

MY HEALTH ESTATE

Patient | Purpose | Performance

Car Parking Plan

NHS
The Mid Yorkshire Hospitals
NHS Trust

2021 to 2026

Version: March 2021

CONFIDENTIAL



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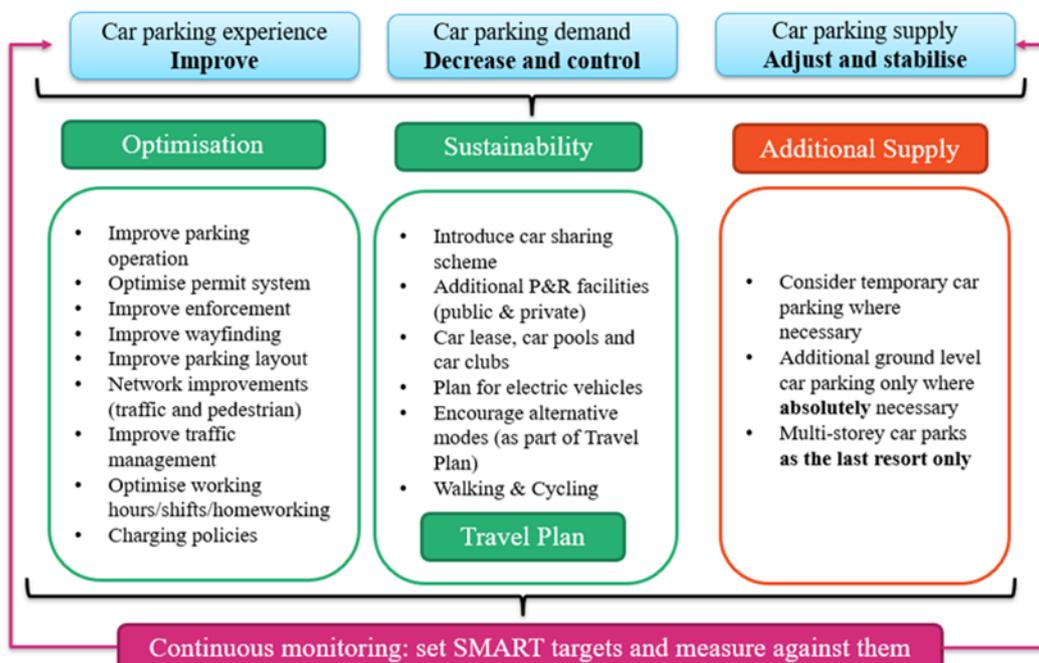
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Executive Summary

The MY Health Estate Car Parking Plan sets out the required changes to the car parking estate to meet clinical need, improve staff, visitors and patients experience. It summarises the key drivers and describes how MYT will deliver a fit for purpose car parking plan over the next 5 years.

The key aim of the Car Parking Plan supports the Trust’s Travel Plan by managing parking supply and demand, so a balance is achieved. By the end of the five-year period parking supply is being utilised as efficiently as possible by:

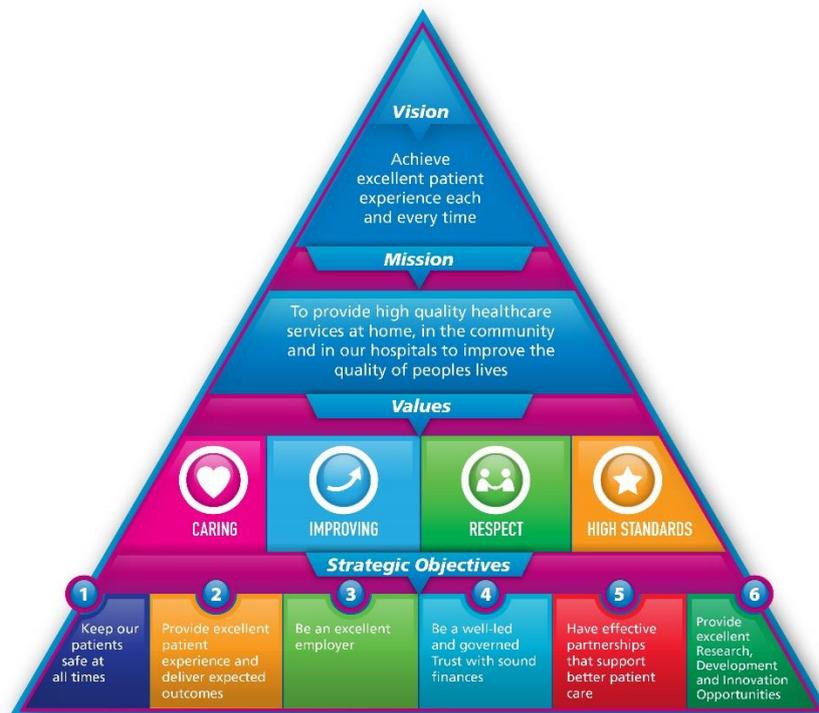
- Improving parking experience: every staff member and every visitor who has no option but to travel by car to our Hospitals will be able to park their car within a reasonable short time period upon their arrival;
- Decreasing and controlling car parking demand: staff members and visitors who are better positioned to use alternative and sustainable transport modes will be encouraged to do so and will be provided with solutions and measures to support them;
- Adjusting and stabilising car parking supply: car parking supply will be adjusted to meet demand where necessary; all future policies and measures in relation to car parking will minimise reliance on additional car parking supply and will prioritise optimisation of the existing facilities and use of sustainable solutions.
- Identifying where development areas for car parking expansion is required.
- Having a 5-year plan with measurable improvement targets



1 Introduction

Background

1. The Mid Yorkshire Hospitals NHS Trust (the Trust) comprises three main hospitals;
2. Pinderfields General Hospital (PGH) in Wakefield,
3. Pontefract General Infirmary (PGI) and,
4. Dewsbury & District Hospital (DDH).
5. The Trust provides a comprehensive range of healthcare services for more than half a million people living in the Wakefield and North Kirklees districts of West Yorkshire.
6. The Trust employs more than 8,600 staff and generates an income in excess of £500 million.
7. The mission of the Trust is to provide high quality healthcare services at home, in the community and in our hospitals, to improve the quality of people's lives. Its vision is to achieve excellent patient experience each and every time.
8. These mission and vision are translated into six strategic objectives that are outlined in the Trust Strategy 2017-2021:



9. The Trust has six enabling strategies that underpin and support the Trust Strategy 2017-2021:
 - Quality Improvement
 - Workforce
 - MY Digital Future
 - MY Health Estate
 - Research and Innovation
 - Equality, Diversity and Inclusion

10. There are three specific transport-related documents that contribute to the high-level, Trust-wide, strategies:
 - The Green Plan
 - The Car Parking Plan
 - The Travel Plan
11. This document is the Car Parking Plan.

Aim of the Plan

12. Following the completion of the Hospital Change Programme in 2017, demand for car parking increased at Pinderfields Hospital with a discrepancy between parking supply and demand. Less so at the other two hospitals. This imbalance between supply and demand plus the on-going reconfiguration of the PGH site has necessitated the expansion of car parking on the site. Some 178 new spaces have received planning consent and are currently being constructed. Further car park planning applications have been submitted and this document along with the Travel plan are documents that are required to support the planning discussions with the local authority.
13. The key aim of this Car Parking Plan is to support the Trust's Travel Plan by managing parking supply and demand such that a balance is achieved. By the end of the five-year period parking supply is being utilised as efficiently as possible and there has been a reduction in the staff waiting list(s) for car parking passes.

Purpose of the Plan

14. The previous Car Parking plan, developed some years ago, has been used to manage car parking demand and supply at all Trust sites. Recent developments and the reconfiguration of services dictates a need to review and update the Car Parking Plan to ensure that it fully addresses new parking requirements for staff, patients and visitors.
15. The new Trust's Car Parking Plan supports the vision and objectives set out within the supporting Travel Plan. Both documents underpin the MY Health Estate Strategy and the Trusts Strategy 2017 - 2021
16. To achieve these the following three objectives have been set for the Car Parking Plan:
 - **Improve parking experience:** every staff member and every visitor who has no option but to travel by car to the Hospital will be able to park at MYT within a reasonable short time period upon their arrival;
 - **Decrease and control car parking demand:** staff members and visitors who are better positioned to use alternative and sustainable transport modes will be encouraged to do so and will be provided with solutions and measures to support them;
 - **Adjust and stabilise car parking supply:** car parking supply will be adjusted to meet demand where necessary; all future policies and measures in relation to car parking will minimise reliance on additional car parking supply and will prioritise optimisation of the existing facilities and use of sustainable solutions.

17. The detail supporting the objectives described above are shown in Figure 1.

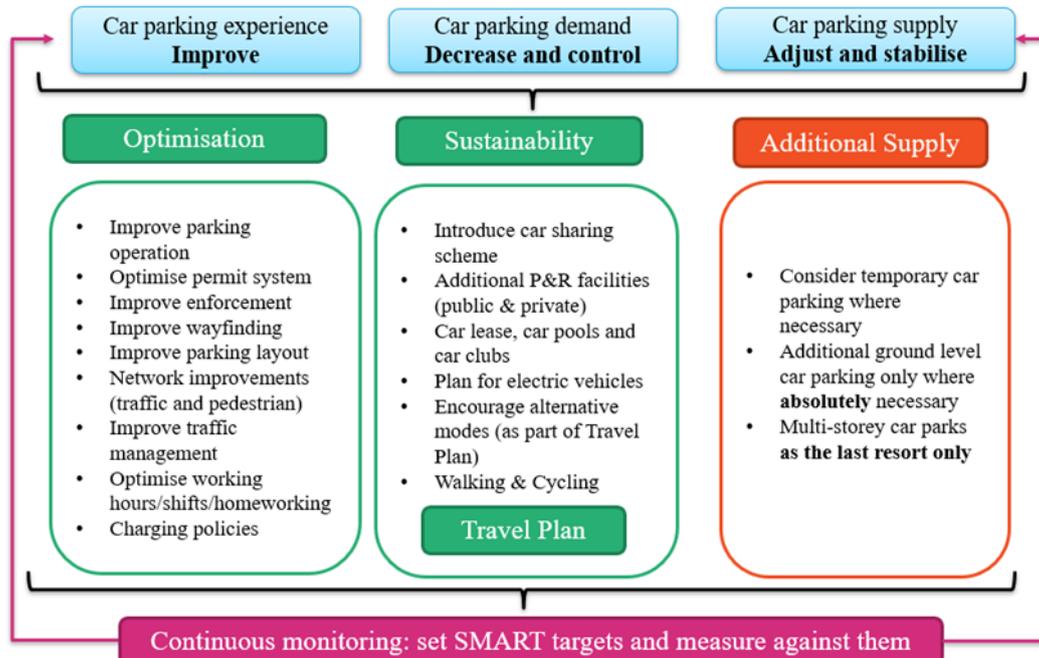


Figure 1. Car Parking Plan and Framework

18. The plan prioritises **Optimisation** and **Sustainability** measures and encourages the use of them prior to using measures that provide additional car parking supply. The additional supply measures will only be used if it is not possible to maintain a balance between the car parking demand and supply using the Optimisation and Sustainability measures. Additional supply will also be considered if substantial expansion of the hospital facilities generates new car parking demand.

Structure of the Document

19. Following this Introduction, the document is structured as follows:

- Chapter 2 reviews the current car parking situation at PGH including current parking supply and demand and associated problems and issues. It sets out the elements of the plan, the targets and measures that are specific to the PGH site;
- Chapter 3 is as per above for the DDH site;
- Chapter 4 is as per above for the PGI site; and
- Chapter 5 sets out the Trust-wide elements of the plan and measures that apply at all three hospitals.
- Chapter 6 sets out how the Trust will monitor its progress for successful implementation of the outlined measures and initiatives.

Impact of COVID-19

20. The Covid emergency in 2020 and 2021 has necessitated a refocus on personal travel behaviour. The use of public transport has reduced significantly, and car use has become reinforced as a safe and convenient mode. It is currently unknown whether this change is relatively short-term, longer lasting or permanent. This Car Parking Plan has been prepared on the assumption that the emphasis on sustainable travel promoted by the Government in recent years will continue once the short-term travel and transport disruption has passed. Similarly, during Covid, the Government specified that staff car parking for NHS workers should be free of charge although it is unknown if this measure will be temporary. Further work will also be required to review the significant changes seen during the Covid emergency for staff to work from home and the long-term impact this has on car parking demand.

2 Pinderfields General Hospital (PGH)

21. This chapter reviews the current car parking situation at PGH and outlines the elements of the car parking plan specific to the site.

Existing Situation

22. PGH provides a comprehensive range of healthcare services that include emergency, in-patient, day case and maternity. There are outpatient services and two specialist regional facilities: Spinal Injuries Unit and Burns Unit.
23. The PGH complex covers both the main hospital itself and adjacent properties at Bar Lane, Clarke Hall (Not Trust Owned) and Stanley Hall, to the north and northeast respectively. The Trust's land ownership includes the former playing fields and green space to the west of the site.
24. The general site area is shown in Figure 2.



Figure 2. Pinderfields General Hospital Site Layout

Image Source: Google Earth 2021

Current Car Parking Supply

25. PGH provides substantial parking facilities for both staff and visitors in several dedicated surface level car parks within the site. The indicative layout plan of all car parking facilities serving the hospital is shown in Figure 3.

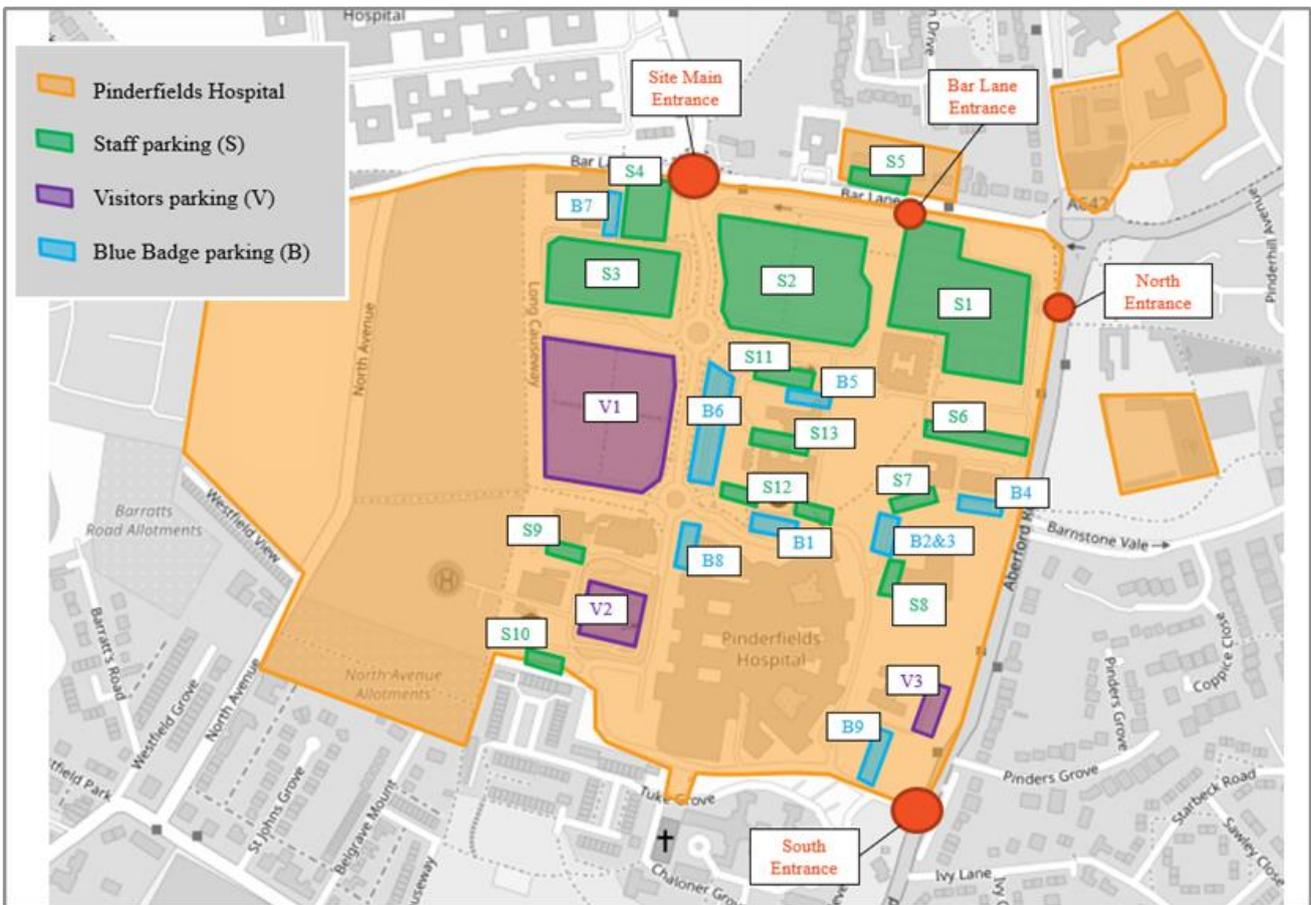


Figure 3. Car parking facilities at Pinderfields General Hospital

26. A summary of all car parking facilities is set out in Table 1:

Car park type	Number of car parks	Total provision, spaces
Visitor car parks (V)	3	762
Blue Badge car parks (B)	9	109
Staff car parks (S)	13	1,553
Total	25	2,424

Table 1. Car parking provision at Pinderfields Hospital

Visitor Car Parking

27. There are three visitor car parks with total of 762 car parking spaces at PGH as shown in Table 2.

Map N	Car Park Name	Spaces	Operation time	Paid	Payment method
V1	Main Visitor	608	24/7 all days	Yes	Pay on foot
V2	Emergency Department	110	24/7 all days	Yes	Pay on foot
V3	Dermatology	44	24/7 all days	Yes	Pay on foot
	Total	762			

Table 2. Visitor car parks at PGH

28. All visitor/outpatient car parks operate a “Pay on foot” system. On arrival a parking ticket is collected at the barrier entrance, validated prior to departure for duration of stay with appropriate band of charge, and used to access the barrier exit point.

29. Full car parking charges for visitors and outpatients are shown in Table 3

Time	Parking Charge
Less than 20 minutes	Free
Up to 1 hour	£2.00
1-2 hours	£2.80
2-4 hours	£5.00
4-24 hours	£6.90

Table 3. Car parking charges for visitors and outpatients

30. A comparison of tariffs at similar NHS hospitals is provided in [Appendix A](#).

31. All visitor car parks operate 24/7 all days.

Blue Badge Car Parking

32. There are nine designated Blue Badge car parks with a total of 109 car parking spaces. This represents just under 5% of the total provision on site which conforms with Wakefield Council’s Parking Standards and is similar to the level of Blue Badge provision at comparable sites such as University Hospital Coventry (4% Blue Badge spaces out of 2,668 total spaces) and Royal Stoke University Hospital (9% Blue Badge provision out of 1,786 total spaces).

33. Details of the Blue Badge parking locations are shown in Table 4.

Map N	Car Park Name / Relevant building	Spaces	Operation time
B1	Rowan House	18	24/7 all days
B2	HQ	4	24/7 all days
B3	HQ	2	24/7 all days
B4	Diabetes Centre	9	24/7 all days
B5	Ward 9	9	24/7 all days
B6	Main Blue Badge Car Park	51	24/7 all days
B7	Abacus Nursery	3	24/7 all days
B8	ED Blue Badge - Corner Roundabout	6	24/7 all days
B9	Dermatology	7	24/7 all days
Total		109	

Table 4: Blue Badge Parking Locations

34. From April 2020 it was expected that all 206 hospital trusts in England will provide free car parking to groups that may be frequent hospital visitors, or those disproportionately impacted by daily or hourly charges for parking. The Blue Badge car parks are available to patients, visitors and staff but currently we are still awaiting final confirmation from the Government on this initiative. Currently (March 2021) MYT is not charging for Blue Badge holders.

Staff Car Parking

35. There are thirteen staff car parks with total of 1,553 car parking spaces.
36. Details of these staff car parks is shown in Table 5.

Map N	Car Park Name	Spaces	Permit operated	Barriered	Operation Time
S1	North East Quadrant	424	Yes	Yes	7am - 8pm, Mon - Fri
S2	PGH (Main Staff)	550	Yes	Yes	24/7 all days
S3	PGH (Main staff & Nursery)	266	Yes	Yes	24/7 all days
S4	PGH (Abacus Nursery)	73	Yes	Yes	24/7 all days
S5	Bar Lane	25	Yes	Yes	24/7 all days
S6	Diabetes Centre	46	Yes	No	24/7 all days
S7	Diabetes Centre/Headquarters	50	Yes	No	24/7 all days
S8	Headquarters car park	11	No	Yes	24/7 all days
S9	HSDU	12	No	No	24/7 all days
S10	HG Jones	6	No	No	24/7 all days
S11	Ward 9	38	No	No	24/7 all days
S12	Rowan House 1	29	Yes	Yes	24/7 all days
S13	Rowan House 2	23	Yes	Yes	24/7 all days
Total		1,553			

Table 5. Staff car park at Pinderfields Hospital

**Clarke Hall is not included in these figures (8 spaces)*

37. Staff parking is managed by a permit system whereby each permit grants access to a designated staff car parking area. Each permit holder is issued with a Window Display Permit, stating an expiry date, vehicle details and designated parking area. They are also issued with a barrier card, some of which allow access by holding the card up to a reader, the others by physically inserting the card and removing once the barrier is raised.
38. There are also off-peak permits which provide access for off-peak hours from 3:30pm until 08:00am Monday to Friday, and anytime access on a weekend. These permits give access to the PGH (Main Staff/Abacus Nursery) staff car park only as this car park is usually allocated to be used by shift working members of staff.
39. Uniformed security officers patrol the hospital complex and may take enforcement action - including issue of a Parking Notice (£50 reduced to £25 if paid within 14 days) - against staff that commit a parking offence.
40. In addition to the local staff car parks, Pontefract and Dewsbury hospital sites provide satellite Park & Ride facilities for staff working at Pinderfields.
41. A dedicated staff shuttle links the three hospital sites and operates from 6am until 7pm every half an hour during peak hours and hourly during off-peak hours. The shuttle services use minibuses with a capacity of 16 seated passengers per minibus.
42. There is a free public 113 service between the three sites. This runs once an hour from 8am until 7pm. It is designed primarily for patients and visitors, but also provides a staff service and can take up to 27 seated and 13 standing passengers.
43. Since March 2020 MYHT has extended the services of the staff shuttle to account for social distancing and the Government requirements set out associated with the COVID pandemic.
44. The Trust actively promotes the use of the staff shuttle services to encourage staff, who do not need their car for work purposes, from bringing their vehicle to the PGH site.

Current Car Parking Demand

Visitor Car Parking

45. The 2018/19 visitor travel survey indicated that 32% of visitors and outpatients drive to PGH.
46. Information from survey and observation highlights that the main visitor/outpatient car park can be oversubscribed at periods of high demand which causes visitors to be waiting significant time for vacated spaces.
47. Visitor car parking is free for the first 20 minutes to enable drop-off/pick-up. Drivers may sometimes continuously circle looking for a vacant space or wait in the aisles so avoid paying. This can result in slow or stationary queues on the main roundabout adjacent to the car park entrance which then inhibits the movement of traffic on the main route through the hospital and any ambulances entering or leaving the complex from the direction of Bar Lane.
48. The Blue Badge visitor car park (B6) to the east of the main drive reaches full capacity at busy times which presents problems for outpatients and carers using this facility. There is no signage to inform visitors of alternative provision on the site for Blue Badge visitors.
49. Parking has been observed in streets and roads adjacent to the hospital, particularly the initial section of Barnstone Vale (off Aberford Road to the east of the complex) and on Aberford Road itself. This may be parking by hospital visitors or staff due to shortage of spaces or avoidance of parking charges. Parking on the public highway is permitted unless it is causing an obstruction or is in contravention of yellow lines or other regulations such as Resident's Permit Schemes that have been introduced by the Local Highway Authority (Wakefield Council) on some of the surrounding streets.

Staff Car Parking

50. The PFI at PGH opened in 2011. Since then the site has seen continued increase in demand for its services which as a consequence staff numbers have increased substantially.
51. As of 2020, the total workforce at Pinderfields is circa 6,500 employees, an increase of nearly 2,000 since 2013. Staff surveys in 2017/2018, reported that 80% of staff working at PGH travel by car. This remains the most used mode of transport.
52. There is currently no active car sharing scheme in place although informal collaboration takes place with around 8% of staff sharing a car to work.
53. The 2017/2018 survey suggests up to 87% of staff based at Pinderfields may travel to the other two sites in Pontefract and Dewsbury.
54. Staff parking is managed by a permit system. There are currently 4,592 active permit holders.

Map N	Car Park Name	Space	Permit operated	Active Permits	Ratio
S1	North East Quadrant	424	Yes	1,051	1:2
S2	PGH (Main Staff)	550	Yes	3401, 84 off-peak	1:4
S3	PGH (Main staff & Nursery)	266	Yes		1:4
S4	PGH (Abacus Nursery)	73	Yes		1:4
S5	Bar Lane	25	Yes	30	1:1
S6	Diabetes Centre	46	Yes	No Barrier	-
S7	Diabetes Centre/Headquarters	50	Yes	No Barrier	-
S8	Headquarters car park	11	No	Booked via Trust HQ	-
S9	HSDU	12	No	No Barrier	-
S10	HG Jones	6	No	No Barrier	-
S11	Ward 9	38	No	0	-
S12	Rowan House 1	29	Yes	26	1:1
S13	Rowan House 2	23	Yes	PGH Engie Permits	-
Total		1,553	Total	4,592	-

Table 6. Permits for Pinderfields staff car parks (refer to the site plan above)

*Ratio is the number of spaces per members of staff - *Ratios are different due to the type of permits designated for certain car parks

55. The distribution between permits and car parks is shown in Table 6.
56. It can be seen in Table 6, that majority of permits are issued for the main staff car parks; 1051 for the North East Quadrant car park (S1) and 3,401 for PGH parking which is comprised of two staff car parks (S2, S3) and the nursery staff car park (S4).
57. The 4,592 active parking permits represent approximately 70% of the total hospital workforce, which equates to three permits being issued per one car parking space.
58. In addition to the issued permits, 1,312 hospital staff are on the waiting list to get a permit as of April 2020.
59. The latest surveys and observations demonstrate that the existing parking facilities cannot effectively serve the increasing car demand. Typically, the time of maximum parking demand falls at “staff handover” when the shifts of clinical staff overlap, and when day staff arrive to prepare for daily outpatient treatment.
60. Assuming daily hospital occupancy of 75%¹, circa 4,900 staff work at the hospital on a daily basis. If 80% of the hospital staff commute by car, as indicated by the surveys, the daily driving demand reaches circa 3,900 private vehicles. Typical peak hour arrival rate for hospitals is estimated to be 55% which would imply that the true demand may be approximately 2,160 vehicles arriving at the hospital during a typical peak hour. In comparison, the current car parking facilities provide only 1,553 staff spaces. This indicates that actual parking demand may exceed the existing parking supply by circa 600 vehicles. In addition, there is likely to be significant suppressed demand indicated by the staff permit waiting list (1,312).

Staff Permit Holders

61. Distribution of permit holders residing within a walking distance of the hospital is shown in Figure 4.

¹ Assumptions used during the assessment of demand are set out in Appendix B

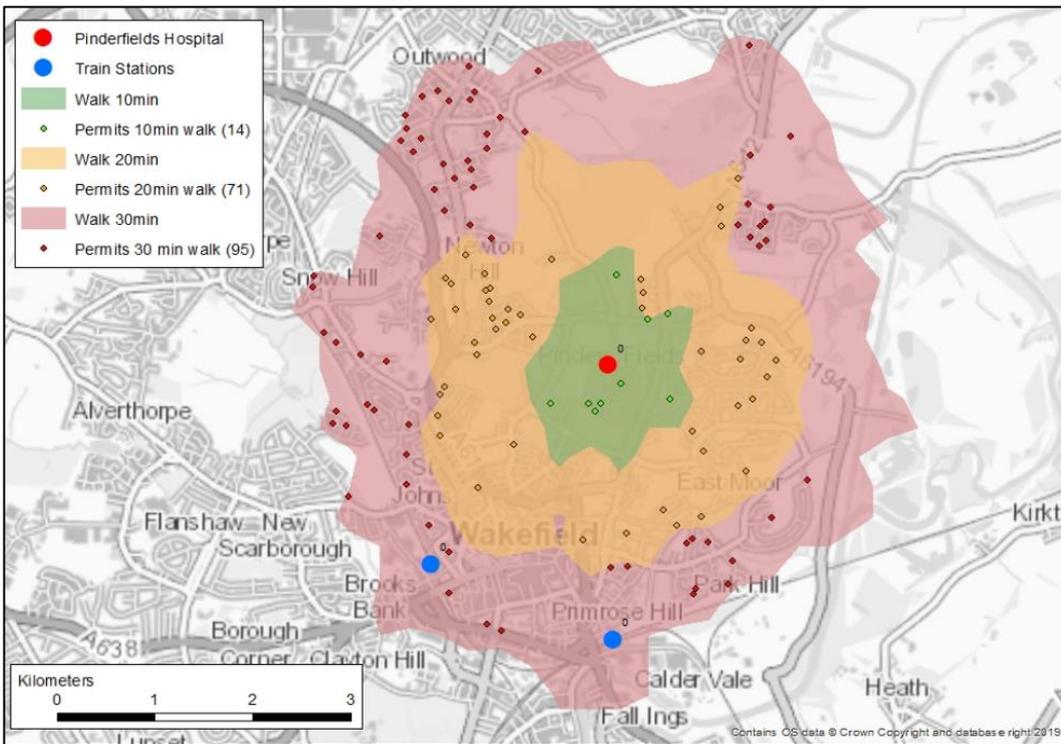


Figure 4. Distribution of permit holders residing within a walking distance of PGH

62. According to the figure, 14 permits holders live within a 10-minute walk of the hospital, 71 permit holders live within a 20-minute walk of the hospital and 95 permit holders live within a 30-minute walk of the hospital. This indicates that there is an opportunity for 180 permit holders to switch from driving to walking.

