

Dewsbury & District Hospital New Elective Treatment Centre Travel Plan

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1.0 Introduction

- 1.1** This Travel Plan has been written by Scott White and Hookins at the request of Darwin Group Ltd on behalf of their client, the Mid Yorkshire Hospitals NHS Trust, for development at the following site:

Land adjacent to the Boothroyd Centre
Dewsbury and District Hospital
Halifax Road
Dewsbury
West Yorkshire
WF13 4HS

- 1.2** The proposed development comprises the erection of a single-storey building to the east of the existing Boothroyd Centre, to provide two day-case operating theatres, nine consulting rooms, four major treatment rooms and associated recovery bays.
- 1.3** The proposed new building will be erected in an existing area of car parking, and will also necessitate changes to the existing drop-off facilities for the Boothroyd Centre.
- 1.4** This Travel Plan relates specifically to the new facility. However, it will comply with and compliment the site-wide Travel Plan which the NHS Trust has recently provided, hence the revision of this document.
- 1.5** Scott White and Hookins shall not be liable for the use by any person of this document for any purpose other than that for which the same was prepared by Scott White and Hookins.

2.0 Site Audit

2.1 Walking and Cycling Accessibility

- 2.1.1 The nearest public highway to the part of the hospital site where the proposed development will occur is Healds Road, a local access road running east-west between Staincliffe Road and the A638 Halifax Road. Healds Road has kerbed footways to each side along its full length.
- 2.1.2 Healds Road climbs steadily from its eastern end to a crest where the Hospital site is located; there are relatively few side roads and crossing points are fitted with dropped-kerb crossovers for the benefit of wheelchair users. However, very few of the crossings have tactile paving for the benefit of blind and partially sighted users. One exception to this is the access to the Healds Road Surgery, which is on the opposite side of the road from the Hospital and slightly to the west.
- 2.1.3 Within the Hospital site, segregated footways are provided on the main routes, but there are no separate footways through the car parking areas leading to the existing Boothroyd Centre. There is a footway which leads around the side of the existing building towards the Bronte Birth Centre, and which runs around the edge of the existing drop-off area for the Boothroyd Centre. This route provides ramped access to the Boothroyd Centre.
- 2.1.4 The main pedestrian access to the Hospital site is from the other side of the site, where the main entrance is located on the northern side of the Ridings Building. This entrance lies adjacent to Fox View, an access loop road running to and from Halifax Road. The main car parks are also on this side of the site.
- 2.1.5 There are no cycling routes which lead directly to or from the Hospital site. Dewsbury is served by sections of the National Cycle Network, with Route 69 heading east from the town centre towards Ossett. From there, a connection would be required to join this section of cycle route with the "Wakefield Wheel" – a cycling route which rings the edges of the city of Wakefield.
- 2.1.6 Another section of NCN Route 69 runs west from Dewsbury Town Centre, and connects to the Spen Valley Greenway and NCN Route 66. These routes can be followed west to Huddersfield, or north via Cleckheaton to Bradford.
- 2.1.7 At its closest point, it would be possible to cycle from NCN66 east along Carr Lane, turn left onto Heckmondwike Road and then right onto Knowles Hill Road, in order to approach the Hospital site via Healds Road. This route is however all uphill, as the Spen Valley Greenway appears to run along the bottom of the valley, on a disused railway line.
- 2.1.8 Perhaps in part due to the topography, there is little evidence of cycle parking around the site; a covered set of cycle stands for up to ten bicycles is available adjacent to the main entrance (Ridings Building), but these appear to be the only such facilities.

2.2 Public Transport Accessibility

2.2.1 The Hospital is roughly 1.3 miles from Dewsbury Railway Station, and would take up to 30 minutes' walk, as again the Station is down in the valley and would require a long uphill walk to reach the Hospital.

2.2.2 Dewsbury Railway Station is managed by TransPennine Express, part of First Group. The regular service pattern is as follows:

Eastbound

1 train per hour (tph) towards Redcar Central via Leeds, York and Middlesbrough.

