUH continued support of the Medilink Bus Service.
3. NUH was a key partner in the development of the NET2 project connecting QMC via the tram.
4. Partnership with public transport providers and the Nottingham City Council to ease access to NUH via bus and tram, and to improve walking and cycling access points to NUH.
5. Work with NUH volunteers network to provide access to the QMC Campus from the tram stop.
6. Patients' letters containing information on easy means to access NUH.

NUH will continue promoting these initiatives, aiming to integrate more of its services to the community, and facilitating access to NUH by sustainable means of travel, primarily public transport.



² $NPS = \frac{\text{Responses with 9 or 10} - \text{Responses with 6 or less}}{\text{Total Responses}} \times 100\%$ Negative responses mean service is unpopular and requires improvement.

5.4 Marketing

The NUH travel plan will be marketed primarily to NUH staff, secondly to visitors and other users of NUH grounds.

The aim is to convince as many staff as possible to change their travel behaviour, which will be monitored every two years via staff surveys.

The travel plan will be promoted via NUH's campaign "Try to Travel Better", which links staff travel decisions to NUH's travel initiatives and other relevant programmes such as its Staff Wellbeing Programme.

Different approaches will be followed in communicating travel alternatives to single occupancy vehicles. A strong emphasis on active and public travel will be made for new staff joining NUH. Big changes in people's life such as starting a new job are ideal to adopt a new means of commute.

NUH will also promote travel initiatives via its regular communication channels:

- Weekly Bulletins (Trust Briefing)
- NUH's Newspaper (NUH News)
- NUH's Webpage
- NUH's Intranet
- NUH's Active Travel Email Lists

Events will also be used to promote sustainable travel. These include:

- Dr Bike
- Roadshows
- Staff Time Out Days
- Staff Inductions

The messages on the benefits will be adapted to prevent stagnation of an idea. The following themes will be used:

- Economic benefits – Savings that can be achieved compared to single car occupancy.
- Convenience – Particularly when parking issues are present such as operation at capacity.
- Environmental Performance – Contribute to mitigate climate change.
- Health Benefits – Particularly of active travel, which could be part of a trip that includes public transport.

The marketing plan is embedded in the action plan in Section 7.

6 Monitoring and Review

6.1 Introduction

The travel plan is a continuous process for improvement, requiring monitoring, review and revision to ensure it remains relevant to NUH and those using this site. This document sets out NUH's proposals for monitoring and review of the travel plan. NUH will undertake monitoring of staff and visitors' travel patterns via travel surveys carried out every two years.

This section sets out the specific monitoring proposals associated with the travel plan and the means by which NUH will assess progress towards its targets.

6.2 Managing the plan: roles and responsibilities

NUH Trust Board and its governance structure ultimately support this travel plan. NUH Trust Board is responsible for approving the travel plan and any changes made to it.

The Director of Estates and Facilities sponsors the travel plan. He acts as an enabler, allocating funds for its development, implementation and update.

The travel plan is monitored and updated by NUH's Transport Strategy Group (TSG). TSG membership includes nominated representatives from key directorates and divisions (Estates and Facilities Management, Human Resources, Finance and Procurement) as well as Staff-Side and public representation.

NUH's Environment and Sustainability Officer is the travel plan co-ordinator. Responsibilities include co-ordinating the execution of the travel plan and liaising with external stakeholders and partners for its development.

The Governance Structure for approving, monitoring and updating the travel plan is shown in Figure 6.2-1.

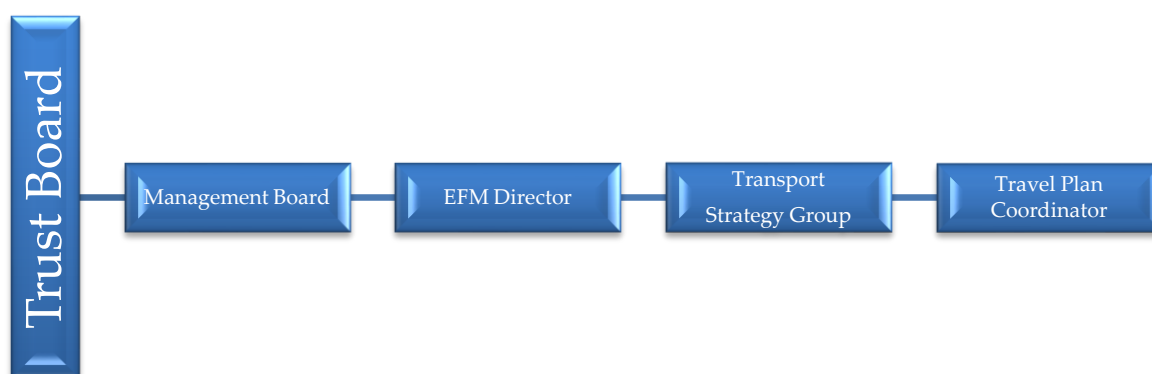


Figure 6.2-1 Governance Structure for managing travel plan

6.3 Monitoring plan

Table 6.3-1 summarises the travel plan's monitoring plan, including the data collection activities that will be undertaken and their frequency.

Table 6.3-1 Monitoring Plan

Data Collection Exercise	Key Information	When/how frequently	By whom
Staff Travel Survey	Staff and visitors commuting choices, business travel, etc.	Every 2 years	Environmental Sustainability Officer
Car Parking Demand	Count of active car parking permits and actual vehicles parked during peak time	Quarterly	Car Parking Manager
Tram usage surveys	Number of passengers using the tram at QMC	Six-monthly	Tramlink
Cycle counts	Number of bicycles parked in NUH	Quarterly	Environmental Sustainability Officer

6.4 Reporting

Progress in implementing the travel plan will be reported to NUH Board. This will be done six-monthly via the reports prepared by the Estates and Facilities Management Directorate.

As appropriate, NUH will share key survey and/or monitoring findings amongst its staff.

Any updates and amendments will be communicated to the Nottingham City Council who will be one of the stakeholders of the travel plan during its review and implementation.

7 Action Plan

ID	Action	Target Date	Method of Monitoring	Responsibility	Status
Governance					
Marketing Plan					
B.1	Introduce a “Personal Travel Planning” programme directed to new starters to encourage them to commute sustainably.	COMPLETED	Report to Transport Strategy group	Environmental and Sustainability Officer	Implemented, but suspended due to GDPR
B.2	Monthly articles in NUH Trust Briefing and NUH News relevant to the Travel Plan	N/A: Ongoing	Milestone as per agreed periodicity	Communications Team	
B.3	Keep up-to-date information on NUH website on sustainable means to commute to NUH for staff and visitors	N/A: Ongoing	Report to Transport Strategy group	Environmental and Sustainability Officer	
B.4	Periodical communication targeted to staff in car parking permit database regarding public transport and active travel opportunities (e.g. staff living within a Tram or bus postcode, new types of permits, etc.)	N/A: Ongoing	Report to Transport Strategy group	Car Parking Management Team	
B.5	Ongoing promotion of a campaign for sustainable travel to work choices.	N/A: Ongoing	Report to Transport Strategy group	Communications Team	
B.6	Improve publicity of available cycling and shower facilities in NUH.	Ongoing	Report to Transport Strategy group	Environmental and Sustainability Officer	
Partnerships					
C.1	Engage with the Nottingham City Council in developing a case to improve cycling and walking access to the QMC and City Hospitals.	N/A: Ongoing	Report to Transport Strategy group	Environmental and Sustainability Officer	
C.2	Engage with the Nottingham City Council to identify opportunities to introduce new public service routes to improve access.	N/A: Ongoing	Report to Transport Strategy group	Environmental and Sustainability Officer	

ID	Action	Target Date	Method of Monitoring	Responsibility	Status
C.3	Work with Nottingham City Council during events aiming to improve sustainable travel (e.g. Clean Air Day, etc.)	N/A: Ongoing	Report to Transport Strategy group	Transport Strategy Group	
C.4	Manage relationship with neighbours and partnership with Nottingham City Council to mitigate the effect of car parking changes in the surrounding areas to NUH's campuses.	N/A: Ongoing	Minutes of meetings	Director of Communications & External Relations	
Walking & Cycling					
D.1	NUH will implement design principles for external estates infrastructure in line with the <i>Nottingham City Cycling Design Guide</i> . https://www.nottinghaminsight.org.uk/d/aA6KjR8	N/A: Ongoing	Capital Team report to TSG on relevant projects	Head of Capital and Transformation	
D.2	Continue the promotion of active travel through the Staff Wellbeing Programme.	N/A: Ongoing	Report to Transport Strategy Group	NUH Staff Wellbeing Team	
D.3	Continue managing the cycle to work scheme	N/A: Ongoing	Report to Transport Strategy Group	Pay Services and Staff Wellbeing	
D.4	Improve cycle to work scheme by increasing the number of annual application windows and increase the cycle to work voucher limit.	COMPLETED	Report to Transport Strategy Group	Pay Services and Staff Wellbeing	COMPLETED
D.5	Create 350 cycle park spaces at QMC campus in the form of cycle compounds. This is to be delivered as part of the large re-configuration project in line with the Nottinghamshire STP. D.5.A 100 Spaces D.5.B 100 Spaces D.5.C 150 Spaces	Mar 2026	Report to Transport Strategy Group	Estates and Facilities	
D.6	Create new shower and locker facilities at QMC campus. This is to be delivered as part of the large re-configuration project in line with the Nottinghamshire STP	Mar 2022	Report to Transport Strategy Group	Estates and Facilities	

ID	Action	Target Date	Method of Monitoring	Responsibility	Status
D.7	Create partnership with local stores to allow for discounts to NUH staff regarding active travel.	COMPLETED	Report to Transport Strategy Group	Staff Wellbeing and Environmental and Sustainability Officer	COMPLETED
D.8	In partnership with Nottingham City Council, extend the NCC cycle hubs to QMC and City Hospital areas, hence improving cycling access for staff and members of the public and improve access to the NCC cycle hire scheme.	COMPLETED	Report to Transport Strategy group	Environmental and Sustainability Officer	COMPLETED
D.9	Continue providing current incentives directed to cyclists-directed incentives: Dr Bike and Bike Maintenance Classes.	N/A: Ongoing	Report to Transport Strategy group	Environmental and Sustainability Officer	
D.10	Implement a programme to improve directional signage and way finding on NUH sites as part of the large re-configuration project in line with the Nottinghamshire STP.	As part of Tomorrow NUH Programme	Report to Transport Strategy Group	Estates and Facilities	
D.11	Continue providing maintenance to existing supportive facilities (showers, lockers, compounds, etc.)	N/A: Ongoing	Planned Preventive Maintenance	Estates and Facilities	
D.12	Continue the “secure” cycling programme: promotion of good quality locks and theft-deterrent tagging of bicycles.	N/A: Ongoing	Report to Transport Strategy group	Environmental and Sustainability Officer	
D.13	Create a 160 space cycle parking compound at City Hospital with shower and locker facilities	Mar 2022	Report to Transport Strategy Group	Estates and Facilities	
D.14	Improve the internal roads in the Trust sites to make them more pedestrian and cycling friendly (better lit at night, cyclists lanes, etc. – in line with D.1) This is to be delivered as part of the large re-configuration project in line with the Nottinghamshire STP	Mar 2026	Report to Transport Strategy group	Estates and Facilities	
D.15	Introduce a digital map showing the location of cycling and shower facilities within the Trust.	Mar 2022	Transport Strategy group	Environmental and Sustainability Officer	

