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# Clitheroe Community Hospital

## Travel Plan



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# 1 Introduction

## 1.1 Introduction

This Travel Plan has been prepared by East Lancashire Hospitals Trust to support a planning application for the new Clitheroe Community Hospital.

## 1.2 What is a Travel Plan?

A Travel Plan provides a strategy for managing travel demand and involves a dynamic process of implementation, monitoring and review to ensure that it is sustainable over the long-term. The underlying aim of any Travel Plan is to minimise the number of single occupancy private car trips generated by a development, by encouraging a shift to more sustainable modes of transport, as a result mitigating the impact of travel.

The key roles of this Travel Plan are as follows:

- To ensure that appropriate infrastructures are implemented at the proposed Clitheroe Community Hospital to encourage sustainable travel;
- To present the results of the staff travel survey;
- To develop and present site specific measures / initiatives to encourage a shift to more sustainable travel modes; and
- To present a strategy for continuously monitoring and reviewing the sustainable travel initiatives to ensure that they continually address the needs of staff and patients at the hospital.

### 1.2.1 Role of the Travel Plan

The Travel Plan will encourage staff, patients and visitors to travel by sustainable modes of travel and provide benefits to the wider community. The objectives of this report will seek to:

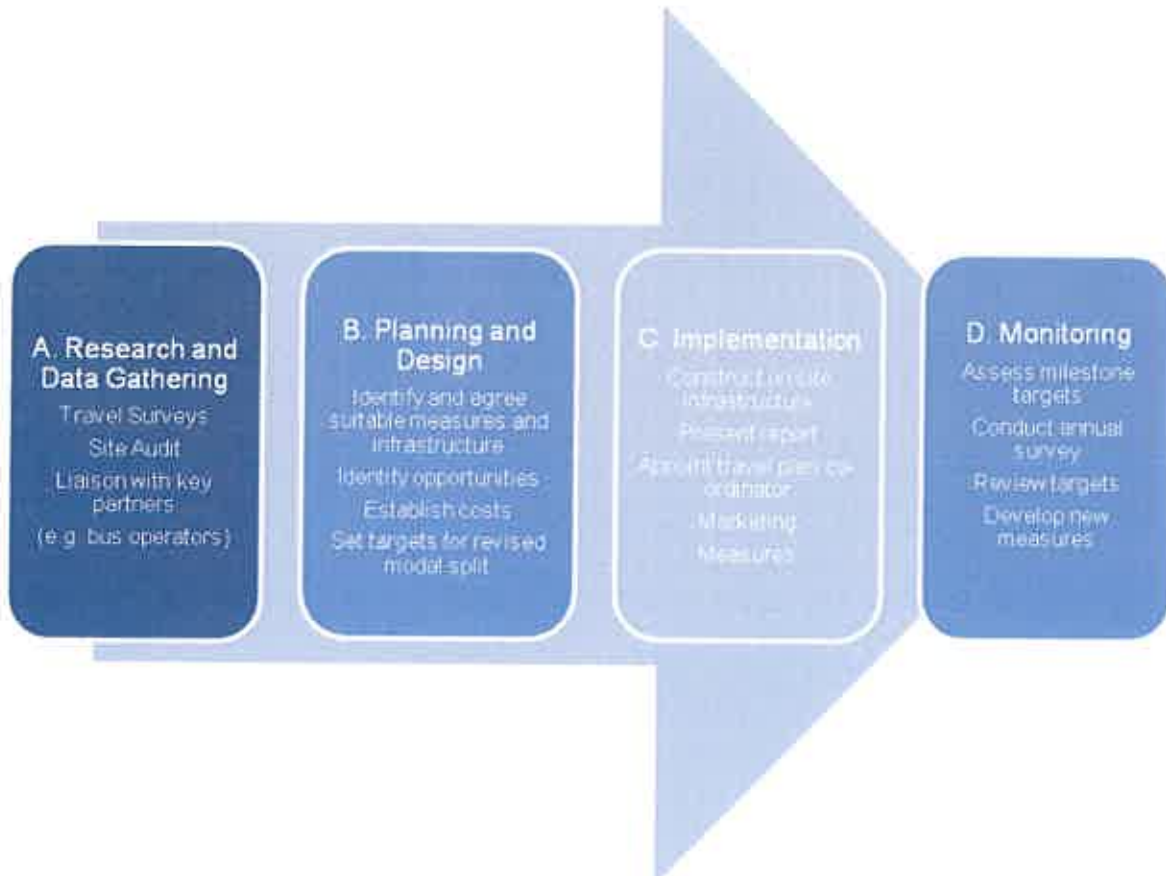
- Reduce the need to travel to and from the site;
- Reduce business mileage claims;
- Promote the health and cost benefits of cycling, walking and using public transport;
- Promote the cost benefits of car sharing;
- Reduced congestion in and around the site;
- Improve the image of the local area;
- Provide clear information to staff, patients and visitors on sustainable modes of travel to and from the hospital; and
- Enhance safety and security for staff, patients and visitors travelling to and from the site.

### 1.2.2 Purpose of the Travel Plan

The Purpose of a Travel Plan
<p><b>A Travel Plan is a way of managing how people travel to a particular area or organisation. This Travel Plan addresses:</b></p> <ul style="list-style-type: none"> <li>- Staff travelling to and from the workplace;</li> <li>- Patients travelling to and from Clitheroe Community Hospital;</li> <li>- Staff travel mode for work;</li> <li>- Patient travel modes; and</li> <li>- Deliveries to and from the hospital.</li> </ul> <p><b>The new Clitheroe Community Hospital requires a Travel Plan as it has:</b></p> <ul style="list-style-type: none"> <li>- A limited number of parking spaces;</li> <li>- A commitment to reducing traffic congestion in and around the site;</li> <li>- A commitment to the environment;</li> <li>- A commitment to ensuring all patients can easily access the hospital; and</li> <li>- A commitment to encouraging healthier lifestyles for all.</li> </ul>

### 1.3 The Travel Plan Process

A successful Travel Plan needs to follow a four stage process as indicated in **Figure 1.1**. The fourth element of the process, monitoring must be undertaken on a continual basis.



**Figure 1.1** Travel Plan process chart

### 1.4 The Benefits of a Travel Plan

**Figure 1.2** outlines the benefits of a Travel Plan for staff, patients and visitors as well as the local community.



Figure 1.2 The benefits of a Travel Plan for staff and patients, the hospital, and the local community

## 1.5 The Travel Plan Coordinator

### 1.5.1 Role of the Travel Plan Coordinators

Permanent Travel Plan Coordinators are required to support the Travel Plan and they will be responsible for implementing the individual measures identified in this report. The Travel Plan Coordinators will act as the promoter of the components of the Travel Plan to secure its implementation, as well as being the key contact point for members of staff and visitors.

Depending on workloads, these roles may, in the future be taken over by appointment of a new starter or consultant with specific experience in this field. To ensure that time dedicated by the Travel Plan Co-ordinators is commensurate with the tasks required by the Travel Plan. He/she will always have a clear link to the support of a senior management representative.

One person allocated the role of Travel Plan Coordinator will be located on site so that they can become familiar to members of staff as someone who is known to 'champion' the sustainable transport measures of the hospital development.

### 1.5.2 Specific Duties of the Travel Plan Co-ordinators

The Travel Plan Co-ordinators will undertake the following specific duties:

- Lead on the delivery of the Travel Plan once approved;
- Represent the 'human face' of the Travel Plan - explaining its purpose and the opportunities on offer;
- Liaise with staff management committees or hospital steering groups;
- Provide personalised travel planning tailored to staff needs;
- Promote the individual measures in the Travel Plan;
- Liaise with public transport operators
- Ensure the approved Travel Plan and its component parts are being actioned;
- Monitor the implementation of the Travel Plan (e.g. conduct further annual surveys); and
- Take a key role in review of the Travel Plan.

This will be a permanent role for the continued life of the hospital development and will be part time or full time to suit the extent of the tasks required and to keep the Travel Plan operating as a 'living document'.

### 1.5.3 Contact details

A member of staff has been appointed to progress the Travel Plan. The contact details of the Travel Plan Coordinator is presented in **Table 1.1**.

Contact Name	Telephone Number	Address	Email
Debbie Dewhurst, General Office Manager	01200 449000	Clitheroe Community Hospital, Chatburn Road, Clitheroe, BB8 4JX	<a href="mailto:Deborah.dewhurst@elht.nhs.uk">Deborah.dewhurst@elht.nhs.uk</a>

**Table 1.1** Travel Plan Coordinator

## 1.6 Contents of the Report

This Travel Plan comprises of this introductory chapter and seven further chapters as indicated below:

- **Chapter 2** describes the relevant national and local policies;
- **Chapter 3** provides a detailed site inventory;
- **Chapter 4** discusses the development and parking proposals;
- **Chapter 5** presents the staff travel survey results;
- **Chapter 6** describes the proposed measures attached to the Travel Plan;
- **Chapter 7** describes targets, monitoring and review; and
- **Chapter 8** concludes the Travel Plan.

## 2 National and Local Policy

### 2.1 Introduction

This chapter considers the Clitheroe Community Hospital Travel Plan in the context of relevant national and local policy on sustainable travel.

### 2.2 National Policy

#### 2.2.1 DfT (2008) Delivering a Sustainable Transport System (DaSTS)

This most recent government white paper for transport was produced in November 2008. The document sets out clear goals for the future of transport. Stating that we want our transport system:

- To support national economic competitiveness and growth, by delivering reliable and efficient transport networks;
- To reduce transport's emissions of carbon dioxide and other greenhouse gases, with the desired outcome of tackling climate change;
- To contribute to better safety, security and health and longer life expectancy by reducing the risk of death, injury or illness arising from transport, and by promoting travel modes that are beneficial to health;
- To promote greater equality of opportunity for all citizens, with the desired outcome of achieving a fairer society; and
- To improve quality of life for transport users and non-transport users, and to promote a healthy natural environment.

The document advocates a strong synergy between goals, including measures that encourage modal shift to public transport, cycling and walking. The document states that these are likely to make a positive contribution to economic growth (by tackling congestion), reducing greenhouse gas emissions and enhancing the local environment, as well as improving public and personal health.

In its strategy to reducing greenhouse gas emissions from transport the white paper advocates making the most of opportunities for reducing emissions from city and regional and national networks. For example, a package of measures for an urban area may involve public transport investment, demand management, promotion of smarter travel choices and the use of land use planning to reduce the need to travel.

#### 2.2.2 ODPM and DfT (2002) Using the Planning Process to Secure Travel Plans

The document provides guidance to local authorities and applicants with respect to both speculative and committed development. It highlights a need for consistent but flexible approach to Travel Plans and recommends a staged process, with preliminary Framework Travel Plans informing more detailed Implementation Travel Plans once the end-user is confirmed.

#### 2.2.3 DETR (2011) Planning Policy Guidance Note: PPG13: Transport

The objectives of this document are to integrate planning and transport at the national, regional, strategic and local level and to promote more sustainable transport choices.

The key themes in PPG13, of direct relevance to this application, include the following:

- The need to provide accessibility and promote the use of sustainable modes of travel such as public transport, walking and cycling;
- The need to control parking;
- The need for appropriate traffic management; and
- The adoption of Travel Plans.

Travel Plans should support the delivery of sustainable transport objectives through:

- Reductions in private car usage (particularly single occupancy journeys);
- Increased usage of public transport, walking and cycling;
- Improved road safety and personal security particularly for pedestrians and cyclists; and
- More environmentally friendly delivery and freight movements.