63. Distribution of permit holders residing within a cycling distance of the hospital is shown in Figure 5.

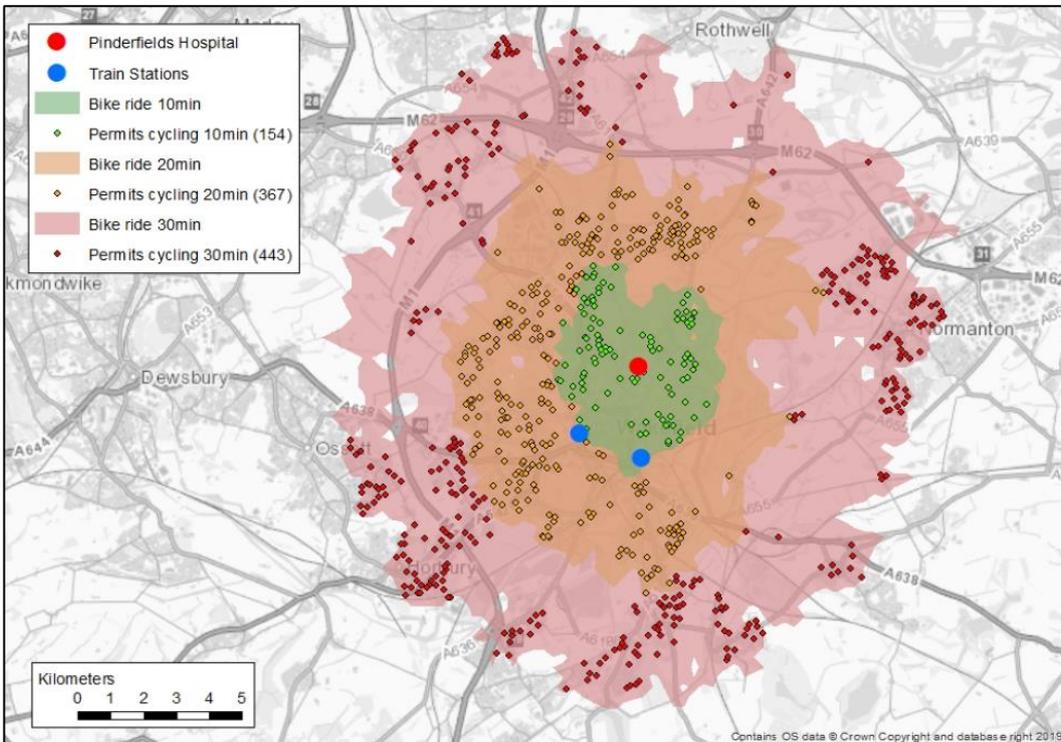


Figure 5. Distribution of permit holders residing within a cycling distance of PGH

64. According to the figure, 154 permit holders reside within a 10-minute cycle ride, 367 permit holders reside within a 20-minute cycle ride and 443 permit holders reside within a 30-minute cycle ride. This indicates that there is

an opportunity for 964 permit holders to switch from driving to cycling. Further information on this is contained with the MY Travel Plan.

65. Distribution of permit holders residing within a typical bus journey distance is shown in Figure 6.

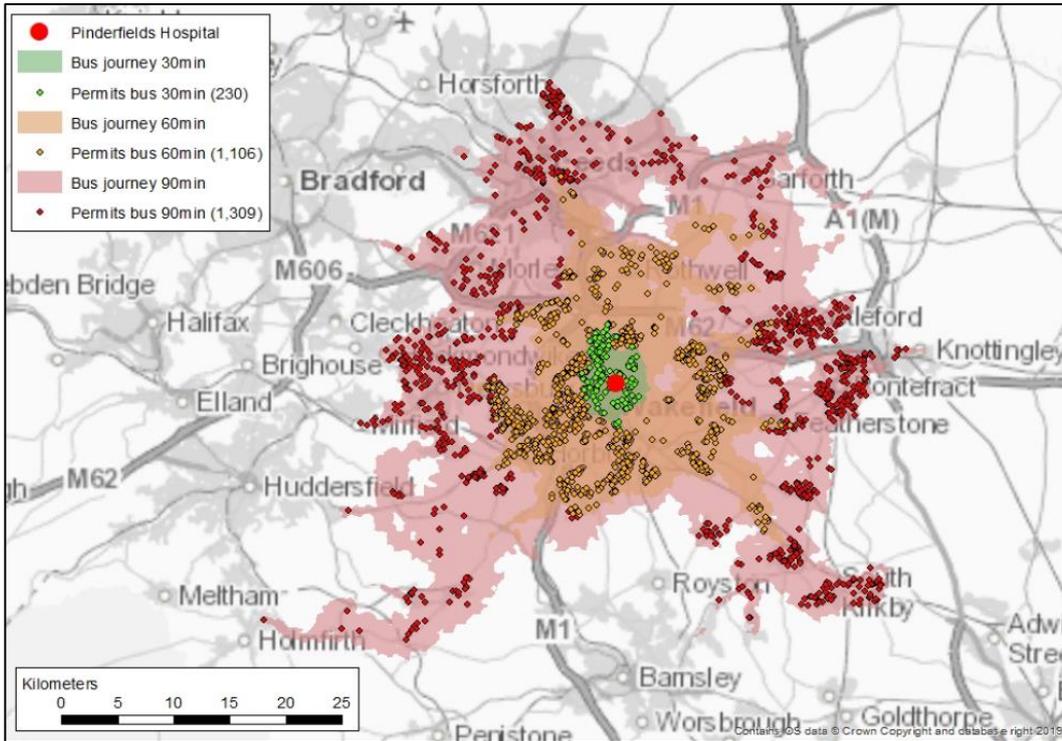


Figure 6. Distribution of permit holders residing within a typical bus journey distance from PGH
 Note: The actual extent of permit holders reaches as far as Newcastle upon Tyne to the north and St Neots to the south.

66. According to the figure, 230 permit holders live within a 30-minute bus journey from the hospital, 1,106 permit holders live within a 60-minute bus journey from the hospital and 1,309 permit holders reside within a 90-minute bus journey from the hospital. This indicates there is opportunity for 2,645 permits holders to switch from driving to travelling by bus.
67. Distribution of permit holders residing within a typical train journey distance is shown in Figure 7.

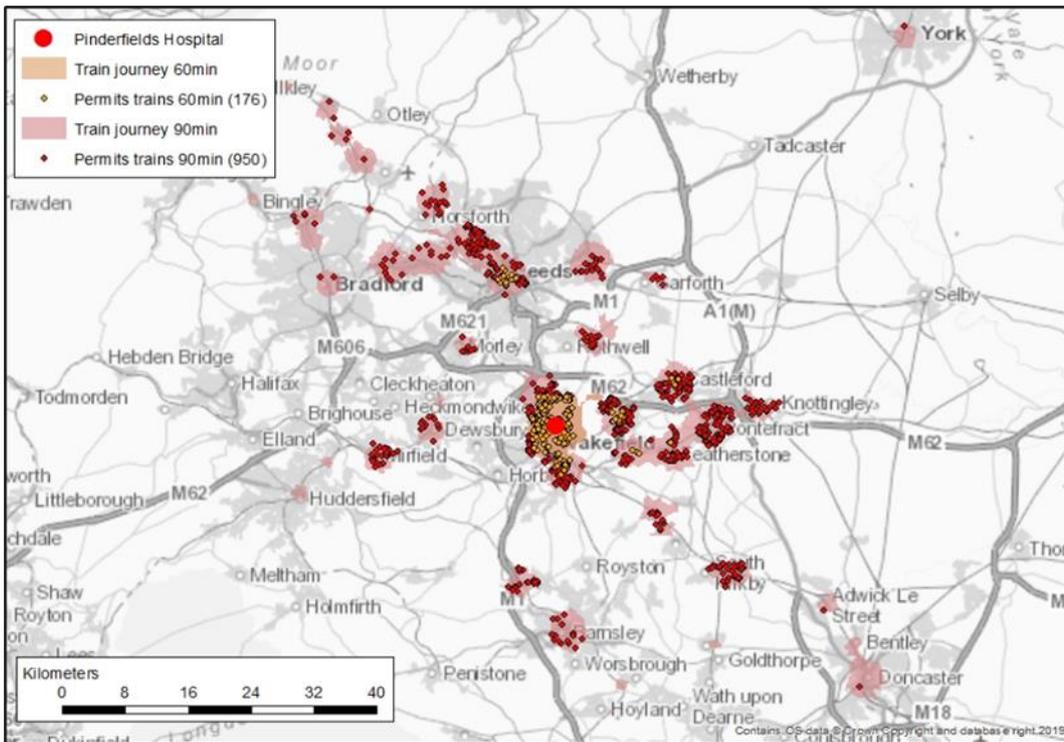


Figure 7. Distribution of permit holders residing within a typical train journey distance from PGH

Note: train journeys include a 30-minute walk from train station to PGH

68. According to the figure 176 permit holders reside within a 60-minute train journey from the hospital. Additional 950 permit holders reside within a 90-minute train journey from the hospital. This indicates there is an opportunity for 1,126 permit holders to switch from driving to commuting by train.

Issues to be Addressed

69. The review of the current car parking supply and demand at the PGH site indicates that the main problem is an imbalance between the existing car parking demand and the existing parking provision. This problem is a function of two variables. The first is the existing car parking provision and how well it is operated. The second variable is the demand itself and how well it is managed. Detailed descriptions of problems associated with each component follow below.

Car parking provision and how it is operated:

- Shortage of parking spaces – circa 600 spaces for staff;
- The allocation of some car parks is not clearly defined (no barriers etc.) resulting in ad hoc use by both staff and visitors;
- The existing enforcement measures are ineffective;
- The navigation and wayfinding within the hospital complex and between its car parks can be confusing for both drivers and pedestrians as names of car parks are inconsistent and there is insufficient signage.
- There is no live information on the availability of car parking spaces;
- Some car parks are poorly connected to the hospital buildings without continuous footways and this can be seen for example by how the landscaping has been worn;
- There is poor highway configuration in some areas of the internal road network;
- Car parking tariffs are a concern for some users.

Car parking demand and how it is managed:

- There appears to be growing car travel demand – more than 1,300 staff on the permit waiting list;

MY Car Parking Plan

- The parking permit system is not optimised and does not use consistent and clear rules on who can and cannot be granted a permit. For example, some permits are held by people who live in close vicinity to the hospital who could possibly walk and cycle instead of driving;
- The use of video conferencing facilities (especially since the Covid Emergency) has meant alternative staff bases and working from home;
- Use of shuttle busses has seen less usage since the Covid Emergency;
- The timing and overlap of staff shifts are not optimised which results in high demand for car parking at certain times;
- The use of alternative and sustainable modes is low and is not strongly encouraged.

70. The overall imbalance between supply and demand leads to unauthorised parking within the car parks and throughout the hospital site. This compromises the safety and accessibility of the car parks themselves and facilities served from them, such as pedestrian facilities, access to substations and emergency exits from the car parks. Some vehicles have been found to be parked in areas intended solely for ambulance use.

Targets

71. Based on the review of the existing car parking situation at PGH, the following initial targets have been set for car parking:
- **Target 1:** to alleviate the current staff car parking deficit with additional permanent and temporary car parking supply;
 - **Target 2:** once the demand deficit is alleviated, the staff car parking demand will be reduced with the help of sustainable measures (reduction of circa 600 vehicles);
 - **Target 3:** once the staff car parking demand is decreased, the staff car parking supply will be reduced and
 - **Target 4:** optimise staff and visitor car parking operations and management to improve the overall car parking experience for all users

Measures

72. The objectives and targets outlined above will be achieved with the help of specifically designed measures under three pillars:
- Optimisation;
 - Sustainability; and
 - Additional Supply.
73. Details of all measures and suggested timeframes for their implementation are presented in the section below.

Optimisation

74. Optimisation measures aim to improve operation of the existing car parking facilities and associated processes such as payment, enforcement, permit issuing etc. These measures also include improvement of the existing car parking, road and pedestrian infrastructure.
75. A summary of optimisation measures is shown in Table 7.

Type		Measures	Short-term 2021 - 2023	Medium-term 2024 - 2026
Optimisation	PGH_O1	Review and optimise staff permit system		
	PGH_O2	Review and optimise car parking layouts		

	PGH_O3	Improve pedestrian facilities serving car parks		
	PGH_O4	Review and rationalise the internal and adjacent road network		

Table 7. Optimisation measures for PGH

76. Detailed descriptions of all measures are set out below.

Measure PGH_O1: Review and optimise staff permit system

77. The staff permit system will be reviewed and optimised to ensure that permits are only issued to staff in accordance with the set of criteria outlined below.

78. The policy on qualification for a staff parking permit and eligibility criteria will be reviewed. The eligibility criteria for a permit will include:

- Home location (are travel distances further than typical walking and cycling distances);
- No availability of alternative travel modes with typical walking and cycling distances;
- Disability and special needs;
- Job requirements and/or special business use.
- Working patterns (including working from home)

79. The accessibility analysis presented indicates that:

- Up to 180 permit holders can potentially switch from driving to walking;
- Up to 964 permit holders can potentially switch from driving to cycling;
- Up to 2,645 permits holders can potentially switch from driving to bus; and
- Up to 1,126 permit holders can potentially switch from driving to train.

Measure PGH_O2: Review and optimise car parking layouts

80. The layouts of the existing car parks will be reviewed to identify areas where reconfiguration could improve vehicular access and circulation.

81. Several areas for improvement have already been identified:

- In some areas, barriers will be extended and introduced to protect access to staff car parks, for example, the Diabetes Centre staff car park which is being used by visitors as well;
- Formalisation of existing car parking layout in the NEQ car park for example and increasing numbers;
- An additional entry lane and barriers will be considered at the main visitor car park to enhance vehicular access, and to provide more storage space for queues forming in peak hours which will minimise the blocking back issues.

Measure PGH_O3: Improve pedestrian facilities serving car parks

82. Pedestrian facilities serving car parks and along the main access road will be reviewed to identify areas that require improvements. Previous observations indicate safety, lighting and signage improvements needs to be upgraded in several locations throughout the hospital complex.

83. Previously identified locations that require safety improvements are shown in Figure 8 below.

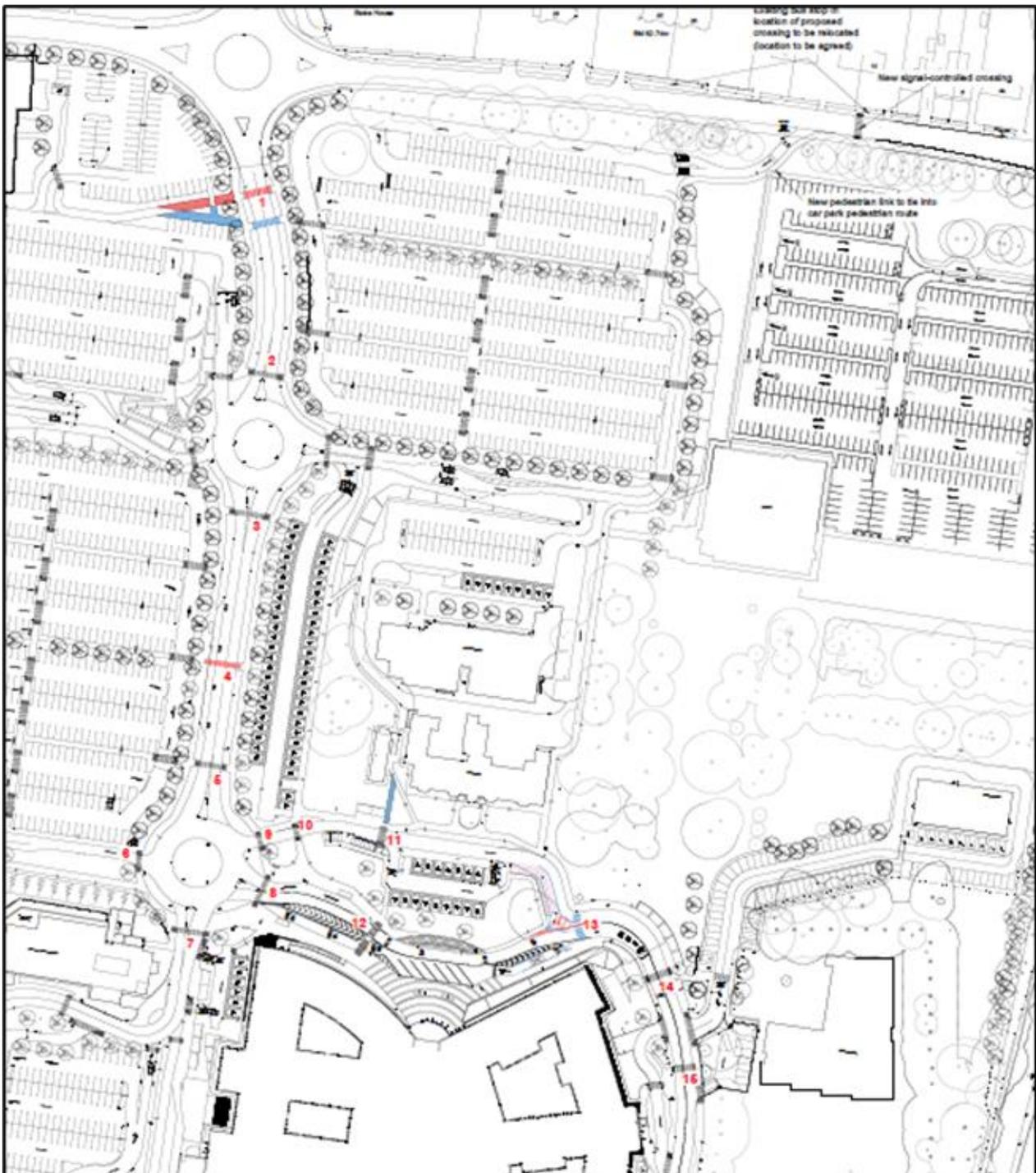


Figure 8. Identified upgrade locations (In Red)

84. As part of the above-mentioned improvements, the installation of Belisha Beacons and cat's eyes will be considered for all pedestrian crossing facilities within the hospital complex. A typical design for this improvement is shown in Figure 9.

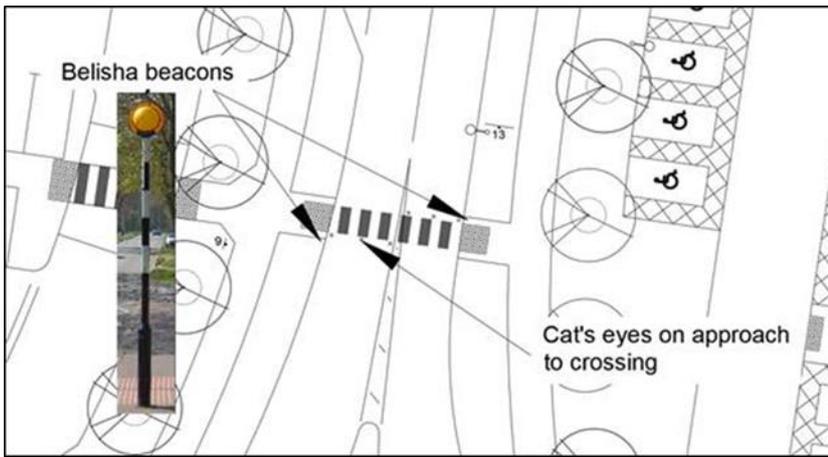


Figure 9. Typical upgrade proposed to pedestrian crossings at PGH

85. In addition, a new pedestrian link to the Eye Centre from the nearby Blue Badge car park will be considered, as shown in Figure 10.

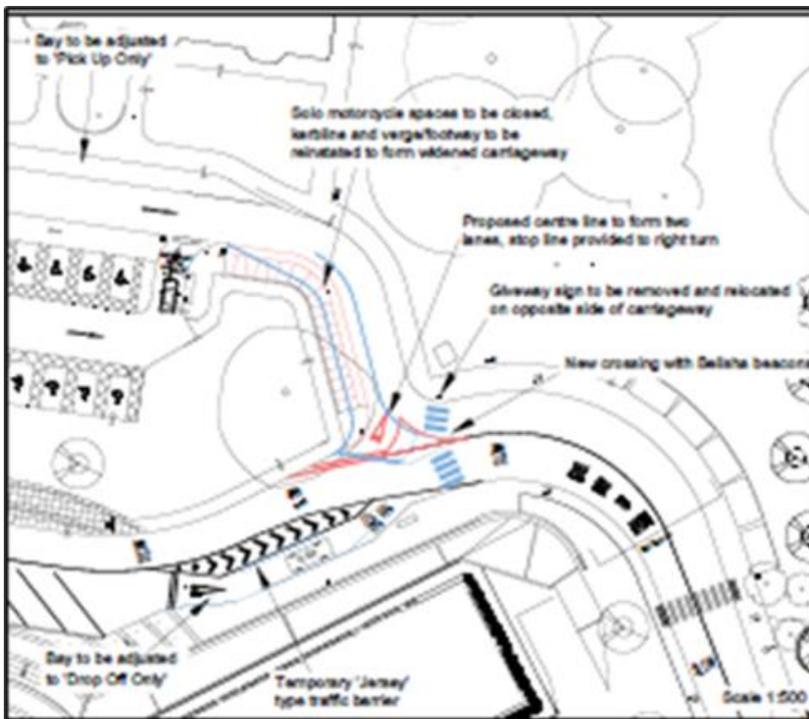


Figure 10. Proposed new pedestrian link to PGH Eye Centre

Measure O4: Review and rationalise the internal and adjacent road network

86. The existing internal and external road networks that serve the hospital complex will be reviewed to identify areas that can be improved to optimise traffic flows and vehicle movements. Preliminary reviews have identified several areas that require attention:

- Reconfiguration of the layouts will need to take place at:
 - The main entrance to the hospital to improve traffic flows;
 - The main clinical access to the Emergency Department to improve access; and
 - The road access to the Eye Centre to provide a better access;
- Additional speed limits signs on the internal road network will be considered, to create a safer environment for drivers and pedestrians within the hospital complex; and

- Yellow box markings will be considered at junctions and roundabouts to discourage drivers from utilising this space when queuing.

Sustainability

87. Sustainability measures aim to minimise the need for driving and encourage staff and visitors to use alternative options.
88. A summary of measures is shown in Table 8.

Type		Measures	Short-term 2021 - 2023	Medium-term 2025 - 2026
Sustainability	PGH_S1	Introduce car sharing scheme		
	PGH_S2	Promote existing P&R and shuttle services		
	PGH_S3	Review and optimise staff working shifts		
	PGH_S4	Shift car demand to walking		
	PGH_S5	Shift car demand to cycling		
	PGH_S6	Shift car demand to public transport		
	PGH_S7	Consider introducing an on-site car club		

Table 8. Sustainability measures for PGH

Measure PGH_S1: Introduce car sharing scheme

89. Following the review of the permit system, a car sharing scheme for staff will be investigated. Car Share schemes have been successful at several NHS facilities in the UK. According to preliminary estimates, introduction of a scheme at Pinderfields could reduce daily parking demand by up to 200 vehicles.
90. A dedicated car parking area for use by registered car sharers will introduced and is likely to operate on the basis of two+ permits being displayed in a vehicle. The car share scheme rules will be enforced to as appropriate.

Measure PGH_S2: Promote existing P&R facilities and shuttle services

91. Staff who have permits to park at Pinderfields can also park at Pontefract and Dewsbury P&R facilities and use shuttle bus services to connect to Pinderfields. This scheme will be promoted for staff who reside closer to Pontefract and Dewsbury to help relieve the car parking demand pressure on the Pinderfields car parks.
92. For this scheme to continue being successful, it is important that Pontefract and Dewsbury P&R facilities have sufficient capacity to accommodate additional demand. From a preliminary review, the Dewsbury car parks are better positioned to carry out the P&R function as they have spare capacity that can be released.
93. Regular monitoring of the demand switch between Pinderfields and the other two sites will be undertaken. If this scheme continues to be successful, the use of the P&R facilities at Pontefract and Dewsbury may be made compulsory for staff who are readily able to park there but who are based at Pinderfields. Such members of staff will not be eligible for a parking permit at Pinderfields (other than an approved car share permit) but will be eligible for a permit at Pontefract or Dewsbury from where they will Park & Ride.

Measure PGH_S3: Review and optimise staff working shifts

94. In conjunction with the Trust operation management team, the timing of typical shifts will be reviewed to rationalise them so that overlap between them is minimised where possible. Anecdotally and from observation, the unavailability of car parking spaces often occurs when staff who arrived for an early shift have not yet finished their work whilst staff who do later shifts start arriving and have no spaces to park. Clearly, such a move has

wider implications for operation of the hospital, but rationalisation of working shifts could help management of the parking facilities.

95. Review specific car parks for designated staffing shifts/work patterns.

Measure PGH_S4: Shift car demand to walking

96. Initiatives to encourage a portion of drivers and permit holders to shift to walking will be considered. According to preliminary estimates, this measure could help to reduce overall daily car parking demand by up to 180 vehicles. To encourage successful mode shift, a good quality pedestrian network is required which is considered under optimisation measures PGH_O3 above. Additional measures to encourage modal shift are set out in the Travel Plan.

Measure PGH_S5: Shift car demand to cycling

97. Initiatives to encourage a portion of drivers and permit holders to shift to cycling will be considered. According to preliminary estimates, this measure could help to reduce overall daily car parking demand by up to 960 vehicles.
98. To support successful shift, it is important that good quality cycle network and on-site cycle facilities are available. The local cycle network serving PGH is not well developed and therefore the Trust will liaise with Wakefield Council to encourage the local authority to identify and implement improvements in the area around the hospital.
99. Additional measures to encourage modal shift are set out in the Travel Plan.

Measure PGH_S6: Shift car demand to public transport

100. Measures will be implemented to encourage a portion of drivers and permit holders to shift to public transport. According to preliminary estimates, this measure could help to reduce overall daily car parking demand by up to 3,770 vehicles. To ensure a successful shift, it is important to ensure that staff are aware of the public transport travel options available to them.
101. Additional measures to encourage modal shift are set out in the Travel Plan.

Measure PGH_S7: Consider introducing an on-site car club

102. The Trust will investigate whether it would be beneficial to introduce an on-site car club for the hospital. This may be an on-site, Trust-owned, fleet of vehicles that could be used by any staff member for business and personal purposes during a working day or at weekends. A car club member could book a car via an online booking system or over the phone and use a specially issued smartcard to access a car. At the end of the booking, the members would return the car back to the car club location.
103. Car clubs can provide a variety of benefits, both for the individual member and within the wider hospital community. They provide an opportunity to reduce an overall dependency on cars which results in reduced car travel and reduced car ownership. They encourage people to make more sustainable choices for their travel. They minimise transport costs for users as sharing a car is much cheaper than owning and maintaining one. They provide access to cars for people who did not have this access before, which provides them with additional benefits such as access to more services and opportunities.
104. However, introducing a car club requires a lot of investment in fleet purchase and maintenance, which only becomes viable where there is strong and sufficient demand for associated services. A detailed feasibility study should be considered.

Additional Supply

105. Additional supply measures aim to provide additional car parking spaces for staff and visitors. These measures will only be used if it is no longer possible to reduce the existing car parking demand with the above described sustainability measures and when it is no longer possible to improve the existing supply with the above described optimisation measures.
106. A summary of measures for additional supply is shown in Table 9.

Type	N	Measures	Short-term 2021 - 2023	Medium-term 2024 - 2026
Additional supply	PGH_A1	Build additional car parks (178 spaces)		
	PGH_A2	Introduce temporary car parks (where possible)		
	PGH_A3	Identify areas for additional parking internally		
	PGH_A4	Identify areas for additional parking externally		
	PGH_A5	Identify additional P&R facilities		
	PGH_A6	Introduce decked/multi-storey car parks		
	PGH_A7	Remove temporary car parks, stabilise supply		
	PGH_A8	Reassign released capacity to other uses		

Table 9. Additional supply measures for PGH

107. Detailed descriptions of all measures are set out below.

Measure PGH_A1: Build three new car parks

108. The Trust intends to build the three new car parks that have already received planning consent from Wakefield Council. These new car parks are:

- Extension of the existing NEQ car park with additional 47 spaces;
- New car park near Trust headquarters with additional 82 spaces; and
- Extension to the existing car parking areas at Bar Lane with additional 49 spaces.

109. In total, these new car parks will provide an additional 178 car parking spaces. The location of these three additional parking areas is shown in Figure 11.



Figure 11. Additional car parks that will be built and additional areas identified

Image Source: Google Earth 2021

110. The Trust will consider allocating the new car parks for staff usage to address the increasing car parking demand amongst workers. This will not directly improve the situation for visitors and outpatients but will provide the Trust with the opportunity to review the use of existing parking areas and potentially increase the visitor provision by transferring some parking currently reserved for staff.

Measure PGH_A2: Introduce temporary car parks if necessary

111. Temporary car parks will be introduced if there is a need to alleviate temporary excess car parking demand that cannot be addressed by Optimisation or Sustainability measures if necessary.
112. Part of the former playing fields site west of the hospital has approval for a temporary car park of 430 spaces for a period of 5 years. The justification for this is set out in a Transport Statement² to accompany the application was summarised as:

- Clinical services and thus staff numbers have increased significantly since 2013;
- Demand on parking facilities consistently exceeds supply leading to unauthorised parking within the car parks and on the site in general with vehicles being parked in locations which compromise safety and accessibility;
- the area of land required to construct the consented car park adjacent to the Trust Headquarters is currently in use but is likely to become available during autumn 2020;
- The temporary car park will provide initial relief to the parking issues and allow the Trust to secure funding for the smaller parking areas which are already consented.

² Proposed Temporary Car Park Land west of Pinderfields General Hospital Wakefield, Sanderson Associates, November 2019.

MY Car Parking Plan

113. The temporary provision will provide the Trust with a timeframe to implement its new Travel Plan and introduce a package of sustainable travel measures to reduce parking demand and balance supply when the temporary provision is removed. Due to the COVID pandemic the Trust has seen a reduction in the number of staff on site which has currently negated the need to implement this temporary carpark.
114. The initial proposal for this car park included locating it to the north of the former playing fields and providing 430 car parking spaces as shown and specified in Figure 11 above. The design has been evolving and the latest proposal is to locate this car park to the south of the former playing fields. Indications of the scale of a potential car park and its new location are shown in Figure 12.