ID	Action	Target Date	Method of Monitoring	Responsibility	Status
Public Transport Access					
E.1	Continue the promotion and expansion of the NUH Travel to Work Scheme.	N/A: Ongoing	Report to Transport Strategy Group	Environmental and Sustainability Officer	
E.2	Review and where necessary improve access to NUH grounds from different bus stops.	Mar 2023	Report to Transport Strategy Group	Transport Strategy Group	
E.3	Improve access to QMC from Tram stop.	COMPLETED	Report to Transport Strategy Group	Director of EFM	COMPLETE
E.4	Liaise with public transport operators to improve Travel to Work Scheme	N/A: Ongoing	Report to Transport Strategy Group	Sustainable Travel Officer	
E.5	Continue the subsidy of the Medilink Bus service	N/A: Ongoing	Corporate team	Trust Board	
Car Parking Management					
F.1	Continue managing a scored car parking permit system with a key component on public transport commute time.	N/A: Ongoing	Report to Transport Strategy Group	Car Parking Manager	
F.2	Improve car parking permit management system: Introduce car-parking permits for cyclists and public transport users.	Apr 2022	Report to Transport Strategy Group	Car Parking Manager	On track to be completed March 2022
F.3	Improve car park infrastructure to optimise the management of spaces.	Mar 2022	Contract Management	Estates and Facilities Management	On track to be completed March 2022
F.4	Continue informing new staff that car parking permits are limited and not guaranteed at interview stage.	N/A: Ongoing	Report to Transport Strategy Group	Human Resources	
F.5	Continue enforcement actions to deter illegal car parking on site.	N/A: Ongoing	Report to Transport Strategy Group	Estates and Facilities Management	Introduced in August 2017
F.6	Introduce a Variable Message Signs system to minimise traffic congestion as part of an integrated car parking strategy. This is to be delivered as part of the large re-configuration project in line with the Nottinghamshire STP.	Mar 2022	Report to Transport Strategy Group	Estates and Facilities Management	

ID	Action	Target Date	Method of Monitoring	Responsibility	Status
F.7	Commission a comprehensive fleet review to identify options for a more sustainable fleet alternative.	COMPLETED	Report to Transport Strategy Group	Estates and Facilities Management	Completed
F.7	Introduce Electric Vehicles charging points in NUH car parks. This is to be delivered as part of the large re-configuration project in line with the Nottinghamshire STP.	Ongoing	Report to Transport Strategy Group	Estates and Facilities Management	
F.8	Promote Park and Ride Sites amongst car users.	Ongoing	Report to Transport Strategy Group	Environmental and Sustainability Officer	
F.9	Create additional car parking spaces at City Hospital minimise the impact of illegal parking deterrence on the campus.	Ongoing	Report to Transport Strategy Group	EFM Senior Management Team	On hold due to Covid-19
Car Sharing					
G.1	Re-launch campaign promoting the Car sharing scheme	Mar 2022	Report to Transport Strategy Group	Transport Strategy Group	
G.2	Align car parking management strategy with NUH's car sharing scheme (encourage car parking permit holders to car share)	2021/22	Report to Transport Strategy Group	Car Parking Manager	On hold due to Covid-19
G.3	Introduce parking spaces for car sharers.	2021/22	Report to Transport Strategy Group	Car Parking Manager	On hold due to Covid-19
G.4	Introduce a guaranteed ride home facility for car sharers.	Mar 2022	Report to Transport Strategy Group	Human Resources	On hold due to Covid-19
Business Travel					
H.2	Continue promoting the use of the Microsoft teams system as an alternative to commute across sites.	Ongoing	Report to Transport Strategy Group	Communications Department	COMPLETE

Appendix A: Summary Staff Travel Survey December 2020

In order to identify current commute habits of staff and understand their attitude towards change, NUH issues a staff travel survey every two years. The last survey was issued in December-January 2020-21, superseding the October 2018 survey. The questions from the 2020 survey can be found in Appendix B. This section provides a summary of the main findings of the 2020 survey.

A.1 Background and Limitations

The Nottingham University Hospitals NHS Trust's 2018 Travel Plan requires the Trust to survey staffs travel habits every two years, in order to support Travel Planning within the workplace. This survey was conducted from December 2020 to January 2021. The survey included questions about travel to work, travel during the working day and barriers and facilitators to active travel, public transport and car sharing.

The survey was completed by 2,588 respondents. However, a proportion of these responses were "biased" as in the last week of the survey different groups of staff with known travel choices were directly asked to participate: 6,500 NUH staff with a car parking permit and 1,300 staff participating in the NUH travel to work scheme (public transport users). Before this communication, 1,699 respondents completed the survey (un-biased dataset).

Data collected from the surveys related to the following key topics:

- Location of staff residence (post code)
- Work / shift pattern
- Travel mode
- Reason behind choice of travel mode
- Attitudes towards various alternative forms of travel

Depending on the nature of the question, the analysis below uses both the biased and non-biased datasets to provide insight on current habits and behavioural change opportunities.

The results of this survey were influenced by the changes in car parking at NUH during 2020, as well as work from home (WFH)/Smarter Working guidance issued by the government. Onsite car parking has temporarily been made free for all staff and visitors in order to accommodate for the strain put on staff as a result of the Covid-19 pandemic. To mitigate this we included several questions specifically aimed at evaluating workplace travel habits **before** lockdown restrictions were put in place as well as **after**.

A.2 Current Travel Habits

The Staff Travel to Work survey 2020 results (un-biased sample of 1,699) have been compared with results from a travel survey carried out in 2018 in order to analyse change in

travel behaviour within the Hospital Trust. The following are the main outcomes from the study.

Table A-1 shows the results on staff travel choice of both 2020 Pre and Post Covid 19 and previous staff travel surveys. The variations in each of the Mode of Travel are likely linked to changes in the Trust's policy, infrastructure and initiatives implemented in the time between the surveys. As it can be seen, pre Covid travel using personal vehicle has reduced, while Public Transport and Active Travel have improved. This was likely the result of increased initiatives to promote active and public travel, as well as a growing social awareness of the carbon footprint of single occupancy journeys.

It is unsurprising that post Covid this trend has reversed, as traveling in your own private vehicle is the most socially distanced commuting option available. Not only this but the change in car parking permit enforcement that was seen as a result of Covid, wherein all staff members were allowed to park on site for several months and no new permits were issued, will have undoubtedly had an effect.

Table A-1 Main modes of travel breakdown as per the NUH Staff Travel to Work survey 2020 Pre and Post Covid (non-biased sample) and NUH Staff Travel to Work Survey 2018, 2016 and 2014

Mode of travel	2020 post covid	2020 Pre Covid	2018	2016	2014	Difference (20-18)	Difference (Post Covid 20-18)
Private Vehicle	54.89%	50.60%	52.25%	55.06%	63.81%	-1.65%	2.64%
• Car, your own	51.15%	46.34%	46.63%	49.18%	49.79%	-0.29%	4.52%
• Car, w/other people	3.50%	3.72%	4.63%	4.90%	7.74%	-0.91%	-1.13%
• Motorbike or moped	0.24%	0.54%	1.00%	0.44%	0.84%	-0.46%	-0.76%
• Park and Ride				0.54%	5.44%	0.00%	0.00%
Public Transport	19.55%	30.67%	30.25%	26.77%	21.34%	0.42%	-10.70%
• Bus	11.46%	17.53%	17.25%	13.71%	18.83%	0.28%	-5.79%
• Tram	4.05%	7.02%	7.00%	5.11%	0.00%	0.02%	-2.95%
• Medilink	3.74%	5.46%	5.63%	7.62%	0.00%	-0.17%	-1.89%
• Tram + Medilink					1.99%	0.00%	0.00%
• Train/ Train + Bus	0.30%	0.66%	0.38%	0.33%	0.52%	0.28%	-0.08%
Active Travel	15.94%	17.28%	13.63%	17.85%	13.70%	3.65%	2.31%
• Cycle	9.84%	11.16%	7.75%	11.21%	9.73%	3.41%	2.09%
• Walk, Run/Jog	5.56%	5.52%	5.88%	6.64%	3.97%	-0.36%	-0.32%
• Electric bike/scooter	0.54%	0.60%				0.60%	0.54%
Other	2.36%	1.44%	3.88%	0.33%	1.15%	-2.44%	-1.52%

The impact of Covid 19 on these travel options can be more directly compared in Table A-2

Table A-2 Main modes of travel breakdown as per the NUH Staff Travel to Work survey 2020 Pre and Post Covid (non-biased sample)

Mode of travel	2020 post covid	2020 Pre Covid	Difference
Private Vehicle	54.89%	50.60%	4.29%
• Car, your own	51.15%	46.34%	4.81%
• Car, w/other people	3.50%	3.72%	-0.22%
• Motorbike or moped	0.24%	0.54%	-0.30%
• Park and Ride			
Public Transport	19.55%	30.67%	-11.12%
• Bus	11.46%	17.53%	-6.07%
• Tram	4.05%	7.02%	-2.97%
• Medilink	3.74%	5.46%	-1.72%
• Tram + Medilink			
• Train/ Train + Bus	0.30%	0.66%	-0.36%
Active Travel	15.94%	17.28%	-1.34%
• Cycle	9.84%	11.16%	-1.32%
• Walk, Run/Jog	5.56%	5.52%	0.04%
• Electric bike/scooter	0.54%	0.60%	-0.06%
Other	2.36%	1.44%	0.92%

This is largely in line with what we would expect as a result of increased health and safety concerns regarding public transport and Covid 19. The decrease in active travel can most likely be attributed to the time of year the survey was conducted, as most active travellers are more likely to commute in fair weather (spring, summer, autumn) and not winter.

A more detailed breakdown of access modes by campus is presented in Tables A-3 and A-4.

