University Hospitals of Leicester
2019 Travel Plan

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Client Name: University Hospitals of Leicester NHS Trust
Site Address: Leicester Royal Infirmary, Infirmary Square, Leicester, LE1 5WW
Site Address: Glenfield Hospital, Groby Road, Leicester, LE3 9QP
Site Address: Leicester General Hospital, Gwendolen Road, Leicester, LE5 4PW
Control Sheet

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<tr>
<td><strong>Laura Smith</strong></td>
<td></td>
<td>25 March 2020</td>
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<tr>
<td>BSc (Hons) AMCIHT</td>
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<td></td>
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<tr>
<td>Graduate Transport Planner</td>
<td></td>
<td></td>
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<tr>
<td><strong>Nicky Agimal</strong></td>
<td></td>
<td>25 March 2020</td>
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<tr>
<td>Transport Planner</td>
<td></td>
<td></td>
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<tr>
<td><strong>Sarah Strauther</strong></td>
<td></td>
<td>25 March 2020</td>
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<tr>
<td>MCIHT</td>
<td></td>
<td></td>
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<tr>
<td>Senior Transport Planner</td>
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<td><strong>Matt Price</strong></td>
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<td>25 March 2020</td>
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Executive Summary

This Travel Plan (TP) has been prepared on behalf of the University Hospitals and Leicester NHS Trust (UHL) to promote an increase in sustainable travel amongst staff, volunteers, patients and visitors, as well as to consider the suitability of transport and travel related infrastructure and initiatives across the three main sites.

With the UHL currently undergoing a series of new developments and a reconfiguration programme aimed at improving the quality of care provided by the Trust, this TP also seeks to identify what the future implications of this programme may be on the travel habits of site users.

This latest iteration of the UHL Travel Plan provides a continuation of the work undertaken by the Trust since 2001. It is possible to review performance with regards to achieving the aims and objectives and also consider which measures are successful, and which are less so.

The aims and objectives in 2020 remain largely consistent with those from previous years, in that the increased use of sustainable travel modes aligned to an overall reduction in car dependency is targeted. When considering previous survey results from 2013 it is noted that overall single occupancy car trips have increased from 51.7% to 59.1%. The possible reasons for this are explored fully within this report however the achieving of TP targets requires a long-term financial and resource commitment which can be difficult for many organisations to commit to, particularly those from the public sector.

There have been some notable successes, including the popularity of the ‘Hospital Hopper’ bus, which has seen year on year increase in the number of UHL staff using this service (though small reductions in usage amongst members of the public and university staff).

Whilst each of the three main sites considered are considered easy to access by sustainable modes of travel, there remains opportunities to further improve the quality of on-site sustainable travel infrastructure (notably bus stops and cycle parking facilities), particularly at the Glenfield and General sites. This TP also considers the quality of infrastructure and services beyond the hospital boundary sites and in that is it concluded that further engagement with Leicester City Council and local bus operators should be undertaken with the aim of improving the wider connectivity of the hospital sites to the surrounding residential neighbourhoods and transport interchanges for pedestrians, cyclists and public transport users.

During a period of two weeks between March and April 2019, 2,028 staff and volunteer surveys and 899 patient and visitors surveys were completed which represents a response rate of circa 17% and 26% respectively. As highlighted above, there has been an increase in the proportion of staff and volunteers that are dependent upon private car trips and this trend is mirrored by patients and visitors, where there has been an increase in the proportion of single occupancy car trips from 23.3% in 2013, to 32.3% in 2019.

This trend does however mask small increases in the proportion of all site user accessing the site by cycle or on foot (though a small reduction in the proportion of staff and volunteers accessing the site by cycle was noted).
The provision and usage of car parking across the three sites was also considered as a part of this TP and detailed traffic counts and car parking occupancy surveys were undertaken in March 2019. Across the three sites it was found that at all periods, latent car parking capacity was available however this masks a disproportionate level of demand for individual car parks amongst different user groups (public and staff), with some heavily over-used during peak periods whilst other consistently remained under-occupied.

At the General Hospital site across all public parking spaces there remained 20% capacity during the busiest periods, whilst this figure was slightly less at 18% for staff parking spaces. At Glenfield, during the busiest times there remained 18% of total car parking capacity available for public spaces, but only 4% for staff parking spaces. At the Royal Infirmary these figures were 0% for public parking spaces and 15% for staff parking spaces. In addition to the parking provided by the Trust on-site, UHL also contract 1,743 off-site parking spaces at a number of locations for staff parking (NCP Welford Road, Filbert Street, Raw Dykes and King Power Stadium).

A review of the car parking policies has also been undertaken with a series of recommendations proposed including improved signage and controls which have been designed in part to improve the distribution of parking across the sites, reduce the occurrences of congestion and queues and also reduce the attractiveness of travel to the UHL sites by car.

A thorough review of the Trust’s delivery and servicing trips has been undertaken and the impacts of these operational trips on each site. It was concluded that the existing operation works satisfactorily with little negative impact on the wider site operations, though some improvements can be made to deliver efficiency gains.

When considering which measures the Trust can promote in order to reduce single occupancy vehicle trips and achieve the aims and objectives of this TP, an analysis of what other comparable hospital trusts are doing has been undertaken. This benchmarking exercise found that on the whole, UHL are promoting and delivering comparable schemes to the other trusts considered as part of this study and are achieving comparable, if not better in some cases, modal split results. This serves to highlight the challenges facing all large hospital trusts when it comes to reducing car dependency amongst site users.

Finally this TP goes on to suggest a series of measures that can be enhanced or new measures which can be promoted that should contribute to the overarching aims and objectives. Aligned to these measures are a series of revised, and more attainable targets which focus upon the reduction of single occupancy vehicle trips and increases in the uptake of sustainable travel modes. A monitoring regime is also provided alongside a summary of the benefits the Trust could expect should the aims and objectives be achieved.

Whilst during the inception and preparation of the TP it was envisaged that it would be possible to consider the travel impacts that will occur as a result of the Trust’s reconfiguration programme, it is not clear at the time of writing exactly which services and more specifically, the numbers of staff and service users that would be affected by the proposals. It was therefore not possible to accurately predict the number of staff and services users that would for example, move from LGH to LRI and the resultant travel implications of this.

It is therefore recommended that a further piece of work be undertaken once more detail is known about the numbers of staff and service users that shall be affected by the reorganisation programme, and the wider transport implications of this on areas such as car parking provision, Hospital Hopper bus capacity, cycle parking and personalised travel information packs as examples.
1.0 Introduction

1.1 Brief

1.1.1 Curtins have been appointed by University Hospitals of Leicester NHS Trust (UHL) to produce a Travel Plan (TP) which considers the travel needs and trends of their staff, volunteers, patients, visitors and operational activities across their three main campuses within the City. This TP is intended to build upon the previous UHL TP which was prepared in 2013.

1.2 What is a Travel Plan?

1.2.1 A TP is defined by the Department for Transport (DfT) and by the Department for Communities and Local Government (DCLG) as:

“A long-term management strategy for an occupier or site that seeks to deliver sustainable transport objectives through positive action and is articulated in a document that is regularly reviewed.”


1.2.2 A TP is intended to encourage people to choose alternative transport modes over single occupancy car use and, where possible, reduce the need to travel at all. Such a plan should include a range of measures designed to achieve this goal.

1.2.3 A TP should also include a list of measures that will be implemented to affect modal choice and a management strategy to monitor the effectiveness and success of the TP in achieving modal shift away from private car travel.

1.2.4 Under the National Planning Policy Framework, Travel Plans are required at developments that generate significant amounts of movement. In addition, Travel Plans are required by NHS Policy as part of their wider Carbon Reduction Strategy:

“All Trusts should have a Board-approved active Travel Plan as part of their Sustainable Development Management Plan.”


1.2.5 Therefore, the production and implementation of this TP is consistent with national and local planning policy and NHS policy guidance.
1.3 Background to UHL

1.3.1 There are unique issues surrounding the transportation needs of hospitals, which typically feature a significant number of shift patterns, staff volunteers working “on call”, and the need to travel between sites. It is also necessary to consider the needs of patients with limited mobility and their visitors, to be able to access the site easily and reliably. These unique transportation needs have therefore underpinned the analysis within this TP.

1.3.2 UHL is among the largest NHS Trusts in the UK, employing approximately 11,821 staff volunteers across three different sites. Approximately 6,704 are employed at Leicester Royal Infirmary, 2,550 at Glenfield Hospital and 2,576 at Leicester General Hospital. UHL is predicted to serve 3,500 people daily with a catchment of approximately 1.2 million residents of Leicester, Leicestershire and Rutland. With its specialist treatment and services in cardio-respiratory diseases, cancer and renal disorders, UHL also reaches a further 2-3 million patients nationally.

1.3.3 The Trust operates across three hospital sites which are as follows;

- Leicester General Hospital (LGH)
- Glenfield Hospital (GH)
- Leicester Royal Infirmary (LRI)

1.3.4 The location of all three sites are shown at a local level in Plan 1. Plans 2 to 7 show the hospital sites individually at both regional and local levels.

1.4 Purpose of the Report

1.4.1 This TP has been prepared to demonstrate UHL’s commitment to sustainable travel, the reduction in single occupancy vehicle trips and to inform Highways Officers at Leicester City Council of how UHL will promote the use of sustainable modes of travel and discourage single vehicle occupancy trips whilst creating targets and methods for the management and monitoring of measures.

1.4.2 This TP has been developed in part as an evolution of the existing TP for UHL which was adopted in 2013. In the intervening period there have been a number of measures implemented as part of the TP, a select few include the following:

- Promotion of cycling;
- Continuation of cycle to work scheme;
- Continuation of the hopper bus;
- Work with council on electronic bus signage;
- Review of all car park permits;
- Working with council around Park and Ride possibilities;
• Cycle surgeries;
• Continuation of car share scheme; and
• Management of car parks.

1.4.3 This TP has been developed in close conjunction with key staff, within UHL, to build upon the past successes and failures of the previous TP. In addition, this TP has also encompassed the Department for Transport (DfT) travel planning good practice guidance which has been developed to promote what key actions and measures are required to deliver a successful TP.

1.4.4 A more detailed summary of the existing measures are located in Section 4, measures to encourage sustainable travel are located in Section 16 with budgets for these measures included within Section 21 of this report.

1.4.5 Notwithstanding the above, the 2013 TP set modal share targets for staff volunteer travel which included a target reduction in single occupancy car trips of 15%. As discussed in detail in Section 20, this target has not been met and therefore this TP aims to implement new and revised measures and targets to successfully reduce single occupancy car trips.

1.4.6 The existing TP is now over six years old and it is considered appropriate to produce a new TP, which will continue to build upon the successes of the previous iteration. This TP should be considered a “live” document which is subject to ongoing refinement and improvement, and should be made freely available to all staff, volunteers, patients and visitors at UHL.

1.4.7 Following this section of the report, the TP is set out under the sections set out in Table 1.1 below.
<table>
<thead>
<tr>
<th>Section</th>
<th>Name</th>
<th>Overview</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Benefits and Objectives</td>
<td>This section establishes a number of objectives for the TP to aspire towards. The overall success of the TP will be judged against how well it performs against these objectives.</td>
</tr>
<tr>
<td>3</td>
<td>Future Development Plans</td>
<td>This section describes the future reconfiguration of the three hospital sites.</td>
</tr>
<tr>
<td>4</td>
<td>Recognition of Existing Measures</td>
<td>This section outlines the existing measures that have been implemented since 2013. It provides comments on the effectiveness of the measures and how various initiatives could be improved or built upon.</td>
</tr>
<tr>
<td>5</td>
<td>Site Audits</td>
<td>These sections contain a detailed audit of the three sites, considering all traffic and transportation matters.</td>
</tr>
<tr>
<td>6</td>
<td>Pedestrian and Cycle Infrastructure</td>
<td>This section investigated the existing provision and suggests improvements that could be made to better provide for pedestrians and cyclists.</td>
</tr>
<tr>
<td>7</td>
<td>Leicester’s Public Transport Services</td>
<td>This section provides information about Leicester’s Public Transport services, specifically; Park and Rides and Haymarket Bus Station.</td>
</tr>
<tr>
<td>8</td>
<td>Travel Surveys</td>
<td>In these sections, the travel behaviors of staff, volunteers, patients and visitors is analysed.</td>
</tr>
<tr>
<td>9</td>
<td>Pedestrian and Cycle Surveys</td>
<td>This section contains details of pedestrian and cycle “in/out” surveys undertaken at all three UHL sites.</td>
</tr>
<tr>
<td>10</td>
<td>Car Park Surveys</td>
<td>This section contains details of car park occupancy and “in/out” surveys undertaken at all three UHL sites.</td>
</tr>
<tr>
<td>11</td>
<td>Car Park Management Plan</td>
<td>This section contains a review of the existing car park management strategy and identifies measures that could be implemented to enhance this.</td>
</tr>
<tr>
<td>12</td>
<td>Delivery Management Plan</td>
<td>This section outlines the benefits of effective management of delivery traffic and considers measures to achieve these benefits at UHL.</td>
</tr>
<tr>
<td>13</td>
<td>Measures to Encourage Sustainable Travel</td>
<td>This section provides a clear description of the measures proposed to encourage sustainable travel, reduce single occupancy car use and achieve the stated targets and objectives.</td>
</tr>
<tr>
<td>14</td>
<td>Travel Plan Management Strategy</td>
<td>This section sets out the strategy for implementing the TP. It will also identify who is responsible for the TP.</td>
</tr>
<tr>
<td>15</td>
<td>Communications Strategy</td>
<td>This section will identify a strategy for communicating the TP to all staff, volunteers, patients and visitors.</td>
</tr>
<tr>
<td>16</td>
<td>External Stakeholder Engagement</td>
<td>This section will identify a strategy for working in collaboration with external parties in order to support the aims of the TP.</td>
</tr>
<tr>
<td>17</td>
<td>Monitoring and Review</td>
<td>This section details the methodology for monitoring and reviewing the TP, including how often the monitoring will take place, the proposed review methodology, and who will be involved in the process.</td>
</tr>
<tr>
<td>18</td>
<td>Action Plan and Budget</td>
<td>This section outlines the implementation programme including roles and responsibilities, and major costs associated with the TP.</td>
</tr>
</tbody>
</table>

Table 1.1 – Travel Plan Structure
2.0 Benefits and Objectives

2.1 Benefits of a Travel Plan

2.1.1 There are multiple reasons as to why TPs are important. In order to summarise their importance and value, the benefits derived from TPs have been categorised under the following headings:

(i) Health benefits;
(ii) Environmental benefits; and,
(iii) Financial benefits.

Health Benefits

2.1.2 A reduction in polluting vehicles on the roads surrounding the site will mean better air quality throughout the area. There are also well documented health benefits associated with active travel:

“Physical activity levels are low in the UK: only 40% of men and 28% of women meet the minimum recommendations for physical activity in adults.”


2.1.3 Regular moderate physical activity, including walking and cycling, can help prevent and reduce the risk of cardiovascular disease, cancer, obesity, diabetes, stroke, mental health problems, high blood pressure, and musculoskeletal problems. As obesity levels across the UK are high:

“64% of adults were overweight or obese.”


2.1.4 In summary, an effective TP can help encourage staff, volunteers, patients, and visitors to lead a healthier and more active lifestyle. It is also the case that the impact of increasingly sedentary lifestyles is leading to an increase in serious health conditions amongst the general population. By facilitating ways in which people can travel more actively and sustainable, there will be a long-term benefit to the Trust through a reduction in sedentary lifestyle related admissions.

Environmental Benefits

2.1.5 Climate change is a global issue that affects everyone. The British Government has pledged to play its part in reducing emissions which are harmful to the earth by setting carbon reduction targets:
2.1.6 The NHS has also pledged to play its part in reducing emissions which are harmful to the earth by keeping in line with national government policy:

“It is the duty of the Secretary of State to ensure that the net UK carbon account for the year 2050 is at least 80% lower than the 1990 baseline.”


2.1.7 Encouraging people to make smarter choices in the way they travel can drastically reduce the impact that a particular development or organisation makes. The NHS is one of the largest contributors to public sector emissions:

“The UK Government has committed to take action now and has introduced the Climate Change Act with a target to cut carbon emissions by at least 80% by 2050, with a minimum reduction of 26% by 2020 across the UK. The NHS aims to at least meet these targets and to demonstrate early success on the way.”


2.1.8 The 18% of travel related CO2 generation includes all vehicles attending hospital sites including emergency blue light and community transport vehicles.

2.1.9 In summary, an effective TP can help encourage staff, volunteers, patients, and visitors to lessen their environmental impact by reducing emissions from transport.

**Financial Benefits**

2.1.10 Although secondary to health and environmental benefits, there are also financial benefits to be gained from increasing active travel rates:

“It has a carbon footprint of 18 million tonnes CO2 per year. This is composed of energy (22%), travel (18%) and procurement (60%).”

2.1.11 An effective TP can help encourage staff, volunteers, patients and visitors to lead a healthier lifestyle, reducing financial wastage across a number of areas including healthcare costs.

2.1.12 An effective TP can offer financial benefits to the organisation implementing the plan by for example, reducing the land take, infrastructure costs and staff costs associated with car park operation.

2.1.13 Individuals can benefit financially from travelling to and from a site with a TP in place due to the improved range of transport options available, some of which may be more cost-effective than car travel. In some circumstances, TP measures can remove an individual’s need for a car (or their household’s need for a second car), removing the capital and ongoing cost of car ownership.

2.1.14 There are also direct links between healthy sustainable travel and reduced absenteeism. Staff/volunteers who use active travel modes are generally healthier, more alert when they arrive to work, more productive and also less prone to suffering from ill-health.

2.1.15 In summary, an effective TP offers potential financial benefits to a number of different stakeholders.

2.2 Travel Plan Aims and Objectives

2.2.1 This TP aims to achieve the following benefits:

(i) A reduction in single car occupancy trips by staff, volunteers, patients and visitors of the hospital sites;
(ii) To increase the uptake of cycling and walking by staff, volunteers, patients and visitors of the hospital sites; and,
(iii) To increase travelling by using sustainable travel modes by staff, volunteers, patients and visitors of the hospital sites.

2.2.2 Setting clear objectives is considered to be essential to ensuring a successful Travel Plan (TP). The DfT: Good Practice Guidelines state that:

“It is important that all parties are clear from the outset as to the objectives being sought through the travel plan and the outcomes related to them.”

2.2.3 Objectives provide a clear context for the measures proposed within the Travel Plan and allow an opportunity for measurable target-setting.

2.2.4 The 2013 TP adopted the following objectives:

- Build on the successes of the initiatives since and including the 2001 Travel Plan;
- Reduce unnecessary travel;
• Make sustainable modes more affordable and attractive, increasing sustainable travel across the three sites;
• Reduce UHLs impact on climate change and the local environment;
• Reduce the number of single occupancy car trips by staff, volunteers, patients and visitors;
• Encourage staff, volunteers, patients and visitors to live a healthier and more active lifestyle; and,
• Increase the accessibility of the three sites to those with mobility impairments.

2.2.5 Based upon a review of the measures in the 2013 Travel Plan and Travel Planning policy, a set of objectives have been established for this TP. The TP objectives are set out in Table 2.1 below.

| Objective A | Reduce the number of single occupancy car trips by staff, volunteers, patients and visitors. |
| Objective B | Increase hopper bus interconnectivity of the three sites to reduce car travel between sites. |
| Objective C | Make sustainable modes more affordable and attractive, increasing sustainable travel across the three sites. |
| Objective D | Improve site accessibility and safety for all modes. |
| Objective E | Implement improved car parking strategy to improve efficiency. |
| Objective F | Encourage staff, volunteers, patients and visitors to live a healthier and more active lifestyle. |
| Objective G | Build on the initiatives of the 2013 Travel Plan. |

Table 2.1 – Travel Plan Objectives

2.2.6 The measures contained in this TP are designed to achieve the above objectives.
3.0 Future Development Plans

3.1 Introduction

3.1.1 This section shall consider how the Trust propose to evolve its service provision over the next five year period so that the Travel Plan may support the changes to peoples travel habits, the development of the site plans which are included in Appendix A, and also be used to inform future planning applications.

3.1.2 The TP produced by Curtins in 2013 required updating due to recent developments across the three hospital sites. Developments have included the LRI multi storey car park, in addition to recently completed new A& E department plus submitted planning applications for schemes including the Children's Heart Centre, Intensive Care Unit and Decontamination Centre.

3.1.3 This plan has been developed for the next five year period which not only supports any planned development and reorganisation across the three hospital sites, but also builds upon the progress already made in the areas of reducing car dependency and promoting sustainable travel measures for all site users.

3.2 Proposed Reconfiguration

3.2.1 There are several reconfiguration projects proposed across the hospital sites, as shown in Appendix A. The projects are large clinical relocation schemes that will impact across the three hospital sites from 2019 to 2025.

3.2.2 The capital schemes that are proposed to be delivered within the next 5 years from 2019 to 2023 will have most impact on footfall to and from site access and egress and are listed as follows:

- 2019 – 2020 East Midlands Congenital Heart Centre – To be relocated from Glenfield Hospital to Leicester Royal Infirmary;
- 2019 – 2020 Intensive Care Unit relocation Programme (detailed below);
- 2021 – 2023 Maternity Unit – To be relocated from General Hospital to Leicester Royal Infirmary;
- 2021 – 2023 Maternity Unit relocation from General Hospital to Leicester Royal Infirmary (to amalgamate with the existing Maternity Unit to create large Unit circa 10,000 deliveries per annum);
- 2021 – 2023 Treatment Centre relocation of Out Patient, Day Case & 23hr surgery from both Leicester Royal Infirmary and Leicester General Hospital to Glenfield Hospital;
- 2023 – 2025 Urology, Elective Orthopaedics – final clinical moves from Leicester General Hospital to Glenfield Hospital; and
- 2023 – 2025 Brain Injury, Stroke Services – final clinical moves from Leicester General Hospital to Leicester Royal Infirmary.
2019 – 2020 ICU Relocation Programme

3.2.3 The ICU relocation programme includes the wards below being moved from LGH to GH:

- Level 3 ICU beds;
- Hepatobiliary Service;
- Renal transplant; and
- Interventional Radiology.

3.2.4 The Lower GI Surgery is to be relocated from LGH to LRI and day case services are to be moved from LRI and GH to LGH.

3.2.5 A summary of the future development plans at the three hospital sites are shown in the figures below.

3.3 Glenfield Hospital 2019 – 2025

![Figure 3.1 – Development of Glenfield Hospital](image)

<table>
<thead>
<tr>
<th>ICU Programme (2019-2020)</th>
<th>Three new wards shall be built on the roof top of the existing building, Interventional Radiology Suite (internal refurbishment), Expansion to current ICU, Administrative Accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Car Parking</td>
<td>(capacity to be decided)</td>
</tr>
<tr>
<td>Treatment Centre (2021-2023)</td>
<td>Outpatient/Daycase facility, In-pt wards, In-pt theatres</td>
</tr>
<tr>
<td>Adult ICU Expansion (2022-2023)</td>
<td>Further expansion to ICU – ‘Super ICU’</td>
</tr>
</tbody>
</table>
General ward refurbishments (2023-2025)

Table 3.1 – Key for Figure 3.1

3.4 Leicester Royal Infirmary 2019 - 2025

<table>
<thead>
<tr>
<th>Table 3.2 – Key for Figure 3.2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Figure 3.2</strong> – Development of Leicester Royal Infirmary</td>
</tr>
<tr>
<td><strong>Table 3.2 – Key for Figure 3.2</strong></td>
</tr>
<tr>
<td><strong>ICU Programme (2019-2020)</strong></td>
</tr>
<tr>
<td><strong>EMCHC Phase 1 (2019-2020)</strong></td>
</tr>
<tr>
<td><strong>Adult ICU Expansion (2020–2022)</strong></td>
</tr>
<tr>
<td><strong>Maternity Unit (2021-2023)</strong></td>
</tr>
<tr>
<td><strong>Children’s Hospital - Phase 2 (2022-2024)</strong></td>
</tr>
<tr>
<td><strong>Paediatric Wards to Adults (2024-2025)</strong></td>
</tr>
<tr>
<td><strong>General Ward refurbishments (2024-2025)</strong></td>
</tr>
<tr>
<td><strong>Carparks (2019-2022)</strong></td>
</tr>
</tbody>
</table>
3.5 General Hospital 2025

Figure 3.3 – Development of Leicester General Hospital

<table>
<thead>
<tr>
<th>Color</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purple</td>
<td>H-Block Diabetes centre of Excellence</td>
</tr>
<tr>
<td>Blue</td>
<td>Haemodialysis Unit</td>
</tr>
<tr>
<td>Purple</td>
<td>GP Diagnostics Hub</td>
</tr>
<tr>
<td>Blue</td>
<td>Brandon Unit Administrative Accommodation – staff moved from LRI &amp; GH to release space for clinical services</td>
</tr>
<tr>
<td>Pink</td>
<td>Midwifery led Unit – dependant on public consultation</td>
</tr>
</tbody>
</table>

Table 3.3 – Key for Figure 3.3
4.0 Recognition of Existing Measures

4.1 Existing Measures

4.1.1 Two previous UHL Travel Plans were published in 2001 and 2013. They were produced for the following reasons:

- To encourage the use of more sustainable travel modes than a private car;
- To offer viable access choices;
- To comply with objectives in local strategies; and
- To comply with PPG13.

4.1.2 The 2013 TP survey found that 51.7% of travel modes were single occupancy car trips and a 15% reduction target was included within the 2013 TP. The target level of single occupancy car use from the 2013 TP, and the actual level indicated by the staff and volunteer travel surveys within this 2019 TP report, is shown in Table 4.1 below.

<table>
<thead>
<tr>
<th>UHL</th>
<th>2013 Survey</th>
<th>2013 Targets</th>
<th>2019 Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013 Survey</td>
<td>51.7%</td>
<td>36.7%</td>
<td>59.1%</td>
</tr>
</tbody>
</table>

Table 4.1 - TP single occupancy car use targets

4.1.3 Table 4.1 indicates that the single occupancy car travel target has not been achieved at UHL since the 2013 TP was implemented and they have increased by 7.4%.

4.1.4 This indicates that the measures to encourage sustainable travel within the 2001 and 2013 TP, which were categorised by the nature of initiative and shown in a table in Appendix B, did not result in a reduction in single occupancy car use which could be due to changes in service locations.

4.1.5 The measures proposed within in this travel plan have been carefully thought out to help reduce single occupancy car use and support the wider TP objectives by taking into consideration, previous measures, results of the travel survey and site audit analysis. These can be found in Section 16 and 21 of this report.