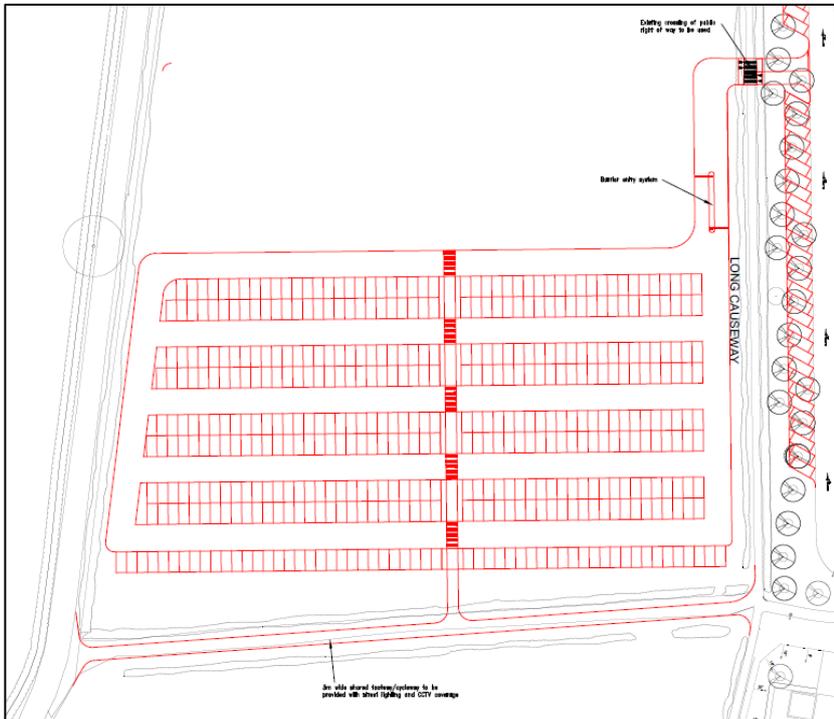


Figure 12. Potential temporary car parking at the former playing fields

Measure PGH_A3: Identify areas for additional surface parking internally

115. Additional areas that could accommodate further surface level parking will be identified. This may be by reconfiguring existing car park layouts or by utilising Trust land that is not planned for any other use.
116. Preliminary reviews indicate that there a number of areas that could be considered suitable for additional car parking. These locations are presented below. These findings should be treated as indicative and would be investigated further if necessary.

PGH (Main staff & Nursery)

117. An additional 25 spaces could potentially be introduced at the PGH (Main staff & Nursery) car park as shown in Figure 13 (Planning application submitted).

MY Car Parking Plan

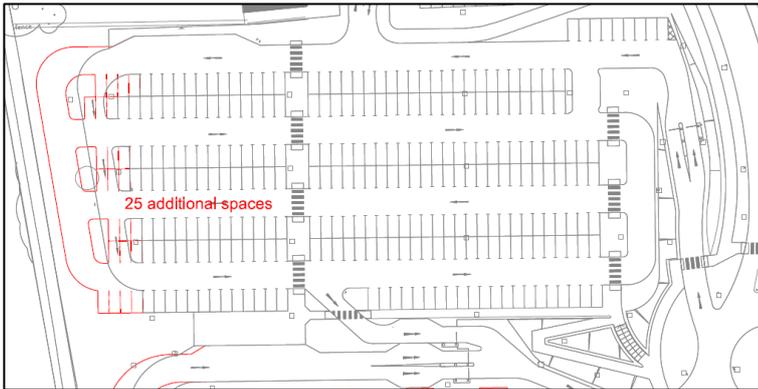


Figure 13. Potential reconfiguration of the PGH (Main staff & Nursery) car park

PGH Main Staff

118. An additional 31 spaces could potentially be introduced at the PGH Main Staff car park as shown in Figure 14. (Planning application submitted)

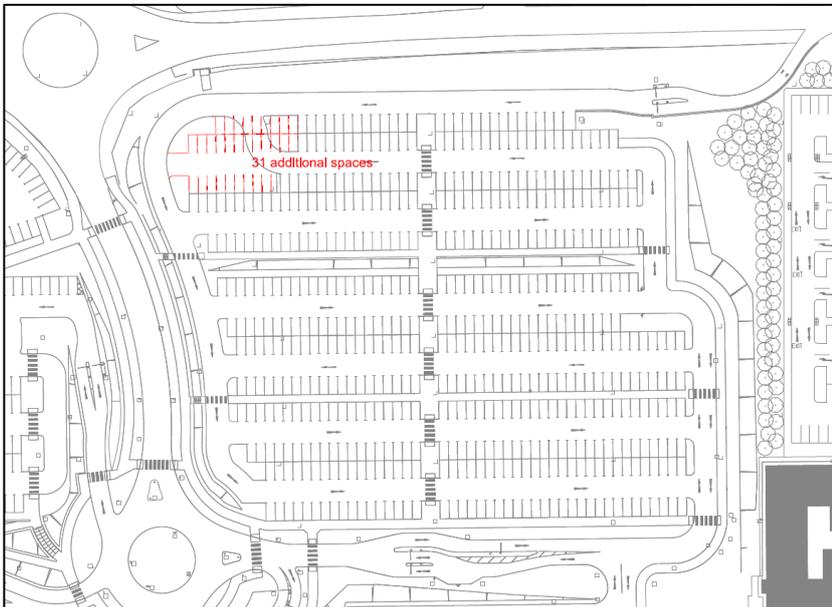


Figure 14. Potential reconfiguration at the PGH Engine Main Staff car park

NEQ Staff Car Park

119. The current planning consent is for 47 spaces within this area although minor design changes could potentially provide 63 additional spaces as shown in Figure 15 (Planning approved).

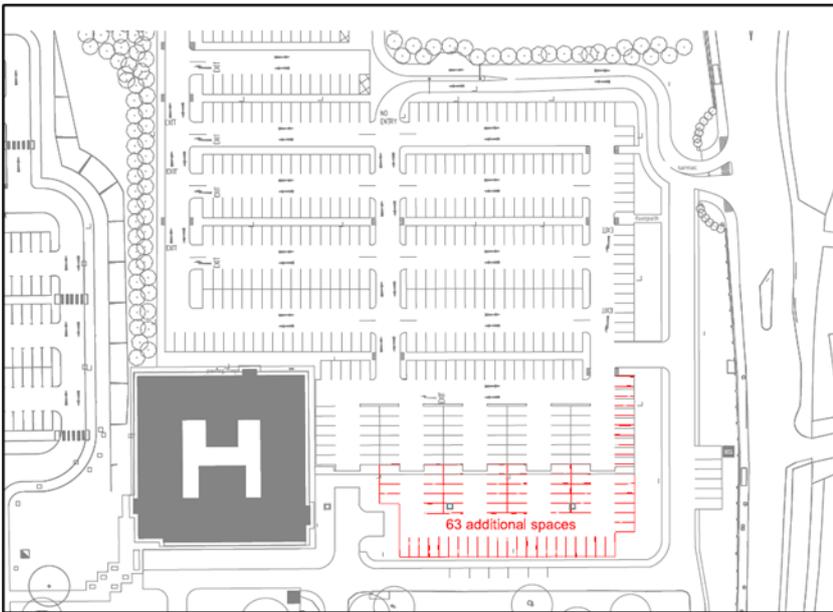


Figure 15. Reconfiguration of the NEQ car park (Due to complete in March 2021)

Main Visitor Car Park

120. The planning application for temporary provision included 39 additional spaces at the west edge of the main visitor car park. However, this has been redesigned and it would be potentially possible to provide a further 71 spaces if required. An additional entry lane with a barrier could also be introduced which would provide more queue storage to avoid blocking back issues in peak hours. See Figure 16 (Planning application submitted).

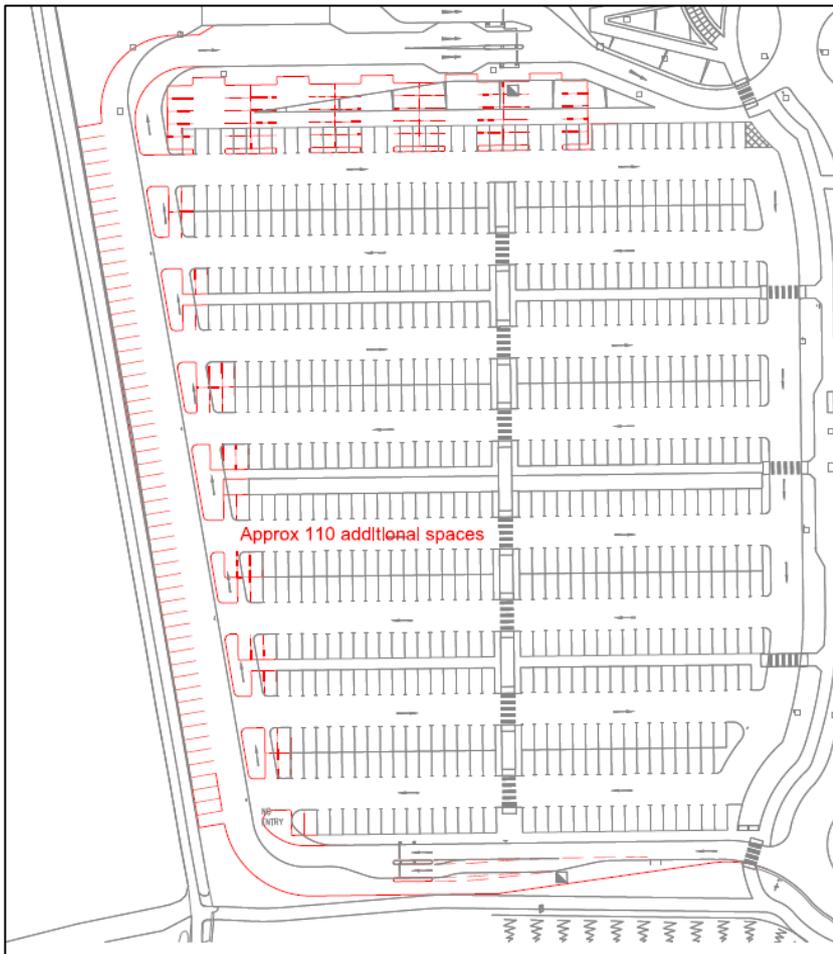


Figure 16. Potential reconfiguration of the Main Visitor Car Park

Main Blue Badge Car Park

121. An additional 19 spaces can potentially be introduced at the main Blue Badge car park as shown in Figure 17. It is to be noted that the Trust already has a significant amount of disabled car parking spaces and this area has been identified to be a memorial garden/quiet space.

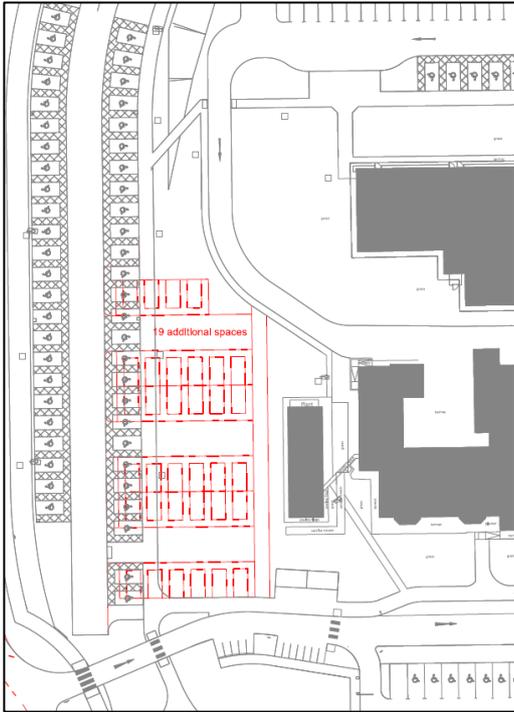


Figure 17. Potential reconfiguration of the main disabled car park

Ashton Centre

122. A total of 56 additional spaces could be provided near the Ashton Centre as shown in Figure 18. The site is unlikely to be problematic as there is little material impact on existing vegetation and access is readily available from the current access road to the Ashton Centre car park. It is to be noted that the Trust has identified this area as possible development land for office accommodation or a new VIE Bulk Oxygen Storage Compund.

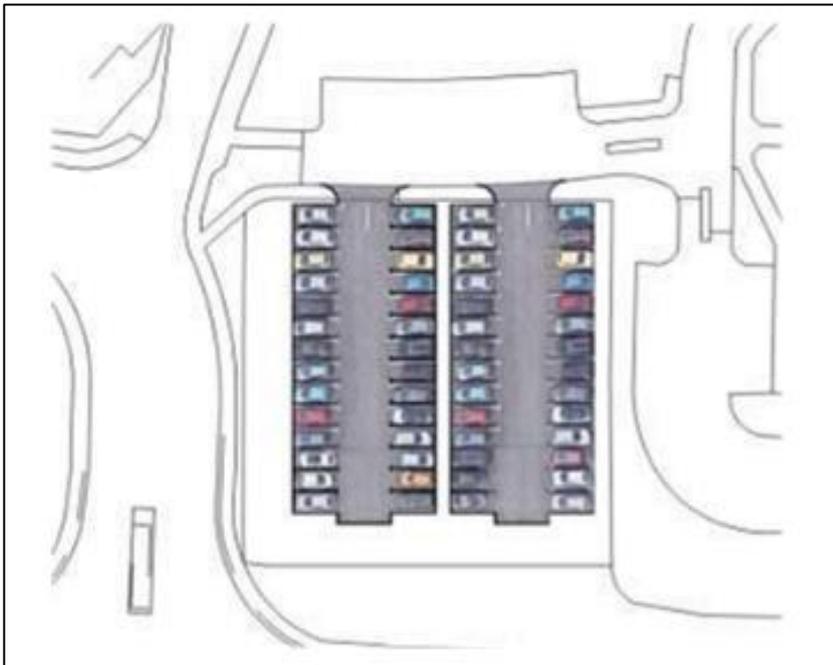


Figure 18. Potential additional 56 spaces adjacent to the Ashton Centre

H Gwynne Jones Unit

123. Rationalisation of the facilities at the H Gwynne Jones Unit would improve the layout, reduce damage that is presently regularly occurring to grass verges adjacent to the building and its access. The level of additional spaces is low but as indicated in Figure 19 offers a more practical use than the current facilities (Planning Application Approved).

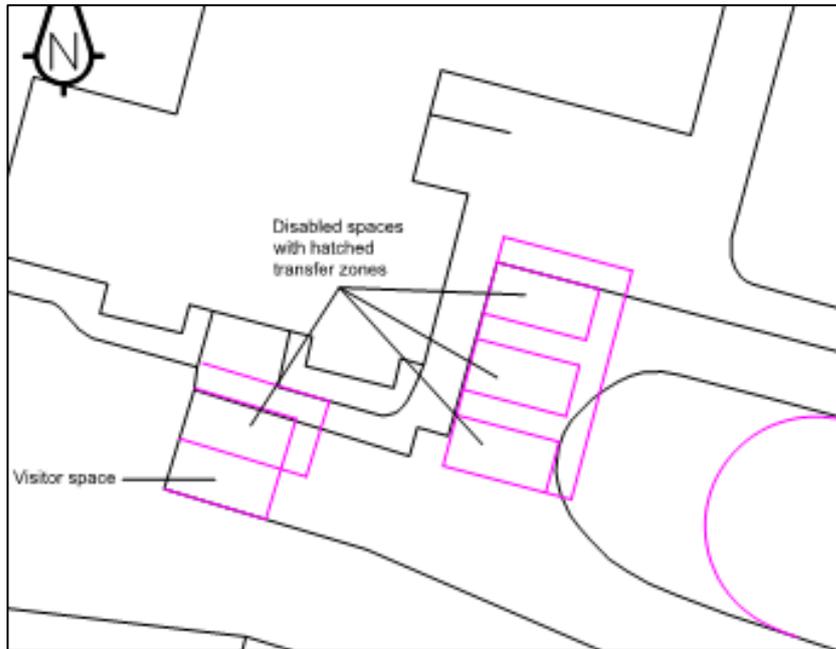


Figure 19. Potential rationalisation of Blue Badge spaces at HG Jones Unit

Emergency Department

124. The main clinical access to the Emergency Department can be improved including a new junction and the parking area immediately adjacent to it can be reconfigured to incorporate forty-eight visitor parking bays as shown in Figure 20 (Planning Application to be submitted).

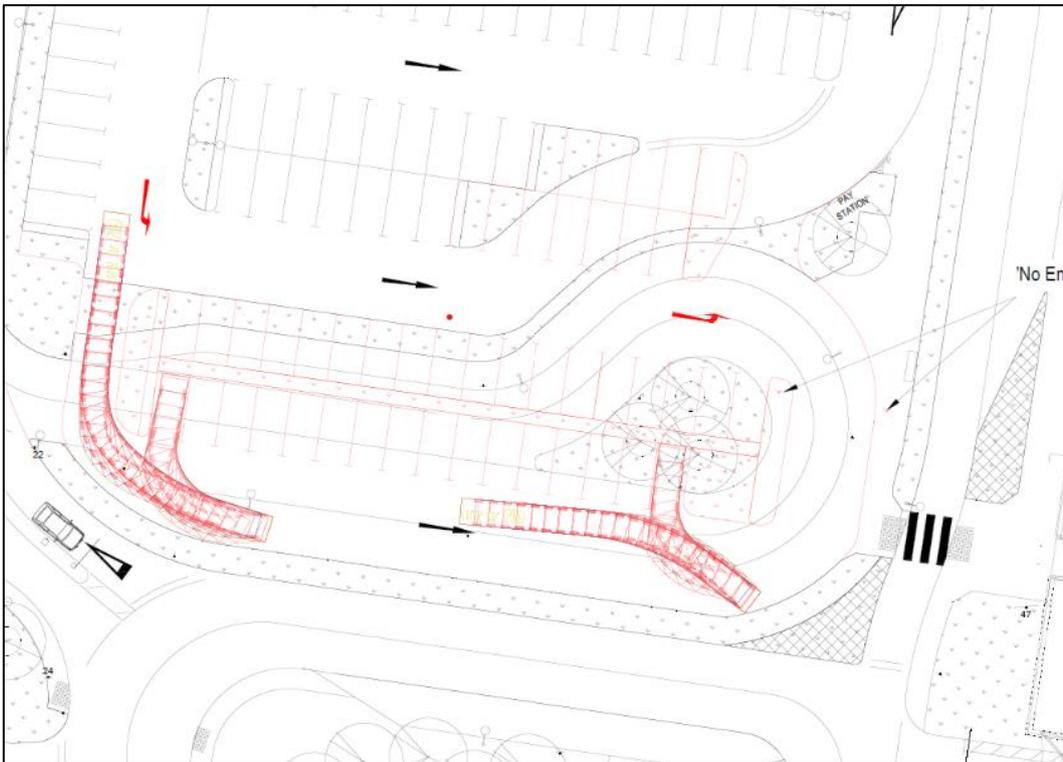


Figure 20. Alterations to Emergency Department and parking area

Measure PGH_A4: Identify areas for additional off-site parking

125. If PGH continues to grow and expand its on-site facilities and services, its car parking demand may grow, and existing car parking will not be enough to serve this demand. In this case, the Trust will investigate whether external car parking locations could be used for staff parking. The Trust could potentially lease some space at the local car parking areas or shopping areas. Where necessary, these car parking facilities would be connected to the hospital by shuttle bus services.

Measure PGH_A5: Identify additional P&R facilities

126. In a similar situation to that described in PGH_A4 above, additional P&R facilities that could potentially be used for staff and visitor parking will be investigated. P&R facilities would need to be located in areas where staff and visitors can easily and quickly get to and from their home, and facilities would be connected to the hospital by shuttle bus services.

Measure PGH_A6: Introduce decked/multi-storey car parks

127. If all other options have been exhausted, the Trust will investigate the option of introducing single or multiple decks over some of the existing car parks. Consolidation of the car parks into a multi-storey arrangement with decks to accommodate the additional demand could potentially release parts of the current ground level car parks for health care uses or for Blue Badge provision. Indicative cost per space for decked car park is £10k.
128. According to preliminary reviews, a single deck over part of the NEQ car park would be easiest to achieve as the difference in levels between the current staff car park on the eastern flank of the Main Drive and that of the NEQ car park would assist in potentially removing the need for significant access ramps to and from the upper level.

129. If the NEQ car park or any other current ground level car park were to be decked over, temporary alternative parking facilities will have to be provided. The former playing fields land could potentially be used for this purpose.

Measure PGH_A7: Remove temporary car parks and stabilise supply

130. Once the supply and demand imbalance are alleviated and the car parking demand at PGH is reduced with the help of sustainable measures. If any temporary car parking spaces (Measure A2) were required during the 5 year plan these could be removed at the end of the period and the car parking supply level stabilised.

Measure PGH_A8: Reassign released capacity to other uses

131. Once the car parking demand at PGH is reduced, released capacity will be reassigned to new uses, such as visitor car parking, a staff premium car park or a car club facility.

Implementation Plan

132. All the Car Parking measures as applicable to PGH are summarised in Table 10 along with the implementation timescales. Table 11 illustrates how proposed measures will help to achieve set targets and objectives.

Type	N	Measures	Short-term 2021 - 2023	Med-term 2024 -2026
Optimisation	PGH_O1	Review and optimise staff permit system		
	PGH_O2	Review and optimise car parking layouts		
	PGH_O3	Improve pedestrian facilities serving car parks		
	PGH_O4	Review and rationalise the internal and adjacent road network		
Sustainability	PGH_S1	Introduce car sharing scheme		
	PGH_S2	Promote existing P&R and shuttle services		
	PGH_S3	Review and optimise staff working shifts		
	PGH_S4	Shift car demand to walking		
	PGH_S5	Shift car demand to cycling		
	PGH_S6	Shift car demand to public transport		
	PGH_S7	Consider introducing an on-site car club		
Additional supply	PGH_A1	Build additional car parks (178 spaces)		
	PGH_A2	Introduce temporary car parks if necessary		
	PGH_A3	Identify areas for additional surface parking internally		
	PGH_A4	Identify areas for additional parking externally		
	PGH_A5	Identify additional P&R facilities		
	PGH_A6	Introduce Decked/multi-storey car parks		
	PGH_A7	Remove temporary car parks, stabilise supply		
	PGH_A8	Reassign released capacity to other uses		

Table 10. The PGH Car Parking Measures

MY Car Parking Plan

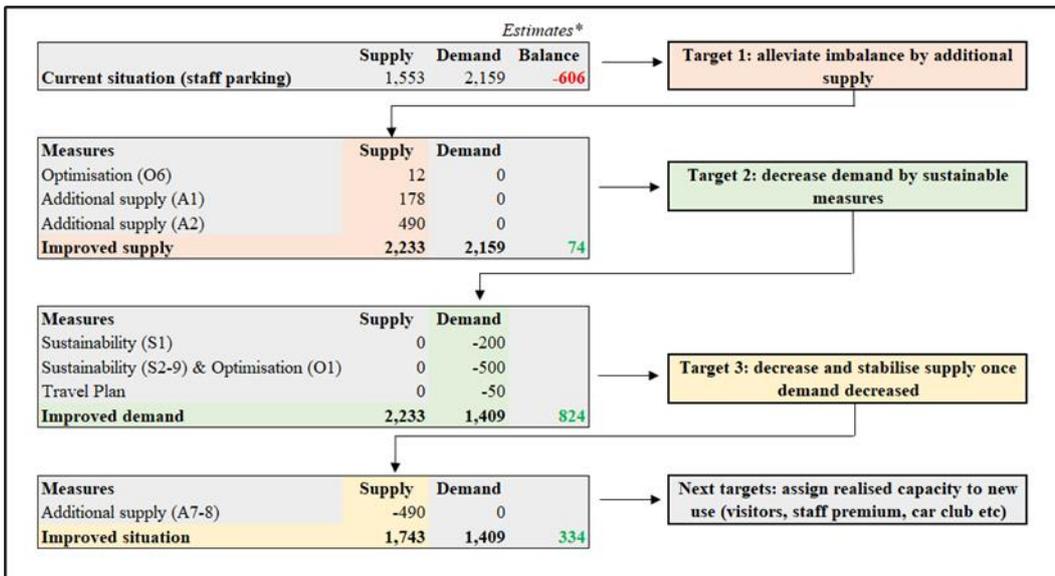


Table 11. The PGH Car Parking Plan – Objectives, Targets and Measures

- 133. **Updated (March 2021)** - due to the COVID pandemic the need for A2 (Temporary supply of 490 spaces) has been paused and now replaced with A3 (Identify areas for additional surface parking internally) which incorporates 25 staff spaces (Figure 13); 31 staff spaces (Figure 14) 110 visitor spaces (Figure 16) and 48 visitor spaces (Figure 20) giving a total of 214 permanent spaces. With the reduction in visitor and staff utilising working from home this has alleviated the short-term pressure on car parking availability.
- 134. Assumptions used during the assessment of demand are set out in **Appendix B**.

3 Dewsbury and District Hospital (DDH)

135. This chapter reviews the current car parking situation at DDH and outlines the elements of the car parking plan specific to the site.

Existing Situation

136. DDH is an acute District General Hospital in Staincliffe, West Yorkshire. It is located approximately 2km from Dewsbury town centre. The hospital complex has an area of approximately 9.12 hectares and is shown in Figure 21.



Figure 21. Dewsbury Hospital Site Boundary
Google Earth 2021

137. It is not presently intended to significantly increase the range of patient facilities at this site or to further rationalise existing uses within the next five years.

Current Car Parking Supply

138. The DDH provides substantial parking facilities for both staff and visitors. The indicative layout of all car parking facilities serving the hospital is shown in Figure 22.

MY Car Parking Plan

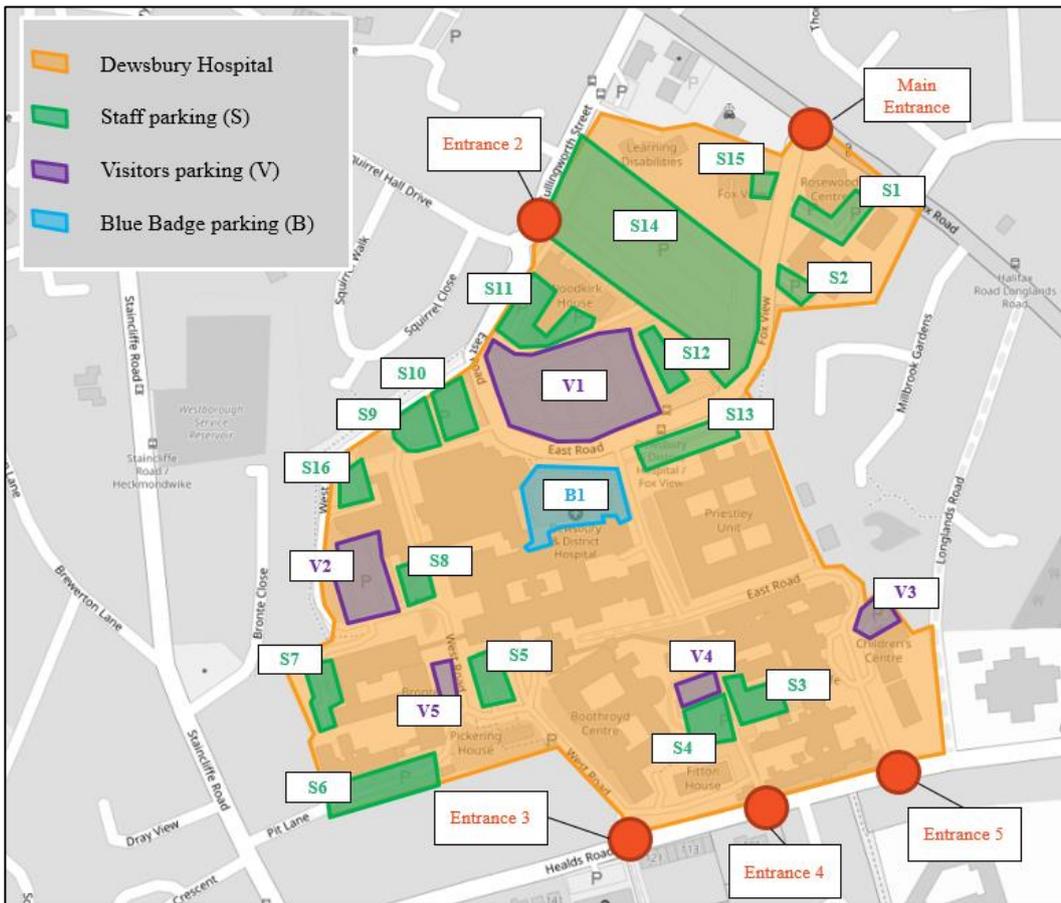


Figure 22. Car parking facilities serving DDH

139. A summary of all car parking facilities is shown in **Table 12**:

Car park type	Number of car parks	Total provision, spaces
Visitor car parks	5	313
Blue Badge car parks	1	45
Staff car parks	16	653
Total	22	1,011

Table 12. Car parking provision at DDH

Visitor Car Parking

140. There are five visitor car parks at DDH with total of 313 parking spaces as shown in **Error! Reference source not found.**

Map N	Car Park Name	Spaces	Operation time	Paid	Payment method
V1	Visitor Car Park A	195	24/7 all days	Yes	Pay on foot
V2	Visitor Car Park F	79	24/7 all days	No	-
V3	Visitor Car Park C (Child Development Centre)	14	24/7 all days	No	-
V4	Visitor Car Park D (Boothroyd Centre)	16	24/7 all days	No	-
V5	Visitor Car Park E (Bronte Tower)	9	24/7 all days	No	-
Total		313			

Table 13. Visitor car parks at DDH

- 141. The main visitor/outpatients' car park operates on a "Pay on foot" basis. On arrival a parking ticket is collected at the barrier entrance, validated prior to departure for duration of stay with appropriate band of charge, and used to access the barrier exit point. This system results in users only paying for the time needed and provides a free 20 minute drop off/pick up off the main access roads of the hospital.
- 142. Full car parking charges for visitors and outpatients are the same as at PGH and are shown in Table 3 in this document.
- 143. There are security officers who patrol the hospital complex and issue parking prosecution tickets to offending drivers amongst visitors and patients.
- 144. All visitor car parks operate 24/7 all days.
- 145. Visitor Car Park V2 has currently been reallocated for staff use.