1 tph towards Newcastle via Leeds, York, Darlington and Durham.

1 tph towards Leeds via Batley, Morley and Cottingley.

1 tph towards Leeds via Batley and Morley only.

Westbound

2 tph towards Manchester Airport via Huddersfield and Manchester Piccadilly.

1 tph towards Huddersfield via Ravensthorpe, Mirfield and Deighton.

1 tph towards Wigan Wallgate via Hebden Bridge, Rochdale, Manchester and Salford.

2.2.3 The hospital benefits from a bus hub with stops either side of the road on Fox View, near the main entrance. The following routes serve the Hospital:

Number	Route	Frequency
113	Dewsbury Hospital > Pinderfields Hospital (Wakefield) > Pontefract Hospital FREE SERVICE	1 bus per hour each way, Mondays to Sundays
212	Dewsbury Bus Station > Hospital > Batley > Kirkhamgate > Alverthorpe > Wakefield Bus Station	1 bus/hr each way Mon-Sat; 1 bus/2hrs Sundays
268 MAX	Bradford > Low Moor > Cleckheaton > Heckmondwike > Hospital > Dewsbury > Ossett > Lupset > Flanshaw > Wakefield	4 buses/hour each way, Mon-Sat; 2 buses/hr Sundays

2.2.4 There are also services by TLC Travel which stop on Staincliffe Road, west of the Hospital.

Number	Route	Frequency
ML2	Dewsbury Moor > Dewsbury Town Centre > Hanging Heaton > Shaw Cross	5 buses per day, Mondays to Saturdays only.

2.3 Local Highway Network and Parking

- 2.3.1 Healds Road which runs to the south of the Hospital is a local access road which has marked on-street car parking to both sides. This varies between being for use by resident permit holders only, and closer to the hospital site, free car parking subject to the following waiting restrictions: Monday to Saturday, 8am to 6pm, maximum stay 1 hour/ maximum stay 2 hours. In addition, outside St Joseph's Catholic Primary School there is a Stop, Drop and Go Zone 08:00 to 09:30.
- 2.3.2 Fox View which runs to the north of the Hospital is a local access road which forms a loop with Cullingworth Street to form the main visitor access to the Hospital site, including access to the main staff car park and the visitor car parks adjacent to the Ridings Building.
- 2.3.3 The Department for Transport (DfT) hosts a wealth of road traffic data online, including for the majority of major roads in the UK and a number of minor roads as well. The figures are expressed as Annual Average Daily Traffic Flows (AADTF). Data from the four count points closest to the development site is shown in the table below.

Location	Year	AADTF
A638 Halifax Road	2019	15,259 motor vehicles
	2021	12,927
Staincliffe Road	2019	8,181
Thornccliffe Road	2009	4,859
Church Walk	2019	1,075

- 2.3.4 As might be expected, the strategic distributor road (A638) has the highest local levels of traffic, albeit in 2021 levels were still reduced from the 2019 figures due to the ongoing impact of the Covid pandemic. Staincliffe Road, which is a local distributor road, has significantly higher traffic levels than a local access road, but half as high as the traffic levels on the strategic route.
- 2.3.5 Dewsbury and District Hospital benefits from a significant amount of car parking, all of which is currently at surface level. The site map provided by the Trust for visitors demonstrates that there are seven car parks for use by patients and visitors, and six areas where disabled car parking can be found. In addition, there are sixteen areas for staff car parking. The capacities of these various car parking areas are set out in the table below. The information in the following table has been verified following the provision of the Trust's Car Parking Plan 2021-2026; overall car parking provision appears to have increased by 11 spaces since March 2021.