4.2 The ‘Hospital Hopper’ Shuttle Bus Service

4.2.1 In order to provide a direct public transport link between the three UHL sites, a shuttle bus service was established in May 2006, branded the “Hospital Hopper”. Current prices on the service are:

- Adult Single Ticket: £2.40
- Adult Peak Day Ticket: £3.80 (before 09:30am)
- Adult Off-Peak Day Ticket: £3.40 (after 09:30am)
- Child Ticket: £1.70
- HOPPERcard: £16 per 10 single trips at £1.60 each

4.2.2 It should be noted that the following users travel for free: UHL staff, De Montfort University students and staff, University of Leicester students and staff, Leicester Partnership Trust staff, and nationally recognised concessions.

**Hospital Shuttle Bus Usage**

4.2.3 **Table 4.2** and **Figure 4.1** below illustrates the number of: hospital staff/volunteers, members of the public, De Montfort University (DMU) members, Leicester University members and Leicester Partnership Trust (LPT) staff that used the Hospital shuttle bus on a weekly basis from data collected between 2016 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Staff</th>
<th>General Public</th>
<th>DMU</th>
<th>Leicester University</th>
<th>LPT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>328,310</td>
<td>116,344</td>
<td>54,293</td>
<td>66,081</td>
<td>13,468</td>
<td>578,496</td>
</tr>
<tr>
<td>2017</td>
<td>351,774</td>
<td>104,384</td>
<td>46,784</td>
<td>53,471</td>
<td>15,378</td>
<td>571,791</td>
</tr>
<tr>
<td>2018</td>
<td>367,875</td>
<td>96,907</td>
<td>45,028</td>
<td>54,861</td>
<td>13,400</td>
<td>578,071</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>1,047,959</strong></td>
<td><strong>317,635</strong></td>
<td><strong>146,105</strong></td>
<td><strong>174,413</strong></td>
<td><strong>42,246</strong></td>
<td><strong>1,728,359</strong></td>
</tr>
</tbody>
</table>

**Table 4.2** – Hospital Hopper Numbers

![Hospital Hopper Passenger Numbers (2016-2018)](image)

**Figure 4.1** – ‘Hospital Hopper’ Passenger Numbers
4.2.4 As shown in Figure 4.1, from January 2016 to December 2018, a total number of 1,728,359 passengers were recorded using the hospital shuttle bus.

4.2.5 Although the number of passengers using the shuttle bus have decreased from 578,496 in 2016 to 578,071 in 2018, the number of staff/volunteers using the shuttle bus has increased. From January 2016 to December 2018, a total number of 1,047,959 staff/volunteers were recorded using the hospital shuttle bus, compared to 317,635 members of the public.

4.2.6 Data analysis identifies that as staff/volunteers use has increased annually, public, university student and LPT staff use has decreased annually. The latest data reveals that Hopper service is comprised of 61% staff/volunteers, 18% public use, 8% DMU Students, 10% Leicester university students and LPT staff users make up 2%.

4.2.7 A more detailed review of the hopper and ways to increase its usage is discussed in more detail in Section 16.
5.0 Site Audit – Leicester General Hospital

5.1 Introduction

5.1.1 In order to fully understand travel opportunities and constraints at the University Hospitals of Leicester (UHL), site visits have been undertaken at each of the UHL hospital sites. These site visits form the basis of an audit of each site’s accessibility by sustainable modes of travel. This chapter outlines the accessibility of the Leicester General Hospital (LGH) in respect of the following modes of travel:

- Pedestrian accessibility,
- Cycle accessibility, and
- Public Transport accessibility (Bus and Rail).

5.1.2 For each site, a sustainable catchment area for each of these modes of travel has been calculated. For LGH site, as shown in Figure 5.1 below, these catchments are shown in Plans 8, 9 & 10. These accessibility plans are considered in more detail throughout this section.

Figure 5.1 – LGH Site Layout
5.1.3 There are a total of seven access points in which to gain entry into the main hospital site. These are shown in Plan 11 and are labelled 1 to 7, anti-clockwise from north to south.

5.2 **Pedestrian Accessibility: External Infrastructure**

5.2.1 Research has indicated that acceptable walking distances depend on a number of factors, including the quality of the development, the type of amenity offered, the surrounding area, and other local facilities. The Chartered Institution of Highways and Transportation (CIHT) document entitled ‘Providing for Journeys on Foot’ suggests walking distances which are relevant to this site. These are reproduced in Table 5.1 below.

<table>
<thead>
<tr>
<th></th>
<th>Town Centres (m)</th>
<th>Commuting/School/Sightseeing (m)</th>
<th>Elsewhere/Local Services (m)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Desirable</strong></td>
<td>200</td>
<td>500</td>
<td>400</td>
</tr>
<tr>
<td><strong>Acceptable</strong></td>
<td>400</td>
<td>1000</td>
<td>800</td>
</tr>
<tr>
<td><strong>Preferred Maximum</strong></td>
<td>800</td>
<td>2000</td>
<td>1200</td>
</tr>
</tbody>
</table>

*Table 5.1 – CIHT Suggested Walking Distances*

5.2.2 To assist in summarising the accessibility of the site by foot, pedestrian catchments of 500m, 1,000m and 2,000m from the site centre have been considered, corresponding to the CIHT “desirable”, “acceptable” and “preferred maximum” walking distances for commuting trips. The pedestrian catchments for LGH are shown in Plan 8.

5.2.3 The pedestrian catchment for LGH was measured from the main entrance reception and shows what is accessible for pedestrians within a 500m, 1km and 2km walking distance. The plan shows that the majority of the hospital is within a 500m walking distance from the main entrance reception. The plan also shows that the surrounding residential area, including parts of Evington and North Evington are within a comfortable walking distance.

5.2.4 With the catchments being calculated from the main entrance it should be noted that actual walking distances into hospital buildings may be less than this as there are several access points into the hospital.

5.2.5 As mentioned, Plan 11, shows the seven access points in which site users can use to gain access the site. The remainder of this section describes these access in detail, highlighting the condition of the infrastructure surrounding each access.

5.2.6 Access 1 allows entry for all vehicles and pedestrians from the north on Coleman Road onto Gwendolen Road. Gwendolen Road is the main road which circulates around the site and is limited to 20mph. Access 1 connects the site with the surrounding residential areas and is located approximately 270m
from the main entrance reception and approximately 150m from the maternity main entrance, as highlighted on the plan.

5.2.7 The junction between Coleman Road and Gwendolen Road is approximately 18m in width with a footway along one side measuring approximately 1.8 metres. The footways also have dropped kerbs for pedestrian usage but no tactile paving or crossings. The junction has clear signage, showing that it is an access to the hospital site. There is sufficient lighting with signage also being lit.

5.2.8 LGH access 1, is the main entrance to the north of the site. To improve facilities for pedestrians at this location, the introduction of tactile paving would improve the crossing facility across the site access for visually impaired pedestrians. Access 1 is shown in Figure 5.2 below.

5.2.9 Access 2 allows access to all vehicles and pedestrians onto Gwendolen Road from Coleman Road, to the north east of the site. The junction is approximately 17m in width, and has footways either side measuring approximately 2.5m in width.

5.2.10 It is located approximately 300m from the main entrance reception, however the majority of users enter via this access to gain entry to the maternity unit, located 70m from the access.
5.2.11 The access is similar to 1 as the speed is limited to 20mph and there is lighting and dropped kerbs for pedestrians, however, the signage is less visible. Access 2 is shown in Figure 5.3 below.

5.2.12 Access 3 allows access to the hospital site, for pedestrians and vehicles. The access is located approximately 370m from the main entrance but is mainly used to gain entry to the maternity unit, located 100m to the north west.

5.2.13 To gain entry to the main hospital site via this access, users must cut through a hospital car park, which can be accessed via Woodborough Road to the east of the site. Woodborough Road connects the residential area surrounding the site in the east, to Coleman Road.

5.2.14 The Woodborough Road carriageway measures approximately 5m in width, with footways either side measuring approximately 2m in width with tactile paving. This access has little signage displaying entrance to the hospital site and has a lack of street lighting.

5.2.15 Access 4 highlights the junction of Gwendolen Road and Hospital Close. This junction has sufficient lighting and paving is of a high standard for pedestrian use. It connects pedestrians and vehicles to the main hospital site and residential area. Hospital Close also allows access to staff/volunteer car parking and it is located approximately 200m from the main entrance reception.
5.2.16 Access 5 is a pedestrian only footpath between Hospital Close and Gwendolen Road, and again connects the main hospital site to the residential areas. The footpath is on a slope and has steps as well as railings with sufficient street lighting to support pedestrian usage. It is located approximately 200m from the main entrance reception.

5.2.17 Access 6 allows access for pedestrians and vehicles to the residential area of Hospital Close via the A6030, Wakerley Road. The carriageway is approximately 4.5m with footpaths either side measuring approximately 1.8m with dropped kerbs at appropriate points. The junction has street lighting and has signage indicating that this access is for UHL permit holders only and is located roughly 400m from the main entrance reception. The quality of the carriageway could be improved for vehicle users by a short stretch of resurfacing.

5.2.18 Access 7 allows access to the site for pedestrians and all vehicles. This is the main access point to the hospital as it connects the site with the wider surrounding highway network. The junction has three bus stops and connects the A6030 Broad Road with the main hospital network, Gwendolen Road.

5.2.19 The carriageway is over 10m in width at its widest point, with dropped kerbs and lighting. There is also a zebra crossing just to the south of the junction. It is located approximately 400m from the main entrance reception and is shown in Figure 5.4 below.

Figure 5.4 – LGH Access 7
There is an opportunity to improve pedestrian infrastructure and increase connectivity across site access junction 7. Suggestions for improvement include; repositioning of uncontrolled dropped kerb crossing points to accommodate pedestrian desire lines with the addition of tactile paving. These improvements would increase safety of all pedestrians and assist in the movement of the visually and mobility impaired.

**Summary**

In summary, it can be considered that the site is well connected to the surrounding areas with viable pedestrian links on all sides. The carriageways and footways are of a good condition for pedestrian usage and safety, with sufficient lighting. Notwithstanding, there is an opportunity to increase pedestrian crossings surrounding the site, especially at access 1 and 7, this is discussed in more detail in Section 8.

### 5.3 Pedestrian Accessibility: Internal Infrastructure

#### 5.3.1

The size of the LGH site means that the quality and attractiveness of internal pedestrian routes, is likely to have a strong bearing on the overall attractiveness of walking as a mode of travel to access the hospital. This contrasts with smaller sites, at which external connectivity is a greater determinant of pedestrian accessibility. Therefore, internal pedestrian routes and crossings, as well as the condition of pedestrian infrastructure, have been considered as part of the site audit process, particularly in relation to the primary building entrances, which are shown in Plan 12.

#### 5.3.2

The plan indicates that the internal pedestrian infrastructure of LGH is of a good standard. Internal roads have a speed limits of 5mph, 10mph and 20mph, providing a potentially safer environment for pedestrians than standard 30mph local roads. Footways within the site are generally of a sufficient width (approximately 2m), are well lit, with CCTV, dropped kerbs and with zebra crossings provided where appropriate.

#### 5.3.3

Locations of crossings are also shown on the plan. There is an opportunity to increase the pedestrian crossings to the east of the site, especially near the maternity building, which is surrounded by car parking and south of the site for staff/volunteers to access the staff car park safely. An example of the typical existing infrastructure is shown in Figure 5.5 and 5.6 below. These show that there are sufficient crossings at necessary locations as well as pedestrian marked paths and bollards to prevent vehicles parking on the pedestrian paths.
Figure 5.5 – LGH Internal Pedestrian Infrastructure Example 1

Figure 5.6 – LGH Internal Pedestrian Infrastructure Example 2
5.3.4 The Hospitals central highway network, Gwendolen Road, which travels through the site is shown in Figure 5.7 below, with the main entrance just to the right.

Figure 5.7 – LGH Gwendolen Road

5.3.5 Figure 5.7, above, demonstrates that the highway supports a degree of pedestrian/vehicle interaction on the central highway network, with buses, patient buggies, cars, service vehicles, plus pedestrians operating within a confined area. However, this interaction is managed by the maximum 20mph speed limit in place across the site, and the inclusion of a 5mph speed limit on the approach road to the entrance (right of picture). Pedestrians appear to be adequately provided for at this point, with zebra crossings in place across the main access road, and with dropped kerbs and tactile paving across the entrance access road to the right.

Summary

5.3.6 In summary, the overall internal infrastructure for pedestrians is of a good quality. There are numerous crossings located near the main entrance allowing access to main buildings. Throughout the site there is a good standard of signed paths, dropped kerbs and sufficient lighting. There is little risk to pedestrian usage as speed calming measures are in place for vehicles. However, as mentioned there is an
opportunity to improve the lack of pedestrian crossings to the east of the site near the maternity building as well as south of the site for staff/volunteers to access the staff car parking.

5.4 Accessibility by Cycle: External Connectivity

5.4.1 To assist in assessing accessibility by cycle, Plan 9 presents a 0-8km cycle catchment for the site.

5.4.2 The 8km catchment encompasses the local residential areas described in the pedestrian accessibility section above. Further to this, the 8km catchment extends to Thurcaston to the north; Houghton-On-The-Hill to the east; Wigston to the south; Ayleston to the south west; Leicester City Centre to the west and to the north west, Beaumont Leys including the south east part of Glenfield Hospital.

5.4.3 In respect of cycle infrastructure, to the south of the site along the A6030, Broad Avenue forms a four-arm signalised crossroads with St Saviours Road/Cropthorne Avenue to the north, at which Advance Stop Lines (ASLs) are provided on the two minor arms (St Saviours Road and Cropthorne Avenue), and off-street cycle lanes are provided on the A6030 arms which allow cyclists an opportunity to dismount use the pedestrian facilities to cross.

5.4.4 A6030 Wakerley Road forms a four-arm signalised crossroads with Ethel Road to the south, at which Advance Stop Lines (ASLs) are provided on all arms. Furthermore, there are additional advisory cycle lanes on both sides of Ethel Road, which extend eastwards to Downing Drive and beyond.

5.4.5 South of Ethel Road, the A6030 also provides a connection to National Cycle Route 63 at Evington Lane, where there is a signalised crossroads featuring ASLs on all arms. National Cycle Route 63, passes north-west to south-east through Leicester, providing good coverage of the City, and offers connections to further locations nationally.

5.4.6 To the north-east of the site, there is a traffic-free cycleway which links Skampton Road with Coleman Road, which is supported by Toucan crossings on Goodwood Crescent, Goodwood Road and Coleman Road, providing an attractive route to local residential areas.

5.4.7 It was noted during the site audit that, in places, the topography of the surrounding area at LGH was less conducive to cycling than at the other UHL sites, such as LRI, and should be taken into consideration when assessing the need for infrastructure improvement.

Summary

5.4.8 In summary, cycling is considered to be a realistic mode of travel for staff, volunteers, patients and visitors of the hospital. There are a lack of cycle lanes along the A6030, Broad Avenue and Coleman Road. There are no cycle lanes which directly feed into the hospital. Therefore, there are opportunities
to consider the enhancement of cycle access directly into the site, which will be considered as part of this TP within Section 8.

5.5 Accessibility by Cycle: Internal Infrastructure

5.5.1 As with pedestrian accessibility, although to a lesser degree, the size of the UHL sites means that the quality and attractiveness of internal cycle routes is likely to have a bearing on the overall attractiveness of cycling as a mode of travel to access the hospital. Therefore, internal cycle routes have been considered in detail as part of the site audit process. Plan 12 also shows the cycle infrastructure and parking on site.

5.5.2 Cycle routes within the site comprise of the existing internal access road network, with no dedicated cycle routes provided. DfT Guidance on Cycle Infrastructure (LTN 2/08) notes that the existing road network is the preferred way of providing for cyclists and that traffic volume reduction and traffic speed reduction are more important than providing dedicated cycle tracks or cycle lanes.

5.5.3 There are no cycle lanes within the hospital grounds; however, hospital access roads have a speed limit of a maximum of 20mph, while the level of pedestrian activity and pedestrian crossings within the site are likely to promote low vehicle speeds. Therefore, it is considered that the internal hospital access road network provides an appropriate network for cyclists.

5.5.4 In respect of cycle parking and storage, the main facility provided is a cycle parking unit located in the car park to the north of the site. This unit, as shown in Figure 5.9 has space for at least 22 cycles and approximately 10 motorcycles.

5.5.5 This cycle parking unit is secured by lock and key, by replacing this with a coded padlock it would allow for easier access, as the code could be shared amongst staff members at a lower cost than handing out individual keys.

5.5.6 In addition to the above there is also a series of Sheffield stands near to the Clinical Education building and also motorcycle parking spaces in car park 7.
Figure 5.8 – LGH Staff/Volunteer Cycle Parking

Figure 5.9 – LGH Cycle Parking
5.5.7 There is also a small sheltered cycle store located to the left of the main entrance reception. The facility at main entrance provides cycle parking for approximately 12 cycles as shown in Figure 5.9. During the site visit, the cycle parking facility was found to be over capacity, therefore, more cycle parking at the main entrance should be considered.

![Image of cycle parking facility](image)

**Figure 5.10** – Area used for Motorcycle Parking at LGH

5.5.8 **Figure 5.10** is located near the main entrance reception and highlights the informal motorcycle parking.

**Summary**

5.5.9 The information and figures above show that there is a good level of cycle parking across the site, however cycle parking at the main entrance was at capacity and therefore more cycle parking should be provided for visitors in this area.

5.5.10 The secure staff cycle parking and parking facilities would benefit from a coded padlock as this would allow for easier access, as the code could be shared amongst staff members at a lower cost than handing out individual keys.

5.5.11 There is a lack of motorcycle parking at main entrances and a formal designated area for motorcycle parking should be considered or signage established directing motorcyclists to other parking facilities.
5.6 Public Transport: Accessibility by Public Transport

5.6.1 The CIHT document, *Planning for Public Transport in Developments* recommends that developments should ideally be located within 400m of a bus stop. The size of LGH sites means that the location, and therefore convenience, of bus stops is important in order to influence user behaviour. **Plan 10** was created to show public transport accessibility within a 60 minute travel time. The plan shows that the majority of Leicester is accessible as well as areas as far as Nottingham to the north and Kettering to the south are accessible from the site within a 60-minute travel time.

5.6.2 **Appendix C** shows Leicester Councils Smarter Travel Leicester: Choose How you Move scheme and its bus map and guide information for each site.

*Bus Accessibility*

5.6.3 The site has three internal bus stops, and a number of external bus stops. As shown in **Plan 12**. At LRI and GH in the main reception area there is live bus timetables displayed on an electronic board, however LGH does not have this.

*Internal Bus Stops*

5.6.4 The first internal bus stop, located at the north of the site, is situated along the site’s central highway network called Gwendolen Road. This stop is shown in **Figure 5.11**, and clearly shows the seated shelter that is available as well as bus information on the flag and pole and real time bus information.

5.6.5 The second internal bus stop located on the northern side of the hospitals central highway network, Gwendolen Road and has a 43m layby for the bus to pull into. This bus stop is shown in **Figure 5.12**, and clearly shows the bus stops facilities including, seated shelter as well as a flag and pole with bus information.
Figure 5.11 – LGH Internal Bus Stop 1

Figure 5.12 – LGH Internal Bus Stop 2
The third and final internal bus stop is located on the eastern side of the hospital's central highway network, Gwendolen Road. This bus stop is located 85m from the hospital's main entrance reception. The bus stop has seated shelter as well as a flag and pole providing bus information. There is also real-time bus information provided and a 40 metre layby. Shown in Figure 5.13.

5.6.6 A summary of the current bus services accessible from all the internal stops is provided in Table 5.2.

<table>
<thead>
<tr>
<th>Bus Stop</th>
<th>Service</th>
<th>Route</th>
<th>Mon-Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>16</td>
<td>Leicester City Centre – General Hospital</td>
<td>15 mins</td>
<td>15 mins</td>
<td>30 mins</td>
</tr>
<tr>
<td></td>
<td>40 Circle Line</td>
<td>General Hospital Circle via Oadby, Fosse Park, Thorpe Astley, Glenfield, Beaumont Leys and Hamilton.</td>
<td>Hourly</td>
<td>Hourly</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>40 Circle Line</td>
<td>General Hospital Circle via Oadby, Fosse Park, Thorpe Astley, Glenfield, Beaumont Leys and Hamilton.</td>
<td>Hourly</td>
<td>Hourly</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>UHL Hospital Hopper</td>
<td>Hamilton Centre – LGH – Railway Station – LRI – GH – Beaumont Leys Centre</td>
<td>30 mins</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Table 5.2 - LGH Internal Bus Services

**External Bus Stops**

5.6.7 As shown in Plan 12 there are seven bus stops that immediately surround the vicinity of the site. Four of these bus stops are located along Coleman Road and the remaining three stops are located along the A6030 Junction. Table 5.3, showcases the current bus services from these external bus stops.

### Coleman Road

<table>
<thead>
<tr>
<th>Bus Stop</th>
<th>Service</th>
<th>Route</th>
<th>Mon-Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Station</td>
<td>16</td>
<td>Leicester City Centre – General Hospital</td>
<td>15 mins</td>
<td>15 mins</td>
<td>30 mins</td>
</tr>
<tr>
<td>40 Circle Line</td>
<td>General Hospital Circle via Oadby, Fosse Park, Thorpe Astley, Glenfield, Beaumont Leys and Hamilton.</td>
<td>Hourly</td>
<td>Hourly</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Barnes Health Road (North)</td>
<td>40 Circle Line</td>
<td>General Hospital Circle via Oadby, Fosse Park, Thorpe Astley, Glenfield, Beaumont Leys and Hamilton.</td>
<td>Hourly</td>
<td>Hourly</td>
<td>-</td>
</tr>
<tr>
<td>UHL Hospital Hopper</td>
<td>Hamilton Centre – LGH – Railway Station – LRI – GH – Beaumont Leys Centre</td>
<td>30 mins</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Barnes Health Road (South)</td>
<td>40 Circle Line</td>
<td>General Hospital Circle via Oadby, Fosse Park, Thorpe Astley, Glenfield, Beaumont Leys and Hamilton.</td>
<td>Hourly</td>
<td>Hourly</td>
<td>-</td>
</tr>
<tr>
<td>UHL Hospital Hopper</td>
<td>Hamilton Centre – LGH – Railway Station – LRI – GH – Beaumont Leys Centre</td>
<td>30 mins</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Woodborough Road</td>
<td>40 Circle Line</td>
<td>General Hospital Circle via Oadby, Fosse Park, Thorpe Astley, Glenfield, Beaumont Leys and Hamilton.</td>
<td>Hourly</td>
<td>Hourly</td>
<td>-</td>
</tr>
<tr>
<td>UHL Hospital Hopper</td>
<td>Hamilton Centre – LGH – Railway Station – LRI – GH – Beaumont Leys Centre</td>
<td>30 mins</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

### A6030

<table>
<thead>
<tr>
<th>Bus Stop</th>
<th>Service</th>
<th>Route</th>
<th>Mon-Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Summary

5.6.8 Whilst there are a number of external bus stops, they have limited passenger facilities. The majority of the bus stops are flag and poles with a lack of seated shelter or bus timetable information.

5.6.9 There are numerous bus stops available providing connections to a good level of services. However, there is the opportunity to improve the external bus stops. The UHL should work with the council to upgrade off site bus stops facilities e.g. providing seated shelters and improving bus information as this may encourage more to use the bus. Some internal bus stops could also be improved by providing raised kerbs to enable those with mobility impairments to access the services more easily. This is discussed in more detail in **Section 16**. The services to LGH are considered to be reasonably extensive, internally and externally, during the daytime. However, evening and Sunday services are notably less frequent. Therefore, questions designed within the surveys have been asked to understand if the lack of evening and Sunday services significantly affects staff, volunteer, patient and visitor travel habits.

### Rail Accessibility

5.6.10 In respect of rail travel, the nearest station to the hospital is Leicester Railway Station, located 2.8km away. The station which provides hourly services from CrossCountry and East Midlands Trains with direct links to Loughborough, Nuneaton, Derby and Nottingham; as well as further links to Birmingham and London. Shown in **Figure 5.14** below.
5.6.11 The station has plenty of amenities including a number of food outlets and restaurants as well as toilets and waiting rooms. The car park has approximately 14 accessible spaces and 460 standard spaces.

5.6.12 In 2016, a new cycle hub, following a £600,000 investment, created more than 200 cycle parking spaces as well as a cycle hire, cycle shop and changing rooms with wash facilities.

**Summary**

5.6.13 Although the station is outside of what is considered a realistic walking distance, the hospital is considered to be within a reasonable cycle distance from the railway station, while bus services 16, 54A and the Hospital Hopper service all call at both the railway station and the hospital, allowing the opportunity for multi-modal cycle/rail or bus/rail journeys.

5.7 **Site Audit Summary for Leicester General Hospital**

5.7.1 In summary it is considered that the site is highly accessible by bus, although there is the potential to further enhance this accessibility with bus stop upgrades and bus service enhancements, particularly beyond the site boundary. The site could also benefit from an increase in cycle parking at main entrances, or signage to direct users to other parking facilities when main entrance parking is at capacity. The site is also considered to be partially accessible by rail as part of a multi-modal journey.
6.0 Site Audit – Glenfield Hospital

6.1 Introduction

6.1.1 This chapter outlines the accessibility of the Glenfield Hospital (GH) site in respect of the following modes of travel:

- Pedestrian accessibility,
- Cycle accessibility, and
- Public Transport accessibility (Bus and Rail).

6.1.2 For each site, a sustainable catchment for each mode of travel; walking, cycle and public transport has been calculated. For GH, as shown in Figure 6.1 below, these catchments are shown in Plans 13, 14 & 15.

6.1.3 There are a total of nine different access points to gain entry to the different areas of the main hospital site. These are shown in Plan 16 and are labelled 1 to 9 and referred to throughout this section.

Figure 6.1 - GH Site Layout
6.2 Pedestrian Accessibility: External Infrastructure

6.2.1 As mentioned, in Section 4.2, the Chartered Institution of Highways and Transportation (CIHT) have a document entitled ‘Providing for Journeys on Foot’ suggests walking distances and Table 4.1 identifies these “desirable”, “acceptable” and “preferred maximum” walking distances for commuting trips. With this in mind, the pedestrian catchment was created and shows three catchment isochrones from 0 to 500 metres, 1km and 2km, as shown in Plan 13.

6.2.2 The pedestrian catchment for GH was measured from the main vehicular entrance of the site which is labelled on Plan 16 as 5. Plan 13 shows that the surrounding residential area, including the north extent of Glenfield residential suburb, which is located to the south of the site. The plan also shows that to the north of the site, Beaumont Leys shopping centre is accessible from a 2km walking distance, which is highly accessible via bus if considering a multi-modal journey.