Blue Badge Car Parking

- 146. There is one Blue Badge car park with 45 parking spaces at DDH as shown in Table 14. This is reduced when the mobile MRI Scanner is located in this area. Reviewing the usage this still provides adequate numbers.

Map N	Car Park Name / Relevant building	Spaces	Operation time
B1	Ridings Building	45	24/7 all days
Total		45	

Table 14: Blue Badge Parking at DDH

- 147. The Blue Badge car parks are available to patients, visitors and staff. As of 1st April 2020, all Blue Badge parking is free of charge as per the Government changes on hospital parking policy.

Staff Car Parking

- 148. There are 16 staff car parks at DDH with total of 653 parking spaces as outlined in Table 15.

Map N	Car Park Name	Spaces	Permit operated	Barriered	Operation Time
S1	Rosewood Centre	14	Yes	No	24/7 all days
S2	Cullingworth House	18	Yes	No	24/7 all days
S3	Staincliffe Wing	34	Yes	No	24/7 all days
S4	Boothroyd Centre	61	Yes	No	24/7 all days
S5	MLU Entrance	27	Yes	No	24/7 all days
S6	Oakwell Centre	36	Yes	No	24/7 all days
S7	Bronte Tower	26	Yes	No	24/7 all days
S8	Energy Centre	11	Yes	No	24/7 all days
S9	Service Centre 1	28	Yes	No	24/7 all days
S10	Service Centre 2	21	Yes	No	24/7 all days
S11	Woodkirk House	55	Yes	No	24/7 all days
S12	Staff Car Park (near Visitor)	31	Yes	No	24/7 all days
S13	Priestly Unit	13	Yes	No	24/7 all days
S14	Main Staff Car Park	254	Yes	No	Mon-Fri

S15	Foxview	4	Yes	No	24/7 all days
S16	Yorkshire Ambulance Service	20	Yes	No	24/7 all days
Total		653			

Table 15: Staff Car Parks at DDH

- 149. Staff car parking is not barrier controlled and is managed by display of permit only. Each permit grants access to only one designated staff car parking area. Each permit holder is issued with a Window Display Permit, stating an expiry date, vehicle details and designated parking area. There are security officers who patrol the hospital complex and issue parking prosecution tickets to offending drivers amongst staff.
- 150. The Main Staff car park (S14) also serves as a Park & Ride (P&R) facility for staff who work at PGH. The users of this car park are also issued with permits. Once they park their car at the DDH P&R, they can use the existing free shuttle bus service or commercial bus service to move between the two NHS sites.

Off-Site Car Parking

- 151. Some on street parking is permissible in streets surrounding DDH but waiting times are limited to two hours, Monday to Saturday (08:00 to 18:00).

Current Car Parking Demand

Visitor Car Parking

- 152. According to the 2017/2018 surveys, reviews and observations, the level of visitor parking could generally accommodate demand.
- 153. It should be noted however that presently the main visitor car park is used for the parking of Yorkshire Ambulance Service vehicles, and it would be beneficial for these vehicles to have their own dedicated parking area which would be designed and set out to accommodate this size of vehicle. The other option would be to get the ambulances moved if MYT incorporates the car park outside the ambulance station within their exclusive demise.

Staff Car Parking

- 154. As of 2020, the total workforce at DDH is circa 1,440 employees. According to the 2017/2018 staff surveys, circa 80% of staff working at DDH travel by car. The latest surveys and observations of the take-up of on-site staff parking and indicate that this remains the most used mode of transport.
- 155. Staff parking is managed by a permit system. There are currently 635 active permit holders. At the same time, it is known that some portion of the DDH staff car parks are also used by Pinderfields staff that have a permit to park at PGH.
- 156. Assuming daily hospital occupancy of 75%³, circa 1,080 staff work at the hospital on a daily basis. If 80% of the hospital staff commute by car, as indicated by the surveys, the daily driving demand reaches circa 860 private vehicles. Typical peak hour arrival rate for hospitals is estimated to be 55% which would imply that the true demand may be approximately 475 vehicles arriving at the hospital during a typical peak hour. In comparison, the current car parking facilities provide 653 staff spaces. This indicates that the existing parking supply meets the current parking demand, but also provides a surplus of circa 180 parking spaces.

Staff Permit Holders

³ Assumptions used during the assessment of demand are set out in Appendix B

157. Distribution of permit holders residing within a walking distance of the hospital is shown in Figure 23.

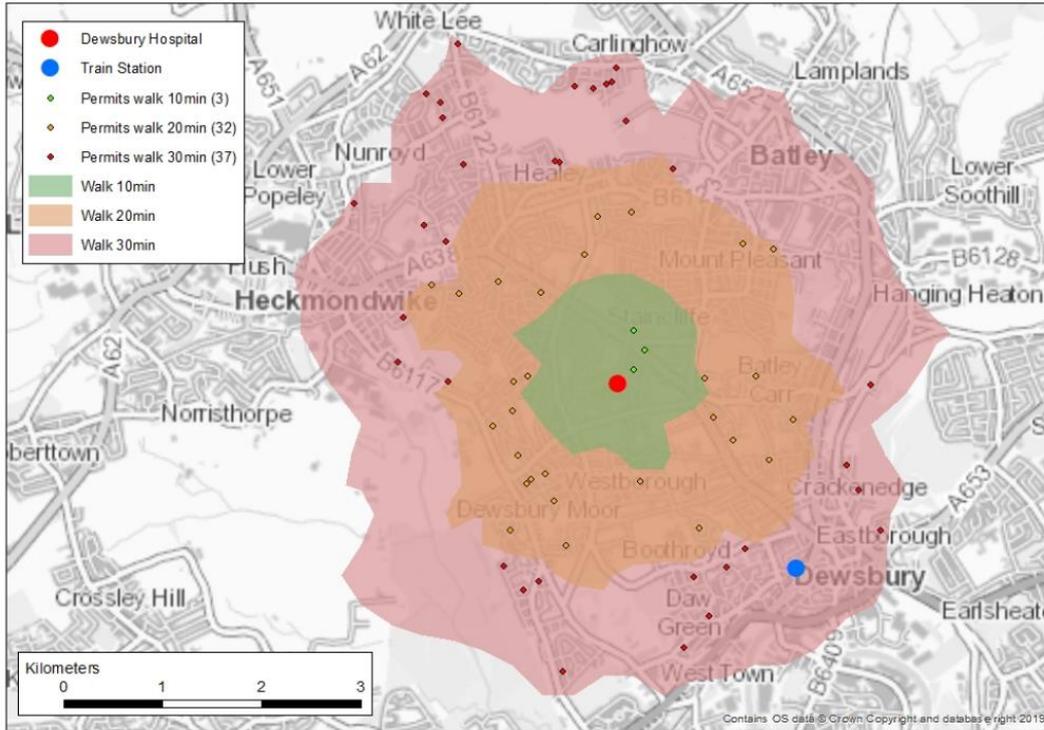


Figure 23. Distribution of permit holders residing within a walking distance of DDH

158. According to the figure, three permits holders live within a 10-minute walk of the hospital, 32 permit holders live within a 20-minute walk of the hospital and 37 permit holders live within a 30-minute walk of the hospital. This indicates that there is an opportunity for 72 permit holders to switch from driving to walking.

159. Distribution of permit holders residing within a cycling distance of the hospital is shown in Figure 24.

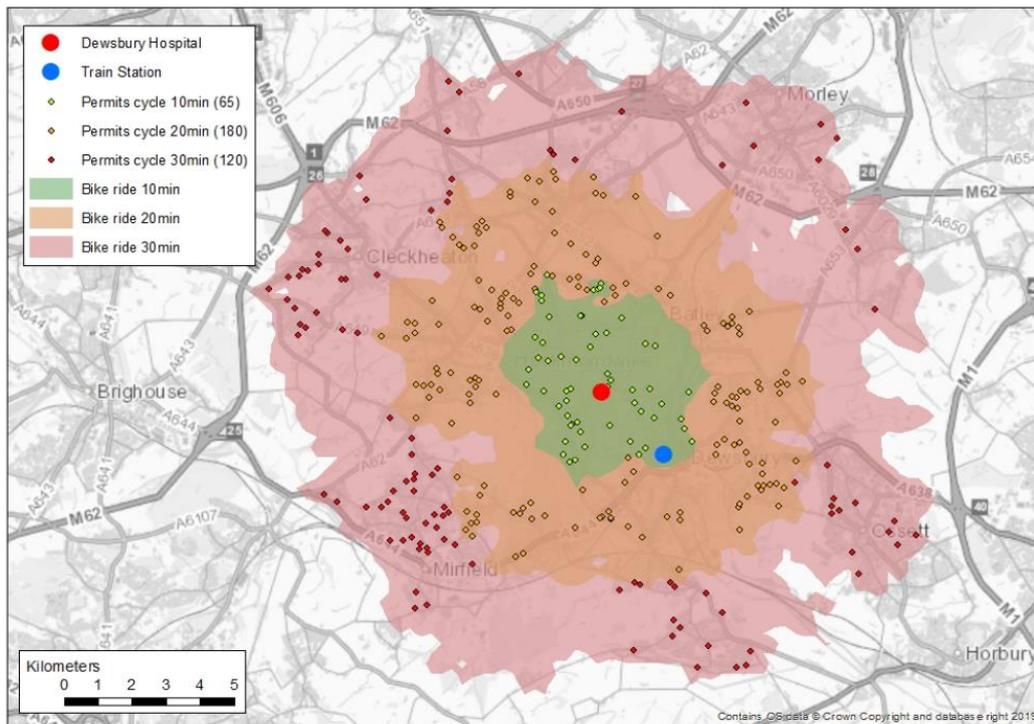


Figure 24. Distribution of permit holders residing within a cycling distance of DDH

- 160. According to the figure, 65 permit holders reside within a 10-minute cycle ride, 180 permit holders reside within a 20-minute cycle ride and 120 permit holders reside within a 30-minute cycle ride. This indicates that there is an opportunity for 365 permit holders to switch from driving to cycling.
- 161. Distribution of permit holders residing within a typical bus journey distance is shown in Figure 25.

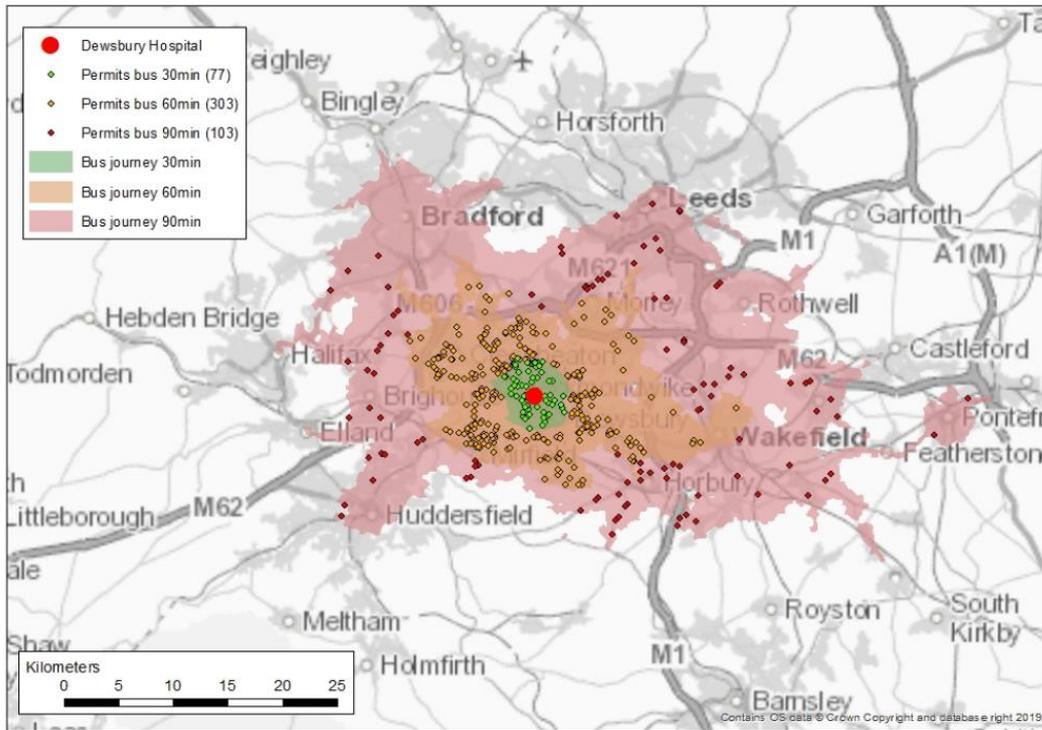


Figure 25. Distribution of permit holders residing within a typical bus journey distance from DDH

- 162. According to the figure, 77 permit holders live within a 30-minute bus journey from the hospital, 303 permit holders live within a 60-minute bus journey from the hospital and 103 permit holders reside within a 90-minute bus journey from the hospital. This indicates there is opportunity for 483 permits holders to switch from driving to travelling by bus.
- 163. Distribution of permit holders residing within a typical train journey distance is shown in Figure 26.

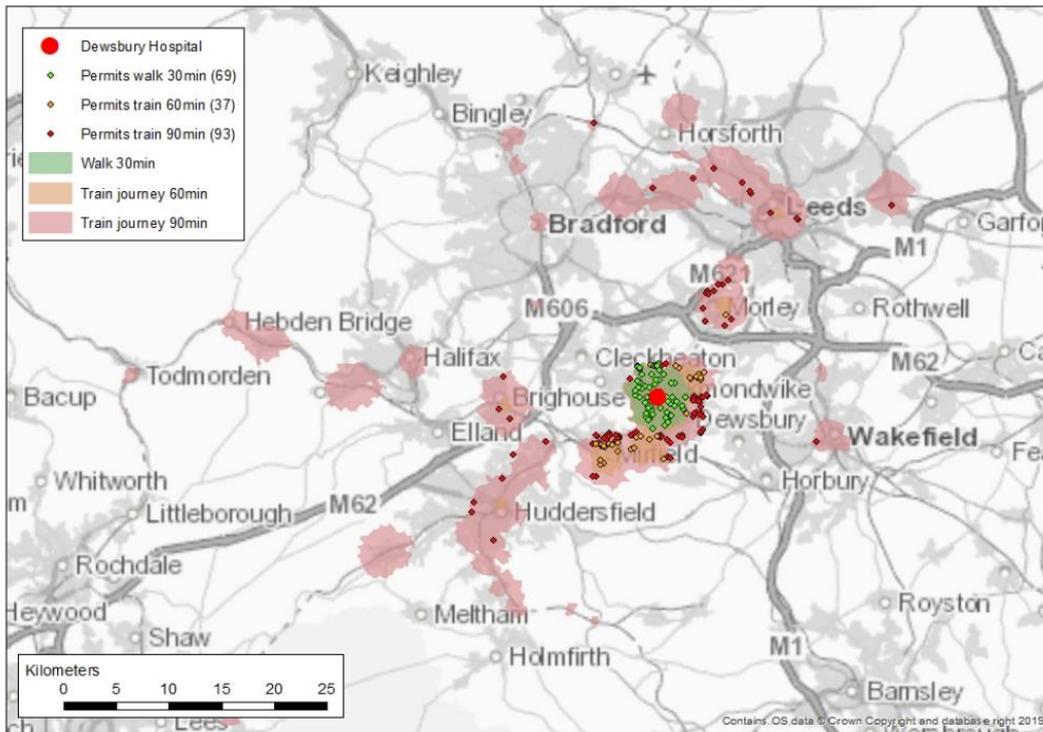


Figure 26. Distribution of permit holders residing within a typical train journey distance from DDH

Note: train journeys include a 30-minute walk from train station to the hospital

164. According to the figure, 37 permit holders reside within a 60-minute train journey from the hospital. Additional 93 permit holders reside within a 90-minute train journey from the hospital. This indicates there is an opportunity for 130 permit holders to switch from driving to commuting by train.

Issues to be Addressed

165. The review of the current car parking supply and demand at the DDH site indicates that currently there is no imbalance between the existing car parking demand and the existing parking provision for both visitors and staff. However, some minor issues associated with car parking operations and management have been observed and are listed below. These are not of great consequence at present but would become important should parking demand increase significantly.

Car parking provision and how it is operated:

- Some portion of the visitor car park is used for the Patient Services Transport;
- Some portion of the blue badge car park is used for the temporary MRI Unit;
- The present management arrangements for parking is open to misuse by both staff and visitors as staff car parks are not barrier operated;
- The existing enforcement measures can be ineffective;
- The navigation and wayfinding within the hospital complex and between its car parks can be confusing for both drivers and pedestrians as names of car parks are inconsistent and there is insufficient signage;
- There is no live information on the availability of car parking spaces;
- Car parking tariffs are a concern for some users.

Car parking demand and how it is managed:

- The parking permit system is not optimised and does not use consistent and clear rules on who can and cannot be granted a permit. For example, some permits are held by people who live in close vicinity to the hospital who could possibly walk and cycle instead of driving;
- The use of alternative and sustainable modes is low and is not strongly encouraged.

Targets

166. Based on the review of the existing car parking situation at DDH, the following targets have been set up:

- **Target 1:** to stabilise the staff car parking supply at the current level (653 spaces);
- **Target 2:** to reduce the staff car parking demand with the help of sustainable measures (reduction of circa 240 vehicles); and
- **Target 3:** to optimise staff and visitor car parking operations and management to improve the overall car parking experience for all users.

Measures

Optimisation

167. Optimisation measures aim to improve operation of the existing car parking facilities and associated processes such as payment, enforcement, permit issuing etc. These measures also include improvement of the existing car parking, road and pedestrian infrastructure.

168. A summary of measures for optimisation for DDH is shown in Table 16.

Type	N	Measures	Short-term 2021 - 2023	Medium-term 2024 - 2026
Optimisation	DDH_O1	Review and optimise staff permit system		
	DDH_O2	Review and optimise parking layouts		
	DDH_O3	Improve pedestrian facilities		

Table 16. Optimisation measures for DDH

169. Detailed descriptions of the measures are set out below.

Measure DDH_O1: Review and optimise staff permit system

170. The staff permit system, as applied to DDH, will be reviewed and optimised to ensure that permits are only issued to staff in accordance with the set of criteria outlined below.

171. The policy on qualification for a staff parking permit and eligibility criteria will be reviewed. The eligibility criteria for a permit will include:

- Home location (are travel distances further than typical walking and cycling distances);
- No availability of alternative travel modes with typical walking and cycling distances;
- Disability and special needs;
- Job requirements and/or special business use.
- Working patterns (including working from home)

172. The accessibility analysis presented indicates that:

- Up to 72 permit holders can potentially switch from driving to walking;
- Up to 365 permit holders can potentially switch from driving to cycling;
- Up to 483 permits holders can potentially switch from driving to bus; and
- Up to 130 permit holders can potentially switch from driving to train.

Measure DDH_O2: Review and optimise car parking layouts

173. The layouts of the existing car parks will be reviewed to identify areas where reconfiguration could improve vehicular access and circulation. Previous observations indicate that the area of disabled parking bays recently piloted adjacent to the Ridings Building needs to be reviewed.

Measure DDH_O3: Improve pedestrian facilities serving car parks

174. Pedestrian facilities serving car parks and along the main access road will be reviewed to identify areas that require improvements. Previous observations indicate safety, lighting and signage improvements needs to be upgraded in several locations throughout the hospital complex.
175. One location that requires safety improvements is shown in Figure 27 below. Pedestrian connectivity needs to be improved near the drop-off lay-by which is planned to be extended. Upgrade of the zebra crossings is recommended as part of this scheme.

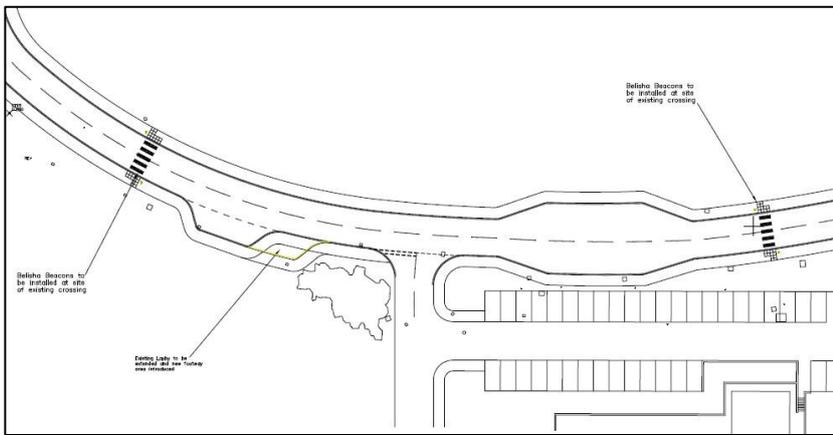


Figure 27. Proposed extension of the existing drop-off lay-by and upgrade of the zebra crossings at DDH

Sustainability

176. Sustainability measures aim to minimise the need for driving and encourage staff and visitors to use alternative options. A summary of suggested measures for sustainability is shown in Table 17.

Type	N	Measures	Short-term 2021 - 2023	Medium-term 2024 - 2026
Sustainability	DDH_S1	Introduce car sharing scheme		
	DDH_S2	Shift car demand to walking		
	DDH_S3	Shift car demand to cycling		
	DDH_S4	Shift car demand to public transport		

Table 17. Sustainability measures for DDH

177. Detailed descriptions of the measures are set out below.

Measure DDH_S1: Introduce car sharing scheme

178. Following the review of the staff parking permit scheme a car sharing scheme for staff at DDH will be investigated. A dedicated car parking area for use by registered car sharers will be introduced and is likely to operate on the basis of two+ permits being displayed in a vehicle. The car share scheme rules will be enforced to as appropriate.

Measure DDH_S2: Shift car demand to walking

179. Initiatives to encourage a portion of drivers and permit holders to shift to walking will be considered. According to preliminary estimates, this measure could help to reduce overall car parking demand by up to 72 vehicles. To encourage successful mode shift, a good quality pedestrian network is required which is considered under optimisation measures DDH_O3 above. Additional measures to encourage modal shift are set out in the Travel Plan.

Measure DDH_S3: Shift car demand to cycling

180. Initiatives to encourage a portion of drivers and permit holders to shift to cycling will be considered. According to preliminary estimates, this measure could help to reduce overall daily car parking demand by up to 365 vehicles. To support successful shift, it is important that good quality cycle network and on-site cycle facilities are available. The local cycle network serving DDH is not well developed and therefore the Trust will liaise with Kirklees Council to encourage the local authority to identify and implement improvements in the area around the hospital.

181. Additional measures to encourage modal shift are set out in the Travel Plan.

Measure DDH_S4: Shift car demand to public transport

182. Measures will be implemented to encourage a portion of drivers and permit holders to shift to public transport. According to preliminary estimates, this measure could help to reduce overall daily car parking demand by up to 613 vehicles. To ensure successful shift, it is important to ensure that staff are aware of the public transport travel options available to them.

183. Additional measures to encourage modal shift are set out in the Travel Plan.

Additional Supply

184. Additional supply measures aim to provide additional car parking spaces for staff and visitors. These measures will only be used if it is no longer possible to reduce the existing car parking demand with the above described sustainability measures and when it is no longer possible to improve the existing supply with the above described optimisation measures.

185. A summary of measures for additional supply is shown in Table 18.

Type	N	Measures	Short-term 2021 - 2023	Medium-term 2024 - 2026
Additional supply	DDH_A1	Stabilise car parking supply		
	DDH_A2	Reassign capacity to other uses		

Table 18. Additional supply measures for DDH

186. Detailed descriptions of the measures are set out below.

Measure DDH_A1: Stabilise car parking supply

187. At present, the car parking supply at DDH is sufficient to serve the current level of demand. It is estimated that the car parking supply will remain sufficient for the next five years as there are no significant proposals to extend or rationalise the DDH functions and facilities within this timeframe.

188. The car parking supply will therefore be stabilised at the current level and expansion will not be considered unless a strong need for additional car parking spaces suddenly emerges.

Measure DDH_A2: Reassign spare capacity to other uses

189. There is spare staff car park capacity which will be considered for other uses, such as dedicated parking for the Trust Patient Transport Ambulances and increased capacity for the existing P&R facility (Main Staff Car Parks) which serves the Pinderfields site staff that use shuttle services to connect between two sites.

Implementation Plan

190. All the Car Parking measures as applicable to DDH are summarised in Table 19 along with the suggested timescale.

191. Table 20 illustrates how proposed measures will help to achieve set targets and objectives.

Type	N	Measures	Short-term 2021 - 2024	Medium-term 2024 - 2026
Optimisation	DDH_O1	Review and optimise staff permit system		
	DDH_O2	Review and optimise parking layouts		
	DDH_O3	Improve pedestrian facilities		
Sustainability	DDH_S1	Introduce car sharing scheme		
	DDH_S2	Shift car demand to walking		
	DDH_S3	Shift car demand to cycling		
	DDH_S4	Shift car demand to public transport		
Additional supply	DDH_A1	Stabilise car parking supply		
	DDH_A2	Reassign capacity to other uses		

Table 19. The DDH Car Parking Measures

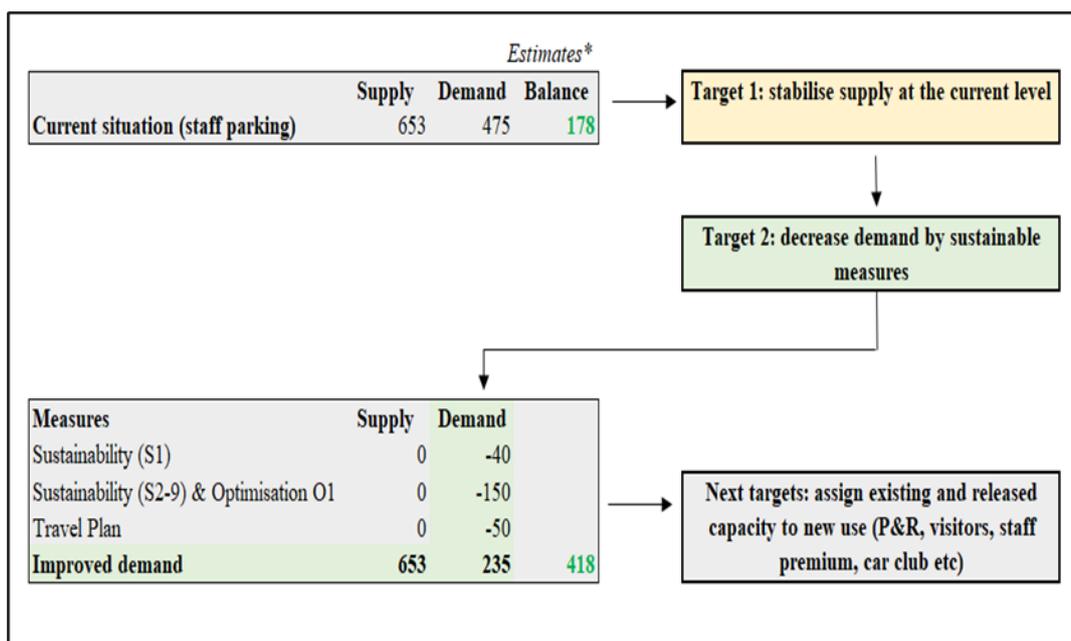


Table 20. The DDH Car Parking Plan – Objectives, Targets and Measures

192. Assumptions used during the assessment of demand are set out in [Appendix B](#)

4 Pontefract General Infirmary (PGI)

193. This chapter reviews the current car parking situation at PGI and outlines the elements of the car parking plan specific to the site.

Existing situation

194. PGI provides a comprehensive range of healthcare services that include Urgent Treatment Centre, In-patient, Day Case, Maternity and Outpatient services.
195. PGI lies adjacent to Pontefract town centre and spans both flanks of Friarwood Lane. The site is much reduced from its original extent following the redevelopment of the modern Infirmary in 2009. The current extent of the site, (approximately 1.65 hectares), including land still within Trust ownership is shown in Figure 28.

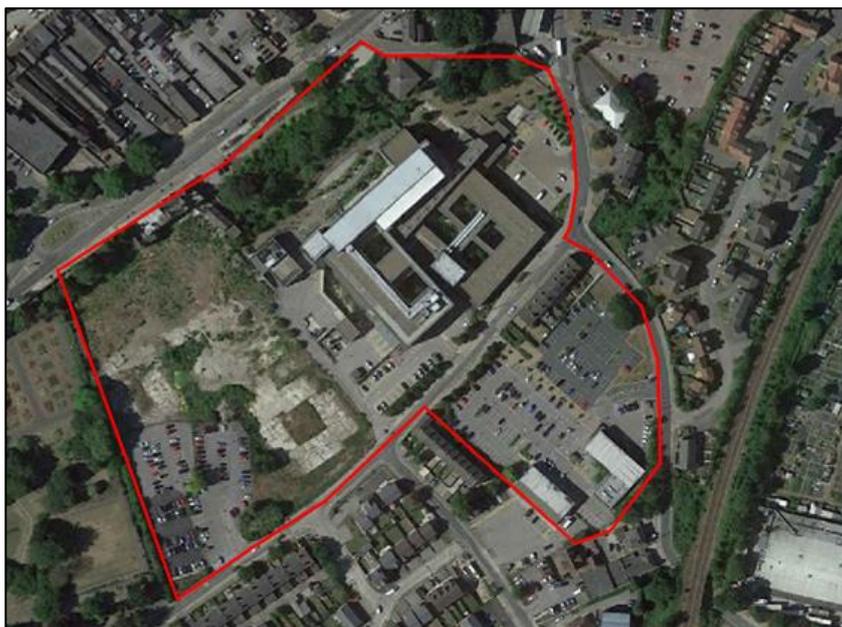


Figure 28. Site layout of the Pontefract General Infirmary land

196. Since the redevelopment of the new hospital and the Trust's on-going program of rationalisation and improvement, both full and part time staff numbers have steadily decreased at PGI. Accordingly, redundant areas of the complex have been disposed of to third parties and are now occupied by new residential developments. The current main staff car park is isolated from the Infirmary by an area of demolished buildings to the south west of the new Infirmary.

