Calderdale and Huddersfield NHS Foundation Trust

Travel Plan

February 2021

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Calderdale and Huddersfield NHS Foundation Trust

Travel Plan

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1 Introduction

1.1 Background

This Travel Plan has been produced in support of the proposed reconfiguration programme at Huddersfield Royal Infirmary (HRI) and Calderdale Royal Hospital (CRH) which are just over five miles (8km) apart. The hospitals are both part of the Calderdale and Huddersfield NHS Foundation Trust, which provides acute hospital and community services and serves two populations; Greater Huddersfield which has a population of approximately 250,000 people and Calderdale with a population of approximately 200,000 people. The Trust estimate that there are currently 3317 staff based at HRI and 2642 at CRH.

1.2 Site Locations

HRI is located on Acre Street, Lindley, HD3 3EA, approximately 3km north-west of Huddersfield town centre. Calderdale Royal Hospital (CRH) is located on Dryclough Lane, Salterhebble, Halifax, HX3 0PW, approximately 2.5km south of Halifax town centre.

1.3 What is a Travel Plan?

A Travel Plan is a site-specific package of practical measures designed to improve access to a site by sustainable modes of travel. By aiming to reduce the number and length of car trips generated by a development, Travel Plans can reduce the linked social and environmental impacts of a development and can help to reduce economic costs.

It is important to note that a Travel Plan is not a static document developed to address a transport problem at a single point in time. This document will be required to evolve and accommodate the changing characteristics of the site.

1.4 Travel Plans in the Workplace

Travel Plans can offer real benefits not only to an organisation and its employees, but also the community that surrounds it. They may help to relieve local parking or congestion problems or improve public transport connections across the area.

The workplace has been identified as an important place to implement measures to support a healthy lifestyle. In England 61.9% of adults are overweight or obese, as identified by Government through the 2010 to 2015 ‘Obesity and Health Eating’ policy paper, and this can have a profound effect on people’s mental and physical health.

The Department of Health report from October 2011 ‘Healthy Lives, Healthy People: A call to action on obesity in England’ discusses how the workplace is an environment where habits related to activity and eating are developed. The report suggests that it is good practice for schemes to be introduced to promote active travel on the commute to and from work and during lunchtimes which would in turn help individuals reach recommended physical activity levels. The document indicates that adults should aim to achieve at least 150 minutes of physical activity every week. It is also noted that employers can also encourage their employees to take regular breaks from sitting, to help improve their health.

1.4.1 Environmental Benefits

The delivery of an effective Travel Plan has the potential to positively contribute to the area surrounding a development as follows:

- Improved air quality;
- Reduced noise;
- Reduced congestion; and
- Reduced carbon emissions and pollution.

1.4.2 Organisational Benefits

The delivery of an effective Travel Plan has the potential to positively contribute to organisations as follows:

- Increased opportunities to meet organisations Corporate Responsibility (CR) and sustainability initiatives and targets;
- Reduced demand for car parking spaces would allow land to be used more efficiently;
- Save money on the cost of providing and maintaining parking spaces;
- Lower employee absence rates;
- Higher employee retention and recruitment;
- Cut mileage claims and other business travel costs;
- Reduce staff downtime spent travelling on business; and
- Improve image with the local community.

1.4.3 Staff, Patient and Visitor Benefits

The delivery of an effective estate-wide Travel Plan has the potential to positively contribute to the health and wellbeing of staff, patients and visitors to HRI and CRH as follows:

- Assure parking for those with most need to access a vehicle;
- Help provide an improved range of travel choices, promoting quality and affordable access to services for all users; and
- Create opportunities to incorporate exercise into a daily routine.

1.5 The Aims and Objectives of the Travel Plan

The aim of this Travel Plan is:

To promote and actively encourage and support the use of public transport, walking, cycling and car sharing to all staff, patients and visitors in completing their trips to and from the hospitals.

The objectives of this Travel Plan are to:

- Incentivise walking, cycling and public transport;
- Improve the health and wellbeing of staff, patients and visitors;
- Support local travel partnerships and safety;
- Reduce car parking pressure and infrastructure costs;
- Manage travel carbon emissions;
- Raise the profile of travel information;
- Positively contribute to the quality of the living and working environment for staff and visitors; and
- Support air quality improvements.

1.6 BREAAM Assessment

This Travel Plan has been developed in accordance with BREEAM UK New Construction (2018) criteria, specifically for the TRA01 and TRA02 requirements.

1.7 Structure of the Report

The report is structured as follows:

- Section 2 provides information on site characteristics;
- Sections 3 and 4 outline the results of the travel survey;
- Sections 5 to 8 provide information and suggestions for measures;
- Sections 9 to 11 discuss the Travel Plan administration, monitoring strategy, targets and action plan; and
- Section 12 presents the compliance with BREEAM UK New Construction (2018).

2 Site Audits and The Proposed Development

2.1 Proposed Development

The development proposals comprise a new Accident and Emergency Department and the adaption of existing buildings at HRI and expansion at CRH to provide additional wards, theatres and a new Emergency Department including a specialist paediatric Accident and Emergency.

The reconfiguration of hospital services will see total staffing levels at HRI change from 3317 to 2478 and bed numbers from approximately 420 to 168.

At CRH staffing levels will change from 2642 to 3693 and bed numbers from approximately 430 to 670. To support the development of the new clinical building and safeguard the future operations of the hospital a new Multi-Storey Car Park (MSCP) is also proposed.

2.2 Trust Wide Initiatives

There are a number of Trust wide initiatives that support staff, patient and visitor travel to, from and between sites.

2.2.1 Staff Benefits

There are a number of schemes operated by the Trust to support staff travel. These are advertised on the benefits page of the Trust's intranet and on posters inside and outside the General Offices at both sites.

2.2.1.1 Cycle to Work Scheme

The bike scheme allows staff members to purchase a bike and pay for it through a salary sacrifice arrangement. The cost of the bike is spread out over 18 months and is paid through pre-tax pay. In October 2020, the Trust advised that 36 bikes had been ordered in the past year. This is the figure for the whole Trust.

2.2.1.2 Salary Sacrifice / Car Benefit Scheme

The Salary Sacrifice and Car Benefit Scheme allows employees to drive a brand-new car, and a fixed price cost is paid directly out of their salary. Staff have the option to choose an electric vehicle. In October 2020, the Trust advised that 239 cars were currently in use by staff across the whole of the Trust.

2.2.1.3 Parking Permits

The workplace benefits service works with payroll to provide colleagues the opportunity to pay for their parking permit through a benefits scheme, meaning their permits cost them less each month.

2.2.1.4 Discounted Metrocards

Staff can save 12% of the cost of travel with a Corporate Metrocard / MCard, valid on buses and trains throughout West Yorkshire. Staff can apply at any time of year and pay monthly through their salary. The Trust advised that prior to the coronavirus pandemic approximately 60 staff were members of the scheme. This is the figure for the whole Trust, not just those staff working at HRI.

2.2.2 Shuttle Bus[1]

Calderdale and Huddersfield NHS Foundation Trust offers a free shuttle bus service for staff, visitors and patients that runs between CRH and HRI. Services run between 06:30 and 22:00 Monday to Friday and between 13:00 and 21:00 Saturday and Sunday. Three buses operate between 06:30 and 18:30 Monday to Friday. One bus runs in the evenings and at weekends.

The shuttle bus is a non-stopping express service, operating via the A629 from bus stops at the HRI main entrance and CRH main entrance. There is a designated parking space for the bus at HRI but no further bus stop infrastructure. Passengers are asked to wait in the foyer of the hospital in inclement weather. CRH has its own designated stop outside the main entrance, parking restrictions prevent parking at any time by any other vehicles, and there is a small shelter for passengers.

The Trust has advised that between April 2019 and March 2020, the service carried a total of 134,753 passengers. The average utilisation on weekdays at peak times was 55%. During the evenings and weekends the average utilisation was 25% and 19% respectively.

The peak travel times were identified as Monday to Friday:

- 0700 - 0900;
- 11.30 - 13.00; and
- 16.00 - 18.00.

The average journey time during the peak periods was 25 minutes and during off-peak / evenings / weekends was 14 minutes.

Because of the ongoing coronavirus pandemic, the shuttle bus service is currently only available for staff. Capacity has also been halved to 8 seats. The average journey time has reduced to 13 minutes during peak periods.

2.2.3 Fleet

Calderdale and Huddersfield Solutions (CHS) a subsidiary of Calderdale and Huddersfield NHS Foundation Trust, operates a small fleet of vehicles. These vehicles are leased on a 3-year contract. The replacement vehicles specified are on order as the contract has just been renewed. As Table 2.1 demonstrates, the Trust are committed to the use of ultra-low emission vehicles.

Table 2.1: Fleet vehicles

Vehicle	Current Fuel Type	Replacement
Commercial Vehicle	Diesel	Short term replacement
Commercial Vehicle	Diesel	Short term replacement
Minibus	Diesel	Mild hybrid shuttles
Minibus	Diesel	Mild hybrid shuttles
Minibus	Diesel	Mild hybrid shuttles
Commercial Vehicle	Electricity	Demo Van
Commercial Vehicle	Diesel	Full Electric
Private Car	Diesel	Temporary vehicle
Agricultural Vehicle	Diesel	Estates special type
Private Car	Diesel	Returned
Private Car	Petrol	Short term replacement
Minibus	Diesel	Mild hybrid shuttles
Minibus	Diesel	Mild hybrid shuttles

[1] https://www.cht.nhs.uk/patients-visitors/finding-us/shuttle-bus-service-for-timetables-see-below/

Vehicle	Current Fuel Type	Replacement
Commercial Vehicle	Diesel	Will remain diesel
Agricultural Vehicle	Diesel	Estates special type
Agricultural Vehicle	Diesel	Estates special type
Agricultural Vehicle	Unknown	Estates special type
Agricultural Vehicle	Diesel	Estates special type
Agricultural Vehicle	Diesel	Estates special type
Private Car	Diesel	Mild hybrid
Private Car	Diesel	Mild hybrid
Private Car	Unknown	Mild hybrid
Private Car	Diesel	Mild hybrid
Private Car	Diesel	Mild hybrid
Minibus	Diesel	Mild hybrid
Minibus	Diesel	Mild hybrid
Commercial Vehicle	Diesel	Will remain diesel
Commercial Vehicle	Diesel	Mild hybrid
Commercial Vehicle	Diesel	Full Electric
Commercial Vehicle	Diesel	Checking for hybrid equivalent, if not will remain diesel
Commercial Vehicle	Diesel	Checking for hybrid equivalent, if not will remain diesel
Commercial Vehicle	Diesel	Checking for hybrid equivalent, if not will remain diesel
Commercial Vehicle	Diesel	Checking for hybrid equivalent, if not will remain diesel
Commercial Vehicle	Diesel	Checking for hybrid equivalent, if not will remain diesel
Commercial Vehicle	Diesel	Checking for hybrid equivalent, if not will remain diesel
Commercial Vehicle	Diesel	Checking for hybrid equivalent, if not will remain diesel
Commercial Vehicle	Diesel	Checking for hybrid equivalent, if not will remain diesel
Commercial Vehicle	Diesel	Checking for hybrid equivalent, if not will remain diesel
Commercial Vehicle	Diesel	Mild hybrid
Commercial Vehicle	Diesel	Mild hybrid
Commercial Vehicle	Diesel	Not been replaced
Commercial Vehicle	Diesel	Full Electric
Commercial Vehicle	Diesel	Full Electric
Commercial Vehicle	Diesel	Short term replacement
Agricultural Vehicle	Diesel	Estates special type
Private Car	Diesel	Short term replacement
Commercial Vehicle	Diesel	Short term replacement

Table 2.2 outlines the fuel consumption for the fleet between April 2019 and March 2020. With the proposed changes to the fleet with a significant number becoming electric or hybrid vehicles, fuel consumption should fall and the fleet should generate less greenhouse gas emissions and air pollution in the future.

Table 2.2: Fleet fuel consumption 01/04/19 - 31/03/20

	Vehicle	Date Period Start	Date Period End	Company-Operated Vehicles
Total fuel consumption	total litres (diesel)	01/04/2019	31/03/2020	**61,652.89**
	total litres (petrol)	01/04/2019	31/03/2020	**385.34**
Fuel expenditure net	Cost £ (diesel)	01/04/2019	31/03/2020	**£65,545.37**
	Cost £ (petrol)	01/04/2019	31/03/2020	**£403.45**

2.2.4 Active Hospitals

The Trust is a full partner in Active Calderdale[2] and Active Hospitals[3]. The programme aims to change the physical activity culture within hospitals to encourage patients and the workforce to move more. The initiative supports hospitals to design, deliver, maintain, embed and fund activities and create policy and infrastructure changes. As part of this programme the Trust has engaged in a variety of activities including: having clinical groups explore patient pathways (including training on having active conversations); C25K – Couch to 5k in 9 weeks running programme; the Cycle Provision and Use Site Survey (October 2020); and implementing active conversations in workforce well-being conversations.

2.2.5 Community Transport

2.2.5.1 Community Transport Calderdale

Home from Hospital Service[4]

Community Transport Calderdale and Age UK Calderdale work in partnership to offer a free 'Home from Hospital' service to elderly and vulnerable patients in Calderdale and Greater Huddersfield. The service supports patients and residents who lack support with transport home after a stay in hospital. The Home from Hospital Service operates from both Huddersfield Royal Infirmary and Calderdale Royal Hospital. Patients can also be met at home by Age UK staff who are able to offer and arrange further support for those in need. Bookings are made through staff on the hospital ward.

Community Car Service[5]

Community Car Service provides support for the older and vulnerable who may struggle to leave their home due to having mobility problems, limited access to public transport and not having any family or friends nearby. This service can be used by patients attending medical appointments. There is a minimum charge of £2.25 per journey, with a mileage charge of 45p / mile after 5 miles. It is important to note that the mileage costs apply from the passenger leaving their home and returning there.

2.2.5.2 Patient Transport Service[6] (PTS)

Yorkshire Ambulance PTS provides NHS funded transport for eligible patients who are unable to travel to their healthcare appointment by other means due to their medical condition. The service undertakes almost one million non-emergency journeys every year, making it one of the largest providers in the UK.

Bookings can be made between 08:00 and 18:00 by calling 0300 330 2000. Patients are given a collection time to be taken to their appointment. From the point the PTS is notified that the patient is ready to be collected, they should not have to wait any more than 90 minutes.

[2] https://active.calderdale.gov.uk/

[3] https://movingmedicine.ac.uk/active-hospitals/

[4] https://www.ctcalderdale.co.uk/seamless-home-from-hospital

[5] https://www.ctcalderdale.co.uk/community-car-service

[6] https://www.yas.nhs.uk/our-services/patient-transport-service-pts/managing-your-booking/

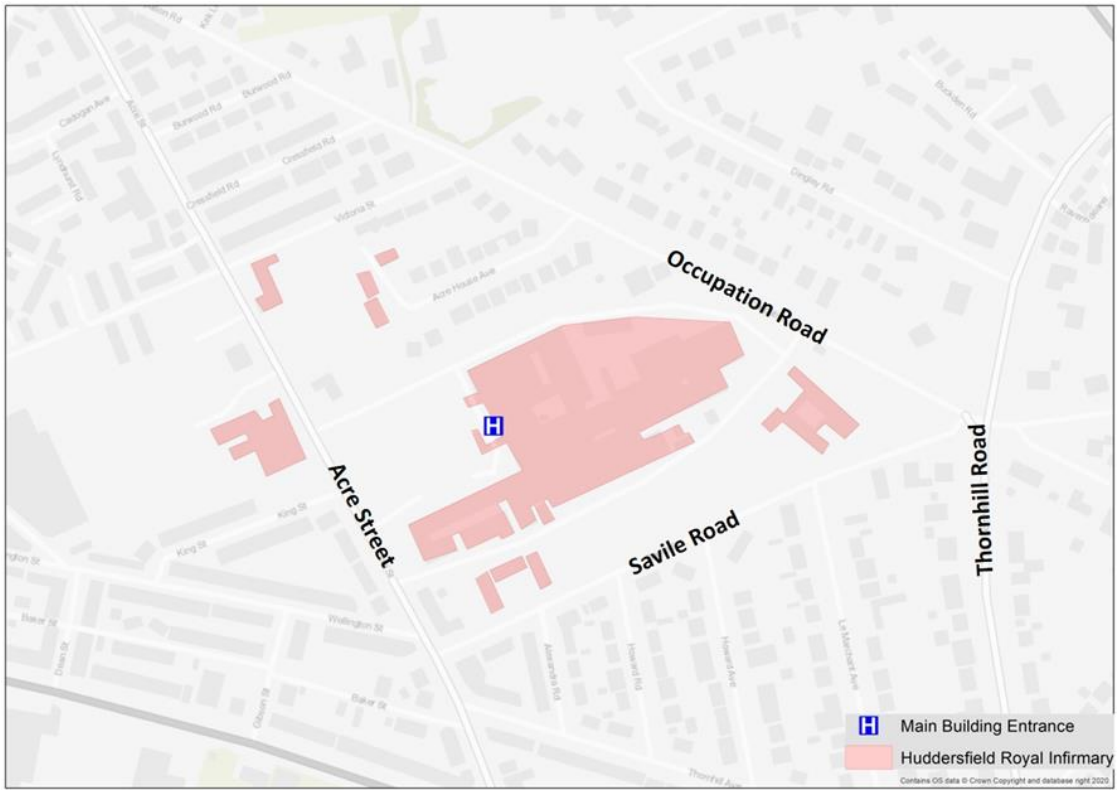
2.3 Huddersfield Royal Infirmary Site Audit

2.3.1 Site Location

HRI is situated on Acre Street in Huddersfield, in the county of Kirklees. It is approximately 3 kilometres north-west of Huddersfield town centre, set in a residential area. The hospital offers a range of services, including an accident and emergency department. To the northwest of the main hospital site there are also facilities at Acre House and Glen Acre House. Acre Mills across the road from the main hospital site, is the base for outpatient appointments. A map of the site's buildings can be found in Appendix A.

The extent of the site is shown in Figure 2.1.

Figure 2.1 Site Location



Source: Mott MacDonald. Contains OS Date Crown Copyright and database right 2020.

2.3.2 Site Access

There are three vehicular access points into the main site from Acre Street. The hospital's main vehicular entrance is opposite 47 Acre Street. The private estate road leads into the patient and visitors main car park, which is barrier controlled. There are dropped kerbs to facilitate pedestrian movements over the junction and a footway adjacent to the carriageway leads to the hospital's main building entrance.

The site can also be accessed approximately 45m south of the hospital's main entrance. This leads onto a 5mph private barrier controlled estate road (South Drive) which is open to the public and which runs parallel to Savile Road, providing access to a number of car parks and extending the length of the site from Acre Street in the west to Occupation Road in the east. Dropped kerbs facilitate pedestrian movements and there are footways adjacent to both carriageways leading into the site.

Access to the site is also possible via Occupation Road. Footways adjacent to both carriageways lead into the site. The Occupation Road entrance leads to; the barrier controlled Learning and Development car park, the barrier controlled South Drive and the open access private estate road network around the northern perimeter of the site. The 5mph private estate road meets Acre Street at a priority junction approximately 80m north of the hospital's main entrance. This also provides access to the Accident and Emergency unit. There are dropped kerbs and footways adjacent to both carriageways leading into the site.

The Acre Mill site is accessed via Acre Street, approximately 130m north of the hospital's main entrance. The 10mph private estate road leads into the Acre Mill Outpatients main car park and the Acre Mill overflow car park. Dropped kerbs facilitate pedestrian movements and there is a footway adjacent to the eastbound carriageway leading into the site. There is also a segregated pedestrian entrance approximately 10m south of the junction.

Figure 2.2 shows the site's vehicular entrances.

Figure 2.2 HRI Vehicular Site Entrances

Source: Mott MacDonald. Contains OS Date Crown Copyright and database right 2020.

2.3.3 Local Highway Network

The hospital site is bounded by Acre Street to the west, Savile Road to the south and Occupation Road to the east. Acre Street is a 30mph single carriageway road, extending from Lidget Street in the north to the A640 New Hey Road in the south. Parking restrictions vary along the length of Acre Street with some on road parking including sections of permit parking, as well as short stay 1 hour and no return within 1 hour parking with double yellow restrictions elsewhere. Permit holder parking for residents is available opposite Wellington Street, opposite the hospital main public access road, near Union Street and opposite Burwood Road to the north of the site. Acre Street meets the A640 New Hey Road at a roundabout junction 230m south from the hospital's main public entrance. The A640 New Hay Road has a 30mph speed limit in the vicinity of the site. New Hey Road connects with the Huddersfield ring road and onwards to the A629 and A642 for

eastward connectivity to the urban centres of Wakefield and Barnsley. Travelling north westwards the A640 meets the M62 at junction 23. The M62 provides connections to Rochdale and onwards towards Bradford and Leeds. The A629 Halifax Road northeast of the site is a 40mph single carriageway road, which connects to the M62 at junction 24 and the A62 Huddersfield ring road to the south.