6.2.3 With the catchments being calculated from the main entrance it should be noted that actual walking distances into hospital buildings may be less than this as there are several access points into the hospital.

6.2.4 The pedestrian access points which connect the site with the external area, have been referenced in Plan 16. Access 1 is a pedestrian only access point in which is accessible from Ladyhay Road, to the north of the site. This allows pedestrians to access the site via the north, which is mainly a residential area of the hospital, as shown in Figure 6.2.
6.2.5 Access 2, located on Hallgate Drive, is considered to provide pedestrian and vehicular access to Glenfrith Close, which is the main carriageway through the residential area of the hospital site. The carriageway is approximately 5.5m and has footways either side measuring 1.5m.

6.2.6 Access 3 is a vehicle and pedestrian access point which allows entry from Hallgate Drive onto Glenfrith Close, the main carriageway through the residential area located to the north-east of the hospital site. The footway along Hallgate drive is a shared footway with cyclists.

6.2.7 Access 4 allows vehicular access from Glenfrith Close, the residential area to the north of the site, to the main highway network of the hospital site. This carriageway is limited in size at 3m in width and has no footways for pedestrians.

6.2.8 Access 5 is considered to provide the primary pedestrian and vehicular access to the main entrance of the hospital. It allows access from the A563, onto the hospital highway network, and is located to the east of the site. At its widest point the junction is approximately 30m in width and provides pedestrian crossings as well as a footway along one side measuring approximately 3m in width. There is also Advance Stop Lines (ASLs) provided cyclists. As shown in Figure 6.3 below.
6.2.9 Access 6 is a series of pedestrian only paths that connects 5 to 7. It allows pedestrian access from the hospital to bus stops located on the A563, the main hospital highway network as well as the surrounding network.

6.2.10 Access 7 allows vehicular and pedestrian access from Groby Road roundabout to the main hospital road network and is located at the south of the site. The carriageway is approximately 6m in width and provides a footway along one side, measuring approximately 1.8m in width. This junction with the roundabout, also has a dropped paved path located across the junction for pedestrian use. As shown in Figure 6.4.
6.2.11 Access 8 allows vehicular and pedestrian access to the off-site staff car park. The car park is located on Groby Road, A50, to the south east of the hospital site. It is accessible via foot and has footways measuring approximately 4m. The footway to the north of the carriageway is shared footpath between pedestrians and cyclists.

6.2.12 Access 9 is the secondary main access into the hospital as it allows entry to the south entrance of the site. This junction allows pedestrian and vehicular access from the A50 via a carriageway which measures 6m at its narrowest width. There are footways either side measuring approximately 2m and have shared use between cyclists and pedestrians. As shown in Figure 6.5.
Summary

6.2.13 In summary it is considered that the site is well connected to the surrounding area with viable pedestrian links on all sides. The pedestrian crossing facilities from the main hospital site to the off-site car park are of a good standard, with sufficient lighting and CCTV.

6.3 Pedestrian Accessibility: Internal Infrastructure.

6.3.1 The Plan 13 catchment has been calculated from the main access point, which is labelled 5 on Plan 16. It should be noted that actual walking distances into hospital buildings may be less than this as there are several access points into the hospital.

6.3.2 The internal pedestrian infrastructure of GH is of a good standard and are shown in Plan 17, which highlights the pedestrian infrastructure throughout the site.

6.3.3 Internal roads have a speed limit of 10mph and 20mph, providing a potentially safer environment for pedestrians than standard 30mph local roads. Footways within the site are generally of a sufficient width (approximately 2m), are well lit with dropped kerbs and with zebra crossings provided where appropriate.
6.3.4 GH has a sufficient number of pedestrian crossings. The area surrounding the main entrance, has 11 zebra crossings alone, and examples of the typical infrastructure are shown in Figures 6.6 and 6.7.

![Figure 6.6 - Pedestrian Infrastructure Example 1](image1)

![Figure 6.7 - Pedestrian Infrastructure Example 2](image2)
6.3.5 The hospital’s central highway network, allows access to several hospital buildings, including the main entrance. Similarly, to LGH site, GH also has a degree of pedestrian/vehicle interaction on the central highway network, with buses, cars, service vehicles, plus pedestrians operating within a confined area. However, this interaction is managed by the maximum 20mph speed limit in place across the site. Pedestrians are adequately provided for, as shown in Figures 6.6 and 6.7, with an abundance of crossings and dropped kerbs, as well as sufficient light and tactile paving across access roads.

**Summary**

6.3.6 In summary, the overall internal infrastructure for pedestrians is of a good quality. There are numerous crossings allowing access to main buildings as well as signed paths, dropped kerbs and sufficient street lighting.

6.4 **Accessibility by Cycle: External Connectivity**

6.4.1 To assist in assessing accessibility by cycle, Plan 14, was created to present a 0-8km cycle catchment for the site. The 8km catchment extends to Cropston and Thurcaston to the north; Leicester City Centre to the south east, which also includes access to LRI; and areas such as St. Helens, Ratby and Kirby Muxloe to the west. The catchment shows a wide range of existing well-developed residential areas within the 8km isochrone.

![Figure 6.8 - External Cycle Infrastructure Example](image)
6.4.2 In respect of local cycle infrastructure, there is also shared footway/cycleway parallel to the carriageway on the A50 Groby Road to the south of the site. This is shown on Figure 6.8.

6.4.3 Figure 6.8 shows that the route passes over the hospital access road, with the route clearly marked on the carriageway, therefore providing a direct connection from the site. From the hospital entrance the shared footway extends westwards along the A50 towards the A50/A46 roundabout, and eastwards towards the A50/A563 roundabout. From the A50/A46 roundabout, the shared footway/cycleway continues southwards on the western side of the A46 towards the A47 roundabout 2.5 km to the south, providing a direct traffic-free route to residential areas to the south of the hospital.

6.4.4 There is also a shared footway/cycleway located to the east of the site between the hospital and the A563 Glenfrith Way. This is part of an extensive traffic-free cycle route which extends from the A50/A563 roundabout adjacent to the site, to the A563/Beamont Leys roundabout to the north. This route itself provides connections to further cycle routes through the Beaumont Leys area.

Summary

6.4.5 In conclusion, cycling is a realistic mode of travel for staff, volunteers, patients and visitors of the hospital and the site is considered to be very well connected to existing residential developments by cycle. There are cycle lanes around the site, but none which directly feed into the hospital. Therefore, there are opportunities to consider the enhancement of cycle access directly into the site, which will be considered as part of this TP in Section 8.

6.5 Accessibility by Cycle: Internal Infrastructure

6.5.1 As with pedestrian accessibility, although to a lesser degree, the size of the UHL sites means that the quality and attractiveness of internal cycle routes is likely to have a bearing on the overall attractiveness of cycling as a mode of travel to access the hospital. Therefore, internal cycle routes have been considered in detail as part of the site audit process. Plan 17 highlights cycle infrastructure and parking.

6.5.2 Cycle routes within the site comprise of the existing internal access road network, with no dedicated cycle routes provided. DfT Guidance on Cycle Infrastructure (LTN 2/08) notes that the existing road network is the preferred way of providing for cyclists and that traffic volume reduction and traffic speed reduction are more important than providing dedicated cycle tracks or cycle lanes.

6.5.3 Hospital access roads have a speed limit of 20mph, while the level of pedestrian activity and pedestrian crossings within the site are likely to promote low vehicle speeds. Therefore, it is considered that the internal hospital access road network provides an appropriate attractive network for cyclists.

6.5.4 There is an opportunity work with the council to improve the access, labelled 6 in Plan 16, into a shared footpath between pedestrians and cyclists.
6.5.5 In respect of cycle parking and storage, there are secure fenced and sheltered cycle parking areas located close to the Main and South Entrances. The Main Entrance has a large secure cycle shed as shown in Figure 6.9.

![Figure 6.9 – GH Internal Cycle Parking Example 1](image)

6.5.6 The facilities that are provided are secure, sheltered and provide parking for a number of cycles, as well as being located around the main entrances to hospital buildings.

6.5.7 The area around the PET-CT building, at South Entrance, also has a secure cycle area which has 15 cycle stands, shown in Figure 6.10 and Figure 6.11 shows sheltered cycle parking with 5 cycle stands which is located near the University of Leicester buildings.
Figure 6.10 – GH Internal Cycle Parking Example 2

Figure 6.11 – GH Internal Cycle Parking Example 3
Summary

6.5.8 In summary, the cycle facilities within the site are considered to be sufficient for cycle parking, however there is scope for these to increase the amount of cycle parking available, especially at the north of the site. There is also an opportunity to make the Main Entrance cycle parking more inviting for cyclists. The internal infrastructure is considered to be sufficient for cyclists however there is scope to improve cycle paths internally which is discussed in Section 8.

6.6 Public Transport: Accessibility by Public Transport

6.6.1 The CIHT document, Planning for Public Transport in Developments recommends that developments should ideally be located within 400m of a bus stop. Plan 15 was created to show the catchment area for public transport within a 60 minute travel time. The plan shows that areas such as; Loughborough to the north, majority of Leicester City Centre to the south and Coalville and Whitwick to the west.

6.6.2 Appendix C shows Leicester Councils Smarter Travel Leicester: Choose How you Move scheme and its bus map and guide information for each site.

Bus Accessibility

6.6.3 GH has two bus stops provided internally. In addition, there are also eight bus stops located adjacent to the site on Glenfrith Way and Groby Road. The locations of these bus stops are shown in Plan 17. At LRI and GH in the main reception area there is live bus timetables displayed on an electronic board.

Internal Bus Stops

6.6.4 There are two bus stops located within the site. The main bus stop is located outside the main entrance and is shown in Figure 6.12 and clearly shows that the stop has seated shelter and timetable information. While it is recognised that a good level of provision is provided at the Main Entrance bus stop, it is considered that one shelter may be inadequate to cover passenger demand at the stop. There were a number of people observed, on site, waiting away from the shelter, who could not be accommodated under the shelter in wet conditions. Nonetheless, there is the electronic live bus timetable board displayed in reception.
6.6.5 The second bus stop located near the South Entrance, as shown in Figure 6.13. Figure 6.13 shows the flag and pole only bus stop and what not observed being used. Improved shelter and bus services may increase the use of this bus stop.
An additional shelter at the Main Entrance bus stop is likely to make travel by bus from the hospital more attractive. Furthermore, it is considered that the bus stop adjacent to South Entrance could be upgraded to provide a more attractive facility for those using this entrance. This could also encourage some passengers to use this stop instead of the one at main entrance, reducing queuing at Main Entrance.

The bus stops within the site are served by a number of routes to destinations within and around Leicester. These are summarised in Table 6.1.
6.6.8 Services to GH are considered to be reasonably frequent during the daytime; however, evening and Sunday services are notably less frequent.

**External Bus Stops**

6.6.9 As shown in Plan 17, there are eight bus stops that immediately surround the vicinity of the site. Three of these bus stops are located along Glenfrith Way and the other five are located along the A50 Groby Road. The majority of these external stops have limited shelter and seating facilities, therefore there is scope to improve these stops to make them more attractive to potential service users. Table 6.2 shows the current bus services from these external bus stops.

### Table 6.1 – GH Internal Bus Services

<table>
<thead>
<tr>
<th>Bus Stop</th>
<th>Service</th>
<th>Route</th>
<th>Mon-Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>14A</td>
<td>Leicester – Beaumont Centre</td>
<td>15 mins</td>
<td>30 mins</td>
<td>30 mins</td>
</tr>
<tr>
<td></td>
<td>40 Circle Line</td>
<td>Glenfield (Circular route)</td>
<td>1hr</td>
<td>1hr</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>UHL Hospital Hopper</td>
<td>Hamilton Centre – LGH – Railway Station – LRI – GH – Beaumont Leys Centre</td>
<td>30 mins</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>14A</td>
<td>Leicester – Beaumont Centre</td>
<td>15 mins</td>
<td>30 mins</td>
<td>30 mins</td>
</tr>
</tbody>
</table>

### Glenfrith Way

<table>
<thead>
<tr>
<th>Bus Stop</th>
<th>Service</th>
<th>Route</th>
<th>Mon-Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hallgate Drive</td>
<td>14A</td>
<td>Leicester – Beaumont Centre</td>
<td>15 mins</td>
<td>30 mins</td>
<td>30 mins</td>
</tr>
<tr>
<td></td>
<td>BT3</td>
<td>Beaumont Centre – Braunstone (Winstanley Drive)</td>
<td>11.49am</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>40 Circle Line</td>
<td>Leicester General – Glenfield (Circular route)</td>
<td>Hourly</td>
<td>Hourly</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>UHL Hospital Hopper</td>
<td>Hamilton Centre – LGH – Railway Station – LRI – GH – Beaumont Leys Centre</td>
<td>30 mins</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Groby Road (North)</td>
<td>BT3</td>
<td>Beaumont Centre – Braunstone (Winstanley Drive)</td>
<td>11.50am</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Groby Road (South)</td>
<td>BT3</td>
<td>Beaumont Centre – Braunstone (Winstanley Drive)</td>
<td>9.55am</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

### A50 Groby Road

<table>
<thead>
<tr>
<th>Bus Stop</th>
<th>Service</th>
<th>Route</th>
<th>Mon-Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glenfield Frith Drive</td>
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<td>Hourly</td>
<td>Hourly</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>27</td>
<td>Leicester – County Hall – Groby - Ratby</td>
<td>30 mins</td>
<td>30 mins</td>
<td>Hourly</td>
</tr>
<tr>
<td></td>
<td>29A</td>
<td>Leicester – Coalville – Ravenstone - Burton</td>
<td>Hourly</td>
<td>Hourly</td>
<td>-</td>
</tr>
<tr>
<td>40 Circle Line</td>
<td>Leicester General – Glenfield (Circular route)</td>
<td>Hourly</td>
<td>Hourly</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>120</td>
<td>Leicester – Newton Linford – Marketfield – Stanton - Coalville</td>
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<td>Hourly</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>14A</td>
<td>Leicester – Beaumont Centre</td>
<td>15 mins</td>
<td>30 mins</td>
<td>30 mins</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Leicester – Groby – Ratby – Thornton – Bagworth – Ellistown - Coalville</td>
<td>Hourly</td>
<td>Hourly</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Leicester – County Hall – Groby - Ratby</td>
<td>30 mins</td>
<td>30 mins</td>
<td>Hourly</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Leicester – Coalville – Burton</td>
<td>Hourly</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>29A</td>
<td>Leicester – Coalville – Ravenstone - Burton</td>
<td>Hourly</td>
<td>Hourly</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>29X</td>
<td>Amazon – Leicester</td>
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<td>-</td>
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<tr>
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<td>Hourly</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Leicester – Groby – Ratby – Thornton – Bagworth – Ellistown - Coalville</td>
<td>Hourly</td>
<td>Hourly</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Leicester – County Hall – Groby - Ratby</td>
<td>30 mins</td>
<td>30 mins</td>
<td>Hourly</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Leicester – Coalville – Burton</td>
<td>Hourly</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>29A</td>
<td>Leicester – Coalville – Ravenstone - Burton</td>
<td>Hourly</td>
<td>Hourly</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>40 Circle Line</td>
<td>Leicester General – Glenfield (Circular route)</td>
<td>Hourly</td>
<td>Hourly</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>120</td>
<td>Leicester – Newton Linford – Marketfield – Stanton - Coalville</td>
<td>Hourly</td>
<td>Hourly</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Leicester – Groby – Ratby – Thornton – Bagworth – Ellistown - Coalville</td>
<td>Hourly</td>
<td>Hourly</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Leicester – County Hall – Groby - Ratby</td>
<td>30 mins</td>
<td>30 mins</td>
<td>Hourly</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Leicester – Coalville – Burton</td>
<td>Hourly</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>29A</td>
<td>Leicester – Coalville – Ravenstone - Burton</td>
<td>Hourly</td>
<td>Hourly</td>
<td>-</td>
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</tr>
<tr>
<td>120</td>
<td>Leicester – Newton Linford – Marketfield – Stanton - Coalville</td>
<td>Hourly</td>
<td>Hourly</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>UHL Hospital Hopper</td>
<td>Hamilton Centre – LGH – Railway Station – LRI – GH – Beaumont Leys Centre</td>
<td>30 mins</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Leicester – Groby – Ratby – Thornton – Bagworth – Ellistown - Coalville</td>
<td>Hourly</td>
<td>Hourly</td>
<td>-</td>
<td></td>
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<tr>
<td>27</td>
<td>Leicester – County Hall – Groby - Ratby</td>
<td>30 mins</td>
<td>30 mins</td>
<td>Hourly</td>
<td></td>
</tr>
</tbody>
</table>

*Table 6.2 – GH External Bus Services*
6.6.10 In summary, services to GH are considered to be reasonably extensive, within the site and externally, during the daytime; however, evening and Sunday services are notably less frequent. There is scope to improve and increase bus stop facilities internally such as the provision of shelters to make bus travel more attractive.

**Rail Accessibility**

6.6.11 In respect of rail travel, the nearest station to the hospital is Leicester Railway Station, which provides hourly services from CrossCountry and East Midlands Trains with direct links to Loughborough, Nuneaton, Derby and Nottingham; as well as further links to Birmingham and London. Shown in Figure 5.14 in Section 5.6.

6.6.12 The station has plenty of amenities including a number of food outlets and restaurants as well as toilets and waiting rooms. The car park has approximately 14 disabled spaces and 460 spaces. In 2016 a new cycle hub, following a £600,000 investment, created more than 200 cycle parking spaces as well as a cycle hire and shop and changing rooms with wash facilities.

6.6.13 The station is located approximately 4.6km from the hospital, which is outside of what is considered a realistic walking distance. However, the hospitals bus services including the Hospital Hopper service call at both the railway station and the hospital, allowing the opportunity for multi-modal bus/rail journeys.

**Summary**

6.6.14 Although the rail station is outside of what is considered a realistic walking and cycling distance, the Hospital Hopper service calls at both the railway station and the hospital, allowing the opportunity for multi-modal bus/rail journeys. There is also to external bus stops which have services to the railway station.

6.7 **Site Audit Summary for Glenfield Hospital**

6.7.1 There is the potential to increase cycle facilities internally as the site is highly accessible by cycle externally. It is considered that the site is highly accessible by bus, although there is potential to improve this accessibility with bus stops upgrades which will be considered within this TP. The site is also considered to be potentially accessible by rail as part of a multi-modal journey.
7.0 Site Audit – Leicester Royal Infirmary

7.1 Introduction

7.1.1 In order to fully understand travel opportunities and constraints at UHL, site visits have been undertaken at each of the UHL hospitals. These site visits form the basis of an audit of each site’s accessibility by sustainable modes of travel. This chapter outlines the accessibility of the Leicester Royal Infirmary (LRI) site in respect of the following modes of travel:

- Pedestrian accessibility;
- Cycle accessibility; and,
- Public Transport accessibility (Bus and Rail).

7.1.2 For each site, a sustainable catchment for each mode of travel; walking, cycle and public transport has been calculated. For LRI, as shown in Figure 7.1 below, these are shown in Plans 18, 19 & 20.

Figure 7.1 – LRI Site Layout

7.1.3 There are fourteen different access points to gain entry to the different areas of the hospital site. These are shown in Plan 21 and are labelled 1 to 14.
7.2 Pedestrian Accessibility: External Connectivity

7.2.1 As mentioned, in Section 5.2 and 6.2, the Chartered Institution of Highways and Transportation (CIHT) have a document entitled ‘Providing for Journeys on Foot’ suggests walking distances and Table 5.1 identify these “desirable”, “acceptable” and “preferred maximum” walking distances for commuting trips. With this in mind, the pedestrian catchment was created and shows three catchment isochrones from 0 to 500 metres, 1km and 2km, as shown in Plan 18.

7.2.2 The pedestrian catchment for LRI was measured from one of the entrances of the site which is labelled on Plan 21 as 7. The plan shows that the majority of Leicester City Centre is accessible from a 2km walking distance. Areas such as; Frog Island in the north, Stoneygate to the east, Aylestone Park to the south and Rowley Fields and Westcotes to the east are all within the walking catchment.

7.2.3 The pedestrian access points which connect the site with the external area, have been referenced in Plan 21. The fourteen access points demonstrates the site’s permeable nature, as might be expected at a centrally located site. Furthermore, the site is located within a well-defined area, bound by Infirmary Close/Infirmary Square to the north; A594 Infirmary Road / Aylestone Road to the east; Walnut Street to the south; and Havelock Street to the west. By comparison with Leicester General Hospital and Glenfield Hospital, the site’s footprint is compact, and the pedestrian access points are located closely together.

7.2.4 Access 1 allows access to both vehicles and pedestrians from Jarrom Street, at the north of the site, to Infirmary Square, which then leads to Infirmary Close and the Children’s Emergency Department. At its widest point the junction measures approximately 14m in width with footways either side measuring approximately 2.5m in width.

7.2.5 Access 2 allows vehicular and pedestrian access to the main highway network of the site as well as access to the children’s emergency department. Access 2 also allows pedestrians to exit the site. The carriageway is approximately 5.3m wide with a minimum of a 1.8m wide footway on either side. There are two pedestrian accesses from the main highway and two vehicular accesses from the main highway.

7.2.6 Access 3 allows vehicular and pedestrian access to the staff only car park along Pelham Street to the north east of the site. The carriageway measures approximately 5m in width with footways measuring approximately 2.4m in width. The footway on the northern kerb line is a shared pedestrian and cycle footway which leads onto the A594 to the south.

7.2.7 Access 4 is a pedestrian access from the A594, Aylestone Road, into the main hospital site, mainly providing access to the north of the site including the children’s emergency department.

7.2.8 Access 5 should only be used by emergency ambulance vehicles and pedestrians as it allows access from the A594, Aylestone Road, into the Adults Emergency department. At its widest point the
carriageway measures approximately 14m in width and there are two pedestrian crossings within the carriageway. As shown in Figure 7.2.

Figure 7.2 – LRI Access 5

7.2.9 Access 6 is a gated vehicular access from the A594, Aylestone Road, onto Knighton Street. The carriageway measures approximately 3.5m wide with narrow footways either side measuring approximately 1m in width.

7.2.10 Access 7 allows access to vehicles and pedestrians to the main hospital highway network from the A594, Aylestone Road to the Adults emergency department and provides an exit for vehicles leaving the multi-storey car park onto the A594, Aylestone Road. The carriageway measures approximately 8m wide with footways along one side measuring approximately 2m in width.

7.2.11 Access 8 allows for pedestrian only access from the A594, Aylestone Road, onto the main hospital pedestrian network and the Main Entrance. This walkway is partly sheltered and is considered to be the primary access for pedestrians to the east of the hospital. As shown in Figure 7.3 below.
7.2.12 Access 9, located on Havelock street to the south west of the site, is on of the main vehicular access for parking as it allows access to the main hospital patient and visitor car park including the patient and visitor multi-storey car park.

7.2.13 Access 10 allows vehicular and pedestrian access from Havelock Street onto Winifred Street at the north west of the site. Winifred Street is a no through route for vehicles but allows pedestrian access onto Gateway Street and the rest of the site. It is considered likely to form a key pedestrian access point for anyone travelling from areas to the north of the site. There are a series of zebra crossings and the access is surrounded by 20 mph traffic speed restrictions and speed humps.

7.2.14 Access 11 allows vehicular and pedestrian access from Jarrom Street onto Gateway Street. The carriageway measures approximately 5m wide with footways either side measuring approximately 2m in width.

7.2.15 Access 12 is another main vehicular and pedestrian access from Havelock Street onto the hospital network. This access is mainly used by service vehicles to gain entry to the service bays and pedestrians to gain entry to the main hospital buildings. The junction measures approximately 10m wide with approximately a 1.8m wide footway along one side.

7.2.16 Access 13 is a vehicular egress for service vehicles only from the main hospital network onto Havelock Street.
7.2.17 Access 14 is a vehicular exit point and a pedestrian access from joining the hospital highway network to Havelock Street. The carriageway measures approximately 6.6m in width and the pedestrian gate has a footway measuring approximately 1.8m wide.

**Summary**

7.2.18 In summary, it is considered that the site is very well connected to the surrounding area with pedestrian links on all sides.

7.3 **Pedestrian Accessibility: Internal Infrastructure**

7.3.1 Pedestrian walking distances within **Plan 18** have been calculated from access 7 on **Plan 20**. It should be noted that actual walking distances into hospital buildings may be less than this as there are several access points into the hospital.

7.3.2 Although smaller than other hospitals in the Trust, the size of LRI means that the quality and attractiveness of internal pedestrian routes is likely to have a bearing on the overall attractiveness of walking as a mode of travel to access the hospital. Therefore, internal pedestrian infrastructure has been considered in detail as part of the site audit process. This is shown in **Plan 22**.

7.3.3 The internal pedestrian infrastructure of LRI is generally of a reasonable standard, given the nature of the site’s layout, where buildings have been developed at differing periods meaning available spaces for pedestrian links are constrained. It is clear that thought has been given to providing clearly defined pedestrian routes, some of which are sheltered, in places where limited spaces between site buildings could cause conflict between vehicle movements and pedestrians. Elsewhere, pedestrian routes are separated from access roads entirely, where space allows.

7.3.4 **Figure 7.4** shows an example of the pedestrian infrastructure available on site, in this instance it is a covered walkway.
Summary

7.3.5 In summary, it is considered that, while the site is constrained by the location of existing buildings and the City Centre location, internal pedestrian routes have been considered and measures are in place to ensure that the site is sufficiently accessible to encourage journeys on foot.

7.4 Accessibility by Cycle: External Connectivity

7.4.1 To assist in assessing accessibility by cycle, Plan 19, was created to present a 0-8km cycle catchment for the site. The plan shows that within an 8km catchment areas such as; Beaumont Leys and Birstall to the north of the site, majority of Leicester City Centre, Stoughton and Oadby to the east, Wigston and Blaby to the south and finally, Braunstone and areas of Glenfield are accessible to the west.

7.4.2 In respect of cycle infrastructure, National Cycle Route 63 (NCR 63) passes close to the north of the site. The nearest access point is located at a shared footway/cycleway on the eastern side of Infirmary Road adjacent to a pelican crossing between Infirmary Road and Infirmary Close. The shared footway/cycleway extends along Infirmary Road to the north, and along Pelham Street to the south-east, and therefore provides traffic-free cycle infrastructure within the vicinity of the hospital. NCR 63 passes east-west through Leicester and provides cycle-friendly access to a wide range of destinations.
across the East Midlands and beyond. NCR 6 runs north to south less than 1km past the site to the west, which intersects and joins with NCR 63 north-west of the hospital, providing access to additional destinations.