#### 2.2.4 DfT – 'Essential Guide to Travel Planning' (March 2008)

This document states that, "As we travel to work and go about our daily business, we experience something of the twin economic and environmental challenges confronting our transport system in the UK. We need a transport system that can support the movement of people and goods in a growing economy, whilst ensuring impacts on both the local and global environment are within acceptable bounds. Travel Plans, whether to the workplace, schools or for leisure provide a means of addressing both of these challenges. Congestion threatens economic growth in key places such as urban areas and inter-urban corridors. Travel plans are effective at exactly these critical congestion spots, particularly during the peak times when the transport network is under most pressure. So, despite their local focus, they have the potential to make a strategically important contribution to

achieving better use of the transport system. In addition, companies and their employees can gain a wide range of benefits and savings from a Travel Plan. The debate about how to tackle climate change has risen to unprecedented prominence during the past year, reflecting predictions of the likely effects.

The Department for Transport has a range of initiatives, including the promotion of travel planning, which are aimed at reducing the impact of transport on the environment. A well-designed Travel Plan can typically cut 15% of commuter car use and may amount to over a million less miles for just a single company. Combined savings from Travel Plans across the whole of the UK could amount to millions of tonnes of carbon dioxide. Whether viewed at the level of the individual employee or company, the local or national economy, or even at the level of the global environment, Travel Plans offer us considerable benefits”.

This Implementation Travel Plan report draws upon the information presented within this report.

#### 2.2.5 PPG13 - Education and Health

Higher and further education establishments, schools and hospitals are major generators of travel and should be located so as to maximise their accessibility by public transport, walking and cycling. Similarly, proposals to develop, expand or redevelop existing sites should improve access by public transport, walking and cycling

New health facilities should be planned to maximise accessibility by non-car modes of transport, whilst at the same time providing good access arrangements for emergency vehicles and those who need to use cars. New intermediate health care facilities should where possible be located in town, district or local centres, where they will be highly accessible by non car modes of transport and where the facilities can reinforce the range of services provided by these centres.

#### 2.2.6 Department for Transport Best Practice

Guidance on the preparation of Travel Plans and case studies available on the DfT and Travelwise has informed this Travel Plan in respect of the following requirements:

- Defining specific aims and objectives;
- Proposing hard and soft initiatives;
- Establishing realistic targets relevant to the baseline conditions; and
- The need for on-going monitoring and review.

This guidance stresses the importance of a partnership approach, between the developer and the local authority, in respect of the successful delivery of Travel Plans.



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## Improving Access into Areas of Economic Growth and Regeneration

### Why?

5.1 Transport is a critical element to any successful economy. Lancashire's economy is currently valued at £22.5bn per year, the second largest in the North West after Manchester. However the evidence shows that there are currently significant variations in economic performance across Lancashire and growth has been lagging behind that of England for a number of years. The County Council's Economic Framework predicts that Lancashire has the capacity to generate substantial further growth and new jobs by focusing on a number of key sectors and identified growth sites including;

- Lancaster city and Fylde Coast as the centre of the energy and renewables sectors
- The whole of the Lancashire sub region supporting the advanced manufacturing sector
- Preston and Lancaster city centres as a focus for the professional and service sector
- Creative and digital industries across the whole of the Lancashire sub region
- The visitor economy based on classic resorts and areas such as the Forest of Bowland

5.2 There are also ambitions in place to realise the potential of strategic employment sites at Buckshaw Village (Chorley), Cuerden Green (South Ribble), Heysham and Lancaster Science Park (Lancaster), Hillhouse Business Park (Wyre), Springfields, Warton and the M55 Junction 4 area (Fylde), Burnley Bridge (Burnley), Sarnesbury (Ribble Valley/South Ribble) and Whitebirk (Hyndburn).

5.3 These sectors and locations have the ability to support further economic growth and create a range of sustainable employment opportunities across Lancashire and link to regeneration activities in urban areas such as Burnley, Morecambe and Preston amongst others.

5.4 The economic activity in our rural areas is important as it helps sustain our valued environmental assets and represents an important resource for the visitor economy. However there are issues of isolation and connectivity in these communities. In the Lancashire Plain the agricultural sector of the economy is limited by an outdated local highway infrastructure in relation to modern agricultural-business transportation.

5.5 Transport has a key role to play in realising the economic potential of Lancashire by unlocking key locations, through improved connectivity linking jobs, people and businesses together.

5.6 In developing this strategy we know that the link between transport and a strong economy is a very important issue. Consultation on the challenges we face shows that the poor highway network which makes travel and transport difficult in certain areas, and particularly so on routes into and inside our key economic centres of Preston and Lancaster, is a challenge to which respondents attach a very high priority. Our discussions reveal that better connectivity, reducing congestion, a reliable and efficient transport network and unlocking key sites are important in supporting economic growth and regeneration across the whole area.

### *What we will do*

- Reduce congestion and delay and increase road capacity on our most congested transport corridors, improve highway links and junctions to support the growth of our key economic centres of Preston and Lancaster, the development of strategic employment sites, regeneration of town centres and other places which will be key drivers of economic growth (e.g. our universities and Blackpool Airport).
- Explore practicable solutions to the renewal of outdated rural road infrastructure serving the agricultural sector of the economy.
- Work with public transport operators to reduce journey times to strategic employment sites and key employment areas and improve timetables and fare structures. We will work with employers to ensure work times are co-ordinated with public transport availability.
- Work with partners to bring about improvements to connections and links between key employment centres in Lancashire, and also to Greater Manchester, Merseyside, Cumbria and Leeds/Bradford (and beyond).
- Take a lead role in promoting the case for major infrastructure investment which contributes to Lancashire's economic success, such as proposals for Pennine Reach and High Speed 2; capacity improvements as a result of the electrification of key rail routes such as the Blackpool to Manchester and Preston to Liverpool lines; development of new rail linkages such as the Todmorden Curve; and major new road building including proposals to support growth in Central Lancashire with the Broughton bypass, and the Morecambe/Heysham peninsula with the Heysham - M6 link.
- Develop bus stations and interchanges where these can be a catalyst to town centre regeneration.
- Introduce Park and Ride sites serving major employment areas or supporting city centre development, principally in Preston and Lancaster.
- Promote sustainable travel options to important visitor destinations.
- Work with district councils to deliver adequate parking to allow access to services and ensure that it is priced and managed to support strong retail economies within our towns and cities whilst ensuring that public transport is a viable alternative for many journeys.

### *Areas which are the focus for our economic aspirations and which will be the focus for these activities*

5.7 Preston and Lancaster city centres and strategic employment sites at Buckshaw Village (Chorley), Cuerden Green (South Ribble), Heysham and Lancaster Science Park (Lancaster), Hillhouse Business Park (Wyre), Springfields, Warton and M55 Junction 4 area (Fylde), Burnley Bridge (Burnley), Samesbury (Ribble Valley/South Ribble) and Whitebirk (Hyndburn); Burnley, Rawtenstall and Skelmersdale major town centre renewal programmes; and Lancashire's urban, rural, coastal and heritage visitor economy.

## **Providing Safe, Reliable, Convenient and Affordable Transport Alternatives to the Car**

### *Why?*

5.31 Walking, cycling, and travel by buses and trains will all play a full and appropriate part in Lancashire's future transport system. In order to do so, services and infrastructure that promote these alternatives to private car journeys must be seen as safe and reliable. They must prove to be affordable and convenient to fit in with modern day expectations and they must meet the needs of all sections of society including children, young people, elderly and those with disabilities.

5.32 Walking and cycling routes need to be direct and attractive to use and public transport services need to be joined up and competitive in terms of journey times.

5.33 For many of us, a poor quality public realm and incomplete or inconvenient networks of walkways and cycle routes makes journeys unattractive or difficult. An improved public realm and new infrastructure are required to make regular walking and cycling a viable alternative for more people. As well as improving the range of transport options available, such investment will have a positive influence on people's health and well-being.

5.34 For other journeys, more and more people are turning to buses and trains. Improvements have been made in the quality of local services, but more needs to be done to improve ticketing and service integration; and to lessen waiting times when changing buses or switching from bus to rail. Services also need to ensure they remain commercially viable and be profitable without the need for subsidy.

5.35 Our conversations with our own councillors, residents, young people and others have suggested that concerns about safety when walking or cycling are a significant factor for many current and potential users. At the same time, there is a widespread recognition of the social and environmental costs of motoring. Many groups have also warned that the cost of public transport deters many people which means some services cannot cover their costs and either stop or must be subsidised by the public purse. This sentiment was made particularly clear by members of Lancashire's Youth Council.

### *What we will do*

- Work with bus and rail operators to invest in new public transport services, including new bus routes, stations, and greater capacity, where there is a proven economic or regeneration benefit.
- Work with coach, bus, taxi and rail operators to press for clean, well maintained and well lit vehicles, stops and interchanges with staff that are respectful of different people's needs, local services to run to schedule and local bus and rail services to be timetabled to connect with principal services to major destinations.
- Provide discount schemes for young people aged 16 – 23.
- Work with operators to introduce a new SmartCard technology which will:
  - be usable across all service providers, at first across Lancashire, and in future throughout the United Kingdom;
  - cover multiple forms of transport, including bus, rail and cycle hire;
  - be used to deliver a fare structure that provides value for money including journeys with more than one operator and journeys across local authority boundaries.
- Develop local rail services to achieve further growth in patronage through partnership working with the rail industry and local communities. We will seek targeted investment, at locations where there is evidence of potential for significant growth in the use of rail transport; measures will include new or more frequent services, greater capacity, new stations and improved quality of stations and trains.
- Provide safe and convenient new infrastructure for walking and cycling where it will reduce reliance on private car journeys between home and work, schools, and leisure activities, and particularly along congested routes, and improve opportunities for regular exercise.

### *Areas which will be the focus for these activities*

5.36 Public transport services and routes to Lancashire's main town and city centres for employment and education; and congested routes in urban areas, such as Lancaster, Preston, Colne, Ormskirk and South Ribble.

### **Reducing Carbon Emissions and its Effects**

#### *Why?*

5.41 Transport is a major source of carbon dioxide emissions which, in turn, is a major cause of climate change. Transport can also support the development of a Low Carbon Economy and businesses. As a consequence, we will consider the carbon impact of all our transport schemes.

5.42 Fortunately, many of our local transport priorities also support a reduction in carbon emissions and help fight against climate change. Congestion, for example, is identified as a constraining factor to our economic growth and solutions to this will, in turn, reduce vehicle emissions and improve air quality.

5.43 Similarly problems responsible for harming people's quality of life, for poor health and lack of access to jobs and education, require more emphasis given to alternatives to private car journeys, more specifically to walking and cycling and to providing and promoting more convenient and affordable forms of public transport. Such activities will also help reduce Lancashire's carbon footprint.

5.44 Our consultation with the public, stakeholders and district and parish councils revealed that there is a broad acceptance that carbon emissions need to be reduced. During the public consultation the need to reduce carbon emissions was seen as one of the most significant challenges we face.

5.45 Similarly, although district councils emphasised the need for transport to aid economic regeneration they were fully aware that this needs to be carried out with as little impact to the wider environment as possible. Because of this there is a firm understanding that future transport priorities need to be sustainable and actively aid wider national goals to reduce carbon emissions.

### *What we will do*

The activities elsewhere in this strategy will ensure overall carbon reductions. Examples of such activities include:

- Improving the range of sustainable transport options available, including trains, buses, coaches, trams, cycling and walking, ensuring that these are as affordable and convenient as possible.
- Looking to ways of actively managing peak traffic flows to reduce queuing and congestion, and improving journey time reliability.
- Engaging with planners and with developers to ensure that new developments are in sustainable locations and benefit from a range of sustainable transport options.
- Reviewing how we can provide more efficient forms of street lighting, without compromising safety or the quality of the urban environment.
- Reducing the levels and hours of street lighting operation in appropriate locations.