The main public vehicular access to the site from Acre street is provided by a private, one-way single-track estate road with double yellow parking restrictions along its length. This leads to the main car park and exits onto the 5mph private estate road, which meets Acre street at a priority junction. There is a private barrier controlled estate road (South Drive) which is open to the public and which runs parallel to Savile Road and extends the length of the site from Acre Street in the west to Occupation Road in the east. From here the private estate road network extends around the northern perimeter of the site and traffic converges with vehicles exiting from the main car park. This section of the estate road network has no designated access controls.

Occupation Road is a single-track 30mph residential road of varying width, extending from the Savile Road / Thornhill Road / Hungerford Road / Sunnybank Road junction to Acre Street to the north. Parking restrictions vary along its length with some on-street permit parking and a mixture of single and double yellow restrictions.

Savile Road is an unadopted single-track road of varying width extending along the southern length of the site. This connects to several residential roads at priority junctions. On-street parking is available in both directions with no restrictions in place.

2.3.4 Walking

The site benefits from good pedestrian accessibility to public transport services and local amenities. There are footways on both sides of Acre Street which connects southwards with New Hey Road, providing walking access to a number of local businesses including a pub, restaurant, hair salon and a bank. Northwards Acre Street provides access to the residential area of Lindley and Daisy Lea Lane Recreation Ground. There are dropped kerbs to facilitate pedestrians crossing the minor junctions on Acre Street.

There is a signalised pedestrian crossing on Acre Street, approximately 45m north of the hospital's main public entrance denoted by dropped kerbs, tactile paving and short sections of guardrailing adjacent to both carriageways. There is another crossing point over Acre Street approximately 60m further north, with dropped kerbs, tactile paving and a refuge island. Near the junctions with Occupation Road and Lidget Street there is a zebra crossing, with dropped kerbs, tactile paving and short sections of guardrailing adjacent to both carriageways. 15m south of the junction with Thornhill Avenue there is a crossing point over Acre Street, denoted by dropped kerbs, tactile paving and a refuge island.

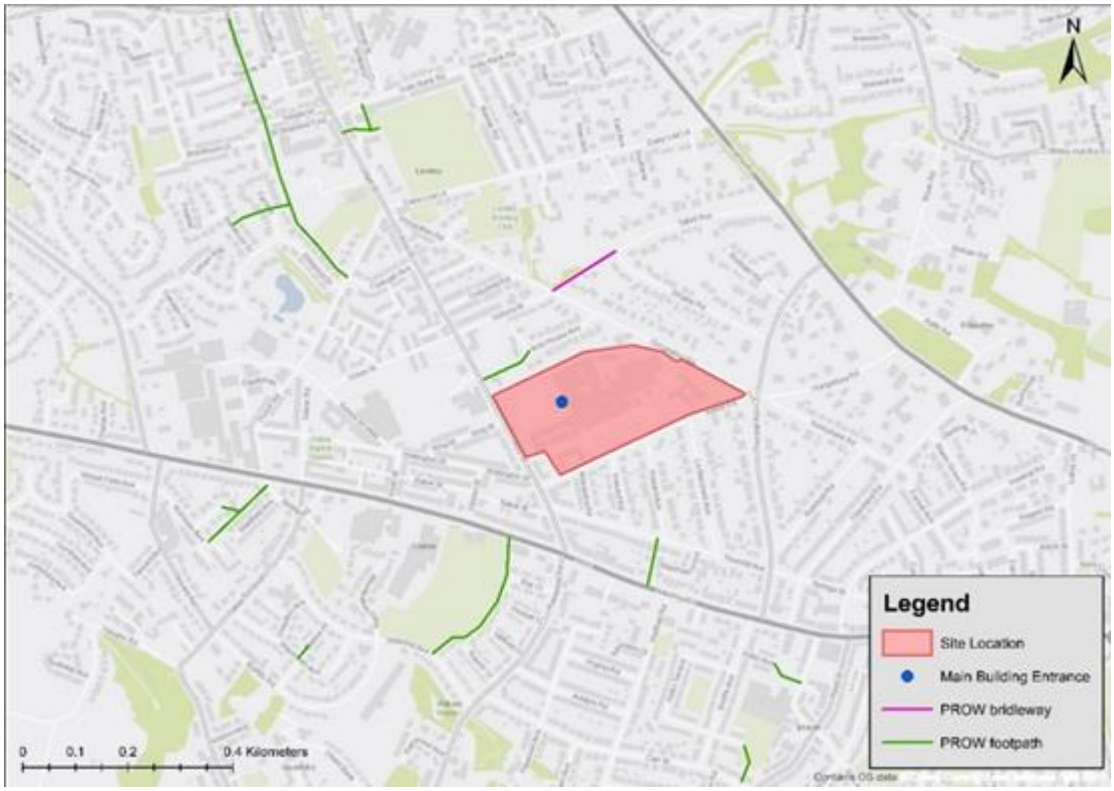
There are dropped kerbs and tactile paving at the junction of Occupation Road and Acre Street. There is a footway on the north-westbound side of Occupation Road.

There are short sections of uneven footway at either end of Savile Road. From the north, this extends for approximately 70m adjacent to the southwest bound side. From the junction with Acre Street, an uneven footway extends along the southwest bound side of Savile Road for approximately 140m until Howard Road.

Acre House Avenue provides a pedestrian access point into the site, and to Glen Acre House specifically. There are footways on both sides of Acre House Avenue. These connect to a pedestrian only footpath which travels from Glen Acre House through to Acre Street. Local roads all provide street lighting.

There are a number of Public Rights of Way (PROW) in the vicinity of the site. Just north of the hospital there is a footpath which connects Acre Street to Acre House Lane. In addition, there is a bridleway which connects Occupation Road to Talbot Avenue. Other PROW footpaths exist in the local area and are displayed in Figure 2.3. There is an extensive network of footways within the hospital grounds itself.

Figure 2.3: Public Rights of Way

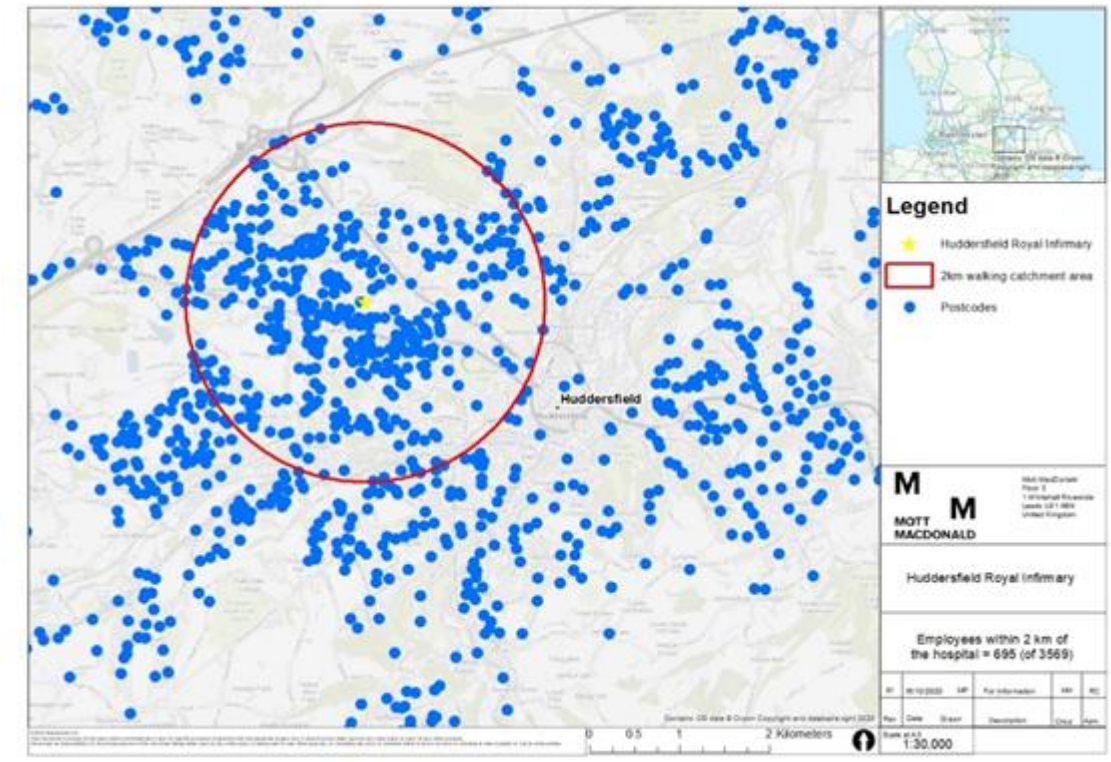


2.3.4.1 Employee Accessibility by Distance

Guidance indicates that people are generally prepared to walk up to 2km (1.2 miles) to get to work (PPG13 A Guide to Better Practice, 2001)[7] and, although this guidance has been superseded by the National Planning Policy Framework, it is considered that this distance is appropriate within the context of this Travel Plan. Employee postcode data has been used to highlight the number of staff which live within the standard acceptable walking distance of 2km. Figure 2.4 shows that 695 employees live within 2km and might therefore be encouraged to walk or walk more often.

[7] Department of the Environment & the Department of Transport (UK), 1995. A Guide to Better Practice: reducing the need to travel through land use and transport planning.

Figure 2.4: Employee Postcode Data



2.3.5 Cycling

To the south of the site there are intermittent on-road cycle lanes along the A640 New Hey Road. Travelling southeast towards Huddersfield the cycle lane ends at the junction with Smiths Avenue. Travelling northwest the cycle lane extends to Salendine Nook. There are no greenways that connect to the site.

The closest National Cycle Network (NCN) route to the site is NCN Route 69 which connects Morecambe with Grimsby. Access to the route is located to the north of Huddersfield ring road approximately 2km east of the site.

The Trust has advised that there are three cycle storage areas within the site at two locations (Figure 2.5) which provide storage for approximately 19 bicycles. The provision is outlined in Table 2.3.

At the storage locations there is adequate lighting however there is no signage to direct users to the cycle parking facilities. This may inhibit use of the storage facilities, particularly at the Entrance by the Trust Headquarters (HQ) as this location was described in the Trust's Cycle Provision and Use Site Survey (October 2020), as 'difficult to find' and 'not in a natural access point' for the main hospital building. Additionally, there is currently no information provided to patients in appointment letters regarding the availability of cycle storage. During the same survey it was also noted that some locks had been left in-situ, presumably to save for future use, and that some of these locks appeared to be old. This potentially restricts or inhibits access to storage for new users whether they are staff or visitors.

Table 2.3: Existing cycle storage

Location	Type	Capacity
Acre Mill OP	Cycle shelter with Sheffield stands	Six Bicycles
Entrance by Trust HQ	Cycle shelter with Sheffield stands	Two Bicycles
Entrance by Trust HQ	Locker	Eleven Bicycles

Source: Calderdale and Huddersfield NHS Foundation Trust

Figure 2.5: HRI Cycle Storage Locations

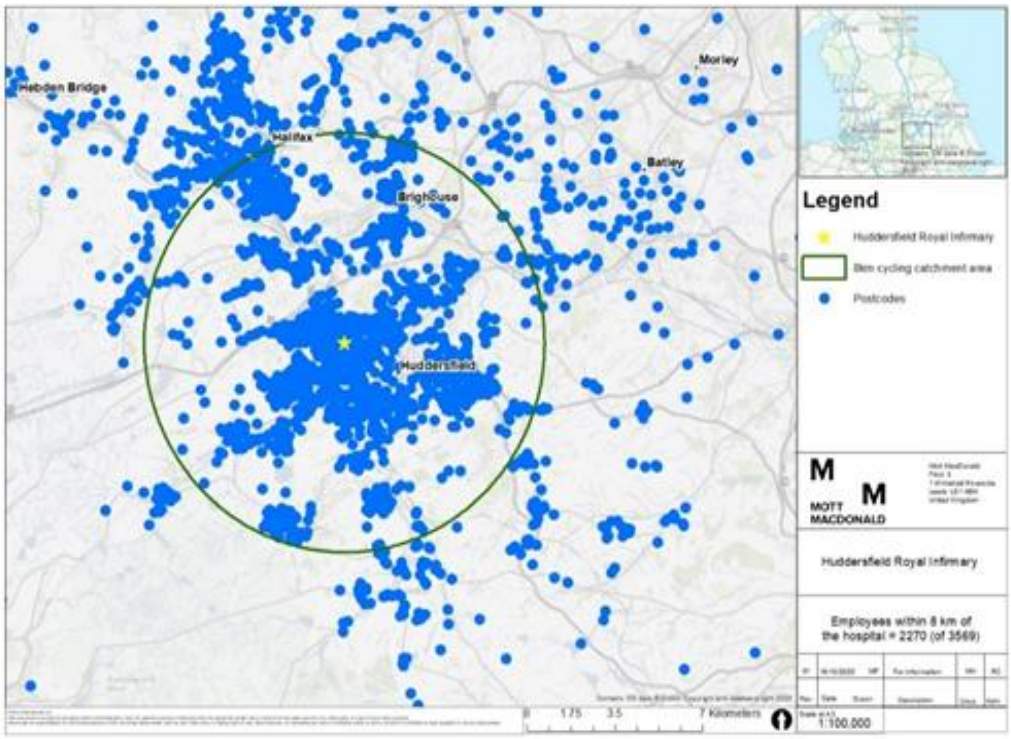
The Trust has advised that there is a large female locker room with one shower, a male locker room with one shower and two further small locker rooms in the basement corridor of block 1 (see Appendix A). All of which require door codes to enter. The Trust's Cycle Provision and Use Site Survey (October 2020) notes that these facilities are mainly used by clinical staff and are not signposted and it is therefore assumed that non-clinical staff are unaware these facilities exist.

2.3.5.1 Employee Accessibility by Distance

Cycle usage tends to be seasonal and national statistics indicate that 80% of trips are for less than 5miles / 8km (CIHT, Planning for Cycling, 2014). However, uptake of electric bicycles may extend the distance travelled, and combined cycle-rail or cycle-bus journeys also offer alternatives to car travel. Nationally, commuting / business trips account for 36% of all cycling trips (DfT, Walking and cycling statistics, England: 2018).

Employee postcode data has been used to highlight the number of staff which live within 8km of the site. Figure 2.6 shows that 2270 employees live within 8km of the site, and therefore might be encouraged to cycle or cycle more often.

Figure 2.6: Employee Postcode Data



2.3.6 Public Transport – Bus

The Institution of Highways and Transportation (IHT) publication 'Guidelines for Planning for Public Transport in Developments' recommends a maximum walking distance to bus stops of 400m, with a preference for less than 300m.

The two closest bus stops to the hospital are Huddersfield Royal Infirmary / Acre Street (southbound) which is approximately a 110m walk from the hospital's main entrance and Huddersfield Royal Infirmary / opp Acre Street (northbound) which is approximately a 215m walk.

Pedestrians can travel via the footways on Acre Street before crossing the hospital car park entrance and utilising the footpath which runs adjacent to the hospital car park leading to the main entrance. Pedestrians travelling to / from the Acre Street northbound stop can cross Acre Street at a signalised pedestrian crossing located approximately 50m south of the bus stop. The footways on Acre Street have street lighting and are a minimum of 2m wide.

The Acre Street southbound bus stop has a shelter and raised bus boarding kerbs and the Acre Street northbound stop is denoted by a flag post and raised bus boarding kerbs.

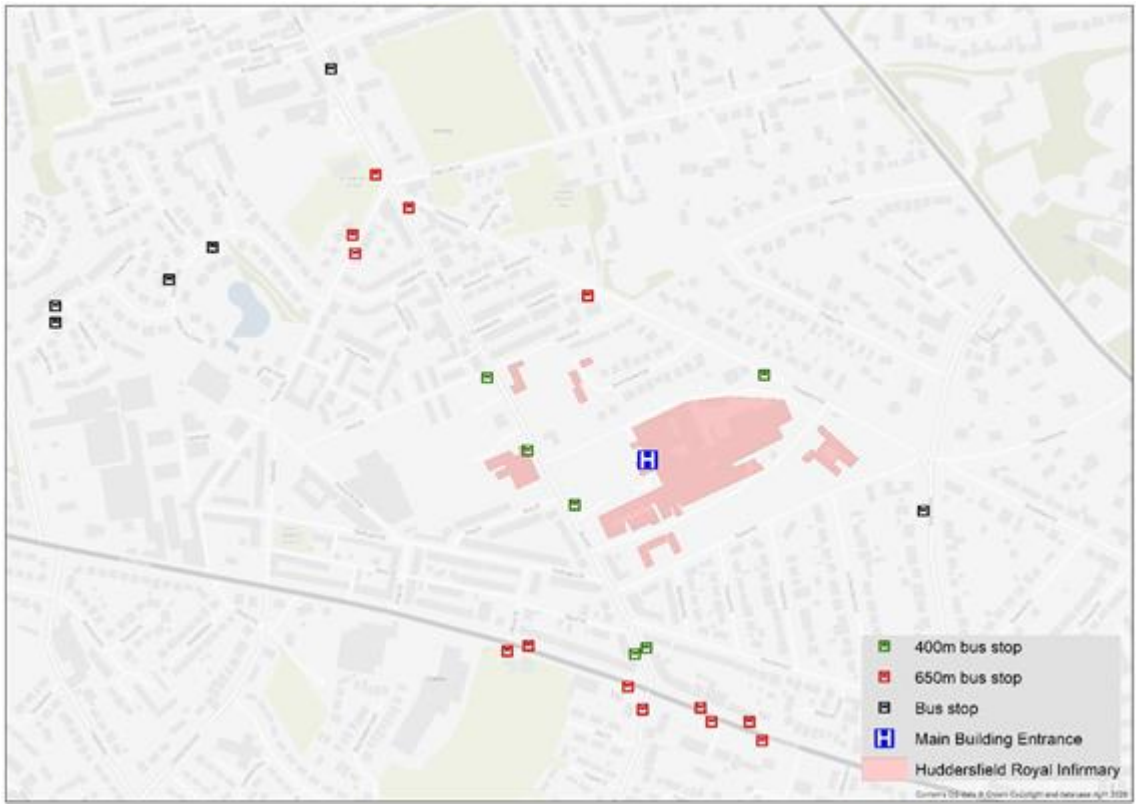
There are 19 bus stops within 650m of the main building's entrance which is the BREEAM compliant public transport node criteria. The location of the bus stops is shown in Figure 2.7. The available services and their corresponding frequencies are outlined below in Table 2.4. Please note that as of April 2020 services are operating at a reduced level and in some cases have been suspended because of the ongoing coronavirus pandemic.

Table 2.4: Available bus services and their frequency

Service	Route	Frequency Mon to Sat Daytime (Minutes)	Frequency Evening and Sundays (Minutes)	Closest Stop
317	Lindley - Milnsbridge - Lockwood - Almondbury	Limited Service	-	Huddersfield Royal Infirmary- Acre Street (SB)
343	Huddersfield - Marsh - Royal Infirmary - Lindley - Blackley - Elland - Barkisland - Halifax	60	-	Huddersfield Royal Infirmary- Acre Street (SB)
360	Brackenhall - Birkby - Huddersfield - Marsh - Huddersfield Royal Infirmary	30	-	Huddersfield Royal Infirmary- Acre Street (SB)
370	Rawthorpe – Huddersfield – Lindley Circular	20	60	Huddersfield Royal Infirmary- Acre Street (SB)
371	Lindley – Salendine Nook – Huddersfield – Dalton	20	60	Huddersfield Royal Infirmary- Opp Acre Street (NB)
372	Almondbury – Waterloo – Huddersfield – Marsh – Royal Infirmary – Lindley	10	60 (eve) 20 (Sun)	Huddersfield Royal Infirmary- Acre Street (SB)
378	Huddersfield – Marsh – Oakes – Lindley – Mount	60	-	Huddersfield Royal Infirmary- Acre Street (SB)
388	Huddersfield Royal Infirmary - Milnsbridge - Linthwaite - Helme - Meltham	60	-	Huddersfield Royal Infirmary- Acre Street (SB)
501	Huddersfield – Marsh – Lindley – Ainley Top – Elland – West Vale – Halifax	-	60 (eve)	Huddersfield Royal Infirmary- Acre Street (SB)
503	Halifax – Edgerton – Ainley Top – Elland - Huddersfield	10 (Mon-Fri), 12 mins (Sat)	30	Halifax Rd Hungerford Road
536	Huddersfield - Outlane - Stainland - Halifax	2 per day	2 hourly	New Hey Rd / Acre Street
537	Huddersfield - Marsh - Outlane - Stainland - Elland - Halifax	60	2 hourly	New Hey Rd / Acre Street
900	Huddersfield - Pole Moor - Buckstones - Krumlin - Barkisland - Ripponden - Cragg Vale - Mytholmroyd - Hebden Bridge	Limited Service	Limited Service	New Hey Road / Reinwood Road
901	Huddersfield - Stainland - Barkisland - Ripponden - Cragg Vale - Mytholmroyd - Hebden Bridge	60	-	New Hey Rd / Acre Street

Source: https://www.wymetro.com/media/5484/south_kirklees_freq_panel_february-2020.pdf

Figure 2.7: Bus Stops



2.3.7 Public Transport - Rail

The closest station is Huddersfield Rail Station situated approximately 3.1km (2.7km when travelling on foot) from the hospital site in the town centre. The station has a Cycle Hub located on platform 1 that has 54 storage spaces and there is a taxi rank outside of the station. Northern Railway and TransPennine Express operate the station. Huddersfield station provides connections to key stations such as Leeds, Bradford Interchange and Manchester Victoria.