Description	Capacity
Oakwell Centre Car Park (Staff)	34 spaces including 5 disabled bays
Bronte Birth Centre Car Park	29 spaces including 1 disabled bay
Bronte Tower Car Park (Staff)	26 spaces
Car Parks south of Ridings Building	112 spaces
Car Park west of Ridings Building	24 spaces
Car Park north of Ridings Building (Disabled)	45 spaces including 40 disabled bays
Boothroyd Centre Car Park	77 spaces including 3 disabled bays
Staincliffe Wing Car Parks (Staff)	49 spaces including 8 disabled bays
Childrens Centre Car Park	13 spaces including 2 disabled bays
Priestley Unit Car Park	53 spaces including 3 disabled bays
Car Park north of Fox View	241 spaces including 4 disabled bays
Occupational Health Car Park (Staff)	45 spaces
Rosewood Centre Car Park (Staff)	26 spaces including 1 disabled bay
Main Staff Car Park (Staff)	248 spaces
TOTALS	1,022 spaces including 67 disabled bays

- 2.3.6 The above totals do not include any other small areas of parking not within defined parking areas, nor do they include any unauthorised car parking which may occur (e.g. on hatched keep clear areas but where this is evidently tolerated in practice).

3.0 Baseline Travel Information

3.1 Existing Trip Generation

- 3.1.1 The Trust has provided data from their current Car Parking Plan (2021-2026) which indicates that there are currently 1,011 car parking spaces serving the Dewsbury and District Hospital (DDH). This corresponds closely to the figures worked out in the count of parking spaces set out in Section 2.3 of this report.
- 3.1.2 The Trust has also now provided their current Travel Plan (also 2021-2026). The plan does not contain information on existing travel choices, but instead focuses on the opportunities for change.
- 3.1.3 For example, a distribution map demonstrates that 319 staff working at the Hospital lived within a 30-minute walking distance of the site in 2021; this represents 22% of the total staff at that time. Furthermore, 72 staff living within this area had car parking permits in 2021, many of whom it is argued could make a change.
- 3.1.4 In similar vein, 885 staff at DDH lived within a 30-minute cycling distance of the site in 2021; this represents 61% of the total staff at that time. 365 staff living within this area had car parking permits in 2021.
- 3.1.5 1,163 staff at DDH lived within a 90-minute bus journey of the site in 2021. This represents an impressive 81% of the total staff. 483 staff living within this area had car parking permits in 2021.
- 3.1.6 The following actual modal split percentages shown in Table 1 below are from the Trust's Green Plan; these proportions have then been used to demonstrate the actual demand figures, based on the total staff numbers set out in the Trust's Parking Plan, of 1,440 employees (in 2020).

Mode	Proportion	Calculated Numbers
Bus	"Generally low" - Assume 3% per mode maximum	43
Cyclists		43
Pedestrians		43
Lone Car Driver	80%	1,152
Car Sharing	5%	72
Other/Unknown	6%	87
TOTAL	100%	1,440

Table 1: Existing Dewsbury & District Hospital Staff Travel Patterns

- 3.1.7 Taking the number of Car-share drivers and Lone car drivers together, this would indicate a maximum demand for up to 1,188 staff car parking spaces across the site as a whole; however it must be recalled that the Hospital runs 24-hours per day and every day of the year, so it needs to be understood that not all of these staff and their vehicles will be on-site at the same time.
- 3.1.8 The Trust's Car Parking Plan also specifies that as of 2021, there were 635 active parking permit holders, against a maximum staff car parking availability of 653 spaces. This indicates that existing parking supply meets demand, with a small surplus.
- 3.1.9 The Trust's Car Parking Plan acknowledges that existing permit parking arrangements are not perfect, however and set three targets as follows:
- To stabilise the staff car parking supply at the current level of 653 spaces
 - To reduce staff car parking demand (by circa 240 vehicles)
 - To optimise staff and visitor car parking management, to improve the overall car parking experience for all users.