7.4.3 To the west of the site, there is a cycle lane on Havelock Street, which is a one-way street for vehicular traffic, in the southbound direction. The cycle lane operates northbound only as a contraflow to vehicular traffic, between Walnut Street and Jarrom Street. Therefore, the route provides a cycle-friendly journey end for trips arriving at the site from Walnut Street, and a cycle-friendly start point for trips leaving the site from any of the hospital access points on Havelock Street.

**Summary**

7.4.4 Cycling is considered to be a realistic mode of travel for the staff, volunteers, patients and visitors of the hospital. There is existing cycle infrastructure on the local highway network, with opportunities to further enhance cycle connections into the site.

7.5 **Accessibility by Cycle: Internal Infrastructure**

7.5.1 As with pedestrian accessibility, although to a lesser degree, the size of the LRI sites means that the quality and attractiveness of internal cycle routes is likely to have a bearing on the overall attractiveness of cycling as a mode of travel to access the hospital. Therefore, internal cycle routes have been considered in detail as part of the site audit process and are shown in Plan 22 which highlights cycle infrastructure at the site.

7.5.2 Cycle routes within the site comprise of the existing internal access road network, with no dedicated cycle routes provided. DfT Guidance on Cycle Infrastructure (LTN 2/08) notes that the existing road network is the preferred way of providing for cyclists and that traffic volume reduction and traffic speed reduction are more important than providing dedicated cycle tracks or cycle lanes.

7.5.3 There are no cycle lanes within the hospital grounds; however, hospital access roads have a speed limit of 20mph, while the level of pedestrian activity and pedestrian crossings within the site are likely to promote low vehicle speeds. Therefore, it is considered that the internal hospital access road network provides an appropriate attractive network for cyclists.

7.5.4 In respect of cycle parking and storage, there are a number of cycle facilities distributed throughout the site. These are shown in Figures 7.5 to 7.13.
7.5.5 **Figure 7.5** above, shows the cycle parking available in the staff car park south east of the Adults emergency building. This lockable sheltered cycle parking facility has capacity for up to 60 cycles.
7.5.6 **Figure 7.6** above, shows the cycle parking available at the Kensington Building entrance. There is four Sheffield cycle stands which creates capacity for up to eight cycles.

![Figure 7.6](image)

7.5.7 **Figure 7.7** above, shows the University cycle parking which has eight unsheltered cycle stands creating capacity for 16 cycles. This cycle facility is located near the entrance to the university building.

![Figure 7.7](image)

7.5.7 **Figure 7.8** – LRI Internal Cycle Parking Example 3
7.5.8 **Figure 7.8** above shows the cycle parking which is unsheltered and located near the children’s Emergency building. There are ten Sheffield cycle stands which creates capacity for 20 cycles.

![Figure 7.9 – LRI Internal Cycle Parking Example 4](image)

7.5.9 **Figure 7.9** shows a selection of the sheltered cycle parking available at the LRI site.

7.5.10 **Figure 7.10** shows the lockable cycle parking which is located near the west entrance of the Windsor Building. This large lockable cycle parking is located near a main building entrance. Despite the location, this cycle parking facility is unattractive, as the quality of cycle parking is poor with limited space between cycles. There is limited lighting and rubbish had been left to accumulate.
Figure 7.11 above shows the cycle parking which is located to the north of the east entrance of the Windsor Building. This sheltered cycle parking facility has nine stands which allows parking for up to 18 cycles.
7.5.12 **Figure 7.12** above shows the staff cycle parking which is located to the north of the Balmoral building. This large cycle parking is lockable and offers shelter.

7.5.13 **Figure 7.13** shows the cycle parking which is located adjacent to the Sandringham building. There are five unsheltered cycle stands which creates capacity for ten cycles.
7.5.14 Cycle parking usage depends upon a combination of visibility, security and proximity to entrances. It is considered that the cycle stores at LRI are located within reasonable proximity of entrances, having natural surveillance due to passing pedestrians, and car park and servicing activity. The facilities appear to be generally well-used. It is considered that the mix of enclosed lockable and sheltered parking provides attractive alternatives to maximise cycle usage at the site.

**Summary**

7.5.15 To summarise, the internal cycle infrastructure within the site is considered to be conducive to cycling. However, there is the scope for improving cycling facilities within the site. There is a potential to upgrade existing cycle facilities as well as increasing the security and shelter, across the site as a whole, as well as promote the use of these facilities to staff, volunteers, patients and visitors.
7.6 Public Transport: Accessibility by Public Transport

7.6.1 The CIHT document, *Planning for Public Transport in Developments* recommends that developments should ideally be located within 400m of a bus stop. **Plan 20** was created to show the catchment area for public transport within a 60 minute travel time. The plan shows that areas such as; Nottingham, Derby and Loughborough in the north, Melton Mowbray and Oakham to the east, Market Harborough, Kettering and Wellingborough to the south east, and finally Hinckley and Nuneaton to the south west are all accessible within 60 minutes.

7.6.2 **Appendix C** shows Leicester Councils Smarter Travel Leicester: Choose How you Move scheme and its bus map and guide information for each site. This guide also shows that Enderby Park and Ride provides a service to LRI.

*Bus Accessibility*

7.6.3 At LRI and GH in the main reception area there is live bus timetables displayed on an electronic board. As shown in **Figure 7.14** below.

![Figure 7.14 - LRI Real Time Public Transportation Information](image-url)
7.6.4 LRI has no internal bus stops, however there are a number of bus stops located around the vicinity of the site on Aylestone Road, Welford Road and Walnut Street. The locations of these bus stops are shown in Plan 22.

7.6.5 As shown in Plan 22 there are 11 bus stops located within a comfortable walking distance from the site. Three stops are located along Walnut Street to the south of the site, five are located along the A594, Welford Road, and the remaining three are located along the A594, Aylestone Road. Table 7.1 below provides information on the current bus services for these bus stops.

<table>
<thead>
<tr>
<th>Walnut Street</th>
<th>Service</th>
<th>Route</th>
<th>Mon-Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnmoor Street (East)</td>
<td>20</td>
<td>Leicester - Braunstone</td>
<td>30 mins</td>
<td>30 mins</td>
<td>-</td>
</tr>
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### Royal Infirmary Hospital (Stand 2)

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### A594 Welford Road

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Table 7.1 – LRI External Bus Services

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<td>X84</td>
<td>Leicester - Rugby</td>
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Summary

7.6.6 Bus services to LRI are considered to be extensive during the daytime; however, evening and Sunday services are somewhat less frequent.

Rail Accessibility

7.6.7 The closest rail station to the hospital is Leicester railway station, located less than 800m from Access A5. This provides links to Loughborough, Nuneaton, and Nottingham; as well as further links to Birmingham and London via CrossCountry and East Midlands Trains. This is shown in Figure 5.14 in Section 5.6.

7.6.8 The station has plenty of amenities including a number of food outlets and restaurants as well as toilets and waiting rooms. The car park has approximately 14 disabled spaces and 460 spaces.

7.6.9 In 2016 a new cycle hub, following a £600,000 investment, created more than 200 cycle parking spaces as well as a cycle hire and shop and changing rooms with wash facilities.

7.6.10 This is less than 1km from the site, so falls within the CIHTs ‘acceptable’ distance for “commuting” and “local services” trips on foot. Furthermore, the Hospital Hopper service calls at both the Railway Station and the hospital, allowing the opportunity for multi-modal cycle/rail or bus/rail journeys.

Summary

7.6.11 It is considered that the site is highly accessible by rail as part of a multi-modal journey.
7.7 Site Audit Summary for Leicester Royal Infirmary

7.7.1 It is considered that the site is highly accessible by foot and cycle as the location of the site is within a City Centre. The site is also highly connected and accessible via public transport, due to its central location. Whilst the site benefits from a high frequency of bus services, there is potential to improve this accessibility with bus stop upgrades and bus service enhancements, which will be considered within this TP within Section 16.6. The site is also considered to be accessible by rail as part of a multi-modal journey.
8.0 Pedestrian and Cycle Infrastructure Audit

8.1 Introduction

8.1.1 To encourage more site users to access the site by walking and cycling it is important to have good quality infrastructure. Within the site audit Sections 5.0, 6.0 and 7.0 there has been summary of the existing conditions of the infrastructure within the hospital sites, however, this chapter provides a more detailed assessment of the existing infrastructure and includes suggestions for proposed improvements to be made at each site. An assessment of wayfinding signage was undertaken and is discussed within this chapter.

8.2 Leicester General Hospital

8.2.1 As shown in Plan 12 the infrastructure surrounding the LGH site is of a good standard. There is a good level of street lighting, sufficient footways to provide safe and direct access including marked routes for pedestrians and a number of crossings are provided. Sufficient directional signage is provided, and reduced speed limits are in place to enhance the safety of pedestrians. However, the site audit found that there is an opportunity to increase cycle parking at main entrances or increase signage to direct users to further cycle parking, if main entrance cycle parking is over capacity.

Pedestrian Infrastructure

8.2.2 Pedestrian connectivity from the car parks to the hospital facilities is of good quality. During the site visits several areas were highlighted for further investigation for the provision of pedestrian infrastructure.

8.2.3 Zebra crossings are provided from the main visitor car park (car park A (refer to Plan 23 for car park location plan)) to the main hospital entrance. During the site visits, pedestrians were observed to walk in the road after crossing from car park A to car park B, rather than wait for vehicles to pass before crossing the road from car park B to access the footway on the northern side of the access road. No zebra crossing facility is provided at this location which is illustrated in Figure 8.3.

8.2.4 In order to provide safe links to facilities for pedestrians the provision of an additional zebra crossing at this location is recommended. Dropped kerbs and tactile paving is currently provided therefore, only the introduction of white road markings would be required to introduce a zebra crossing at this location assist with pedestrian safety and provide safe and accessible link from Car Park B across the access road to the main entrance.
8.2.5 Car park J has no pedestrian infrastructure provided linking the car park to the footways on the south eastern side of the main site access road. A pedestrian crossing in the form of drop kerbs and tactile paving would be recommended in order to link the existing footway to the south of car park J to the footway on the main site access road. Location illustrated in Figure 8.3.

Figure 8.1 - LGH Zebra crossing from Car Park A to Car Park B
Figure 8.2 - LGH Pedestrian Crossing Point

Figure 8.3 - LGH Location of Suggested Pedestrian Crossing Point Adjacent to Car Park J
8.2.6  The pedestrian only footways at the south of the site are of a good condition and have the added benefit of handrails, as shown in Figure 8.4 below.

Figure 8.4 - LGH Pedestrian Infrastructure South of The Site

Figure 8.5 - LGH Internal Access Road Adjacent to Car Parks S, T and X
8.2.7 To the south of the site, for pedestrians to access the staff car parks S, T and X there are no footways provided. Bollards are located on verges to prevent parking and overrunning by vehicles on grassed areas. This is shown in Figure 8.5. As shown, there is the opportunity to introduce the footway on either side of the access road however the desire lines of pedestrians from the car park to the hospital do not result in high volumes of pedestrians walking along the access road as more direct routes to the hospital are provided from the car parks.

8.2.8 Between the maternity buildings to the east adjacent to car park Q, and the staff parking areas R and S to the south, there are limited footways as shown in Figure 8.6. Again, there is the space to create a footway adjacent to the access road however there is little need for pedestrians to walk this route and it is recommended that the more direct pedestrian desire lines (as indicated by worn grass) are paved with dropped kerbs installed as required.

Figure 8.6 - LGH Internal Access Road Between Car Parks Q and R

8.2.9 Wayfinding signage is well located and in very good condition. Details of signage at LGH is included within Appendix D. The assessment concludes that no signage providing directions to cycle parking facilities were located and it would be suggested that this is implemented to assist cyclists.
**Cycle Infrastructure**

8.2.10 There is one shared footway and cycle way to the west of the site and there are no cycle paths on site. There is three cycle parking locations at LGH, as shown on Plan 12. The cycle parking located near the main entrance, is shown in Figure 8.7. There is sufficient space to increase the cycle parking facility and improve the facility by creating a secure area. The cycle parking located in car park N could utilise a coded padlock system rather than a lock and key which is a more cost effective and enables cycle parking to be more readily available.

![Figure 8.7 – LGH Cycle Parking at Main Entrance](image)

**8.3 Glenfield Hospital**

8.3.1 The infrastructure of the site is shown in Plan 17 highlights the number of crossings, footpaths and cycle storages that surround the site and that are within the site.

**Pedestrian Infrastructure**

8.3.2 The infrastructure surrounding the site is of a good standard. There is street lighting, sufficient footways, a number of controlled pedestrian crossings and clear directional signage as shown in Figure 8.8.
8.3.3 Within the site the pedestrian infrastructure, as shown in Plan 17 and Figure 8.9 there are a number of crossings located around the main entrance, as well as a high standard of footways and street lighting. The internal carriageways also have reduced speed limits for vehicles to enhance the safety of pedestrians.

Figure 8.8 - GH Zebra Crossing between Main Entrance and Car Park S

Figure 8.9 - GH Pedestrian Crossing on A563 Glenrith Way
8.3.4 To the north of the site in staff car park M, conditions are poor for pedestrians. To gain access to the car park there are crossings available but once within the car park there is poor quality, uneven surfacing with no footways, limited lightning and no CCTV. Figure 8.10 shows the condition of the staff car park. Please see Plan 24 for locations of car parks at GH.

![Figure 8.10 - GH Car Park M](image)

8.3.5 Wayfinding signage is well located and in very good condition. Details of signage at GH is included within Appendix D. The assessment concludes that no signage providing directions to cycle parking facilities were located and it would be suggested that this is implemented to assist cyclists.

**Cycle Infrastructure**

8.3.6 At GH there are a number of shared footways and cycleways surrounding the site, which makes the hospital more accessible by cycle users. However, there is opportunity for the level of cycle parking provision to increase, especially at the existing cycle parking compound north of Car Park E and also to the north of the site. The cycle parking facility at the south could be improved by providing a shelter over the compound, and the parking at the main entrance could be improved by changing the lock to a coded lock rather than a lock and key. Examples of the cycle parking is shown below in Figures 8.11 and 8.12.
Figure 8.11 - GH Cycle Infrastructure Located Adjacent to Main Entrance

Figure 8.12 - GH Cycle Infrastructure Located North of Car Park E
8.4  Leicester Royal Infirmary

8.4.1  LRI is located within the City Centre and there is a high standard of pedestrian infrastructure surrounding the site. Plan 22 shows the high number of crossings to gain access to the site safely as well as the numerous crossing located within the site. The plan also shows the high volume of cycle parking on site; however, the plan indicates a lack of shared footways and cycleways surrounding the site.

*Pedestrian infrastructure*

8.4.2  There is a good level of pedestrian infrastructure to the east of the site with numerous crossings to gain access to the main entrance. The main footway from Aylestone Road to the main entrance is of a good standard due to being sheltered and well sign posted, shown in Figure 8.13 below.

*Figure 8.13 – LRI Pedestrian Crossing from Aylestone Road to Main Entrance*
8.4.3 There is a lack of street lighting to the north of the site along Gateway Street as shown in Figure 8.15 below. Winifred which is west of Gateway Street has a pedestrian only footpath which connects these two roads therefore lighting is needed as Winifred street leads to off street car parking. Please see Plan 25 for locations of car parks at LRI.

Figure 8.14 - LRI Pedestrian Infrastructure Example 2

Figure 8.15 - LRI Pedestrian Infrastructure Example 3
8.4.4 The infrastructure that surrounds the car park I to the east of the site is maintained to a good standard, with marked pedestrian paving and bollards. However, the staff car park itself is of a poor condition as shown in Figure 8.15. It is however noted that this area is for specific staff and contractor parking only.

8.4.5 Wayfinding signage is well located and in very good condition. Details of signage at LRI is included within Appendix D. The assessment concludes that no signage providing directions to cycle parking facilities were located and it would be suggested that this is implemented to assist cyclists.

**Cycle Infrastructure**

8.4.6 LRI has a good level of cycle infrastructure on site as Plan 22 showcases the high amounts of cycle parking on site. There is capacity to improve the shelter of cycle parking facilities, however, overall the parking is of a high standard. Off-site there is a lack of shared footways and cycleways and the roads surrounding the site are not conducive to support less experienced cyclists as they are very busy with a broad variety of vehicles including buses and HGV’s.

8.5 **Summary**

8.5.1 Overall, pedestrian and cycle infrastructure at all three UHL sites are of a good condition and are pedestrian friendly. However, there are areas in which need improvement. In terms of pedestrian infrastructure; LRI and GH staff car parks need improving for pedestrians and at LGH the footpaths leading to the staff car parks could be improved. This will encourage more walking across the site. For cycle infrastructure, the only improvements that are needed are at LGH, where increase of cycle parking or signage at main entrances, and GH where more lockable and sheltered cycle parking provisions are desirable.
9.0 Leicester’s Public Transport Services

9.1 Park and Rides

9.1.1 There are three park and ride services in Leicester; Meynell’s Gorse, Enderby and Birstall. As shown in Figure 9.1 below.

![Figure 9.1 – Locations of Park & Rides](image)

9.1.2 There is a variety of amenities at the Park and Ride locations. Each site has; electric vehicle charging points for four vehicles, a large quantity of accessible and standard car parking bays, on-site security, CCTV, toilets, large sheltered bus stops and Wi-Fi on the buses. However, there is no overnight parking.

9.1.3 Each park and ride location also has a park and cycle scheme. This scheme allows users to park and cycle for £50 a year permit. All three sites are available from Monday to Saturday with a bus service every 15 minutes from 07:00 until approximately 19:00 hours.

9.1.4 Appendix E shows details including; the cost of tickets, the routes in which the buses travel and times of the first and last buses from each park and ride site. It should be noted that the Enderby Park and Ride offers services to LRI. Appendix E also highlights Leicester’s Smarter Travel programme and Choose how you move scheme, which is discussed in more detail within Section 16.0 of this TP.
9.2 Haymarket Bus Station (Leicester City Centre)

9.2.1 Haymarket Bus station is highlighted in Figure 9.1 above. The station has a variety of amenities including; real-time bus information, toilets with baby changing facilities, disabled changing spaces and passenger information point.

9.2.2 Appendix F shows details of bus services available within Leicester City Centre as a whole, showing location of bus stops and the services which run from these locations, as well as, bus routes for Greater Leicester.

9.2.3 Table 9.1 below shows the services which run from Haymarket Bus Station.

<table>
<thead>
<tr>
<th>Service</th>
<th>Destination</th>
<th>Mon-Fri</th>
<th>Sat</th>
<th>Sun</th>
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<td>Glenfield</td>
<td>30 mins</td>
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<td>14</td>
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<td>20 mins</td>
<td>30 mins</td>
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### 9.3 St. Margaret’s Bus Station (Leicester City Centre)

9.3.1 St. Margaret’s Bus station is highlighted in Figure 9.1 above. The station has a variety of amenities including; automated ticket machines, waiting facilities, eatery, toilet facilities, coffee shop, newsagents, cash points and payphones.

9.3.2 Appendix F shows details of bus services available within Leicester City Centre as a whole, showing location of bus stops and the services which run from these locations, as well as, bus routes for Greater Leicester.

9.3.3 Table 9.2 below shows the services which run from Haymarket Bus Station.
<table>
<thead>
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<th>Notes</th>
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<td>-</td>
<td>-</td>
</tr>
<tr>
<td>BT3</td>
<td>Beaumont Centre / Braunstone (Winstanley Drive)</td>
<td>1 service</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>BT3A</td>
<td>Beaumont Centre / Anstey / Glenfield / Ratby / Groby / Markfield / Coalville</td>
<td>1 service</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>DM1</td>
<td>Leicester / Coalville / Drayton Manor Park</td>
<td>1 service</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>DM2</td>
<td>Leicester / Atherstone / Drayton Manor Park</td>
<td>1 service</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Skylink</td>
<td>Leicester / Loughborough / Airport / Derby</td>
<td>20 mins</td>
<td>20 mins</td>
<td>30 mins</td>
</tr>
<tr>
<td>TZ1</td>
<td>Leicester / Twycross Zoo</td>
<td>One service</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>U1</td>
<td>Leicester University / Manor Road</td>
<td>20 mins</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>U2</td>
<td>Leicester / Manor Road</td>
<td>-</td>
<td>-</td>
<td>1 service</td>
</tr>
<tr>
<td>U3</td>
<td>Leicester / Oadby (Halls Of Residence)</td>
<td>-</td>
<td>30 mins</td>
<td>-</td>
</tr>
<tr>
<td>Route</td>
<td>Destination</td>
<td>Frequency</td>
<td>Notes</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>-------------</td>
<td>-----------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>UHL</td>
<td>Leicester : Hamilton Tesco / Hospitals / Beaumont Centre [Hospital Hopper]</td>
<td>30 mins</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>X3</td>
<td>Leicester / Oadby / Kibworth / Market Harborough [Sapphire]</td>
<td>30 mins</td>
<td>30 mins, Hourly</td>
<td></td>
</tr>
<tr>
<td>X45</td>
<td>Thurmaston / Magna Park</td>
<td>Two services</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>X5</td>
<td>Leicester / Melton Mowbray</td>
<td>Two AM services, Two PM services</td>
<td>2 PM services</td>
<td></td>
</tr>
<tr>
<td>X55</td>
<td>Leicester / Fosse Park / Hinckley</td>
<td>10:45 13:35 16:30 18:35</td>
<td>10:45 13:35 16:30 18:35, -</td>
<td></td>
</tr>
<tr>
<td>X6</td>
<td>Leicester / Leicester Royal Infirmary / Fosse Park / Three Pots / Coventry</td>
<td>30 mins</td>
<td>30 mins, -</td>
<td></td>
</tr>
<tr>
<td>X7</td>
<td>Northampton / Brixworth / Market Harborough / Leicester</td>
<td>30 mins</td>
<td>30 mins, Hourly</td>
<td></td>
</tr>
<tr>
<td>X84</td>
<td>Leicester / Lutterworth / Rugby</td>
<td>Hourly</td>
<td>Hourly, -</td>
<td></td>
</tr>
</tbody>
</table>

Table 9.2 – St. Margaret’s Bus Station
10.0 Staff and Volunteer Travel Surveys

10.1 Introduction

10.1.1 In order to fully understand travel and transportation issues across the Trust, staff and volunteer travel surveys have been undertaken. The results of these surveys have been used to establish mode share targets for this TP and to inform the measures to achieve these targets.

10.2 Staff and Volunteer Survey Design

10.2.1 A survey comprising of 31 questions, over 4 different sections, was prepared by Curtins and UHL staff. On average, each survey took around 8 minutes to complete. This survey was created based on previous experience of producing Travel Plans, and on the previous UHL Travel Survey from 2013. Questions were designed to provide an indication of travel habits and of staff and volunteer opinions in relation to travel.

10.2.2 A copy of the paper survey is attached in Appendix G.

10.3 Survey Distribution

10.3.1 The surveys were distributed to staff and volunteers via paper and electronic copies. The process lasted for two weeks between Monday 18th March to Monday 1st April 2019.

10.3.2 An incentive was also provided to encourage staff and volunteers to complete the surveys. For completing the survey, staff and volunteers got the opportunity to enter into a prize draw to win a £50 High Cross shopping voucher.

10.3.3 For the electronic survey, questions were transferred to Survey Monkey, which is an online survey service which is widely used by both private and public sector organisations for data collection. The electronic survey was promoted on the internal staff website, the external UHL website, Twitter, Facebook and an email communication to the Trust membership. The surveys were also promoted on posters around the UHL sites. A copy of the promotional poster is included in Appendix H.

10.3.4 In order to maximise the responses, ensure those without access to a computer were included, face-to-face surveys were also undertaken. Over the two week period at each UHL site (mainly in reception and canteen areas), Curtins undertook face-to-face interviews with individuals.

10.4 Staff and Volunteer Survey Results

10.4.1 Following completion of the two week survey period the completed questionnaires were collated and analysis of the surveys was undertaken. A total of 2,028 staff and volunteer surveys were completed which represents a response rate of approximately 17%.
10.4.2 The number of surveys were completed are considered representative of the trust staff and volunteer population, and the results are an appropriate sample from which to draw conclusions.

10.4.3 Staff and volunteer survey results and analysis can be seen in Appendix I.
11.0 Patient and Visitor Surveys

11.1 Introduction

11.1.1 In addition to the staff and volunteer travel surveys, patient and visitor travel surveys have been undertaken. The results of these surveys have been used to establish mode share targets for this Travel Plan (TP), and to inform the measures to achieve these targets.

11.2 Patient and Visitor Survey Design

11.2.1 A survey comprising of 16 questions across two different sections was designed by Curtins and UHL staff. On average each respondent to the survey took around 3 minutes to complete. This survey was created based on previous experience of producing Travel Plans and on the previous UHL Travel Survey from 2013. Questions were designed to provide an indication of travel habits and of patient/visitor opinions in relation to travel.

11.2.2 A copy of the paper survey is attached in Appendix J.

11.3 Survey Distribution

11.3.1 The surveys were distributed to patients and visitors via paper and electronic copies. The process lasted for two weeks between Monday 18th March to Monday 1st April 2019.

11.3.2 An incentive was also provided. For completing the survey patients and visitors got the opportunity to enter into a prize draw to win a £50 High Cross shopping voucher.

11.3.3 For the electronic survey, questions were transferred to Survey Monkey, which is an online survey service which is widely used by both private and public sector organisations for data collection. The electronic survey was promoted externally on the UHL website, Twitter and Facebook. The surveys were also promoted on posters around the UHL sites. A copy of the promotional poster is included in Appendix H.

11.3.4 In order to maximise the responses, ensure those without access to a computer were included and increase awareness of the TP, face-to-face surveys were undertaken. Over the two week period each UHL site (mainly in reception and canteen areas), Curtins undertook face-to-face interviews with individuals.

11.4 Patient and Visitor Survey Results

11.4.1 Following completion of the two week survey period the completed questionnaires were collated and analysis of the surveys was undertaken. A total of 899 patient and visitor surveys were completed which represents approximately 26% of total visitor numbers on a typical day.
11.4.2 The number of surveys were completed are considered representative of the patient and visitor population, and the results are an appropriate sample from which to draw conclusions.

11.4.3 Patient and Visitors survey results can be seen in Appendix K.
12.0 Pedestrian and Cycle Surveys

12.1 Introduction

12.1.1 In order to provide an understanding of the number of trips made to and from the hospital sites by pedestrians and cyclists and which accesses are used to access the hospital sites, pedestrian and cycle surveys were commissioned and undertaken by an independent survey company on the 7th and 12th of March 2019. Cycle parking capacities were also surveyed during the survey hours of 07:00 – 19:30 every 30 minutes in order to ascertain if demand is currently being met at the hospital sites.