Lockwood Station is approximately 4.4km from the hospital site. This is a local station and is a calling point on the Northern service between Sheffield and Huddersfield. There are 10 bicycle storage stands located in the station car park. There is no taxi service available. Northern railway operate the station.

The available services and their corresponding journey times and frequency are shown in Table 2.5. Please note that as of April 2020, services are operating at a reduced level and in some cases have been suspended because of the ongoing coronavirus pandemic.

Table 2.5: Rail services

Destination	Journey Time (Approx.)	Frequency (trains per hour)
Leeds	24 minutes	4
Halifax	21 minutes	1
Bradford Interchange	49 minutes	3
Manchester Victoria	30 minutes	2
Sheffield	1 hour 20 minutes	1
Wakefield Kirkgate	1 hour	2

Source: National Rail

2.3.8 On-site Parking

There are 709 total spaces including 10 blue badge bays at Acre Mill and 863 spaces including 54 blue badge bays across the main HRI site.[8]

2.3.8.1 Electric Vehicle (EV) Charging Stations

The Acre Mill site has two dual 7.5kw EV charging stations. These are available for use by the general public and electricity is not charged for at the point of use.

The HRI site has two dual 7.5kw EV charging stations, one each on the two estates / deliveries yards on South Drive. These appear to be reserved for fleet and contractor vehicles due to their location. Electricity is provided free of charge at the point of use. [9]

2.3.9 On-site Staff Parking

There are two car parks on the Acre Mill site and nine on the main site that staff can utilise. Staff must display their parking permits. The car parks, their access control arrangements, payment methods and capacities are detailed in Table 2.6 and Table 2.7.

2.3.10 On-site Visitor and Outpatient Car Parking

Visitors and outpatients can use both car parks on the Acre Mill site and eight of the car parks on the main site. There is one pay and display car park (North Drive) the rest are pay on exit. Pay stations are located throughout the sites. The car parking charges are shown in Table 2.8. The car parks, their access control arrangements, payment methods and capacities are detailed in Table 2.6 and Table 2.7. Figure 2.8 shows the car park locations.

Table 2.6: Acre Mill car parks

Car Park Area	Designation	Access Control	Payment	Total Capacity	Blue Badge Bays
Acre Mill Outpatients Main Car Park	Patient and Visitor Pay on Exit and Staff Permit Holders	2 Designated barriers and 2 access terminals (single segregated entrance/exit)	2 designated pay machines (1 coin and notes only and the other card only). Located at the within the Main Entrance	209	10
Acre Mill Overflow Car Park	Patient and Visitor Pay on Exit and Staff Permit Holders	2 Designated barriers and 2 access terminals (single segregated entrance/exit)	1 designated pay machine (coin and notes only). Located within the Overflow Car Park	Approx: 500	N/A

Source: Calderdale and Huddersfield NHS Foundation Trust

[8] Calderdale and Huddersfield NHS Foundation Trust Car Parking Policy and Operational Review, Draft Report November 2020

[9] Calderdale and Huddersfield NHS Foundation Trust Car Parking Policy and Operational Review, Draft Report November 2020

Table 2.7: HRI main site car parks

Car Park Area	Designation	Access Control	Payment	Total Capacity	Blue Badge Bays
Main Entrance Car Park	Patient and Visitor Pay on Exit	2 designated barriers and 2 access terminals (separate entrance/exit)	2 designated pay machines (1 coin and notes only and the other coin, note, card and contactless). Located within the Main Entrance	209	33
Glen Acre House Car Park	None	Open access from North Drive	N/A	9	1
North Drive	Staff Permit Holders and Pay and Display	Open access	One Metric mains operated, coin only pay and display machine. Located near to the Mortuary/Nursery	121	4
Learning and Development Car Park (Main)	Staff Permit Holders and Pay on Exit	2 designated barriers and 2 access terminals (single segregated entrance/exit).	1 designated pay machine (coin and notes only). Located at the Learning and Development Centre entrance	112	N/A
Learning and Development Centre Car Park (Front)/Unison	Staff Permit Holders and Pay on Exit	Open access but controlled by designated access control equipment on South Drive	As above	37	3
South Drive	Staff Permit Holders and Pay on Exit	2 designated barriers and 2 access terminals (single segregated entrance/exit)	1 designated pay machine (coin and notes only). Located outside Day Surgery Entrance	214	9
Old Tennis Court	Staff Permit Holders and Pay on Exit	Open access but controlled by designated access control equipment on South Drive	Nearest pay station is at the Learning and Development Centre entrance	70	N/A
Priority Car Park	Reserved for priority staff users	2 designated barriers and 2 access terminals (single segregated entrance/exit)	N/A	70	N/A
Saville Court Car Park	Staff and Pay on Exit (spaces reserved for Renal Patients)	Open access but controlled by designated access control equipment on South Drive	Nearest pay station is at the Day Surgery Building	21	4

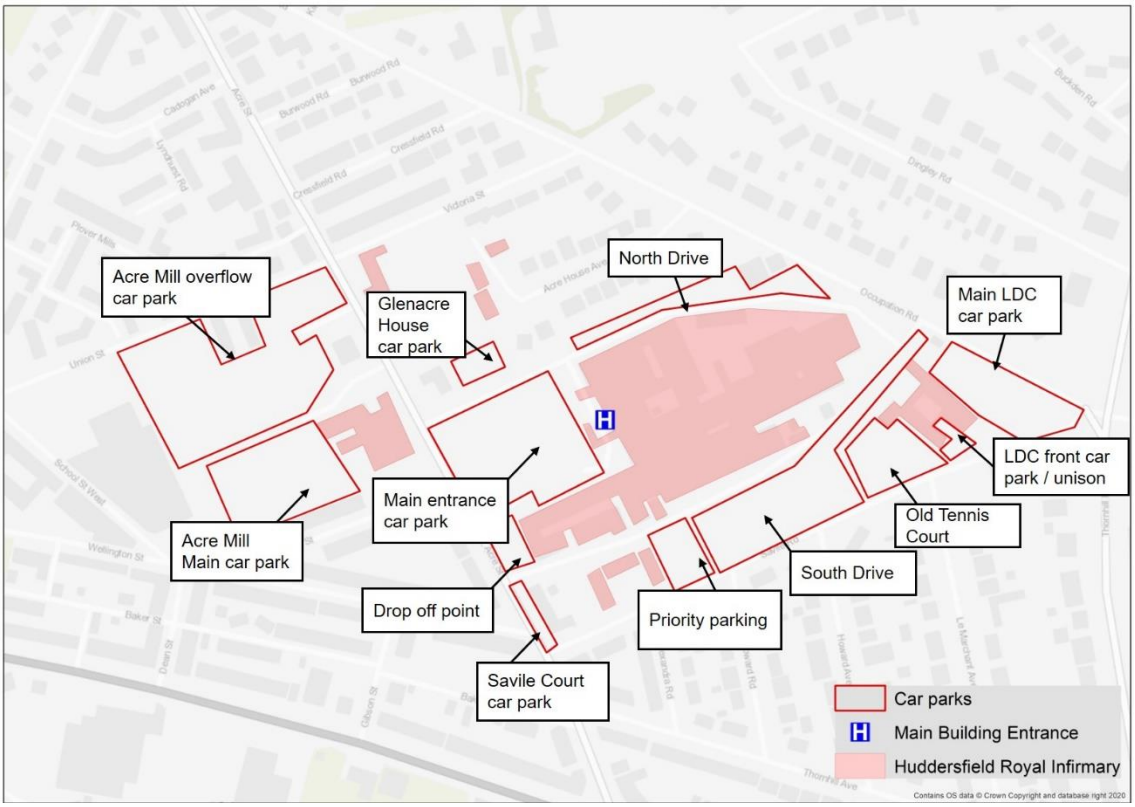
Source: Calderdale and Huddersfield NHS Foundation Trust

Table 2.8 shows the applicable parking charges for patients and visitors. Further concessions are available in qualifying circumstances, authorisation forms are obtained from the ward. Some blue badge holders are eligible for free parking, six-month passes are issued by the General Office[10].

Table 2.8: Car park charges

Duration	Cost
Up to 2 hours	£3.00
2-4 hours	£5.00
4-6 hours	£6.00
More than 6 hours	£8.00
Weekly pass	£35.00

Figure 2.8: HRI Car Parks

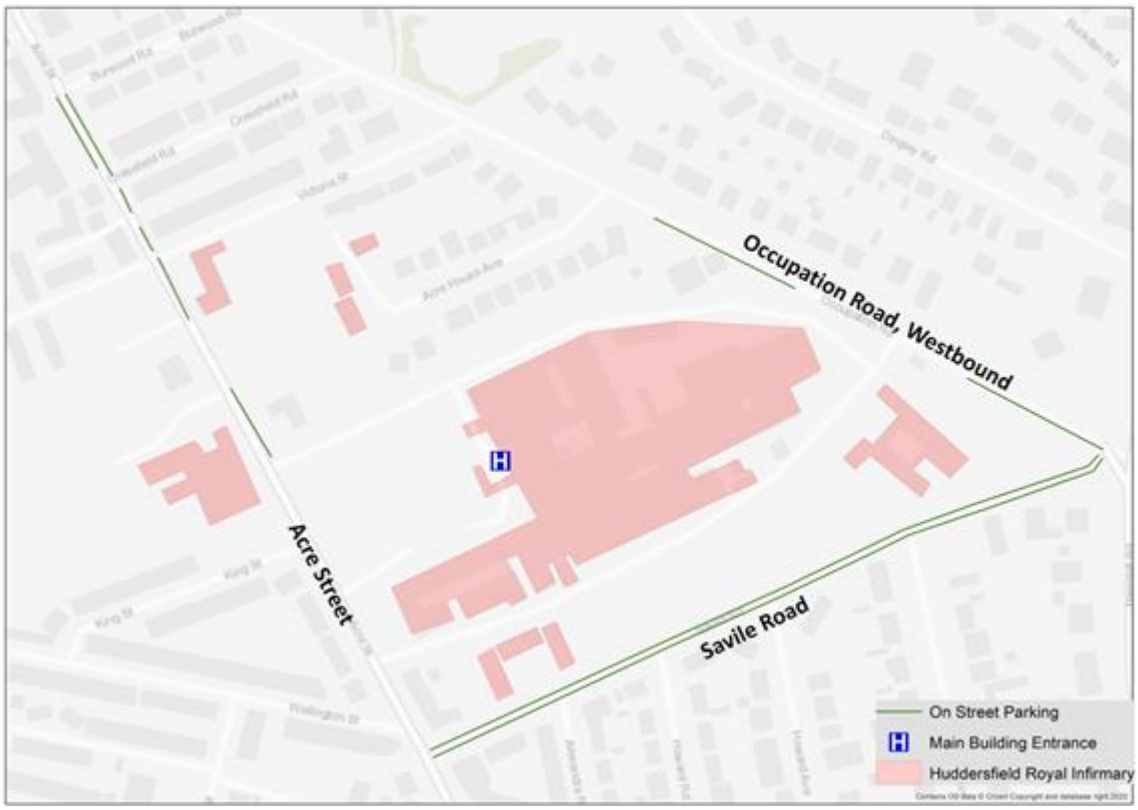


2.3.11 Off-site Parking

Figure 2.9 shows the available on street parking in the vicinity of the site. Parking restrictions vary along the length of Acre Street with some on street parking including sections of permit parking, as well as short stay 1 hour and no return within 1 hour parking. There are short sections of on street parking with no parking restrictions northwest of the main hospital site. There are no parking restrictions along the length of Savile Road. Similarly, there are no parking restrictions along sections of the westbound carriageway of Occupation Road.

[10] https://www.cht.nhs.uk/patients-visitors/finding-us/car-parking/

Figure 2.9: HRI On Street Parking



2.4 Calderdale Royal Hospital Site Audit

2.4.1 Site Location

The CRH site is situated on the A646 Dryclough Lane around 2.5km south of Halifax town centre, Calderdale. The site is located in a residential area and the hospital offers a full range of day case and outpatient services and an accident and emergency department. It is also the specialist centre for planned orthopaedic and general surgery (when patients need to stay at least one night) for the residents of Calderdale and Kirklees and further afield. The extent of the site is illustrated in Figure 2.10.

Figure 2.10: Site Location

2.4.2 Site Access

There are several entrances to the site. The main entrance is on Dryclough Lane to the north of the site. A left turn slip lane helps to prevent obstruction of Dryclough Lane. The 5mph private estate road provides access to the main car park and the dales car park and has double yellow lines along its length. There is a separate segregated pedestrian entrance approximately 3m west of the vehicular entrance. There are further pedestrian access points approximately 30m to the east of the vehicular entrance and at the corner of the A646 and A629.

The main building's entrance has a wide sheltered pavement with dropped kerbs, the area in front of the entrance is a strict drop off only zone.

There is a barriered vehicular service entrance on Dudwell Lane to the east of the site and a separate pedestrian access point in the same location. The Women and Children's Unit is accessed from the south by a barrier entrance on Godfrey road. There are dropped kerbs and tactile paving to facilitate pedestrian movements and a footway adjacent to the northbound carriageway. 150m from the Women and Children's unit to the west, Godfrey Road also provides

access to a 5mph private estate road which leads to the accident and emergency unit, provides access to a number of car parks (see section 2.4.8) and has double yellow lines along its length. There are dropped kerbs and tactile paving to facilitate pedestrian movements across the entrance and a wide footway adjacent to the southbound carriageway of the private estate road leads to and from the accident and emergency building.

Figure 2.11 shows the site's vehicular entrances.

Figure 2.11: CRH Vehicular Site Entrances

2.4.3 Local Highway Network

The hospital site is bounded by the A646 Dryclough Lane to the north, Godfrey Road to the south, and Dudwell Lane and the A629 Huddersfield Road to the east.

The A646 Dryclough Lane is a 30mph single carriageway road with varying parking restrictions along its length. At the east end of Dryclough Lane there is on road parking for residential permit holders; there are double yellow parking restrictions for approximately 240m along the stretch of Dryclough Lane surrounding the hospital main entrance from 26 Dryclough Lane to the Dryclough Lane Garage. North west of the site, there is a short section of pay and display on road parking (see section 2.4.11).

To the east, the A646 Dryclough Lane meets the A629 Huddersfield Road at a signalised junction. The A629 is a single carriageway 30mph road in the vicinity of the site, with a short section of dual carriageway approximately 1.5km south of the site. The A629 provides connectivity to Halifax in the north and the M62 junction 24 and Huddersfield in the south.

Dudwell Lane meets the A629 Huddersfield Road at a signalised junction. There is a 30mph speed limit in the vicinity of the site, which becomes 20mph further south. There is a section of on road pay and display parking along the southbound carriageway near to the site (see section

2.4.11). Dudwell Lane provides access to residential properties and All Saints Junior and Infant School.

Godfrey road is a 20mph single carriageway residential road with on road pay and display parking along its eastbound carriageway (see section 2.4.11) and residential permit parking along its westbound carriageway. Godfrey road meets Dudwell Lane at a priority junction. To the west Dudwell Lane meets Skircoat Green Road at a priority junction and provides access to a number of shops. Due to the residential location of the site, the road network surrounding the hospital is similar in nature.

Within the hospital site there is a private 5mph estate road network which provides service access to buildings, ambulatory routes and access to car parks.

2.4.4 Walking

The site benefits from good pedestrian accessibility to public transport services and local amenities. The A646 Dryclough Lane has footways on both sides of the carriageway. Northwest of the site, there are signalised pedestrian crossings over all four arms of the junction with Skircoat Green Road. Each has tactile paving, dropped kerbs and guardrailings to channel pedestrians towards the designated crossing points.

To the northeast of the site at the junction with the A629 Huddersfield Road there is a signalised pedestrian crossing, with dropped kerbs and tactile paving which traverses Dryclough Lane and the northern arm of Huddersfield Road.

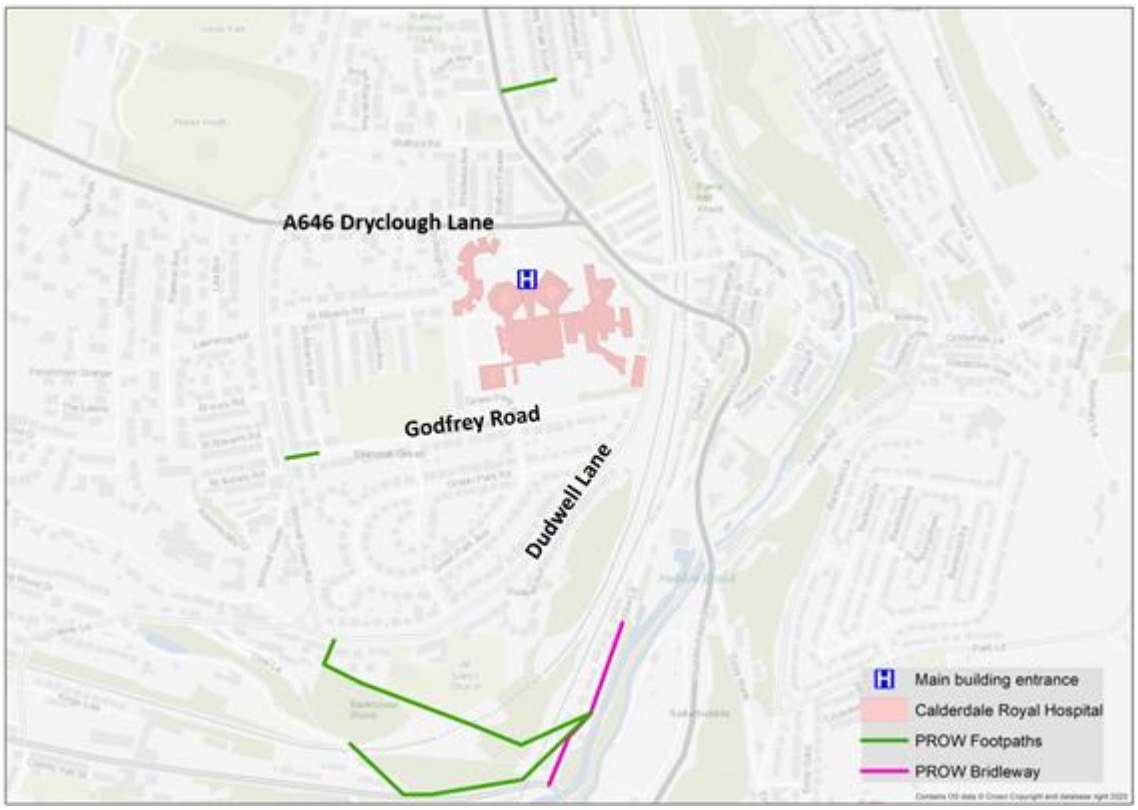
The A629 Huddersfield Road has footways on both sides of the carriageway. Northbound from Bankhouse Lane to just before the junction with Dudwell Lane, Salterhebble Hill is a shared use footway with cyclists. At the Huddersfield Road / Dudwell Lane junction there is a signalised pedestrian crossing, with dropped kerbs, tactile paving and a central reserve over the northern arm of Huddersfield Road. Guardrailings on both sides of the carriageway and in the central reserve channel pedestrians towards the designated crossing points and split the crossing movements into sections. There are dropped kerbs to facilitate pedestrians crossing the minor junctions on Huddersfield Road.

Set back approximately 25m from the Huddersfield Road / Dudwell Lane junction, there is a signalised pedestrian crossing over Dudwell Lane. This also has dropped kerbs, tactile paving, a central reserve and guardrailings. Dudwell Lane has footways on both sides of the carriageway. There is a crossing point with dropped kerbs, tactile paving and central refuge in front of All Saints Junior and Infant School.

Godfrey Road is a tree-lined residential road with pedestrian footways adjacent to both carriageways. Dropped kerbs and tactile paving facilitate pedestrians crossing the vehicular entrances and exits into / from the site and dropped kerbs also facilitate pedestrians crossing the minor junctions on Godfrey Road. Local roads all provide street lighting.

There are several Public Rights of Way (PROW) in the vicinity of the site. To the north of the site there is a footpath that connects Huddersfield Road with Abbey Walk South and Cheltenham Place. Other PROW footpaths exist in the local area and are displayed in Figure 2.12. There is an extensive network of footways within the hospital grounds.