3.2 Proposed Development Trip Generation

- 3.2.1 The proposed single storey building will provide two day-case operating theatres with associated recovery bays, nine consultation rooms and four major treatment rooms. (Appendix C, proposed floor plans). The facilities will increase the capacity of the hospital to deal with a variety of elective procedures.
- 3.2.2 The local highway authority has expressed doubts regarding the assumptions made in the first draft of this Transport Statement; as a result the Trust has been asked to provide their understanding of how the proposed Elective Hub will operate in practice.
- 3.2.3 It has been confirmed by the Trust that there will be an average staffing of 22 clinical staff, plus up to 5 facilities staff. This would indicate that the previous estimates of up to 38 people were in fact higher than necessary.
- 3.2.4 Using the travel proportions set out in Section 4.1 above, the following staff trip generation is anticipated in the medium term as a result of development:

Mode	Proportion	Calculated Number
Bus	3%	1
Cyclists	3%	1
Pedestrians	3%	1
Lone Car Driver	80%	21
Car Sharing	5%	1
Other/Unknown	6%	2
TOTAL	100%	27

Table 2: Estimated Daily Staff Trip Generation of Proposed Development

- 3.2.5 The results from Table 2 above indicate that there is likely to be an increase in demand for up to 21 additional car parking spaces in the medium term, in order to serve the proposed new facilities.
- 3.2.6 However, this potential increase in car parking demand should not cause the local authority concern, as the existing staff parking provision exceeds the existing permit numbers by 18. Furthermore, the policies within the Trust's Parking Plan and Travel Plan seek to reduce staff car parking demand by promoting alternatives to their staff.
- 3.2.7 As regards patient travel, from other NHS Elective Hubs which we have worked on, the assumption is that each theatre may treat up to 6 surgeries per day, meaning at most 12 patients per day using this facility. Although the elective surgeries may be relatively minor in nature, it is considered likely that patients may arrange to be dropped off and picked up, as they may not be ready to drive following even a minor procedure. As a result, it is estimated that the daily patient and visitor traffic associated with the development will be up to 24 vehicles creating 48 vehicle movements.

4.0 Objectives

- 4.1** The objectives of the Travel Plan are the high-level aims of the document and process of Travel Planning: what are we trying to achieve? They should be based on the evidence available to us from the baseline travel data and any other background information regarding sustainable travel opportunities or problems caused by existing travel choices and behaviours.
- 4.2** As the proposed development will lead to a significant reduction in car parking availability in the immediate vicinity of the existing Boothroyd Centre and the new building itself, it is a valid objective to seek to reduce overall car parking demand.
- 4.3** In addition, it seems reasonable to seek to minimise the displacement of car parking demand elsewhere within the hospital site, and in particular to ensure that no overspill car parking demand affects the local streets beyond the site.
- 4.4** The existing travel choices of staff indicate low levels of active and sustainable travel and it is a valid objective to change this, both for sustainability reasons and for health reasons.
- 4.5** The Trust is also seeking to make progress on carbon reduction through its Green Plan and this also forms an important objective with regard to reducing use of private car travel.
- 4.6** Further objectives may become apparent once full staff travel surveys (and where possible, patient and visitor travel surveys) have been carried out and analysed.

5.0 Targets

- 5.1** In order to be robust and meaningful, Travel Plan targets must be SMART. Our understanding of this acronym is as follows:

Specific: targets need to be precise in their scope.

Measurable: targets need to be capable of being measured, so that progress can be quantified.

Achievable: targets need to be ambitious but still realistic.

Relevant: targets need to relate to the objectives of the Travel Plan and to the site, context and people using the premises.

To a Timescale: targets cannot be open-ended but should instead set deadlines.

- 5.2** The targets put forward in this revised document have been changed to align with the targets set out in the Trust's site-wide Travel Plan.

The proportion of staff travelling by solo-occupancy car to and from the site will seek to reduce by 20% from the baseline, within the 5-year period of this Plan to December 2028.

In real terms, this means that the proportion of staff lone car drivers will seek to reduce from 80% to 60% over the course of this Travel Plan, which represents 16 instead of 21 staff at the new elective treatment centre travelling in this way.