12.1.2 The results of the pedestrian and cycle surveys are outlined for each site below.

12.2 Leicester General Hospital (LGH)

Cycle Parking

12.2.1 As highlighted in the site audit in Section 5.0, there is limited cycle parking at the main entrance to the hospital site and the majority of cycle parking available is very well used (see Figure 12.1 and star demoting cycle parking survey location). The cycle parking surveys show that the cycle parking stand located near the main entrance was at 100% capacity for an hour between 10:30 and 11:30. However, it should be noted that between 9:30 and 13:00, 7 out of 8 cycles were parked which is nearing 100% capacity at 88%.

12.2.2 The cycle shed, adjacent to radiology entrance, during the peak periods surveyed were observed to be at 8 cycles and 2 motorcycles which equates to 36% capacity for cycle parking and 20% capacity for motorcycle parking. This indicated that there is sufficient capacity for cycle parking at this shed during peak hours.

In/Out Survey Analysis

12.2.3 The in/out surveys which calculate the number of pedestrians and cyclists entering and exiting the site at different points, which are labelled in Figure 12.1 below.
The following data in Table 1 below, shows the figures of pedestrians and cyclists that arrived and departed at each of these access points between 7:00 and 19:30.

<table>
<thead>
<tr>
<th>Access</th>
<th>Pedestrians</th>
<th>Cycles</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In</td>
<td>Out</td>
</tr>
<tr>
<td>A</td>
<td>24%</td>
<td>20%</td>
</tr>
<tr>
<td>B</td>
<td>36%</td>
<td>34%</td>
</tr>
<tr>
<td>C</td>
<td>20%</td>
<td>26%</td>
</tr>
<tr>
<td>D</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>E</td>
<td>12%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Table 12.1 – LGH In/Out Pedestrian and Cycle Results

Table 12.1 demonstrates that the majority of pedestrians prefer to use access B to enter and exit the site, compared to cyclists which prefer access C.
12.3 Glenfield Hospital (GH)

Cycle Parking

12.3.1 As highlighted in the site audit in Section 6.0, there are three cycle parking stands which are shown as stars on Figure 12.2 below. The hospital site has a total of 70 cycle parking spaces which during the cycle parking surveys never reached 100% capacity. However, it should be noted that between 10:00 and 17:00 the overall site cycle parking was above 50% and reached a maximum of 60%.

In/Out Survey Analysis

12.3.2 The in/out surveys which calculate the number of pedestrians and cyclists entering and exiting the site at different points, which are labelled A-D in Figure 12.2 below.

![Figure 12.2 – GH In/Out Pedestrian and Cycle Survey Points (circle denotes access / egress location, star denotes cycle parking location)](image)

12.3.3 The following data in Table 12.2 below, shows the figures of pedestrians and cyclists that arrived and departed at each of these access points between 7:00 and 19:30.
12.3.4 **Table 12.2** demonstrates that the majority of pedestrians prefer to use access B to exit the site and access D to enter the site, compared to cyclists which prefer access A to exit the site and access D to enter the site.

### 12.4 Leicester Royal Infirmary (LRI)

#### Cycle Parking

12.4.1 As highlighted in the site audit in **Section 7.0**, there are seven cycle parking areas which are shown as stars on **Figure 12.3** below. The hospital site has a total of 138 cycle parking spaces which during the cycle parking surveys never reached 100% capacity. However, it should be noted that between 10:00 and 17:30 the overall site cycle parking was above 50% and reached a maximum of 60% between 15:00 and 15:30.

**In/Out Survey Analysis**

12.4.2 The in/out surveys which calculate the number of pedestrians and cyclists entering and exiting the site at different points, which are labelled A-F in **Figure 12.3** below.

<table>
<thead>
<tr>
<th>Access</th>
<th>Pedestrians</th>
<th></th>
<th>Cycles</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In</td>
<td>Out</td>
<td>Total</td>
<td>In</td>
</tr>
<tr>
<td>A</td>
<td>2%</td>
<td>4%</td>
<td>3%</td>
<td>15%</td>
</tr>
<tr>
<td>B</td>
<td>33%</td>
<td>41%</td>
<td>37%</td>
<td>29%</td>
</tr>
<tr>
<td>C</td>
<td>22%</td>
<td>21%</td>
<td>21%</td>
<td>11%</td>
</tr>
<tr>
<td>D</td>
<td>42%</td>
<td>34%</td>
<td>39%</td>
<td>45%</td>
</tr>
</tbody>
</table>

*Table 12.2 – GH In/Out Pedestrian and Cycle Results*
12.4.3 The following data in **Table 12.3** below, shows the figures of pedestrians and cyclists that arrived and departed at each of these access points between 8:30-9:30 and 15:30-16:30.

<table>
<thead>
<tr>
<th>Access</th>
<th>Pedestrians</th>
<th></th>
<th></th>
<th>Cycles</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In</td>
<td>Out</td>
<td>Total</td>
<td>In</td>
<td>Out</td>
<td>Total</td>
</tr>
<tr>
<td>A</td>
<td>9%</td>
<td>7%</td>
<td>8%</td>
<td>20%</td>
<td>8%</td>
<td>16%</td>
</tr>
<tr>
<td>B</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
<td>16%</td>
<td>33%</td>
<td>22%</td>
</tr>
<tr>
<td>C</td>
<td>24%</td>
<td>20%</td>
<td>22%</td>
<td>24%</td>
<td>17%</td>
<td>22%</td>
</tr>
<tr>
<td>D</td>
<td>17%</td>
<td>19%</td>
<td>18%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>E</td>
<td>10%</td>
<td>9%</td>
<td>10%</td>
<td>36%</td>
<td>25%</td>
<td>32%</td>
</tr>
<tr>
<td>F</td>
<td>13%</td>
<td>16%</td>
<td>15%</td>
<td>0%</td>
<td>8%</td>
<td>3%</td>
</tr>
<tr>
<td>G</td>
<td>15%</td>
<td>18%</td>
<td>17%</td>
<td>4%</td>
<td>8%</td>
<td>5%</td>
</tr>
</tbody>
</table>

**Table 12.3** – LRI In/Out Pedestrian and Cycle Results

12.4.4 **Table 12.3** demonstrates that the majority of pedestrians prefer to use access C to enter and exit the site, compared to cyclists which prefer access E.
13.0 Car Parking Surveys

13.1 Introduction

13.1.1 In order to provide an understanding of the level of existing parking supply at each UHL site, and the level of occupancy at each car park, manual count car park surveys were commissioned and undertaken by an independent survey company on the 7th and 12th of March 2019. These consisted of a car park “beat surveys”, whereby each car park was patrolled on foot between 07:00 and 19:30, and the occupancy recorded at 30 minute intervals.

13.1.2 In addition to the car park beat surveys, cycle capacity and “in/out” vehicle, cycle and pedestrian surveys were undertaken at all site entrances, in order to ascertain the relative usage of each site access.

13.1.3 The results of the car park surveys are outlined for each site below.

13.2 Leicester General Hospital (LGH)

13.2.1 Parking supply at LGH was divided into 22 zones, as shown in Plan 23. The surveys give the following totals for parking supply at LGH;

- 1,067 ordinary staff parking spaces,
- 7 disabled staff parking spaces,
- 432 ordinary patient/visitor/volunteer parking spaces, review
- 48 disabled patient/visitor/volunteer parking spaces, and
- 11 drop off bays.

These spaces total approximately 1,565 parking spaces.

13.2.2 It should be noted that the above totals represent all parking across the LGH site. This includes the “main” car parks and the additional small parking areas provided around the site, which add to the totals above. The purpose of this analysis is to assess existing levels of car parking usage and is considered to be a robust assessment for this purpose.

13.2.3 Car Park F has not been included in the summary tables below, as it contains 3 drop off bays, which are restricted to a maximum of 20 minutes duration. The car parking surveys were undertaken every 30 minutes, therefore, drop off bays have been excluded from the car parking surveys.

13.2.4 At each of the staff car parks, the total number of spaces were recorded, and the occupancy rates of the car parks were recorded throughout the duration of the 12.5 hour survey. Where occupancy has been calculated at more than 100%, this means that vehicles were observed parking informally outside of marked bays. For the purpose of analysis, staff parking supply and public parking supply has been considered separately below.
**LGH: Staff Parking Analysis**

13.2.5 **Table 13.1** below shows the maximum recorded occupancy rate at each of the staff car parks, and the number of hours during which each car park was recorded as being at or over its maximum capacity.

<table>
<thead>
<tr>
<th>Reference</th>
<th>Total Number of Staff Car Parking Spaces</th>
<th>Max Occupancy of those Spaces</th>
<th>No. Hours at /above Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>5</td>
<td>83%</td>
<td>0</td>
</tr>
<tr>
<td>C</td>
<td>3</td>
<td>67%</td>
<td>0</td>
</tr>
<tr>
<td>G</td>
<td>9</td>
<td>100%</td>
<td>7</td>
</tr>
<tr>
<td>H</td>
<td>52</td>
<td>69%</td>
<td>0</td>
</tr>
<tr>
<td>I</td>
<td>3</td>
<td>133%</td>
<td>6</td>
</tr>
<tr>
<td>J</td>
<td>67</td>
<td>72%</td>
<td>0</td>
</tr>
<tr>
<td>L</td>
<td>239</td>
<td>78%</td>
<td>0</td>
</tr>
<tr>
<td>M</td>
<td>10</td>
<td>100%</td>
<td>0.5</td>
</tr>
<tr>
<td>N</td>
<td>98</td>
<td>100%</td>
<td>0.5</td>
</tr>
<tr>
<td>Q</td>
<td>63</td>
<td>103%</td>
<td>1.5</td>
</tr>
<tr>
<td>S</td>
<td>213</td>
<td>98%</td>
<td>0</td>
</tr>
<tr>
<td>T</td>
<td>17</td>
<td>129%</td>
<td>0.5</td>
</tr>
<tr>
<td>X</td>
<td>290</td>
<td>76%</td>
<td>0</td>
</tr>
</tbody>
</table>

**Table 13.1** - LGH Maximum Staff Car Park Occupancy, by Zone

13.2.6 **Table 13.1** demonstrates that 6 of the 13 staff car parks were recorded as being either full or over capacity for at least some of the day, while the remaining 7 staff car parks had spare capacity throughout the day.

13.2.7 A description of the car parks that were at or above capacity is given below, to help give an indication into why those car parks in particular were at or above capacity.

13.2.8 Car Park G, known as Hadley House car park is located to the west of the hospital, south west of the main visitor car park at Main Reception. There are 9 staff car parking spaces which are designated for UHL staff permit holders. The car park is of good condition with limited lighting and no CCTV. The car park is in a convenient location near the main hospital reception and the car park connects to the main hospital internal road network namely Gwendolen Road. During the car park movement recordings, it was noted that 100% of the staff parking bays were occupied for seven hours between 09:00 and 16:00. There is high demand for this car park due to its prominent location and the specific group of staff that require parking here.
13.2.9 Car Parking area I is located to the north of the site and north of the roundabout on the internal road network, Gwendolen Road. This car parking area only has 3 staff car parking spaces which are designated for UHL staff permit holders only. The car park is small yet is of a good condition and has lighting and CCTV coverage. This car park is expected to be at capacity due to only having 3 car parking spaces. However, during the car park movement recordings, it was noted that between 08:00 and 08:30 the car park was overcapacity where one additional vehicle was parked and was at maximum capacity of 100% for 5.5 hours between 08:30 and 14:00.

13.2.10 Car Park M which is located to the north east of the site, supplies parking for both staff and patients/visitors/volunteers to the west of the maternity unit. The car park is of good condition with lighting provided however white lining is faded and barely visible in places. The car park would benefit from repainting to make optimum use of car parking space available. There are 10 spaces designated for staff parking and during the car park surveys, the staff car parking area was at maximum capacity between 13:00 and 13:30. The car park is of a good condition with lighting provided.

13.2.11 Car parking area N is located to the north of the site, south of the charity shop. This car park is a mixed staff and public car park which has 98 staff parking spaces for UHL Permit holders. This car park is of a good condition with sufficient lighting. During the car park movement recordings, the staff car parking reached maximum capacity for 30 minutes between 11:00 and 11:30. It should be noted that between 08:00 and 15:30 the car park was over 90% capacity.

13.2.12 Car park Q is located to the east of the site near the Coleman Centre and between the main hospital site and Woodborough Road. This car park is a mixed staff and public car park which accommodates 64 staff car parking spaces and is in good condition with sufficient lighting however there is no CCTV. During the car park surveys, the staff car parking spaces exceeded their capacity between 08:00 and 08:30 when two vehicles parked outside marked bays. Between 08:30 and 09:00 the staff car parking was still over capacity with one vehicle parked outside a marked bay. Between 09:00 and 14:30 the staff car parking was over 90% capacity with maximum capacity reached for a period of 30 minutes at 11:00.

13.2.13 Car parking area T is located south east of the site and is designated for UHL cross site staff only. Again, the car park is of a good condition with sufficient lighting, however is only a small car park with 17 staff spaces. Between 08:00 and 08:30 the car park was over capacity at 129% and between 07:30 and 16:00 the car park was either over capacity or above 90% capacity.

13.2.14 It should be noted that car parking associated with the staff residences, located along Hospital Close, to the south of the site, are not available for general parking use by commuting staff. This parking provision has therefore been discounted from the car park supply totals and overall car parking occupancy calculations within this TP.
13.2.15 In order to determine whether the excess parking in some of the car parks could be accommodated in those car parks that have spare capacity, an analysis was undertaken of overall occupancy at all the staff car parks throughout the day compared to site wide capacity. This is shown in Table 13.2 below.

<table>
<thead>
<tr>
<th>Time Beginning</th>
<th>Spaces Occupied</th>
<th>Occupancy %</th>
<th>Time Beginning</th>
<th>Spaces Occupied</th>
<th>Occupancy %</th>
</tr>
</thead>
<tbody>
<tr>
<td>0700</td>
<td>278</td>
<td>26%</td>
<td>1330</td>
<td>849</td>
<td>79%</td>
</tr>
<tr>
<td>0730</td>
<td>497</td>
<td>46%</td>
<td>1400</td>
<td>816</td>
<td>76%</td>
</tr>
<tr>
<td>0800</td>
<td>690</td>
<td>64%</td>
<td>1430</td>
<td>782</td>
<td>73%</td>
</tr>
<tr>
<td>0830</td>
<td>773</td>
<td>72%</td>
<td>1500</td>
<td>760</td>
<td>71%</td>
</tr>
<tr>
<td>0900</td>
<td>867</td>
<td>80%</td>
<td>1530</td>
<td>662</td>
<td>61%</td>
</tr>
<tr>
<td>0930</td>
<td>872</td>
<td>81%</td>
<td>1600</td>
<td>567</td>
<td>53%</td>
</tr>
<tr>
<td>1000</td>
<td>877</td>
<td>81%</td>
<td>1630</td>
<td>500</td>
<td>46%</td>
</tr>
<tr>
<td>1030</td>
<td>890</td>
<td>83%</td>
<td>1700</td>
<td>437</td>
<td>41%</td>
</tr>
<tr>
<td>1100</td>
<td>900</td>
<td>83%</td>
<td>1730</td>
<td>372</td>
<td>35%</td>
</tr>
<tr>
<td>1130</td>
<td>895</td>
<td>83%</td>
<td>1800</td>
<td>299</td>
<td>28%</td>
</tr>
<tr>
<td>1200</td>
<td>894</td>
<td>83%</td>
<td>1830</td>
<td>258</td>
<td>24%</td>
</tr>
<tr>
<td>1230</td>
<td>887</td>
<td>82%</td>
<td>1900</td>
<td>206</td>
<td>19%</td>
</tr>
<tr>
<td>1300</td>
<td>885</td>
<td>82%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 13.2 - LGH Total Staff Car Park Occupancy, all Zones

13.2.16 Table 13.2 shows that the maximum occupancy rate across all of the main staff car parks combined is 83%, meaning that at least 17% of spaces across the site are unoccupied at any point throughout the day.

13.2.17 In summary, even though some car parks exceed their capacity, other car parks did not and therefore the parking survey shows that there is enough staff parking available throughout the day at LGH. It is therefore not the case that there is insufficient capacity at present and moreover that the spaces are not being used efficiently.

**LGH: Patient/Visitor/Volunteer Parking Analysis**

13.2.18 Table 13.3 below shows the maximum recorded occupancy rate at each of the patient/visitor/volunteer car parks, and the number of hours during which each car park was recorded as being at or over its maximum capacity.
Table 13.3 - LGH Maximum Patient/Visitor/Volunteer Car Park Occupancy, by Zone

13.2.19 Table 13.3 shows that 5 of the 12 patient/visitor/volunteer car parks were recorded as being either full or over capacity for at least some of the day, while the remaining seven patient/visitor/volunteer car parks had spare capacity throughout the day.

13.2.20 A description of the car parks that were at or above capacity is given below, to help give an indication into why those car parks in particular were at or above capacity.

13.2.21 Car Park D, which is located outside the main hospital reception in the centre of the site. There are 6 accessible car parking spaces within this area and the car park is of a good condition, however, more lighting could be provided. During the car park movement recordings, it was noted that 100% of the parking bays were occupied between 10:00-10:30, 12:00-12:30pm and 13:30-14:00. It should be noted that the car park was also over 80% capacity between 09:30 and 15:30.

13.2.22 Car Park G, which is located to the west of the hospital, west of the main visitor car park at the Main Reception. There is only 1 public car parking space. However, as mentioned above, the car park is of a good condition, yet has limited lightning and no CCTV. During the car park movement recordings, it was noted that this space was occupied between 09:30 and 12:30 therefore was at 100% capacity during this time.

13.2.23 Car park P, which is located to the north east of the site and is the main car park for the maternity ward as it is located opposite. There are 20 public car parking spaces which are of a good condition with
satisfactory street lighting. During the car park movement recordings, it was noted that between 15:00 and 15:30 the car park was over capacity at 105%. Between 08:00 and 19:30 the car park was at least 80% capacity.

13.2.24 Car parking area Q, which is located to the east of the site near the Coleman Centre and between the main hospital site and Woodborough Road. The car park is mixed staff and public and is of a good condition with sufficient street lighting however there is no CCTV. There are 23 parking spaces designated for the public and during the car park movement recordings the car park exceed its capacity between 08:00 and 08:30 reaching 109% utilisation. Between 8:30 and 12:30 the car park was at least 91% capacity.

13.2.25 Car Park U, which is located near the neurology building at the south of the site has 9 accessible public car parking spaces. Although of a good condition has limited street lighting. During the car park movement recordings, the car park reached 100% capacity between 09:00 and 09:30.

13.2.26 In order to determine whether the excess parking in some of the car parks could be accommodated in those car parks that have spare capacity, an analysis was undertaken of overall occupancy at all of the patient/visitor/volunteer car parks throughout the day. This is shown in Table 13.4 below.

<table>
<thead>
<tr>
<th>Time Beginning</th>
<th>Spaces Occupied</th>
<th>Occupancy %</th>
<th>Time Beginning</th>
<th>Spaces Occupied</th>
<th>Occupancy %</th>
</tr>
</thead>
<tbody>
<tr>
<td>0700</td>
<td>35</td>
<td>7%</td>
<td>1330</td>
<td>299</td>
<td>63%</td>
</tr>
<tr>
<td>0730</td>
<td>98</td>
<td>21%</td>
<td>1400</td>
<td>310</td>
<td>65%</td>
</tr>
<tr>
<td>0800</td>
<td>183</td>
<td>38%</td>
<td>1430</td>
<td>327</td>
<td>69%</td>
</tr>
<tr>
<td>0830</td>
<td>266</td>
<td>56%</td>
<td>1500</td>
<td>339</td>
<td>71%</td>
</tr>
<tr>
<td>0900</td>
<td>366</td>
<td>77%</td>
<td>1530</td>
<td>287</td>
<td>60%</td>
</tr>
<tr>
<td>0930</td>
<td>371</td>
<td>78%</td>
<td>1600</td>
<td>225</td>
<td>47%</td>
</tr>
<tr>
<td>1000</td>
<td>376</td>
<td>79%</td>
<td>1630</td>
<td>195</td>
<td>41%</td>
</tr>
<tr>
<td>1030</td>
<td>375</td>
<td>79%</td>
<td>1700</td>
<td>170</td>
<td>36%</td>
</tr>
<tr>
<td>1100</td>
<td>381</td>
<td>80%</td>
<td>1730</td>
<td>156</td>
<td>33%</td>
</tr>
<tr>
<td>1130</td>
<td>356</td>
<td>75%</td>
<td>1800</td>
<td>145</td>
<td>30%</td>
</tr>
<tr>
<td>1200</td>
<td>331</td>
<td>70%</td>
<td>1830</td>
<td>127</td>
<td>27%</td>
</tr>
<tr>
<td>1230</td>
<td>306</td>
<td>64%</td>
<td>1900</td>
<td>124</td>
<td>26%</td>
</tr>
<tr>
<td>1300</td>
<td>285</td>
<td>60%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 13.4 - LGH Total Patient/Visitor/Volunteer Car Park Occupancy, all Zones
13.2.27 **Table 13.4** shows that the maximum occupancy rate across all of the main patient/visitor/volunteer car parks combined is 80%, meaning that at least 20% of spaces are unoccupied at any point throughout the day.

13.2.28 In summary, even though that some car parks exceed their capacity, other car parks did not and therefore the parking survey shows that there is sufficient public parking available throughout the day at LGH.

13.2.29 In order to determine of overall occupancy at all of the hospital car parks (staff and patient/visitors/volunteers) throughout the day, all the occupancies have been combined. The analysis is shown in **Table 13.5** below.

<table>
<thead>
<tr>
<th>Time</th>
<th>Spaces Occupied</th>
<th>Occupancy %</th>
<th>Time</th>
<th>Spaces Occupied</th>
<th>Occupancy %</th>
</tr>
</thead>
<tbody>
<tr>
<td>0700</td>
<td>313</td>
<td>20%</td>
<td>1330</td>
<td>1148</td>
<td>74%</td>
</tr>
<tr>
<td>0730</td>
<td>595</td>
<td>38%</td>
<td>1400</td>
<td>1126</td>
<td>72%</td>
</tr>
<tr>
<td>0800</td>
<td>873</td>
<td>56%</td>
<td>1430</td>
<td>1109</td>
<td>71%</td>
</tr>
<tr>
<td>0830</td>
<td>1039</td>
<td>67%</td>
<td>1500</td>
<td>1099</td>
<td>71%</td>
</tr>
<tr>
<td>0900</td>
<td>1233</td>
<td>79%</td>
<td>1530</td>
<td>949</td>
<td>61%</td>
</tr>
<tr>
<td>0930</td>
<td>1243</td>
<td>80%</td>
<td>1600</td>
<td>792</td>
<td>51%</td>
</tr>
<tr>
<td>1000</td>
<td>1253</td>
<td>81%</td>
<td>1630</td>
<td>695</td>
<td>45%</td>
</tr>
<tr>
<td>1030</td>
<td>1265</td>
<td>81%</td>
<td>1700</td>
<td>607</td>
<td>39%</td>
</tr>
<tr>
<td>1100</td>
<td>1281</td>
<td>82%</td>
<td>1730</td>
<td>528</td>
<td>34%</td>
</tr>
<tr>
<td>1130</td>
<td>1251</td>
<td>81%</td>
<td>1800</td>
<td>444</td>
<td>29%</td>
</tr>
<tr>
<td>1200</td>
<td>1225</td>
<td>79%</td>
<td>1830</td>
<td>385</td>
<td>25%</td>
</tr>
<tr>
<td>1230</td>
<td>1193</td>
<td>77%</td>
<td>1900</td>
<td>330</td>
<td>21%</td>
</tr>
<tr>
<td>1300</td>
<td>1170</td>
<td>75%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Table 13.5** - LGH Total Hospital Car Park Occupancy, all Zones.

13.2.30 **Table 13.5** shows that the maximum occupancy rate across all of the hospital car parks combined is 82%, meaning that at least 18% of spaces are unoccupied at any point throughout the day, and this equates to 279 car parking spaces.

**LGH Off-Site Car Parking**

13.2.31 At LGH there is off site car parking along Coleman road to the north of the site, as shown in **Plan 23**. During the car parking movement surveys, these locations (Coleman Road North and Coleman Road
South) were assessed. Coleman Road North had 8 spaces and for 1.5 hours between 07:00 and 09:30 were recorded at 100% capacity. For the rest of the day the capacity was recorded at less than 90%. Coleman Road South has 78 spaces and reached a maximum of 90% capacity between 11:00 and 11:30.

**LGH: Previous Car Park Surveys**

13.2.32 Car park occupancy surveys undertaken as part of the 2013 Travel Plan (TP) found that there were a total of 1,491 spaces at the site, which included both staff and patient/visitor/volunteer parking spaces. The 2001 TP found that there were a total of 1,269 spaces at the site, this compares to a total of 1,565 spaces counted during the 2019 surveys.

13.2.33 At the time of the 2001 surveys, there was no staff permit scheme in place and no charges for patient/visitor/volunteer parking. It was found that “the majority of the car parks are operating at or over capacity on a typical weekday”. In 2013 it was found that “while some car parks reach or exceed their capacity during parts of the day, there is scope for ameliorating such over parking by effective management of the overall supply of staff car parking”.

13.2.34 The 2013 car parking analysis revealed that staff parking maximum utilisation was 86% and visitor car parking utilisation was 84%. 2019 car parking analysis identified that presently staff car parks are utilised to a maximum of 83% and visitor car parks are utilised to a maximum of 80%.

13.2.35 Therefore, the occupancy levels of car parks appears to have fallen since the 2013 TP was implemented, which may be accounted for by the provision of additional spaces since 2013 and the implementation of control measures for the provision of parking permits, in addition to the TP measures implemented or staff moves to other sites.
13.2.36 The in/out surveys which calculate the number of vehicles entering and exiting the site at different points, which are labelled in Figure 13.1 above.

13.2.37 The following data shows the percentage of vehicles that arrived and departed each of these access points:

(A) 37% of total vehicles used this access with 35% arriving and 38% departing,

(B) 11% of total vehicles used this access with 11% arriving and 11% departing, and

(C) 52% of total vehicles used this access with 54% arriving and 51% departing.

13.2.38 The relative usage of the site accesses is considered to be appropriate for the site layout, where the A and C accesses are designed to be the primary routes into the site, forming opposite ends of a north-south boulevard through the site. The survey data demonstrates that the majority of vehicles that enter or exit the site prefer to use access C as labelled on Figure 13.1.

13.3 Glenfield Hospital (GH)

13.3.1 Parking supply at GH was divided into 21 zones, as shown in Plan 24. The surveys give the following totals for parking supply at GH;
• 1,116 ordinary staff parking spaces,
• 10 disabled staff parking spaces,
• 362 ordinary patient/visitor/volunteer parking spaces,
• 44 disabled patient/visitor/volunteer parking spaces,
• 22 construction parking spaces, and
• 23 drop off bays.