**Table A-3 Main mode of travel breakdown as per the
NUH Staff Travel to Work survey 2020 Pre Covid (non-biased sample) responses per campus**

2020 (Pre Covid)						2018					Difference				
Mode of Travel	City	QMC + City	QMC	Ropewalk	Other	City	QMC + City	QMC	Ropewalk	Other	City	QMC + City	QMC	Ropewalk	Other
Private Vehicle	68.21%	55.61%	46.21%	45.46%	56.25%	60.70%	56.50%	43.90%	42.90%	30.00%	7.51%	-0.89%	2.31%	2.56%	26.25%
•Car, your own	62.33%	51.53%	43.46%	36.36%	53.13%	53.00%	49.20%	40.80%	28.60%	30.00%	9.33%	2.33%	2.66%	7.76%	23.13%
•Car, w/other people	5.76%	3.74%	2.23%	4.55%	1.56%	6.10%	6.50%	2.60%	14.30%	0.00%	-0.34%	-2.76%	-0.37%	-9.75%	1.56%
•Motorbike or moped	0.12%	0.34%	0.52%	4.55%	1.56%	1.60%	0.80%	0.60%	0.00%	0.00%	-1.48%	-0.46%	-0.08%	4.55%	1.56%
Public Transport	19.02%	30.59%	39.24%	50.00%	35.95%	20.40%	29.00%	40.20%	42.90%	0.00%	-1.38%	1.59%	-0.96%	7.10%	35.95%
•Bus	16.13%	19.16%	21.43%	27.27%	15.63%	17.30%	13.70%	19.10%	14.30%	0.00%	-1.17%	5.46%	2.33%	12.97%	15.63%
•Tram	0.35%	7.34%	12.56%	18.18%	15.63%	1.30%	7.30%	11.80%	28.60%	0.00%	-0.95%	0.04%	0.76%	-10.42%	15.63%
•Medilink	2.42%	3.55%	4.39%	0.00%	3.13%	1.90%	7.30%	8.70%	0.00%	0.00%	0.52%	-3.75%	-4.31%	0.00%	3.13%
•Train / Train + Bus	0.12%	0.54%	0.86%	4.55%	1.56%	0.00%	0.80%	0.60%	0.00%	0.00%	0.12%	-0.26%	0.26%	4.55%	1.56%
Active Travel	11.41%	12.61%	13.51%	4.55%	7.82%	15.00%	12.10%	13.00%	14.30%	10.00%	-3.59%	0.51%	0.51%	-9.75%	-2.18%
•Cycle	4.38%	7.83%	10.41%	0.00%	4.69%	6.70%	8.10%	8.70%	14.30%	0.00%	-2.32%	-0.27%	1.71%	-14.30%	4.69%
•Walk, Run/Jog	6.68%	4.24%	2.41%	4.55%	3.13%	8.30%	4.00%	4.30%	0.00%	10.00%	-1.62%	0.24%	-1.89%	4.55%	-6.87%
•Electric bike/scooter	0.35%	0.54%	0.69%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.35%	0.54%	0.69%	0.00%	0.00%
Other	1.38%	1.18%	1.03%	0.00%	0.00%	3.80%	2.40%	2.90%	0.00%	60.00%	-2.42%	-1.22%	-1.87%	0.00%	-60.00%

**Table A-4 Main mode of travel breakdown as per the
NUH Staff Travel to Work survey 2020 Post Covid (non-biased sample) responses per campus**

2020 (Post Covid)						2020 Pre Covid					Difference				
Mode of Travel	City	QMC + City	QMC	Ropewalk	Other	City	QMC + City	QMC	Ropewalk	Other	City	QMC + City	QMC	Ropewalk	Other
Private Vehicle	65.42%	57.61%	51.78%	63.64%	50.79%	68.21%	55.61%	46.21%	45.46%	56.25%	-2.79%	2.00%	5.57%	18.18%	-5.46%
•Car, your own	61.60%	53.94%	48.23%	63.64%	50.79%	62.33%	51.53%	43.46%	36.36%	53.13%	-0.73%	2.41%	4.77%	27.28%	-2.34%
•Car, w/other people	3.82%	3.42%	3.12%	0.00%	0.00%	5.76%	3.74%	2.23%	4.55%	1.56%	-1.94%	-0.32%	0.89%	-4.55%	-1.56%
•Motorbike or moped	0.00%	0.25%	0.43%	0.00%	0.00%	0.12%	0.34%	0.52%	4.55%	1.56%	-0.12%	-0.09%	-0.09%	-4.55%	-1.56%
Public Transport	13.22%	21.42%	27.53%	27.28%	31.74%	19.02%	30.59%	39.24%	50.00%	35.95%	-5.80%	-9.17%	-11.71%	-22.72%	-4.21%
•Bus	11.48%	13.78%	15.50%	13.64%	12.70%	16.13%	19.16%	21.43%	27.27%	15.63%	-4.65%	-5.38%	-5.93%	-13.63%	-2.93%
•Tram	0.23%	4.86%	8.31%	13.64%	15.87%	0.35%	7.34%	12.56%	18.18%	15.63%	-0.12%	-2.48%	-4.25%	-4.54%	0.24%
•Medilink	1.39%	2.48%	3.29%	0.00%	3.17%	2.42%	3.55%	4.39%	0.00%	3.13%	-1.03%	-1.07%	-1.10%	0.00%	0.04%
•Train / Train + Bus	0.12%	0.30%	0.43%	0.00%	0.00%	0.12%	0.54%	0.86%	4.55%	1.56%	0.00%	-0.24%	-0.43%	-4.55%	-1.56%
Active Travel	9.28%	11.45%	13.08%	9.28%	3.18%	11.41%	12.61%	13.51%	4.55%	7.82%	-2.13%	-1.16%	-0.43%	4.73%	-4.64%
•Cycle	2.90%	6.59%	9.35%	2.90%	1.59%	4.38%	7.83%	10.41%	0.00%	4.69%	-1.48%	-1.24%	-1.06%	2.90%	-3.10%
•Walk, Run/Jog	6.15%	4.41%	3.12%	6.15%	1.59%	6.68%	4.24%	2.41%	4.55%	3.13%	-0.53%	0.17%	0.71%	1.60%	-1.54%
•Electric bike/scooter	0.23%	0.45%	0.61%	0.23%	0.00%	0.35%	0.54%	0.69%	0.00%	0.00%	-0.12%	-0.09%	-0.08%	0.23%	0.00%
Other	2.67%	2.68%	2.86%	2.67%	1.59%	1.38%	1.18%	1.03%	0.00%	0.00%	1.29%	1.50%	1.83%	2.67%	1.59%

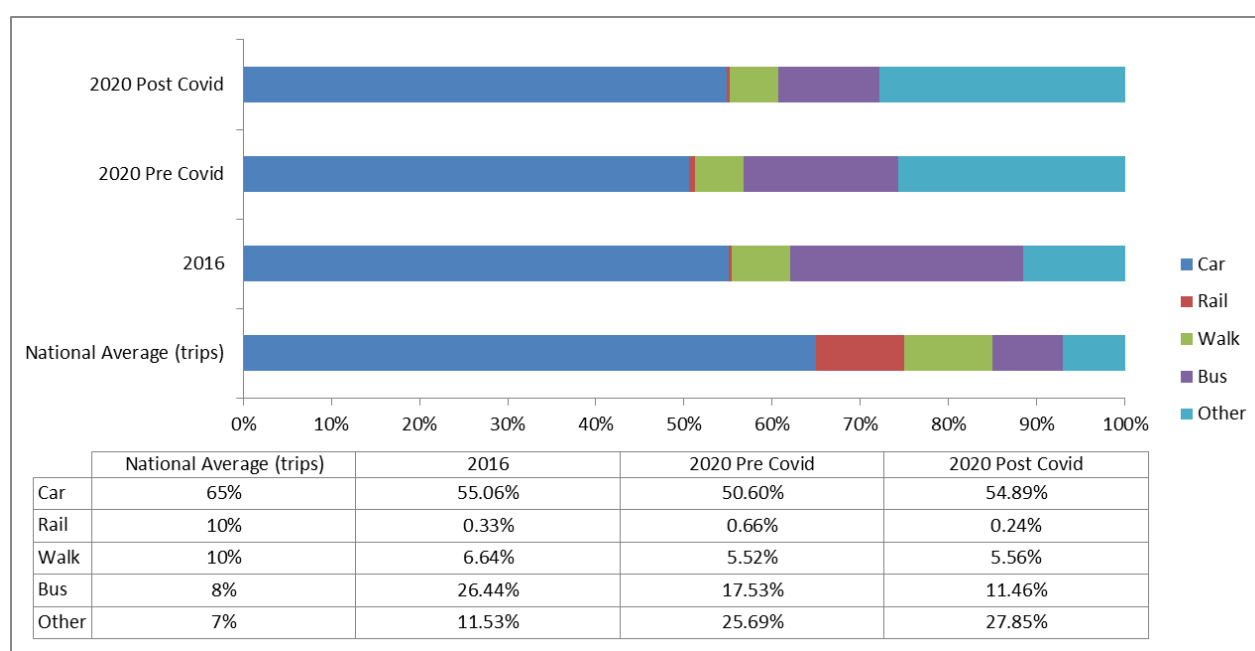
The two tables above show that private vehicle usage has increased across all individual campuses, bar City hospital, between 2018-2020. Public transport increased in commutes to the QMC campus and Ropewalk house and Active Travel saw a slight increase across both

QMC and City campuses. Post covid these trends are largely reversed, with public transport decreasing significantly (up to 23% in the case of Ropewalk house) across all sights.

Figure A-1 presents a comparison between NUH modes of commuting to work with UK National Average. It can be seen that NUH has an overall better performance than the national average with a much higher proportion of staff using public transport both pre and post Covid. This can likely be attributed to the Medilink bus service which provides free journeys to NUH staff. In this case the option 'Other' includes Nottingham's tram network, which is in line with what would be expected given the City's well connected tram routes.

Again there has been a decrease in public transport post Covid; however this is still higher than the national average at 11.46%. Similarly whilst commute by car has grown by nearly 5% this still places NUH below the national average (65%).

Figure A-1 Mode of Commuting to work: NUH versus National Average (source: Department of Transport 2015)



A.2.1 Commute Distance

There is a close relationship between the distance of commute and the preferred mode of transport of staff. Table A-5 shows the results to the question: "13. How long is your journey in a one way direction in miles (approximately)?" The following observations are worth noting:

- 1) 91.05% of bus commuters travel up to 10 miles.
- 2) 56.96% of car commuters travel up to 10 miles.
- 3) 64.90% of car sharers travel up to 10 miles.
- 4) 97.10% of cyclists commute up to 10 miles.
- 5) 89.89% of Medilink Bus users commute up to 10 miles.
- 6) 87.56% of tram users commute up to 10 miles.
- 7) 76.34% of walkers commute up to 2 miles.

Table A-5: Current length of journey in miles (approximately)

Row Labels	Up to 1 mile	1-2 miles	3-5 miles	5-10 miles	10-20 miles	Over 20 miles
Bus	3.44%	10.09%	39.22%	38.30%	8.26%	0.69%
Car (on your own)	0.59%	3.83%	18.42%	34.12%	29.33%	13.71%
Car share	0.00%	5.32%	26.60%	32.98%	26.60%	8.51%
Cycle	1.45%	12.56%	56.04%	27.05%	2.42%	0.48%
Medilink	2.02%	4.04%	45.45%	38.38%	7.07%	3.03%
Train	0.00%	0.00%	6.67%	6.67%	13.33%	73.33%
Tram	1.13%	8.47%	43.50%	34.46%	11.86%	0.56%
Walk, Run/Jog	36.56%	39.78%	20.43%	3.23%	0.00%	0.00%

In addition to this, the following has also been observed:

1. 66.19% of bus commuters also use other means of travel, **60.13% post covid**
2. 34.08% of car commuters use other means of travel, **22.34% post covid**
3. 47.77% of Car share (as a driver) commuters also use other means of travel, **42.15% post covid**
4. 73.08% of Car share (as a passenger) commuters also use other means of travel, **66.67% post covid**
5. 56.59% of Cycle commuters also use other means of travel, **50% post covid**
6. 66.67% of Electric bike/scooter commuters also use other means of travel, **50% post covid**
7. 92.26% of Medilink commuters also use other means of travel, **90.77% post covid**
8. 70% of Motorbike or moped commuters also use other means of travel, **40% post covid**
9. 70.65% of Walk, Run/Jog commuters also use other means of travel, **63.44% post covid**
10. 93.33% of Train commuters also use other means of travel, **100% post covid**
11. 80.23% of Tram commuters also use other means of travel, **75.42%**

Table A-6 shows the results of the question “If you use any other mode during your journey, please select which”.