- 5.3** In order to deliver the reductions proposed in 5.2 above, it will be necessary to put in place targets to increase the use of more sustainable travel modes. It is not known precisely how low levels of walking, cycling and public transport use are from data available, but it is known that currently car-sharing is practiced by about 5% of staff. The following targets are therefore proposed:

The proportion of staff travelling by car-sharing arrangements to and from the site will seek to increase by 5% from the baseline, within the 5-year period of this Plan to December 2028.

In real terms, this means that the proportion of staff car-sharers will seek to increase from 5% to 10% over the course of this Travel Plan, which represents 2 instead of 1 staff at the new elective treatment centre travelling in this way.

The proportion of staff travelling by active travel modes or public transport to and from the site will seek to increase by 15% from the baseline, within the 5-year period of this Plan to December 2028.

In real terms, this means that the proportion of staff using active travel or public transport will seek to increase from circa 9% to circa 24% over the course of this Travel Plan, which represents 6 instead of less than 3 staff at the new elective treatment centre travelling in this way.

- 5.4** It is noted that the overall “real terms” numbers are not in and of themselves particularly impressive in terms of modal shift, however if these proportions were to be copied across the whole hospital site, the improvement would be considerable. In addition, in order to be realistic the change sought is incremental, and more ambitious targets may be set in future years if progress happens as sought.
- 5.5** Targets have not been set in this Plan for patient travel, as by definition patients may have reduced ability to choose their travel arrangements. However, visitor travel targets may be worthy of consideration in the medium term. This is a matter for the Trust to consider.

6.0 Measures

- 6.1** A number of measures have already been considered by the Trust and are found in the site-wide Travel Plan. Accordingly, all relevant measures are reproduced here for the purposes of the Elective Treatment Centre Travel Plan.

6.2 Information and Promotion Measures

6.2.1 Walking

- Set up a Walking User Group to provide a forum for sharing concerns and ideas regarding walking;
- Discuss options with Sustrans (Charity making it easier for people to walk and cycle);
- Produce walking information packs for staff and promotional material to raise awareness of the health benefits of walking;
- 'Walking Wednesday' weekly walks launched. A weekly event to create a positive walking experience and raise awareness of the local area.
- Improve website information regarding walking to the site from local destinations including a link to the walking mapping site, walkit.com;
- Produce a map showing walking routes indicating distances and times to the most common destinations, in particular to and from nearby bus stops and train stations;
- Promote City Connect Website to provide staff, visitors and patients routes to attending site;
- Investment in dedicated walking routes on site within the hospital (noting that the Elective Treatment Hub will have pedestrian links to the existing Boothroyd Centre, to access ramps between the two buildings, and to the rear of the proposed building towards the Bronte Tower).

6.2.2 Cycling

- Set up a Bicycle User Group (BUG) to provide a forum for sharing concerns and ideas regarding cycling;
- Discuss options with Sustrans (Charity making it easier for people to walk and cycle);
- Provide cycling information packs to staff and promotional material to raise awareness of the health benefits of cycling, including a link to the cycling mapping sites;
- Improve website information regarding cycling to the site from local destinations and regarding on-site cycle facilities like cycle parking, changing rooms, lockers, showers;
- Cycle lockers made available from General Office (similar to Changing Room Lockers and the management of these)
- Produce a map showing cycling routes indicating distances and times to the most common destinations, in particular to and from nearby bus stops and train stations;
- Continue to promote the Cycle to Work scheme;

- Invest in a loan bike scheme which allows staff to 'try before you buy', the fleet could contain standard, folding and electric bikes.
- Promote City Connect Website to provide staff, visitors and patients routes to attending site;
- Partner with local companies to provide discounts;
- Monthly cyclist breakfast - reward cyclist with a voucher for free drink and cereal bar;
- Promote National Bike Week and organise Cycle-to-work days;
- Dr Bike or similar cycle maintenance training and repair service to visit sites;
- Offer cycle proficiency training to staff.