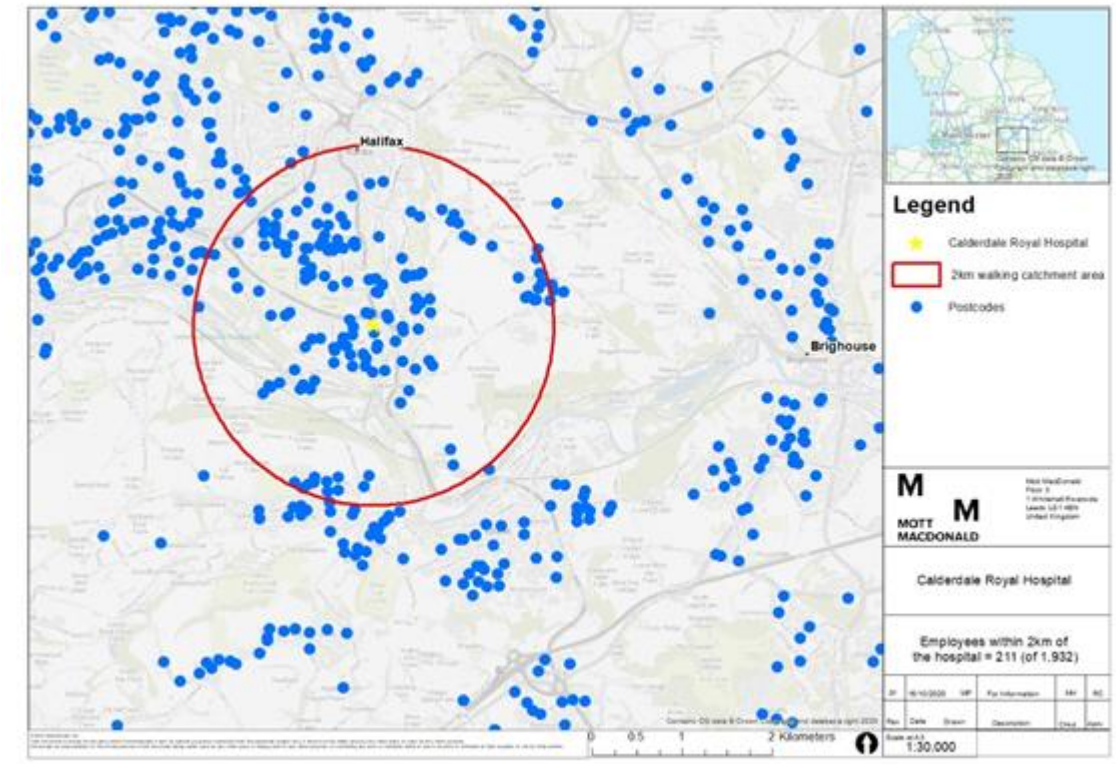
Figure 2.12: Public Rights of Way



2.4.4.1 Employee Accessibility by Distance

Employee postcode data has been used to highlight the number of staff which live within the standard acceptable walking distance of 2km from the site. Figure 2.13 shows that 211 employees live within 2km and might therefore be encouraged to walk or walk more often.

Figure 2.13: Employee Postcode Data



2.4.5 Cycling

The site has benefitted from improved cycling accessibility thanks to the recent A629 Salterhebble to Shaw Hill project. This project included end to end cycle lanes and a 2.5m wide cycle and pedestrian path.[11] In the vicinity of the site, this includes improvements to the Salterhebble Hill shared footway; a new mandatory cycle lane and advance stop lines at the Huddersfield Road / Dudwell Lane junction; a new nearside advisory cycle lane which extends northbound from the Huddersfield Road / Dudwell Lane junction to Shaw Hill; and advance cycle stop lines on Huddersfield Road north and southbound carriageways at the Huddersfield Road / Dryclough Lane junction.

[11] http://calderdalenextchapter.co.uk/projects/a629-salterhebble-shaw-hill

Figure 2.14: Salterhebble Hill Shared Footway

Figure 2.15: Dryclough Lane / Huddersfield Road Junction

The Hebble Trail Cycleway is a National off-road (traffic free) Cycle Route, which can be accessed approximately 0.4km east of the hospital site. The 2mile / 3.1km walking and cycling route follows the Hebble Brook and connects Halifax to the north and Copley to the south.

The Trust has advised that there are seven cycle storage facilities across the site (see Figure 2.16) providing storage capacity for approximately 21 bicycles. Five of these sites consist of lockers and all sites are described in the Trust's Cycle Provision and Use Site Survey (October 2020) to be in suitable locations 'where people would naturally access the site', although there is no signage. Adequate lighting is provided at all cycle storage facilities, but it was highlighted that the shelter at the Old Main Entrance could feel isolated. During the survey it was also noted that some lockers were locked, and the locks appeared old. Locks had also been left in-situ,

presumably to save for future use, at the Old Entrance cycle shelter. This potentially restricts or inhibits access to lockers and stands for new users whether they are staff or visitors. Additionally, there is currently no information provided to patients in appointment letters regarding the availability of cycle storage. Table 2.9 outlines the cycle storage facilities at CRH.

Table 2.9: Cycle storage facilities

Location	Type	Capacity
Main Entrance	Locker	Four bikes
The Dales	Locker	Two bikes
Near MAU	Sheffield stands	Four bikes
Engie Building	Locker	One bike
Women and Children's Entrance	Locker	Two Bikes
Outpatient Transport Entrance	Locker	Two Bikes
Old Main Entrance	Cycle Shelter	Approx Six Bikes

Source: Calderdale and Huddersfield NHS Foundation Trust

Figure 2.16: CRH Cycle Storage Locations

Figure 2.17 shows the cycle stands near the Medical Assessment Unit in Pod A (see Appendix A). Figure 2.18 shows the cycle lockers at the Outpatient Transport Entrance. Figure 2.19 shows the cycle shelter at the Old Main Entrance. This is covered; however, it consists of butterfly stands which are likely to damage bicycle wheels. It is also sometimes being inappropriately used by motorcycles, as is shown. This potentially restricts and inhibits access to stands for bicycle users.

Figure 2.17: CRH Near Medical Assessment Unit Sheffield Stands

Figure 2.18: CRH Outpatient Cycle Lockers

Figure 2.19: CRH Old Main Entrance Cycle Shelter

The Trust has advised that there are female and male locker rooms each with 4 showers on the top floor of Block L (old nurses home) (see Appendix A). A door code is required to access these facilities. The Trust's Cycle Provision and Use Site Survey (October 2020) noted that these are primarily used by clinical staff. Other staff members are likely to be unaware that they exist, despite there being capacity to be used by all staff. There is also little signage indicating the location of these facilities.

2.4.5.1 Employee Accessibility by Distance

Cycle usage tends to be seasonal and national statistics indicate that 80% of trips are for less than 5miles / 8km (CIHT, Planning for Cycling, 2014). However, uptake of electric bicycles may extend the distance travelled, and combined cycle-rail or cycle-bus journeys also offer alternatives to car travel. Nationally, commuting/business trips account for 36% of all cycling trips (DfT, Walking and cycling statistics, England: 2018).

Employee postcode data has been used to highlight the number of staff which live within 8km of the site. Figure 2.20 shows that 1,217 employees live within 8km and might therefore be encouraged to cycle or cycle more often.

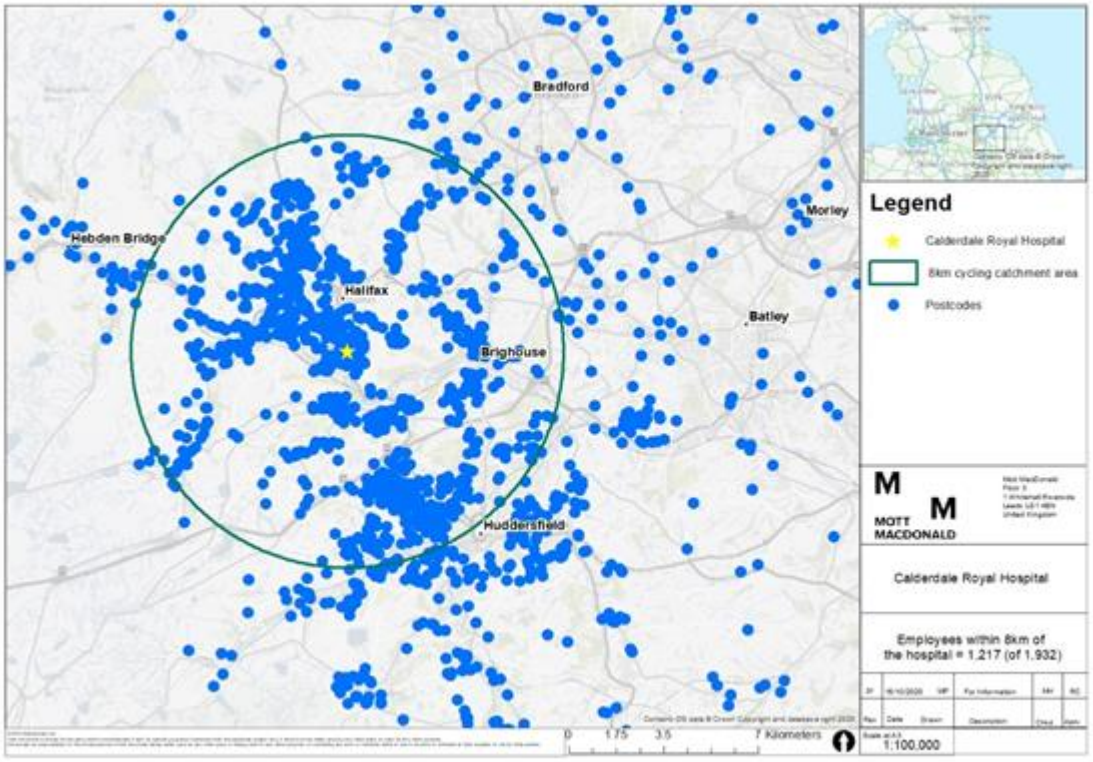
Strava Metro Data[12] demonstrates that travelling from the south to the hospital, cyclists are most likely to use the A629 despite the hill climb. Travelling from the west side of Halifax Town Centre and the Upper Valley to the hospital, cyclists are also likely to use the A629. Whereas for users from further north or the east side of Halifax Town Centre the Hebble Trail running parallel to the A629 is the more popular route. Siddal New Road could also be considered an influential route[13].

From the west, access to the hospital is from King Cross and via Saville Park on roads with some intermittent cycle lanes. As with much of the area, there is no access route that could be termed flat.

[12] https://metro.strava.com/

[13] West Yorkshire Transport Fund Phase 4 Supporting Evidence Strava Metro Data November 2020

Figure 2.20: Employee Postcode Data



2.4.6 Public Transport – Bus

The Institution of Highways and Transportation (IHT) publication 'Guidelines for Planning for Public Transport in Developments' recommends a maximum walking distance to bus stops of 400m, with a preference for less than 300m. Calderdale Royal Hospital is located next to the A629 Huddersfield Road, which is a key bus corridor between Halifax and Huddersfield with frequent bus services. The closest bus stop to the north of the hospital site on Dryclough Lane is approximately a 130m walk from the main building's entrance and is denoted by a flag post.

Westbourne Grove bus stop on Huddersfield Road is approximately a 255m walk from the main building's entrance, due to the location of the pedestrian crossings, and is denoted by a flag post and raised bus boarding kerbs. Pedestrians travelling to / from this stop can enter / exit the site from a pedestrian entrance into the hospital car park, they can then travel via the footways on Dryclough Lane and access the footways on Huddersfield Road by crossing Dryclough Lane and Huddersfield Road using the signalised pedestrian crossings.

The two closest bus stops to the south of the site are on Godfrey Road, Green Park Street westbound and Green Park Street eastbound which are approximately a 280m walk from the main entrance. Green Park Street westbound bus stop is denoted by a flag post, Green Park Street eastbound bus stop has a shelter and raised bus boarding kerbs. Pedestrians travelling to / from these bus stops can travel via the footways on Godfrey Road. There are no pedestrian crossing facilities on Godfrey Road. There are footways into the hospital site at the car park exit and the site access road.

There are 14 bus stops within 650m of the main building's entrance which is the BREEAM compliant public transport node criteria. The services which operate from these stops and their corresponding frequencies are outlined below in Table 2.10. Please note that as of April 2020

services are operating at a reduced level and in some cases have been suspended because of the ongoing coronavirus pandemic.

Figure 2.21: Bus Stops

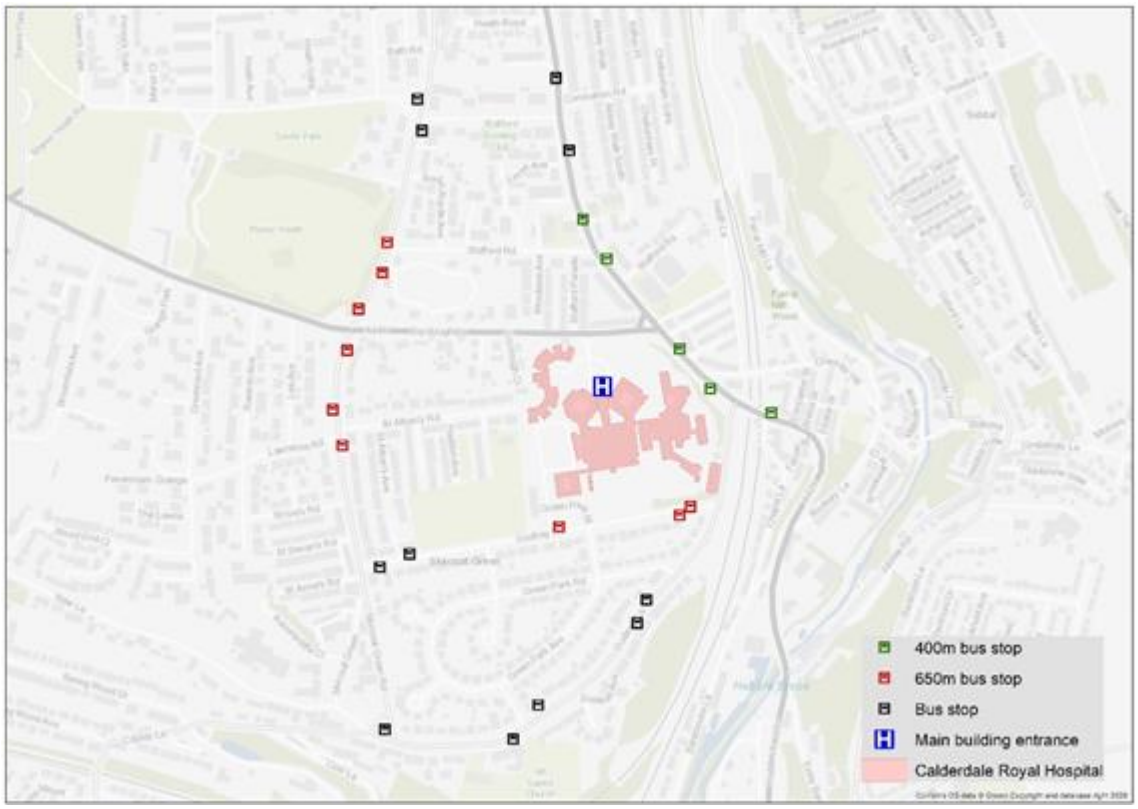


Table 2.10: Available bus services

Service	Route	Frequency Mon to Sat Daytime (Minutes)	Frequency Evening and Sundays (Minutes)	Closest bus stop
343	Halifax - Barkisland - Elland - Blackley - Huddersfield	60	0	Westbourne Grove bus stop
501	Halifax - West Vale - Elland - Ainley Top -Huddersfield Royal Infirmary - Lindley - Huddersfield	0	60	Westbourne Grove bus stop
503	Halifax - West Vale - Elland - Ainley Top - Edgerton	10	60	Westbourne Grove bus stop
536	Halifax - Stainland - Outlane - Huddersfield	0	120	Westbourne Grove bus stop
537	Halifax - Elland - Stainland - Outlane - Huddersfield	60	120	Westbourne Grove bus stop
539	Stainland - West Vale - Halifax	60	0	Westbourne Grove bus stop
561	Halifax - West Vale - Greetland - Norland - Barkisland - Krumlin - Ripponden - Soyland - Mill Bank - Sowerby Bridge - Copley - Halifax	60	60	Huddersfield Road Stop A
562	Halifax - West Vale - Greetland - Norland - Barkisland - Krumlin - Ripponden - Soyland - Mill Bank - Sowerby Bridge - Copley - Halifax	60	60	Westbourne Grove bus stop
563	Halifax - Copley - West Vale - Elland - Brighouse	60	0	Skircoat Green Road, Stafford road bus stop
563A	Halifax - Copley - West Vale - Elland - Brighouse *runs during school terms only*	limited service*	-	Skircoat Green Road, Stafford road bus stop
C35	Rastrick - Halifax	1 per day (Mon-Fri) inbound only	-	Huddersfield Road (stop A)

Source: https://www.wymetro.com/media/5478/calderdale_freq_panel.pdf; Arrivabus.co.uk; www.yorkshiretiger.co.uk

2.4.7 Public Transport – Rail

The closest station is Halifax railway station which is approximately 1.2 miles / 1.9km from the hospital and is located east of Halifax town centre. Services from platform 2 head eastbound towards Leeds and Bradford and services from platform 1 head westwards towards Huddersfield, Blackpool North and Manchester Victoria. There are three cycle lockers and 16 cycle storage stands situated adjacent to the booking office. The station's car park has 32 spaces with 4 accessible spaces, wheelchair users may require assistance to use the car park. There is no charge for railway users to park their cars in this car park. A taxi rank is available at the entrance of the station.

The available services and their corresponding journey times and frequency are shown in Table 2.11. Please note that as of April 2020, services are operating at a reduced level and in some cases have been suspended because of the ongoing coronavirus pandemic.

Table 2.11: Rail services

Destination	Journey Time (Approx.)	Frequency (trains per hour) Weekdays*
Leeds	37 minutes	4
Huddersfield	21 minutes	2
Manchester Victoria	45 minutes	2
Bradford Interchange	15 minutes	5
Blackpool North	1 hour 35 minutes	1
Leeds	37 minutes	4

Source: National Rail

2.4.8 On-site Parking

There are 809 total spaces including 46 blue badge bays at CRH and 14 drop-off bays.[14] Figure 2.22 shows the car park locations.

2.4.8.1 Electric Vehicle (EV) Charging Stations

There are no EV charging stations at the CRH site.

2.4.9 Staff Parking

There are twelve car parks on site of which nine can be used by staff permit holders. The car parks and their capacities are detailed in Table 2.12.

2.4.10 On-site Visitor and Outpatient Car Parking

Visitors and outpatients can use ten of the car parks, eight of which are pay on exit, one is pay and display and there is a small 16 space open access car park (Engie Facilities Management).

Table 2.12: CRH Car Parks

Car Park	Total number of spaces	Number of Blue Badge Bays
Main Entrance*	221	13
Mortuary*, Neurophysiology*, Diabetes* and Endoscopy*	131	6
Women and Children's Unit*	198	12
Learning and Development*	42	2
Accident & Emergency* and Priority	162	10
The Dales*	20	3
Engie Facilities Management*	16	0
Dryclough Close	19	0
Total	**809**	**46**

*Car parks visitors and patients can use. Source: Calderdale and Huddersfield NHS Foundation Trust

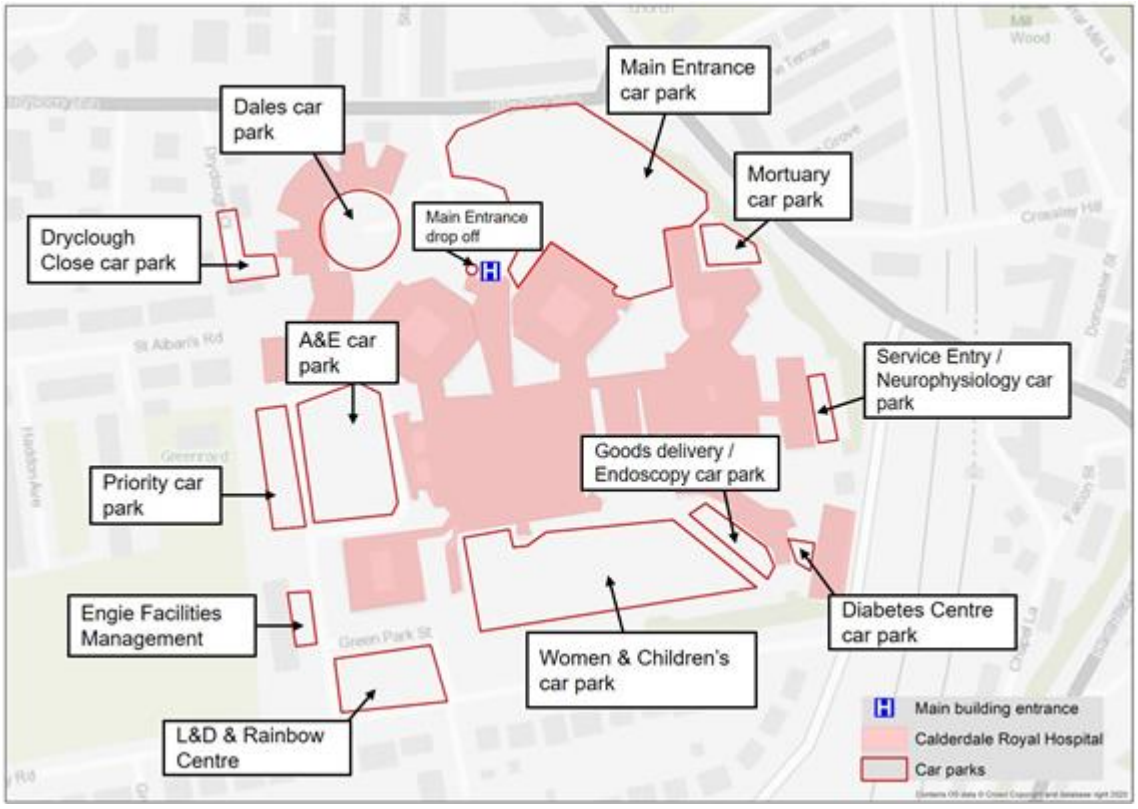
Table 2.13 shows the applicable parking charges for patients and visitors. Further concessions are available in qualifying circumstances, authorisation forms are obtained from the ward. Some blue badge holders are eligible for free parking, six-month passes are issued by the General Office.[15]

[14] Calderdale and Huddersfield NHS Foundation Trust Car Parking Policy and Operational Review, Draft Report November 2020
[15] https://www.cht.nhs.uk/patients-visitors/finding-us/car-parking/

Table 2.13: Car park charges

Duration	Cost
Up to 2 hours	£3.00
2-4 hours	£5.00
4-6 hours	£6.00
More than 6 hours	£8.00
Weekly pass	£35.00

Figure 2.22: CRH Car Parks



2.4.11 Off-site Parking

Figure 2.23 shows the on-street parking in the vicinity of the site. There are varying parking restrictions along the length of Dryclough Lane. There is a section of short stay pay and display parking along the eastbound carriageway to the west of the site. There are further sections of pay and display parking on Stafford Road, Skircoat Green Road, Godfrey Road and Dudwell Lane, as shown in Figure 2.23. Charges are applicable Monday – Friday 08:00-19:00 (except bank holidays) and payment is in cash or via mobile phone and APCOA Connect[16] (see Table 2.14 for applicable charges).