These spaces total 1,597 parking spaces.

13.3.2 It should be noted that the above totals represent all car parks within the site, and includes additional small and informal car parking areas provided around the site. The purpose of this analysis is to assess existing levels of car parking usage.

13.3.3 At each of the staff car parks, the total number of spaces was noted, and the occupancy rates of the car parks were recorded throughout the duration of the 12.5 hour survey. Where occupancy has been calculated at more than 100%, this means that vehicles were observed parking informally outside of marked bays. For the purpose of analysis, staff parking supply and public parking supply has been considered separately below.

**GH: Staff Parking Analysis**

13.3.4 Table 13.6 below shows the maximum recorded occupancy rate at each of the staff car parks, and the number of hours during which each car park was recorded as being at or over its maximum capacity.

<table>
<thead>
<tr>
<th>Reference</th>
<th>Spaces</th>
<th>Max Occupancy</th>
<th>No. Hours at/above Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>447</td>
<td>98.0%</td>
<td>0</td>
</tr>
<tr>
<td>B</td>
<td>19</td>
<td>58.0%</td>
<td>0</td>
</tr>
<tr>
<td>C</td>
<td>52</td>
<td>100.0%</td>
<td>1</td>
</tr>
<tr>
<td>D</td>
<td>89</td>
<td>44.0%</td>
<td>0</td>
</tr>
<tr>
<td>G</td>
<td>22</td>
<td>105.0%</td>
<td>4</td>
</tr>
<tr>
<td>H</td>
<td>24</td>
<td>100.0%</td>
<td>6</td>
</tr>
<tr>
<td>J</td>
<td>13</td>
<td>92.0%</td>
<td>0</td>
</tr>
<tr>
<td>K</td>
<td>126</td>
<td>72.0%</td>
<td>0</td>
</tr>
<tr>
<td>L</td>
<td>11</td>
<td>100.0%</td>
<td>0.5</td>
</tr>
<tr>
<td>M</td>
<td>231</td>
<td>134.0%</td>
<td>2</td>
</tr>
<tr>
<td>O</td>
<td>19</td>
<td>68.0%</td>
<td>0</td>
</tr>
</tbody>
</table>
Table 13.6 shows that 8 of the 18 staff car parks were recorded as being either full or over capacity for at least some of the day, while the remaining 10 staff car parks had spare capacity throughout the day.

Car Park C, which is located to the south-west of the hospital, south of the main staff and visitor car parks, is a 52 space car park designed for UHL cross site staff permit holders. The car park is of a good condition and is in a good location that connects to the hospital highway network. During the car park movement surveys, it was noted that 100% of the staff parking bays were occupied between 11:30 and 12:30. The car park was at over 70% of capacity between 7:00 – 7:30, 9:00 – 3:30 and between 16:00 – 17:00.

"It should also be noted that Car Park C is designated for use by “cross site” staff, who are expected to travel across the three UHL locations during their ordinary shift. Therefore, this parking supply cannot be considered standard “available” parking with the standard supply that is available for the rest of staff.

Car Parking area G, which is located near University of Leicester British Heart Foundation and Cardiovascular Research Centre at the south entrance of the site, is also next to Car Park F which during the site visit was under construction. This car parking area of the hospital is designated for University Staff and has 22 spaces available. During the car park movement surveys, it was noted that the car park was over capacity at 105% between 10am and 10.30am. Between 09:30 and 16:30 the car park was over 75% of capacity.

Car Park H is located between the Clinical Education Centre and Pharmacy Deliveries, and to the north of Car Park G. This area has 22 car parking spaces for UHL Permit Holders only and for six hours during the car park movement recordings, the car park was at 100% capacity. Between 08:00am and 16:00 the car park was either at 96% capacity or 100% capacity. The area is of good condition with sufficient lighting hence it is at 100% capacity for the majority of the day, and there is a significant level of off street parking surrounding the car park showing that additional parking bays would be well used here.

Car Park L located to the north of the main hospital building is mainly used for service vehicles as it is sign posted for contractors and provides delivery service bays. There are 11 standard car parking bays,
and two accessible bays, which during the car park movement recordings reached 100% for half an hour of the day between 08:30 and 09:00.

13.3.11 Car Park M is located to the north of Car Park L, is a mixed tarmac and gravelled staff car park where the majority of the car park has no designated bays. Therefore, the attractiveness and signage of this car park could be improved as there are no bays and the gravel is uneven which collects large puddles of water, yet there is sufficient lighting and is in a suitable location within the hospital site. It has approximately 231 spaces for UHL Staff Permit Holders. During the car park movement surveys, it was noted that the car park was over 100% capacity between 09:30 and 11:30 with a demonstrable peak of 134% between 10:00 and 10:30.

13.3.12 Car Park R located east of the Bracken Centre to the north of the site has nine standard car parking spaces. During the car park movement survey, it was at 100% capacity for 2.5 hours of the day, between 11:00 and 11:30 and then again between 12:00 and 14:00. There is very limited lightning in this area of the hospital and during the site visit was noted that around this area there is a lot of construction activity taking place.

13.3.13 Car park S at the Mansion House building has 19 standard and accessible spaces, located to the north of the site. The area is in good condition however there is a lack of lightning and CCTV. During the car park movement surveys, the car park was at 100% capacity for 2.5 hours of the day, however between 8.00 and 15:00 the care park was over 90% capacity.

13.3.14 Car park U, which is located north west, behind Mansion House, has 13 car park spaces. During the car park movement recordings, it was also at 100% capacity for 2.5 hours of the day between 12:00 and 14:00 and then again between 14:20 and 15:00. During the site visit this area was mainly under construction.

13.3.15 It should be noted that the site around car parks; U, S, T, R and Q, during the time of the car parking surveys, was under construction which may impact future car parking spaces and their attractiveness to staff which currently wish to park around this area of the hospital site.

13.3.16 In order to determine whether the demand parking in some of the car parks could be accommodated in those car parks that have spare capacity, an analysis was undertaken of overall occupancy at all of the staff car parks throughout the day. The analysis is shown in Table 13.7 below.

<table>
<thead>
<tr>
<th>Time Beginning</th>
<th>Spaces Occupied</th>
<th>Occupancy %</th>
<th>Time Beginning</th>
<th>Spaces Occupied</th>
<th>Occupancy %</th>
</tr>
</thead>
<tbody>
<tr>
<td>0700</td>
<td>431</td>
<td>37%</td>
<td>1330</td>
<td>1074</td>
<td>93%</td>
</tr>
<tr>
<td>0730</td>
<td>568</td>
<td>49%</td>
<td>1400</td>
<td>1040</td>
<td>90%</td>
</tr>
</tbody>
</table>
13.3.17 **Table 13.7** shows that the maximum occupancy rate across all of the main staff car parks combined was found to be 103%, meaning that there was a shortage of staff parking spaces during an hour period in the morning between 10:00 and 10:30. The period in which capacity was found to be over 90% was from 09:30 - 15:00 indicating that staff car parking is nearing capacity during that time the day.

13.3.18 It should be noted that car park F, was under construction during the car parking surveys.

13.3.19 In summary the parking survey shows that while some car parks reach or exceed their design capacity during parts of the day, there is scope for improving site wide utilisation of car parking by effective management of the overall supply of staff parking. This could be achieved through a site and car park specific permit system or Variable Message Signs (VMS) car parking information displaying capacity and directing people to locations where capacity is available.

**GH: Patient/Visitor/Volunteer Parking Analysis**

13.3.20 **Table 13.8** shows the maximum recorded occupancy rate at each of the patient/visitor/volunteer car parks, and the number of hours during which each car park was recorded as being at or over its maximum capacity.

<table>
<thead>
<tr>
<th>Reference</th>
<th>Spaces</th>
<th>Max Occupancy</th>
<th>No. Hours at/above Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>290</td>
<td>103%</td>
<td>1</td>
</tr>
<tr>
<td>B</td>
<td>33</td>
<td>100%</td>
<td>3</td>
</tr>
</tbody>
</table>
13.3.21 **Table 13.8** shows that 2 of the 5 patient/visitor/volunteer car parks were recorded as being either full or over capacity for at least some of the day, while the remaining 3 patient/visitor/volunteer car parks had spare capacity throughout the day.

13.3.22 Car Park A is located to the east of the site and is considered to be the main hospital car park. This car park is clearly split into staff and patient/visitor/volunteer parking, however there are 290 patient/visitor/volunteer standard bays and the car park as a whole is of good condition with sufficient lighting. There is an area currently under construction to the rear, but it is unclear how many car parking spaces will be added and who these will be for. During the car park movement recordings, it was noted that the car park was at 103% capacity, for half an hour, between 15:30 and 16:00. However, between 14:00 and 15:30 the car park was either above 95% capacity or at 100% capacity.

13.3.23 Car Park B is located to the east of the site and located outside the main reception of the hospital. Again, this area of the hospital car park is divided between staff and patient/visitor/volunteer parking and disabled parking. For patient/visitor/volunteer, there are 33 accessible parking bays which are of a good condition, though there is limited lighting and no CCTV. During the car park movement surveys, it was noted that the car park was at 100% capacity between 13:00 and 16:00pm.

13.3.24 In order to determine whether the excess demand for car parking in some of the car parks could be accommodated in those car parks that have spare capacity, an analysis was undertaken of overall occupancy at all of the visitor car parks throughout the day. The analysis is shown in **Table 13.9**.

### Table 13.8 – GH Maximum Patient/Visitor/Volunteer Car Park Occupancy, by Zone.

<table>
<thead>
<tr>
<th>Zone</th>
<th>Spaces Occupied</th>
<th>Occupancy %</th>
<th></th>
<th>Spaces Occupied</th>
<th>Occupancy %</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td>74</td>
<td>89%</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>12</td>
<td>17%</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>9</td>
<td>67%</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 13.9

<table>
<thead>
<tr>
<th>Time Beginning</th>
<th>Spaces Occupied</th>
<th>Occupancy %</th>
<th>Time Beginning</th>
<th>Spaces Occupied</th>
<th>Occupancy %</th>
</tr>
</thead>
<tbody>
<tr>
<td>0700</td>
<td>70</td>
<td>17%</td>
<td>1330</td>
<td>345</td>
<td>85%</td>
</tr>
<tr>
<td>0730</td>
<td>80</td>
<td>20%</td>
<td>1400</td>
<td>378</td>
<td>93%</td>
</tr>
<tr>
<td>0800</td>
<td>102</td>
<td>25%</td>
<td>1430</td>
<td>394</td>
<td>97%</td>
</tr>
<tr>
<td>0830</td>
<td>109</td>
<td>27%</td>
<td>1500</td>
<td>390</td>
<td>96%</td>
</tr>
<tr>
<td>0900</td>
<td>158</td>
<td>39%</td>
<td>1530</td>
<td>404</td>
<td>100%</td>
</tr>
<tr>
<td>0930</td>
<td>236</td>
<td>58%</td>
<td>1600</td>
<td>300</td>
<td>74%</td>
</tr>
<tr>
<td>1000</td>
<td>314</td>
<td>77%</td>
<td>1630</td>
<td>281</td>
<td>69%</td>
</tr>
<tr>
<td>1030</td>
<td>326</td>
<td>80%</td>
<td>1700</td>
<td>226</td>
<td>56%</td>
</tr>
</tbody>
</table>
13.3.25 **Table 13.9** shows that the maximum occupancy rate across all of the patient, volunteer and visitor car parks combined is 100%, which occurred between 15:30 and 16:00, meaning that car parking was at full capacity during this time. The figures also show that occupancy levels reach above 90% between 14:00 and 15:00. Throughout the rest of the day, overall occupancy is less than 90%.

13.3.26 In summary, the parking survey shows that public parking supply is likely to be at an appropriate level to satisfy existing demand. It is also noted that peak demands for patient/volunteer and visitor car parking at the GH site is between 14:00 and 16:00 which differs from the LGH site where peak periods are between 10:00 and 12:00. This is likely reflective of the differing services provided at the two sites and should be taken into account during future Trust-wide service reorganisation.

13.3.27 In order to determine of overall occupancy at all of the hospital car parks (staff and patient/visitors/volunteers) throughout the day, all the occupancies have been combined. The analysis is shown in **Table 13.10**.

<table>
<thead>
<tr>
<th>Time Beginning</th>
<th>Spaces Occupied</th>
<th>Occupancy %</th>
<th>Time Beginning</th>
<th>Spaces Occupied</th>
<th>Occupancy %</th>
</tr>
</thead>
<tbody>
<tr>
<td>0700</td>
<td>501</td>
<td>32%</td>
<td>1330</td>
<td>1419</td>
<td>91%</td>
</tr>
<tr>
<td>0730</td>
<td>648</td>
<td>42%</td>
<td>1400</td>
<td>1418</td>
<td>91%</td>
</tr>
<tr>
<td>0800</td>
<td>889</td>
<td>57%</td>
<td>1430</td>
<td>1430</td>
<td>92%</td>
</tr>
<tr>
<td>0830</td>
<td>987</td>
<td>63%</td>
<td>1500</td>
<td>1376</td>
<td>88%</td>
</tr>
<tr>
<td>0900</td>
<td>1139</td>
<td>73%</td>
<td>1530</td>
<td>1381</td>
<td>89%</td>
</tr>
<tr>
<td>0930</td>
<td>1344</td>
<td>86%</td>
<td>1600</td>
<td>1146</td>
<td>73%</td>
</tr>
<tr>
<td>1000</td>
<td>1503</td>
<td>96%</td>
<td>1630</td>
<td>970</td>
<td>62%</td>
</tr>
<tr>
<td>1030</td>
<td>1467</td>
<td>94%</td>
<td>1700</td>
<td>778</td>
<td>50%</td>
</tr>
<tr>
<td>1100</td>
<td>1447</td>
<td>93%</td>
<td>1730</td>
<td>686</td>
<td>44%</td>
</tr>
<tr>
<td>1130</td>
<td>1395</td>
<td>89%</td>
<td>1800</td>
<td>650</td>
<td>42%</td>
</tr>
<tr>
<td>1200</td>
<td>1436</td>
<td>92%</td>
<td>1830</td>
<td>524</td>
<td>34%</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>1230</th>
<th>1415</th>
<th>91%</th>
<th>1900</th>
<th>404</th>
<th>26%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1300</td>
<td>1413</td>
<td>91%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**Table 13.10** - GH Total Hospital Car Park Occupancy, all Zones.

13.3.28 **Table 13.10** shows that the maximum occupancy rate across all of the hospital car parks combined is 96%, meaning that at least 4% of spaces are unoccupied at any point throughout the day. This calculates to 62 car parking spaces being available at GH site.

13.3.29 With regards to the future reorganisation of Trust sites, further consideration should be given to the demand for parking that will be generated at peak parking accumulation periods of 10:00 – 15:00 by the relocation of services to GH, and the shift in parking demand that shall result from this.

13.3.30 Due to the level of parking available, it is likely that additional car parking will be required at GH to accommodate the reconfiguration. Promotion of the TP, sustainable transport measures and initiatives shall be paramount in order to reduce the existing and future use of single occupancy car trips to GH.

**GH: Previous Car Park Surveys**

13.3.31 Car park occupancy surveys undertaken as part of the 2001 and 2013 Travel Plans found that there were a total of 1,060 and 1,266 spaces respectively at the site, which included both staff and patient/visitor parking spaces. This compares to a total of 1,597 spaces counted during the 2019 surveys.

13.3.32 At the time of the 2013 car park surveys it was found that the staff and visitor car parks were operating at a maximum capacity of 88% and 99% respectively. Following analysis of the 2019 parking surveys, the maximum occupancy of 104% and 100% of the hospital car parks which shows that car parking occupancy has increased since the original TP was implemented, which may be accounted for by the relocation of hospital services. The high car park occupancies are currently accommodated by the different peak periods of staff and visitor car parking. The maximum overall capacity of car parks at the GH site is currently observed to be 96%.

**GH: In/Out Survey Analysis**

13.3.33 The in/out surveys which calculate the number of vehicles entering and exiting the site at different points, which are labelled in Figure 13.2 below.
13.3.34 The following data shows the percentage of vehicles that arrived and departed each of these access points;

(A) 39% of total vehicles used this access with 31% arriving and 47% departing,

(B) 43% of total vehicles used this access with 47% arriving and 39% departing, and

(C) 18% of total vehicles used this access with 22% arriving and 13% departing.

13.4 Leicester Royal Infirmary (LRI)

13.4.1 Parking supply at LRI was divided into 14 zones, as shown in Plan 25. On this above basis, the following totals have been calculated as follows:

- 513 standard staff parking spaces,
- 11 accessible staff parking spaces,
- 547 standard patient/visitor/volunteer parking spaces,
- 65 accessible patient/visitor/volunteer parking spaces,
- 28 construction parking bays, and
• 33 drop off bays, which creates,
These spaces total approximately 1,234 parking spaces.

13.4.2 It should also be noted that the above totals represent the “main” car parks within the site, and there are additional small and informal car parking areas provided around the site, for example; pathology, which add to the totals above.

13.4.3 Car Park C and J have not been included in the summary tables below, as these consist of drop off bays, which are restricted to a maximum of 20 minutes duration. The car parking surveys were undertaken every 30 minutes, therefore, drop off bays have been excluded from the car parking surveys.

13.4.4 At each of the main staff car parks, the total number of spaces was recorded, and the occupancy rates of the car parks were recorded throughout the duration of the 12.5 hour survey. Where occupancy has been calculated at more than 100%, this means that vehicles were observed parking informally outside of marked bays. For the purpose of analysis, staff parking supply and public parking supply has been considered separately below.

**LRI: Staff Parking Analysis**

13.4.5 Table 13.11 below shows the maximum recorded occupancy rate at each of the on-site staff car parks, and the number of hours during which each car park was recorded as being at or over its maximum capacity.

<table>
<thead>
<tr>
<th>Reference</th>
<th>Spaces</th>
<th>Max Occupancy</th>
<th>No. Hours at/above Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>14</td>
<td>79%</td>
<td>0</td>
</tr>
<tr>
<td>B</td>
<td>2</td>
<td>100%</td>
<td>4</td>
</tr>
<tr>
<td>D</td>
<td>11</td>
<td>100%</td>
<td>1.5</td>
</tr>
<tr>
<td>F</td>
<td>7</td>
<td>71%</td>
<td>0</td>
</tr>
<tr>
<td>G</td>
<td>19</td>
<td>74%</td>
<td>0</td>
</tr>
<tr>
<td>I</td>
<td>36</td>
<td>75%</td>
<td>0</td>
</tr>
<tr>
<td>M</td>
<td>6</td>
<td>83%</td>
<td>0</td>
</tr>
<tr>
<td>N</td>
<td>476</td>
<td>95%</td>
<td>0</td>
</tr>
</tbody>
</table>

*Table 13.11 – LRI Maximum Staff Car Park Occupancy, by Zone.*

13.4.6 Table 13.11 shows that two of the nine staff car parks were recorded as being either full or over capacity for at least some of the day, while the remaining seven staff car parks had spare capacity throughout the day.
13.4.7 It should be noted that Car Park B, which is located to the north of the site, has spaces for both staff and patient/visitors/volunteers. There are 2 accessible staff parking spaces within this car park which is of a good condition, although with limited lightning and CCTV, it is located near the children’s A&E department which connects the main hospital building. During the car parking movement surveys, it was found that the staff car parking spaces were at 100% capacity between; 08:30-10:00, 11:00-11:30, 12:30-13:00 and 14:30 and 16:00.

13.4.8 Car Park D is located to the north west of the site near the emergency ambulance parking bays for the children’s A&E department. This car park was once accessible bays for the old location for A & E. This car parking area has 11 accessible staff parking spaces which are of a good condition, however, there is limited lighting. During the car parking movement surveys, it was found that the car park reached 100% capacity between; 09:30 – 10:00, 15:30 – 16:00 and between 17:30 and 18:00.

13.4.9 In order to demonstrate that demand for car parking in some of the smaller on-site staff car parks could be accommodated in those car parks that have spare capacity, an analysis was undertaken of overall occupancy at all of the on-site staff car parks throughout the day. This is shown in Table 13.12.

<table>
<thead>
<tr>
<th>Time Beginning</th>
<th>Spaces Occupied</th>
<th>Occupancy %</th>
<th>Time Beginning</th>
<th>Spaces Occupied</th>
<th>Occupancy %</th>
</tr>
</thead>
<tbody>
<tr>
<td>0700</td>
<td>106</td>
<td>19%</td>
<td>1330</td>
<td>473</td>
<td>83%</td>
</tr>
<tr>
<td>0730</td>
<td>151</td>
<td>26%</td>
<td>1400</td>
<td>463</td>
<td>81%</td>
</tr>
<tr>
<td>0800</td>
<td>213</td>
<td>37%</td>
<td>1430</td>
<td>458</td>
<td>80%</td>
</tr>
<tr>
<td>0830</td>
<td>247</td>
<td>43%</td>
<td>1500</td>
<td>455</td>
<td>80%</td>
</tr>
<tr>
<td>0900</td>
<td>304</td>
<td>53%</td>
<td>1530</td>
<td>440</td>
<td>77%</td>
</tr>
<tr>
<td>0930</td>
<td>341</td>
<td>60%</td>
<td>1600</td>
<td>396</td>
<td>69%</td>
</tr>
<tr>
<td>1000</td>
<td>420</td>
<td>74%</td>
<td>1630</td>
<td>349</td>
<td>61%</td>
</tr>
<tr>
<td>1030</td>
<td>470</td>
<td>82%</td>
<td>1700</td>
<td>304</td>
<td>53%</td>
</tr>
<tr>
<td>1100</td>
<td>503</td>
<td>88%</td>
<td>1730</td>
<td>262</td>
<td>46%</td>
</tr>
<tr>
<td>1130</td>
<td>487</td>
<td>85%</td>
<td>1800</td>
<td>188</td>
<td>33%</td>
</tr>
<tr>
<td>1200</td>
<td>476</td>
<td>83%</td>
<td>1830</td>
<td>129</td>
<td>23%</td>
</tr>
<tr>
<td>1230</td>
<td>465</td>
<td>81%</td>
<td>1900</td>
<td>103</td>
<td>18%</td>
</tr>
<tr>
<td>1300</td>
<td>469</td>
<td>82%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Table 13.12 – LRI Total Staff Car Park Occupancy, all Zones
13.4.10 **Table 13.12** shows that the maximum occupancy rate across all of the main staff car parks combined is 88%, meaning that at least 12% of spaces are unoccupied at any point throughout the day.

13.4.11 In summary, the parking survey shows that while some staff car parks reach or exceed their design capacity during parts of the day, it appears that overall staff parking provision is sufficient to accommodate existing demand. However, observations at each of the car parks that reached capacity have improvements that could be made.

**LRI: Patient/Visitor/Volunteer Parking Analysis**

13.4.12 **Table 13.13** below shows the maximum recorded occupancy rate at each of the patient/visitor/volunteer car parks, and the number of hours during which each car park was recorded as being at or over its maximum capacity.

<table>
<thead>
<tr>
<th>Reference</th>
<th>Spaces</th>
<th>Max Occupancy</th>
<th>No. Hours at/above Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>1</td>
<td>100%</td>
<td>5.5</td>
</tr>
<tr>
<td>E</td>
<td>30</td>
<td>100%</td>
<td>0.5</td>
</tr>
<tr>
<td>H</td>
<td>113</td>
<td>99%</td>
<td>0</td>
</tr>
<tr>
<td>L</td>
<td>17</td>
<td>94%</td>
<td>0</td>
</tr>
<tr>
<td>O</td>
<td>440</td>
<td>82%</td>
<td>0</td>
</tr>
</tbody>
</table>

**Table 13.13** – LRI Maximum Patient/Visitor/Volunteer Car Park Occupancy, by Zone

13.4.13 **Table 13.13** shows that two of the five patient/visitor/volunteer car parks were recorded as being either full or over capacity for at least some of the day, while the remaining three patient/visitor/volunteer car parks had spare capacity throughout the day.

13.4.14 Car Park B which is located to the north of the site, has spaces for both staff and patient/visitors/volunteers. There is one accessible public parking space within this location. During the car parking movement surveys, it was found that the public car parking space was at 100% capacity for 5.5 hours of the day at several different intervals.

13.4.15 Car Park E is located to the north of the site and is classed as a short stay car park for patients/visitors/volunteers, in which there are 30 standard bays. The car park is of a good condition with some lighting and during the car parking movement surveys, it was found that the car park was only at 100% capacity only between 11:00 and 11:30. However, between 09:00-09:30, 10:30-11:00, 12:00-12:30 and 17:30-18:00 the car park had over 90% capacity.

13.4.16 Car Park H provides access to the multi-storey car park O and has a ticket machine which provides access to the car park via a barrier mechanism. The barrier does not allow entrance to the car park
when the ticket machine calculates the car park to be full. It is noted however that displaying of the ‘full’ sign does not always correlate well with when the car park is actually at capacity which can lead to frustration amongst some users.

13.4.17 In order to determine whether the excess parking in some of the car parks could be accommodated in those car parks that have spare capacity, an analysis was undertaken of overall occupancy at all of the visitor car parks throughout the day. The analysis is shown in Table 13.14 below.

<table>
<thead>
<tr>
<th>Time Beginning</th>
<th>Spaces Occupied</th>
<th>Occupancy %</th>
<th>Time Beginning</th>
<th>Spaces Occupied</th>
<th>Occupancy %</th>
</tr>
</thead>
<tbody>
<tr>
<td>0700</td>
<td>195</td>
<td>32%</td>
<td>1330</td>
<td>454</td>
<td>76%</td>
</tr>
<tr>
<td>0730</td>
<td>240</td>
<td>40%</td>
<td>1400</td>
<td>456</td>
<td>76%</td>
</tr>
<tr>
<td>0800</td>
<td>291</td>
<td>48%</td>
<td>1430</td>
<td>439</td>
<td>73%</td>
</tr>
<tr>
<td>0830</td>
<td>352</td>
<td>59%</td>
<td>1500</td>
<td>451</td>
<td>75%</td>
</tr>
<tr>
<td>0900</td>
<td>374</td>
<td>62%</td>
<td>1530</td>
<td>436</td>
<td>73%</td>
</tr>
<tr>
<td>0930</td>
<td>411</td>
<td>68%</td>
<td>1600</td>
<td>416</td>
<td>69%</td>
</tr>
<tr>
<td>1000</td>
<td>443</td>
<td>74%</td>
<td>1630</td>
<td>399</td>
<td>66%</td>
</tr>
<tr>
<td>1030</td>
<td>480</td>
<td>80%</td>
<td>1700</td>
<td>364</td>
<td>61%</td>
</tr>
<tr>
<td>1100</td>
<td>513</td>
<td>85%</td>
<td>1730</td>
<td>330</td>
<td>55%</td>
</tr>
<tr>
<td>1130</td>
<td>499</td>
<td>83%</td>
<td>1800</td>
<td>314</td>
<td>52%</td>
</tr>
<tr>
<td>1200</td>
<td>483</td>
<td>80%</td>
<td>1830</td>
<td>283</td>
<td>47%</td>
</tr>
<tr>
<td>1230</td>
<td>469</td>
<td>78%</td>
<td>1900</td>
<td>275</td>
<td>46%</td>
</tr>
<tr>
<td>1300</td>
<td>470</td>
<td>78%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Table 13.14 – LRI Total Patient/Visitor/Volunteer Car Park Occupancy, all Zones.