In addition we will:

- Complement regional initiatives for new electric vehicles charging points, through the infrastructure provided in new developments.
- Promote viable alternatives to road transport for freight.

### *Areas which will be the focus for these activities*

5.46 Reducing the levels and effects of carbon emissions from our activities is a priority for the County Council, and will inform and influence the choice of schemes and programmes, and how they are designed and carried out to meet the activities under the other six transport priorities identified in this Strategy. Because of this our geographical focus in reducing carbon emissions is county wide.

5.47 Measures to mitigate for, and adapt to the impacts of climate change on our transport infrastructure are included within the 'Maintaining our Assets' priority.

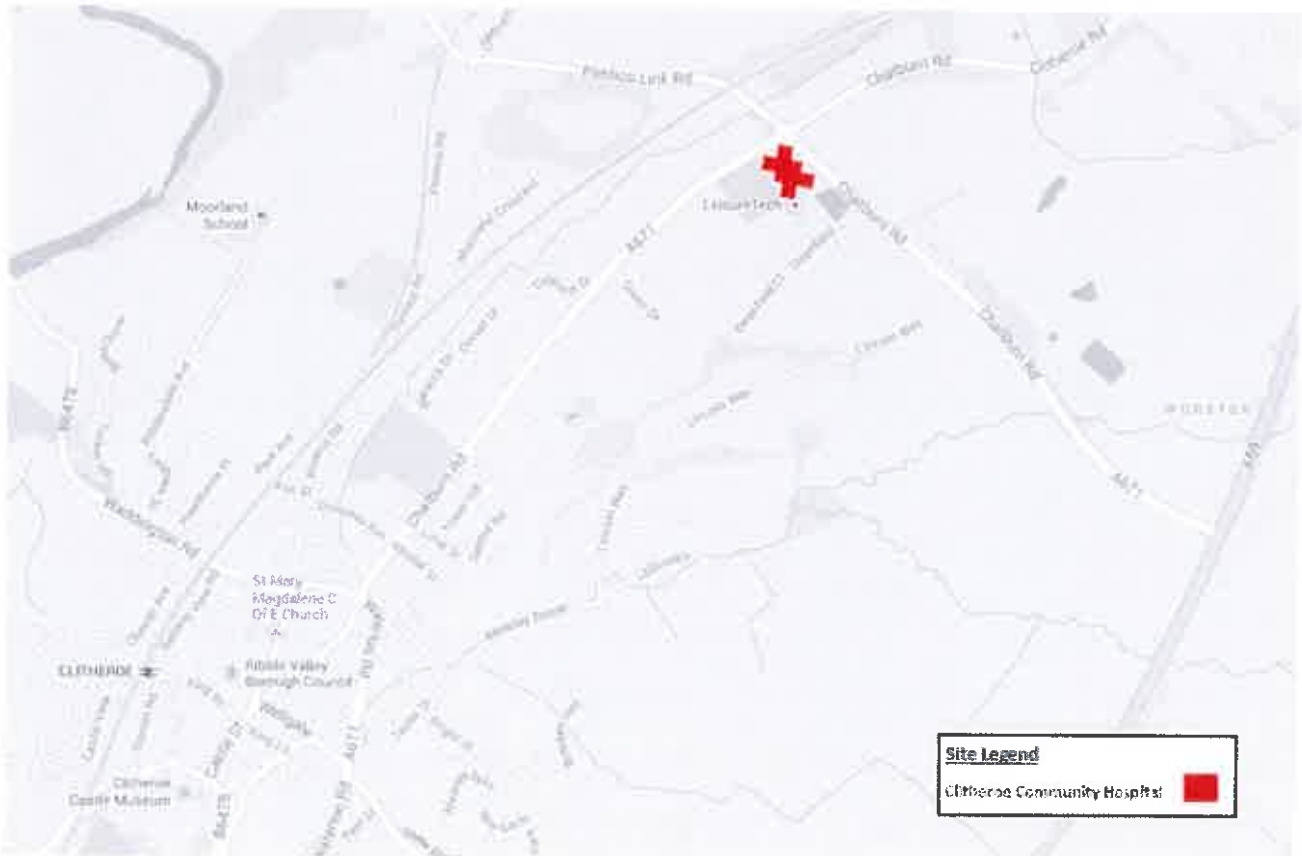
### 3 Site Inventory

#### 3.1 Introduction

This chapter describes existing conditions at the new hospital, the existing site location and local highways conditions. Current Government guidance places significant emphasis on the need for sustainable transport modes for developments. This forms part of a long-term strategy to reduce reliance on private vehicular trips and increase the number of people travelling by sustainable modes. The following chapter therefore also considers access via sustainable modes of transport to the site, including access by walking, cycling, bus and rail.

#### 3.2 Site Location

The site location is on Chatburn Road in Clitheroe. **Figure 3.1** illustrates the location of the new hospital development.



**Figure 3.1** Site location

#### 3.3 Local Highway

The hospital is accessed from Chatburn Road which is a two way street and is the main route out of Clitheroe to the north of the town centre. Delivery and ambulance (NWAS) access is off Pimlico Link Road (A671) which is a link road to the A59. The hospital is located approximately 1 mile outside of Clitheroe town centre. If heading east the Hospital is 9.31 miles from the junction 13 of the M65 motorway. If heading west the Hospital is 10.68 miles from junction 7 of the M65. The Hospital is 0.88 miles from the A59 which is the main A-road that runs between Liverpool in the West to York in the East and provides local links to Skipton, Padiham, Whalley and Blackburn as well as many surround villages.

### 3.4 Bus

A number of buses stop in Clitheroe town centre, with some of these bus routes passing Clitheroe Hospital. Table 3.1 summaries the local bus services that serve Clitheroe. The closest bus stops to the hospital are on Chatburn Road (where buses X80, 180 and 2 stop), with further services serving Clitheroe town centre bus stops. From Clitheroe Hospital it is 0.06 miles to the bus stops on Chatburn Road and 1.09 miles to Clitheroe Interchange.

N.b. There are bus interchanges at Blackburn and Burnley where buses can be taken further afield.

Service Number	Route	Frequency
2	Sawley – Grindleton – Chatburn – Clitheroe Hospital – Chatburn – Grindleton - Sawley	Approx every hour between 8.00am to 6.00pm Monday to Friday
7/ 7B	(Route 7B Mon - Sat) <b>Clitheroe Interchange</b> – Waddington – West Bradford – Grindleton – Chatburn – <b>Clitheroe Interchange</b> – Downham – Rimington – Barley – Newchurch – Roughlee – Nelson  (Route 7 Mon – Sat) Nelson – Roughlee – Newchurch – Barley – Rimington – Downham – <b>Clitheroe Interchange</b> – Chatburn – Grindlton – West Bradford – Waddington – <b>Clitheroe Interchange</b>  (Route 7B Sunday) <b>Clitheroe Interchange</b> – Chatburn – Grindleton – West Bradford – Waddington – <b>Clitheroe Interchange</b>	Approx every hour between 7.20am to 6.00pm, then every 2 hours till 10.20pm Monday to Saturday  Approx every 1-2 hours between 9.00am – 5.00pm Sunday
10	Clitheroe Interchange – Bashall Eaves – Cow Ark- Whitewell – Dusnop Bridge – Slaidburn – Newton – Waddington – Clitheroe Interchange	Approx every 1-2 hours between 9.25am – 3.45pm Monday to Friday
280	<b>Clitheroe Interchange</b> – Whalley – Langho Petre Arms – Mellor Brook – Preston  Preston – Mellor Brook – Langho Petre Arms – Whalley – <b>Clitheroe Interchange</b>	Approx every hour bewteen 7.00am to 7.00pm Monday to Saturday  Approx every 2 hours between 8.00am to 6.00pm Sunday
180/ X80	Skipton – Thornton – Barnsoldswick – Gisburn – Chatburn – <b>Clitheroe Hospital</b> - Clitheroe Interchange  Clitheroe Interchange – <b>Clitheroe Hospital</b> – Chatburn – Gisburn – Barnsoldswick – Thornton - Skipton	(180) Approx every hour between 7.30am – 7.00pm Monday – Friday  Approx every hour between 9.00am – 7.00pm Saturday  (X80) Approx every 2 hours between 9.45 – 4.30pm Sunday
22	<b>Clitheroe Interchange</b> – Well Terrace – Whalley – Langho – Wilpshire – Roe Lee – Blackburn  Blackburn – Roe Lee – Wilpshire – Langho – Whalley – Well Terrace – <b>Clitheroe Interchange</b>	Approx every 20 minutes between 6.00am to 6.00pm then every 30 minutes until 11.15pm Monday to Friday  Approx every 30-60 minutes between 6.30am – 11.15pm Saturday  Approx every hour between 9.00am – 6.00pm Sunday
14/ 14A	(Chatburn) – <b>Clitheroe Interchange</b> – Whalley – Great Harwood – Rishton – Clayton Le Moors – Accrington – Oswaldtwistle – Guide –	Approximately every hour 6.30am – 6.30pm



	<p>Royal Blackburn Hospital</p> <p>Royal Blackburn Hospital – Guide – Oswaldtwistle – Accrington – Clayton Le Moors – Rishton – Great Harwood – Whalley – <b>Clitheroe Interchange</b> – (Chatburn)</p> <p><i>NB – not all buses travel to Chatburn</i></p>	Monday to Saturday
<b>25</b>	<p><b>Clitheroe</b> – Mitton – Whalley – Langho – Brockhall – Salesbury – Wilpshire – Pleckgate – Blackburn St. Mary’s College – Blackburn</p> <p>Blackburn – Blackburn St Mary’s College – Pleckgate – Wilpshire – Salesbury – Brockhall – Langho – Whalley – Mitton – <b>Clitheroe</b>.</p>	<p><b>Approx every 2 hours 8.30am – 6.30pm</b></p> <p>Monday to Saturday.</p>
<b>5/ 5A</b>	<p><b>Clitheroe</b> – Whalley – Hurst Green – Ribchester – Longridge – Chipping</p> <p>Chipping – Longridge – Ribchester – Hurst Green – Whalley – <b>Clitheroe</b></p>	<p><b>Route 5 - Approx every 2-3 hours 7am – 4.00pm</b></p> <p>Monday to Saturday</p> <p><b>Route 5A Approx every 2 – 3.5 hours 5.15pm – 11.00pm</b></p> <p>Thursday - Saturday</p>
<b>231</b>	<p><b>Clitheroe</b> – Whalley – Great Harwood – Accrington</p> <p>Accrington – Great Harwood – Whalley – <b>Clitheroe</b></p>	<p><b>Approx every 2 hours 7.45am – 4.00pm</b></p> <p>Monday to Friday</p> <p><b>Approx every 2 hours 8.00am – 4.00pm</b></p> <p>Saturday.</p>
<b>26/27</b>	<p>Burnley – Padiham – Sabden – Whalley – <b>Clitheroe Interchange</b> – Well Terrace</p> <p>Well Terrace – <b>Clitheroe Interchange</b> – Whalley – Sabden – Padiham – Burnley</p> <p><i>NB – not all buses travel through Sabden</i></p>	<p><b>Approx every 30 minutes from 6.00am to 5.00pm then every 2 hours till 9.00pm</b></p> <p>Monday to Saturday</p> <p><b>Approx every hour 9.00am – 5.00pm then every 2 hours till 9pm</b></p> <p>Sunday</p>

Table 3.1 Local bus services in the vicinity of the proposed development

### 3.5 Rail

The closest railway station will be Clitheroe located 1.18 miles from the Hospital. **Table 3.2** summarises the local rail services available and **Table 3.3** illustrates the regional services available from Clitheroe.