Current Car Parking Supply

197. PGI provides substantial parking facilities for both staff and visitors. The indicative layout of all car parking facilities serving PGI is shown in Figure 29.

MY Car Parking Plan

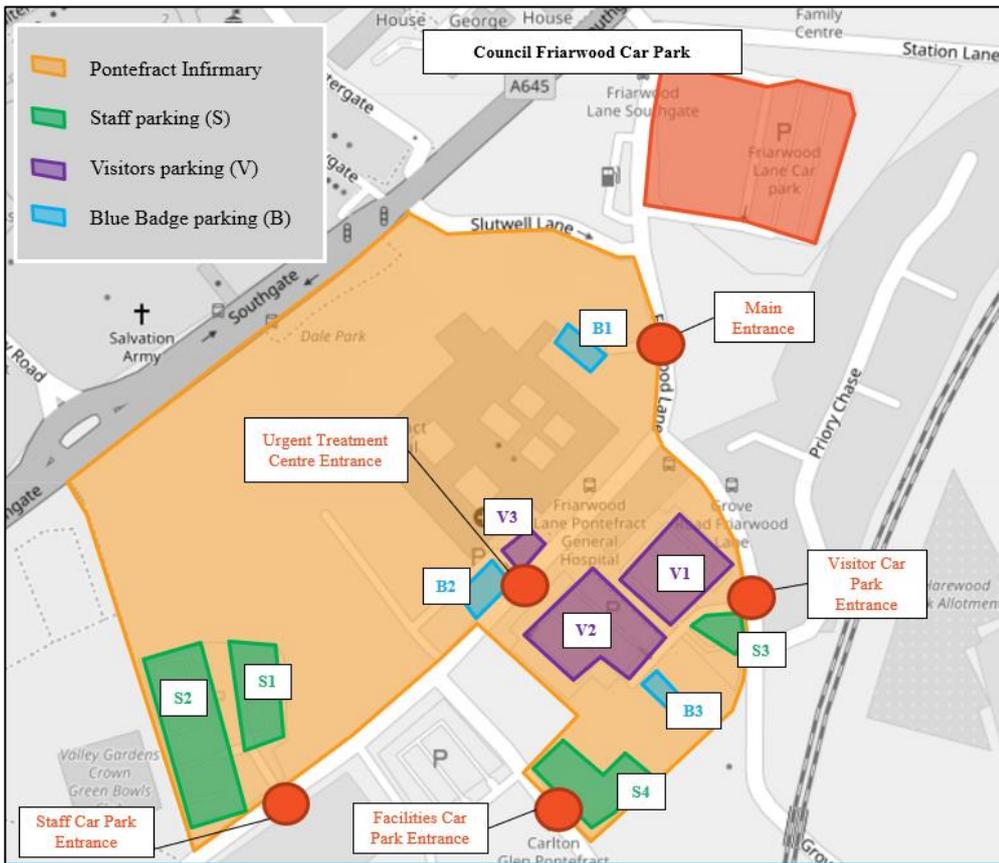


Figure 29. Car parking facilities serving PGI

198. A summary of all car parking facilities is set out in Table 21.

Car park type	Number of car parks	Total provision, spaces
Visitor car parks	3	199
Blue Badge car parks	3	27
Staff car parks	4	174
Total	10	400

Table 21. Car parking provision at PGI

Visitor Car Parking

199. There are three visitor car parks at PGI with total of 199 parking spaces as shown in Table 22.

Map N	Car Park Name	Spaces	Operation time	Paid	Payment method
V1	Main Visitor 1	84	24/7 all days	Yes	Pay on foot
V2	Main Visitor 2	112	24/7 all days	Yes	Pay on foot
V3	Urgent Treatment Car Park	3	24/7 all days	Yes	Pay and Display
Total		199			

Table 22. Visitor car parking at PGI

200. The main visitor car parks operate on a “Pay on foot” basis. On arrival a parking ticket is collected at the barrier entrance, validated prior to departure for duration of stay with appropriate band of charge, and used to access

MY Car Parking Plan

the barrier exit point. This system results in users only paying for the time needed and provides a free 20 minute drop off/pick up off the main access roads of the hospital.

201. Full car parking charges for visitors and outpatients are the same as at PGI and are shown in Table 3 in this document.
202. There are security officers who patrol the hospital complex and issue parking prosecution tickets to offending drivers amongst visitors and patients.
203. All car parks operate 24/7 all days.

Blue Badge Car Parking

204. There are also three designated Blue Badge car parks with total of 27 parking spaces as shown in Table 23.

Map N	Car Park Name / Relevant building	Spaces	Operation time
B1	Main Entrance	7	24/7 all days
B2	Urgent Treatment Centre	17	24/7 all days
B3	Friarwood House (Clinical Support)	3	24/7 all days
Total		27	

Table 23. Blue Badge Car Parking at PGI

205. The Blue Badge car parks are available to patients, visitors and staff. As of 1st April 2020, all Blue Badge parking is free of charge as per the Government changes on hospital parking policy.

Staff Car Parking

206. There are four staff car parks at PGI with total of 174 parking spaces as shown in Table 24.

Map N	Car Park Name	Spaces	Permit operated	Barriered	Operation Time
S1	Main Staff Car Park 1	58	Yes	No	24/7 all days
S2	Main Staff Car Park 2	78	Yes	No	24/7 all days
S3	Friarwood House Staff Car park	13	Yes	Yes	24/7 all days
S4	Facilities Staff Car Park	25	Yes	No	24/7 all days
Total		174			

Table 24. Staff Car Parking at PGI

207. Staff parking is managed by a permit system whereby each permit grants access to the staff car parking area. Each permit holder is issued with a Window Display Permit, stating an expiry date, vehicle details and designated parking area (S1 and S2).
208. Main Staff Car parks 1 and 2 also serve as a Park & Ride facility for staff who work at PGH and have the PGH permit. Once they park their car at this car park, they can use a free shuttle bus service or a commercial bus service that connects the two NHS sites.
209. There are security officers who patrol the hospital complex and issue parking prosecution tickets to offending drivers amongst staff.
210. A draft scheme has been developed to relocate the main staff car parks from their current location to the vacant Friarwood Car Park (Council) to the west of the hospital complex (No significant changes to the number of spaces is proposed) and this will enable the sale of the land for development.

Off-Site Car Parking

211. Pontefract Hospital is within a walking distance of the Council operated Friarwood Car Park, approximately 220m to the north east as shown in Figure 30.

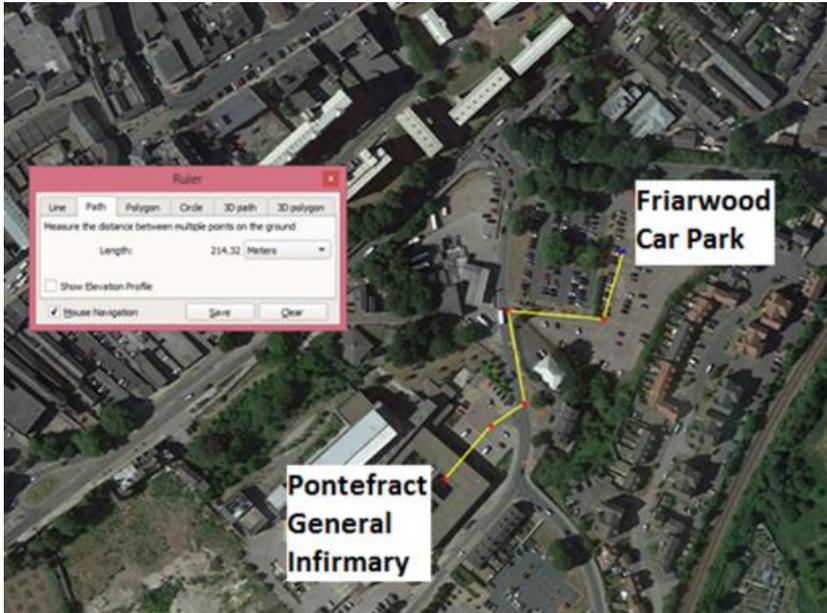


Figure 30. Location of Friarwood Car Park, Google Maps

212. This car park accommodates 94 parking spaces and charges apply between 08.00 and 18.00, Monday to Saturday. The maximum permitted length of stay is 10 hours with charges up to 2 and 4 hours of £0.50 and £0.80 respectively. During the redevelopment of the Infirmary from 2008 to 2015 the Trust negotiated use of part of the Friarwood car park as a temporary hospital facility.
213. According to the observations, the PGI visitors prefer using this public car park due to the difference in tariffs compared to the Trust. The council have asked if we can reduce the charges, but this would provide inconsistency in the charging systems throughout the Trust.

Current Car Parking Demand

Visitor Car Parking

214. According to the 2018/2019 surveys, circa 39% of visitors travel to PGI by car.
215. The latest observations show that demand can exceed supply in the PGI visitor car parks during periods of peak demand, but this is probably down to inappropriate staff use of the car parks.

Staff Car Parking

216. The PGI facilities and functions reduced significantly from its original extent following the redevelopment of the modern Infirmary in 2009. As of 2020, the total workforce has not remained constant and the Trust is currently investigating options to increase use of the PGI site.
217. Staff parking is managed by a permit system. There are currently 109 active permit holders. At the same time, it is known that some portion of the PGI staff car parks are also used by the PGH staff who have a permit to park at PGH.
218. According to the 2017/2018 staff surveys, circa 80% of staff working at PGI travel by car. The latest surveys and observations of the take-up of on-site staff parking indicates that this remains the most used mode of transport. And the main staff car parks at PGI have been fully occupied in peak hours. This has been resulting

MY Car Parking Plan

in some overspill parking around the drop off area near the 24-hour Urgent Treatment Centre. The majority of the local streets near the Infirmary are subject to parking controls that aim to discourage both hospital and town centre overspill parking.

219. Assuming daily hospital occupancy of 75%⁴, circa 450 staff work at the hospital on a daily basis. If 80% of the hospital staff commute by car, as indicated by the surveys, the daily driving demand reaches circa 360 private vehicles. Typical peak hour arrival rate for hospitals is estimated to be 55% which would imply that the true demand may be approximately 200 vehicles arriving at the hospital during a typical peak hour. In comparison, the current car parking facilities provide only 174 staff spaces. This indicates that actual parking demand may exceed the existing parking supply by circa 20-25 vehicles.

Staff Permit Holders

220. The distribution of permit holders residing within walking distance of the hospital is shown in Figure 31.

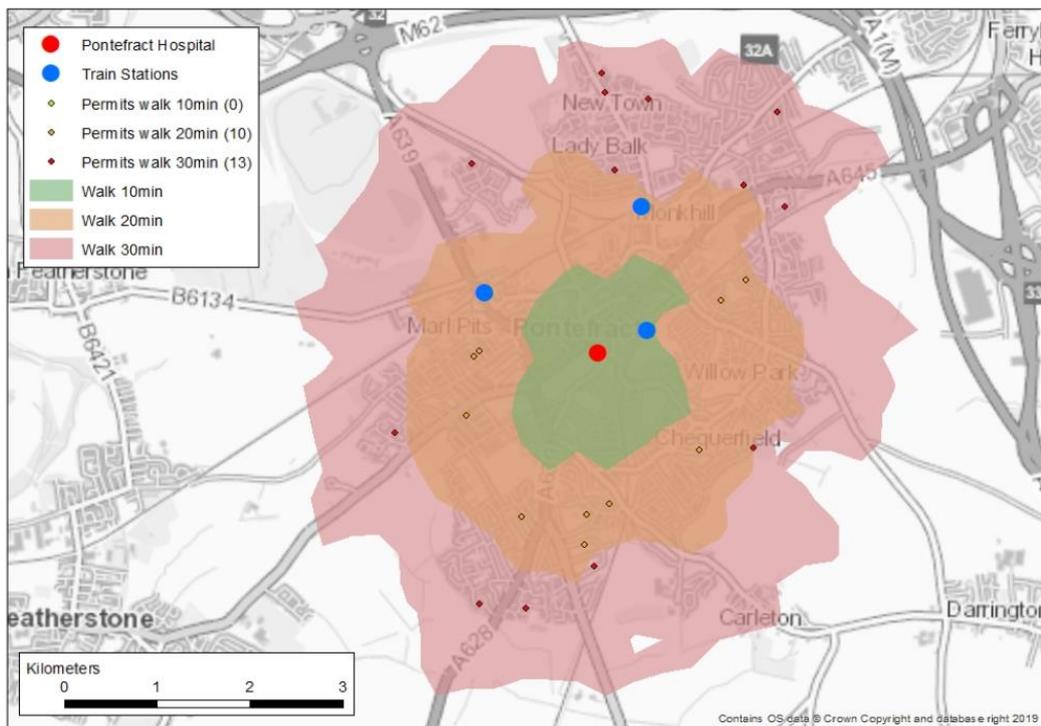


Figure 31. Distribution of permit holders residing within a walking distance of PGI

221. According to the figure, no permit holders live within a 10-minute walk of the hospital, but 10 permit holders live within a 20-minute walk of the hospital and 13 permit holders live within a 30-minute walk of the hospital. This indicates that there is an opportunity for 23 permit holders to switch from driving to walking.
222. Distribution of permit holders residing within a cycling distance of the hospital is shown in Figure 32.

⁴ Assumptions used during the assessment of demand are set out in Appendix B

MY Car Parking Plan

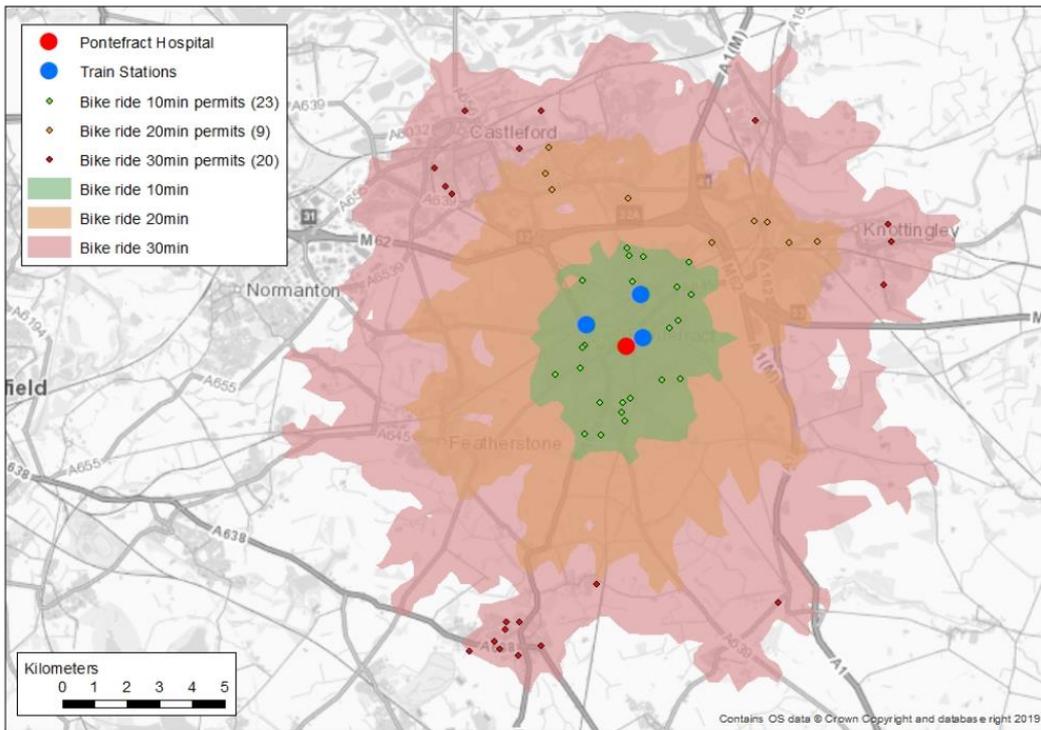


Figure 32. Distribution of permit holders residing within a cycling distance of PGI

- 223. According to the figure, 23 permit holders reside within a 10-minute cycle ride, nine permit holders reside within a 20-minute cycle ride and 20 permit holders reside within a 30-minute cycle ride. This indicates that there is an opportunity for 52 permit holders to switch from driving to cycling.
- 224. Distribution of permit holders residing within a typical bus journey distance is shown in Figure 33.

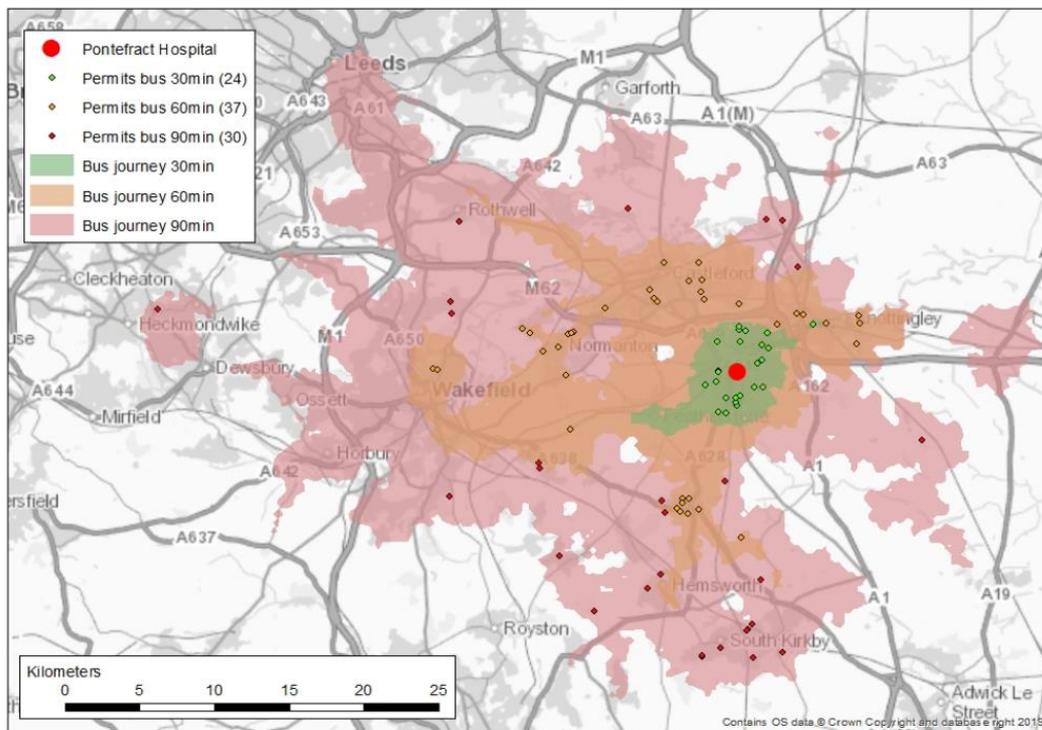


Figure 33. Distribution of permit holders residing within a typical bus journey distance from PGI

- 225. According to the figure, 24 permit holders live within a 30-minute bus journey from the hospital, 37 permit holders live within a 60-minute bus journey from the hospital and 30 permit holders reside within a 90-minute bus journey

from the hospital. This indicates there is opportunity for 91 permits holders to switch from driving to travelling by bus.

226. Distribution of permit holders residing within a typical train journey distance is shown in Figure 34.

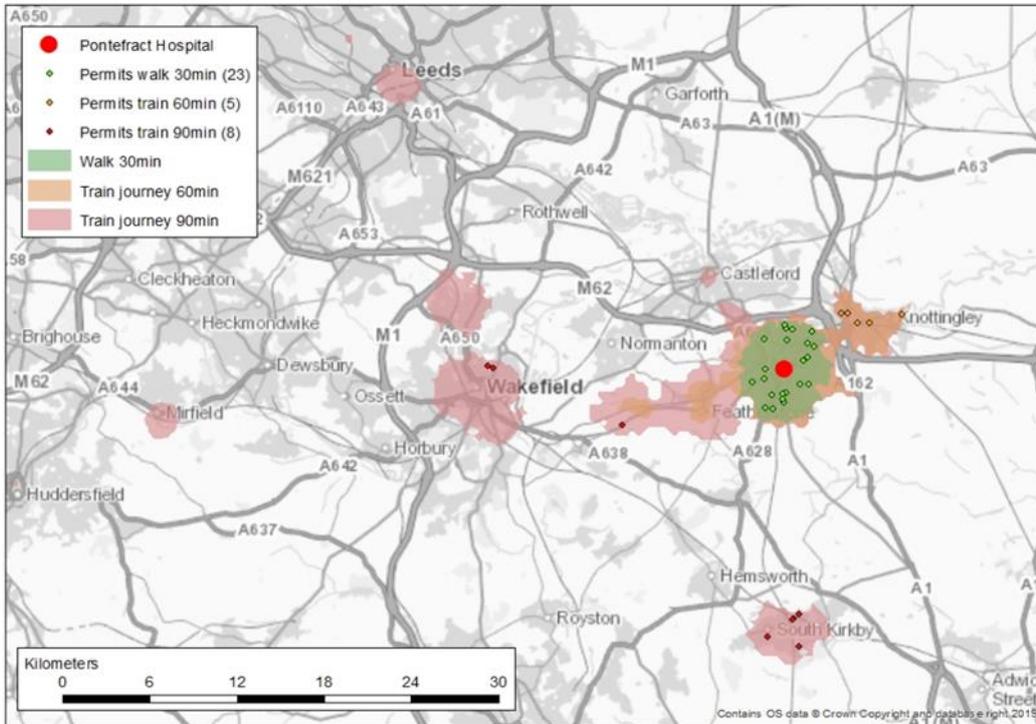


Figure 34. Distribution of permit holders residing within a typical train journey distance from PGI

Note: train journeys include a 30-minute walk from train station to the hospital

227. According to the figure, five permit holders reside within a 60-minute train journey from the hospital. Additional eight permit holders reside within a 90-minute train journey from the hospital. This indicates there is an opportunity for 13 permit holders to switch from driving to commuting by train.

Issues to be Addressed

228. The review of the current car parking supply and demand at the PGI site indicates that there is an occasional imbalance between the existing car parking demand and the existing parking provision at peak times. This problem is a function of two variables. The first is the existing car parking provision and how well it is operated. The second variable is the demand itself and how well it is managed. Detailed descriptions of problems associated with each component follow below.

Car parking provision and how it is operated:

- Shortage of parking spaces – circa 20-25 spaces for staff;
- The existing enforcement measures can be ineffective;
- There is no live information on the availability of car parking spaces;
- Car parking tariffs are a concern for some users.

Car parking demand and how it is managed:

- The parking permit system is not optimised and does not use consistent and clear rules on who can and cannot be granted a permit. For example, some permits are held by people who live in close vicinity to the hospital who could possibly walk and cycle instead of driving;
- The timing and overlap of staff shifts are not optimised which results in high demand for car parking at certain times;

- The use of alternative and sustainable modes is low and is not strongly encouraged.

229. The overall imbalance between supply and demand can lead to unauthorised parking within the car parks and on roads near the hospital site. This compromises the safety and accessibility of the car parks themselves and facilities served from them, such as pedestrian facilities, access to substations and emergency exits from the car parks. Some vehicles have been found to be parked in areas near access to the 24-hour Urgent Treatment Centre.

Targets

230. Based on the review of the existing car parking situation at PGI, the following immediate targets have been set up:

- **Target 1:** to alleviate the current staff car parking deficit by reconfiguration of car park layouts;
- **Target 2:** to reduce car parking demand (once the initial supply deficit is alleviated) with the help of sustainable measures;
- **Target 3:** to optimise staff and visitor car parking operations and management to improve the overall car parking experience for all users.

Measures

Optimisation

231. Optimisation measures aim to improve operation of the existing car parking facilities and associated processes such as payment, enforcement, permit issuing etc. These measures also include improvement of the existing car parking, road and pedestrian infrastructure.

232. A summary of measures for optimisation is shown in Table 25.

Type	N	Measures	Short-term 2021 - 2023	Med-term 2024 - 2026
Optimisation	PGI_O1	Review and optimise staff permit system		
	PGI_O2	Review and optimise car parking layouts		
	PGI_O3	Improve pedestrian facilities serving car parks		

Table 25. Optimisation measures for PGI

233. Detailed descriptions of all measures are set out below.

Measure PGI_O1: Review and optimise staff permit system

234. The staff permit system will be reviewed and optimised to ensure that permits are only issued to staff in accordance with the set of criteria outlined below.

235. The policy on qualification for a staff parking permit and eligibility criteria will be reviewed. The eligibility criteria for a permit will include:

- Home location (are travel distances further than typical walking and cycling distances);
- No availability of alternative travel modes with typical walking and cycling distances;
- Disability and special needs;
- Job requirements and/or special business use.
- Working patterns (including working from home)

236. The accessibility analysis presented indicates that:

- Up to 23 permit holders can potentially switch from driving to walking;
- Up to 52 permit holders can potentially switch from driving to cycling;
- Up to 91 permits holders can potentially switch from driving to bus; and
- Up to 13 permit holders can potentially switch from driving to train.

Measure PGI_O2: Review and optimise car parking layouts

237. The layouts of the existing car parks will be reviewed to identify areas where reconfiguration could improve vehicular access, circulation and capacity. The supply and demand analysis suggest a shortfall of circa 20-25 staff parking spaces which could possibly be provided by reconfiguration of the existing layouts.

238. Previous observations indicate some remedial works deemed necessary to ensure that the car parks continue to operate efficiently and safely, including lining and signage works.

Measure PGI_O3: Improve pedestrian facilities serving car parks

239. Pedestrian facilities serving car parks and along the main access road will be reviewed to identify areas that require improvements. Previous observations indicate safety, lighting and signage improvements needs to be upgraded in several locations throughout the hospital complex.

Sustainability

240. Sustainability measures aim to minimise the need for driving and encourage staff and visitors to use alternative options. A summary of suggested measures for sustainability is shown in Table 26.

Type	N	Measures	Short-term 2021 - 2023	Medium-term 2024 - 2026
Sustainability	PGI_S1	Introduce car sharing scheme		
	PGI_S2	Review and optimise staff working shifts		
	PGI_S3	Shift car demand to walking		
	PGI_S4	Shift car demand to cycling		
	PGI_S5	Shift car demand to public transport		

Table 26. Sustainability measures for PGI

241. Detailed descriptions of all measures are set out below.

Measure PGI_S1: Introduce car sharing scheme

242. Following the review of the staff parking permit scheme a car sharing scheme for staff at PGI will be investigated. A dedicated car parking area for use by registered car sharers will introduced and is likely to operate on the basis of two+ permits being displayed in a vehicle. The car share scheme rules will be enforced to as appropriate.

Measure PGI_S2: Review and optimise staff working shifts

243. In conjunction with the Trust operation management team, the timing of typical shifts will be reviewed to rationalise them so that overlap between them is minimised where possible. Anecdotally and from observation, the unavailability of car parking spaces often occurs when staff who arrived for an early shift have not yet finished their work whilst staff who do later shifts start arriving and have no spaces to park. Clearly, such a move has wider implications for operation of the hospital, but rationalisation of working shifts could help management of the parking facilities.

Measure PGI_S3: Shift car demand to walking

244. Initiatives to encourage a portion of drivers and permit holders to shift to walking will be considered. According to preliminary estimates, this measure could help to reduce overall car parking demand by up to 23 vehicles. To encourage successful mode shift, a good quality pedestrian network is required which is considered under optimisation measures **PGI_O3** above. Additional measures to encourage modal shift are set out in the Travel Plan.

Measure PGI_S4: Shift car demand to cycling

245. Initiatives to encourage a portion of drivers and permit holders to shift to cycling will be considered. According to preliminary estimates, this measure could help to reduce overall daily car parking demand by up to 52 vehicles.

246. To support successful shift, it is important that good quality cycle network and on-site cycle facilities are available. The local cycle network serving PGI is not well developed and therefore the Trust will liaise with Wakefield Council to encourage the local authority to identify and implement improvements in the area around the hospital.

247. Additional measures to encourage modal shift are set out in the Travel Plan.

Measure PGI_S5: Shift car demand to public transport

248. Measures will be implemented to encourage a portion of drivers and permit holders to shift to public transport. According to preliminary estimates, this measure could help to reduce overall daily car parking demand by up to 104 vehicles. To ensure successful shift, it is important to ensure that staff are aware of the public transport travel options available to them.

249. Additional measures to encourage modal shift are set out in the Travel Plan

Additional Supply

250. Supply measures aim to provide additional car parking spaces for staff and visitors. These measures will only be used if it is not possible to reduce the existing car parking demand with the above-described sustainability and optimisation measures.

251. A summary of measures for additional supply is shown in Table 27.

Type	N	Measures	Short-term 2021 - 2023	Medium-term 2023 - 2025
Additional supply	PGI_A1	Introduce temporary car parks if necessary		
	PGI_A2	Remove temporary car parks		
	PGI_A3	Assign released capacity to other uses		

Table 27. Additional supply measures for PGI

Measure PGI_A1: Introduce temporary car parks if necessary

252. Temporary car parks will be considered if there is a need to alleviate temporary issues with car parking demand that cannot be quickly addressed by Optimisation or Sustainability measures.

253. There is no current need for temporary provision although more intensive use of the site could increase parking demand.

Measure PGI_A2: Remove temporary car parking and stabilise supply

254. Once any supply imbalance is alleviated and car parking demand at PGI is reduced with the help of sustainable measures, any previously implemented temporary car parking spaces will be removed. Currently there are no plans for any temporary car parks to be provided.

Measure PGI_A3: Reassign released capacity to new use

255. If demand at PGI can be reduced, any released capacity will be considered for new uses, for example for visitor car parking and/or for a staff premium car park. In addition, some capacity will be reallocated to users of the P&R facility that serves PGH.