13.4.18 Table 13.14 shows that the maximum combined occupancy of 85% which occurred between 11:00 and 11:30, mean that at its most demanding time, there is still 15% occupancy at LRI car parks.

13.4.19 In summary, the parking survey shows that public parking supply is likely to be at an appropriate level to satisfy existing demand. However, queuing at the access to the Havelock Street car parks appears to be an issue which should be addressed. The main patient car park only has 1 access point on and this is on Havelock Street.

13.4.20 In order to determine whether the excess parking in some of the staff car parks could be accommodated in those visitor car parks which have spare capacity, an analysis was undertaken of overall occupancy at all of the hospital car parks throughout the day. The analysis is shown in Table 13.15.
13.4.21 Table 13.15 shows that the maximum occupancy rate across all of the hospital car parks combined is 87%. This leaves 13% of car parking spaces vacant at any time which equates to 152 car parking spaces, mainly made up of capacity from car park G, I and O.

13.4.22 With more appropriate car park management, both staff and visitor parking can be accommodated within the existing car parking provision.

13.4.23 With regards to the future reorganisation of Trust sites, further consideration should be given to the demand for parking that will be generated at peak parking accumulation period of 10:30 – 13:30 by the relocation of services to LRI, and the shift in parking demand that shall result from this.

13.4.24 Due to the level of parking available, it may be possible that additional car parking could be required at LRI to accommodate the reconfiguration. There is the opportunity to source additional parking from King Power Stadium and promotion of the TP, sustainable transport measures and initiatives shall be paramount in order to reduce the existing and future use of single occupancy car trips to LRI.

**LRI: Staff Off-Site Parking**

13.4.25 Plan 26 and Appendix L show the locations of LRI off site car parks as well as the number of car parking spaces. At these locations, UHL procures 600 spaces at NCP Welford Road, 363 spaces at
Filbert Street, 130 at Raw Dykes and 250 at King Power Stadium. This totals 1,295 additional car parking spaces procured off site.

13.4.26 These off site car parks were surveyed during peak periods for staff car park occupancy between 11:00 and 14:00. Table 13.16 shows the results of the survey.

<table>
<thead>
<tr>
<th>Car Park Ref</th>
<th>Description</th>
<th>Total spaces available</th>
<th>Spaces occupied</th>
<th>% occupancy</th>
<th>Unused car parking spaces</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NCP Car Park Leicester Welford Road</td>
<td>552</td>
<td>463</td>
<td>84%</td>
<td>89</td>
</tr>
<tr>
<td>2</td>
<td>Filbert Street</td>
<td>421</td>
<td>355</td>
<td>87%</td>
<td>66</td>
</tr>
<tr>
<td>3</td>
<td>Raw Dykes</td>
<td>188</td>
<td>126</td>
<td>67%</td>
<td>62</td>
</tr>
<tr>
<td>4</td>
<td>King Power Stadium</td>
<td>Circa 398</td>
<td>237</td>
<td>54%</td>
<td>Circa 161</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>1559</strong></td>
<td><strong>1181</strong></td>
<td><strong>76%</strong></td>
<td><strong>378</strong></td>
</tr>
</tbody>
</table>

Table 13.16 – LRI Off-site staff car parking

13.4.27 Table 13.16 identifies that there are an additional 378 unused car parking spaces than the car parks presently rented by UHL for staff members. This indicates that there is additional offsite parking available within the vicinity of LRI, where it might be possible for additional spaces to be procured for the future expansion of LRI.

13.4.28 At LRI there are also private off-site car parking along Havelock Street, to the west of the site. These car parks’ capacities were combined during the car parking movement surveys, which found that out of the 79 spaces available, maximum capacity was only reached for half an hour of the day between 13:30 and 14:00. However, it should be noted that between 09:00 and 15:30 the car parks were over 90% of capacity.

13.4.29 There is an on street bay where vehicles were seen to be parked, this bay accommodates approximately eight vehicles. The bay is located along the western kerb line of Havelock Street opposite the main visitor car park entrance and has a no waiting restriction between the hours of 07:30 to 18:00 from Monday to Saturday. These were also recorded during the car parking surveys. It was found that these spaces were at 100% capacity for half an hour during the day, between 12:00 and 12:30. For the remaining times these spaces were at less than 90% capacity.

**LRI: Previous Car Park Surveys**

13.4.30 Car park occupancy surveys undertaken as part of the 2001 (TP) found that there were a total of 1,900 spaces at the site, which included both staff and patient/visitor parking spaces. This is broadly consistent with the total of approximately 2,068 spaces estimated from the 2013 surveys and from the car park rental information provided by UHL. The 2019 car parking surveys found that LRI has 1,234 on site car parking and an additional 1295 spaces off site, which totals 2,529 car parking spaces. This is a
considerable increase in car parking spaces from 2013. The increase in car parking is mainly due to the construction of the patient multi-storey car park.

13.4.31 The patient Multi Storey Car Park (MSCP) was built and opened in February 2016 which is accessible via the entrance to the main visitor car park off Havelock Street and provides exit via both Aylestone Road and Havelock Street. The five-storey car park introduced an additional 440 car parking spaces for patients and visitors at the LRI site.

13.4.32 Previous surveys found that the existing on-site car parks operate “over capacity for much of the working day”. Off-site car parks were also well-used, with the 2001 TP noting that “total off-site car parks are operating over capacity for much of the working day”. Despite an increase since 2001 in off-site parking provision, the 2013 surveys demonstrate a similar occupancy pattern, with off-site car parks being full and on-site car parks being underutilised. Therefore, there remains scope to spread demand for parking away from on-site locations to off-site locations.

13.4.33 The 2019 car parking surveys found that this is no longer the case, and on-site car parks have been found to be over utilised and the off-site car parks underutilised which indicates that the distribution of car parking permits could be re assigned to spread capacity evenly across all car parks. It is noteworthy however to highlight that due to limitations of the off-site parking survey and that not all UHL staff displayed parking permits, it was not possible to ascertain if UHL staff were making full use of the UHL allocation of spaces, only that the off-site car parks as a whole were being underutilised.

**LRI: In/Out Survey Analysis**

13.4.34 The nature of the LRI site differs from LGH and GH, which can both be considered to be “campus-based”, with available surrounding land and all car parking being provided on-site. LRI, by contrast, is a constrained city centre-based site, which forms an integral part of the wider urban area. As a result, the site has a total of seven access or egress points. The in/out surveys which calculate the number of vehicles entering and exiting the site at these seven different points, which are labelled in Figure 13.3 below.
13.4.35 The following data shows the percentage of vehicles that arrived and departed each of these access points;

(A) (Access & Egress) 31% of total vehicles used this access with 41% arriving and 22% departing,
(B) (Access & Egress) 12% of total vehicles used this access with 5% arriving and 19% departing,
(C) (Access & Egress) 25% of total vehicles used this access with 36% arriving and 14% departing,
(D) (Access & Egress) 20% of total vehicles used this access with 12% arriving and 27% departing,
(E) (Egress only) 7% of total vehicles used this access with 14% departing,
(F) (Egress only) 2% of total vehicles used this access with 4% departing, and
(G) (Access only) 3% of total vehicles used this access with 5% arriving.
13.4.36 This demonstrates that the majority of vehicles that enter the site prefer to use access A overall but for departing the site, access D is more common. This is due to access D being one of the main exit points for vehicles leaving the MSCP with access A being the entrance to the main patient car park.

13.5 **Post 2019 Car Parking Surveys**

13.5.1 Following the 2019 car parking surveys, changes have been made around UHL car parks, details of these can be found in Appendix L. Tables 13.17 to 13.19 identify the overall change in the number of total car parking spaces at all three sites.

<table>
<thead>
<tr>
<th>Car Parking</th>
<th>Staff Parking</th>
<th>Visitor Parking</th>
<th>Total Parking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre Survey</td>
<td>1,075</td>
<td>479</td>
<td>1,554</td>
</tr>
<tr>
<td>Post Survey</td>
<td>1,074</td>
<td>480</td>
<td>1,554</td>
</tr>
<tr>
<td>Change</td>
<td>-1</td>
<td>+1</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 13.17 – LGH Car Parking Recalculation

<table>
<thead>
<tr>
<th>Car Parking</th>
<th>Staff Parking</th>
<th>Visitor Parking</th>
<th>Total Parking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre Survey</td>
<td>1,154</td>
<td>406</td>
<td>1,560</td>
</tr>
<tr>
<td>Post Survey</td>
<td>1,116</td>
<td>406</td>
<td>1,532</td>
</tr>
<tr>
<td>Change</td>
<td>-38</td>
<td>0</td>
<td>-38</td>
</tr>
</tbody>
</table>

Table 13.18 – GH Car Parking Recalculation

13.5.2 At GH there has been a loss in staff car parking since the surveys, due to construction phases on site, these shall be reinstated following the completion of construction.

<table>
<thead>
<tr>
<th>Car Parking</th>
<th>Staff Parking</th>
<th>Visitor Parking</th>
<th>Total Parking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre Survey</td>
<td>571</td>
<td>601</td>
<td>1,172</td>
</tr>
<tr>
<td>Post Survey</td>
<td>513</td>
<td>612</td>
<td>1,172</td>
</tr>
<tr>
<td>Change</td>
<td>-58</td>
<td>+58</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 13.19 – LRI Car Parking Recalculation

13.5.3 At the LRI there has been a reallocation of 58 parking spaces from staff to visitors within car parks referenced I and N.
14.0 Car Park Management Strategy

14.1 Introduction

14.1.1 Car parking management is considered to be essential, to achieve a successful TP as well as encouraging people to travel by non-car modes. Effective car park management can also offer financial and operational benefits which can contribute to the efficiency of an organisation as a whole. To this end, this Car Park Management Strategy (CPMS) can be considered as a part of the UHL TP and as an important document in its own right, which should be monitored and updated alongside the TP.

14.1.2 Since the previous UHL TP, produced in 2013, a number of measures have been introduced to manage car parking at all three UHL sites. Therefore, the CPMS sets out the background to car park management at UHL and summarises the key policies currently in force.

14.1.3 The CPMS goes on to consider if the existing car park organisation has been effective in managing single occupancy car trips. In order to ensure that staff/volunteer and patient/visitor views have been considered, a summary is presented relating to car parking during the 2019 Travel Plan Surveys. Finally, the CPMS presents recommended amendments to the existing parking protocols based upon the analysis undertaken.

14.2 Existing Car Park Management Policy

14.2.1 At the time of the 2013 TP, car parking charges were in place at all three hospital sites. Car parking charges came into force at LRI in 1996 and for LGH and GH in 2007. The 2013 TP noted that, extensive queuing was observed on Havelock Street emanating from the entry to the main visitor car park.

14.2.2 A patient multi-storey car park was built and opened in February 2016 which is accessible via the entrance to the main visitor car park off Havelock Street and provides exit via both Aylestone Road and Havelock Street. The five-storey car park introduced an additional 440 car parking spaces for patients and visitors at the LRI site.

14.2.3 Barriers are installed at the patient/visitor car park at LRI which incorporate a “pay on exit” system. Elsewhere, car parks are managed by paper-based staff/volunteer permits and Pay and Display patient/visitor tickets. Car parks are monitored by foot patrols.

14.2.4 The following car park measures were considered following the 2013 TP:

- Increasing patient/visitor parking charges, with a focus on shorter-stay parking;
- Increasing staff car parking charges, potentially combined with a decremental charging system;
- Adjusting the assessment criteria for staff permits;
• Providing barrier control at all car parks, potentially combined with a “pay on exit” system at patient/visitor car parks;
• Reducing staff parking supply, particularly in locations where occupancy is already low;
• Offering incentives such as a preferential, guaranteed or reduced cost parking space to car sharers; and
• Promoting an up-to-date car sharing database.

14.2.5 The most recent review of car park management took place in May 2019, which considered changes to and revised the Staff and Patient Parking Protocol.

Staff and Volunteers

14.2.6 The UHL Car Park Protocols for staff/volunteers and patients/visitors are included as Appendix M. In summary, staff permits are currently issued according to a scoring system based on the following criteria:

- Their normal working pattern; and
- Cross site commitments.

14.2.7 Staff must be on duty whilst utilising any of the on or off site car parks. All members of staff must adhere to the parking restrictions on site (which may be amended from time to time) or their vehicle will be considered to be parked in an unauthorised manner.

14.2.8 Permits will detail the area that should be used for parking, the date of expiry and the registration number of the car/s for which the permit is valid. The permit is issued to the designated member of staff and is not transferable.

14.2.9 It has been made clear through the UHL Car Parking Protocol document that any member of staff parking in visitor/patient car parks will have to pay the visitor/patient rates. Staff with permits pay directly through payroll and can, if they wish, pay via a salary exchange scheme. In addition, staff can join car share groups with an appropriate available permit however individual permits are not then issued.

14.2.10 Disabled parking is provided independently of ordinary parking where Occupational Health shall recommend car parking requirements. Proof of blue badge shall be required for annual renewals. Disabled members of staff will be allocated to the closest car park available where possible and subject to space being available.

14.2.11 Human Resources/Occupational Health will be requested to advise if there are any grounds to issue a temporary pass. Once a permit becomes available the employee will be issued with one for the agreed duration, and appropriate charges will be made.
14.2.12 Parking permits for carers are available with the completion of an application form which is reviewed by the HR manager, an occupational health representative and the Service Equality Manager. Any permits will be issued for a maximum of 1 year, at this point another review will take place.

14.2.13 Car sharing permits are available to groups wishing to register enabling the permit to be transferable and utilised by any of the designated vehicles. All applicants must fill in an application form, and pass the required criteria, and not hold a separate individual permit. The person with the highest score and therefore qualifying for the permit will have the payment taken from their wages.

14.2.14 Non UHL staff can apply for permits. If a permit is issued, it will have to be paid for. Any individual invoice raised will be charged for the year and the minimum amount an invoice can be raised for is £30.

14.2.15 Permits are granted when a staff member reaches their 26th week of pregnancy, they will qualify for a permit (if available) until the staff member goes on maternity leave.

14.2.16 Car park arrangements are in place for community midwives for one hour drop off, on call and long stay parking at each of the three sites.

14.2.17 Bank staff may apply for a staff parking permit or pay a reduced pay and display parking fee at LGH and GH by using a unique coloured permit. Agency staff may not apply.

14.2.18 A deposit of £25 will be deducted on the issuing of the window permit and access card/key, (where applicable). This will be refundable when the window permit and access card/key are returned. The permit and access cards are validated annually to assist with potential banding movements and management of leavers.

14.2.19 All hospital volunteer workers will be issued with a permit (lasting 6 months) to allow them to park in the public car park for free at the GH and LGH hospitals, and at LRI, volunteers are granted free exit.

14.2.20 On call chaplains are issued gold on call permits to be used between the hours of 18:00 – 08:00 and all day at weekends across all three hospital sites to be used in specific areas detailed within the parking protocol document in Appendix M.

14.2.21 Service engineers are not offered permits and if they parking the public car parks are subject to relevant parking tariffs.

14.2.22 Very limited arrangements can be made for dignitaries and visitors to the sites. Bookings should be made with the car park management staff.

14.2.23 Generally main contractors will be given compounds for the duration of the contract, and a number of car parking permits will be issued. Payment will be required for all permits. Any contractor parking in any UHL public car park will be charged as per current tariff.
14.2.24 For GH and LGH sites, student parking arrangements are as follows: De Montfort University is designated a number of parking permits for students. Seconded students can apply for a staff permit as per staff procedures. Other students (with the exception of Leicester University) can apply for a monthly Student Hospital Parking Permit.

14.2.25 Students attending the LRI have the option to take up a Student Hospital Parking Permit (SHPP) which will allow them to park at GH or LGH and utilise the hopper bus.

14.2.26 Monthly permit fees for staff parking varies according to salary band, as summarised in Table 14.1 below.

<table>
<thead>
<tr>
<th>Salary Band</th>
<th>2013 Monthly Fee</th>
<th>2019 Monthly Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to £9,999.99</td>
<td>£5.67</td>
<td>£7.60</td>
</tr>
<tr>
<td>£10,000 to £19,999.99</td>
<td>£11.33</td>
<td>£15.37</td>
</tr>
<tr>
<td>£20,000 to £29,999.99</td>
<td>£17.00</td>
<td>£22.96</td>
</tr>
<tr>
<td>£30,000 to £39,999.99</td>
<td>£22.67</td>
<td>£31.08</td>
</tr>
<tr>
<td>£40,000 to £70,000.00</td>
<td>£25.00</td>
<td>£34.94</td>
</tr>
<tr>
<td>Over £70,000</td>
<td>£30.00</td>
<td>£42.57</td>
</tr>
</tbody>
</table>

Table 14.1 – Staff Parking Permit Fees

14.2.27 The same payment levels (Figure 14.1) will apply to night and weekend staff. Locations allocated to night staff will be appropriate to the hours they work. If night staff wish to park in any visitor car park, they will have to pay the relevant tariff.

14.2.28 Night and weekend permits are valid from Monday to Friday, all day at weekends and on bank holidays. The hours for night/weekend permits are: LRI 15:45 till 08:00, LGH 16:30 till 08:30, and GH 16:30 till 08:30.

14.2.29 Vehicles parked in unauthorised areas will be recorded and dealt with in a manner appropriate to the disruption caused, and any pattern of unauthorised parking. The remedial methods will include a notification of inappropriate/unauthorised parking followed by a Parking Charge Notice. The remedial actions will be subject to the UHL unauthorised parking procedure document. The penalty charges will be set at £80 with a payment period of 28 days but reduced to £45 if payment is made within 14 days. These charges being in line with the guidance from the British Parking Association.

**Patient and Visitor**

14.2.30 The Patient and Visitor Parking Protocol (including volunteers and students) is included as Appendix M. Parking charges for patients and visitors are outlined in Table 14.2 below.
14.2.31 A number of free parking spaces are allocated at LGH for registered Kidney patients.

14.2.32 If vehicles displaying a blue badge park in the LRI main public car parks they will be subject to the tariffs displayed. Blue badge holders can only park free of charge in marked disabled bays outside the main public car parks

14.2.33 Drop off and pick up points are located around the hospital which provide a 20 minute free stay.

<table>
<thead>
<tr>
<th>Patients and Visitors</th>
<th>2013 Tariff</th>
<th>2019 Tariff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 30 mins (LRI only)</td>
<td>Free</td>
<td>Free</td>
</tr>
<tr>
<td>Up to 1 Hour</td>
<td>£1.50</td>
<td>£1.70</td>
</tr>
<tr>
<td>1 to 2 Hours</td>
<td>£2.50</td>
<td>£2.90</td>
</tr>
<tr>
<td>2 to 3 Hours</td>
<td>£3.00</td>
<td>£3.40</td>
</tr>
<tr>
<td>3 to 4 Hours</td>
<td>£4.00</td>
<td>£4.50</td>
</tr>
<tr>
<td>4 to 8 Hours</td>
<td>£6.00</td>
<td>£6.70</td>
</tr>
<tr>
<td>8 to 12 Hours</td>
<td>£10.00</td>
<td>£11.30</td>
</tr>
<tr>
<td>12 to 24 Hours</td>
<td>£12.00</td>
<td>£13.30</td>
</tr>
<tr>
<td>Motorbikes</td>
<td>-</td>
<td>Free</td>
</tr>
<tr>
<td>Night Tariff 8pm – 6am</td>
<td>£2.00</td>
<td>£2.30</td>
</tr>
<tr>
<td>Daily Saver Ticket</td>
<td>£5.50</td>
<td>£6.10</td>
</tr>
<tr>
<td>Weekly Saver Ticket</td>
<td>£15.00</td>
<td>£17.00</td>
</tr>
<tr>
<td>Monthly Saver Ticket</td>
<td>£50.00</td>
<td>£56.40</td>
</tr>
<tr>
<td>LRI Saver Ticket</td>
<td>£25.00 (for £50.00 credit)</td>
<td>£25.00 (for £50.00 credit)</td>
</tr>
</tbody>
</table>

Table 14.2 - Patient and Visitor Parking Tariff

14.2.34 Vehicles parked in unauthorised areas will be recorded and dealt with in a manner appropriate to the disruption caused, and any pattern of unauthorised parking. The remedial methods will include a notification of inappropriate/unauthorised parking followed by a Parking Charge Notice. The remedial actions will be subject to the UHL unauthorised parking procedure document. The penalty charges will be set at £80 with a payment period of 28 days but reduced to £45 if payment is made within 14 days. These charges being in line with the guidance from the British Parking Association.

14.3 Staff/Volunteer Travel Survey and Patient/Visitor Travel Survey

14.3.1 The views and driving habits of existing staff, volunteers, patients and visitors at the UHL sites can be ascertained from the results of the 2019 travel surveys. A full analysis of this survey is provided in
Sections 10.0 and 11.0 of the TP however, a summary of the responses related to car parking is included below.

14.3.2 Regarding car sharing, the results of the staff/volunteer survey revealed the following:

- 7% of staff/volunteers regularly car share; and
- Of those staff/volunteers who do car share, only 44% car share with a colleague.

14.3.3 Staff/volunteers also appeared to be responsive to measures to encourage car sharing and gave the following responses:

- Availability - If someone work similar hours and lived nearby;
- More information or schemes to car share with other staff/volunteers;
- If on-site parking or free parking was available as part of a car share package; and
- If you knew the person was safe to share with.

14.3.4 While some of the above may represent existing non-permit holders who are currently unable to park at the site, it is considered that the results suggest that greater levels of car sharing should be considered as a key opportunity for more effective management of car park supply and discouraging single-occupancy car travel.

14.3.5 While car park charging is a contentious issue, a significant proportion of those travelling to the hospital would appear to be undeterred by paying more than at present:

- 55% of staff and volunteers would be willing to pay a higher rate for car parking; and
- 18% of patients and visitors would be willing to pay a higher rate for car parking.

14.3.6 Of those willing to pay an increase in charges, 39% stated they would be willing to pay an additional £1 per month and 20% said they would be willing to pay an additional £5 per month.

14.3.7 55% of staff and volunteers willingly stated that they would be happy to pay higher car parking fees and therefore, an increase in fees could see additional revenue to improve parking facilities and upgrade car parking management systems.

14.3.8 18% of patients and visitors chose to declare that they would pay increased car parking fees which is not a higher percentage as the staff and volunteer travel survey results however, the increase in car park charges could result in additional revenue and also may result in a reduction in levels of patient and visitor car parking, as some may be deterred from using the car parking facilities and alternatively look to make more sustainable travel choices.
14.4 Proposed Car Park Management Measures

14.4.1 Following the analysis of parking data and travel survey results an in depth review of the car park capacities, demand for site access points and facility provision has been undertaken.

14.4.2 A review of the site audits has been undertaken in addition to the analysis of the travel survey results, and recommendations have been formulated with a view to overcoming issues identified during the review.

14.4.3 The following Car Park Management Strategy concepts have been identified:

- Reduce queues on local roads surrounding LRI by installation of Automatic Number Plate Recognition (ANPR) car parking management system which will reduce queuing and delays on Havelock Street and Jarrom Street;

- ANPR parking management systems to provide the trust with an efficient way of monitoring car park capacities, reducing the cost of lost car park passes for patients and visitors and reducing delays at car park entrances by removing barrier systems. The ANPR systems can also integrate with Variable Message Signage (VMS) and provide drivers with information relating to car park capacities available on site at LRI.

- Increased signage at LGH and GH to direct users to car parks relevant to ward / area of hospital attending. Colour coding car park signage can help with reducing congestion on site and assisting patients in arriving to appointments in a timely manner by reducing the time they may otherwise spend attempting to find the closest car park to the area of the hospital which they intend to visit.

- Surveys revealed that of the staff members and volunteers surveyed, 55% would be willing to pay more for parking facilities whilst 18% of patients and visitors supported the option to increase parking fees. The last increase was implemented in May 2019, whilst this plan was being written. The option to further increase parking fees for staff/volunteers and patients/visitors could be investigated, but it is recognised that an increase has just occurred. This could provide additional revenue to fund improvements to parking technology and sustainable travel enhancements;

- Patients could be sent directions to specific car parks dependent of ward / area attending with a summary of sustainable transport options available if appropriate. This information could be standardised by service and included as part of their appointment notifications;

- 44% of staff and volunteers willing to consider more sustainable travel modes said that they would be willing to try car sharing to and from the hospital sites instead of undertaking single
occupancy car trips. A staff car share page on the staff intranet should be investigated and staff car share spaces located in convenient locations within staff car parks. Once a car share agreement has been reached through the intranet, car sharers could jointly apply for a car share pass to be issued accordingly;

- 56% of staff and volunteers and 19% of patients and visitors willing to consider more sustainable travel modes said that they would consider using the Hopper bus service. In order to reduce single occupancy car trips the expansion of the Hopper bus service should be investigated to provide links to the Park and Ride sites and increase the service frequencies at peak times. In order to provide a more accurate review of the Hopper bus service, surveys should be conducted to ascertain the peak periods of Hopper use and from which locations the greatest levels of patronage are seen;

- 18% of staff and volunteers and 47% of patients and visitors willing to consider more sustainable travel modes said that they would consider using public transport. The Trust could look to provide discounts through bus operators for staff and volunteers travelling to and from the hospital sites to encourage mode shift. Liaison with operators and the local authority could be undertaken to discuss the option of increased frequencies and route improvements for both staff and patients.

- All cycle facilities should be upgraded to be covered, and staff cycle parking upgraded to be lockable. Public cycle parking provision should be increased across LRI and LGH sites to provide for demand and encourage mode shift from single occupancy car trips. Cycle routes, changing and shower facilities should be provided across all sites as this was noted as a factor which prevented staff and volunteers from changing their mode of travel; and

- Review parking permit renewal pack with internal data held on each applicant to verify applicant details are all valid to ensure parking permits are not being renewed dishonestly to free up car parking spaces that are presently being used by staff/volunteers that are no longer entitled to them.