Destination	Frequency	Journey Time
Whalley	1 per hour	6 minutes
Langho	1 per hour	10 minutes
Ramsgreave and Wilpshire	1 per hour	15 minutes
Blackburn	1 per hour	22 minutes
Darwen	1 per hour	35 minutes
Bromley Cross	1 per hour	46 minutes
Hall i'th' Wood	1 per hour	49 minutes
Bolton	1 per hour	54 minutes
Salford Crescent	1 per hour	67 minutes
Salford Central	1 per hour	70 minutes
Manchester Victoria	1 per hour	75 minutes

**Table 3.2** Local rail services from Clitheroe Railway Station

Destination	Frequency	Journey Time
National Destinations from Blackburn	1 per hour	Various
National Destinations from Manchester	1 per hour	Various

**Table 3.3** National and Regional rail services (changes required)

**Figure 3.2** shows the regional rail network in relation to Clitheroe Rail Station.



**Figure 3.2** Regional rail network

### 3.6 Cycle

Cycle stores are provided at the front of Clitheroe Community Hospital to cater for both staff and visitors. Showers, lockers and changing facilities are included within the building for staff. There is a network of on-street cycle facilities within the vicinity of the hospital.

Regional Route 91 (The Lancashire Cycleway Southern Loop) can be joined 0.84 miles from the Hospital. Route 91 travels northeast towards Barnoldswick, through Trawden, then onto Rawtenstall. Route 91 travels south west to Whalley and towards Blackburn and onto Ormskirk. Regional Route 90 (The Lancashire Cycleway Northern Loop) can be joined 1.37 miles from the hospital. This route travels north to Slaidburn and through the Forest of Bowland to Arnside. Route 90 travel south to Whalley then west to Longridge and onto Kirkham.

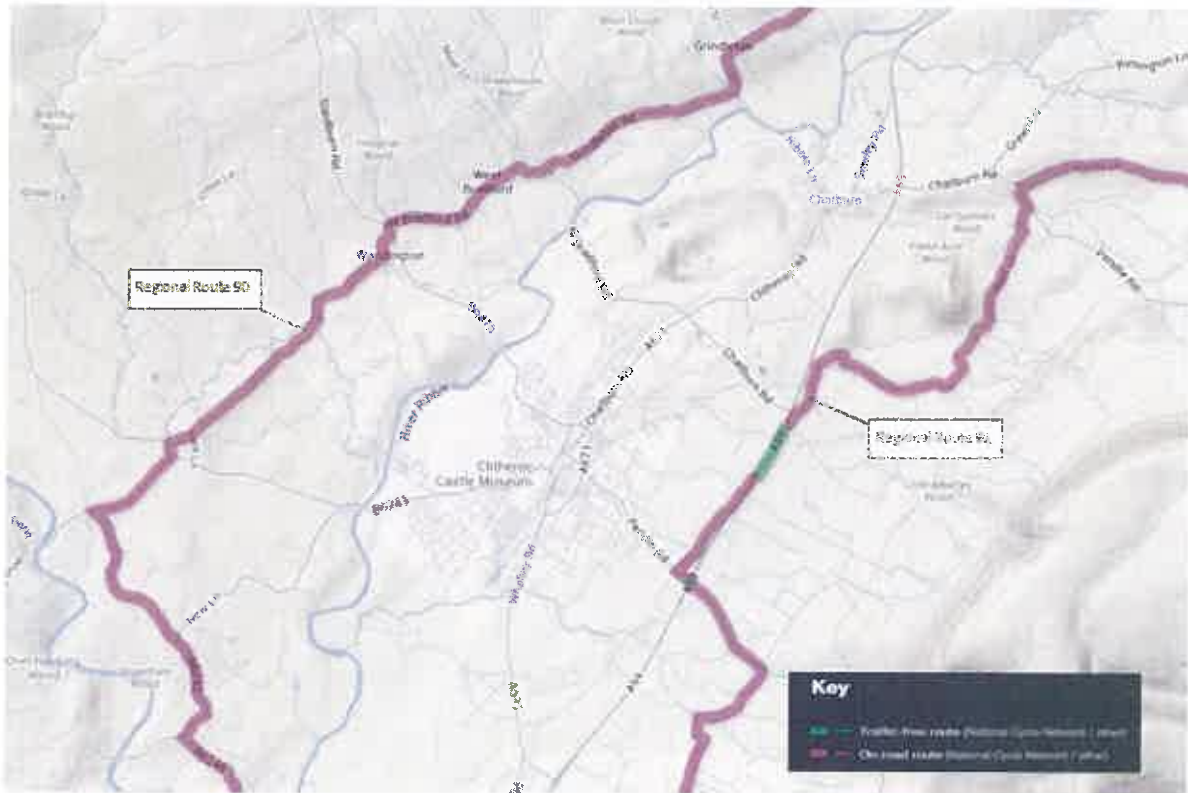


Figure 3.3 Local cycle network

### 3.7 Pedestrian

In terms of walking PPG13 states that:

*'Walking is the most important mode of travel at the local level and offers the greatest potential to replace short car trips, particularly under 2 kilometres. Walking also forms an often forgotten part of all longer journeys by public transport and car'.*

The location of Clitheroe Community Hospital is in a semi-rural location with access to accessible footpaths.

### 3.8 Accessibility Assessment

Table 3.4 below presents the Chartered Institution of Highways and Transportations (CIHTs) acceptable walking distances.

Criteria	Town Centre	Commuting / Sight Seeing	Elsewhere
Desirable	200m	500m	400m
Acceptable	400m	1,000m	800m
Preferred Maximum	800m	2,000m	1,200m

Table 3.4 CIHT Suggested Acceptable Walking Distances

### 3.8.1 Walk Accessibility

Figure 3.4 illustrates the accessibility of the site within a 2km or 30 minute walk. The bus stops on Chatburn Road are within a 5 minute walk, with the railway station and the bus interchange within a 30 minute walk of the Hospital. The village of Worston is within a 30 minute walk, as are the edges of the villages of West Bradford and Chatburn.

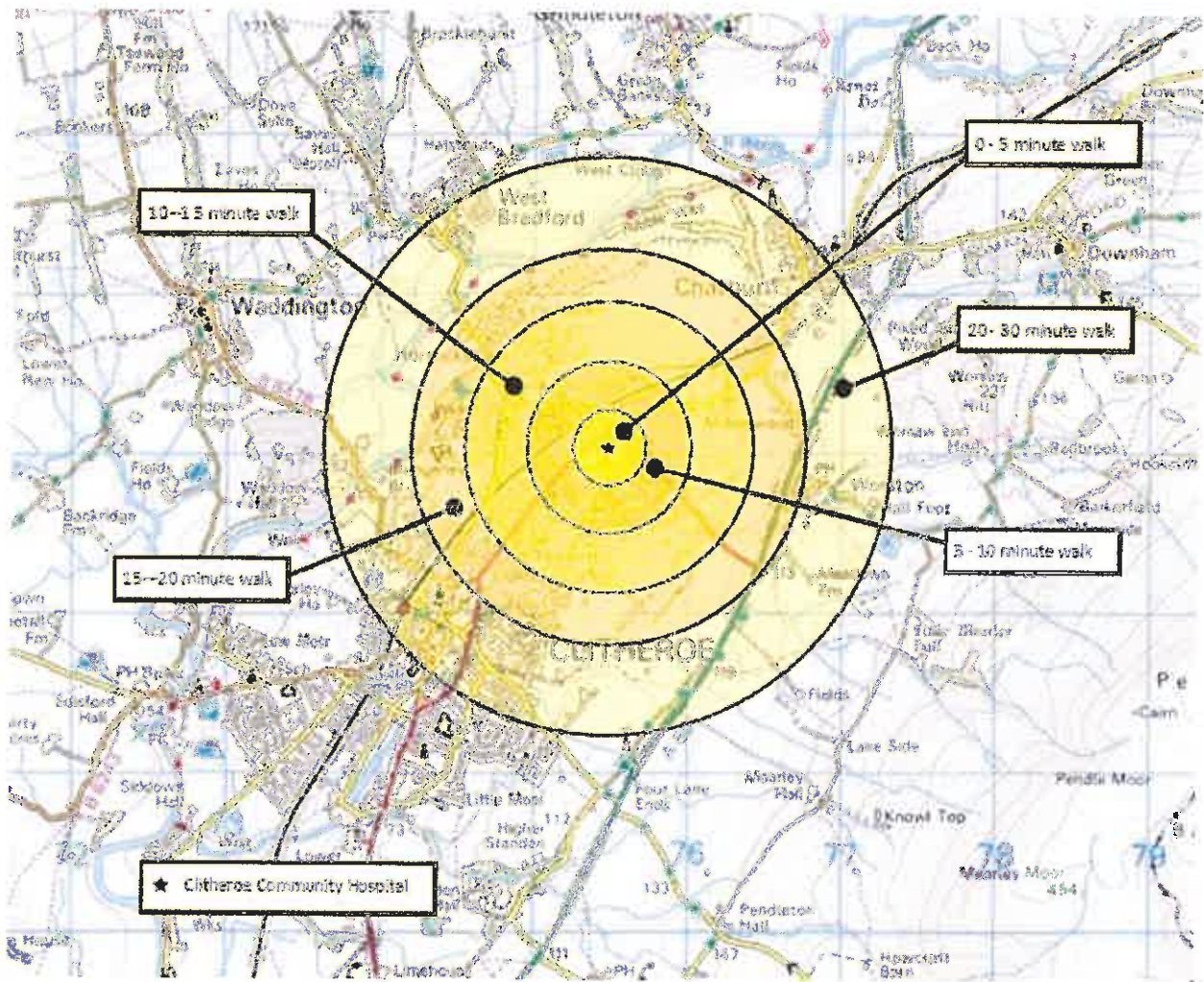


Figure 3.4 Walk accessibility

### 3.8.2 Public Transport Accessibility

Figure 3.5 illustrates the areas that are accessible within one hour of the hospital via public transport. These locations are summarised in Table 3.5.

Journey time from site	Location
0 – 15 minutes	Whalley, Billington, Bashall Eaves, Waddington, West Bradford, Chatburn, Langho (by train), Ramsgreave and Wilpshire (by train).
15 – 30 minutes	Hurst Green, Mitton, Blackburn (by train), Great Harwood, Langho (by bus), Gisburn, Thornton in Craven, Mellor Brook, Whitewell, Dunsop Bridge, Grindleton, Downham.
30 – 45 minutes	Ribchester, Salesbury, Padiham, Longridge, Rishton, Accrington, Skipton, Slaidburn, Sawley, Darwen (by train)
45 – 60 minutes	Chipping, Bumley, Blackburn (by bus), Preston, Tosside, Nelson, Barrowford, Bolton (by train).