Implementation Plan

256. All the Car Parking measures as applicable to PGI are summarised in Table 28 along with the suggested timescale.

257. Table 29 illustrates how proposed measures will help to achieve set targets and objectives.

Type	N	Measures	Short-term 2020 - 2022	Medium-term 2023 - 2025
Optimisation	PGI_O1	Review and optimise staff permit system		
	PGI_O2	Review and rationalise car parking layouts		
	PGI_O3	Improve pedestrian facilities serving car parks		
Sustainability	PGI_S1	Introduce car sharing scheme		
	PGI_S2	Review and optimise staff working shifts		
	PGI_S3	Shift car demand to walking		
	PGI_S4	Shift car demand to cycling		
	PGI_S5	Shift car demand to public transport		
Additional supply	PGI_A1	Introduce temporary car parks if necessary		
	PGI_A2	Remove temporary car parks		
	PGI_A3	Assign released capacity to other uses		

Table 28. The PGI Car Parking Measures

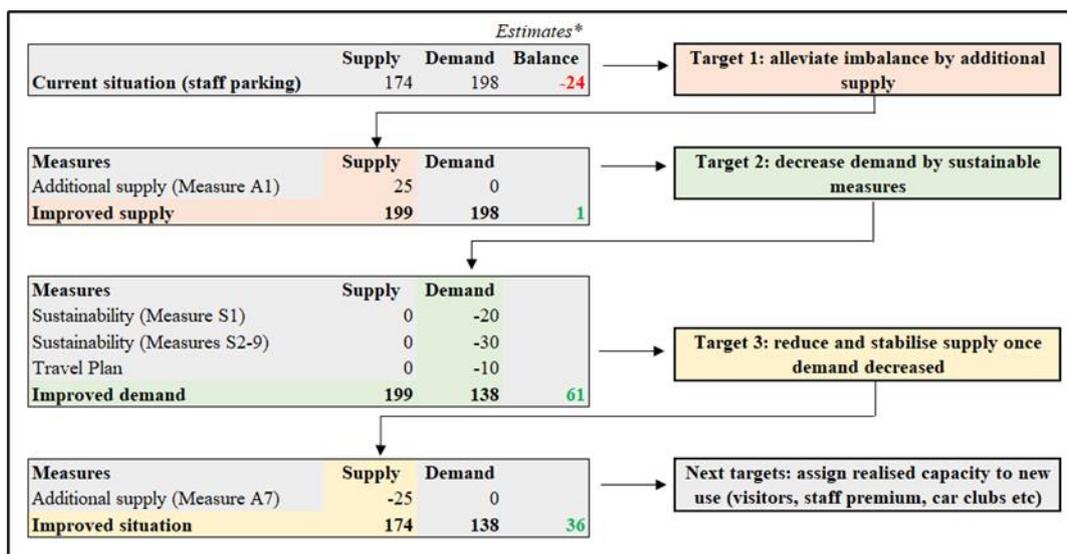


Table 29. The PGI Car Parking Plan – Objectives, Targets and Measures

258. Assumptions used during the assessment of demand are set out in **Appendix B**.

5 Measures Applicable to All Three Sites

Measures

259. Chapters 2, 3 and 4 above set out the Car Parking elements that apply to each specific hospital site. This chapter gives details of general measures that apply across all three hospitals. With the Trust holding membership of a West Yorkshire NHS Car Parking Group it will be useful to ensure when looking at the measures listed below that these options and suggestions are discussed.

Optimisation

Measure G_O1: Introduce a clear wayfinding system

260. Consideration will be given to introducing new wayfinding system that would help drivers, visitors in particular, to easily locate the car parks around the hospital sites. As part of this, the Trust will investigate:

- A clear and consistent naming and branding to all car parks so that drivers can easily locate them. Differentiation will be given within the naming system, so it is clear which car parks are staff, visitors and dedicated blue badge;
- The refresh of signage throughout each hospital complex so that drivers can easily navigate when searching for a car park; and
- Production of complementary materials such as printed and online maps and brochures that will provide drivers with clear information on what car parks can be used, for how long they are open, what are payment requirements, etc.

Measure G_O2: Introduce a VMS system to inform on car parking occupancy

261. In the longer term, a Variable Message Signs (VMS) system will be considered at each hospital complex. This will help to inform drivers on availability of car parking spaces around the complex upon their arrival and will help them to make quick and informed decisions on their parking choices. This will help to minimise unnecessary vehicle movements throughout the hospital sites and reduce unnecessary queueing in peak hours.

Measure G_O3: Review and improve the existing enforcement system

262. The efficiency and effectiveness of the enforcement system will be reviewed to encourage a better level of compliance with the parking codes. Introduction of a system called 'True Badge' which controls Blue badge areas via the use of a barcode and barrier access is an option to be looked at further.

Measure G_O4: Review the parking tariff system

263. The existing tariff system for the visitor car parks will be reviewed to ensure that tariffs reflect the current market conditions and at the same time provide an effective mechanism to manage the car parking demand.

264. A comparison of tariffs at similar NHS hospitals is provided in [Appendix A](#).

265. The Trust will investigate opportunities to introduce premium paid car parks at each site for staff who need a car parking space on a short notice.

Measure G_O5: Introduce cashless payments

266. Opportunities to introduce cashless payments for all visitor parks will be considered, Cashless payments will improve the overall user experience and reduce cash collection and handling issues for the Trust.

Measure G_O6: Introduce ANPR management system

267. In the longer term, the Trust will investigate replacing the existing barrier-controlled car park systems at PGH and PGI with an Automatic Number Plate Recognition system (ANPR) for both visitor and staff car parks. At DDH, where most car parks are not barriered at present, stand-alone ANPR can be implemented.
268. The benefits and downsides associated with ANPR will be considered by the Trust. ANPR can provide the following advantages over conventional barrier-controlled systems:
- There is no requirement for vehicles to stop on entry and exit which helps to avoid queues forming at car park entrance or exit points at times of peak usage;
 - The system allows pre-booked or recurring visits where users first log vehicle details into a website;
 - ANPR can be linked into VMS visual displays and web information which indicates the availability of spaces within the car park so that users are warned in advance and may be able to consider other options for travel;
 - The system facilitates the management of staff permits and car sharing as the vehicle registration numbers would be recorded at the point of entry and cross-checked against the approved permit or car share database.
 - Where staff vehicles incorrectly use visitor facilities, the system will allow easier enforcement to release spaces for visitors;
 - Enforcement and fines for non-payment or unauthorised parking are carried out automatically by the ANPR system and the need for personnel is therefore significantly reduced.
269. However, the ANPR system can also have some disadvantages in comparison to conventional barrier-controlled systems:
- This system is not “user friendly” to all users, especially where they are not familiar with it or do not have access to a smart phone or computer;
 - The function of issuing fines and appealing against such is taken outside of the Trust’s domain (although this can also be an advantage in some circumstances).

Parking Management System

270. With the exception of measure G_O1 (wayfinding) the above measures could be implemented together as a complete parking management package. It is usual for such systems to be operated by third party specialist companies working in conjunction with the car park owner/operator. Various business models are available whereby capital outlay, equipment ownership and maintenance can be offset by operational income. The Trust will determine a suitable business model to meet its requirements when a new parking management system is considered for the long-term development of Trust operations.

Sustainability

Measure G_S1: Introduce flexible home working

271. Encouragement of more home working will be considered for workers who can do their work from home and do not need to be at the hospital on a regular basis. This will help to reduce car parking demand.
272. Home working could be introduced on a full-time basis where some employees work from home on a daily basis. It can also be introduced in the part-time format where some employees work from home only certain days a week. A combination of both formats can also be utilised to introduce maximum flexibility to working arrangements. Sufficient provision of the IT equipment is important for successful implementation of this measure. This measure has become particularly relevant since early 2020 when home working started being highly advised and encouraged by the Government due to the COVID-19 virus emergency.

273. As with shift pattern changes (to be considered at PGH and PGI), such a move has wider implications for operation of the hospital.

Measure G_S2: Minimise corporate car travel

274. Measures will be introduced to minimise corporate car travel associated with doctors’ visits, business meetings etc. With the help of the IT technologies a portion of these trips can be shifted to virtual consulting and virtual business meetings and will not need to involve travel. This will minimise corporate car travel, but also will minimise car demand amongst those who commute by car because they have other appointments and meetings to attend throughout a day. Introduction of vehicle tracking, and usage reviews will enable car travel to be reduced.

Measure G_S3: Minimise car travel for basic needs

275. Further measures will be considered to reduce car travel for basic needs that could include introducing more on-site facilities such as cash machines, cafes and coffee shops. This will reduce car demand amongst those who commute by car because they need their car during the day to serve basic needs. At present, there are several cash points and the WHSmith Home Essentials shop at PGH. It is important to ensure that staff and visitors are aware of these facilities and their location and thus these facilities will be shown on information produced as part of the Trust Travel Plan.

Measure G_S4: Provide infrastructure for electric vehicles

276. The Trust will start planning infrastructure for charging electric vehicles within the hospital complexes. Once infrastructure is put in place, users of electric vehicles could be charged less than users of conventional vehicles which will encourage higher use of sustainable travel.

Type	N	Measures
Optimisation	G_O1	Introduce a clear wayfinding system
	G_O2	Introduce a VMS system to inform on car parking occupancy
	G_O3	Review and improve the existing enforcement system
	G_O4	Review the parking tariff system
	G_O5	Introduce cashless payments
	G_O6	Introduce ANPR management system
Sustainability	G_S1	Introduce flexible home working
	G_S2	Minimise corporate car travel
	G_S3	Minimise car travel for basic needs
	G_S4	Provide infrastructure for electric vehicles
	G_S5	Shift car demand to public transport

6 Monitoring

277. The impacts of the Car Parking plan will be monitored to allow adjustments of measures if required. The new Trust Travel Plan includes the appointment of a Travel Plan Co-ordinator with responsibility for implementation and development of the Travel Plan. An existing employee can be nominated for this role.

278. The responsibilities of the Co-ordinator will include tasks related to the Car Parking Plan:

- Overseeing the development and implementation of the plan;
- Working to ensure the plan is in line with the objectives set by the wider Travel Plan;
- Working together with other Trust Officers, senior managers, staff, union representatives etc;
- Designing and implementing effective marketing and awareness raising campaigns to promote the plan;

MY Car Parking Plan

- Co-ordinating and attending Steering Groups, Working Groups etc including the Access Group, Travel and Transport Group and the Blue Badge Group;
- Co-ordinating the necessary data collection exercise required to further develop the plan (surveys);
- Acting as a first point of contact for all staff requiring information and providing them with the individual parking advice;
- Liaising with different departments and external organisations in relation to car parking;
- Co-ordinating the monitoring programme for the plan, including target setting and their achievement;
- Organising annual travel surveys at all car parks to collect data about their usage and parking patterns. This operational data will be analysed and regularly compared against set performance targets so that car parking policies and measures could be monitored and adjusted where necessary.

279. In terms of the Car Parking plan, the Co-ordinator will report to the Trust's Security and Car Park Manager.

Appendix A – Tariffs

Hospital	Visitor Car Parking Tariffs			
University Hospital Coventry	Up to 1hr	1 – 2 hrs	2 – 6 hrs	24hrs
	£2.80	£3.90	£8.70	£9.90
Southampton General Hospital	Up to 1hr	1 – 2 hrs	2 – 6 hrs	24hrs
	£2.30	£3.80	£9.00	£15.00
Princess Anne Hospital	Up to 1hr	1 – 2 hrs	2 – 6 hrs	24hrs
	£2.30	£3.80	£9.00	£15.00
Hull Royal Infirmary	Up to 1hr	1 – 2 hrs	24 hrs	Week
	£2.00	£3.00	£5.00	£10.00
York Hospital	Up to 1hr	1 – 2 hrs	2 – 4 hrs	Max
	£2.20	£4.40	£8.80	£9.90
Barnsley Hospital	Up to 1hr	1 – 2 hrs	2 – 4 hrs	24hrs
	£1.30	£2.80	£4.10	£6.90
Doncaster Royal Infirmary	Up to 1hr	1 – 2 hrs	2 – 6 hrs	24hrs
	£1.60	£2.90	£5.10	£8.70
Rotherham General Hospital	Up to 1hr	1 – 2 hrs	2 – 6 hrs	24hrs
	£2.10	£3.20	£5.70	£7.00
Bradford Royal Infirmary	Up to 2hr	2 – 3 hrs	3 – 5 hrs	10hrs
	£2.50	£3.50	£5.50	£8.00
St James University Hospital, Leeds	Up to 2hr	2 – 3 hrs	3 – 7 hrs	24hrs
	£2.90	£4.30	£14.00	£16.40
Royal Hallamshire Hospital, Sheffield	Up to 2hr	2 – 4 hrs	24 hrs	-
	£2.60	£3.80	£8.50	-
Royal Blackburn Hospital	Up to 3hr	3 – 8hrs	24 hrs	-
	£1.90	£2.80	£3.50	-
Royal Preston Hospital	Up to 30min	30min – 1 hr	1 – 8 hrs	24hrs
	Free	£2.50	£8.00	£10.00
Chorley and South Ribble Hospital	Up to 30min	30 min – 1 hr	1 – 8 hrs	Max
	Free	£2.50	£8.00	£10.00

Appendix B – Assessment Assumptions

The following assumptions have been used for the accessibility/catchment analysis:

- Analysis run for PM peak departure from a hospital (17:00 – 17:15);
- Analysis run for AM and IP peaks produces isochrones with no substantial differences from PM peak;
- The peak departure trip is assumed to be representative of the peak arrival trip;
- Walk speed is 5 km/h;
- Bike speed is 15 km/h;
- PT schedules date back to November 2019;
- Bus journeys include walking time to a bus stop;
- Train journeys include walking time to a train station; and
- All catchment isochrones are approximate and should be treated as indicative.

The following assumptions have been used for the estimate of the car parking demand:

- Daily occupancy rate at hospitals is 75%; and
- Typical peak hour arrival rate for hospitals is 55%.

The following assumptions have been used for the estimate of the likely modal shift:

- Shift from driving to walking (10min journey) – 50%;
- Shift from driving to walking (20min journey) – 20%;
- Shift from driving to walking (30min journey) – 10%;

- Shift from driving to cycling (10min journey) – 10%;
- Shift from driving to cycling (20min journey) – 10%;
- Shift from driving to cycling (30min journey) – 5%;

- Shift from driving to bus transport (30min journey) – 30%;
- Shift from driving to bus transport (60min journey) – 20%;
- Shift from driving to bus transport (90min journey) – 10%;

- Shift from driving to rail transport (60min journey) – 15%;
- Shift from driving to rail transport (90min journey) – 10%; and

- Shift from driving to car sharing – 8%.

Appendix C – Improvements

Car park type	Total provision, spaces	Improvements
Visitor car parks (V)	762	+158
Blue Badge car parks (B)	109	+4
Staff car parks (S)	1,553	+298
Total	2,424	2,884

MY HEALTH ESTATE



The Mid Yorkshire Hospitals
NHS Trust

Patient | Purpose | Performance

Travel Plan

2021 to 2026

Version: March 2021

CONFIDENTIAL



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Executive Summary

The Travel Plan is a framework to deliver sustainable transport objectives and sets out specific measures designed to minimise the impact of necessary travel to the hospital sites.

It sets out the direction for the next five years, up to 2026, it builds on the previous Travel Plan and updates it to reflect the latest developments on the hospital sites and community whilst taking account of recent issues such as Covid.

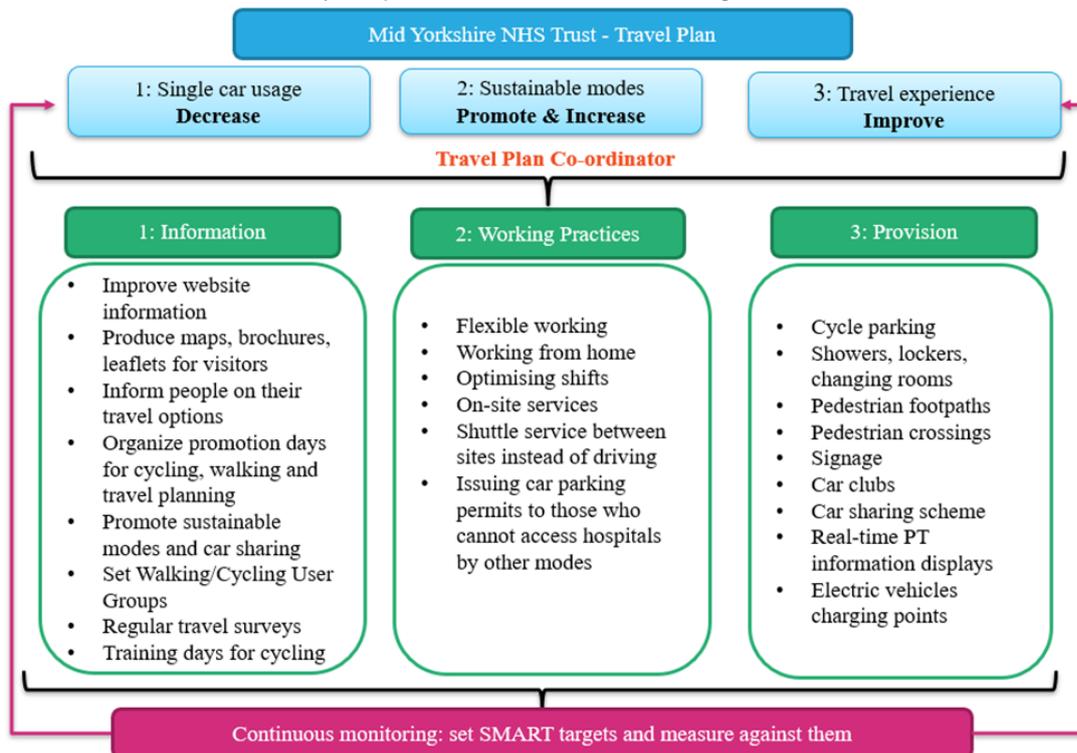
Taking into consideration the latest NHS document ‘Delivering a Net Zero NHS’ document which was published in 2020 which set out that every NHS organisation should have a green travel plan as part of their annual planning and reporting process.

The key aim is to promote alternative ways of accessing hospital facilities by patients, visitors and staff.

The Travel Plan is intergral to the success of the Car Parking Plan.

The objectives of the Travel Plan are to:

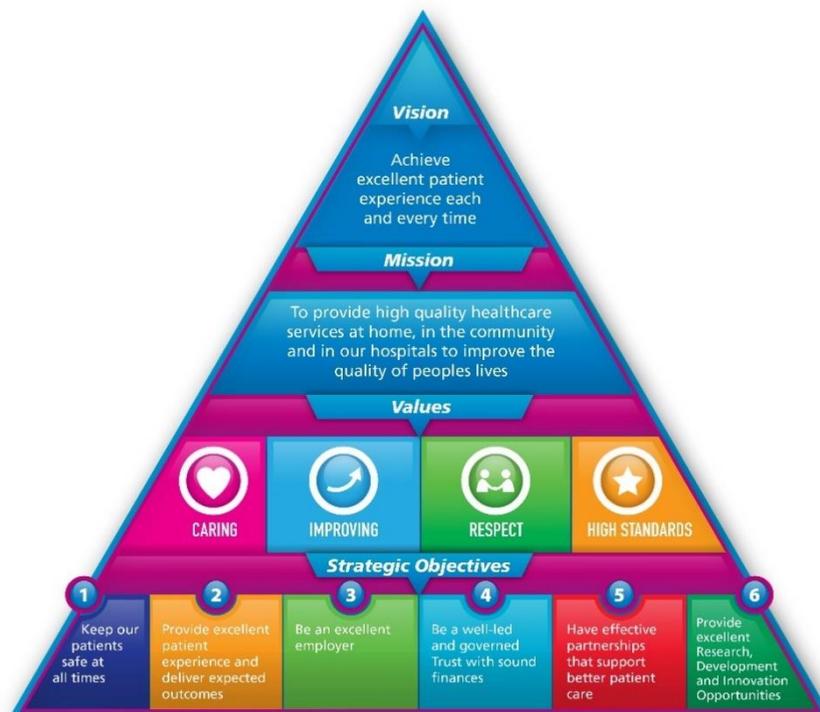
- Reduce traffic generation and its impact (such as congestion, pollution, accidents etc) and develop and promote travel choices;
- Manage and reduce the number of single occupancy vehicles which visit the site;
- Promote increased use of public transport, cycling and walking;
- Promote integration between different transport modes;
- Improve the accessibility of the site to non-car users and the disabled;
- Reduce the number of people attending site through alternative digital solutions;
- Provide alternative transport solutions which are environmentally friendly (Electric vehicle fleets);
- Ensure hospital services are within local catchment areas to the population to reduce the reliance on travel journeys
- Provide clear information to staff and visitors on alternative modes of transport to and from the site; and
- Have a clear 5-year plan with set measurable targets.



1 Introduction

Background

1. The Mid Yorkshire Hospitals NHS Trust (the Trust) comprises three main hospitals; Pinderfields General Hospital (PGH) in Wakefield, Pontefract General Infirmary (PGI) and Dewsbury & District Hospital (DDH). Across these three centres the Trust currently provides a comprehensive range of healthcare services for more than half a million people living in the Wakefield and North Kirklees districts of West Yorkshire. The Trust employs more than 8,600 staff and generates an income in excess of £500 million.
2. The mission of the Trust is to provide high quality healthcare services at home, in the community and in our hospitals, to improve the quality of people’s lives. Its vision is to achieve excellent patient experience each and every time.
3. These mission and vision are translated into six strategic objectives that are outlined in the Trust Strategy 2017-2021:



4. The Trust has several enabling topic-specific strategies that underpin and support the wider Strategy:
 - Quality Improvement
 - Workforce
 - MY Digital Future
 - MY Health Estate
 - Research and Innovation
 - Equality, Diversity and Inclusion
5. There are three specific transport-related documents that contribute to the high-level, Trust-wide, strategies:
 - The Green Plan
 - The Car Parking Plan
 - The Travel Plan
6. This document is the Travel Plan.

Purpose, Aims and Objectives

7. The purpose of this Travel Plan is to set out the direction for the next five years, up to 2026, building on the previous Travel Plan, and updating it to reflect the latest developments on the hospital sites whilst taking account of recent issues such as Covid and concerns through public consultations, clinical reconfiguration, digital transformation, patient feedback and staff surveys.
8. The Travel Plan is a 5 year travel management plan that sets out specific measures designed to minimise the impact of necessary travel to the hospital sites.
9. The objectives of the Travel Plan are to:
 - Reduce traffic generation and its impact (congestion, pollution, accidents etc) and develop and promote travel choices;
 - Manage the number of single occupancy vehicles which visit the site;
 - Promote increased use of public transport, cycling and walking;
 - Promote integration between different transport modes;
 - Improve the accessibility of the site to non-car users and the disabled; and
 - Provide clear information to staff and visitors on alternative modes of transport to and from the site.
 - Reduce the number of people attending site through alternative digital solutions;
 - Provide alternative transport solutions which are environmentally friendly (Electric vehicle fleets);
 - Ensure hospital services are within local catchment areas to the population to reduce the reliance on travel journeys
10. The Travel Plan Framework is presented below.

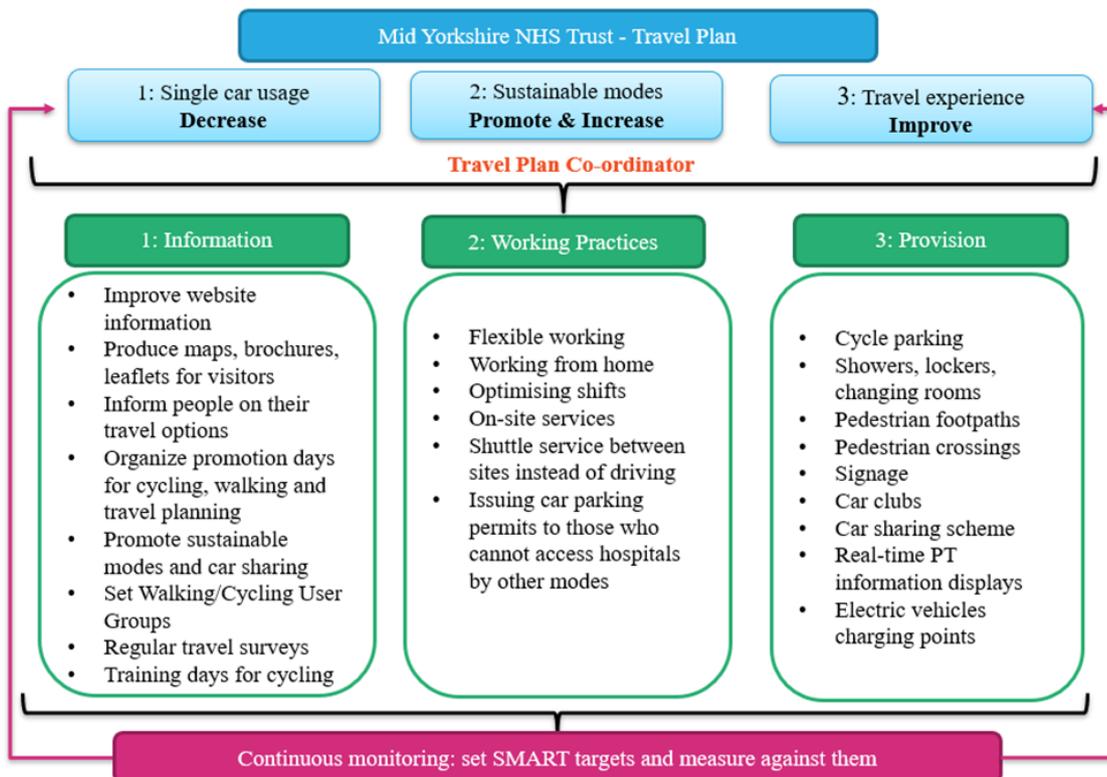


Figure 1. Travel Plan

Target Group of the Travel Plan

11. The Travel Plan is predominantly aimed at influencing staff travel behaviour as this user group is generally more able to alter their travel mode than patients and visitors who may be making infrequent or one-off trips. Technology and alternative ways of working and supporting patients will enable reductions in travel as we have seen during the Covid emergency. Nonetheless, travel information, timetables, and advice will still be distributed to these groups wherever possible and many Travel Plan measures will be of benefit to all users of the hospitals.
12. Travel patterns are dependent on a variety of external influences such as the availability of public transport services, cost of travel by different modes, parking space availability, convenience, the treatment pathway and the technology available to both staff and patients.
13. It is important to offer realistic alternative travel options as people’s ability to change their behaviour will vary. This Travel Plan therefore sets out a number of measures and initiatives that will help to encourage sustainable travel behaviour and support the wider aspirations of the local highway and planning authorities.
14. Notwithstanding that this Travel Plan seeks to encourage sustainable travel; basic car parking information is included in acknowledgment that car travel continues to play a key role in access to services for many people, especially Blue Badge holders and other users with particular needs or circumstances.

Structure of the Document

15. Following this introduction, the document is structured as follows:
 - Chapter 2, Policy Context, sets out the policy context;
 - Chapter 3, Existing Situation, describes the existing transport situation at each of the Trust hospitals;
 - Chapter 4, Issues to Be Addressed, summarises key transport problems identified;
 - Chapter 5, Targets, presents the Targets set as part of the Travel Plan;
 - Chapter 6, Measures and Initiatives sets out the Trust wide elements of the plan and measures that apply
 - Chapter 7, Implementation sets out how the Trust will monitor its progress for successful implementation of the outlined measures and initiatives.

Impact of COVID-19

16. The Covid emergency in 2020 and 2021 has necessitated a refocus on travel behaviour. The use of public transport has reduced significantly, and car use and active travel (cycling and walking) has been encouraged as a safe and convenient mode. There is uncertainty as to how travel patterns will evolve in the medium to long term and this Travel Plan has been prepared on the assumption that the emphasis on sustainable travel promoted by the Government in recent years will continue once the short-term travel disruption has passed. Further work will also be required to review the significant changes seen during the Covid emergency for staff to work from home and the long-term impact this has on travel demand. The Trust has also seen a significant increase in the number of non face to face appointments which has come from the use of technology.

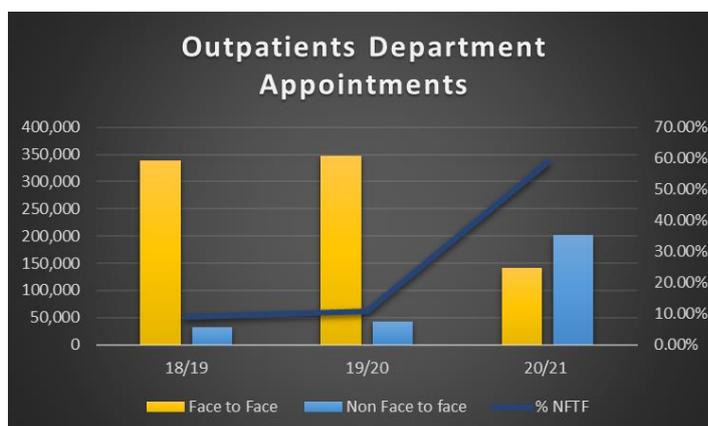


Figure 2. Face to Face vs Non-Face to Face Outpatients Department Appointments

2 Policy Context

17. This chapter sets out the policy context for the Mid Yorkshire NHS Trust Travel Plan and reviews key principles outlined by key national, regional and local policies that are relevant to the Travel Plan.

National Policy

Delivering a 'Net Zero' National Health Service

18. The document was published in 2020 with clear goals and targets for all NHS organisations to achieve net zero emissions in 20 years time.
19. Two clear and feasible targets emerged for the NHS net zero commitment, based on the scale of the challenge posed by climate change, current knowledge, and the interventions and assumptions that underpin this analysis:
- for the emissions we control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032;
 - for the emissions we can influence (our NHS Carbon Footprint Plus), net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039
20. Shifting away from cars and towards cycling, walking and public transport decreases air pollution, improves physical activity and increases access to care for patients. This represents potential savings of some 461 ktCO₂e per year (Net Zero NHS Document).
21. To enable this, all NHS trusts will be required to have a green travel plan as part of their annual planning and reporting. This should include targeted interventions that encourage staff and patients to reduce vehicle use. This might include promoting active travel (walking and cycling), the provision of electric bikes supported by digital platforms (apps), changes in infrastructure (eg improved cycle paths, storage and shower facilities) and policies (eg car parking priority for those car-pooling).