[16] https://www.calderdale.gov.uk/v2/residents/transport-and-streets/parking/car-parks-and-street-parking/skircoat-green-pay-and-display

Figure 2.23: CRH On Street Parking

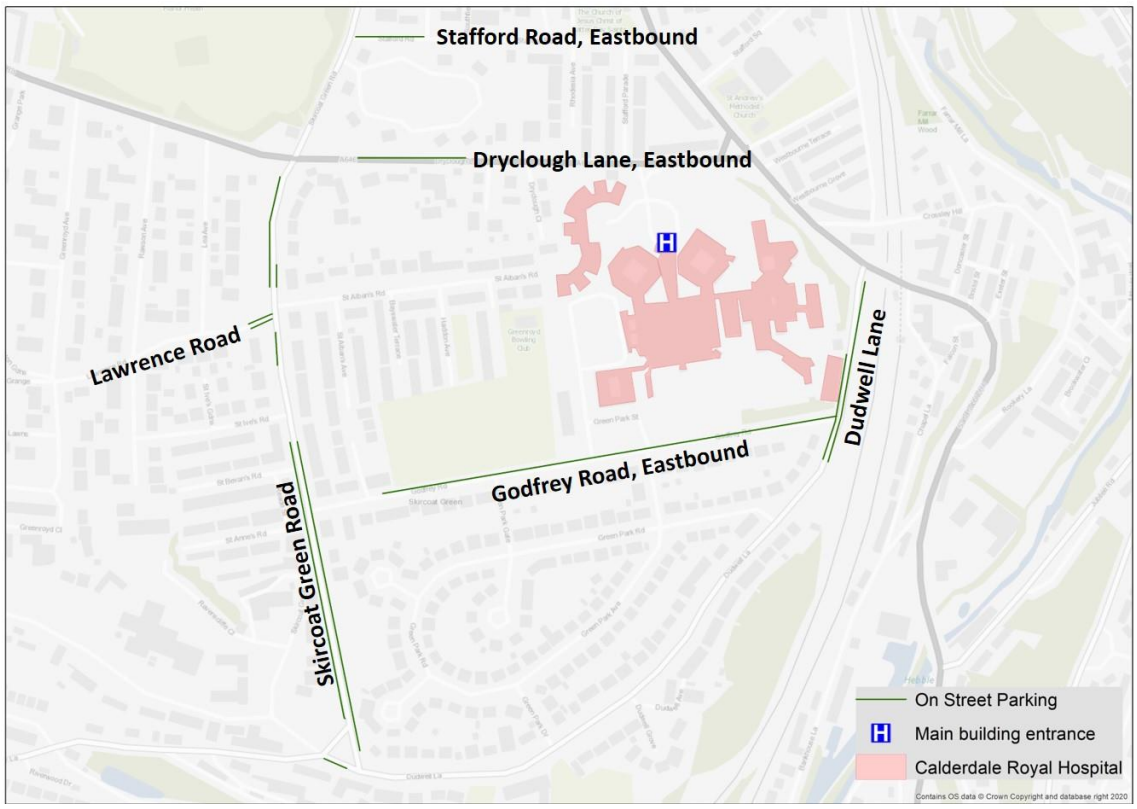


Table 2.14: CRH on street parking

Street Name	Maximum Stay	Tariff
Dryclough Lane	4 hours	90p per hour
Dudwell Lane and Skircoat Green	11 hours	50p per hour or £2.50 over 5 hours
Dudwell Lane	11 hours	90p per hour
Godfrey Road	11 hours	50p per hour or £2.50 over 5 hours
Lawrence Road	11 hours	50p per hour or £2.50 over 5 hours
Skircoat Green Road	11 hours	50p per hour or £2.50 over 5 hours (11 hours) and 40p per hour

Source: https://www.calderdale.gov.uk/v2/residents/transport-and-streets/parking/car-parks-and-street-parking/skircoat-green-pay-and-display

3 Staff Travel Survey

3.1 Introduction

A staff travel survey was undertaken in November 2020 with all staff currently employed by the Trust invited to participate. Responses were received from 1487 members of staff. As the UK was still in the midst of the global Coronavirus pandemic, participants were asked to think about their travel before any current restrictions.

3.2 Staff Location

Respondents were asked to identify their main place of work.

Table 3.1: Workplace

Location	Number of Responses	%
HRI	707	48%
CRH	507	34%
Both hospitals	105	7%
Other	168	11%
Total	1487	100%

3.3 Modal Share

Respondents were asked how they usually travel to work. A summary of the modal split of travel by staff is presented below. This demonstrates that at both sites the most common mode of travel to the hospitals was in single occupancy vehicles, representing 63% at HRI and 66% at CRH. Walking was the second highest modal share at HRI at 11% and bus at CRH at 10%.

Table 3.2: Main mode of travel by staff

Mode of travel	Trust wide	HRI %	CRH %	Both hospitals %	Other %
Bicycle	1%	1%	1%	2%	1%
Bus	9%	9%	10%	10%	9%
Car driver (on your own)	66%	63%	66%	65%	66%
Car driver (with passenger(s))	3%	4%	2%	1%	3%
Car passenger	5%	4%	6%	4%	5%
Motorcycle/moped/scooter	1%	0%	1%	1%	1%
Shuttle bus (between the two hospitals)	4%	2%	5%	7%	3%
Taxi	2%	3%	1%	2%	2%
Train	1%	1%	2%	0%	1%
Walk	8%	11%	7%	10%	9%

Staff were asked what factors they consider when choosing their mode of travel to work, they could select more than one factor, their responses are summarised in Table 3.3. Convenience / time savings was the most popular for both HRI (19%) and CRH (18%). Cost, personal safety and the ability to run errands before or after work were also important. The most popular reason for staff using a private car was due to convenience / time savings.

Table 3.3: Factors considered when choosing main mode of travel

Factor	Trust wide	HRI %	CRH %	Both hospitals %	Other %
Convenience/time savings	18%	19%	18%	15%	16%
Cost	13%	12%	14%	12%	14%
Environmental factors such as carbon emissions and air quality	5%	4%	5%	7%	5%
Essential for work purposes	11%	11%	9%	14%	16%
Health - fitness purposes	3%	4%	3%	2%	2%
Health restrictions (inc. disability)	1%	2%	1%	2%	1%
No alternative	12%	9%	13%	13%	14%
Parental or caring responsibilities	8%	9%	8%	7%	7%
Personal Safety	12%	11%	13%	12%	10%
Privacy	3%	4%	2%	2%	2%
Receive/give a lift to family/friend/colleague	2%	3%	3%	2%	1%
Run errands before or after work	9%	11%	8%	9%	9%
Other	2%	1%	2%	3%	3%

3.4 Journey Distance

Table 3.4 shows that staff travel a range of distances to work however, 59% of respondents working at HRI and 51% working at CRH travel 5 miles or less to work.

Table 3.4: Distance travelled to work

Distance Travelled	Trust wide	HRI %	CRH %	Both hospitals %	Other %
Less than 1 mile	6%	11%	6%	4%	4%
1 - 5 miles	43%	48%	45%	34%	43%
6 - 10 miles	28%	25%	27%	31%	27%
11 - 15 miles	12%	8%	11%	14%	14%
16 - 20 miles	6%	5%	5%	8%	7%
Over 21 miles	6%	4%	6%	9%	5%

4 Patients and Visitors' Travel Survey

4.1 Introduction

A patient and visitors' travel survey was undertaken in November 2020. Due to the ongoing Coronavirus pandemic and infection control measures in place, it was only possible to do an online survey. There were 232 patient and visitor respondents in total. Of these, 10 patient respondents identified other sites as their most recently visited, including BMI Huddersfield Hospital, Nuffield Health Huddersfield and Spire Elland Huddersfield all of which are private hospitals outside of the Trust. There are a number of reasons that they may have attended these sites including because of Coronavirus measures, but for the purposes of the Travel Plan these respondents have been excluded from the analysis.

4.2 Site Visited

Respondents were asked to identify the hospital they attended most recently. Of the 104 HRI respondents 20 were visitors and 84 were patients. Of the 118 CRH respondents 22 were visitors and 96 were patients.

Visitors and patients expressed concerns in their comments over the services and consultants available at both sites and how this causes people to have to travel to Halifax for appointments when living in Huddersfield and for having to travel to Huddersfield when living in Halifax.

Table 4.1: Location

Location	Number of Responses	%
HRI	104	45%
CRH	118	51%
Other	10	4%
Total	232	100%

4.3 Modal Share

Respondents were asked how they travelled to the hospital. A summary of the modal split of travel by patients and visitors is presented below. For patients at both sites the most common mode of travel to the hospitals was in single occupancy vehicles, 38% at HRI and 44% at CRH. For visitors to CRH the most common mode was also single occupancy vehicles (50%), whilst at HRI it was as a car driver with passengers (45%). No patients or visitors used rail services.

Table 4.2: Main mode of travel

Mode of travel	Patients		Visitors	
	HRI %	CRH %	HRI %	CRH %
Car driver (on your own)	38%	44%	40%	50%
Car driver (with passengers)	12%	11%	45%	41%
Car passenger	26%	39%	5%	-
Taxi	7%	2%	-	5%
Bus	4%	-	-	-
Train	-	-	-	-
Walk	12%	2%	10%	5%
Bicycle	-	1%	-	-
Patient Transport Service	1%	1%	-	-

Respondents were asked why they used this model of travel, they could select more than one reason, their responses are summarised in Table 4.3. Convenience / time savings was the most popular response for visitors and patients at both sites.

Table 4.3: Reason for using main mode of travel

Reason	Patients		Visitors	
	HRI %	CRH %	HRI %	CRH %
No alternative	21%	21%	23%	23%
Ambulance called	-	1%	-	-
Convenience/time savings	33%	30%	39%	37%
Cost	6%	6%	6%	7%
Health – fitness purposes	4%	3%	3%	3%
Health restrictions (inc. disability)	12%	10%	6%	3%
Unable to drive myself	2%	1%	-	-
Personal safety	11%	14%	10%	7%
Receive/give a lift to family/friend	5%	3%	3%	13%
I live near the hospital	2%	-	3%	-
Environmental factors such as carbon emissions and air quality	2%	3%	-	-
COVID-19	1%	1%	-	7%
Privacy	3%	6%	6%	-

4.4 Journey Distance

Table 4.4 summarises the responses to the question about how far they travelled. 62% of patients and 55% of visitors to HRI travelled 5 miles or less. 71% of patients and 73% of visitors to CRH travelled 5 miles or less.

Table 4.4: Distance travelled

Distance Travelled	Patients		Visitors	
	HRI %	CRH %	HRI %	CRH %
Less than 1 mile	10%	7%	15%	14%
1-5 miles	52%	63%	40%	59%
6-10 miles	35%	20%	40%	18%
11 – 15 miles	4%	6%	-	5%
16 – 20 miles	-	2%	5%	5%
Over 21	-	2%	-	-

5 Active Travel Strategy

5.1 Introduction

This section of the Travel Plan examines the role transport has in contributing towards the improved health of staff, patients and visitors by encouraging walking and cycling, known collectively as 'Active Travel'. Walking and cycling will provide the following benefits for staff, patients, the local area and visitors:

- Reduced stress and improved health which leads to lifestyle improvements;
- Creates opportunities to socialise with others;
- Overall reduced traffic levels resulting in less pollution and improved air quality in the local area; and
- Reduced traffic levels resulting in fewer road traffic accidents.

5.2 Trust Wide Active Travel Initiatives

5.2.1.1 Active Hospitals

The Trust is a full partner in Active Calderdale[17] and Active Hospitals[18]. The Active Hospitals programme aims to change the physical activity culture within hospitals to value, recognise and embed physical activity in patient pathways and the workforce.

5.3 Cycling

5.3.1 Feedback from Staff Travel Survey

As cycling is an important element of active travel, the November 2020 travel surveys asked patients and visitors which measures would encourage them to cycle to the site. Respondents could select more than one response. Table 5.1 shows that for 39% of HRI respondents and 40% of CRH respondents nothing would encourage them to cycle. However, a range of on-site measures such as improved workplace showers and changing facilities, secure cycling parking areas and lockers would encourage some staff to cycle to both sites. Discount / loans for purchase of equipment was selected by 5% of respondents at both sites, which, as detailed in Section 2.2.1.1 is something the Trust already participate in through a cycle to work scheme, which allows staff members to purchase a bike and pay for it through a salary sacrifice arrangement. This suggests that further promotion of the scheme might be beneficial.

Table 5.1: Staff opinion of cycling measures

Measure	HRI %	CRH %	Both hospitals %	Other %
Advice / guidance on cycle maintenance	2%	2%	1%	1%
Advice about cycle security	2%	2%	3%	1%
An on-site pool of bikes / bike library	3%	4%	5%	4%
Cycle maps and information	2%	2%	1%	1%
Cycle training	2%	2%	4%	1%
Discount/loans for purchase of equipment	5%	5%	4%	5%
Improved cycle paths on the journey to work	9%	7%	7%	7%

[17] https://active.calderdale.gov.uk

[18] https://movingmedicine.ac.uk/active-hospitals/

Measure	HRI %	CRH %	Both hospitals %	Other %
Improved workplace showers and changing facilities	8%	8%	8%	7%
Promotion of engagement events and national campaigns (i.e., Bike week / cycle to work day)	2%	2%	1%	2%
Road safety when cycling	7%	7%	5%	5%
Secure cycle parking areas	8%	7%	8%	7%
Workplace lockers	5%	5%	7%	5%
Nothing	22%	21%	22%	24%
Nothing – It's too far to cycle	17%	19%	17%	16%
Nothing – I already cycle	1%	1%	1%	1%
Other	6%	5%	8%	11%

5.3.2 Feedback from Patients and Visitors' Travel Survey

Patients and visitors were also asked which measures would encourage them to cycle to the site. Participants could select more than one response. Table 5.2 shows that for the majority of patients (79% HRI and 80% CRH) and visitors (94% HRI and 76% CRH) nothing would encourage them to cycle to the hospital. In the additional comments respondents also highlighted that cycling would not be possible due to mobility restrictions which is largely as might be expected for hospitals. The results suggest that there are measures both on-site, including secure cycle parking areas and cycle maps and information, as well as off-site in particular improved cycle paths on routes to the hospitals that would encourage cycling amongst some respondents.

Table 5.2: Patients and visitors' opinion of cycling measures

Measure	Patients		Visitors	
	HRI %	CRH %	HRI %	CRH %
Cycle maps and information	1%	1%	-	4%
Improved cycle paths on the journey to the hospital	12%	10%	5%	8%
Secure cycle parking areas	8%	7%	-	12%
Nothing	48%	55%	68%	32%
Nothing – it's too far	31%	25%	26%	44%
Nothing – I already cycle	-	2%	-	-

5.3.3 On-site Facilities

5.3.3.1 HRI

There is existing cycle storage for approximately 19 bicycles on site. This is secure and covered. However, it appears that some maintenance is required to remove old / unused locks.

On completion of the reconfiguration the site will have a total of 168 bed spaces and up to 2478 staff.

According to the BREEAM criteria for the building type (see Table 5.3), exclusions to cycling provisions will be applicable for outpatient services and maternity units.

Table 5.3: BREEAM cycle storage criteria

Building Type	Number of Spaces	Unit of Measure
All healthcare	1	10 staff
	1	2 consulting rooms OR 10 beds – Exclusions may apply for special building types such as chemotherapy, outpatient centres or maternity wards as it is unlikely patients and visitors would be cycling

Site wide, the total number of cycle storage spaces required before exclusions based on the total number of staff is 248. However, post reconfiguration the peak time number of staff, i.e. the maximum number of staff likely to be on site at any one time, due to shift working and so on, is estimated to be 2032. Suggesting a required reduced provision of 204 spaces. Should a building have more than 200 users a sliding scale of compliance would also apply.

However, this figure is far in excess of the likely demand. The staff travel survey indicates that only 1% of staff currently cycle to work. This suggests that 21 cycle storage spaces would meet future daily demand. To support and encourage modal shift the Trust will assess and evaluate demand moving forward and increase provision over time.

Post reconfiguration the site will have a total of 168 bed spaces which equates to 17 cycle storage spaces. However, exclusions may apply for special building types (see Table 5.3). According to Table 5.4, post reconfiguration 88% of the total number of patients visiting the hospital over the course of a year are expected to be outpatient or Accident and Emergency patients. According to the BREEAM criteria they can therefore be excluded from cycle storage provision. Approximately 100 inpatients will visit the hospital per day, which equates to 10 cycle storage spaces.

Table 5.4: Yearly number of patients at HRI

Department	Post Reconfiguration Number of Patients	Percentage of All Patients (%)
Outpatient	205,600	68
Inpatients	36,308	12
A and E	61,851	20
Total	**303,759**	**100**

Source: Calderdale and Huddersfield NHS Foundation Trust

Kirklees Council have not set local parking standards for non-residential development. However, the Kirklees Local Plan (2019) requires that provision be made to meet the needs of cyclists. Any new cycle storage and facilities should be compliant with the relevant BREEAM guidance (UK) and Kirklees Local Plan (2019). This requires that storage is in a prominent location, visible to users from an occupied building or a main access to a building (to improve safety and security), is adequately lit and has overhead covering. Storage should also be located to avoid conflict with vehicles and other site users.

In addition, the provision of ‘at least two compliant cyclists’ facilities for staff; showers, changing facilities, lockers or drying facilities will also attract BREEAM credits.

5.3.3.2 CRH

There is existing cycle storage capacity for approximately 21 bicycles on site. This is secure and covered. However, it appears that some maintenance is required to remove old / unused locks. One of the locations also uses butterfly stands which are likely to damage bicycle wheels.

On completion of the reconfiguration the site will have a total of 670 bed spaces and up to 3693 staff. However, according to the BREEAM criteria for the building type (see Table 5.3), exclusions to cycling provisions may be applicable for special building types.

Site wide, the total number of cycle storage spaces required before exclusions based on the total number of staff is 370. However, post reconfiguration the peak time number of staff, i.e. the maximum number of staff likely to be on site at any one time, due to shift working and so on, is estimated to be 3028. Suggesting a required reduced provision of 303 spaces. Should a building have more than 200 users a sliding scale of compliance would also apply.

However, this figure is far in excess of the likely demand. The staff travel survey indicates that only 1% of staff currently cycle to work. This suggests that 31 cycle storage spaces would meet

future daily staff demand. To support and encourage modal shift the Trust will assess and evaluate demand moving forward and increase provision over time.

Post reconfiguration the site will have a total of 670 bed spaces which equates to 67 cycle storage spaces. However, exclusions may apply for special building types. According to Table 5.5, post reconfiguration 87% of the total number of patients visiting CRH over the course of a year are expected to be outpatients or Accident and Emergency patients. According to the BREEAM criteria they can therefore be excluded from cycle storage provision. Approximately 125 inpatients will visit the hospital per day, which equates to 13 cycle storage spaces.

Table 5.5: Yearly number of patients at CRH

Department	Post Reconfiguration Number of patients	Percentage of All Patients (%)
Outpatient	189,006	54%
Inpatients	44,970	13%
A and E	115,574	33%
Total	**349,550**	**100%**

Source: Calderdale and Huddersfield NHS Foundation Trust

According to Calderdale Local Plan Draft (2018) the minimum bicycle parking for hospitals is: 1 space per 10 staff in secure facilities plus 1 space per 3 beds. Therefore, the total number of cycle storage spaces required is 370 for staff. However, as previously stated the post reconfiguration peak time number of staff, is estimated to be 3028. Therefore, the required provision will be 303 for staff. The total number of beds post reconfiguration will be 670, which equates to 224 spaces. However, as detailed above, it is unlikely that many of the patients and visitors will be cycling.

The Calderdale Cycling Strategy (2017) stipulates that cycle parking should: be accessible and convenient; have good natural surveillance; be secure against theft and vandalism; be well-lit, with CCTV and a covering, if intended for long stay users; be free of charge as far as possible; have sufficient capacity for peak use and future growth; and be clean and well-maintained.