Table 3.5 Public transport accessibility from the site

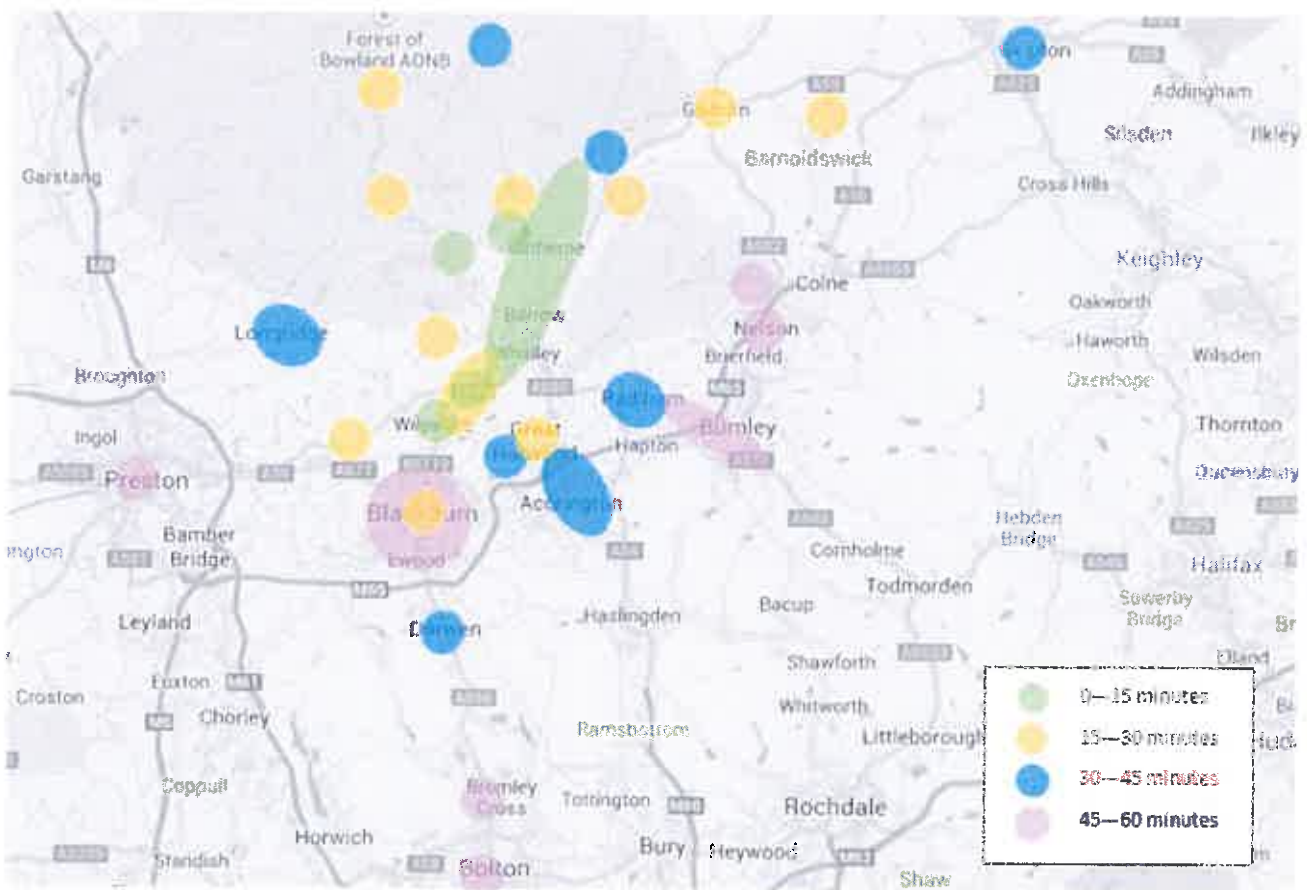


Figure 3.5 Public transport accessibility

## 4 Development Proposals

### 4.1 Proposed Development

The new purpose built hospital has a proposed floor area of approximately 4000sqm.

The hospital consists of the following facilities:

- 1 x 32 bed ward for inpatients services.
- Outpatients department.
- Special Care Dentistry.
- Therapies (Physiotherapy and Occupational Therapy).
- X-Ray.
- Ultrasound.
- Restaurant and associated catering facilities.
- General office and reception service.
- North West Ambulance Service (NWAS) base.

### 4.2 Site Access

The main pedestrian access is located at the north off the building off Chatburn Road.

Vehicular access serving the main car park is off Chatburn Road. A separate service access route is also provided off Pimlico Link Road.

### 4.3 Parking and Car Park Management

The new Hospital has a 65 space patient and staff car park. Of the 65 spaces, 7 are disabled spaces and 1 is a dedicated drop off space. The car park also provides parking spaces for 3 motorcycles. The General Office Manager will monitor the car park to ensure appropriate use of the facility.

The new development also provides storage for up to 18 bicycles as well as having male and female showers and changing facilities for staff.

## 5 Staff Travel Survey

### 5.1 Introduction

In March 2014, East Lancashire Hospitals Trust carried out a survey to assess travel patterns for staff that will be moving into the new hospital. A total of 113 staff were sent the questionnaire. In total, 72 replies were received, resulting in a response rate of 63.7%. The main findings of the staff travel surveys are presented in this chapter. The results of the surveys will be used to form the basis of the Travel Plan measures identified in this report.

### 5.2 Staff Survey Results

Postcode data was collected from staff for their home address. Many staff live in or around Clitheroe and the majority of the remaining staff live in the nearby towns and villages in East Lancashire. Some staff live further afield and these can be seen in Figure 5.1b. Figures 5.1a and Figure 5.1b show the plot of the home postcode data for staff.

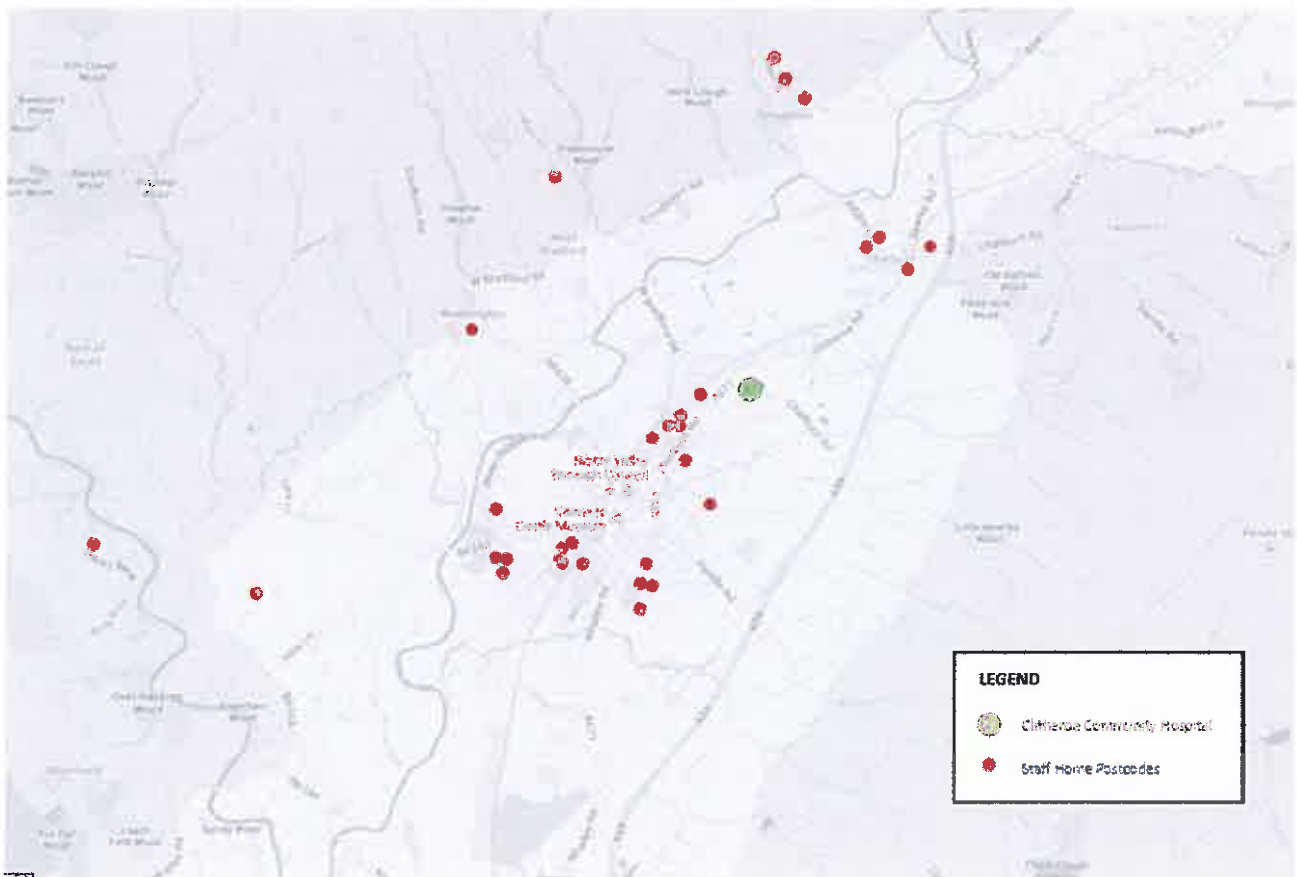


Figure 5.1a (Map 1) Staff home postcode plots

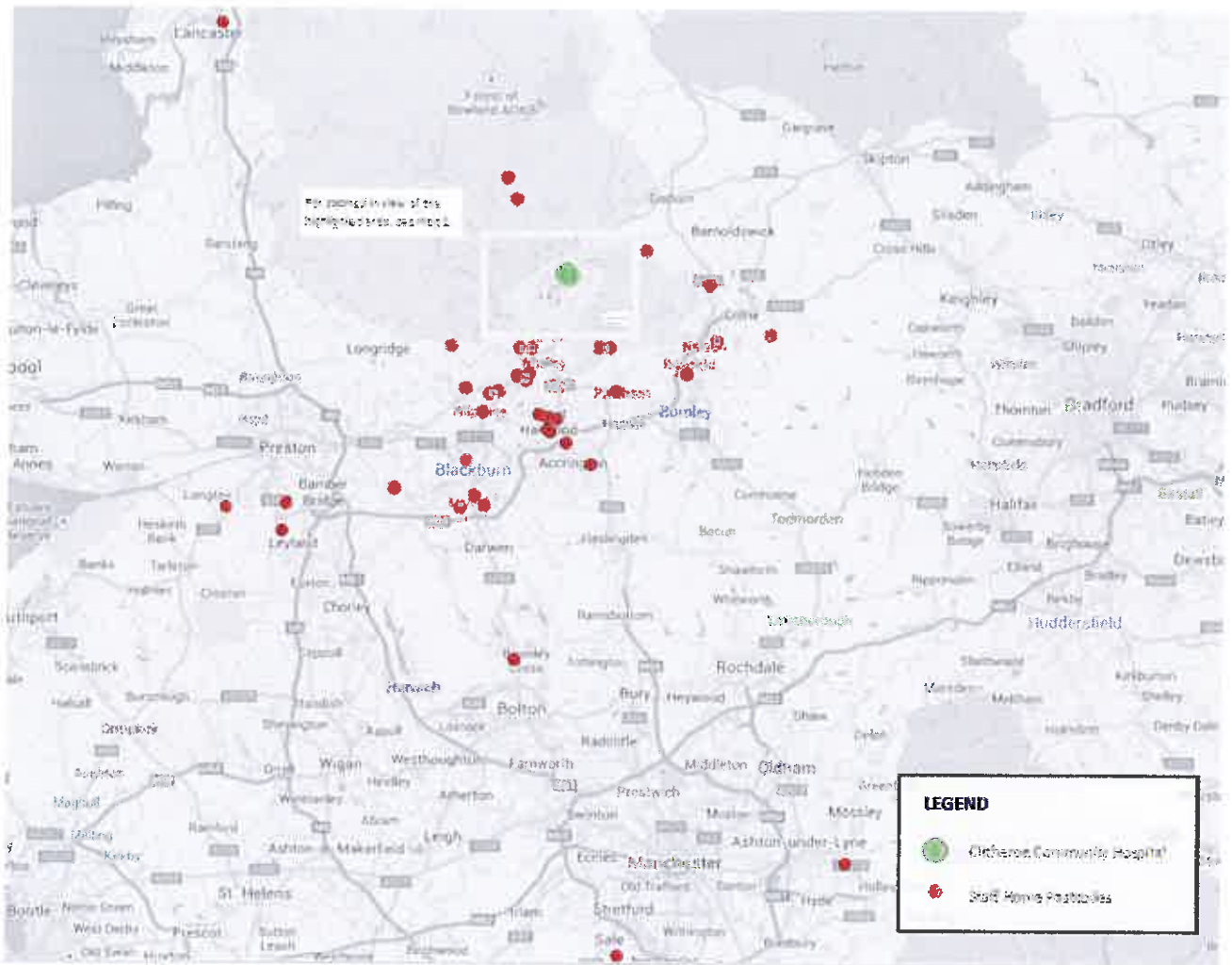
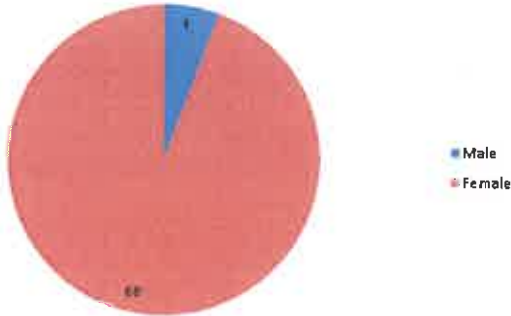