National Planning Policy Framework

22. The National Planning Policy Framework (NPPF), 2019 set out the Government's planning policies and principles to be applied to all developments.
23. According to the NPPF:
- The entire planning system should contribute to the achievement of sustainable development;
 - All developments, policies and plans should promote reduction of the single occupancy car usage and support development of sustainable transport, such as walking, cycling and public transport; and
 - All developments that generate significant amounts of movement should provide a Travel Plan which is a long-term management strategy for an organisation or site to deliver sustainable transport objectives.

Transport Investment Strategy

24. The Transport Investment Strategy, 2017 set out direction and priorities for the country's transport networks.
25. According to the Transport Investment Strategy:
- One of the key themes of the Strategy is to create a more reliable, less congested, and better-connected transport network that works for all users;
 - One of the key investment priorities is to adapt the country's transport networks to safeguard the environment, safety and health which includes shifting people from driving to more sustainable and healthy forms of travel, particularly for short local scale trips.

Regional Policy

Leeds City Region Strategic Economic Plan

26. The Leeds City Region Strategic Economic Plan (SEP), 2016 outlines the vision and priorities for further development of the Leeds City Region.
27. According to the Leeds City Region Strategic Economic Plan, some of the key principles in relation to future transport investments and policies in the Leeds City Region are:
 - Improved environment that is achieved via the reduction of carbon emissions and air pollution from transport, steps to reduce demand for travel, influence of modal choices and support electrified transport options;
 - Establishment of cycling as a major travel mode, with increased active travel benefiting health; and
 - Building on existing partnerships with a wide range of agencies and businesses to deliver sustainable travel initiatives to promote access to employment, education and training with a particular focus on more disadvantaged and peripheral communities.

Leeds City Region Transport Strategy

28. The Leeds City Region Transport Strategy outlines principles and priorities for transport development within the Region for a period of 20-25 years. The Strategy was developed in 2009.
29. As per this Strategy:
 - Some of the priority themes are reducing carbon emissions, strengthening the contribution of the bus, improving strategic connectivity to tackle congestion, developing a strategic framework for demand management; and
 - Amongst generic interventions suggested as part of the above-described themes are smarter travel choices, strategic cycling, transformation of local bus services and demand management.

West Yorkshire Local Transport Plan

30. The third West Yorkshire Local Transport Plan, also known as LTP3 and/or 'My Journey', 2012 sets principles and priorities for maintaining and improving local transport networks from 2011 up to 2026.
31. According to LTP3:
 - One of the key objectives for LTP3 is to make substantial progress towards a low carbon, sustainable transport system for West Yorkshire;
 - Travel choices of customers are central to the Plan, and it sets an intention to make these choices more sustainable, which includes reducing the frequency and length of trips, better understanding the needs of all customers, intervening in the most productive way and providing better targeted information on all modes of transport to help customers to make informed travel choice;
 - Three of the priorities are:
 - To enhance travel information to encourage change in travel behaviour through customised, real-time information across all modes, and marketing, education, support activities and tailored education and training;
 - To invest in low-carbon travel modes by supporting infrastructure for low-carbon methods of travel, such walking, cycling, buses, electric trains and Park & Ride facilities;
 - To focus on stronger demand management measures to encourage less car use and 'locking-in' the benefits created by people switching to low-carbon modes.

West Yorkshire Transport Strategy

32. The West Yorkshire Transport Strategy 2040, 2017 sets out a vision and a framework for West Yorkshire to deliver a world-class, modern and integrated transport system.
33. According to the West Yorkshire Transport Strategy 2040:
 - One of the key aims is to meet the travel demand in a sustainable manner;
 - The six core themes of the Strategy promote reduction of traffic emissions to near zero, shift from car travel to cycling and walking, healthier and more accessible places for people; and
 - The Strategy sets a Commitment to tackle over-reliance on cars and their dominance in city and town centres, traffic congestion and heavy traffic flows, slow public transport journeys, poor accessibility to key destinations, poor air quality and noise pollution.

Local Policy

Wakefield Local Plan

34. Wakefield Local Plan and its Core Strategy outline the vision, objectives and over-arching strategic principles and policies for development of Wakefield District. At the time of the report writing, the latest Wakefield Local Plan 2036 is being prepared for the new consultation, but the Core Strategy was adopted on 15 April 2009.
35. As per the Core Strategy:
 - All developers are encouraged to provide a range of sustainable travel options for people using their development through the use of Travel Plans;
 - Policy CS 14 Influencing the Demand for Travel, states that the spatial development strategy should maximise the use of sustainable modes of travel – public transport, walking and cycling and reduce the need to travel.
 - Local and area wide Travel Plans should demonstrate a firm commitment by developers and occupiers to reduce the number of single occupancy car trips generated by and/or attracted to developments. Travel Plans should outline all mode options available to travellers, identify interventions to improve the capacity and availability of sustainable travel modes, set mode share targets and establish a system for monitoring the effectiveness of proposed measures.

Wakefield District Transport Strategy and Implementation Plan 2011-2026

36. The Wakefield District Transport Strategy and Implementation Plan 2011 – 2026, published in 2007, sets out transport development priorities and policies for the District of Wakefield.
37. As per the Strategy:
 - Some of the strategy key objectives are to provide easier access to places, services and amenities by sustainable means, to create high quality and safe environments, to reduce congestion and support greener fuel technologies and to serve the needs of the most vulnerable members of the community;
 - One of the key themes is availability of travel choices. The Strategy encourages increasing options for sustainable travel through travel planning, cycling and walking.

3 Existing Situation

38. This chapter provides the review of the existing transport situation at each hospital.

Pinderfields General Hospital (PGH)

Location

39. PGH is located about one mile from Wakefield city centre at the junction of the A642 Aberford Road, A6194 Wakefield Eastern Relief Road and Bar Lane as shown in Figure 3.



Figure 3. PGH Location and surrounding highway network

Background Image Source: Google Maps, Map Data ©2020

40. Immediately to the north of the site there are Fieldhead Hospital, Meadow Croft School and some residential developments all of which are located on Bar Lane. The site is bounded by North Avenue to the west and residential areas to the south. To the north the site is bounded by the A642 (Aberford Road) and residential developments.

41. A detailed site layout and vehicular access is presented in Figure 4.

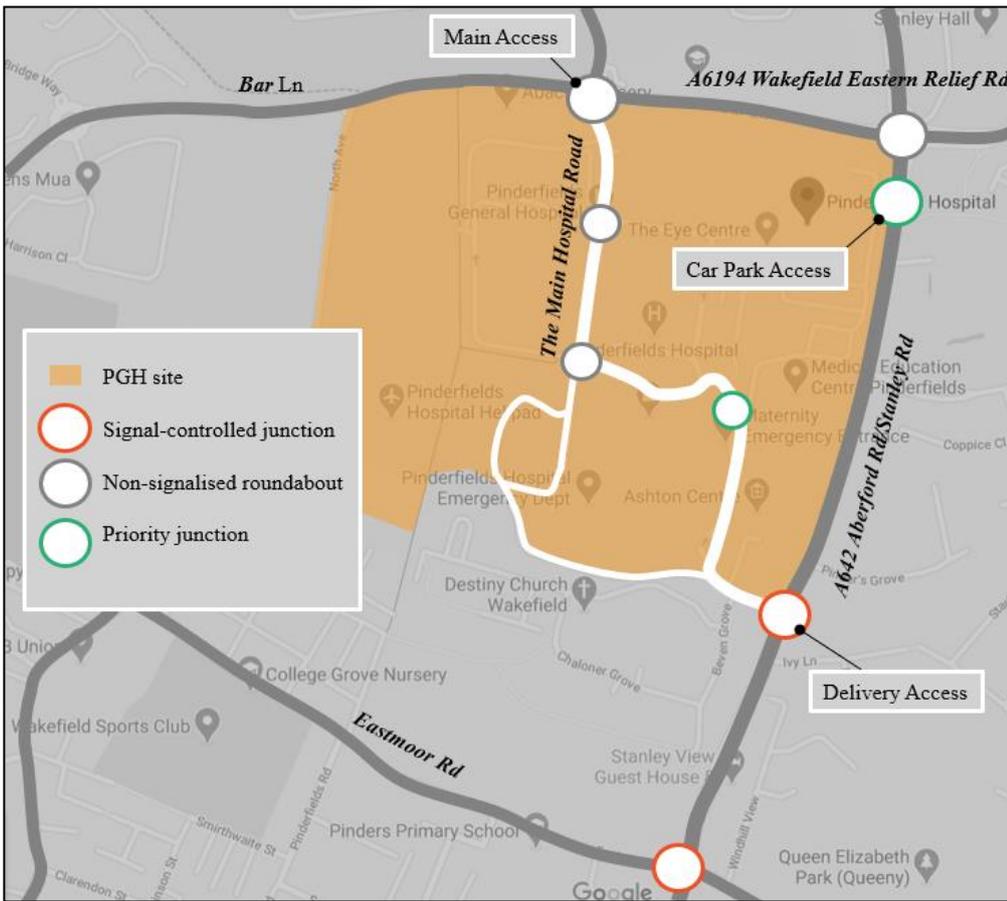


Figure 4. PGH site layout and vehicular access
 Background Image Source: Google Maps, Map Data ©2020

42. A schematic map showing the PGH site and its facilities is presented in Figure 5.



Figure 5. PGH site map and on-site facilities
 Image source: The Mid Yorkshire NHS Trust

Walking

43. Pedestrian movements associated with the PGH site are primarily generated by residential areas surrounding the site as well as by nearby transport nodes, such as the bus stops on the A642 Aberford Road and Bar Lane, Wakefield Bus Station and Wakefield Westgate and Kirkgate train stations as shown in Figure 6.

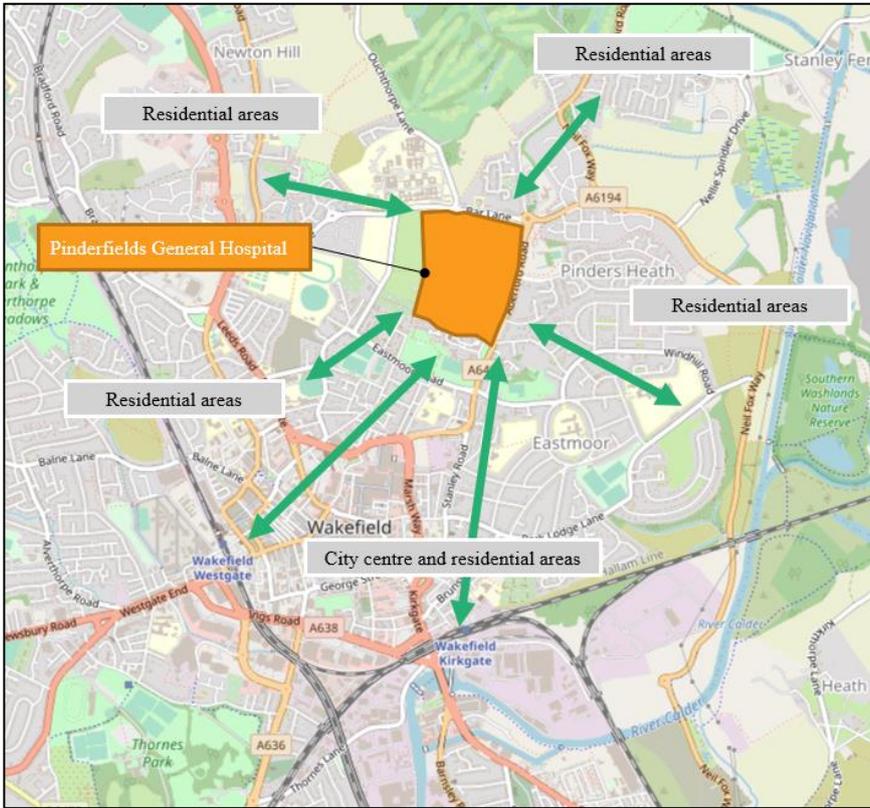


Figure 6. Pedestrian desire lines near PGH
Background Image Source: OpenStreetMap, © OpenStreetMap contributors

44. The pedestrian network serving the PGH site is presented in **Figure 7**.

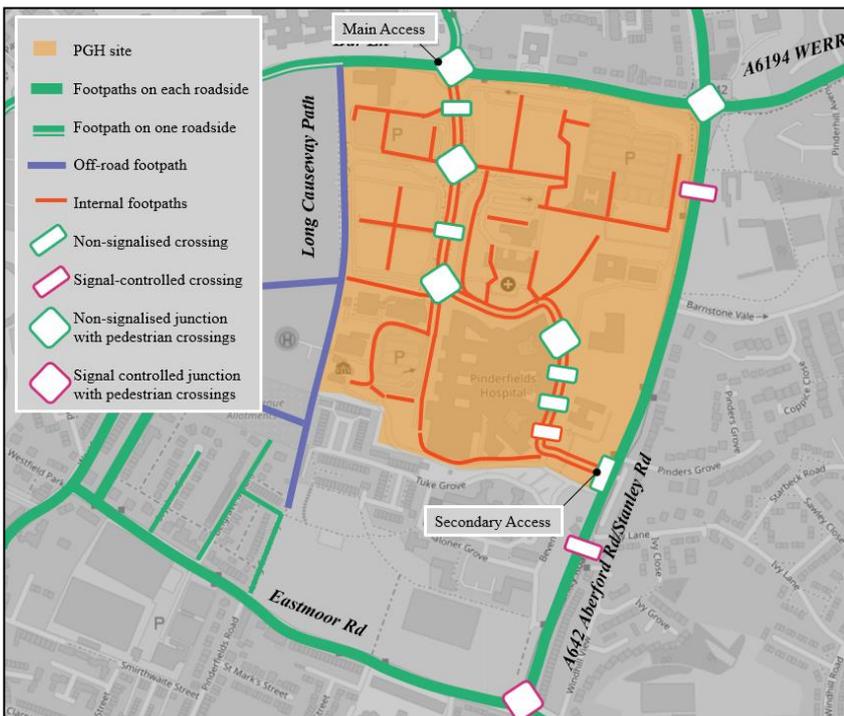


Figure 7. Walking network serving PGH

Background Image Source: Google Maps, Map Data ©2020

45. There is a network of footpaths on the external roads adjacent to the PGH site, along with pedestrian crossing facilities to enable access to the site.
46. The PGH site is served by two pedestrian access points:
 - The main access point to the north of the site is at the roundabout of Bar Lane and the Main Hospital Road; and
 - The secondary access point is to the south east at the signal-controlled junction of the A642 Aberford Road and the Main Hospital Road.
47. Within the site, there are footpaths on each side of the Main Hospital Road with connecting footpaths to car parks and hospital buildings. Pedestrian crossings are provided on the Main Hospital Road and internal access roads.
48. At present, there is no detailed information on the Trust’s travel webpage about the existing external network of footpaths and associated facilities at PGH site.
49. The distribution of the staff residing within a 30-minute walking distance of PGH is presented in Figure 8.

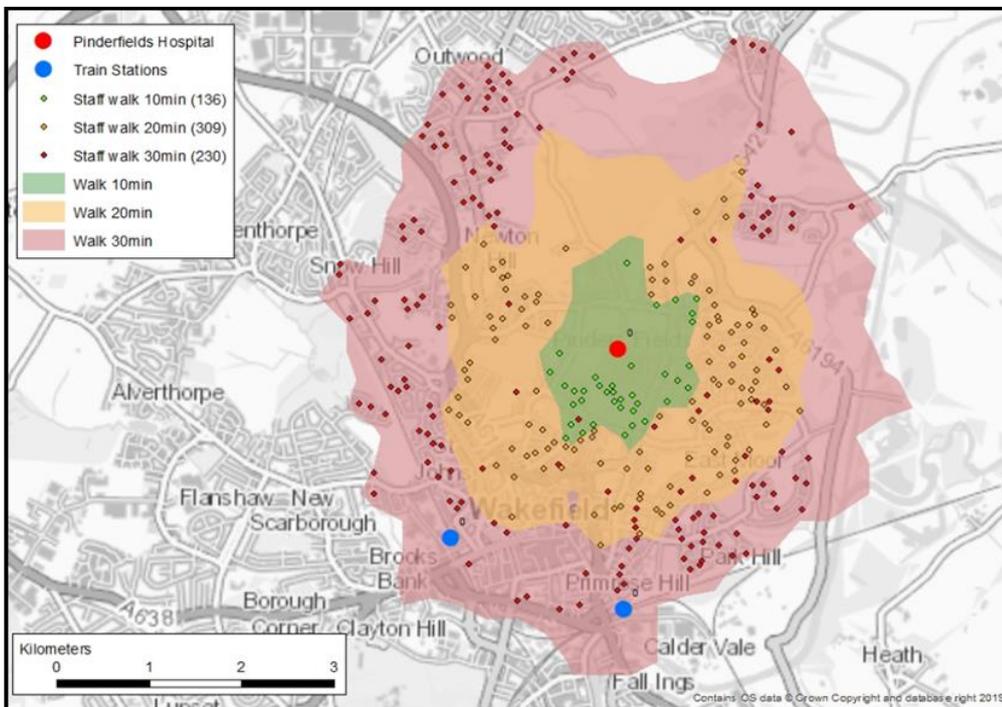


Figure 8. Walking catchment (staff)

50. The figure shows that the total walking catchment within 30 minutes reaches 675 staff members. This is equivalent to circa 10% of the total PGH staff. This indicates that there is an opportunity for more staff members to start walking to and from work.
51. The distribution of the PGH car park permit holders residing within a 30-minute walking distance of the hospital is presented in Figure 9.

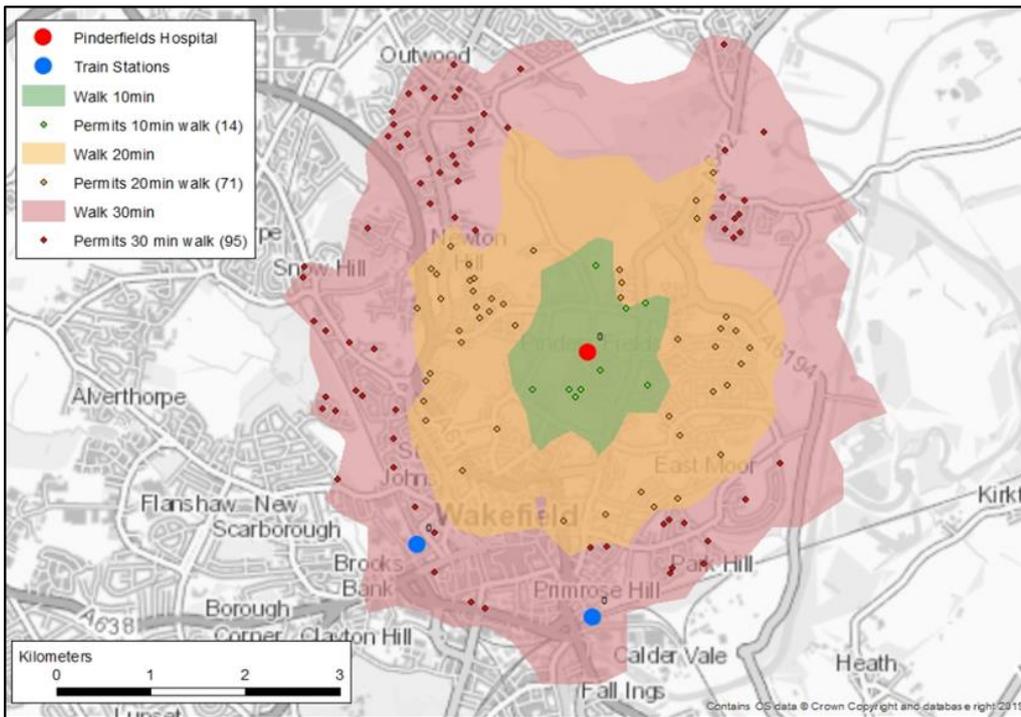
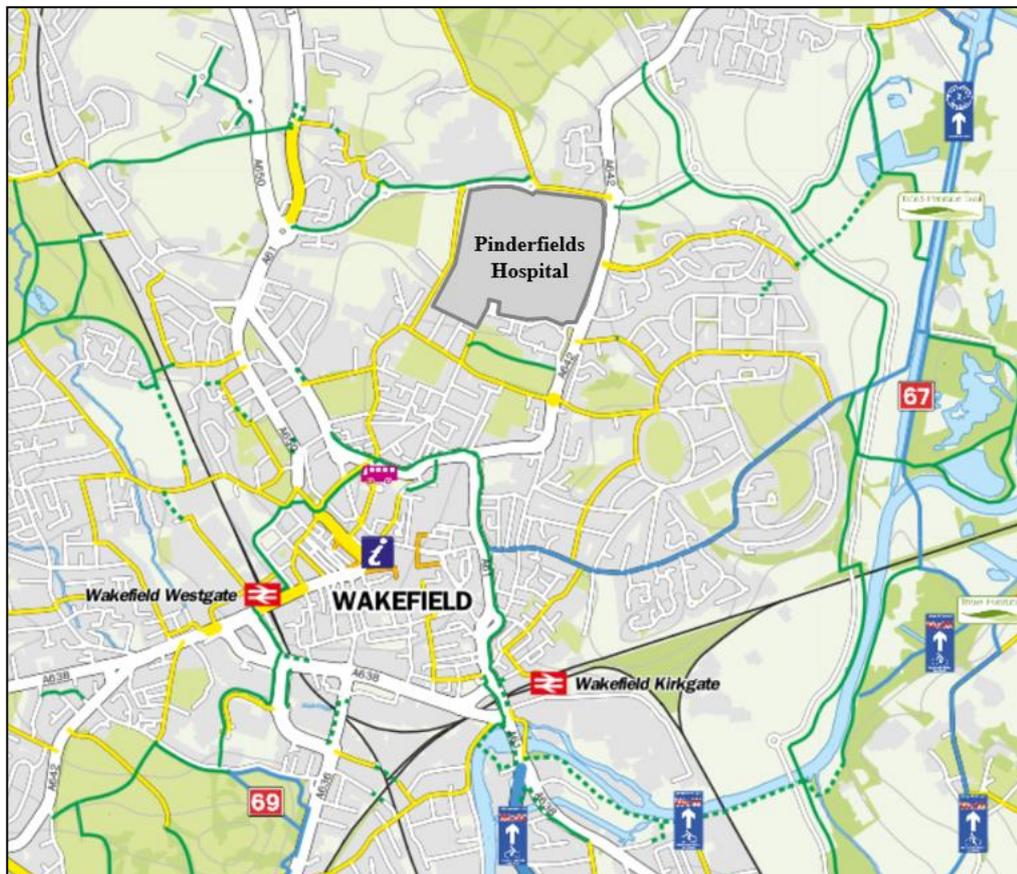


Figure 9. Distribution of permit holders residing within a walking distance of PGH

52. This figure shows there are 180 permit holders residing within a 30-minute walk from the hospital. This indicates that there is an opportunity for 180 permit holders to switch from driving to walking.

Cycling

53. The existing cycle network serving PGH is presented in Figure 10.



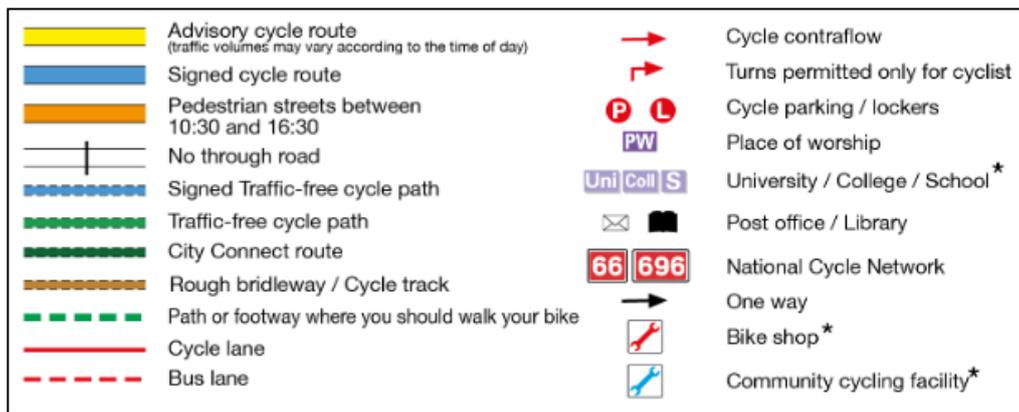


Figure 10. Cycle network serving PGH

Image Source: City Connect West Yorkshire Interactive Cycle Map, © Crown copyright and database rights (2015), contains OS data and Maps © OpenStreetMap data

- 54. The existing cycle network in the immediate vicinity of PGH comprises of a mix of advisory cycle lanes and traffic free cycle paths. Further afield there are signed cycle routes and National Cycle Route 67.
- 55. There are no dedicated or signed cycle routes at PGH. However, the Main Hospital Road and internal driveways can be used for cycling.
- 56. On site, there are several areas with cycle parking as outlined in **Error! Reference source not found..** In total, there are 35 staff dedicated lockable cycle parking spaces as well as general use cycle stations

Table 1. Secure Cycle parking provision at PGH.

Building / Area	Number of spaces
Trust Headquarters	17
Behind the Eye Centre	6
Between the Eye centre and NRU in the car park	4
HSDU	6
H Gwynne Jones	2
Total	35

- 57. There are also shower, changing facilities and locker facilities available on every floor of the main hospital as well as Trust HQ.
- 58. At present, there is no information about the existing cycle network and changing facilities at PGH on the Trust's travel webpage or anything cycle related.
- 59. According to the latest surveys and observations, circa 2% of the hospital staff cycle to work across the three sites. In contrast, visitors do not cycle to the hospitals at all.
- 60. However, due to the Covid-19 pandemic and the UK-wide lockdown, an increase in cycling has been recorded among staff. In particular, applications for the Cycle to Work scheme have increased.
- 61. The distribution of staff residing within a 30-minute bike ride of PGH is presented in **Figure 11**.

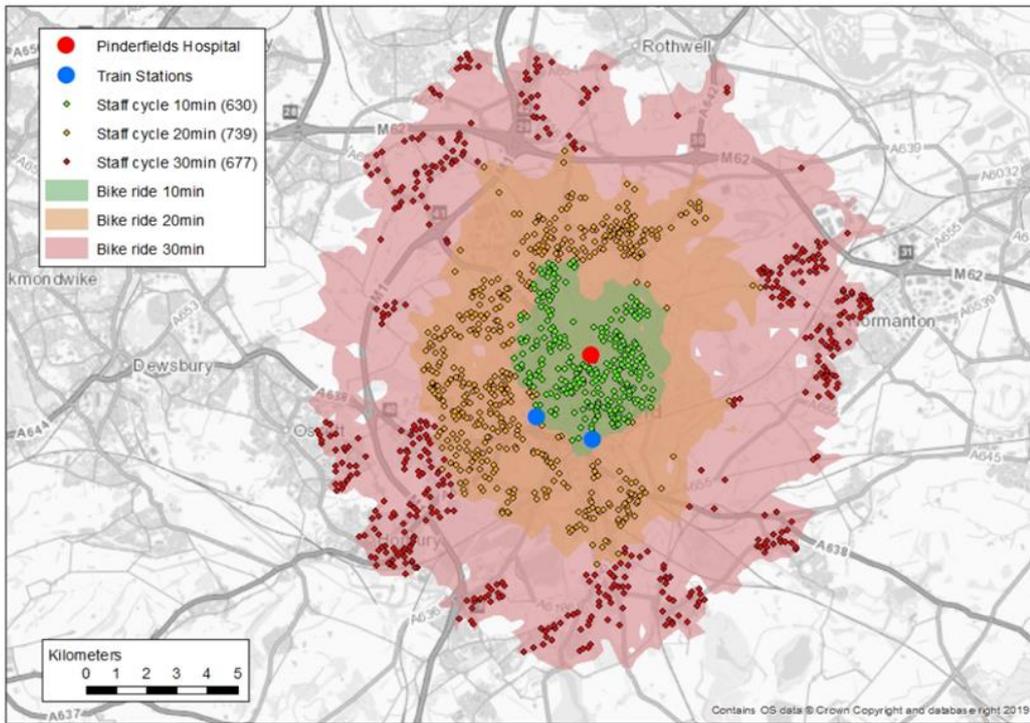


Figure 11. Cycling catchment (Staff)

- 62. The figure shows that 2,046 members of staff live within a 30-minute cycle of the hospital. This is equivalent to circa 31% of the total PGH staff. This indicates that there is an opportunity for more staff members to start cycling to and from work.
- 63. For a comparison, the distribution of the PGH staff permit holders residing within a cycling distance of the hospital is presented in Figure 12.

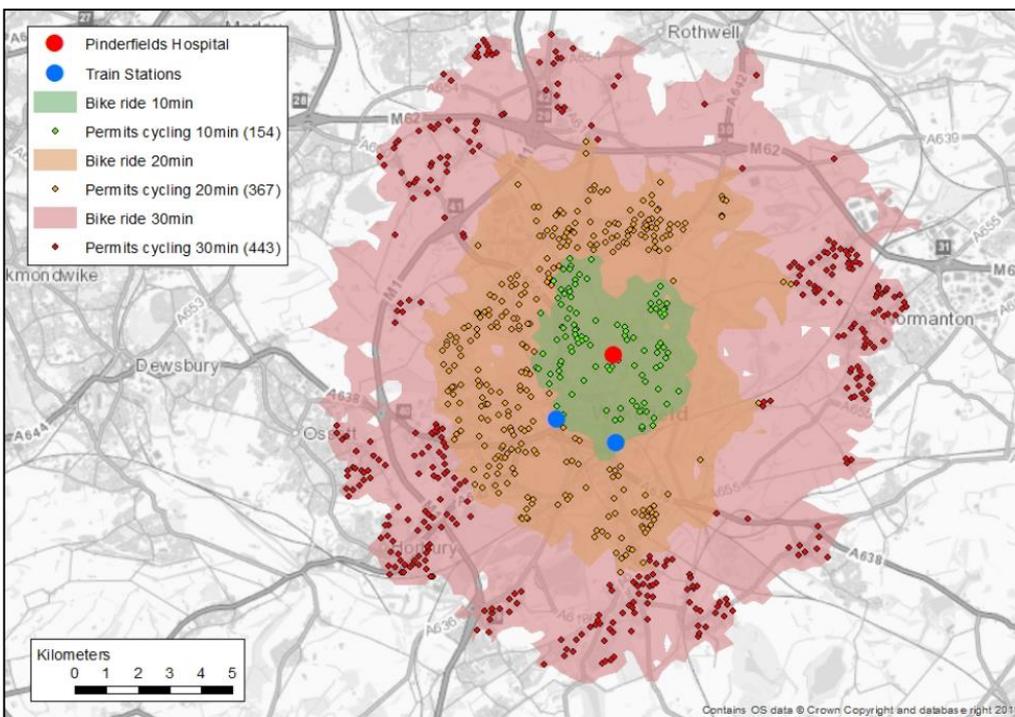


Figure 12. Distribution of permit holders residing within a cycling distance of PGH

- 64. The Figure shows that 964 permit holders reside within a 30-minute cycle from the hospital. This indicates that there is an opportunity for these permit holders to switch from driving to cycling.