In addition, the provision of ‘at least two compliant cyclists’ facilities for staff; showers, changing facilities, lockers or drying facilities will also attract BREEAM credits.

5.3.4 Local and National Active Travel Initiatives

5.3.4.1 Cycle to Work Scheme

As detailed in section 2.2.1, Calderdale and Huddersfield NHS Foundation Trust is a member of the Cycle to Work initiative which offers staff tax and National Insurance savings when purchasing a bike. The cost of the bike is spread out over 18 months and is paid through pre-tax pay. In the November 2020 travel survey Discount / loans for purchase of equipment was selected by 5% of respondents at both sites as a measure that could encourage them to cycle, which suggests that further promotion of the scheme might be beneficial. As staffing changes occur, informing new staff of initiatives will also be important.

5.3.4.2 Cycle Training and Support

The Trust has recently begun offering bespoke cycle training sessions for staff. These sessions are structured to enhance confidence and ability to ride in traffic and are designed to increase the likelihood of using cycling as a mode of transport, such as commuting. The sessions are run in conjunction with Calderdale Council and open to staff from both sites and with all home postcodes. The training is delivered at Calderdale due to the availability of more suitable nearby training environments. Nine colleagues went through this training in September and an ongoing programme of sessions is planned for 2021.

Employees can also benefit from local schemes such as CityConnect Cycles[19] which offers free small group training to teach adults who want to learn to ride, gain confidence or learn how to ride in city traffic. This is available in Huddersfield and Halifax.

2% of respondents from both HRI and CRH identified cycle training as a measure that could encourage them to cycle. A further 2% also identified advice / guidance on cycle maintenance and advice about cycle security as measures that would help encourage them to cycle. All of these could be incorporated into the bespoke cycle training currently being offered by the Trust.

59% of respondents working at HRI and 51% working at CRH travel 5 miles (8km) or less to work, which suggests that participation in cycle training could be used to support and encourage some of these staff members to cycle.

5.3.4.3 Cycling UK[20]

Cycling UK is a charity which aims to get more people cycling. Employer membership provides organisations with tool kits, guides and advice to encourage cycle commuting, and challenges and activities to encourage cycling. Through the Trust's work with Active Hospitals discussions have been initiated with Cycling UK who are keen to work with the Trust to promote cycling and to support initiatives such as bike clubs and fix your bike days.

5.3.4.4 Journey Planning Tools

Staff, patients and visitors can be provided with links to journey planning tools via email where appropriate, such as:

- https://www.cyclestreets.net/journey/;
- https://www.cyclinguk.org/journey-planner; and
- https://cyclecalderdale.co.uk/route/ which provides links to maps and routes for cycling in Calderdale.

Additionally, information regarding active travel can be posted on the notice boards for easy reference and opportunities for including information in outpatient appointment letters will be explored.

5.3.4.5 Participation in Events

In addition to the provision of facilities, it will be important to raise awareness of the benefits associated with cycling as well as participating in specific events or challenges relevant to cycling. Details of the health benefits associated with cycling can be regularly promoted to staff, patients and visitors via meetings, on notice boards, staff training and via email where appropriate.

Local and national challenges and events which would provide staff, patients and visitors with an opportunity to engage in active travel or focus on healthy lifestyle choices include:

- Green Transport Week http://www.etatrust.org.uk/campaign/green-transport-week/;
- Bike Week http://bikeweek.org.uk/; and
- Cycle to Work Day https://www.cycletoworkday.org/.

[19] https://www.cyclecityconnect.co.uk/

[20] https://www.cyclinguk.org/

5.4 Walking

5.4.1 Feedback from Staff Travel Survey

Staff were asked to highlight which measures would heighten their propensity to walk to work. Respondents could select more than one response. The results are displayed in Table 5.6.

11% of HRI respondents and 6% of CRH respondents live less than 1 mile / 1.6km from the site and within the standard acceptable walking distance of 2km. More people reported walking to HRI (11%) than CRH (2%) (see section 3.3). Table 5.6 suggests that a number of on-site measures including improved shower and changing facilities, lockers / storage facilities, other people to walk with and the promotion of engagement events would encourage some staff to walk to work helping to maintain and improve these modal figures.

Table 5.6: Staff opinion of walking measures

Measure	HRI %	CRH %	Both hospitals %	Other %
Improved lighting/security on-route	5%	5%	5%	4%
Improved shower and changing facilities	5%	4%	8%	6%
Less shared facilities with cyclists	0%	0%	0%	0%
Walking maps and information	0%	0%	0%	0%
On-site locker/storage facilities	3%	3%	5%	4%
Other people to walk with	4%	3%	4%	2%
Promotion of engagement events and national campaigns (i.e., walk / run to work day)	2%	1%	2%	2%
Safer crossing facilities on-route	1%	2%	1%	3%
Nothing	15%	15%	13%	22%
Nothing - it's too far to walk	48%	50%	39%	42%
Nothing - I already walk	11%	8%	11%	3%
Other	5%	9%	9%	14%

5.4.2 Feedback from Patients and Visitors' Travel Survey

Respondents were asked to highlight which measures would heighten their propensity to walk to the hospital. Respondents could select more than one response. The results are displayed in Table 5.7 below.

Table 5.7: Patients and visitors' opinion of walking measures

Measure	Patients		Visitors	
	HRI %	CRH %	HRI %	CRH %
Improved lighting/security on-route	1%	3%	-	4%
Safer crossing facilities on-route	-	2%	-	4%
Walking maps and information	-	1%	-	4%
Nothing	15%	23%	35%	12%
Nothing – I already walk	15%	5%	10%	4%
Nothing – it's too far to walk	68%	66%	55%	73%

At HRI 15% of visitors and 10% of patients travelled 1 mile or less to the site. At CRH 14% of visitors and 7% of patients travelled less than 1 mile to the site.

Of those that live less than 1 mile from HRI, 36% drove to the hospital and 64% walked. Whilst 80% of the visitors and patients that live less than a mile from CRH drove to the hospital.

5.4.3 Journey Planning Tools

Staff, patients and visitors can be provided with links to journey planning tools for both walking journeys and running routes via email and on outpatient appointment letters where appropriate. Consideration can also be given to displaying maps in centralised areas which highlight popular walking and running routes which can be accessed from the site.

Examples of popular journey planning tools and databases of walking/running routes include the following:

- https://www.strava.com/routes a directory of running and cycling routes for locations worldwide;
- http://walkit.com/ an urban walking route planner, it enables you to create and explore route maps, has a database of walks and walking maps, a walking events listings and information blogs;
- https://www.walkinginengland.co.uk/yorkshire/halifax.php provides links to maps of walking routes in Halifax which can be downloaded; and
- https://www.walkinginengland.co.uk/yorkshire/huddersfield.php provides links to maps of walking routes in Huddersfield which can be downloaded.

5.4.3.1 Participation in Events

It will be important to raise awareness of the benefits associated with walking. Participating in specific events or challenges relevant to walking could help to encourage staff, outpatients and visitors to walk more often, (outside of their journeys to the hospitals), which could improve their health and wellbeing. Details of the health benefits associated with walking can be regularly promoted to staff via meetings, on noticeboards, staff training and via email where appropriate. The Active Hospitals initiative (see section 5.2.1.1) of which the Trust is an active partner is specifically designed to get patients and staff moving more and resources including promotional materials are provided for use.

The Trust have previously used the NHS Active 10 app to promote walking amongst staff members. The app records steps (anonymously), helping users to set goals, track achievements and gives them tips on boosting activity levels.[21] In February 2020 the Trust also completed a 'Couch to 5k' running challenge with approximately 15 participants.

The Trust is currently working with Active Calderdale, Sport England and the Yorkshire Foundation for Sport to identify walking routes around both hospital sites. Currently, four 'well-being' circular walks of 1-2 miles are being developed, primarily for staff to incorporate walking into their day. Each route will begin at the hospital entrance and could be done in an hour or less. The route descriptions and photographs will initially be available on the Active Hospitals intranet site and then hosted on other platforms to reach wider audiences including patients and visitors.

Other local and national challenges and events which would provide staff, patients and visitors with an opportunity to engage in active travel or focus on healthy lifestyle choices include:

- National Walking Month http://www.livingstreets.org.uk/national-walking-month;
- Living Streets Try 20 https://www.livingstreets.org.uk/workplaces/try20-tips; and
- Walk in Her Shoes http://www.careinternational.org.uk/walkinhershoes.

5.5 Measures to be Taken Forward

The table below provides a summary of measures which could be implemented to support and promote active travel as part of the Travel Plan. The uncertainty surrounding the ongoing impacts

[21] https://www.nhs.uk/better-health/get-active/

of the COVID-19 pandemic are likely to have implications for the implementation of the measures and the timescales for delivery. Measures designated with an asterisk are those which will require investment from the Trust.

Table 5.8: Measures to support active travel

Action	Responsibility	Timescale	Measure	Site
Audit of pedestrian routes within the hospital grounds to review; way finding signage, surfacing, lighting, footpath gaps and widths for wheelchair users, and pedestrian crossings	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Action plan of improvements if necessary	HRI / CRH
Continue to engage with Active Hospitals to encourage patients and the workforce to move more	Project Manager Active Hospitals	Annually	Evidence of engagement / implementation of policy / infrastructure changes	HRI / CRH
Support and promote National Walking Month	Travel Plan Coordinator	Annually	Number of participants	HRI / CRH
Promote journey planning tools for walking, running and cycling to staff and visitors	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Number of staff / visitors walking / cycling to each site as part of their journey	HRI / CRH
Promote local walking routes	Project Manager Active Hospitals	Within 5 months of adoption of Travel Plan	Number of downloads / users Number of staff walking as part of their well-being hour	HRI / CRH
Investigate opportunities to connect walkers together / create walking groups for journeys to work	Project Manager Active Hospitals	Within 6 months of adoption of Travel Plan	Number of staff walking to each site	HRI / CRH
Continue to support and promote annual 'Couch to 5k' running challenge	Travel Plan Coordinator / Project Manager Active Hospitals	Annually	Number of participants	HRI / CRH
Provide cycling maps for staff, patients and visitors	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Number of staff / visitors cycling to each site	HRI / CRH
Review and update active travel information on website for visitors and in publicly accessible locations	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Number of visitors walking / cycling to each site	HRI / CRH
Create and maintain sustainable travel notice boards and online information for staff	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Evidence of noticeboard and regular updates	HRI / CRH
Review locker cycle storage location and consider alternatives	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Implementation of changes	HRI/CRH
Investigate opportunities for replacing the butterfly cycle stands at the Old Main Entrance*	Travel Plan Coordinator	Within 12 months of adoption of Travel Plan	Implementation of changes	CRH
Investigate opportunities for active travel information to be included in outpatient appointment letters	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Implementation of changes – evidence of updated letters	HRI / CRH
Monitor existing cycle storage and remove any locks that have been left in place but are not being used	Travel Plan Coordinator	Quarterly	Number of locks removed	HRI / CRH
Provide additional secure cycle storage for staff, patients and visitors*	Travel Plan Coordinator	Within 36 months of adoption of travel plan	Number of visitors / staff cycling to each site	HRI / CRH
Monitor the number of bicycles parked on site to review against provision	Project Manager Active Hospitals	Quarterly	Number of visitors / staff cycling to each site	HRI / CRH
Monitor infringements of cycle storage by other types of vehicles and review enforcement options	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Evidence of updated policy	HRI / CRH

Action	Responsibility	Timescale	Measure	Site
Improve directional signage to cycle storage*	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Usage of cycle storage	HRI / CRH
Review existing staff lockers and identify improvements and need for additional provision*	Travel Plan Coordinator	Within 36 months of adoption of travel plan	Usage	HRI / CRH
Review existing staff shower and changing facilities and identify improvements and need for additional provision*	Travel Plan Coordinator	Within 36 months of adoption of travel plan	Usage	HRI / CRH
Improve signage to existing shower, changing and locker facilities for staff*	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Usage	HRI / CRH
Review signage for facilities and add to / improve as necessary	Travel Plan Coordinator	Annually	Usage	HRI / CRH
Review cycle training content and investigate the inclusion of additional content including advice / guidance on cycle maintenance and cycle security	Travel Plan Coordinator / Project Manager Active Hospitals	Annually	Number of participants	HRI / CRH
Continue to participate in and promote cycle training sessions for staff	Travel Plan Coordinator	Annually	Number of participants	HRI / CRH
Continue to participate in and further promote Cycle to Work Scheme	Travel Plan Coordinator	Annually	Number of participants	HRI / CRH
Run a targeted campaign to promote active travel month (via Active Hospitals)	Project Manager Active Hospitals	Annually	Number of participants	HRI / CRH
Investigate bike clubs and fix your bike days with Cycling UK	Project Manager Active Hospitals	Within 6 months of adoption of Travel Plan	Number of participants if implemented	HRI / CRH

6 Public Transport Strategy

6.1 Introduction

In addition to active modes of travel, public transport also has an important role to play, particularly for longer distance journeys to work and to provide sustainable modes of travel for outpatients and visitors. The Travel Plan will develop measures which could be introduced to support and promote the use of public transport by staff, patients and visitors.

6.2 Feedback from Staff Travel Survey

Staff were asked to highlight which measures would encourage them to use public transport to travel to work. Table 6.1 demonstrates that a range of public transport measures would encourage staff to use public transport and, in particular, more direct services, more frequent services and more reliable services were the most frequently noted. 9% of staff at HRI and CRH also identified subsidised / cheaper fares. This suggests that further promotion of the Corporate Metrocard / MCard scheme within the Trust might be beneficial.

Table 6.1: Staff opinion of public transport measures

Measure	HRI %	CRH %	Both hospitals %	Other %
Easier interchange options (e.g., from train to bus or between buses)	5%	6%	3%	6%
Improved security on public transport	5%	4%	4%	3%
Improved stops/stations	6%	5%	4%	6%
Interest-free loans for season ticket purchase	2%	2%	1%	1%
More comfortable/cleaner vehicles	5%	4%	5%	4%
More direct services	12%	13%	12%	9%
More frequent services	11%	13%	13%	11%
More reliable services	10%	11%	9%	10%
Pedestrian links	1%	1%	-	1%
Subsidised / cheaper fares	9%	9%	6%	8%
Up-to-date travel information on routes	4%	4%	4%	4%
Nothing	21%	19%	21%	25%
Nothing – I already use public transport	3%	4%	4%	3%
Nothing - I already use the Shuttle Bus Service	2%	2%	5%	0%
Other	4%	5%	10%	10%

2% of HRI respondents, 5% of CRH and 7% of respondents who work at both sites, identified the shuttle bus as their main mode of travel to work. These users were asked how they access the shuttle bus and the results are displayed in Table 6.2.

Table 6.2: Shuttle bus users' mode of travel to the bus stop

Mode	Number of respondents	%
Walk	25	53%
Public Transport	9	19%
Get a lift	5	11%
Taxi	2	4%
Car	6	13%

All staff were asked which additional bus stops they might use if the Shuttle Bus service was extended on its route to CRH. Whilst the majority of respondents stated none, Ainley top (12%) and Elland (10%) were the most popular options.

Table 6.3: Staff opinion on additional pick-up points for shuttle bus

Location	Number of respondents	%
Ainley Top	187	12%
Elland	153	10%
None	1166	73%
West Vale	88	6%

6.3 Feedback from Patients and Visitors' Travel Survey

Participants were asked to highlight which measures would encourage them to use public transport to travel to the hospital. Their responses are summarised in Table 6.4. For both HRI and CRH 'nothing' was the most common answer and the second most common answer was more direct services. The lack of direct services was also raised in the additional comments provided by participants.

Table 6.4: Patients and visitors' opinion of public transport measures

Measure	Patients		Visitors	
	HRI %	CRH %	HRI %	CRH %
Easier interchange options (e.g., from train to bus or between buses)	11%	10%	4%	5%
Improved security on public transport	4%	5%	-	5%
Improved stops/stations	5%	4%	4%	5%
More comfortable /cleaner vehicles	6%	6%	4%	5%
More direct services	17%	16%	12%	17%
More frequent services	14%	11%	8%	14%
More reliable services	8%	9%	8%	12%
Pedestrian links	2%	2%	-	3%
Subsidised / cheaper fares	8%	6%	8%	7%
Up-to-date travel information on routes	3%	2%	-	5%
Nothing	19%	27%	54%	19%
Nothing – I already use public transport	3%	1%	-	2%
Nothing – I already use the Shuttle Bus Service	1%	-	-	2%

Poor public transport provision was highlighted in the additional comments made by visitors and patients at both sites. Many stated that they live too far from bus services and so are car dependent. At CRH respondents commented on the lack of direct services to the hospital with an interchange being required at Halifax, making bus journeys long and unattractive particularly for those with mobility issues. Public transport to both sites is deemed inaccessible and 'not an option' for patients and visitors that have mobility restrictions. 20% of the additional comments, specifically referred to this as an issue. At HRI, more than one respondent stated that the bus stop is not located close enough to the main entrance to the site and is therefore inappropriate for people with mobility restrictions.

Additional comments were also made about the hospital shuttle bus service. In particular, around it not being available due to the COVID-19 pandemic. A shuttle bus service to outlying areas was also suggested.

6.4 Journey Planning Tools

Journey planning tools can be promoted via email where appropriate and on noticeboards, including those provided by:

- Metro via Moovit https://moovitapp.com/?customerId=11187; and
- National Rail https://ojp.nationalrail.co.uk/service/planjourney/search.

Additionally, information regarding public transport can be posted on staff and visitor notice boards for easy reference.

The websites also provide advice on ticket types which can save public transport users money over multiple journeys and these tools will also be publicised.

6.5 Public Transport and Railcard Eligibility

Staff, patients and visitors can be made aware of public transport or rail cards which they may be eligible to apply for which will reduce the cost of journeys made by these modes. Railcards which maybe of relevance include: 16-25, 26-30, Disabled Persons, Senior and Two Together Railcards https://www.nationalrail.co.uk/times_fares/46540.aspx#YNG. All of which can be purchased online, via the Telesales line or at a mainline railway station (such as Halifax or Huddersfield). West Yorkshire Combined Authority have a concessionary fare scheme available for blind and disabled residents. These provide free travel on train and buses for the visually impaired and free, off-peak bus travel and half-fare off peak train travel for disabled persons. This information can be advertised in prominent locations to be viewed by staff, patients and visitors and could be included within welcome packs for new starters and online for visitors.

As discussed in section 2.2.1 staff can save 12% of the cost of travel with a Corporate Metrocard / MCard, valid on buses and trains throughout West Yorkshire.

6.6 Participating in Events

Events which are of relevance to public transport include:

- European Mobility Week - http://mobilityweek.eu/ - An opportunity to showcase commitment to clean and sustainable transport; and
- Catch the Bus Week - http://www.catchthebusweek.co.uk/.

Participation in these events would help to ensure that awareness of public transport options was promoted on an annual basis. Consideration will also be given to the promotion of new public transport routes or tickets offered by local operators.

6.7 Measures to be Taken Forward

Table 6.5 provides a summary of measures which could be introduced to support and promote the use of public transport as part of the Travel Plan. The uncertainty surrounding the ongoing impacts of the COVID-19 pandemic are likely to have implications for the implementation of the measures and the timescales for delivery. Measures designated with an asterisk are those which will require investment from the Trust.

Table 6.5: Measures to support public transport

Action	Responsibility	Timescale	Measure	Site
Continue to run and further promote shuttle bus	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Number of users	HRI / CRH
Continue to collect, record, monitor and respond to feedback from shuttle bus passengers	Travel Plan Coordinator	Monthly from adoption of Travel Plan	Number of users	HRI / CRH
Review and scope improvements to shuttle bus infrastructure including vehicles and waiting facilities*	Travel Plan Coordinator	Within 12 months of adoption of Travel Plan	Number of users	HRI / CRH
Review shuttle bus schedule, route and systems	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Number of users	HRI / CRH
Support and promote European Mobility Week	Travel Plan Coordinator	Annually	Number of participants	HRI / CRH
Continue to participate in and promote Corporate Metrocard / MCard scheme	Travel Plan Coordinator	Annually	Number of participants	HRI / CRH
Continue to promote public transport journey planning tools for staff and visitors	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Number of staff / visitors using public transport as part of their journey	HRI / CRH
Include maps of nearest bus stop locations on sustainable travel notice board	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Evidence of noticeboard and regular updates	HRI / CRH
Investigate opportunities for public transport travel information to be included in outpatient appointment letters	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Implementation of changes – evidence of updated letters	HRI / CRH
Explore opportunities with WYAAT and WYCA for providing Real Time Information screens displaying bus service information in a publicly accessible area*	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Number of bus passengers	HRI / CRH

7 Car Strategy

7.1 Introduction

It is recognised that in order to encourage the use of sustainable modes of travel, a car strategy is a key component of the Travel Plan. The following section provides an overview of measures which could be introduced and supported to reduce the reliance on private car use.