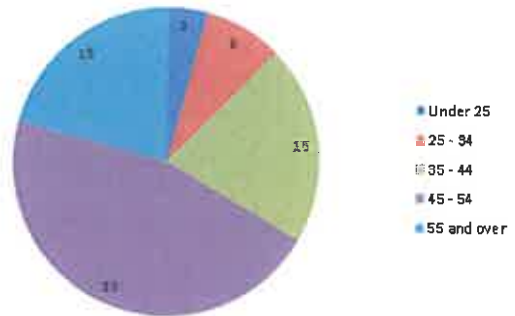
Figure 5.1b (Map 2) Staff home postcode plots



**Figure 5.2** and **Figure 5.3** indicate the age and gender of staff working from Clitheroe Community Hospital. Staff working from the hospital are mainly female with a 94%/ 6% split between female and male workers. The majority of staff working at Clitheroe Hospital are between the ages of 45 and 54, with only 12.5% of staff below the age of 34.

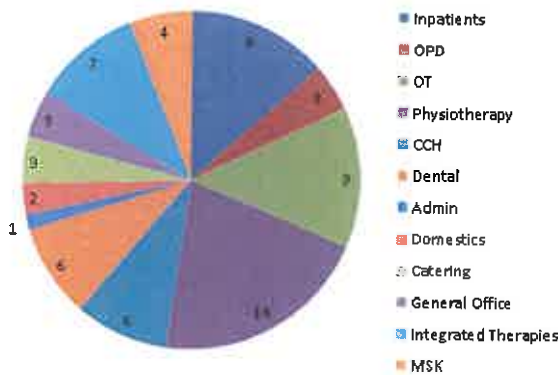


**Figure 5.2 Staff Gender**

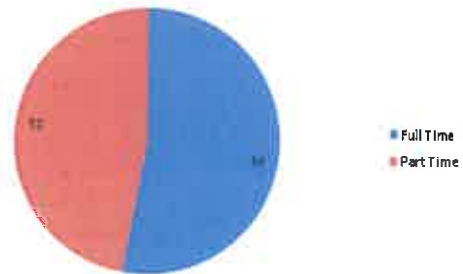


**Figure 5.3 Staff Age**

**Figure 5.4** indicates the departments that staff work for, with **Figure 5.5** showing staff working hours. There is a fairly even split between full time and part time staff, with 53% of staff working full time.

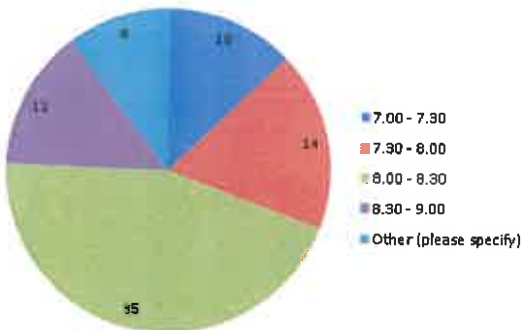


**Figure 5.4 Department**

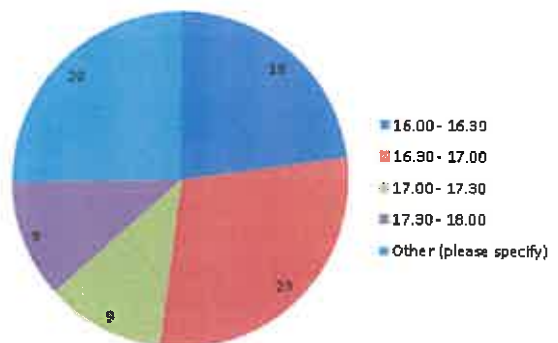


**Figure 5.5 Full or Part Time**

**Figure 5.6** indicates the times that staff start work. 45% of staff begin work between the hours of 8.00am and 8.30am with 32% of staff beginning work before 8.00am. The majority of staff, 54%, finish work between 4.00pm and 5.00pm.



**Figure 5.6 Start Time**



**Figure 5.7 Finish Time**

Figure 5.8 indicates that 97% of staff do not have a disability. This equates to two members of staff who completed the questionnaire having a disability.

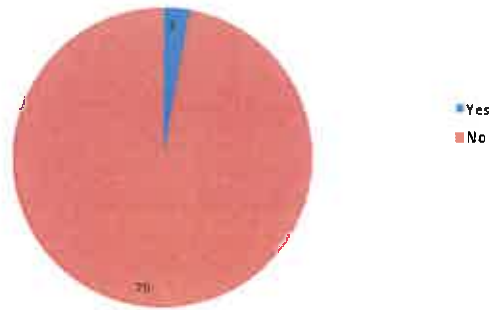


Figure 5.8 Do you have a disability

Figure 5.9 shows the current modal split for staff. 84% of the staff drive a car to work. There are 6 staff who currently walk to work, equating to 8%. Of the remaining staff, 6% get a lift to work as the passenger in a car and 2% cycle.



Figure 5.9 Current modal split

Figure 5.10 shows the length of staff journeys into work. The majority of staff, 56% have a journey time of less than 20 minutes, with only 6% of staff travelling over 45 minutes to get to work. If staff had to find an alternative form of transport to travel to work, as shown in Figure 5.11 the most popular choice would be to walk (24%). This is followed by getting a lift as a passenger in a car (13%), driving or cycling (both 8%), travelling by bus (3%) and catching the train (2%). 34% of staff would be unable to use any other method of transport if they could not use their primary method.

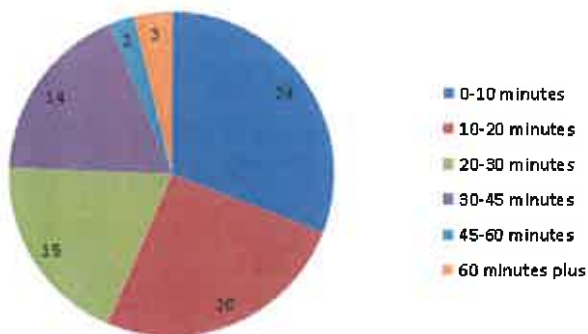


Figure 5.10 Length of journey to work

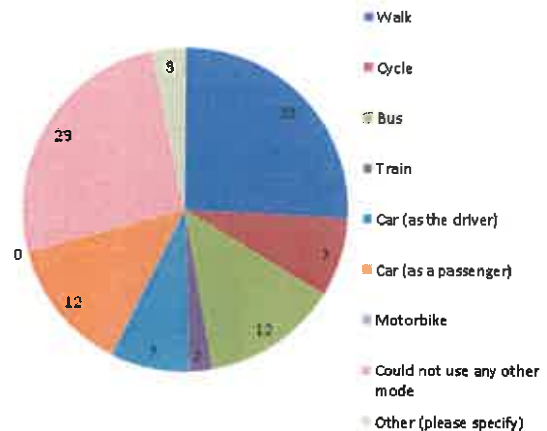


Figure 5.11 Alternative Transport

Figure 5.12 indicates the incentives that would encourage staff to use public transport to travel to work. 74% of staff who answered this question stated that they would never use public transport to travel to work. Of the remaining 26%, the most popular incentives would be to provide up to date transport information at work (11%). Figure 5.13 shows the incentives that would encourage staff to walk to work. 54% of staff said that they would never walk to work, with the most popular incentives being a guaranteed lift or taxi home in case of a family emergency (14%) and being guaranteed a lift or taxi home if asked to work late (12%).

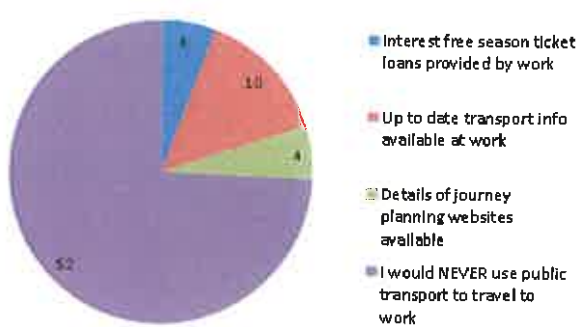


Figure 5.12 Incentives to use public transport

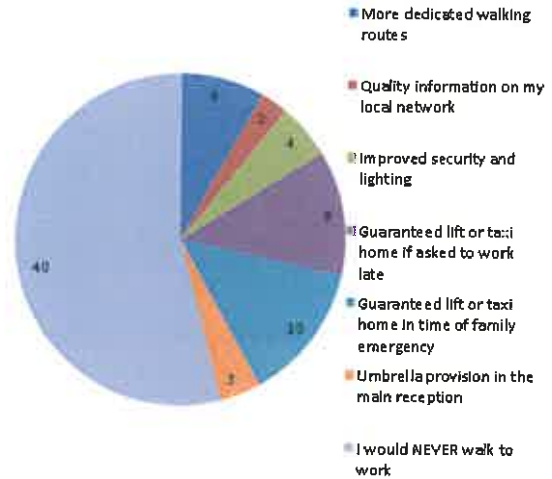


Figure 5.13 Incentives to walk to work

Figure 5.14 indicates the incentives that would encourage staff to cycle to work. 56% of staff who answered this question stated that they would never cycle to work. The most popular incentives would be more dedicated cycle routes (14%). Figure 5.15 shows where staff who drive to work park when working from Clitheroe Community Hospital. 87% of staff park on the hospital car park with the remaining 13% parking on a nearby street.

