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**Secretariat memorandum**

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Agenda item 7 (a)

AH12

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**Assessment of Health Care Facilities' Travel Plans**

**1 Purpose of report**

- 1.1 To report to members a brief assessment of a selection of hospital travel plans reviewed by London TravelWatch.

**2 Information**

- 2.1 Members have previously agreed that the focus of the Access to health care facilities taskforce would be to investigate the access issues associated with those health care facilities previously highlighted as casework.

- 2.2 As part of this, the Secretariat has requested from each a 'Travel Plan'.

- 2.3 Sites covered in this report :

Chase Farm, Barnet Ealing Epsom and St Helier, Surrey Great Ormond Street, Westminster Kingston Hospital, Surrey	Northwick Park Hospital, Brent Princess Royal University Hospital, Bromley Queen Elizabeth Hospital, Greenwich.
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**3 Methodology**

- 3.1 This report sets out what we would want to see in each travel plan and an assessment against the following five criteria :

- Objectives, support and review  
We would hope see clear objectives, targets and support from the Trust, preferably with a named travel plan champion. We want to see evidence and structures that demonstrate that the Travel Plan is a living document, for example the formation of a travel plan group and review dates.
- Scope  
We recommend regular and comprehensive surveys of staff, patients and visitors. This should enable hospitals to properly engage with Transport for London and the London boroughs when negotiating for better services, highway changes etc. These surveys should include mode of transport; where travellers originate from (their home postcodes); times of arrival and departure (for staff).
- Site survey  
We believe there needs to be a comprehensive survey of the site's access issues,

where the buses stop, how permeable the site is to pedestrians, signing of the site, non-step free access issues, cycle facilities, railway station locations etc.

- Information and awareness  
We believe successful travel plans should include information for staff, patients and visitors regarding access to the hospital. We want to see evidence that awareness raising events and publicity is planned.
- Plans for improvement  
We want to see specific plans to address any issues raised during the production of the travel plan.

## **4 Travel plans assessments**

### **4.1 Barnet and Chase Farm (but says only for the Chase Farm site)**

We have received (September 2008) a short document entitled Green Travel Plan Strategy, with the note that "This is all we have at the moment". It seems to be a precursor to some activity. London TravelWatch is part of a group looking at travel issues at Chase Farm set up as a result of their clinical review and reconfiguration process.

#### **4.1.1 Objectives, support and review**

The Chase Farm Travel Plan is the first step in setting out the objectives and what is needed for a staff travel plan. It is not possible to assess whether anything has been done. There appears to be no follow up from the actions proposed in 2004.

#### **4.1.2 Scope**

The Chase Farm Travel Plan is primarily a staff travel plan survey of mode of travel. There is no information as to origins of staff, patients and visitors nor arrival times for staff.

#### **4.1.3 Site survey**

There is no site survey. One was proposed in July 2007.

#### **4.1.4 Information and awareness**

There is no evidence that anything is planned. The Chase farm website is mentioned. It does have some details of how to travel to Chase Farm.

#### **4.1.5 Plans for improvement**

There are some measures proposed. It is difficult to assess whether this has happened at all.

### **4.2 Ealing Workplace**

We have received a Workplace Travel Plan dated January 2006. It is a substantial document covering three sites. It uses the I-trace system developed, in part, by Transport for London. It is unique insofar as the survey records arrival and departure

times of staff. This demonstrates that many staff operate 9 til 5 shifts, bucking the common perception is that most staff travel is car dependent because of anti-social shift hours.

#### 4.2.1 Objectives, support and review

The plan is written by a consulting firm. They state the importance of senior management buy-in, review etc, but there is no evidence of either.

#### 4.2.2 Scope

The plan is limited to staff travel, a minority of travellers to the site. There is a mode of travel survey, but no postcode survey, nor arrival time survey.

#### 4.2.3 Site survey

There is a site survey. This is reasonable, but did not pick up the issue of poor footways routes and continuity within the hospital.

#### 4.2.4 Information and awareness

The report states what should happen in terms of awareness raising and marketing.

#### 4.2.5 Plans for improvement

There are some specific actions proposed.

### 4.3 Epsom and St Helier

We have received a Workplace Travel Plan dated March 2008. It is a substantial document covering three sites. It uses the I-trace system developed, in part, by Transport for London. It is unique insofar as the survey records arrival and departure times of staff. This demonstrates that many staff operate normal 9 til 5 shifts whereas the common perception is that most staff travel is car dependent because of anti-social shift hours.

#### 4.3.1 Objectives, support and review

The Epsom and St Hillier Plan has clear targets and support from the Trust. A Travel Plan Champion is mentioned. Disappointingly it only covers staff travel. There is a commitment to monitor and review the plan.

#### 4.3.2 Scope

The plan claims to include patients and visitors, but it does not. As mentioned above the plan only covers staff. It has an arrival times survey and a travel mode survey, but there is no survey of where staff or users come from – their home addresses.