Table A-6: Most common second commute mode pre and post covid

Mode of transport	Most Common 2nd Choice	Most common 2nd choice post covid
Bus	Walk, Run/Jog (16.31%)	Walk, Run/Jog (13.29%)
Car (on your own)	Medilink (7.75%)	Medilink (3.97%%)
Car share (as a driver)	Car share (as a passenger) (11.29%)	Carshare (as a passenger 9.09%)
Car share (as a passenger)	Bus (38.46%)	Bus (30.77%)
Cycle	Car (18.68%%)	Car (23.08%)
Electric bike or scooter	Car (44.44%)	Car, Tram, Walk,Run/Jog (12.5% each)
Medilink	Car (44.90%)	Car (41.54%)
Motorbike or moped	Car (30%)	Car, Bus (20% each)
Walk, Run/Jog	Bus (15.22%)	Cycle (12.90%%)
Train	Tram (60%)	Tram (66.67%)
Tram	Car (24.86%)	Car (23.73%)

A.2.2 Reasons of current Commute

The survey asked the respondents to state the main reasons behind their commute choice. This information is essential as it points out what should be the focus of NUH in discouraging single vehicle occupancy, increasing public transport and active travel modes. Charts A-1 – A-9 show the summary of the results provided by the respondents.

Specific elements to highlight include the following:

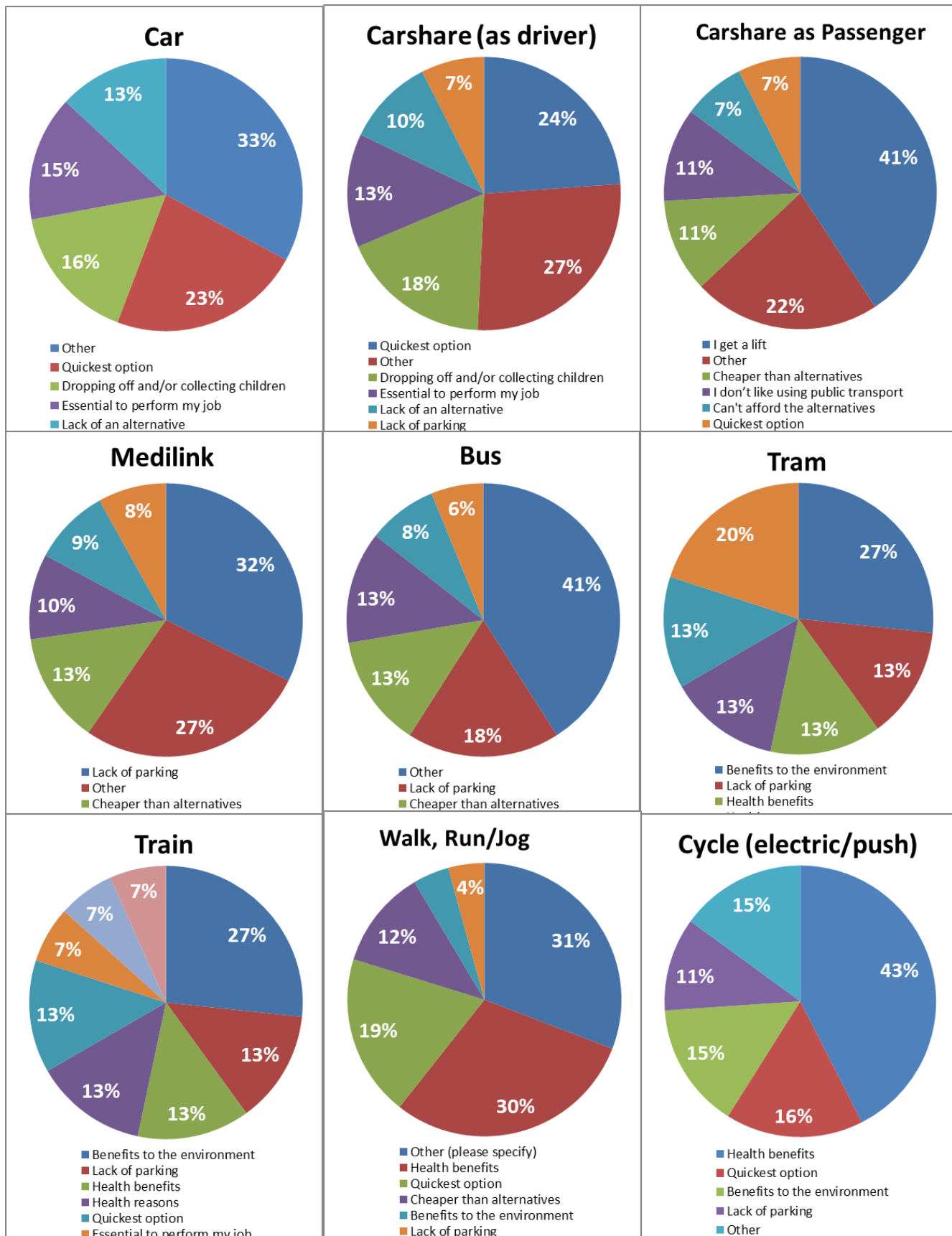
The main reason given for staff commuting by car is that it is the quickest option to commute (22.85% of respondents). Circa 25% of respondents who claimed “quickest option” as the reason for commute have an NG postcode. This indicates an opportunity to improve the connection of NUH with areas of the City where large groups of staff live. This will be analysed and discussed in the packs of measures in following sections.

The main reason provided for car sharing staff is that these commuters have someone to give them a lift (40%). This is important as it provides the case for facilitating car sharing by improving communication between drivers and potential passengers.

Public transport commuters mentioned the main reasons for commuting by bus, tram, train or Medilink Bus are that those are the cheapest quickest options and that there is lack of parking in site or any realistic alternative. These account for circa 60% of the reasons.

Members of staff that choose to commute to NUH by walking and cycling indicated that they do so due to a combination of equally balanced reasons: Health benefits, quickest options and benefits to the environment (circa 70%).

Chart A-1 - A-9 Reasons for preferred commute choice (NUH Staff Travel to Work survey 2020)



A.2.3 Potential for Change

The figures in Table A-1 indicate 46.34% of staff commutes to NUH by car on their own. To understand the potential for change, the survey asked to this group (car on their own) what would be their ideal means to commute to work. Table A-7 shows the responses given by respondents who currently commute by car on their own:

Table A-7: Ideal means of commute of staff currently commuting in a Private Vehicle

Current driverss ideal mode of travel	Percentage
Private Vehicle	86.25%
Car (on your own)	80.26%
Car share	5.62%
Motorbike or moped	0.37%
Public Transport	3.88%
Bus	1.19%
Tram	1.27%
Medilink	0.97%
Train	0.45%
Active travel	8.72%
Cycle	7.30%
Walk, Run/Jog	1.42%
Other	0.97%

Table A-7 indicates that public transport would be ideal for 3.88% of single car commuters and some form of active travel would be ideal for an additional 8.72%. This means that circa 12% of car users travelling alone would considers public transport and active travel an ideal means of commute. If the trust was to further invest in its cycling facilities then it could satisfy the needs of the 8.72% of car users (roughly 700 staff members across the entire trust), and thus encourage them to switch to active travel as their main mode of commute.

On top of this, 5.62% would consider car sharing as an ideal option. This is 18% of who current car commuters think a more sustainable means of transport would be ideal for them.

A.3 Willingness to Change

The 2020 Staff Travel to Work survey asked staff what would encourage them to commute by public transport, active travel (walking and cycling) and car sharing. This section focuses only on staff that indicated they only commute by car on their own.

A.3.1 Active Travel: Cycling

As active travel is more feasible for members of staff that live within 5 miles travel distance of the place of work, we focused on the incentives indicated by car users living within this travel distance. This has been compared with the popularity of cycling incentives across all datasets, regardless of bias or distance.

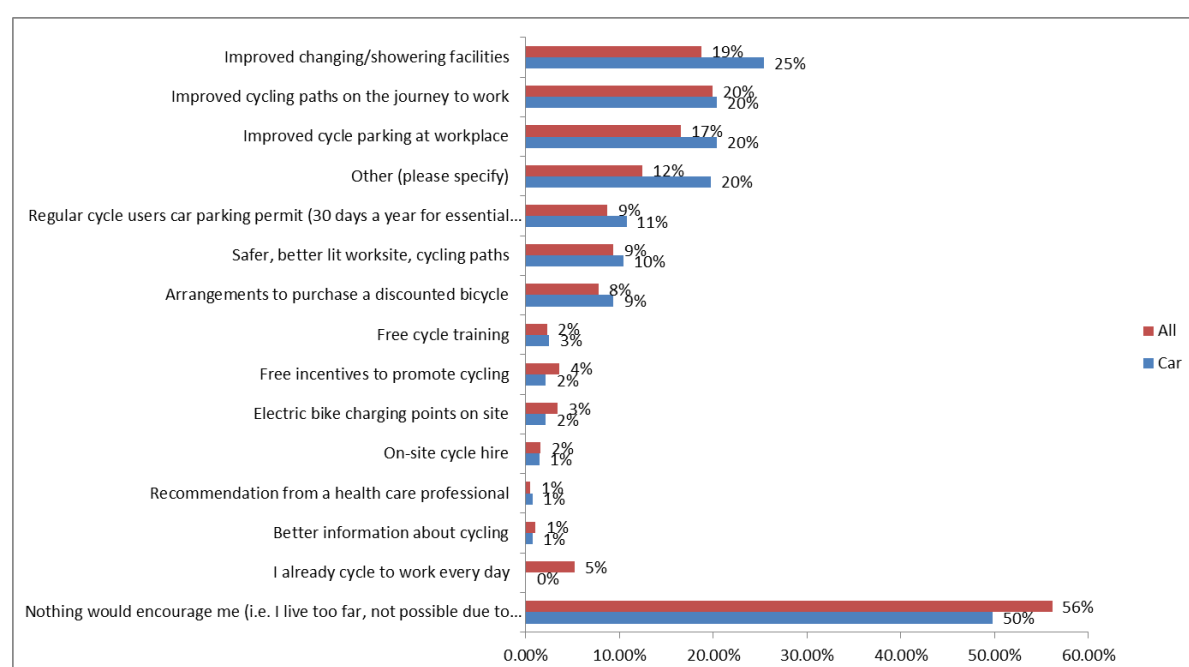
The most popular incentives regarding cycling relates to the following:

- a) Improve of changing/shower facilities (25%)
- b) Improve cycling paths on the journey to work (20%)
- c) Improve cycle parking at workplace (20%)
- d) Safer, better lit cycling paths on worksite (10%)
- e) Introduction of cycle user's car parking permits for days when the weather makes cycling difficult (11%) (e.g. 30 days parking in a year)
- f) Arrangement for the purchase of a discounted bike (9%)

Acting upon these incentives is necessary to maximise active travel commuters.