Bus Network

65. The existing bus corridors serving the PGH site are presented in Figure 13.

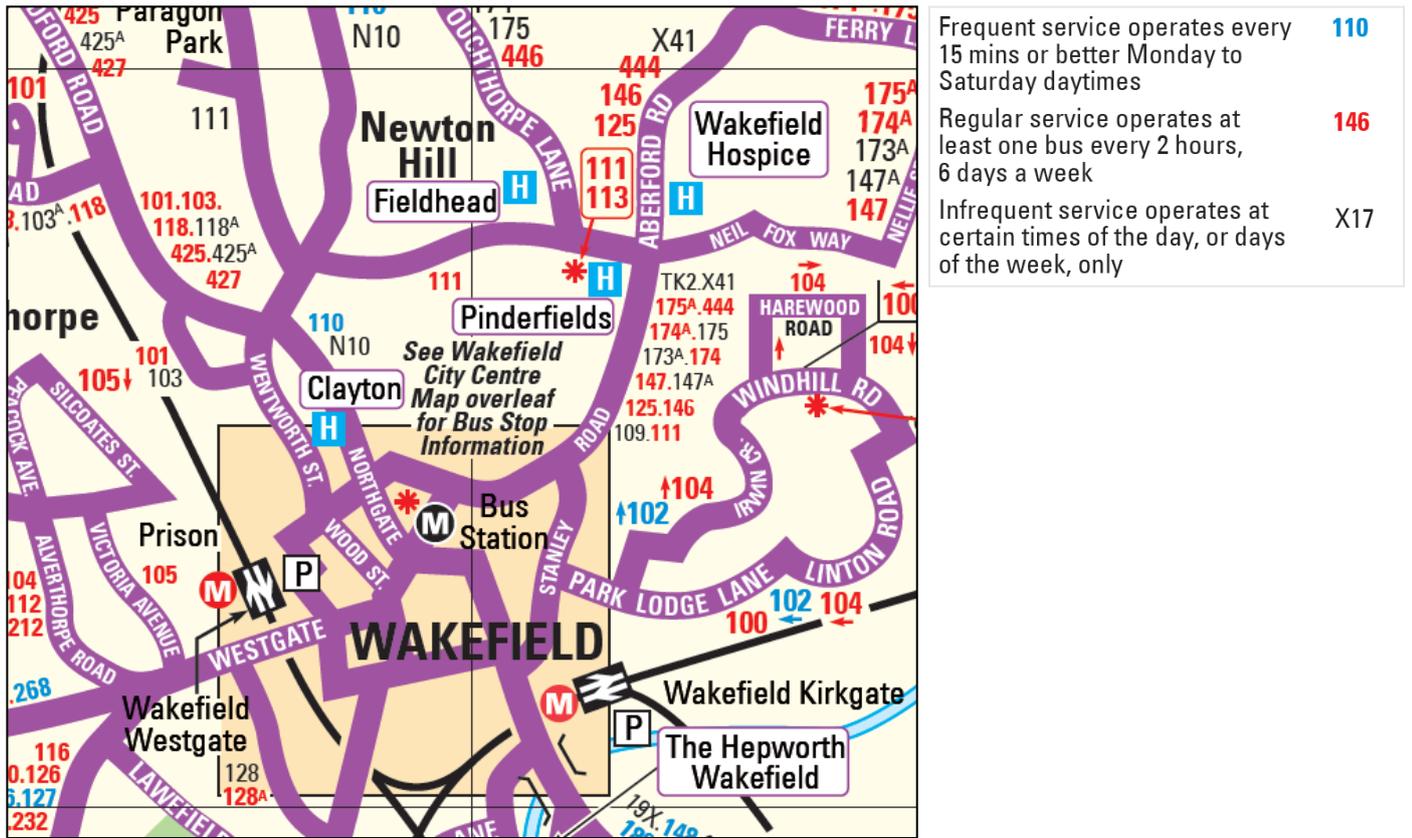


Figure 13. Bus corridors near the PGH site (Key - Colours signify the frequency)
 Image Source: Wakefield Area Bus Network Map, 2020

66. A summary of all bus routes that serve PGH is presented in Table 1.

Table 1. Bus services serving and running close to PGH

Service	Operator	Route	Frequency	Nearest stop
109	Arriva Yorkshire (Metro)	Wakefield – Durkar – Hall Green	Every hour (Sunday only)	Wakefield Bus Station
111	Arriva Yorkshire (Metro)	Wakefield – Pinderfields Hospital – Paragon Business Park – Wakefield Junction 41 Business Park	Every 20 minutes	PGH (on site)
113	CT Plus	Dewsbury & District – Pinderfields Hospital – Pontefract Hospital	Every hour	PGH (on site)
125	Ross Travel	Wakefield - Altofts - Castleford - Airedale - Pontefract	Every hour	Pinders Grove, PGH (A642)
146	Ross Travel	Wakefield - Castleford - Cutsyke - Junction 32 - North Featherstone - Featherstone - Pontefract	Every 20-40 minutes	Pinders Grove, PGH (A642)
147 / 147a	Arriva Yorkshire (Metro)	Wakefield - Ferry Lane - Altofts – Normanton - Newfields Estate - Snydale - North	Every hour	Pinders Grove, PGH (A642), Wakefield Eastern Relief Road (A6194)

		Featherstone - Featherstone – Pontefract (147a – limited evening service)		
174 / 174a	Arriva Yorkshire (Metro)	Wakefield - Pinderfields Hospital - Outwood - Bottom Boat (174A) - Woodlesford - Kippax - Garforth - Wetherby	Every two hours	Pinders Grove, PGH (A642), Bar Lane PGH (Bar Ln), Ouchthorpe Lane Bar Ln (Ouchthorpe Ln)
175 / 175a	Arriva Yorkshire (Metro)	Wakefield - Pinderfields Hospital - Outwood - Bottom Boat (175A) - Woodlesford - Kippax - Garforth - Micklefield - Ledston - Castleford	Every two hours	Pinders Grove, PGH (A642), Bar Lane PGH (Bar Ln), Ouchthorpe Lane Bar Ln (Ouchthorpe Ln)
444	Arriva Yorkshire (Metro)	Leeds - Rothwell - Stanley - Wakefield	Every 20 minutes	Pinders Grove, PGH (A642)
446	Arriva Yorkshire (Metro)	Wakefield - Stanley - Woodlesford - Leeds	Every 60 minutes	Pinders Grove, PGH (A642), Bar Lane PGH (Bar Ln), Ouchthorpe Lane Bar Ln (Ouchthorpe Ln)

**Services 173a, TK2 and X41 also stop in the vicinity of the PGH site but are infrequent.*

67. The 111 and 113 bus routes stop on the hospital site and provide connections to Wakefield City Centre, DDH, and PGI.
68. There are several routes that serve the A642 Aberford Road which is a busy bus corridor. This bus corridor connects the hospital to the wider residential areas to the north and to Wakefield City Centre to the south. There are four bus stops on the A642 Aberford Road that are located close to the hospital.
69. There are also several regular bus services running along Bar Lane to the north of PGH with one bus stop near the hospital.
70. The Trust's Travel Webpage briefly describes how people can access the hospital by bus and provides links to maps and timetables of the bus operators. There are opportunities to make the webpage more intuitive and improve its ease of use.
71. The distribution of PGH staff residing within a 90-minute bus journey of the hospital is presented in Figure 14.

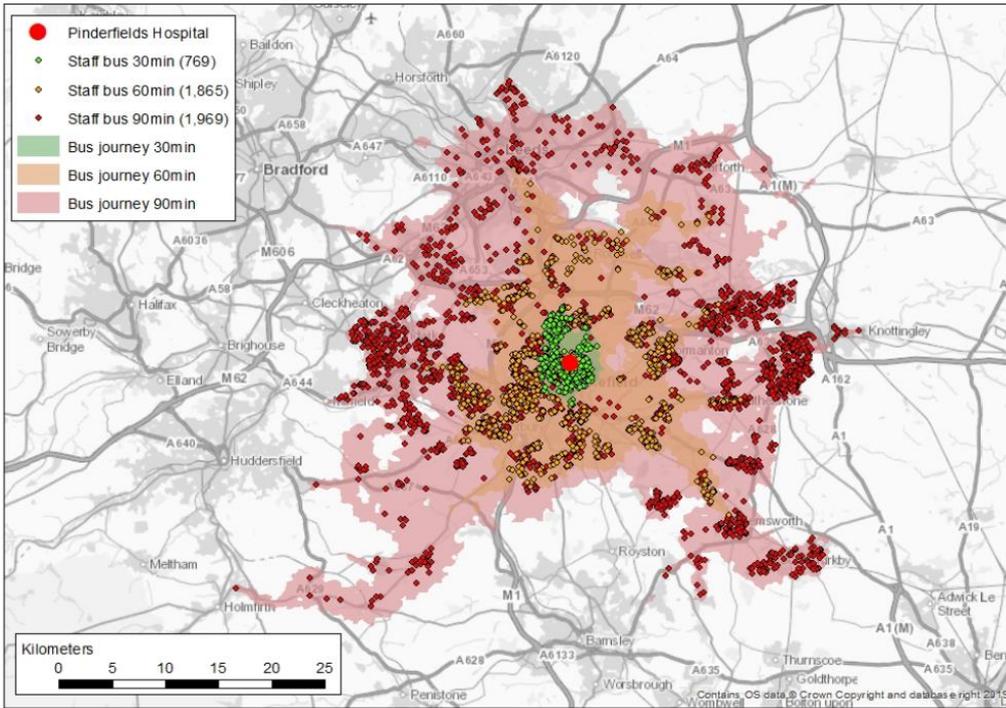


Figure 14. Bus catchment (staff)

- 72. The figure shows show that total bus catchment within a 90-min bus journey reaches circa 4,600 staff members. This is equivalent to circa 70% of the total PGH staff. This indicates that there is an opportunity for more staff members to travel to and from work by bus. This is dependent on the shift patterns and what services are available.
- 73. For a comparison, the distribution of the PGH permit holders residing within a typical bus journey distance is shown in Figure 15.

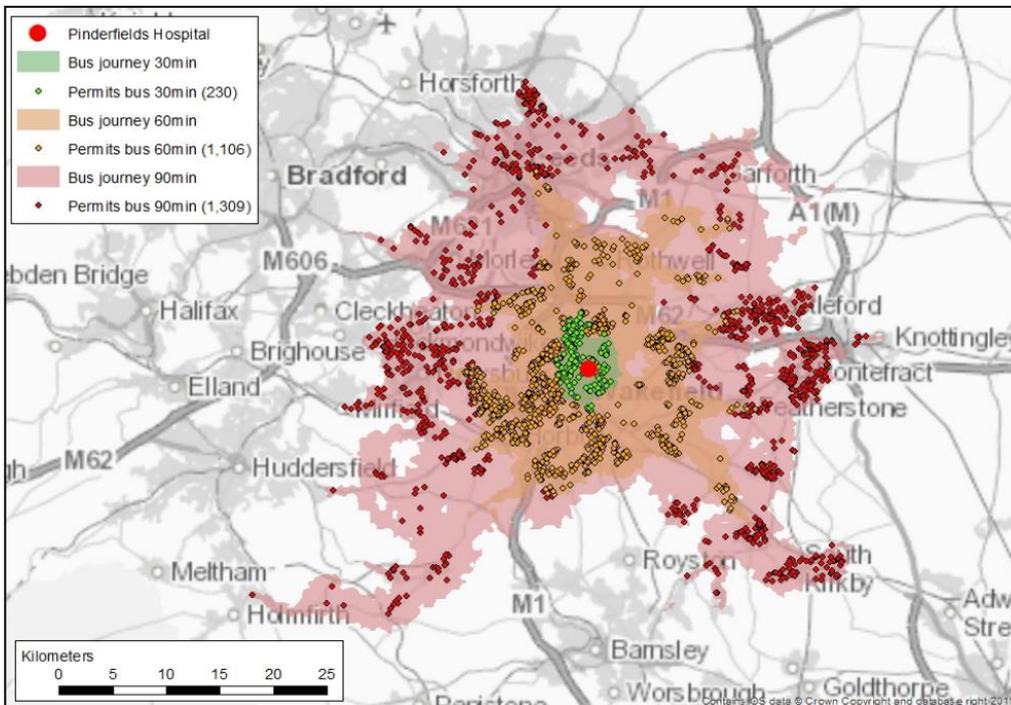
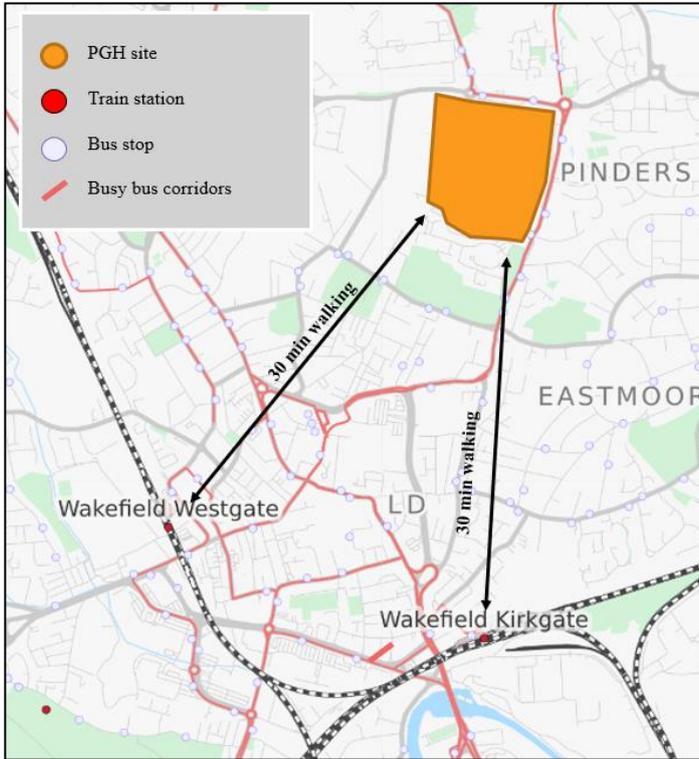


Figure 15. Distribution of permit holders residing within a typical bus journey distance from PGH
 Note: The actual extent of permit holders reaches as far as Newcastle upon Tyne to the north and St Neots to the south.

- 74. The figure shows that 2,645 permit holders live within a 90-minute bus journey from the hospital. This indicates there is opportunity for these permits holders to shift from driving to travelling by bus.

Rail network

- 75. PGH is located a 30-minute walk away from the nearest train stations which are Wakefield Westgate Station to the south west of the site and Wakefield Kirkgate to the south of the site as shown in Figure 16.



Background Image Source: OpenStreetMap, © OpenStreetMap contributors
Figure 16. Train stations near the site

- 76. Both train stations serve several local and regional services that connect to destinations like Leeds and Bradford to the north, Pontefract and Knottingley to the east, South Kirkby and Barnsley to the south, Dewsbury and Huddersfield to the west.
- 77. The recent surveys show that hardly any staff uses rail to access PGH. The 30-min walking time between the station and PGH is on the upper edge of a typically acceptable walking time range. In addition to this, the walking route to the hospital from the station is somewhat convoluted. The convoluted route combined with the long walk distance makes this less attractive to staff and visitors.
- 78. The distribution of the PGH staff residing within a 90-minute rail journey of the hospital is presented in Figure 17.

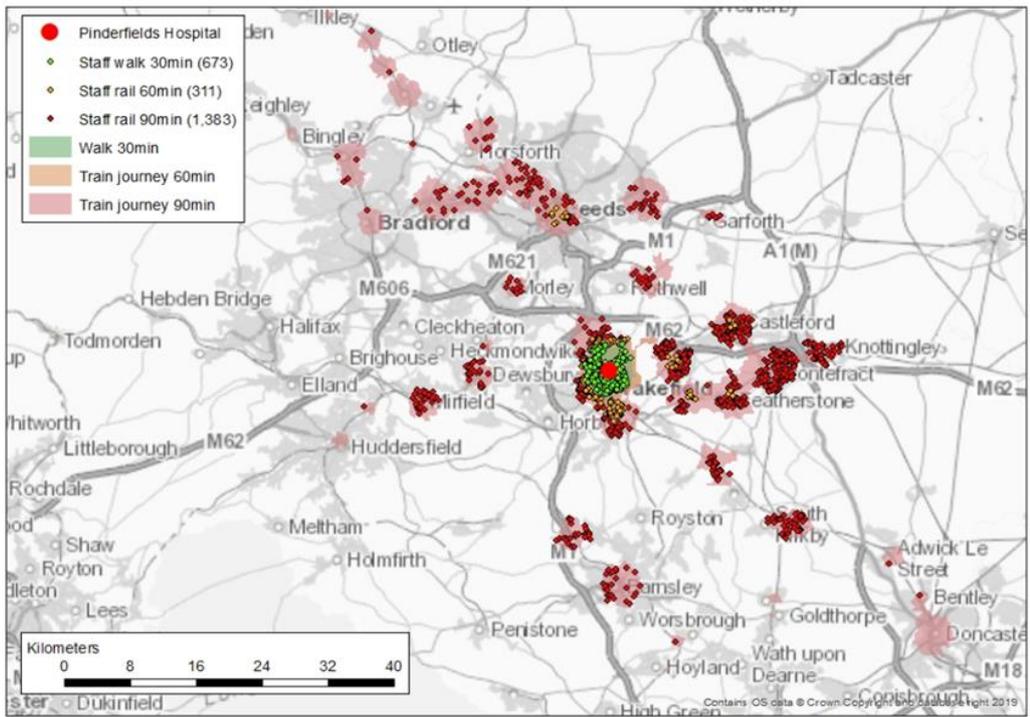


Figure 17. Rail catchment (staff)

Note: train journeys include a 30-minute walk from train station to the hospital

- 79. The figure shows that 1,694 staff members live within a 90-minute rail journey from the hospital. This is equivalent to circa 26% of the total PGH staff. This indicates there is an opportunity for more staff members travel to and from work by rail.
- 80. For a comparison, the distribution of the car park permit holders residing within a typical train journey distance is presented in **Figure 18**.

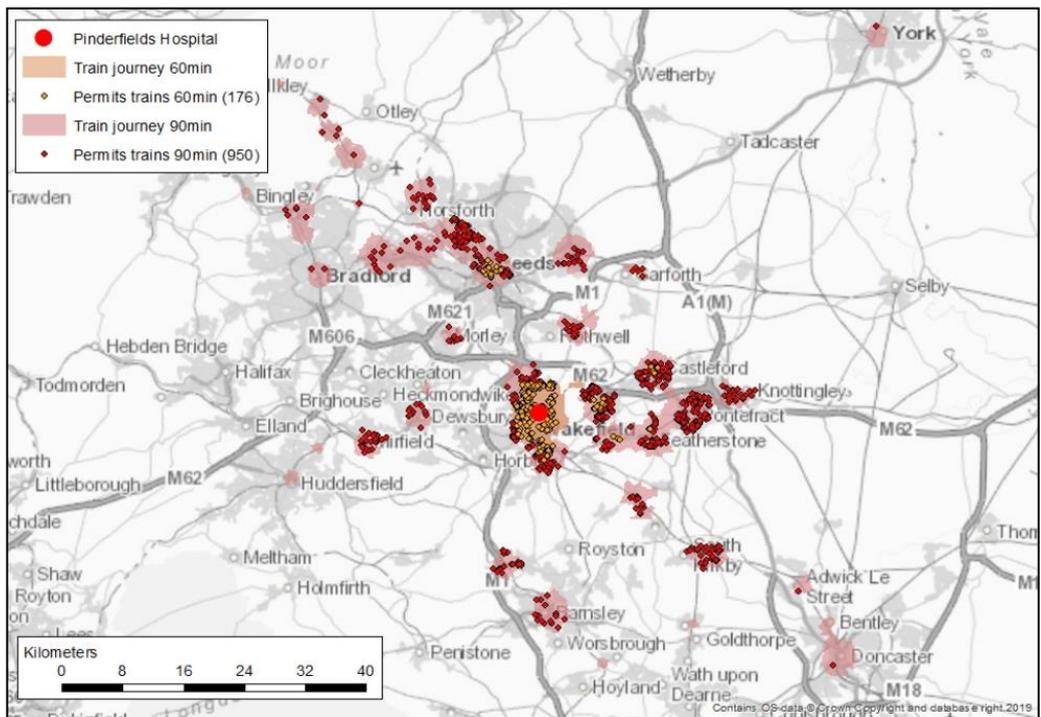


Figure 18. Distribution of permit holders residing within a typical train journey distance from PGH

Note: train journeys include a 30-minute walk from train station to the hospital

81. The figure shows that 1,126 permit holders reside within a 90-minute train journey from the hospital. This indicates there is an opportunity for these permit holders to switch from driving to commuting by train.

Car travel and parking

82. The highway network and vehicular access to PGH is presented in **Figure 3** and **Figure 4**.
83. Circa 80% of staff travel by car to PGH. Commuting by car is particularly popular amongst clinical staff who work 12-hour shift patterns. In addition, some 37% of staff confirmed they use vehicles for Trust business during their working hours and are therefore required to bring their transport back to their “work base”.
84. According to the latest surveys (2018) and observations, circa 28% of visitors travel to the hospital by car.
85. The take-up of on-site staff parking and the applications for staff parking permits indicate that this remains the most used mode of transport. There are currently 4,592 active permit holders. In addition to this, 1,312 hospital staff are on the waiting list to get a permit as of April 2020.
86. For more details about car travel and car parking at PGH, refer to the Car Parking Plan document developed in 2021.

Car sharing

87. There is currently no active car sharing scheme in place at PGH although informal collaboration takes place with around 8% of staff sharing a car to work. Due to the Covid Emergency this has altered peoples behaviour but it is expected that within the coming year for this to increase again with the necessary protection and guidance being followed.

Disabled access

88. In line with requirements set for hospital sites, there are facilities for mobility impaired users at the PGH site. They include Blue Badge car parks, lifts and ramps.

Dewsbury District Hospital (DDH)

Location

89. DDH is located approximately 2km from the Dewsbury town centre in Staincliffe, West Yorkshire as shown in Figure 19.

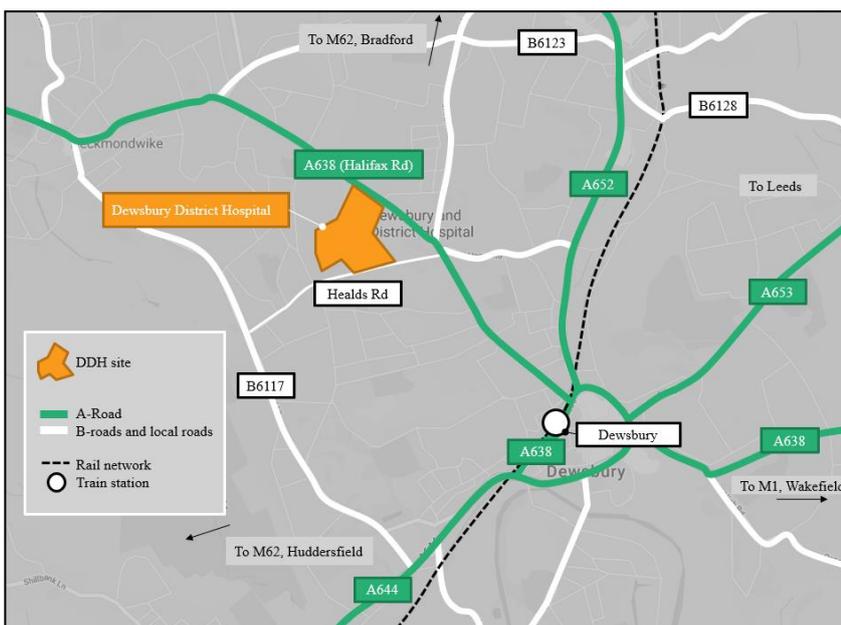


Figure 19. DDH location and surrounding highway network

Background Image Source: Google Maps, Map Data ©2020

- 90. As it can be seen in the figure 18, the Hospital sits on the A638 (Halifax Road) which connects it to the wider highway network including the M62 to the north west and to the M1 to the east. The hospital site is bounded predominantly by residential developments to the north, east and west and it borders with Healds Road to the south.
- 91. A detailed site layout and vehicular access is presented in Figure 20.

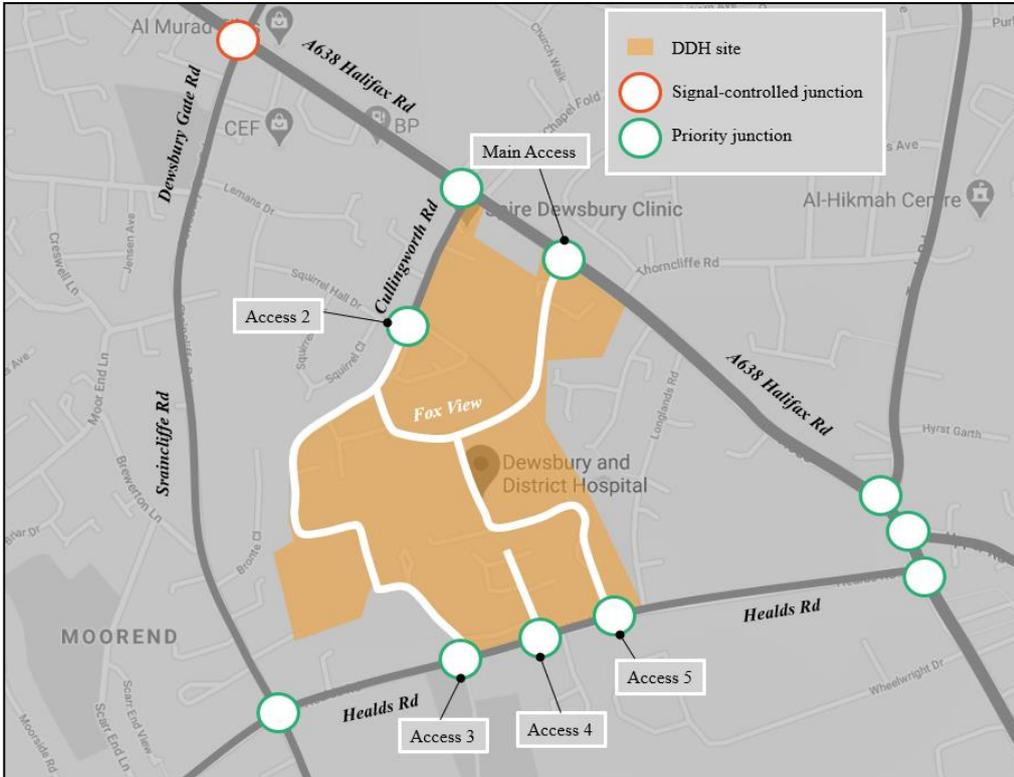


Figure 20. DDH site layout and vehicular access
 Background Image Source: Google Maps, Map Data ©2020

- 92. A schematic layout of the site and its facilities is presented in Figure 21.

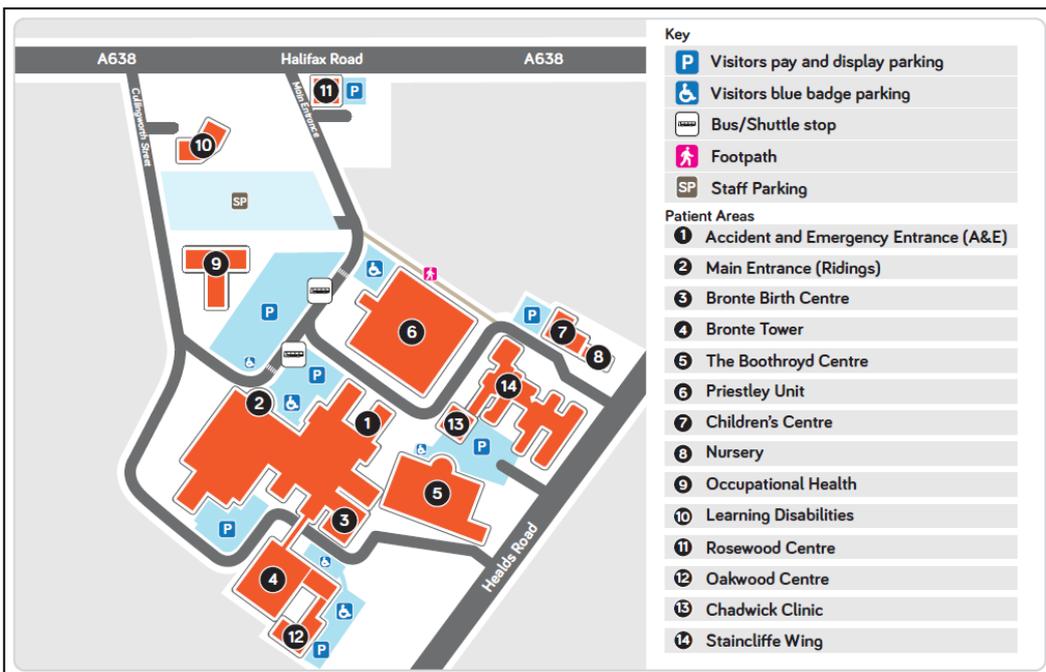


Figure 21. DDH facilities
 Image Source: The Mid Yorkshire NHS Trust