#### 4.3.3 Site survey

There is a comprehensive site survey.

#### 4.3.4 Information and awareness

Cycle promotion is planned, but little to raise awareness of public transport.

#### 4.3.5 Plans for improvement

There are some specific actions proposed.

### 4.4 Great Ormond Street

Great Ormond Street Hospital is not one on our casework list of sites with transport access issues, however it has been developed with Transport for London and was suggested by transport for London as best practice. The Travel Plan is dated 2008. The site is dissimilar to all the others we have looked at insofar as it is a central London location and no car parks.

#### 4.4.1 Objectives, support and review

There is a commitment to the Travel Plan from the Hospitals Chief Executive and it is championed by a senior manager. It has clear objectives and a commitment to constant review.

#### 4.4.2 Scope

The TfL-promoted iTRACE survey of staff has been undertaken. Travel mode, home location and arrival time are all included. There was no patient or visitor survey, but this is proposed. An historic survey of visitors and patients is available.

#### 4.4.3 Site survey

There is a comprehensive site assessment.

#### 4.4.4 Information and awareness

A marketing plan is proposed.

#### 4.4.5 Plans for improvement

There are specific actions proposed.

### 4.5 Kingston Hospital

The Kingston Hospital Travel Plan, *Healthy Travel Plan*, is dated November 2007.

#### 4.5.1 Objectives, support and review

Kingston's Travel Plan is strong on general policy and objectives. There are stated targets and plans for review and monitoring. Unfortunately there seems to have been a downgrading of the travel planner role and no senior trust support is demonstrated, though this may exist.

#### 4.5.2 Scope

Kingston's Travel Plan is primarily a staff travel plan. It only surveys staff mode of travel. There is no information as to origins of staff, patients and visitors nor arrival times for staff.

#### 4.5.3 Site survey

The Kingston Travel Plan appears to have included some survey work in order to generate actions supporting each mode, but it is not specifically stated that a site survey was part of the Plan.

#### 4.5.4 Information and awareness

The Kingston Hospital Travel Plan covers this well. There are many actions described.

#### 4.5.5 Plans for improvement

The Kingston Travel Plan has numerous actions described for each mode. Some are specific, but many quite general. The section on monitoring the plan suggests that in September 2009 (two years on from writing the plan) the plan would be reviewed.

### 4.6 Northwick Park Hospital

We have reviewed the Plan dated march 2006. We are represented on the Northwick Park Hospital transport group and understand an updated version is being prepared, possibly in tandem with the University that shares the site.

This was one of the most comprehensive travel plans we have seen. Unusually it has surveyed staff, patient and visitor home postcodes – 80 % of outpatients travel less than 5 kilometres. It demonstrates that the overwhelming majority of journeys to hospitals is by visitors and patients, yet most NHS travel planning work is focussed on staff travel.

#### 4.6.1 Objectives, support and review

The objectives are clear. The plan is supported by the Trust Board and there is a travel planner. We know that the travel plan is presently being updated. London TravelWatch sits on a public transport group that discusses travel plan issues.

#### 4.6.2 Scope

This plan has the widest coverage of those we have seen. We understand that arrival times will be included in the next round of surveys.

#### 4.6.3 Site survey

A comprehensive site survey has been done. A particular issue is the location of a bus stop for an important bus service that does not enter the site.

#### 4.6.4 Information and awareness

The plan proposes travel awareness days and marketing.

#### 4.6.5 Plans for improvement

There are specific plans to improve access to the hospital overseen by a public transport group.

#### 4.7 Princess Royal University Hospital

At the time of writing no travel plan had been provided by this hospital.

#### 4.8 Queen Elizabeth Hospital

Queen Elizabeth Hospital has provided a Parking, Transport and Green Travel Planning document. However it is the opinion of the author that It is not a travel plan, rather a justification for a car park.

### **5 Equalities and inclusion implications**

- 5.1 Access to hospitals and major healthcare centres is a key equality issue, recognised by the Government's Social Inclusion Unit report: 'Making the Connections' and the National Institute for Health and Clinical Excellence. Adopting the recommendations made in this report will contribute to promoting equality of access to NHS services.

### **6 Legal powers**

- 6.1 Section 248 of the Greater London Authority Act 1999 places upon London TravelWatch (as the London Transport Users Committee) a duty to consider - and where it appears to the Committee to be desirable, to make recommendations with respect to - any matter affecting the functions of the Greater London Authority or Transport for London which relate to transport (other than of freight). Section 252A of the same Act (as amended by Schedule 6 of the Railways Act 2005) places a similar duty upon the Committee to keep under review matters affecting the interests of the public in relation to railway passenger and station services provided wholly or partly within the London railway area, and to make representations about them to such persons as it thinks appropriate.

### **7 Financial implications**

- 7.1 None.

### **8 Recommendations**

- 8.1 That members note the report.