Chart A-10 shows these incentives sorted by popularity

Chart A-10 Popularity of Cycling incentives (car owners within 5 miles of NUH and all datasets)



Improving cycle paths on the journey to work is a big incentive, one which can be achieved in conjunction with the city council. It is also a big incentive to improve facilities (bike parking and showers/changing) so cyclists feel more comfortable cycling in in all weather scenarios.

A.3.2 Active Travel: Walking

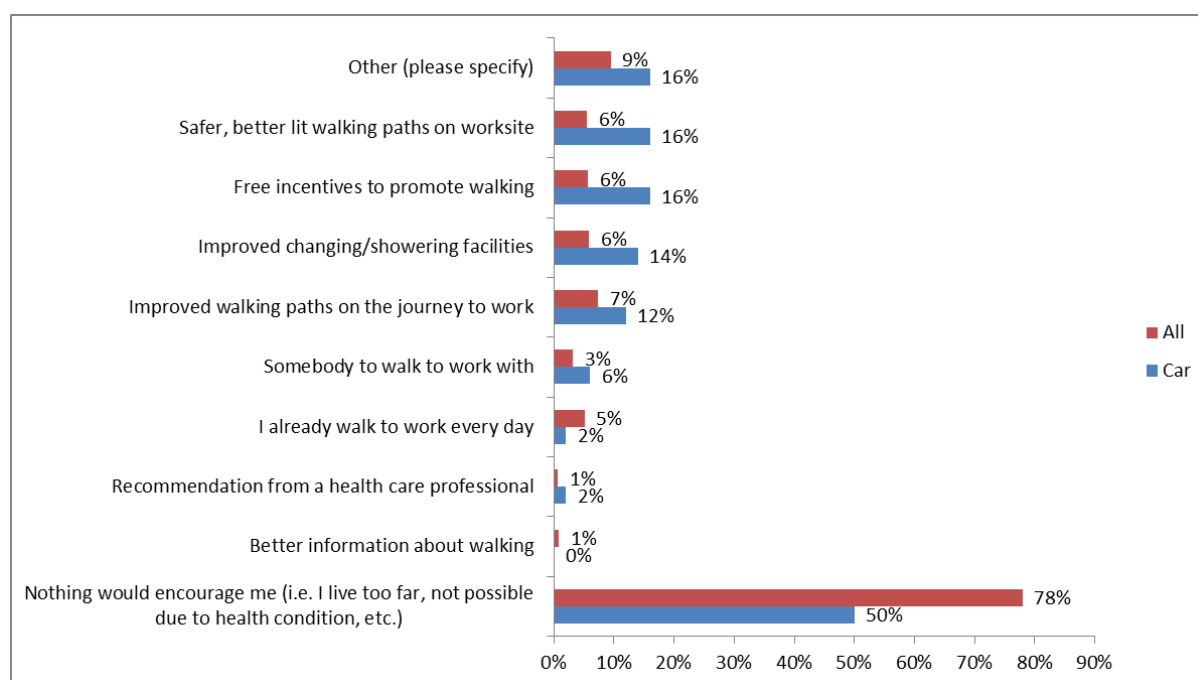
As with cycling, walking is only feasible for members of staff that live within a reasonable walking distance. The following assessment was made amongst respondents that travel by car living in a postcode within 2 miles of their primary area of work.

The five most popular incentives regarding walking relates to the following:

- a) Free incentives to promote walking (17.39%)
- b) Safer, better lit walking paths on worksite (15.22%)
- c) Improved changing/showering facilities (13.04%)
- d) Improved walking paths on the journey to work (13.04%)
- e) Somebody to walk to work with (6.52%)

Acting upon these incentives is necessary to maximise active travel commuters. Chart A-11 shows these incentives sorted by popularity.

Chart A-11 Popularity of walking incentives



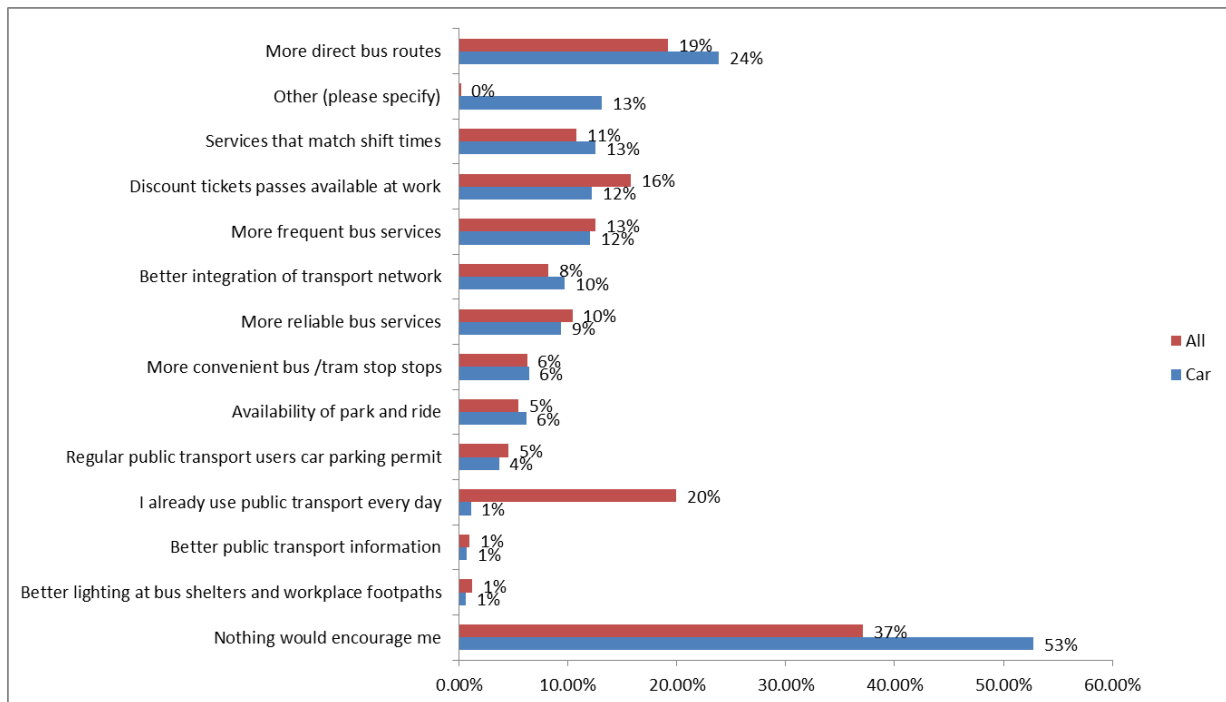
A.3.3 Public Transport

The most popular incentives for public transport amongst car users are:

1. More direct bus routes (23.85%)
2. Services that match shift times (12.51%)
3. Discount tickets passes available at work (12.20%)
4. More frequent bus services (12.04%)
5. Better integration of transport network (9.70%)
6. More reliable bus services (9.38%)

It is within NUH's area of influence to provide such incentives. To enable this, NUH should continue discussions with public transport operators and the City Council on ways to improve access to NUH sites. Chart A-12 shows these and other incentives sorted by popularity.

Chart A-12 Popularity of Public Transport incentives amongst car users (2020)



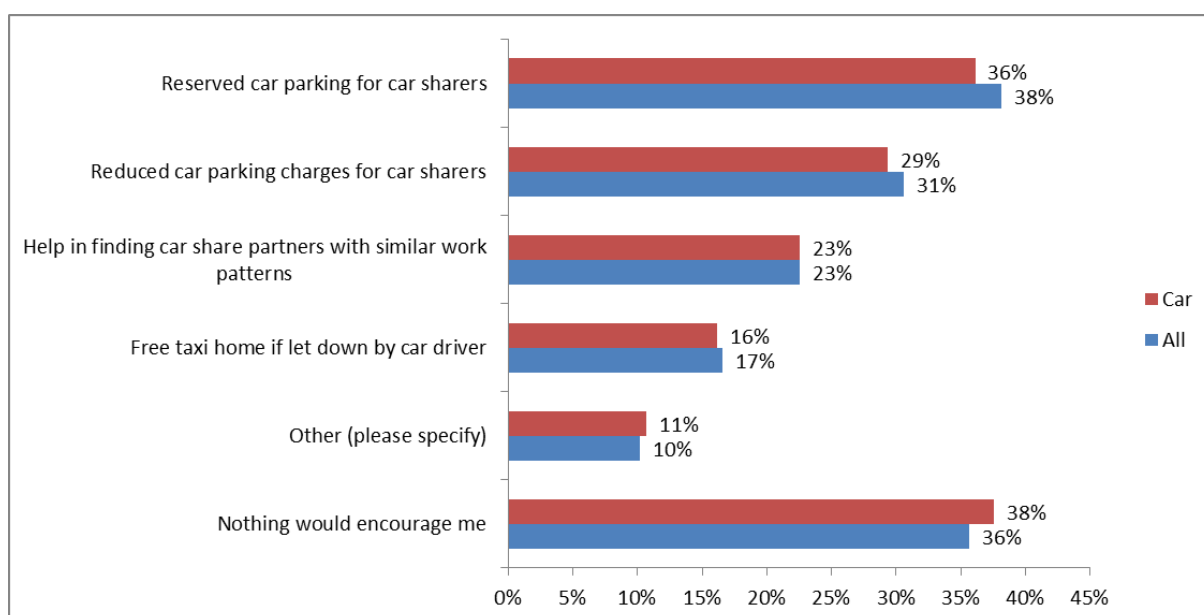
It is within the Trust's influence to continue providing a programme that offers discounted seasonal ticket to members of staff to promote public transport. When exploring further opportunities for "more direct bus routes", the following emerged:

A.3.4 Car Sharing

The staff survey indicates that 62.47% of respondents who currently drive to work alone would be prepared to car share, particularly with colleagues. The most popular incentives for car sharing are shown in Chart A-13.

1. Reserved car parking for car sharers (36.11%)
2. Reduced car parking charges for car sharers (29.36%)
3. Help in finding car share partners with similar work patterns (22.52%)
4. Free taxi home if let down by car driver (16.18%)

Chart A-13 Popularity of Car Sharing incentives amongst car users (2020)



The most popular response indicates that car parking spaces would motivate car-sharing commute decisions. NUH is currently investigating offering reserved carsharing spots as a part of a new liftsharing app for staff members. Increased uptake of carsharing will also reduce the strain on current parking spaces, and so logic follows more spaces would become available.

Financial incentives also motivate car-sharing commute decisions. NUH will promote financial incentives that car sharers achieve naturally (e.g. shared cost of a trip). NUH will also explore the feasibility of introducing a permit for car-sharers. This however could be complex to manage and monitor.