6.2.3 Public Transport

- Reinvigorate the Public Transport Working Group to provide a forum for sharing concerns and ideas regarding public transport;
- Introduce a programme of public transport focused events to promote tickets options, promotions, discounts etc;
- Join the Travel Plan Network through the Leeds City Region Enterprise Partnership
- Initiate personalised travel surgeries and journey planning support;
- Investigate options to pre-purchase tickets for travel to common destinations;
- Change focus of patient appointment letters to promote public transport for accessing the hospital;
- Introduce an information sheet of key public transport messages and answers to common questions;
- Arrange a session led by bus and train operators to answer key questions raised by staff;
- Promote Catch-the-Bus Week each year; and
- Organise regular travel surveys of the inter-site shuttle service in order to understand the nature of its usage, in particular the split between staff and visitors and travel between different sites.

6.2.4 Other Information/Promotion Measures

- Links to promoting alternative travel solutions and working with partners such as Energy Saving Trust, Travel Plan Network and Sustrans;
- Overarching user group to promote green travel and solutions within the organisation;
- Promote events including national campaigns such as European Mobility Week, National Liftshare and Bike to Work;
- Communication and marketing strategy to be launched for the Travel Plan

6.3 Working Practices Measures

- 6.3.1 Remote working. This measure is less relevant to this proposed building, due to its clinical role – and likewise facilities management cannot be done remotely.
- 6.3.2 Review and optimise staff working shifts. This may be relevant. It appears that from the proposed working hours of the Elective Treatment Centre, a single 12-hour shift will be performed.
- 6.3.3 Minimise corporate car travel and zero emissions. There will be increased emphasis on virtual consultations and business meetings, reducing the need to travel. Likewise the NHS fleet will increasingly comprise zero emission vehicles over the next decade.
- 6.3.4 Minimise car travel for basic needs. This measure is about ensuring that ATMs, cafes and coffee shops are available within the Hospital site to reduce off-site travel during the day.
- 6.3.5 Recruitment practices. Where possible, new staff will be recruited from the local area and new starters will only be eligible for parking permits if they live at least 5 miles from the site.
- 6.3.6 Supplier and contractor practices. Contracts and potential tenders will specify environmental requirements and local suppliers will be used where practicable; rationalisation and consolidation of Supply Chain will be important.
- 6.3.7 Inter-site Shuttle Service. Usage will be reviewed annually to ensure the service is being fully utilised. Digital transformation may impact the shuttle service, as reduced need to travel may reduce the need for the shuttle service.
- 6.3.8 Digital transformation. One of the lessons learned from the pandemic emergency was that provision of healthcare through remote consultation is possible and works for some people. However, it does not work for everyone and it is also important that embracing technology does not exacerbate health inequalities or create new ones. There are both opportunities and challenges in implementing the digital transformation therefore.

6.4 Provision Measures

6.4.1 Walking

- Undertake regular pedestrian audits of the area around and within the hospital sites to assess pedestrian routes and associated pedestrian infrastructure;
- Review and identify potential improvements to typical walking routes that serve the hospital sites and engage with local authorities to explore potential solutions;
- Review and identify potential improvements to pedestrian infrastructure within the hospital sites and introduce them where necessary;
- Security and lighting improvements
- Make personal alarms available for people who are concerned about personal security.

6.4.2 Cycling

- Monitor usage of secure cycle parking facilities near the main buildings and increase provision if required to meet demand;
- Monitor availability of cloakroom/changing facilities/shower facilities with secure storage lockers and increase provision to meet demand;
- Make personal alarms available for people who are concerned about personal security;
- CCTV coverage of cycle parking areas
- Review and identify potential improvements to typical cycle routes and facilities that serve the hospital and engage with local authorities to explore potential solutions;
- Investigate opportunities to establish a pool bike scheme and availability of cycles for the journey from the station.