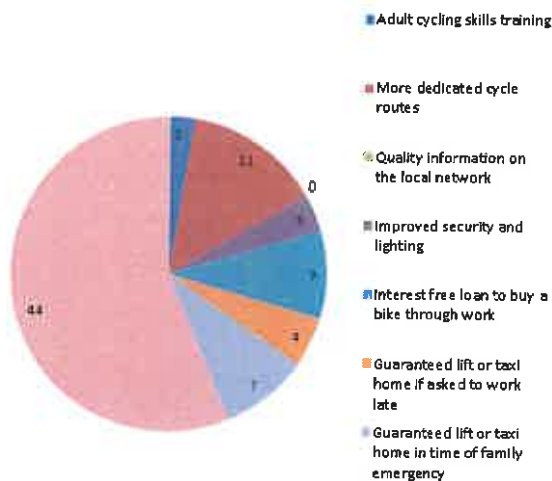


Figure 5.14 Incentives to cycle to work

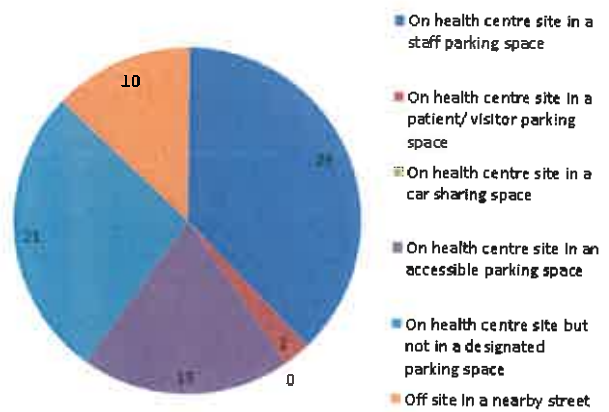
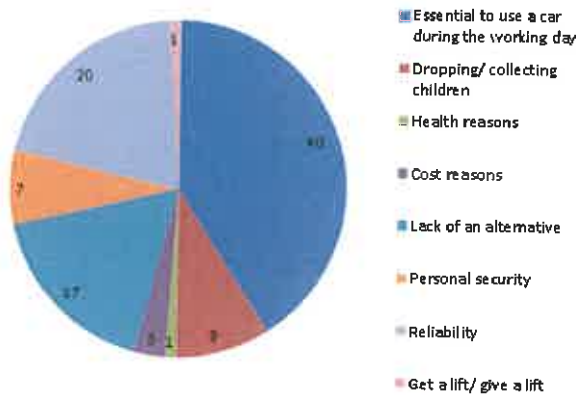
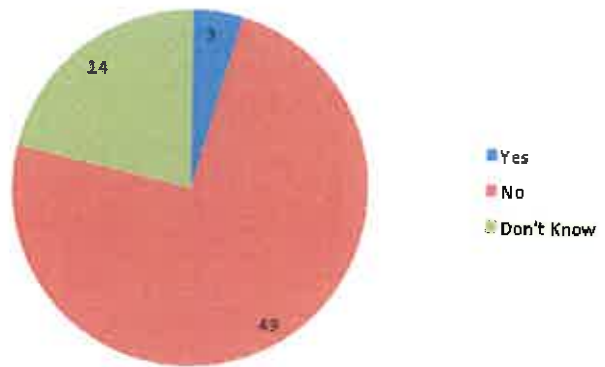


Figure 5.15 If you drive to work, where do you park.

**Figure 5.16** indicates that the main reason that staff (42%) use their car to travel to work is because it is essential to use a car during the working day. Other reasons for car use are reliability (20%), lack of an alternative (17%), dropping off/ collecting children (9%), personal security (7%), cost reasons (3%), health reasons (1%) and using their car to give a lift (1%). When questioned if staff would be interested in a park and ride scheme, **Figure 5.17** demonstrates that only 5% of staff would be interested in a park a ride. 21% said they did not know if they would be interested with 74% answering 'no'.

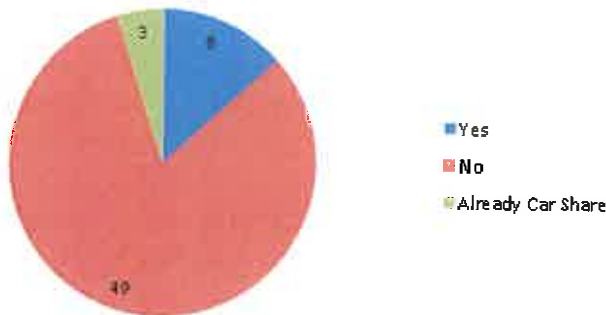


**Figure 5.16** Main reasons for using a car to get to work

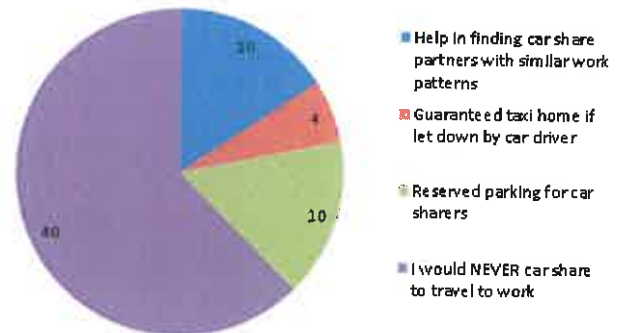


**Figure 5.17** Interested in Park and Ride

**Figure 5.15** shows the number of staff who would be interested in car sharing. Only 8 members of staff were interested in car sharing, equating to 13%. A further 5% stated that they already car shared, but 82% of staff stated that they would not be interested in car sharing. **Figure 5.19** looks at the initiatives that would encourage staff to car share. 62% of staff would not be interested in car sharing, no matter what initiatives were offered. Initiatives that would be considered were reserved parking for car sharers (16%), and help in finding car share partners with similar work patterns (16%) and guaranteed taxi home if let down by driver (6%).



**Figure 5.18** Interested in Car Share



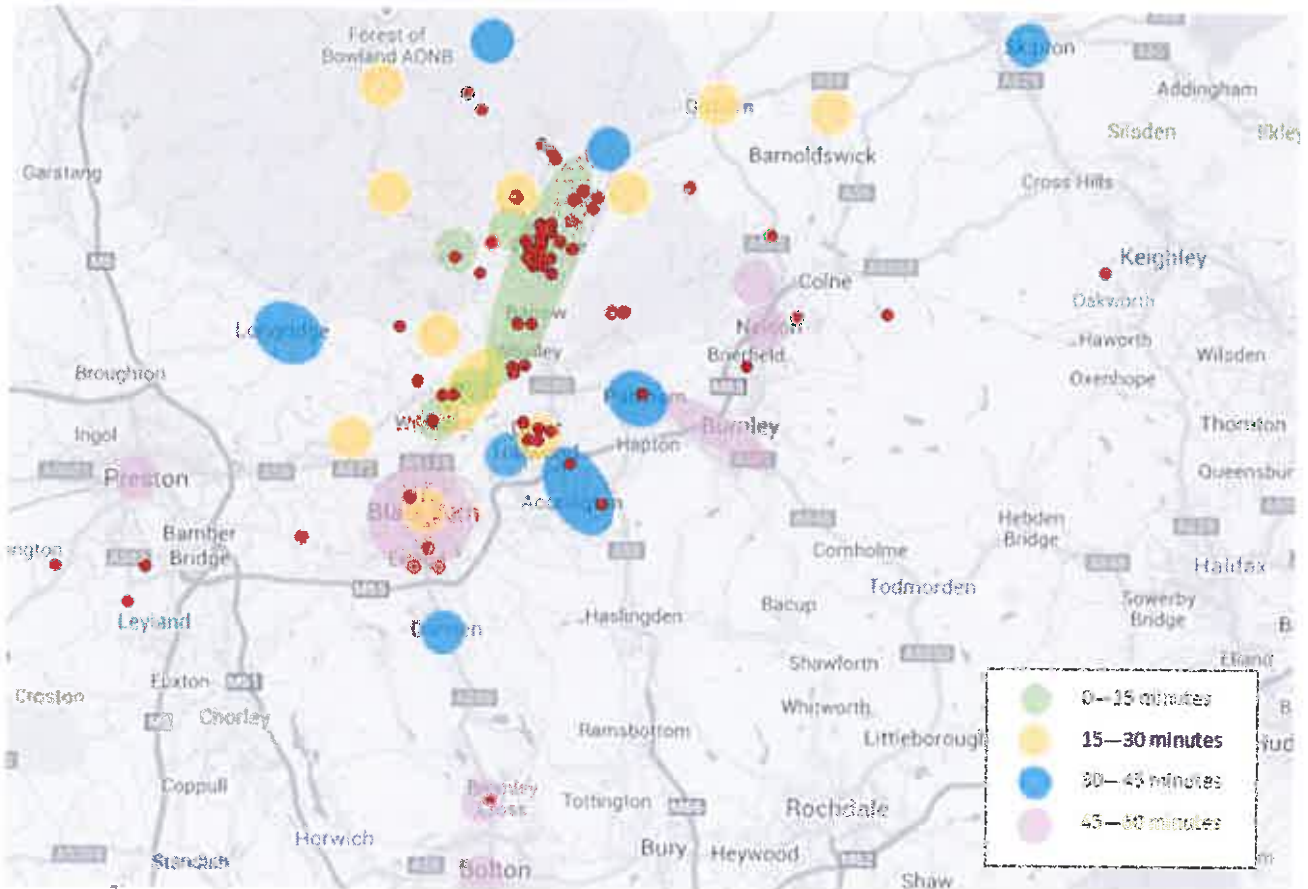
**Figure 5.19** Initiatives for Car Share

#### Other Comments:

- I live in Great Harwood so difficult to travel by bus.
- Need car for community visits.
- Public transport not an option as far as work is concerned
- No public transport available and too far to walk
- Often travel between sites during the day for meetings etc.
- Unlikely to find an alternative to driving unless you find a car sharer
- We use our cars to travel to see patients and to travel to other clinics
- I am an essential car user and I am expected to have my car available during he working day to visit patients and manage staff.
- I live in clayton-Le-Moors. Not many options.
- As an essential user, I am expected to have my car available throughout the working hours and therefore I cannot car share/ cycle/ walk to work.
- Free parking at new site
- Live too far from a bus route.
- Need vehicle for community visits
- I am happy to find alternative transport, but I work in the community. Could provide a community car for staff?
- I need to use car as part of my job role.
- I need my car as I m community based
- Community worker – car is essential for jobs.
- Work for community services, therefore need car for work use.
- If car sharing, I would need to be the driver as a car is essential for my job, I live too far away to car share and need my car for the working day.
- Always road works
- Doing split shifts at the moment, but changing hours at the new hospital so many walk to work some days then.
- Need car to carry out visits.
- I work in the community and use my car during the day to carry out visits.
- Too far to walk, cycle some days, car most days – car is convenient. Car sharing means being dependant on other people.

### 5.3 Staff Postcode Analysis

The staff postcode data obtained from the travel surveys has been plotted against the public transport accessibility plots. **Figure 5.20** illustrates the location of staff home postcodes in relation to the site and public transport accessibility. **Table 5.1** shows the number of staff located in each of the 15 minute public transport journey time areas.



**Figure 5.20** Staff origins with public transport accessibility

**Table 5.1** shows that of the 72 members of staff who provided their postcode 39 are within a 30 minute public transport journey. However, this would not necessarily be that case at certain times of day considering bus/ train changes required and frequency of trains/ buses. It must also be noted that most of the available services run to the town centre which is over a mile away from the hospital. Some of these trips have the potential to be transferred from cars to public transport or active modes of transport such as walking and cycling. The staff postcode data illustrates that the hospital has good access by sustainable transport modes for the majority of the staff who will work at the hospital.

User	0 – 15 mins.	15 – 30 mins	30 – 45 mins	45 - 60 mins	60+ mins	Total
Staff	31	8	3	4	26	72

**Table 5.1** Number of staff in each public transport isochrones

## 6 Measures

### 6.1 Introduction

This chapter discusses and details the specific measures/initiatives for this Travel Plan. A toolkit of initiatives that are relevant to this development are presented in **Table 6.1**.

### 6.2 Administration of the Travel Plan

To ensure that the Travel Plan is sustainable over the long-term the Travel Plan Co-ordinator will be responsible for the administration of the Travel Plan and its measures. The Travel Plan Co-ordinator will be the designated liaison between, employees, patients and third parties on all relevant matters of sustainable travel including surveys, publicity, funding and the implementation of the measures. The Travel Plan Co-ordinator will be responsible for the development and implementation of the Travel Plan and:

- Seeking approval from Ribble Valley Borough Council, to implement each of the measures identified within the Travel Plan Toolkit;
- Ensuring appropriate monitoring and data gathering procedures are in place
- Seeking firm commitment from all staff;
- Undertaking personalised Travel Plans; and

The Travel Plan Co-ordinator will also be responsible for the promotion of the Travel Plan to ensure that:

- All sustainable proposals within the Travel Plan are promoted, particularly making information available on sustainable alternatives to the private car;
- The health benefits of walking and cycling are publicised;
- The information provided is up-to-date and made available for all users; and
- Successes from the Travel Plan are publicised.