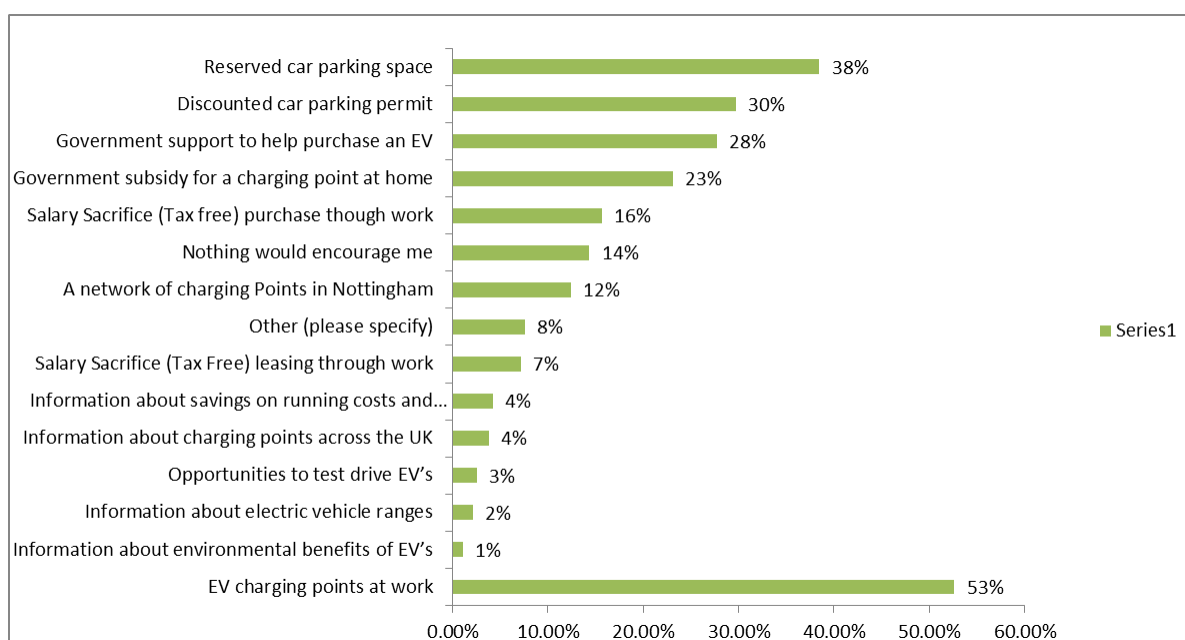
A.3.4 Switching to Electric Vehicles

The staff survey indicated that circa 85% of respondents who currently drive to work alone would be prepared to consider switching to an Electric Vehicles should a number of measures would be in place. The following are the ones with the highest impact:

1. EV charging points at work (52.54%)
2. Reserved car parking space (39.03%)
3. Discounted car parking permit (30.69%)
4. Government support to help purchase an EV (27.52%)
5. Government subsidy for a charging point at home (22.85%)
6. Salary Sacrifice (Tax free) purchase through work (16.01%)

Chart A-14 shows these and other incentives sorted by popularity.

Chart A-14 Popularity of Car Sharing incentives (2020)



There is a strong case for NUH to modernise and future-proof its car parking facilities to adapt to the gradual shift towards Electric Vehicles. This would allow accelerating the transition and would be a commercial opportunity for NUH from the sale of energy to vehicles parked in campus.

A.4 Staff parking habits

The staff travel survey asked staff who commute in a personal vehicle about their parking habits. The analysis of car parking habits is done with the full dataset from the entire survey, so includes the 651 responses from those with permits. Staff parking habits per campus is shown in Table A-13.

Table A-13 Staff parking habits 2020 (unbiased dataset)

Parking habit	City	QMC	Ropewalk House	Combination of campuses	Total
•Workplace car park	83.65%	71.95%	18.18%	81.65%	77.95%
•Parking in nearby street	9.12%	6.80%	63.64%	8.86%	6.70%
•Park & Ride site	1.89%	12.46%	0.00%	4.43%	8.55%
•Other Answers	5.35%	8.78%	18.18%	5.06%	6.81%

Table A-14 Staff parking habits 2018 (unbiased dataset)

Parking habit	City	QMC	Ropewalk House	Combination of campuses	Total
•Workplace car park	67.00%	73.00%	33.00%	67.00%	69.00%
•Parking in nearby street	26.00%	11.00%	67.00%	10.00%	18.00%
•Park & Ride site	6.00%	11.00%	0.00%	21.00%	10.00%
•Private Car Park	1.00%	5.00%	0.00%	1.00%	3.00%
•Other Answers	0.00%	1.00%	0.00%	0.00%	0.00%

The large majority of respondents park at NUH carparks (77.95%), this is a significant jump from 2018 wherein 69% of staff reported parking on site. In contrast to this the number of staff parking at park and ride sites has decreased slightly (going from 10% in 2018 to 8.55% in 2020) and the percentage of staff members parking in nearby streets has dramatically decreased from 18% in 2018 to 6.70% in 2020. When analysed per campus, it is clear that Ropewalk House has the largest off-site parking demand (63.64%).

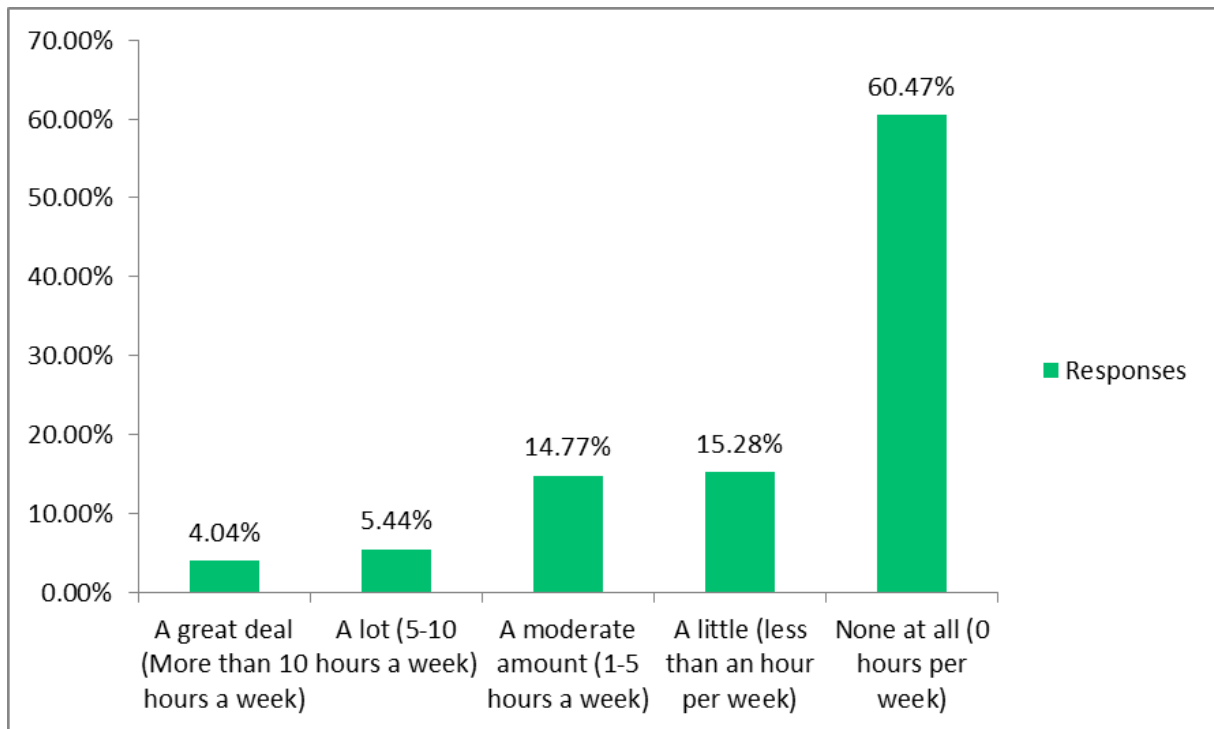
A.5 Working from Home and Teleconferencing

The 2020 survey included a number of questions concerning how Covid 19 has affected travel, including how often staff members are now working from home (WFH) and how much business travel and between site commutes have been reduced as result of increased access to teleconferencing (Microsoft Teams). It should also be noted that due to a technical error with the survey roughly the first 1,200 respondents were not issued any questions surrounding e-conferencing or WFH. Of those that did circa 700 respondents reported that they now work from home, 37.95% of whom WFH 2-4 days a week, and 24.96% of whom now WFH every day.

As shown in Chart A-15, on average circa 25% of all respondents report that e-conferencing has saved them at least an hour of commuting a week, with circa 40% saying that time had been saved. If this is scaled up to the entire staff of NUH Trust then we can assume roughly 18,000 hours of commuting time are being saved each week. This is in line with the fact that 32% of all respondents claimed Teams had impacted travel in relation to their job role over all.

The covid-19 pandemic has forced NUH to undergo a rapid uptake in teleconferencing; this survey finds that NUH should continue to encourage the use of teleconferencing as a means of replacing travel between campuses.

Chart A-15 On average, how much time (hours in a week) has e-conferencing (Microsoft Teams) saved you in business travel time? (all datasets)



APPENDIX B Staff Travel Survey 2020

About You								
<p>* 1. Home postcode (e.g. NG7 2UH)</p> <input type="text"/>								
<p>2. Which gender do you identify with?</p> <p><input type="radio"/> Male</p> <p><input type="radio"/> Female</p> <p><input type="radio"/> Other</p> <p><input type="radio"/> Prefer not to say</p>								
<p>3. Age</p> <table><tr><td><input type="radio"/> 16-24</td><td><input type="radio"/> 55-64</td></tr><tr><td><input type="radio"/> 25-34</td><td><input type="radio"/> 65 and over</td></tr><tr><td><input type="radio"/> 35-44</td><td><input type="radio"/> Prefer not to say</td></tr><tr><td><input type="radio"/> 45-54</td><td></td></tr></table>	<input type="radio"/> 16-24	<input type="radio"/> 55-64	<input type="radio"/> 25-34	<input type="radio"/> 65 and over	<input type="radio"/> 35-44	<input type="radio"/> Prefer not to say	<input type="radio"/> 45-54	
<input type="radio"/> 16-24	<input type="radio"/> 55-64							
<input type="radio"/> 25-34	<input type="radio"/> 65 and over							
<input type="radio"/> 35-44	<input type="radio"/> Prefer not to say							
<input type="radio"/> 45-54								
<p>4. Do you have a disability?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Prefer not to say</p>								

Employment / Education Status								
<p>* 5. Which NUH site are you normally based at?</p> <table><tr><td><input type="radio"/> QMC</td><td><input type="radio"/> Treatment Centre</td></tr><tr><td><input type="radio"/> City</td><td><input type="radio"/> Combination of sites</td></tr><tr><td><input type="radio"/> Ropewalk House</td><td></td></tr><tr><td><input type="radio"/> Other (please specify)</td><td></td></tr></table> <input type="text"/>	<input type="radio"/> QMC	<input type="radio"/> Treatment Centre	<input type="radio"/> City	<input type="radio"/> Combination of sites	<input type="radio"/> Ropewalk House		<input type="radio"/> Other (please specify)	
<input type="radio"/> QMC	<input type="radio"/> Treatment Centre							
<input type="radio"/> City	<input type="radio"/> Combination of sites							
<input type="radio"/> Ropewalk House								
<input type="radio"/> Other (please specify)								
<p>* 6. What is your employment/education status?</p> <table><tr><td><input type="radio"/> Full time</td><td><input type="radio"/> Agency</td></tr><tr><td><input type="radio"/> Part time</td><td><input type="radio"/> Student</td></tr><tr><td><input type="radio"/> Other (please specify)</td><td></td></tr></table> <input type="text"/>	<input type="radio"/> Full time	<input type="radio"/> Agency	<input type="radio"/> Part time	<input type="radio"/> Student	<input type="radio"/> Other (please specify)			
<input type="radio"/> Full time	<input type="radio"/> Agency							
<input type="radio"/> Part time	<input type="radio"/> Student							
<input type="radio"/> Other (please specify)								