7.2 Car Parking Policy and Operational Review

The Parking Consultancy (TPC) were appointed by the Trust in July 2020 to assist the Trust in reviewing their parking operations and policy in light of the hospital reconfiguration programme and COVID-19. The Scope of Works covers the CRH, HRI and the Acre Mill sites and included:

- Site investigations and car parking audits;
- A review of the Trust's redevelopment program;
- A review of car parking operations and policy;
- An electric vehicle infrastructure appraisal;
- An option appraisal of access control and payment hardware;
- National best practice and sector benchmarking;
- Appraisal of demand management measures that could be deployed;
- An option appraisals and options paper for the Senior Management Team; and
- Production of a final report with key recommendations.

A draft report was issued in November 2020. Key recommendations were made for the short (12 months), medium (1-2 years) and longer-term (2-5 years) in relation to: parking policy; car parking infrastructure and designations; permit management and eligibility; access control and payment systems; mobility planning; and senior management support.

Once ratified by the Trust the main recommendations from this car parking policy and operational review should become actionable measures within the Travel Plan.

7.3 Car Share

Car sharing can be an effective way of reducing congestion (especially at peak times) and involves two or more people sharing a car for a particular journey, such as for work. The main benefits associated with car sharing for participants are financial due to the shared fuel and other costs.

Car share schemes have a greater chance of success when there is a significant volume of staff, and restrictions on the availability of parking. In the November 2020 travel survey staff were asked if they would consider using a car sharing scheme and which measures would encourage them to car share for their journey to work.

7.3.1 Feedback from Staff Travel Survey

Overall, 103 members of staff stated that they already informally car share. A further 287 responded positively that they would consider using a car share scheme.

Table 7.1: Staff responses to car sharing

Reason	HRI %	CRH %	Both hospitals %	Other %
I already informally car share	6%	6%	7%	6%
Yes - A formal third-party scheme e.g., liftshare	7%	5%	7%	4%
Yes - A formal Trust car share scheme	12%	12%	8%	10%
No - because of the pandemic	31%	30%	32%	30%
No - not at anytime	45%	46%	47%	50%

Staff were asked what measures would encourage them to car share. As part of this question, staff could select more than one response. The most popular measure was a guaranteed ride home if let down by car driver / in the instance of an emergency, followed by priority parking spaces for car sharers.

Table 7.2 provides a summary of potential encouraging car share measures. Despite a high percentage of staff stating that nothing would encourage them to car share, the table suggests that car sharing could be a viable option for many staff if support measures are put in place.

Table 7.2: Staff opinion of car share measures

Measure	HRI %	CRH %	Both hospitals %	Other %
Assistance in finding car share partners	12%	12%	14%	11%
Guaranteed ride home if let down by car driver / in the instance of an emergency (e.g., free taxi)	16%	16%	20%	16%
I already informally car share	4%	5%	3%	4%
Priority parking spaces for car sharers	15%	15%	16%	13%
Reduced car parking charges	13%	13%	14%	11%
Nothing would encourage me	40%	38%	33%	46%

7.3.2 Trust Wide Car Sharing

A partnership with an organisation such as Liftshare (https://business.liftshare.com/), a third-party car share provider, would enable Calderdale and Huddersfield NHS Foundation Trust to provide a car sharing platform for all staff. Such a system allows staff to both offer and seek a lift with fellow staff on given days, (assistance in finding car share partners was identified by 12% of survey respondents at HRI and CRH), helping to reduce the number of vehicles driving to and from the site on a daily basis. Such a platform would also enable users to reorganise journeys on the day if they were let down by a driver (a concern for 16% of respondents from HRI and CRH). Alternatively, the Trust could create its own bespoke system. Other measures that should be considered in the development of a scheme, is the provision of dedicated car sharing parking spaces and the effective internal promotion of the scheme.

The BREEAM UK New Construction (2018) criteria stipulates that priority car spaces for car sharers for at least 5% of the total car parking capacity for the development should be provided. In relation to BREEAM compliance, the total car parking capacity for each site must be considered. Post-reconfiguration the total parking capacity at HRI is 1564 and at CRH is 1201 spaces. Therefore, at HRI 78 spaces would be recommended and 60 spaces at CRH. These priority spaces should be located nearest to the entrance to the building scheme participants use.

Calderdale Local Plan (2018) Policy IM4 encourages the provision of car club facilities.

7.3.3 Participating in Events

National and global events which would raise awareness of the benefits of car sharing and reducing single occupancy vehicle use include:

- https://liftshare.com/uk/liftshare-week liftshare week; and
- World car-free day https://www.livingstreets.org.uk/about-us/our-work-in-action/world-car-free-day.

7.4 Park and Ride

The Trust are currently exploring the possibility of introducing a Park and Ride scheme for CRH. This work is at the initial stages, exploring potential locations and developing a business case to facilitate internal discussions. Calderdale Local Plan (2018) Policy IM4 encourages the provision of park and ride facilities where this supports the use of public transport and / or reduces congestion.

In the November 2020 travel surveys staff, patients and visitors were asked what would encourage them to use a Park and Ride scheme. Whilst the majority of staff stated that nothing would encourage them to use a Park and Ride scheme, both 'frequent service' and 'safe and secure car park for users and vehicles' were the most popular measures. 'Other' responses given included 'guaranteed parking spaces' and 'would depend on the location of the Park and Ride'. Staff responses are shown below:

Table 7.3: Staff opinions of Park and Ride measures

Measure	HRI %	CRH %	Both hospitals %	Other %
Booking system for journeys	7%	5%	6%	5%
Frequent service	17%	18%	19%	12%
Not relevant - I don't drive to work	15%	13%	10%	29%
Nothing would encourage me	21%	19%	16%	15%
Real time travel information	7%	9%	8%	6%
Safe and secure car park for users and vehicles	17%	18%	20%	13%
Subsidised/cheaper fares	13%	14%	13%	10%
Other	3%	5%	8%	10%

For patients at both hospital sites the most frequently chosen measure to encourage the use of a Park and Ride scheme was 'frequent service' (see Table 7.4). This was closely followed by 'safe and secure car park for users and vehicles'. In the additional comments section, visitors and patients at CRH expressed support for a Park and Ride scheme.

Table 7.4: Patient and Visitors' opinions of Park and Ride measures

Measure	Patients		Visitors	
	HRI %	CRH %	HRI %	CRH %
Safe and secure car park for users and vehicles	16%	19%	21%	21%
Frequent service	18%	21%	21%	21%
Provision of more accessible vehicles e.g., lower floor access	2%	3%	-	6%
Subsidised / cheaper fares	10%	12%	15%	13%
Booking system for journeys	9%	8%	9%	6%
Real time travel information	10%	5%	12%	8%
Nothing would encourage me	13%	11%	15%	13%
Not relevant	22%	19%	9%	13%

Staff, patients and visitors were also asked which of four possible sites they might use were a Park and Ride scheme introduced. The most popular response for staff, patients and visitors was 'none'. However, 17% of CRH staff chose Central Halifax as a preferred location. Whilst 29% of CRH patients chose Brighouse, and a quarter of both CRH visitors and patients selected Central Halifax.

Table 7.5: Park and Ride sites

Location	Staff		Patients		Visitors	
	HRI%	CRH%	HRI %	CRH %	HRI %	CRH %
Central Halifax	9%	17%	15%	26%	23%	25%
King Cross Area	6%	12%	14%	13%	9%	25%
Brighouse	10%	12%	16%	29%	27%	4%
None	75%	60%	54%	33%	41%	46%

7.5 Staff Essential Car Use

There were 743 responses in total to the question “If a car is essential for your work, please tell us why?” The responses have been categorised into the key essential reasons. Numerous responses such as those who wrote ‘that they require a car due to lack of bus services available’ or ‘to collect children from school and run errands before or after work’ were eliminated from the analysis as these reasons are already accounted for in the modal choice questions (section 3.3). The remaining 293 responses are illustrated in Table 7.6.

The most frequently given reason for a car being essential for work was to enable staff to work ‘cross site’, this does not necessarily refer to CRH or HRI, but includes working at other locations such as Brighouse / Elland and Broad Street clinic. In answering this question respondents also referred to the shuttle bus service: the schedule (not fitting with travel patterns of staff, for example leading to long waiting times at the end of the day); the currently limited number of spaces because of restrictions as a result of the coronavirus pandemic impacting on its perceived reliability (lack of a guaranteed seat); the lack of space on the shuttle bus for equipment; and prior to the coronavirus pandemic, the shuttle bus being invariably full of visitors at peak times. This suggests that could the shuttle bus service be improved there is the possibility that some of these essential car journeys could be eliminated.

Table 7.6: Essential car use

Reasons	HRI %	CRH %	Both hospitals %	Other %
Community	16%	14%	19%	52%
Cross Site	39%	46%	38%	22%
On Call	15%	17%	14%	1%
Equipment	25%	19%	30%	17%
Meetings	6%	5%	0%	8%

7.6 Parking at HRI

The existing parking capacity is 709 total spaces including 10 blue badge bays at Acre Mill and 863 spaces including 54 blue badge bays across the main HRI site. Post-reconfiguration there will be a net loss in parking capacity of 72 spaces. Bringing the total capacity at the site to 1564 spaces.

Ultra-low emission vehicles help to reduce greenhouse gas emissions and air pollution[22]. BREEAM UK New Construction (2018) guidance recommends that electric recharging stations of a minimum of 3kw for at least 10% of the total car parking capacity for the development should be installed. Site wide, this equates to 157 spaces at HRI.

[22] The Office for Low Emission Vehicles (OLEV): https://www.gov.uk/government/organisations/office-for-low-emission-vehicles/about

There are two existing dual 7.5kw EV charging stations at Acre Mill for use by the general public. The HRI site also has two dual 7.5kw EV charging stations, one each on the two estates / deliveries yards on South Drive for fleet and contractor vehicles.

Kirklees Council have not set local parking standards for residential or non-residential development.

7.6.1 Staff Experiences of Parking at HRI

67% of staff members drive to work at HRI. They were asked about their experiences of parking on site. 68% of those who drive stated that they always or frequently find parking spaces and 91% are infrequently or never late for work due to parking difficulties.

Table 7.7: Staff parking experiences

Question	Always %	Frequently %	Infrequent %	Never %
It is easy to find a parking space	24%	44%	25%	7%
I am late for work because of parking difficulties	0%	8%	46%	45%
I plan extra time into my journeys to make sure I have time to find a parking space	48%	22%	15%	15%
Parking negatively impacts upon my experiences of working	10%	21%	41%	28%

7.6.2 Staff Vehicle Owners

Table 7.8 shows the majority of staff that travel to work by car use a petrol vehicle and just 3% use an electric vehicle.

Table 7.8: Type of vehicle

Type of vehicle	Number of respondents	%
Diesel	153	32%
Electric Vehicle	13	3%
Petrol	316	66%

Staff were asked to highlight which measures would encourage them to use an electric car. Table 7.9 suggests that the provision of electric charging spaces, priority parking spaces and a reduction in parking charges would encourage some staff to use an electric vehicle. ‘Other’ responses included making electric cars more affordable to buy whilst others stated they are planning to buy an electric car as their next car.

Table 7.9: Staff opinions of electric car measures

Measure	Number of respondents	%
Nothing	153	16%
Priority parking spaces	171	18%
Provision of electric charging spaces	218	23%
Reduction in parking charges	175	18%
Salary sacrifice scheme to help in purchasing a vehicle	150	16%
Other	79	8%

Table 7.10 shows that the majority of staff at HRI (61%) would not consider paying for rapid charging points if they were available.

Table 7.10: Would you consider paying for a rapid charging point if available?

Answer	Number of respondents	%
No	295	61%
Yes	187	39%

7.6.3 Patient / Visitor Experiences of Parking at HRI

64 patients and 18 visitors drove or were driven to HRI. These respondents were asked where they parked. The majority of HRI patients and visitors parked on-site (74%).

Table 7.11: HRI patient and visitor parking locations

Location	Number of Responses	%
On-site	59	74%
Off-site on-street	6	8%
Off-site car park	3	4%
N/A dropped off	12	15%

These patients and visitors were also asked about their experiences of parking on site. Parking difficulties did not cause any respondents to miss appointments but does negatively impact over a third (38%) of respondents' experiences at the hospital.

Table 7.12: HRI patient and visitor parking experience

Experience	Yes %	No %
It was easy to find a parking space	84%	16%
I was late for my appointment because of parking difficulties	11%	89%
Parking negatively impacts upon my experience at the hospital	38%	62%

7.6.4 Patient / Visitor Vehicle Owners

HRI patients and visitors who drove or were driven to the site were asked what could be done to encourage them to use an electric vehicle. The most common measure selected was provision of electric charging spaces (see Table 7.13). 45% also stated that they would consider paying for rapid charging points if they were available.

Table 7.13: HRI patient and visitor electric vehicle measures

Measure	Respondents	%
Priority parking spaces	16	16%
Provision of electric charging spaces	31	32%
Reduction in parking charges	25	26%
Nothing	26	27%

7.7 Parking at CRH

The existing parking capacity at CRH is 809 total spaces including 46 blue badge bays. Post-reconfiguration with the addition of the new MSCP and loss of capacity in the southern development site, the net gain in parking capacity will be 392 spaces. Bringing the total capacity to 1201 spaces.

Ultra-low emission vehicles help to reduce greenhouse gas emissions and air pollution[23]. BREEAM UK New Construction (2018) guidance recommends that electric recharging stations of a minimum of 3kw for at least 10% of the total car parking capacity for the development should be installed. Site wide, this equates to 120 spaces.

Calderdale Local Plan (2018) Policy IM4 stipulates that electric car charging points should be provided in all new major developments.

Parking for those with physical disabilities should be provided at:

- A ratio of 1 disabled space per 10 spaces provided (this is in addition to the advisory allowances).

The minimum motorcycle/moped/scooter parking for hospitals is:

- 1 space per 50 staff (or as agreed as part of the Transport Plan for the development).

According to the Calderdale Local Plan (2018), the number of disabled parking spaces that should be provided is therefore 120. Post-reconfiguration there will be 3693 staff based at CRH, with a daily peak time staff number of 3028, which equates to 61 motorcycle/moped/scooter spaces.

7.7.1 Staff Experiences of Parking at CRH

Of the 68% of staff members who drive to work at CRH Table 7.14 shows that 65% always plan extra time into their journey to make time to find a parking space and 60% always or frequently find that parking negatively impacts on their experiences of work.

Table 7.14 Staff parking experiences

Question	Always %	Frequently %	Infrequent %	Never %
It is easy to find a parking space	14%	32%	30%	24%
I am late for work because of parking difficulties	3%	18%	49%	31%
I plan extra time into my journeys to make sure I have time to find a parking space	65%	21%	6%	7%
Parking negatively impacts upon my experiences of working	30%	30%	25%	16%

7.7.2 Staff Vehicle Owners

Table 7.15 shows that most staff that travel to work by car use a petrol vehicle (66%) and just 2% use an electric vehicle.

Table 7.15: Type of vehicle

Type of vehicle	Number of respondents	%
Diesel	113	32%
Electric Vehicle	6	2%
Petrol	235	66%

[23] The Office for Low Emission Vehicles (OLEV): https://www.gov.uk/government/organisations/office-for-low-emission-vehicles/about

Staff were asked to highlight which measures would encourage them to use an electric car. Table 7.16 suggests that, similar to HRI, the provision of electric charging spaces, priority parking spaces and a reduction in parking charges would encourage some staff to use an electric vehicle. 'Other' responses included making electric cars more affordable to buy whilst others stated they are planning to buy an electric car as their next vehicle.

Table 7.16: Staff opinions of electric car measures

Measure	Number of respondents	%
Nothing	119	17%
Priority parking spaces	140	20%
Provision of electric charging spaces	164	23%
Reduction in parking charges	124	18%
Salary sacrifice scheme to help in purchasing a vehicle	101	14%
Other	53	8%

Table 7.17 shows that the majority of staff at CRH (60%) would not consider paying to use rapid charging points if they were available.

Table 7.17: Would you consider paying for a rapid charging point if available?

Answer	Number of respondents	%
No	213	60%
Yes	141	40%

7.7.3 Patient / Visitor Experiences of Parking at CRH

90 patients and 20 visitors drove or were driven to CRH. These respondents were asked where they parked. Table 7.18 shows that the majority parked on site (66%) and a 21% parked off-site on street.

Table 7.18: CRH patient and visitor parking locations

Location	Number of Responses	%
On-site	71	66%
Off-site on street	23	21%
Off-site car park	2	2%
N/A dropped off	12	11%

These patients and visitors were also asked about their experiences of parking on site. No respondents missed their appointment due to parking difficulties however over two thirds (73%) stated that parking negatively impacts upon their experiences at the hospital.

Table 7.19: CRH patient and visitor parking experience

	Yes %	No %
It was easy to find a parking space	59%	41%
I was late for my appointment because of parking difficulties	17%	83%
Parking negatively impacts upon my experience at the hospital	73%	27%

7.7.4 Patient / Visitor Vehicle Owners

Table 7.20 shows that the provision of electric charging spaces would encourage 38 respondents (27%) that drove or were driven to the hospital to use an electric vehicle. 44 respondents (48%) also stated that they would consider paying for rapid charging points if they were available. A

CRH respondent who owns a hybrid car added that they would use a charging point if one were available.

Table 7.20: CRH patient and visitor electric vehicle measures

Measure	Respondents	%
Priority parking spaces	27	19%
Provision of electric charging spaces	38	27%
Reduction in parking charges	31	22%
Nothing	42	30%
Nothing – I already drive an electric vehicle	1	1%

7.8 Survey Participants Additional Comments

42% of the additional comments made by patient and visitor survey respondents were about parking provision. These focused on the availability and the cost of parking as well as positive feedback about the removal of parking fees following the COVID-19 pandemic. At HRI parking was described as ‘horrific’ and ‘dreadful’ whilst CRH parking was referred to as ‘horrendous’, ‘always an issue’, and ‘incredibly difficult’ and ‘takes longer than the actual travelling time’.

7.9 Measures to be Taken Forward

Table 7.21 provides a summary of measures which could be introduced to support and promote the car strategy. The uncertainty surrounding the ongoing impacts of the COVID-19 pandemic are likely to have implications for the implementation of the measures and the timescales for delivery. Measures designated with an asterisk are those which will require investment from the Trust.

Table 7.21: Measures to support the car strategy

Action	Responsibility	Timescale	Measure	Site
Once ratified by the Trust the main recommendations from the car parking policy and operational review should become actionable measures within the Travel Plan	Travel Plan Coordinator	Within 12 months of adoption of Travel Plan	Updated Travel Plan measures	HRI / CRH
Support and promote Liftshare week and car free day	Travel Plan Coordinator	Annually	Number of participants	HRI / CRH
Investigate partnership opportunities with third-party organisations to develop a car sharing scheme*	Travel Plan Coordinator	Within 12 months of adoption of Travel Plan	Evidence of findings presented to executive board	HRI / CRH
Continue to investigate Park and Ride scheme options taking into consideration survey responses	Travel Plan Coordinator	Within 1 year from adoption of Travel Plan	Evidence of findings presented to executive board	CRH
Review existing provision of, and access to, electric charging spaces by staff and visitors	Travel Plan Coordinator	Within 1 year from adoption of Travel Plan	Number of spaces provided	HRI / CRH
Provision of additional electric charging spaces subject to planning approval for reconfiguration plans*	Travel Plan Coordinator	Within 3 years from adoption of Travel Plan	Number of spaces provided	HRI / CRH
Monitor usage of electric charging spaces	Travel Plan Coordinator	Quarterly	Utilisation / capacity	HRI / CRH
Explore strategies for optimising usage of electric charging spaces	Travel Plan Coordinator	Within 6 months from adoption of Travel Plan	Utilisation / capacity	HRI / CRH

8 Marketing and Communication Strategy

8.1 Introduction

The communications and marketing strategy will cover methods of engaging with staff and visitors and patients to raise the profile of available travel options, including the benefits of more sustainable or efficient travel.

8.2 Travel Packs

Staff will be provided with targeted travel packs which summarise travel options, and sources of information to support travel choices, relevant to the site. This pack could be issued via email, which would enable links to relevant websites to be provided within it.

Going forward, this pack could then be issued to new staff prior to joining so that they can make informed travel choices about their journey to work.

The Pack will include the following:

- Sustainable transport and information on sustainable transport options in the area (including local walking / cycling / public transport options);
- Information on the health benefits and financial savings typically made through sustainable travel modes;
- Promotion of car sharing possibilities;
- Useful websites such as those identified in Sections 5 and 6 of this Travel Plan; and
- Notifications of any relevant up-coming events.

8.3 Trust Wide Travel Initiatives

As discussed in section 2.2 there are a number of schemes operated by the Trust to support staff travel. These are advertised on the benefits page of the intranet and on posters inside and outside the General Offices at both sites. In the November 2020 travel survey staff were asked which of the workplace schemes they had used in the last 24 months. Table 8.1 shows that the majority of staff, 74% at HRI and 79% at CRH had used none of these schemes. As discussed in sections 5.3.1 and 6.2 it would seem that further promotion of the active travel and public transport schemes in particular could be beneficial in supporting and maintaining modal shift.