6.4.3 Public Transport

- Install screens with real-time bus and rail service information within the main atrium areas with links to the real-time feed added to the Trust's travel intranet pages;
- Engage with bus operators/local highway authority to improve current routes or introduce new ones where necessary;
- Review and identify potential improvements to walking routes to all bus stops and train stations that serve the hospital and engage with local authorities to discuss potential solutions;
- Work with bus operators to improve bus information and shelters at bus stops;
- Work with bus operators to improve the attractiveness of buses on routes through site, for example, by providing Wi-Fi access;
- Work with train operators to improve train service information;
- Promote the use of the existing inter-site shuttle service linking to the rail and bus stations

6.4.4 Car Sharing

- The Trust will launch a staff car sharing scheme at the three sites and will dedicate a car parking area for use by registered users.
- Previous responses to staff surveys have indicated that the provision of a free taxi-ride home if someone is let down by their car share partner (or in the case of an emergency) is an important factor in the decision whether to car share, and such facilities will be considered. Similarly, the availability of pool cars once at work has an impact on the take-up of car sharing. Other Trusts have developed “The Guaranteed Ride Home policy” to ensure car-sharers can get home in case of an unexpected emergency.
- The benefits of car sharing will be highlighted to all staff, including the potential reduction in stress, the opportunity to socialise, and the direct cost savings. Financial incentives can also be offered, such as vouchers for those who car share at least once a week.

6.4.5 Car Parking

- In order to provide the development site, a total of 67 car spaces adjacent to the Boothroyd Centre will need to be permanently removed. However, the Trust has confirmed that the capacity will not be lost, and that staff parking can be re-provided in the existing S14 Car Park, which is under-utilised. This is the main staff car park on the north side of the Hospital site.
- The Trust’s Car Parking Plan is seeking to optimise the staff permit system and parking layouts, and to improve pedestrian facilities. These measures are intended to be put in place by the end of 2023.

6.5 EV Charging

6.5.1 The Mid-Yorkshire NHS Trust has installed its first EV charging points at all of its hospital sites, which can be used by staff and by visitors.

6.5.2 Currently, there are two 22kw dual chargers providing EV charging for up to four vehicles at the Dewsbury & District Hospital site; these are located near the Ridings (Main) Building. It should be expected that over time, additional bays will be provided as demand for this type of infrastructure increases.

6.5.3 It is notable that the Trust’s policy is to ensure that vehicles only park in the EV bays for the amount of time necessary to charge a vehicle; the 22kw chargers are rapid chargers so there should be no need to use them for longer than 3 hours before moving to a non-charging bay to park. The complexities of gradually increasing provision in line with demand are noted in the Trust’s Green Plan

6.6 Mid-Yorkshire Green Plan 2022-2025

6.6.1 The Trust has produced its first Green Plan which seeks to enable a variety of decarbonisation measures and sustainability improvements. This contains a diagram which demonstrates that of the overall carbon emissions associated with NHS activities, 4% relates to Business and NHS Fleet travel, 5% relates to patient travel, 4% relates to staff travel and 1% relates to visitor travel (total of 14%).

6.6.2 The plan contains the following NHS requirements and drivers:

- Reducing air pollution from fleet vehicles, transitioning as quickly as possible to the use of zero-emission and ultra-low emission vehicles (ZEVs and ULEVs).
- Introduce expenses policies for staff which promote sustainable travel choices.
- Ensuring staff car leasing schemes exclude high emission vehicles and promote ZEVs and ULEVs.
- Plan to install EV charging infrastructure for fleet vehicles at all Trust sites.
- Eliminate harmful exhaust emissions from NHS fleet.
- Reduce emissions from staff commuting and support staff to make lower carbon travel choices.
- Cut business mileage and fleet air pollutant emissions by 20% by 2023/4.
- Ensure at least 90% of NHS fleet are low-emissions vehicles by 2028.

The plan also notes relevant local policies including those of the West Yorkshire Combined Authority (WYCA) Transport Strategy, the Wakefield District Transport Strategy, and Air Quality imperatives.

6.6.3 Issues noted which do not help the current low levels of sustainable travel among staff include the following points:

- There is limited information about sustainable transport on the Trust's website.
- On-site cycling facilities such as cycle parking, lockers, changing rooms and showers are not promoted adequately.
- Survey data on modal share and travel choices is limited.