Employment / Education Status (continues)										
<p>7. Are you a clinical or non-clinical staff member?</p> <p><input type="radio"/> Clinical</p> <p><input type="radio"/> Non-clinical</p>										
<p>8. Which employer do you work for?</p> <table><tr><td><input type="radio"/> NUH</td><td><input type="radio"/> Nottinghamshire Healthcare Trust</td></tr><tr><td><input type="radio"/> University of Nottingham</td><td><input type="radio"/> Busy Bees</td></tr><tr><td><input type="radio"/> Nottingham City Council</td><td><input type="radio"/> The University Hospital Day Nursery Ltd</td></tr><tr><td><input type="radio"/> Nottinghamshire County Council</td><td><input type="radio"/> Elor</td></tr><tr><td><input type="radio"/> Other (please specify)</td><td></td></tr></table> <input type="text"/>	<input type="radio"/> NUH	<input type="radio"/> Nottinghamshire Healthcare Trust	<input type="radio"/> University of Nottingham	<input type="radio"/> Busy Bees	<input type="radio"/> Nottingham City Council	<input type="radio"/> The University Hospital Day Nursery Ltd	<input type="radio"/> Nottinghamshire County Council	<input type="radio"/> Elor	<input type="radio"/> Other (please specify)	
<input type="radio"/> NUH	<input type="radio"/> Nottinghamshire Healthcare Trust									
<input type="radio"/> University of Nottingham	<input type="radio"/> Busy Bees									
<input type="radio"/> Nottingham City Council	<input type="radio"/> The University Hospital Day Nursery Ltd									
<input type="radio"/> Nottinghamshire County Council	<input type="radio"/> Elor									
<input type="radio"/> Other (please specify)										
<p>9. Do you do shift work? (shift work occurs when the days and starting-finish times pattern changes)</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>										

Journey to and from your place of work/education

For this section we ask you to please answer based off your commute in a "typical" year. Please note in this instance "typical" refers to pre- Covid 19.

* 10. In a typical year, what is your usual "MAIN" mode of travel to and from work/education? If you use more than one mode during your journey choose the mode used to travel the greatest distance.

- | | |
|---|--|
| <input type="radio"/> Bus | <input type="radio"/> Medlink |
| <input type="radio"/> Car (on your own) | <input type="radio"/> Motorbike or moped |
| <input type="radio"/> Car share (as a driver) | <input type="radio"/> Train |
| <input type="radio"/> Car share (as a passenger) | <input type="radio"/> Tram |
| <input type="radio"/> Bicycle (push bike) | <input type="radio"/> Walk, Run/Jog |
| <input type="radio"/> Electric bike or electric scooter | |
| <input type="radio"/> Other (please specify) | |

11. If you use any other mode during your journey, please select which:

- | | |
|--|---|
| <input type="radio"/> Not Applicable | <input type="radio"/> Electric bike or electric scooter |
| <input type="radio"/> Bus | <input type="radio"/> Medlink |
| <input type="radio"/> Car (on your own) | <input type="radio"/> Motorbike or moped |
| <input type="radio"/> Car share (as a driver) | <input type="radio"/> Train |
| <input type="radio"/> Car share (as a passenger) | <input type="radio"/> Tram |
| <input type="radio"/> Bicycle (push bike) | <input type="radio"/> Walk, Run/Jog |
| <input type="radio"/> Other (please specify) | |

* 12. What is your main reason for travelling to work this way?

- | | |
|--|--|
| <input type="radio"/> Advised to do so by a Health Care Professional | <input type="radio"/> Lack of parking |
| <input type="radio"/> Benefits to the environment | <input type="radio"/> Lack of an alternative |
| <input type="radio"/> Cheaper than alternatives | <input type="radio"/> Health benefits |
| <input type="radio"/> Can't afford the alternatives | <input type="radio"/> Health reasons |
| <input type="radio"/> Dropping off and/or collecting children | <input type="radio"/> Mobility reasons |
| <input type="radio"/> Essential to perform my job | <input type="radio"/> Personal safety |
| <input type="radio"/> I don't like using public transport | <input type="radio"/> Quickest option |
| <input type="radio"/> I get a lift | <input type="radio"/> Can't afford the alternative |
| <input type="radio"/> I hold a free parking pass | |
| <input type="radio"/> Other (please specify) | |

13. How long is your journey in a one way direction in miles (approximately)?

- | | |
|------------------------------------|-------------------------------------|
| <input type="radio"/> Up to 1 mile | <input type="radio"/> 5-10 miles |
| <input type="radio"/> 1-2 miles | <input type="radio"/> 10-20 miles |
| <input type="radio"/> 2-5 miles | <input type="radio"/> Over 20 miles |

14. How long does this journey usually take?

- | | |
|-------------------------------------|--|
| <input type="radio"/> 0-15 minutes | <input type="radio"/> 46-60 minutes |
| <input type="radio"/> 16-30 minutes | <input type="radio"/> 61-90 minutes |
| <input type="radio"/> 31-45 minutes | <input type="radio"/> More than 90 minutes |

15. What time do you usually start work?

- | | |
|--|--|
| <input type="radio"/> before 7 am | <input type="radio"/> after 10 am |
| <input type="radio"/> between 7 am and 8 am | <input type="radio"/> Other times different to above |
| <input type="radio"/> between 8 am and 9 am | <input type="radio"/> Depends on my shift |
| <input type="radio"/> between 9 am and 10 am | |

16. What time do you usually finish work?

- | | |
|---|--|
| <input type="radio"/> before 3 pm | <input type="radio"/> After 6 pm |
| <input type="radio"/> between 3 pm and 4 pm | <input type="radio"/> Other times different to above |
| <input type="radio"/> between 4 pm and 5 pm | <input type="radio"/> Depends on my shift |
| <input type="radio"/> Between 5 pm and 6 pm | |

17. Do you own or have regular access to a bicycle (electric or otherwise)?

- ☐ Yes
☐ No

Journey to and from your place of work/education during the Covid 19 pandemic

For this section we would like you to answer how you are currently commuting (As per November/December 2020).

* CV1. Due to Covid, what is your "MAIN" mode of travel to and from work/education? If you use more than one mode during your journey choose the mode used to travel the greatest distance.

- | | |
|---|--|
| <input type="radio"/> Bus | <input type="radio"/> Medilink |
| <input type="radio"/> Car (on your own) | <input type="radio"/> Motorbike or moped |
| <input type="radio"/> Car share (as a driver) | <input type="radio"/> Train |
| <input type="radio"/> Car share (as a passenger) | <input type="radio"/> Tram |
| <input type="radio"/> Bicycle (push bike) | <input type="radio"/> Walk, Run/Jog |
| <input type="radio"/> Electric bike or electric scooter | <input type="radio"/> I am working from home (full time) |
| <input type="radio"/> Other (please specify) | |

CV2. If you use any other mode during your journey, please select which:

- | | |
|--|---|
| <input type="radio"/> Not Applicable | <input type="radio"/> Electric bike or electric scooter |
| <input type="radio"/> Bus | <input type="radio"/> Medilink |
| <input type="radio"/> Car (on your own) | <input type="radio"/> Motorbike or moped |
| <input type="radio"/> Car share (as a driver) | <input type="radio"/> Train |
| <input type="radio"/> Car share (as a passenger) | <input type="radio"/> Tram |
| <input type="radio"/> Bicycle (push bike) | <input type="radio"/> Walk, Run/Jog |
| <input type="radio"/> Other (please specify) | |

Car Ownership

Please only answer these questions if you use a car as part of your commute

18. What is the size of the vehicle you use the most to get to work / place of education?

- ☐ Small (Petrol, up to 1.4 liter engine; Diesel, up to 1.7 liter engine)
- ☐ Medium (Petrol, from 1.4 liter to 2 liter; Diesel, from 1.7 liter to 2.0 liter)
- ☐ Large (Petrol, 2.0 liter engine +; Diesel, 2.0 liter engine +)
- ☐ Unknown

19. What is the fuel type of this vehicle?

- | | |
|--|--|
| <input type="radio"/> Petrol | <input type="radio"/> Pure Electric |
| <input type="radio"/> Diesel | <input type="radio"/> Hybrid (not plug in) |
| <input type="radio"/> LPG | <input type="radio"/> Plug in hybrid |
| <input type="radio"/> Other (please specify) | |

Car Ownership - Parking

20. If you drive to work where do you usually park?

- | | |
|--|--|
| <input type="radio"/> Workplace car park | <input type="radio"/> Parking in nearby street |
| <input type="radio"/> Park & Ride site | |
| <input type="radio"/> Other (please specify) | |

21. If your usual place of parking is not available, where would you park?

- ☐ Workplace car park
- ☐ Park and Ride site
- ☐ Parking in nearby street

Car Ownership (Park and Ride)

22. In which Park and Ride (P&R) do you usually Park when commuting to work?

- | | |
|--|---|
| <input type="radio"/> Queens Drive P&R | <input type="radio"/> Clifton South P&R |
| <input type="radio"/> Wilkinson Street P&R | <input type="radio"/> Hucknall P&R |
| <input type="radio"/> Toton Lane P&R | <input type="radio"/> Racecourse P&R |
| <input type="radio"/> Forest P&R | <input type="radio"/> Moor Bridge P&R |
| <input type="radio"/> Phoenix Park P&R | |

Car Ownership (continues)

23. In a typical year, would you be prepared to **car share**?

- ☐ Yes, informally with colleagues
- ☐ Yes, through a system to help find other people
- ☐ I already car share
- ☐ No

* 24. Which of the following would most encourage you to **car share**? (Select your top three measures)

- | | |
|--|---|
| <input type="checkbox"/> Free taxi home if let down by car driver | <input type="checkbox"/> Reserved car parking for car sharers |
| <input type="checkbox"/> Help in finding car share partners with similar work patterns | <input type="checkbox"/> Nothing would encourage me |
| <input type="checkbox"/> Reduced car parking charges for car sharers | |
| <input type="checkbox"/> Other (please specify) | |

* 25. If you were to change your car what would encourage you to consider an **Electric Vehicle**? (Select your top three measures)

- | | |
|---|---|
| <input type="checkbox"/> EV charging points at work | <input type="checkbox"/> Information about environmental benefits of EV's |
| <input type="checkbox"/> Reserved car parking space | <input type="checkbox"/> A network of charging Points in Nottingham |
| <input type="checkbox"/> Discounted car parking permit | <input type="checkbox"/> Information about charging points across the UK |
| <input type="checkbox"/> Salary Sacrifice (Tax free) purchase through work | <input type="checkbox"/> Opportunities to test drive EV's |
| <input type="checkbox"/> Salary Sacrifice (Tax Free) leasing through work | <input type="checkbox"/> Government subsidy for a charging point at home |
| <input type="checkbox"/> Information about savings on running costs and maintenance | <input type="checkbox"/> Government support to help purchase an EV |
| <input type="checkbox"/> Information about electric vehicle ranges | <input type="checkbox"/> Nothing would encourage me |
| <input type="checkbox"/> Other (please specify) | |

Journey to and from your place of work/education during the Covid 19 pandemic (continued)

CV3. As a result of Covid-19, have you been working from home?