Table 8.1: Workplace schemes used in the last 24 months

Measure	HRI %	CRH %	Both hospitals %	Other %
Cycle to work – salary sacrifice bike purchase	2%	1%	1%	2%
Salary sacrifice car benefit scheme	6%	5%	6%	5%
Car parking benefit scheme	14%	12%	19%	10%
Discounted Metrocard	4%	4%	1%	2%
None	74%	79%	73%	81%

8.4 Travel Notice Board

Travel notice boards will be set up at both sites in prominent central locations where they can be regularly seen by staff, patients and visitors. The Travel Plan coordinator will keep them up-to-date with information and events. Marketing materials for the Travel Plan campaigns will also be attached to communal noticeboards.

8.5 Measures to be Taken Forward

Table 8.2 provides a summary of measures which could be introduced to ensure that the Travel Plan is marketed and communicated in the most beneficial way. The uncertainty surrounding the ongoing impacts of the COVID-19 pandemic are likely to have implications for the implementation of the measures and the timescales for delivery.

Table 8.2: Measures to support the marketing and communication strategy

Action	Responsibility	Timescale	Measure	Site
Create a Travel Pack for new starters	Travel Plan Coordinator	Within 12 months of adoption of Travel Plan	Evidence of travel pack	HRI / CRH
Awareness raising campaign to promote existing active travel and public transport Trust wide initiatives	Travel Plan Coordinator / Project Manager Active Hospitals	Within 6 months of adoption of Travel Plan	Evidence of campaign	HRI / CRH
Create and maintain travel notice boards and online information to promote sustainable travel to and from the sites	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Evidence of noticeboard and regular updates	HRI / CRH
Promotion of travel plan in appropriate bulletins and on staff intranet	Travel Plan Coordinator	Annually	Evidence of promotion	HRI / CRH

9 Monitoring and Review

9.1 Introduction

The Travel Plan is a continuous process for improvement, requiring monitoring, review and revision to ensure it remains relevant. This chapter sets out the proposals for monitoring and reviewing the Travel Plan over the next five years and the means by which the hospital will assess progress towards its targets.

9.2 Travel Plan Co-ordinator

The Travel Plan Co-ordinator will ensure that the Travel Plan is implemented, and the measures detailed in this report are put into practice. It will be the responsibility of the Travel Plan Co-ordinator to ensure that staff, patients and visitors are provided with information to encourage the use of the public transport network and sustainable transport options.

In addition, the Travel Plan Co-ordinator will be expected to undertake the following tasks:

- Maintaining the commitment and support of staff and senior management;
- Liaising with local public transport operators to ensure that they take advantage of new products and marketing materials as they are made available;
- Implementing or delegating the delivery of Travel Plan measures;
- Designing and implementing effective marketing and awareness raising campaigns;
- Organising and administering the travel survey and monitoring the success of the Travel Plan;
- Acting as a point of contact for all staff, patients and visitors requiring information on the Travel Plan;
- Revising and enhancing the Travel Plan.

The Travel Plan Coordinator for this Travel Plan will be:

Robert Dadzie, Environment Manager, Calderdale and Huddersfield Solutions Ltd; Tel: 01484 355734, Email: Robert.Dadzie@cht.nhs.uk.

9.3 Monitoring Plan

Table 9.1 sets out how the Travel Plan will be monitored and reviewed over the short, medium, and long term.

Table 9.1: Travel plan monitoring schedule

Action	Responsibility	Timescale	Measure	Site
Baseline Travel Survey of staff to understand travel behaviour and to set initial modal split targets	Mott MacDonald	December 2020	Travel Plan	HRI / CRH
Baseline Travel Survey of patients and visitors to understand travel behaviour and to set initial modal split targets	Mott MacDonald	December 2020	Travel Plan	HRI / CRH
Full travel survey of site users and update / monitor of modal split targets	Travel Plan Coordinator	Every 2 years after baseline survey	Travel Plan measures and targets	HRI / CRH
Travel related issues to be recorded throughout the year and findings collated yearly	Travel Plan Coordinator	Annually	Travel Plan measures and targets	HRI / CRH
Travel Plan review / update. Collate, analyse and interpret all results and evidence of successes. Use to review Travel Plan effectiveness and update as necessary	Travel Plan Coordinator	Five years after baseline travel surveys	Updated Travel Plan	HRI / CRH

10 Targets

10.1 Introduction

It is important that any Travel Plan includes targets against which the success of the Travel Plan measures may be monitored and reviewed. Targets should be reviewed biannually in order to assess the effectiveness of the measures being introduced.

10.2 Tangible Targets

Targets are used to gauge the success of the Travel Plan and the effectiveness of any measures which have been introduced. These measurable goals will be used to refine the plan and influence the process of marketing and promoting individual initiatives.

The target for this Travel Plan is a reduction in single occupancy vehicle use by staff of 5% over a 5-year period. Based on the staff travel survey from November 2020 this would mean a reduction in single occupancy vehicle use at HRI from 63% to 58% and at CRH from 66% to 61%. The travel planning measures identified in this report all present opportunities to improve the number of arrivals to the hospital sites via public transport, walking and cycling.

10.3 Intangible Targets

The outcomes of a successful Travel Plan could lead to improved health, fitness and general wellbeing for all those who benefit from or participate in the measures. All of these outcomes support a healthier and more sustainable workplace and residency which ultimately benefits all staff and patients.

Biannual surveys and continuous consultation with staff and patients and visitors will ensure that the perceived benefits of active travel promotion are collected and recorded.

11 Action Plan

11.1 Introduction

This chapter draws together the proposals for travel plan implementation, monitoring and review. The actions to be taken are summarised in the action plan which indicates how the various elements of the plan could be drawn together and how the actions could be prioritised.

11.2 Action Plan

The contents of the action plan are tailored to the specific situation at each site. The uncertainty surrounding the ongoing impacts of the COVID-19 pandemic are likely to have implications for the implementation of the measures and the timescales for delivery. Measures designated with an asterisk are those which will require investment from the Trust.

Table 11.1: Action Plan

Mode	Action	Responsibility	Timescale	Measure	Site
Active Travel	Audit of pedestrian routes within the hospital grounds to review; way finding signage, surfacing, lighting, footpath gaps and widths for wheelchair users, and pedestrian crossings	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Action plan of improvements if necessary	HRI / CRH
	Continue to engage with Active Hospitals to encourage patients and the workforce to move more	Project Manager Active Hospitals	Annually	Evidence of engagement / implementation of policy / infrastructure changes	HRI / CRH
	Support and promote National Walking Month	Travel Plan Coordinator	Annually	Number of participants	HRI / CRH
	Promote journey planning tools for walking, running and cycling to staff and visitors	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Number of staff / visitors walking / cycling to each site as part of their journey	HRI / CRH
	Promote local walking routes	Project Manager Active Hospitals	Within 5 months of adoption of Travel Plan	Number of downloads / users Number of staff walking as part of their well-being hour	HRI / CRH
	Investigate opportunities to connect walkers together / create walking groups for journeys to work	Project Manager Active Hospitals	Within 6 months of adoption of Travel Plan	Number of staff walking to each site	HRI / CRH
	Continue to support and promote annual 'Couch to 5k' running challenge	Travel Plan Coordinator / Project Manager Active Hospitals	Annually	Number of participants	HRI / CRH
	Provide cycling maps for staff, patients and visitors	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Number of staff / visitors cycling to each site	HRI / CRH
	Review and update active travel information on website for visitors and in publicly accessible locations	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Number of visitors walking / cycling to each site	HRI / CRH
	Create and maintain sustainable travel notice boards and online information for staff	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Evidence of noticeboard and regular updates	HRI / CRH

Mode	Action	Responsibility	Timescale	Measure	Site
	Review locker cycle storage location and consider alternatives	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Implementation of changes	HRI/CRH
	Investigate opportunities for replacing the butterfly cycle stands at the Old Main Entrance*	Travel Plan Coordinator	Within 12 months of adoption of Travel Plan	Implementation of changes	CRH
	Investigate opportunities for active travel information to be included in outpatient appointment letters	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Implementation of changes – evidence of updated letters	HRI / CRH
	Monitor existing cycle storage and remove any locks that have been left in place but are not being used	Travel Plan Coordinator	Quarterly	Number of locks removed	HRI / CRH
	Provide additional secure cycle storage for staff, patients and visitors*	Travel Plan Coordinator	Within 36 months of adoption of travel plan	Number of visitors / staff cycling to each site	HRI / CRH
	Monitor the number of bicycles parked on site to review against provision	Project Manager Active Hospitals	Quarterly	Number of visitors / staff cycling to each site	HRI / CRH
	Monitor infringements of cycle storage by other types of vehicles and review enforcement options	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Evidence of updated policy	HRI / CRH
	Improve directional signage to cycle storage*	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Usage of cycle storage	HRI / CRH
	Review existing staff lockers and identify improvements and need for additional provision*	Travel Plan Coordinator	Within 36 months of adoption of travel plan	Usage	HRI / CRH
	Review existing staff shower and changing facilities and identify improvements and need for additional provision*	Travel Plan Coordinator	Within 36 months of adoption of travel plan	Usage	HRI / CRH
	Improve signage to existing shower, changing and locker facilities for staff*	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Usage	HRI / CRH
	Review signage for facilities and add to / improve as necessary	Travel Plan Coordinator	Annually	Usage	HRI / CRH
	Review cycle training content and investigate the inclusion of additional content including advice / guidance on cycle maintenance and cycle security	Travel Plan Coordinator / Project Manager Active Hospitals	Annually	Number of participants	HRI / CRH
	Continue to participate in and promote cycle training sessions for staff	Travel Plan Coordinator	Annually	Number of participants	HRI / CRH
	Continue to participate in and further promote Cycle to Work Scheme	Travel Plan Coordinator	Annually	Number of participants	HRI / CRH
	Run a targeted campaign to promote active travel month (via Active Hospitals)	Project Manager Active Hospitals	Annually	Number of participants	HRI / CRH
	Investigate bike clubs and fix your bike days with Cycling UK	Project Manager Active Hospitals	Within 6 months of adoption of Travel Plan	Number of participants if implemented	HRI / CRH
Public Transport	Continue to run and further promote shuttle bus	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Number of users	HRI / CRH

Mode	Action	Responsibility	Timescale	Measure	Site
	Continue to collect, record, monitor and respond to feedback from shuttle bus passengers	Travel Plan Coordinator	Monthly from adoption of Travel Plan	Number of users	HRI / CRH
	Review and scope improvements to shuttle bus infrastructure including vehicles and waiting facilities*	Travel Plan Coordinator	Within 12 months of adoption of Travel Plan	Number of users	HRI / CRH
	Review shuttle bus schedule, route and systems	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Number of users	HRI / CRH
	Support and promote European Mobility Week	Travel Plan Coordinator	Annually	Number of participants	HRI / CRH
	Continue to participate in and promote Corporate Metrocard / MCard scheme	Travel Plan Coordinator	Annually	Number of participants	HRI / CRH
	Continue to promote public transport journey planning tools for staff and visitors	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Number of staff / visitors using public transport as part of their journey	HRI / CRH
	Include maps of nearest bus stop locations on sustainable travel notice board	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Evidence of noticeboard and regular updates	HRI / CRH
	Investigate opportunities for public transport travel information to be included in outpatient appointment letters	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Implementation of changes – evidence of updated letters	HRI / CRH
	Explore opportunities with WYAAT and WYCA for providing Real Time Information screens displaying bus service information in a publicly accessible area*	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Number of bus passengers	HRI / CRH
Car	Once ratified by the Trust the main recommendations from the car parking policy and operational review should become actionable measures within the Travel Plan	Travel Plan Coordinator	Within 12 months of adoption of Travel Plan	Updated Travel Plan measures	HRI / CRH
	Support and promote Liftshare week and car free day	Travel Plan Coordinator	Annually	Number of participants	HRI / CRH
	Investigate partnership opportunities with third-party organisations to develop a car sharing scheme*	Travel Plan Coordinator	Within 12 months of adoption of Travel Plan	Evidence of findings presented to executive board	HRI / CRH
	Continue to investigate Park and Ride scheme options taking into consideration survey responses	Travel Plan Coordinator	Within 1 year from adoption of Travel Plan	Evidence of findings presented to executive board	CRH
	Review existing provision of, and access to, electric charging spaces by staff and visitors	Travel Plan Coordinator	Within 1 year from adoption of Travel Plan	Number of spaces provided	HRI / CRH
	Provision of additional electric charging spaces subject to planning approval for reconfiguration plans*	Travel Plan Coordinator	Within 3 years from adoption of Travel Plan	Number of spaces provided	HRI / CRH
	Monitor usage of electric charging spaces	Travel Plan Coordinator	Quarterly	Utilisation / capacity	HRI / CRH
	Explore strategies for optimising usage of electric charging spaces	Travel Plan Coordinator	Within 6 months from adoption of Travel Plan	Utilisation / capacity	HRI / CRH

Mode	Action	Responsibility	Timescale	Measure	Site
Marketing and Communications	Create a Travel Pack for new starters	Travel Plan Coordinator	Within 12 months of adoption of Travel Plan	Evidence of travel pack	HRI / CRH
	Awareness raising campaign to promote existing active travel and public transport Trust wide initiatives	Travel Plan Coordinator / Project Manager Active Hospitals	Within 6 months of adoption of Travel Plan	Evidence of campaign	HRI / CRH
	Create and maintain travel notice boards and online information to promote sustainable travel to and from the sites	Travel Plan Coordinator	Within 6 months of adoption of Travel Plan	Evidence of noticeboard and regular updates	HRI / CRH
	Promotion of travel plan in appropriate bulletins and on staff intranet	Travel Plan Coordinator	Annually	Evidence of promotion	HRI / CRH

12 BREEAM Compliance

12.1 BREEAM Credits

The Transport Assessments and Travel Plan in combination fulfil the assessment criteria of BREEAM UK New Construction (2018), ensuring that the following have been considered:

- Existing travel conditions and infrastructure (walk / cycle / bus / rail);
- Travel patterns and attitudes of existing building or site users towards cycling, walking and public transport, to identify relevant constraints and opportunities;
- Predicted travel patterns (travel to / from the sites);
- The site's Accessibility Index scores (Transport Statement);
- Disabled access (Transport Statement); and
- Access to amenities (Transport Statement).

12.2 Tra02 Sustainable Transport Measures

To assess the sites Tra02 BREEAM compliance, the measures in the action plan have been reviewed in conjunction with the assessment options in Table 7.4 of BREEAM UK New Construction (2018). A summary of the possible compliance points at each site are presented in Table 12.1 and Table 12.2. These demonstrate that both the HRI and CRH sites have the potential to achieve eight sustainable transport measure points but are more likely to achieve between one and four points.

Table 12.1: BREEAM Tra02 compliance HRI

Assessment option	Transport Measure	Proposed Measure	Status L/P/U*	Points available	Possible points
2	Provide a dedicated service for staff	Continue to provide a dedicated shuttle bus service for staff	L	3	3
4	Provide electric recharging stations of a minimum of 3kW for at least 10% of the total car parking capacity for the development	157 electric recharging stations to be provided (total number for the site)	U	1	0
5	Set up a car sharing group or facility to facilitate and encourage building users to car share. Raise awareness of the sharing scheme with marketing and communication materials Provide priority spaces for car sharers for at least 5% of the total car parking capacity for the development Locate priority parking spaces nearest the development entrance used by the sharing scheme participants	Provide car sharing facilities including 78 priority parking spaces (total number for the site)	U	1	0
7	Install compliant cycle storage spaces to meet the minimum levels	Provide 204 cycle storage spaces for staff, 17 for patients and visitors	U	1	0
8	Provide at least two compliant cyclists' facilities for the building users	Installation of two compliant facilities	U	1	0**
9	At least three existing accessible amenities are present	Four existing amenities are present see Transport Assessment	L	1	1
		Total Points		**8**	**4**

* Likely/Possible/Unlikely **Only attracts points if assessment option 7 is also achieved.

Table 12.2: BREEAM Tra02 compliance CRH

Assessment option	Transport Measure	Proposed Measure	Status L/P/U*	Points available	Possible points
2	Provide a dedicated service for staff	Continue to provide a dedicated shuttle bus service for staff	L	3	3
4	Provide electric recharging stations of a minimum of 3kW for at least 10% of the total car parking capacity for the development	120 electric recharging stations to be provided (total number for the site)	U	1	0
5	Set up a car sharing group or facility to facilitate and encourage building users to car share. Raise awareness of the sharing scheme with marketing and communication materials Provide priority spaces for car sharers for at least 5% of the total car parking capacity for the development Locate priority parking spaces nearest the development entrance used by the sharing scheme participants	Provide car sharing facilities including 60 priority parking spaces (total number for the site)	U	1	0
7	Install compliant cycle storage spaces to meet the minimum levels	Provide 303 cycle storage spaces for staff, 67 for patients and visitors	U	1	0
8	Provide at least two compliant cyclists' facilities for the building users	Installation of two compliant facilities	U	1	0**
9	At least three existing accessible amenities are present	Five existing amenities are present see Transport Assessment	L	1	1
		Total Points		**8**	**4**

* Likely/Possible/Unlikely **Only attracts points if assessment option 7 is also achieved.

12.2.1 BREAAM Transport Credit Score

12.2.1.1 HRI

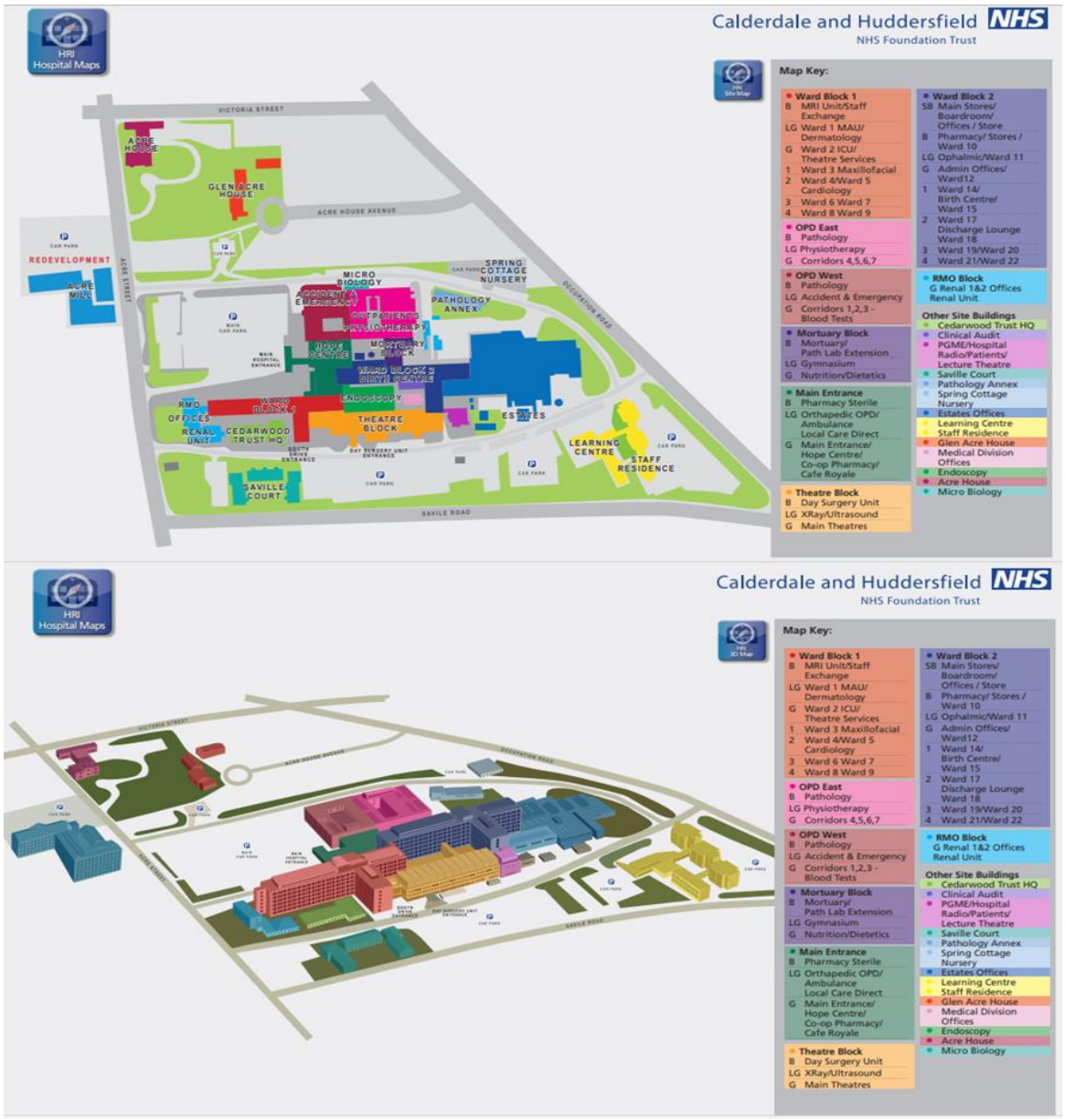
Combining the Tra01 (two credits) and the development Tra02 (between one and four credits) scores, the site achieves a possible transport BREEAM score of between three and six.

12.2.1.2 CRH

Combining the Tra01 (two credits) and the development Tra02 (between one and four credits) scores, the site achieves a possible transport BREEAM score of between three and six.

A. Appendix A

Figure 12.1: HRI Building Maps



Source: Calderdale and Huddersfield NHS Foundation Trust

Figure 12.2: CRH Building Maps

Source: Calderdale and Huddersfield NHS Foundation Trust

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