6.6.4 A number of measures are planned which will address the above issues as follows:

- Setting up user groups to discuss issues and ideas to improve walking, cycling and public transport uptake rates.
- Updating the Trust intranet to raise awareness of travel options.
- Promoting the health benefits of modal shift.
- Investing in a bike loan scheme so that staff can try before they buy.
- Improving changing and shower facilities.
- Providing cycle training courses.
- Offering incentives such as free monthly breakfasts for active travellers.
- Working with partners such as WYCA and charities such as Sustrans, Running Mayors and Living Streets to use free advice and resources.
- Embracing homeworking where appropriate and using technology to reduce unnecessary business journeys, optimising shifts and favouring recruitment of local staff.

7.0 Management and Monitoring

- 7.1** Responsibility for the Travel Plan ultimately lies with the Chief Executive of the NHS Trust for Dewsbury and District Hospital, who is currently Len Richards. Another key senior board member whose input will be valuable is Mark Braden, who is the Chief Infrastructure Officer and also Director of Estates, Facilities and Digital Services.

- 7.2** On a day-to-day basis however the key individual who will oversee the implementation of the Travel Plan is known as the Travel Plan Coordinator (TPC). Typically these individuals are members of the Estates department, sometimes working in a specific NHS Travelwise team, or they are a Sustainability Manager. The identity of the TPC and their contact details should be shared with the Local Authority so that they can be the lead point of contact for Travel Planning queries and also so that they can seek support and advice from the Local Authority where needed.

- 7.3** It is also noted from the Trust's Green Plan that there will be a "Sustainability Transformation Oversight Group" (susTOG) which meets on a quarterly basis to discuss how projects and actions are progressing and to capture key milestones achieved, as well as to highlight and find solutions to any risks or issues that are identified.

- 7.4** Travel Plans typically should be monitored 1, 3 and 5 years after implementation, in order to allow for checking of progress against targets, setting of new targets if needed and altering measures in order to maximise the positive impact of the Plan. If the NHS Trust wishes to monitor on an annual basis, this may be even better although there is a risk in organisations of survey fatigue, if staff are being asked how they travel on too regular a basis. This can lead to reduced impact of the Travel Plan.

- 7.5** The monitoring reports should also be shared with the local authority, so that they can stay appraised of the Plan's progress and also so that they can provide advice and support if needed to increase the positive impact of the Plan.

8.0 Action Plan

- 8.1** The Trust has an existing Action Plan relating to its Green Plan, some of which overlaps with the measures set out in the Travel Plan. These actions are set out in the following table:

Description	Area	Responsibility	Target Year
Creation of Green Travel Working Group to implement Travel Plan recommendations	Improvement & Transformation	susTOG (see Section 7.3)	2022/23
Review EV and charging opportunities for Trust fleet	Fleet	Fleet Manager	2022/23
Assess existing staff lease scheme to add incentives for uptake of ZEVs and ULEVs	Personal Travel	Finance/Staff Benefits	2022/23
Join corporate MetroCard scheme for staff discount on bus season tickets	Personal Travel	Finance/Staff Benefits	2022/23
Understand EQUANS fleet and their plans for EV and charging requirements	Fleet and Estates	Sustainability Team	2022/23
Annual anti-idling campaigns tied to National Clean Air Day	Comms and Engagement	susTOG & Communications	Annual
Annual staff travel surveys (incentivised?) – how and when people travel, what they need in order to change their choices	Comms and Engagement	Sustainability Team	Annual
Ensure all new Trust vehicles are ZEVs or ULEVs; update replacement plans	Fleet	Fleet Manager	Ongoing
Install EV chargers with priority for fleet vehicles; address grid constraints	Fleet and Estates	Estates/ Fleet Manager	Ongoing
Ensure that green travel measures inform decisions on sustainable models of care and workforce policies	Improvement & Transformation	susTOG	Ongoing