

Dewsbury & District Hospital New Elective Treatment Centre Travel Plan

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Redacted

Prepared by
Julian Hudson MA(Oxon) MSc MSc MCIHT

Redacted

Reviewed by:
Richard Hemming BEng MEng CEng MICE

	Structural Engineering
	Civil Engineering
	CDM Consultants
	Sustainability and BREEAM
	Traffic and Transport
	Flood Risk Assessments
	Highway Engineering
	Event Engineering

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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, but will also comply with other policies and initiatives being developed by the NHS Trust, where these are known.
- 1.5** Scott White and Hookins shall not be liable for the use by any person of any documents and reports for any purpose other than that for which the same were prepared by or on behalf of 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 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

2.3.3 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.

2.3.4 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 NHS 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 is a single staff car park. The capacities of these various car parking areas are set out in the table below.

Description	Capacity
Oakwell Centre Car Park	34 spaces including 5 disabled bays
Bronte Birth Centre Car Park	29 spaces including 1 disabled bay
Bronte Tower Car Park	26 spaces
Car Parks south of Ridings Building	112 spaces
Car Park west of Ridings Building	24 spaces
Car Park north of Ridings Building	45 spaces including 40 disabled bays
Boothroyd Centre Car Park	77 spaces including 3 disabled bays
Staincliffe Wing Car Parks	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	45 spaces
Rosewood Centre Car Park	26 spaces including 1 disabled bay
Staff Car Park	248 spaces
TOTALS	1,022 spaces including 67 disabled bays

2.3.5 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 Green Plan (2022-2025) which indicates that there are currently 1,000 car parking spaces serving the Dewsbury and District Hospital. 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 a Travel Plan (last updated 2021) but this document is not in the public realm. Some data is shown in the Green Plan which informs the following table of staff travel estimates. The assumption made is that there may be around 500 staff on site at peak times¹.

Mode	Proportion	Estimated Numbers
Bus	"Generally low" - Assume 3% per mode maximum	15
Cyclists		15
Pedestrians		15
Lone Car Driver	80%	400
Car Sharing	5%	25
Other/Unknown	6%	30
TOTAL	100%	500

Table 1: Dewsbury & District Hospital Staff Travel Estimates

- 3.1.3 Taking the number of Car-share drivers and Lone car drivers together, this would indicate a maximum demand for up to 412 staff car parking spaces across the site as a whole.
- 3.1.4 While the dedicated staff car park has a capacity of 248 spaces, there are an overall total of around 1,000 parking spaces on site and many of the car parks are shared between staff and patient/visitor use. As such it is not considered that there is a shortage of car parking at the site currently.

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. The facilities will increase the capacity of the hospital to deal with a variety of elective procedures.

¹ This assumption is based on an NHS Key Statistics report, showing 1.2 million hospital staff employed within England (as of June 2022) and a current national total of circa 1,200 NHS hospitals. The further assumption is that this is evenly split into circa 1,000 staff per hospital, and split into at least two shifts for most clinical staff.

3.2.2 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.

3.2.3 The required level of staffing has not been specified by the Trust, so in this report estimates have been produced using data from a Nursing blog:

“Theatres often have a set group of staff. There will be 2 scrub nurses, 1 Operating Department Practitioner, up to 2 Anaesthetists, up to 2 Theatre Support Workers and up to 3 Surgeons.”

3.2.4 On this basis, it is assumed that each new Operating Theatre may have up to ten staff. In addition, it is assumed that each Major Treatment Room may require at least 2 staff (total of eight) and each consulting room may require at least 1 staff (total of 9); lastly there will also be a need for an additional receptionist. Overall this gives an estimated staffing requirement for at least 38 people.

3.2.5 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%	31
Car Sharing	5%	2
Other/Unknown	6%	2
TOTAL	100%	38

Table 2: Estimated Daily Staff Trip Generation of Proposed Development

3.2.6 The results from Table 2 above indicate that there is likely to be an increase in demand for up to 32 additional car parking spaces in the medium term, in order to serve the proposed new facilities.

3.2.7 However, this potential increase in car parking demand should not cause the local authority concern, as there are currently plentiful car parking opportunities at the site as a whole, and a policy imperative to reduce car travel.

3.2.8 In addition, the Trust are currently working on an update to their site-wide Travel Plan which will be likely to seek methods and targets for reducing car-based travel to the site.

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 Department for Transport guidelines have suggested that a robust Travel Plan can hope to achieve a 15% modal shift away from private car use. While this guidance has been subsequently withdrawn, it remains a useful indicator of what may be achievable within the first iteration of a workplace travel plan. As such, the following targets are suggested:

The proportion of staff travelling by solo-occupancy car to and from the site will seek to reduce 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 lone car drivers will seek to reduce from 80% to 65% over the course of this Travel Plan, which represents 25 instead of 31 staff at the new elective hub 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 to this author, 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 4 instead of 2 staff at the new elective hub 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 10% 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 19% over the course of this Travel Plan, which represents 7 instead of 3 staff at the new elective hub 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 impact 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 Car Parking

- 6.1.1 In order to provide the development site, a total of 67 car spaces will need to be permanently lost. In addition, during construction a further 52 car spaces in the vicinity of the site will be out of use either due to the need for contractor parking or due to the provision of the construction compound, crane base and other logistical requirements.
- 6.1.2 Given that the site currently provides circa 1,000 parking spaces, the loss of 67 spaces can be considered as part of a wider policy of parking restraint. In addition, while during construction there will be a temporary loss of 52 parking spaces, the site as a whole should be capable of accommodating any displaced parking demand, or at least this can be managed by the Estates department.

6.2 EV Charging

- 6.2.1 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.
- 6.2.2 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.
- 6.2.3 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

6.3 Mid-Yorkshire Green Plan 2022-2025

- 6.3.1 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%).
- 6.3.2 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.

6.3.3 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.

6.3.4 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