To ensure that the Travel Plan is sustainable in the long-term, monitoring is essential to maintain the integrity of the Travel Plan. The co-ordinator will liaise with Ribble Valley Borough Council on an annual basis, to report performance of the Travel Plan against defined indicators and targets to encourage a reduction in single vehicle trips. This process is discussed in greater detail in the following chapter (**Chapter 7**).

### 6.3 Travel Plan Toolkit of Initiatives

**Table 6.1** provides the toolkit of measures to be imposed on the new hospital as well as on employee and staff travel.

Travel Plan Initiatives	Identification of Responsibilities	Timescales
<i>Public Transport buses and trains provide a sustainable alternative to the private car.</i>		
Produce and disseminate leaflets publicising bus and train travel information and local taxi firms for staff, patients and visitors. Ensure this information is displayed on noticeboards in the hospital.	The Travel Plan Coordinator will be responsible for producing and disseminating leaflets publicising public transport travel information for staff, patients and visitors and ensuring that information on travelling by bus is kept up to date.	This will be established within 3 months occupation of the hospital.
Information will be provided to patients and staff around online journey planners.	The Travel Plan Coordinator will be responsible for liaising with practice managers and services to providing information on online journey planners.	This will be established within 3 months occupation of the hospital.
Personal journey plans for travelling by public transport will be available on request for staff as not everyone will be familiar or comfortable in using the services.	The Travel Plan Coordinator will be responsible for liaising with services and practice managers to organise personal journey plans for staff.	This will be established within 3 months occupation of the site.
Promote the use of services such as Dial-a-Ride or any community lift services.	The Travel Plan Coordinator will provide information regarding these services.	This will be established within 3 months occupation of the site.
Liaison with bus companies and NHS	The Travel Plan Coordinator will	Potential initiative to be considered.

organisations around providing interest free loans and discounted ticketing on bus and train season tickets for employees.	investigate the potential for interest free loans and discounted ticketing for bus and train season tickets.	
Negotiation of improved bus services,	The Travel Plan Coordinator will be responsible for negotiating with third parties on the improvement of bus services.	Potential initiative to be considered.
<b>Walking (best suited to journeys under 2 kilometres)</b>		
Promote walking, for staff, patients and visitors that live or work within 2 kms of the hospital.	The Travel Plan Coordinator will promote walking for staff, patients and visitors that live or work within 2 kilometres of the hospital.	Will be undertaken within 3 months occupation of the site.
Provide well-maintained and lit internal pedestrian linkages across the site. Ensure that on-site pedestrian linkages are kept clear from obstructions such as parked cars.	The provision of well-maintained and lit internal pedestrian linkages will be incorporated into the design of the development.	To be incorporated into the design of the development.
Provide safe, secure, well-lit and prioritised pedestrian routes in the vicinity of the development.	The design of pedestrian routes will be incorporated into the design of the development.	To be incorporated in to the design of the development.
Provide cloakroom and shower facilities within the hospital, incorporating storage lockers and drying facilities.	Cloakroom and showering facilities have been incorporated into the design of the hospital.	Already incorporated into the design of the development.
Safe walking routes will be identified through an accessibility audit and these will subsequently be presented on a specific walker's map.	The Travel Plan Coordinator to undertake the accessibility audit and create a map of safe walking routes in conjunction with the local police and Council.	Potential initiative to be considered.
Development of a walk-share or walking group scheme, to establish walking partners and provide added security, particularly during the evening.	The Travel Plan Coordinator to establish walking partners.	To be completed within 3 months occupation of the site.
<b>Cycling and Motorcycling offer a more environmentally friendly alternative to travel by private car and are more space efficient with respect to parking and congestion.</b>		
Promote cycling, in particular for journeys of between 2 and 6 miles in length. Encourage membership of Spokes, the NHS Cycling Network ( <a href="http://www.networks.nhs.uk/nhs-networks/spokes-the-nhs-cycling-network">http://www.networks.nhs.uk/nhs-networks/spokes-the-nhs-cycling-network</a> )	The Travel Plan Coordinator will be responsible for promoting cycling for journeys between 2 and 6 miles in length.	This will be established within 3 months occupation of the site.
Provide secure and accessible cycle parking.	Secure and accessible cycle parking will be incorporated into the design of the development.	Already incorporated into the design of the development.
Potential to setup Bicycle User Group (BUG) to encourage staff to cycle.	The Travel Plan Coordinator will investigate the feasibility of this initiative.	Potential initiative to be considered.
Provide lockers, changing and shower facilities within the building.	Lockers, changing and showering facilities will be incorporated into the design of the building.	Already incorporated into the design of the building.
Cycle route maps to and from the hospital will be provided for staff.	The Travel Plan Coordinator will be responsible for drawing up safe cycle route maps.	This will be completed within 3 months as part of building induction.
Provide staff with information on financial incentives such as interest free loans, discounted purchase prices and/or preferential insurance rates for cyclists.	The Travel Plan Coordinator will investigate the potential for introducing these incentives.	Potential initiative to be considered.
Free cycle checks.	The Travel Plan Coordinator will establish the potential for conducting free	Potential initiative to be considered.



	cycle checks.	
<i>Private Car usage, where there are no suitable alternatives, will be controlled to reduce congestion and ease pressures on parking. The developments proximity to public transport hubs should facilitate low levels of car use.</i>		
Encourage staff and, where appropriate, patients as possible, to share their journeys to the hospital.	The Travel Plan Coordinator will establish staff car sharing by using survey information to identify potential sharers.	Will be established within 3 months occupation of the development.
Encourage use of the shared wheels website: <a href="http://www.sharedwheels.co.uk">www.sharedwheels.co.uk</a>	The Travel Plan Coordinator will establish the potential for utilising the shared wheels website.	Will be encouraged within 3 months occupation of the site.
Availability of Car Share Spaces.	The Travel Plan Coordinator will establish the potential for car share spaces.	The potential for this initiative will be established within 3 months occupation of the site
Emergency Lift Home.	The Travel Plan Coordinator will establish an emergency lift home for members of staff who are car sharing.	Potential initiative to be considered.
<i>Other Initiatives. Informative measures and the provision of additional physical measures can assist in the reduction and the reliance for travel by private cars.</i>		
Establish a Working Group or Travel Plan Group through the Building Forum Group. Hospital staff will be encouraged to assist with implementing the Travel Plan. Tasks will include:  - Implementing and promoting measures outlined in this table - based on the results of the staff survey, - Setting targets based on the results of the staff survey, and - Re-setting targets.	A Travel Plan working group will be established by the Travel Plan Coordinator.	Will be established within 3 months occupation of the site.
Inform staff, patients and visitors of the health and fitness benefits of cycling and walking through posters and notice boards situated in prominent locations.	The Travel Plan Coordinator will post notice boards and posters in prominent locations to inform staff, patients and visitors of the health and fitness benefits of cycling and walking.	This will be established within 3 months occupation of the site.
Provide space in prominent locations for notice boards and information points on travel by non-car modes of transport.	The Travel Plan Coordinator will provide space in prominent locations for notice boards and information points.	This will be put in place within 3 months occupation of the site.
National events such as 'Green Travel Week' and 'In Town without My Car Day' will be held in order to raise the profile of the Travel Plan with staff, patients and visitors.	The Travel Plan Coordinator will promote the national events in order to raise the profile of the Travel Plan with staff, patients and visitors.	This will be established within 3 months occupation of the site.
Information on how to reach the site via modes other than the private car will be provided for patients.	The Travel Plan Coordinator will establish this initiative.	To be established within 3 months occupation.
Staff to be made aware of the Travel Plan as part of employee induction programme.	The Travel Plan Coordinator will establish this initiative.	To be established within 3 months occupation.

Figure 6.1 Travel Plan Toolkit

## 7 Targets, Monitoring and Review

### 7.1 Introduction

This chapter presents targets for a shift in modal split of travel away from the single occupancy private car as well as targets to encourage and support the continued use of non-private vehicular transport to the hospital. A monitoring process is also discussed along with proposed timescales for the implementation of this Travel Plan.

### 7.2 Targets

Targets to encourage a shift in modal split of travel by staff have been derived from the results of the staff survey and are presented in the **Table 7.1**. The targets have been set using postcode analysis.

Mode of Travel	Existing Modal Split	Future Modal Split
Car Driver	84%	75%
Walk	8%	10%
Car Passenger	6%	8%
Bus	0%	1%
Bicycle	2%	6%
Train	0%	0%
Motorbike	0%	0%
Other	0%	0%

Table 7.1 Staff Modal Split Targets

The Travel Plan Coordinator will compare the modal split results obtained from annual monitoring to the targets, to ensure the effectiveness of the Travel Plan.

#### 7.2.1 Patient Targets

It should be recognised that affecting a change in patient travel modes can be difficult due to the reason behind patient travel, therefore a number of milestone targets are imposed, as follows:

- To reduce the number of single occupancy car trips,
- To increase car sharing,
- To increase travel by public transport,
- To increase cycling, and
- To increase walking.

### 7.3 Monitoring Process

Regular monitoring will be required as soon as the development is occupied and the Travel Plan measures are up and running, this in order to assess whether the above targets for travel reduction are met. The Travel Plan Coordinator will play an important role in reviewing and re-setting staff targets.

#### 7.3.1 Frequency

The Travel Plan Coordinator will review and monitor the success of the Travel Plan by observation on an on-going basis; however targets will be formally re-set on an annual basis (via a modal split survey).

#### 7.3.2 Process

The bullet points below form an initial process for monitoring the success of the Travel Plan by observation.

- Monitor how many staff, patients and visitors use public transport;
- Monitor how many staff, patients and visitors walk;
- Monitor how many staff, patients and visitors cycle;
- Monitor the extent of travel information provided;
- Monitor the level of leaflets or marketing material that is sent out in relation to the Travel Plan;
- Monitor any changes in levels of use of car, cycle and motorcycle parking; and
- Review how many members of staff car share.

Modal split surveys will be undertaken on an annual basis to establish how the Travel Plan is performing in terms of a shift in modal split towards previous targets set.

#### 7.4 Timescales

Timescales for the implementation of measures, monitoring of targets, modal split surveys and full surveys are presented within the table below:

Action	Timescale
Implementation of all measures	Within 3 months occupation of hospital
Monitoring of patient and staff targets (observation)	Ongoing from 3 months occupation of the site. Weekly diary of reports to be kept on cycle parking usage etc.
Modal Split Survey (half survey)	Annual
Full Survey (to include demographics and revised measures) to ensure samples are representative.	Every 3 years
Revised Travel Plan Reports	Half Report comparison of targets against those set – Annually Full Report – Every Three Years

Table 7.2 Hospital Travel Plan Timescales

## 8 Summary

The introduction of this Travel Plan and associated proposed measures are intended to increase the awareness of alternatives that will result in a reduction in reliance on the private car.

The measures proposed include a combination of infrastructural measures and improvements, increased frequency of public transport services, promotional incentives, financial incentives and better management of travel to the hospital to encourage an increase in the use of public transport.

The results of the staff survey have been presented and incorporated into the Travel Plan. The survey results provide the basis for the Travel Plan measures and modal split targets.

### 8.1 Commitment to Establishing Initiatives

This final paragraph forms the hospital's commitment to establishing the Travel Plan measures contained within this report and to taking each of the proposed actions forward.

The proposed initiatives discussed in this Travel Plan will be established by The Travel Plan Co-ordinator and every effort will be made to achieve the targets set.

Signed:

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(Debbie Dewhurst, Hospital Travel Plan Co-ordinator)

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(Martin Morgan, Director of Estates and Facilities, East Lancashire Hospitals Trusts)

Signed:

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(Ribble Valley Borough Council)