- ☐ Yes
- ☐ No

Journey to and from your place of work/education during the Covid 19 pandemic (continued)

CV4. How often do you work from home?

- | | |
|---|--|
| <input type="radio"/> Every day (5-7 days) | <input type="radio"/> A few times a month (2-3 days a month) |
| <input type="radio"/> A few times a week (2-4 days) | <input type="radio"/> Once a month |
| <input type="radio"/> About once a week | <input type="radio"/> Less than once a month |

CV5. How likely is it you will return to your previous mode of commute after the pandemic?

- | | |
|-----------------------------------|--|
| <input type="radio"/> Very likely | <input type="radio"/> Unlikely |
| <input type="radio"/> Likely | <input type="radio"/> Very unlikely |
| <input type="radio"/> Not sure | <input type="radio"/> Commute hasn't changed |

CV6. Why is this the case?

Business Travel

* 26. Do you need to travel between sites or to the community as part of your role?

☐ Yes

☐ No

Business Travel

27. What is your main mode of travel between sites or to the community?

☐ Car (own)

☐ Bus

☐ Car (department)

☐ Tram

☐ Medlink Bus Service

☐ Other (please specify)

28. Typically, how often do you travel between sites?

☐ at least once a day

☐ a few times a month

☐ several times a week

☐ less frequently than above

☐ once a week

☐ never

Business Travel - Travel Diary

For this section of the survey we ask that you fill out the below table to reflect how you are traveling during the Covid 19 pandemic

29. Using the average week as a reference, please let us know when you had the need to travel between campuses. In the table below select only those days and times when you had to travel between campuses, satellite sites or the community.

For example, if you would usually travel from QMC to City on a Monday between 11 and 12 pm, in the column "Monday", select "QMC to City" at such time.

	Monday	Tuesday	Wednesday	Thursday	Friday
before 8 am					
8 am to 9 am					
9 am to 10 am					
10 am to 11 am					
11 am to 12 pm					
12 pm to 1 pm					
1 pm to 2 pm					
2 pm to 3 pm					
3 pm to 4 pm					
4 pm to 5 pm					
after 5 pm					

E-Conferencing

In recent months we have seen a marked increase in the use of Microsoft Teams across the trust. This has led to a decrease in the need for travel between campuses and buildings.

CV7. Has the use of Microsoft Teams impacted your travel in relation to your job role?

- ☐ Yes
☐ No

CV8. On average, how much time (hours in a week) has e-conferencing (Microsoft Teams) saved you in business travel time?

- ☐ A great deal (More than 10 hours a week)
☐ A lot (5-10 hours a week)
☐ A moderate amount (1-5 hours a week)
☐ A little (less than an hour per week)
☐ None at all (0 hours per week)

CV9. How has Microsoft Teams benefited you?

- ☐ Saves time
☐ Makes meetings more accessible
☐ Wider range of participants
☐ Makes meetings more dynamic
☐ Other (please specify)
☐ Easier to plan with calendar
☐ Use of screen-sharing tools helps to explain points
☐ Makes working from home possible for me
☐ It has not benefited me

CV10. Do you intend to keep using Microsoft Teams post Covid 19?

- ☐ Yes
☐ No
☐ Not Sure

Willingness to Change

* 30. Ideally, how would you like to travel to / from work / place of education?

- ☐ Bus
☐ Car (on your own)
☐ Car share (as a driver)
☐ Car share (as a passenger)
☐ Cycle
☐ Medlink
☐ Other (please specify)
☐ Motorbike or moped
☐ Train
☐ Tram
☐ Walk, Run/Jog
☐ Happy with existing mode

We are interested in finding out what could be done to encourage you to travel to/from workplace of education more sustainably. For each mode of transport below, look down the list of suggestions and choose those which you consider most important.

* 31. Which of the following changes would encourage you to start **cycling** to work or cycle to work more often? (Select your TOP THREE)

- ☐ Arrangements to purchase a discounted bicycle
☐ Better information about cycling
☐ Electric bike charging points on site
☐ Free cycle training
☐ Free incentives to promote cycling
☐ Improved changing/showering facilities
☐ Improved cycle parking at workplace
☐ Improved cycling paths on the journey to work
☐ On-site cycle hire
☐ Regular cycle users car parking permit (30 days a year for essential car use).
☐ Recommendation from a health care professional
☐ Safer, better lit worksite, cycling paths
☐ I already cycle to work every day
☐ Nothing would encourage me (i.e. I live too far, not possible due to health condition, etc.)

☐ Other (please specify)

* 32. Which of the following changes would encourage you to start **walking** to work or walk to work more often? (Select your TOP THREE)

- ☐ Better information about walking
☐ Free incentives to promote walking
☐ Improved changing/showering facilities
☐ Improved walking paths on the journey to work
☐ Recommendation from a health care professional
☐ Other (please specify)
☐ Safer, better lit walking paths on worksite
☐ Somebody to walk to work with
☐ I already walk to work every day
☐ Nothing would encourage me (i.e. I live too far, not possible due to health condition, etc.)

* 33. Which of the following changes would most encourage you to start using **public transport** to work or to use public transport more often? (Select your TOP THREE)

- | | |
|--|--|
| <input type="checkbox"/> Availability of park and ride | <input type="checkbox"/> More reliable bus services |
| <input type="checkbox"/> Better integration of transport network | <input type="checkbox"/> More frequent bus services |
| <input type="checkbox"/> Better lighting at bus shelters and workplace footpaths | <input type="checkbox"/> Services that match shift times |
| <input type="checkbox"/> Better public transport information | <input type="checkbox"/> Regular public transport users car parking permit |
| <input type="checkbox"/> Discount tickets passes available at work | <input type="checkbox"/> I already use public transport every day |
| <input type="checkbox"/> More convenient bus /tram stop stops | <input type="checkbox"/> Nothing would encourage me |
| <input type="checkbox"/> More direct bus routes | |
| <input type="checkbox"/> Other (please specify) | |
-

34. Which hospital transport initiatives are you aware of or have used in the past?

	I am aware but never use this	I am aware of this and have used this	I am not aware of this
Cycling Facilities (Bike locker scheme, changing and shower facilities, Restricted access compounds)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cycle to Work salary sacrifice scheme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cycling support (Dr Bike, Cyclist newsletter)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking challenges run by Staff Wellbeing Programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Travel to Work scheme (discounted public transport passes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NUH Try to Travel Better website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Willingness to Changes (continues)

35. Please rate the services that you have used, on a scale of 1-10, where 1 is very bad and 10 is very good

	0	1	2	3	4	5	6	7	8	9	10
Cycling Facilities (Bike locker scheme, changing and shower facilities, Restricted access compounds)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cycle to Work salary sacrifice scheme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cycling support (Dr Bike, Cyclist newsletter)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking challenges run by Staff Wellbeing Programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Travel to Work scheme (discounted public transport passes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NUH Try to Travel Better website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feedback

36. Comments (please tell us how we can improve access to NUH sites)

Appendix C: References

This section includes the list of references used to inform the Travel Plan.

- NUH Estates Strategy (2018)
- NUH Sustainable Development Strategy (2018)
- National Planning Policy Framework (2012)
- Saving Carbon, Improving Health, (NHS England, 2009)
- Nottingham Local Travel Plan Strategy 2011-2026 (NCC 2011)
- 2017-2020 Local Travel Implementation Plan (NCC, 2017)
- Nottinghamshire Sustainability and Transformation Plan 2016-21(2016)
- Health Technical Memorandum 07 03: NHS Car-Parking Management (2015)
- Estates Returns Information Collection (2017)

Relevant NUH Policies:

- Traffic Management Policy (2016)
- Parking Permit and Traffic Management Procedure (2016)
- Travel Policy
- Corporate Landlord Policy
- Work/Life Balance Policy and Procedure

Appendix D: Sustainable Development Assessment

Section 1: Pre-assessment

NUH is committed to a sustainable development of its operations as outlined in the Sustainable Development Policy. Sustainable Development is defined as 'Development that meets the needs of the present generations without compromising the ability of future generations to meet their own needs'. The key areas of focus are:

- | | |
|--|---------------------------------|
| a) Carbon management/energy conservation | d) Responsible use of resources |
| b) Water conservation | e) Society/community engagement |
| c) Waste minimisation | f) Nuisances mitigation |

All strategic documents must be assessed to understand whether they would have an impact on the key areas (listed above) and identify potential mitigation plans where applicable. Examples of impacts of the documents are described below:

- The strategic document encourages the use of single-use items (e.g. closing down sterilisation services by switching to single use instruments.)
- The strategic document encourages procedures that either increase consumption of or pollute water (e.g. Legionella control policy requiring systems in place to prevent growth of legionella in water system.)
- The strategic document would lead to an increase in the use of energy consumption (e.g. the use of TV screens to show information to visitors and patients.)
- The strategic document would increase emissions of pollutants in the air (e.g. the use of single-occupant motor vehicles for commuting.)

If you believe your policy does not affect in these areas, please tick this box ☐

Otherwise, go to section 2.

Section 2: Sustainable Development Assessment

For each of the questions in the sections below, please indicate in the answer Column “Yes” or “No”. For each “Yes” answer, describe the mitigating action.

Environmental Impacts		Answer (Yes/No)	Mitigation Plan (If Yes)
Waste and materials	• Is the strategic document /project encouraging using more materials/supplies?	No	
	• Is the strategic document /project likely to increase the waste produced?	No	
	• Does the strategic document /project fail to utilise opportunities for the introduction/replacement of materials that can be recycled?	No	
	• Does the strategic document /project encourage the use of non-renewable materials?	No	
Water	• Is the strategic document likely to result in an increase of water usage? (estimate quantities)	No	
	• Is the strategic document likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water)	No	
	• Does the strategic document fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)	No	
Air	• Is the strategic document likely to result in the introduction of procedures and equipment with resulting emissions to air? (e.g. using furnaces; combustion of fuels, emission or particles to the atmosphere, etc.)	No	
	• Does the strategic document fail to include a procedure to mitigate the effects?	No	
	• Does the strategic document fail to require compliance with the limits of emission imposed by the relevant regulations?	No	
Energy	• Does the strategic document result in an increase in energy consumption levels in NUH? (estimate quantities)	No	
Nuisances	• Would the strategic document result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)?	No	
Community Relationship	• Does the strategic document have negative effects in NUH's relationship with the community? (e.g. produces nuisance for neighbours, etc.)	No	