- Explore how the emissions band for each vehicle registered can also be used to calculate permit charges. Internet tools are available which classify vehicles into CO₂ bands which could then be used as charge multiplier to ensure the lowest emissions and electric vehicle users pay less respectively than those driving older, more polluting vehicles.

14.4.4 Each of the above measures should be subjected to a further, more detailed analysis of the practicalities of their implementation at the UHL sites and should also be subjected to consultation with stakeholders. However, the above measures are considered to be an appropriate starting point for the future management of car parking at the UHL sites.
14.4.5 This CPMS may be updated at intermediate points as part of, or alongside, the TP to ensure that car
park management is maximised as a key opportunity for encouraging modal shift away from the car and
towards healthier, more sustainable modes of travel.
15.0 Delivery and Servicing Management Plan

15.1 Objectives

15.1.1 The overall objectives of this Delivery and Servicing Management Plan (DSMP) is to provide improvements to procurement practices, supplies management, environmental management procedures, facilities management and safe and legal loading arrangements for all activities associated with the three UHL sites.

15.1.2 Once in place the DSMP objectives shall be:

1. That goods and services can be delivered, and waste removed in a safe, efficient and environmentally friendly way;
2. Identifies deliveries that could be reduced, re-timed or even consolidated, particularly during busy periods;
3. Improve reliability of deliveries to the site concerned;
4. Reduce the operating costs of building occupants and freight companies; and
5. Reduce the impact of servicing and delivering activity on local residents.

15.2 Existing Measures

15.2.1 In order to gain an understanding of current delivery operations, discussions were undertaken with the Inventory and Supplies Manager and the Category Specialist at UHL, who provided the following information;

- The vast majority of deliveries take place between Monday and Friday between 8.00am and 4.30pm, which are shown in Table 15.1 below;
- Deliveries take place at Receipt and Distribution (R&D) points and then subsequently distributed internally by the R&D team, these are shown in Figures 15.1, 15.2 and 15.3 below;
- National Health Service Supply Chain (NHSSC) orders are delivered daily by one 7.5t lorry and generally take place overnight between 19:00 and 07:00;
- Cleaning and hygiene supplies from Bunzl are delivered daily by one 7.5t lorry and generally take place overnight between 22:00 and 05:00; and
- No deliveries are accepted into any of the R&D units between 6pm Fri and 6pm Sunday.

15.2.2 Table 15.1, below, specifies the typical frequency of deliveries expected across all three UHL sites for lorries (HGV) and vans (LV) on a daily basis. It should be noted that on any given day there could be a significant increase in the number of deliveries depending on clinical need.
### Daily Delivery Frequency between 08:00am and 16:30pm

<table>
<thead>
<tr>
<th>Type</th>
<th>LRI</th>
<th>GH</th>
<th>LGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>HGV</td>
<td>12</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>LV</td>
<td>13</td>
<td>17</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>24</td>
<td>13</td>
</tr>
</tbody>
</table>

**Table 15.1 – Typical Daily Delivery Frequency**

15.2.3 The maps in Figures 15.1, 15.2 and 15.3 below show the different R&D points at each UHL site.

*Figure 15.1 – LRI R&D Locations*
Figure 15.2 – LGH R&D Locations

Figure 15.3 – GH R&D Locations
15.2.4 In addition to the deliveries mentioned, some departments operate their own additional deliveries due to their individual needs, including Renal Dialysis, Ophthalmology and Clinical Genetics.

**15.3 Vehicular Routes and Servicing Activities**

*Leicester General Hospital (LGH)*

15.3.1 **Plan 27** illustrate servicing vehicles, 7.5t Box Vans and Rigid Trucks, entering and exiting each servicing location at LGH (linked with labels A-E on **Figure 15.2**).

15.3.2 Vehicles travelling to and from locations A, B and D on **Figure 15.2** will likely use the existing access located off Broad Avenue at its junction with Gwendolen Road to the west of the hospital site and egress at the junctions with Coleman Road to the north and north east of the hospital.

15.3.3 Vehicles travelling to and from locations C and E can either use the access located off Broad Avenue at its junction with Gwendolen Road to the west of the hospital site, or the access off Coleman Road and its junction with Gwendolen Road to the north of the site and egress at the junction with Coleman road to the north east of the hospital.

15.3.4 As shown in **Table 15.1** LGH receives 13 deliveries per day between 08:00 and 16:30. As mentioned, it also receives two deliveries a day during the evenings outside of peak hours.

*Glenfield Hospital (GH)*

15.3.5 **Plan 28** illustrates servicing vehicles, 7.5t Box Vans and Rigid Trucks, entering and exiting each servicing location at GH (linked with labels A-D on **Figure 15.3**).

15.3.6 Vehicles travelling to and from locations A to D on **Figure 15.3** will likely use the existing access located off Glenfrith Way at its junction with the main hospital highway to the east of the hospital site and egress at the same junction.

15.3.7 As shown in **Table 15.1** GH receives 24 deliveries per day between 08:00 and 16:30. As mentioned, it also receives two deliveries a day during the evenings outside of peak hours.
Leicester Royal Infirmary (LRI)

15.3.8 Plan 29 and Plan 30 illustrate servicing vehicles, 7.5t Box Vans and Rigid Trucks, entering and exiting each servicing location at LRI (linked with labels A-D on Figure 15.1).

15.3.9 Vehicles travelling to and from location A on Figure 15.1 will likely use Gate 9 access located off Havelock Street to the southwest of the hospital site and egress via Gate 8 or Gate 7 onto Havelock Street.

15.3.10 Vehicles travelling to and from location B have to use the access signed ‘Gate 9’ on site from Havelock Street and exit at either the junction signed ‘Gate 8’ or ‘Gate 7’ both exits leading back onto Havelock Street.

15.3.11 Vehicles travelling to and from locations C and D will likely use the access located off Jarrom Street onto Gateway Street to the north of the hospital site.

15.3.12 Vehicles travelling to and from location E utilise the main car park access off Havelock Street to access and egress the R&D point E which is used for catering deliveries.

15.3.13 As shown in Table 15.1 LRI receives 25 deliveries per day between 08:00 and 16:30. As mentioned, it also receives 2 deliveries a day during the evenings outside of peak hours.

15.4 Proposed Measures

15.4.1 In order to enhance the management of the delivery and services at each of the UHL sites the following could be considered;

- Signage;
- Timings;
- Local Suppliers;
- Routing; and
- Reducing Freight Trips.

**Signage**

15.4.2 The increase of clear signage will enable for servicing and delivery vehicles to enter the hospital sites easily and efficiently and make sure the goods they are transport reach the correct bays in efficient time. In advance of the deliveries being made and as part of the contractual agreements, service providers shall be instructed clearly on how to access and egress the sites appropriately.
**Timings**

15.4.3 The hospital shall encourage off-peak deliveries where possible to avoid peak periods when staff/volunteers and patients/visitors are arriving and departing from the site. Establishing a secure location or delegation of the task to servicing management staff could be explored to enable deliveries to out of hours.

15.4.4 Planned maintenance appointments for the development will be encouraged to take place outside of the network peak hours and will be locally sourced.

**Local Suppliers**

15.4.5 The choice of supplier is very much led by compliance to a minimum standard matched up to clinical need however where possible items shall be sourced locally, or from the same supplier, to reduce the number of deliveries required.

**Routing**

15.4.6 At LGH there is the proposed Plan 31, which shows the proposed route in which delivery and service vehicles could utilise at location E on Figure 15.2.

**Reducing Freight Trips**

15.4.7 The following measures will be considered to reduce the number of vehicular trips relating to servicing and deliveries to the development;

- Commitment to safer, more efficient and more environmentally friendly distribution by contracting operators registered with a best practice scheme, such as Freight Operator Recognition Scheme (FORS);
- Develop a plan informing freight operators where they can collect from and deliver to the building;
- Provide freight operators with delivery instructions prior to arrival at site, thus mitigating against any dwell time on the local highway or in car parking areas;
- Materials Management provides a schedule of delivery for each area on a given day. This helps to plan activities, storage and vehicles on site;
- Ongoing review of delivery and collection frequencies and where best to reduce these through consultation with the various departments at each hospital site; and
- By maintaining and delivering a reduction in deliveries and servicing, this will ensure the development contributes towards sustainable freight deliveries.
15.5 Targets

15.5.1 The vehicular surveys have been interrogated following which, targets for the DSMP have been set. Targets align with the objectives and measures set out in this TP, and include the following headline initiatives;

- Limited number of servicing and delivery trips undertaken within the network peak hours; and
- Encourage operations such as deliveries for cleaning and maintenance, to be undertaken by a single operator to reduce trips to and from the site.

15.6 Monitoring and Review

15.6.1 It is acknowledged that in terms of servicing and deliveries there are no ‘quick fixes’ and the DSMP will be reviewed on an annual basis. It will be delivered and monitored in-line with the TP process, to ensure that it reflects the changing requirements of the development and that it is kept up to date with emerging policy.

15.6.2 Delivery and service vehicle movement frequencies will be reviewed and coordinated by the servicing site management on a regular basis.

15.6.3 Generic measures which can achieve the above benefits include;

a) Scheduling deliveries outside of peak hours;

b) Rationalising suppliers so that orders may be delivered together; and

c) Promoting defined delivery routes and loading areas within the site.

15.6.4 It is recognised that medical necessity limits the ability of some deliveries to be managed to the extent that their impact is entirely negated and that there is a need for some deliveries to occur throughout the day. Based on this information, it is considered that the existing delivery arrangements at the UHL sites demonstrate that deliveries are already being managed and are consistent, as far as practicable, with generic measures a) to c) outlined above. However, it has been identified with the proposed measures above that there are some improvements that could be made.

15.6.5 Deliveries should continue to be managed sensitively in respect of the surrounding area and pedestrian movements on site, particularly where changes to access arrangements may be proposed in future.
16.0 Measures to Encourage Sustainable Travel

16.1 Introduction

16.1.1 As mentioned, one of the main aims of a TP is to reduce the proportion of single occupancy vehicle trips generated by UHL and encourage more sustainable travel modes. Section 4.0 of this report highlights the measures that were suggested in 2001 and 2013 TP, which are shown in Appendix B.

16.1.2 Section 4.0 identified that the targets in the 2013 TP to reduce single occupancy vehicle trips was not reached, therefore this section is intended to draw together the potential measures identified as a result of the individual site audits and UHL staff/volunteer and patient/visitor surveys.

16.1.3 DfT Good Practice Guidelines suggest that Travel Plans (TPs) should:

“...consider both ‘stick and carrot’ measures” and “...ensure that the outcomes are stretching but realistic and the measures are deliverable.”

16.1.4 Therefore, a series of measures have been devised which encourage travel behaviours away from single occupancy car use (“stick” measures) and towards more sustainable modes (“carrot” measures).

16.1.5 Negative “stick” measures, designed to directly discourage the use of single-occupancy car travel, are addressed comprehensively in the Car Park Management Strategy (CPMS) included as Section 14.0 of this TP.

16.1.6 The positive “carrot” measures proposed have been considered separately by mode, and include the following encouragements:

- Walking,
- Cycling and motorcycle use,
- Car sharing,
- Public Transport use, and
- Other initiatives.

16.1.7 Each measure has also been considered in relation to which of the TP objectives in Table 2.1 in Section 2.2 and also the outcomes of the travel surveys and site audits.

16.2 Hospital Travel Plan Examples

16.2.1 Investigations were undertaken to examine examples of best practice and effective measures in reducing single car occupancy travel, from various travel plans for NHS hospital sites across the UK.
16.2.2 Travel Plans which were investigated include the following:

- University Hospitals of North Midlands NHS Trust (UHNM) (2015-2020);
- Southmead Hospital, Bristol (2013-2018);
- New South Glasgow Hospitals (NSGH) (2014-2015);
- Nottingham University Hospital (NUH) (2018-2023);
- Birmingham City Hospital (2014); and

**University Hospitals of North Midlands NHS Trust (2015-2020)**

16.2.3 The UHNM is committed to encouraging active and low carbon travel in order to reduce vehicular carbon emissions, reduce the demand for parking spaces and promote health and wellbeing. Targets implemented at UHM include:

- To achieve a reduction in car journeys by 25% by 2020;
- To increase active commuting by 25% by 2020; and
- To increase employee car sharing by 100% by 2020.

16.2.4 UHNM will try to achieve these targets by introducing some of the following measures outlined in Table 16.1 below.

<table>
<thead>
<tr>
<th>Walking Initiatives</th>
<th>Cycling Initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set up a Walking User Group to provide a forum for sharing concerns and ideas regarding walking</td>
<td>Monitor usage of secure cycle parking facilities near the main buildings and increase provision if required and as opportunities arise</td>
</tr>
<tr>
<td>Produce walking information packs for staff</td>
<td>Improve availability of cloakroom/changing facilities with secure lockers and increase provision as opportunities arise</td>
</tr>
<tr>
<td>Provide promotional material to raise awareness of the health benefits of walking</td>
<td>Monitor availability of cloakroom/changing facilities with secure lockers and increase provision as opportunities arise</td>
</tr>
<tr>
<td>Undertake a pedestrian audit of the area around the hospital to assess pedestrian routes into the site</td>
<td>Improve website information regarding cycling to the site from local destinations</td>
</tr>
<tr>
<td>Make personal alarms available for people who are concerned about personal security</td>
<td>Improve website information regarding cycling to the site from local destinations including a link to the walking mapping site, walkit.com</td>
</tr>
<tr>
<td>Improve website information regarding walking to the site from local destinations including a link to the walking mapping site, walkit.com</td>
<td>Produce a map showing walking routes indicating distances and times to the most common destinations</td>
</tr>
<tr>
<td>Improve website information regarding walking to the site from local destinations including a link to the walking mapping site, walkit.com</td>
<td>Improvise website information regarding walking to the site from local destinations</td>
</tr>
<tr>
<td>Produce a map showing walking routes indicating distances and times to the most common destinations</td>
<td></td>
</tr>
</tbody>
</table>
Table 16.1 – UHNW Measures

**Southmead Hospital, Bristol (2013-2018)**

16.2.5 In order to reduce the use of single occupancy vehicles and increase the use of sustainable travel options both regulation and support measures were essential. Targets implemented at Southmead Hospital include:

- To achieve the target of and maintain single occupancy staff journeys to work below 55%;
- To reduce single occupancy patient and visitor journeys to the hospital; and
- To limit levels of ‘on-street’ parking by staff and visitors on roads within a 500m radius of the hospital to no more than 30% of the total on street.

16.2.6 Southmead Hospital will try to achieve these targets by introducing some of the following measures outlined in Table 16.2 below.
<table>
<thead>
<tr>
<th><strong>Travel Bureau</strong></th>
<th><strong>Staff Car Parking</strong></th>
<th><strong>Public Car Parking</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel Bureau which consists of a team that will continue to provide a one-stop travel advice service. Giving information on; car parking information, personalised journey plans, maps, timetables, bus tickets and general travel advice.</td>
<td>2,000 staff parking spaces will be provided. The car parking policy will be reviewed and updated, existing permit scheme will be reviewed and amended (all staff will have to apply under the revised permit scheme).</td>
<td>700 car parking spaces made available for the public. A significant number will be disabled spaces. Drop-off, short-stay, taxi and bus stops close to the front door will also be considered.</td>
</tr>
</tbody>
</table>

**Motorcycles**

The use of motorcycles as a form of transport will be encouraged and stronger links with trainers, suppliers and maintenance providers will be developed. Motorcycle only bays will remain on site with covered areas provided within the multi-storey car parks.

**Car Sharing**

The Trust will continue to promote and provide free access to a car share matching system and operate an ‘emergency ride home’ facility. The initial number of dedicated spaces will be 50 but can increase with demand to 200. More may be allocated if the demand increases.

**Car Club**

This provision will enable staff to have a greater choice when deciding how to travel to work by removing the pressure of having to have their own car on site. A number of cars will be based permanently on site in spaces allocated for that purpose.

**Public Transport**

The Trust will continue to work in partnership with Bristol City Council, South Gloucestershire Council and bus companies to identify and evaluate options for improving bus services to the redeveloped site.

**Walking Initiatives**

Showers and changing facilities for staff use will be provided throughout the building so that staff can easily access them between entry to the hospital and their place of work within the main hospital complex.

**Cycling Initiatives**

The cost savings and health benefits will be widely promoted as they are now with measures such as cycling mileage allowance, salary sacrifice, discounts and travel road shows with ‘Dr Bike’ initiatives continuing to be offered free as much as possible. Cycling facilities (600 cycle parking spaces) will be reviewed along with exploring the potential for cycle hire schemes, including power assisted cycles and ‘try before you buy’ schemes.

**Shuttle Services/Park & Ride/Community Transport**

The Trust will explore the provision of shuttle bus and park-and-ride services to locations identified as having the potential to reduce demand for parking at the hospital or link with public bus networks. These may include existing or planned park-and-ride sites. Consideration will be given to the provision of a site bus to link the main hospital with other buildings and public car parks during the interim to support patients and visitors traverse the site safely and in relative comfort.

### Table 16.2 – Southmead Hospital Measures


16.2.7 At the NSGH there is a restriction on car park supply and without incentivising the alternatives it was anticipated that hospital functionality and the operation of the local road network could be affected. Therefore, NSGH had to ensure there were sustainable travel alternatives in place and mechanisms to encourage the use of alternatives. The main target implemented at NSGH is to reduce staff single occupancy journeys to the hospital by 20%.
16.2.8 Measures and incentives which were identified as being effective were compared with existing measures in place and measures proposed to produce a comprehensive list of effective measures to ensure a successful TP for the future of the Trust.

16.2.9 Some of the following actions outlined in the NSGH TP are given in Table 16.3 below.

<table>
<thead>
<tr>
<th>Walking Initiatives</th>
<th>Cycling Initiatives</th>
<th>Public Transport Initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction of bollards, pedestrian guardrail or planters at critical locations.</td>
<td>Carry out a detailed review of pedestrian provisions.</td>
<td>Transport department to purchase single bus tickets for business use.</td>
</tr>
<tr>
<td></td>
<td>Introduction of bollards, pedestrian guardrail or planters at critical locations.</td>
<td>Campaign to raise awareness of public transport provision.</td>
</tr>
<tr>
<td>Promotion of cycle purchase scheme.</td>
<td>Introduce a bike rental system</td>
<td>Provide a subsidy on annual travel cards.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provision of interest free loans for the purchase of annual travel cards.</td>
</tr>
<tr>
<td>Increase the provision of secure, covered cycle racks.</td>
<td>Facilitate a cycling roadshow at the Campus.</td>
<td>Negotiate a discount with the operators of annual travel cards.</td>
</tr>
<tr>
<td>Production and circulation of cycle route maps, including information on the intranet, programme.</td>
<td>Investigate an increase to the cycle mileage allowance.</td>
<td>Negotiate a discount with the operators of the 'one ticket' initiative.</td>
</tr>
<tr>
<td>Conduct a cycling to work</td>
<td>Ensure transport helpline is equipped to deal with cycle queries.</td>
<td></td>
</tr>
<tr>
<td>Include leaflets relating to cycle facilities and routes at information stands, as well as information on inter-site transport provision and specially targeted travel guides.</td>
<td>Set up a bicycle user group.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Public Transport Initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction of public transport information stands at reception points.</td>
</tr>
<tr>
<td>Transport department to purchase single bus tickets for business use.</td>
</tr>
<tr>
<td>Campaign to raise awareness of public transport provision.</td>
</tr>
<tr>
<td>Provide a subsidy on annual travel cards.</td>
</tr>
<tr>
<td>Provision of interest free loans for the purchase of annual travel cards.</td>
</tr>
<tr>
<td>Negotiate a discount with the operators of annual travel cards.</td>
</tr>
<tr>
<td>Negotiate a discount with the operators of the 'one ticket' initiative.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Car Parking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of car park management strategy.</td>
</tr>
<tr>
<td>Promote a car share scheme.</td>
</tr>
<tr>
<td>Consider introduction of Road Traffic Order to enforce parking restrictions</td>
</tr>
<tr>
<td>Introduce a reduction in car parking charges for those who participate in car share scheme.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide appropriate staff with an opportunity to work from home.</td>
</tr>
<tr>
<td>Develop a policy on the appropriate use of taxis for business purposes.</td>
</tr>
</tbody>
</table>

Table 16.3 – NSGH Actions

*Nottingham University Hospital (NUH) (2013-2018)*
16.2.10 NUH found that in their 2016 Travel Survey that 49.18% of staff and 65% of visitors and patients travel alone in a private motor vehicle while the rest travel via other means. Therefore, NUH aims and objectives are the following:

- Reducing the number of single occupancy car journeys, and
- Future proof Trust's access and travel by ensuring its major developments enable easier sustainable transport choices.

16.2.11 NUH will try to achieve these aims and objectives by the following key actions and outputs below:

- Continue working on its current sustainable transport programmes promoting active travel, public transport and car-sharing;
- Continue Managing Car parks under a permit system and enforcement;
- Continue working with Nottingham City Council and public transport operators to create new services where a gap in services exists; and
- Improving facilities to increase the attractiveness of active travel and public transport.

_Birmingham City Hospital (2014)_

16.2.12 In order to reduce the use of single occupancy vehicles and increase the use of sustainable travel options both regulation and support measures were essential. Targets implemented at Birmingham City Hospital include:

- To encourage active modes of travel, and to emphasise the health and financial benefits of these modes;
- To reduce the amount of single occupancy car trips for both commuting and business travel purposes;
- To address staff travel as part of the wider, carbon reduction programme, to ensure that Birmingham City Hospital is a best practice exemplar to other organisations; and
- To increase awareness of the sustainable „smarter travel“ modes available to staff and visitors.

16.2.13 Birmingham City Hospital will try to achieve these targets by introducing some of the following initiatives outlined in Table 16.4 below.

<table>
<thead>
<tr>
<th>Cycling Initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Install additional cycle parking and storage</td>
</tr>
<tr>
<td>Improve showering and changing facilities for staff members</td>
</tr>
<tr>
<td>Purchase pool bikes and equipment for staff (e.g. high vis; bike pumps, helmets etc.)</td>
</tr>
</tbody>
</table>
Confirm and promote discounts on cycling equipment and bikes with local cycle retailers
Towards becoming a Top Location for Cycling. Meeting the criteria for this award will make additional grant funding available
Promote cycle to work scheme for staff
Set up a Bicycle User Group (BUG) within the organisation
Participate in National Bike Week events

| Confirm and promote discounts on cycling equipment and bikes with local cycle retailers | Provide staff/visitors with information on local cycle routes and organise led rides |
| Towards becoming a Top Location for Cycling. Meeting the criteria for this award will make additional grant funding available | Arrange Bike Buddy rides for staff. BikeRight can meet members of staff at their home and show them a safe and efficient route to work |
| Promote cycle to work scheme for staff | Arrange cycle journey planning sessions for staff or visitors |
| Set up a Bicycle User Group (BUG) within the organisation | Provide cycle training for staff/visitors. Arrange cycle maintenance training / Dr Bike sessions for staff as appropriate |
| Participate in National Bike Week events | Signage for cycle parking and route maps |

### Walking Initiatives

| Provide staff with information on local routes and walks and offer personalised walking route planning for staff | Participate in Walk to Work Week |
| Set up led lunchtime walks for staff and/or visitors |

### Public Transport Initiatives

| Arrange travel roadshow event to promote public transport options to staff | Promote direct debit scheme to staff via email information, intranet information and literature. Employees can purchase |
| Provide updated timetables, maps and leaflets and links to online information | Identify potential for use of one day tickets for local business trips |

### Car Sharing Initiatives

| Identify the need to implement a formal car share scheme using bespoke software or a spreadsheet/database programme | Consider dedicating spaces for car sharers in car park for staff and painting car share bays if there is staff interest in a car sharing scheme |

Table 16.4 – Birmingham City Hospital Actions

**Northampton General Hospital (2016-2019)**

16.2.14 The aim of Northampton General Hospital’s TP is: “To develop a package of measures which promotes safe and sustainable travel to and from the Hospital, where possible encouraging alternatives to the private car reducing carbon emissions.” It will achieve this by the following objectives:

- Increase the opportunity for staff, patients and visitors to travel to and from Northampton General Hospital using transport modes other than private car;
- Reduced travel-related carbon emissions;
- Increased use of alternatives to single occupancy car use for commuting and business travel;
• A larger proportion of existing parking space allocated to patients, particularly those with disabilities, for whom alternative modes of travel are less practicable than for staff;
• A County Council, Trust, Bus company partnership working to continuously improve hospital bus routes;
• A proactive approach by anticipating changing circumstances, both internal and external to the Trust;
• A planned approach and response to the results of qualitative and quantitative monitoring and evaluation of the plan; and
• A continual partnership with the County and Borough Council travel plan co-ordinators to determine innovative approaches to travel within the county.

16.2.15 Northampton General Hospital will try to achieve these targets by introducing some of the following measures outlined in Table 16.5 below.

<table>
<thead>
<tr>
<th>Measures for Northampton General Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve cycle parking facilities, including of use showers and lockers.</td>
</tr>
<tr>
<td>Implementation of “real time” travel information systems.</td>
</tr>
<tr>
<td>Cycle rental (Boris Bikes)</td>
</tr>
<tr>
<td>Dedicated lift sharing spaces.</td>
</tr>
</tbody>
</table>

Table 16.5 - Northampton General Hospital Measures

16.3 Encouraging Walking

16.3.1 To encourage walking a series of measures have been designed specifically for UHL. These were designed by taking into consideration the existing measures from the 2001 and the 2013 TP, the results from the recent travel surveys (as listed below) as well as the site audit analysis in Sections 5.0, 6.0, 7.0 and 8.0.

16.3.2 The data collected from both Staff/Volunteer and Patient/Visitor Travel Surveys showed that across all three sites;
6.41% of staff and volunteers travel to work via foot compared to 3.48% of patients and visitors whom travelled to hospital via foot.

6.89% of staff and volunteers that said they travelled to work via car said they would be willing to try walking instead.

9.40% of staff and volunteers and 1.57% of patients and visitors stated that improved paths and crossings would encourage them to walk to site.

1.85% of staff and volunteers also stated that more showers and changing facilities would encourage them to walk as well as 3.75% would walk if there were personal alarms available and finally 1.62% would walk if there was personal journey help and advice.

Table 16.1 below summarises the proposed initiatives designed to encourage walking across all three sites and each initiative satisfies the objectives outlined in Table 2.1 in the introduction.

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Description</th>
<th>Objectives Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Walking Packs</td>
<td>Create and promote Walking Information Packs for staff and volunteers that include: walking information and health benefits, maps showing footways and footpaths, personal alarms, as well as, information on buddy scheme and walking groups.</td>
<td>A,C,F</td>
</tr>
<tr>
<td>2. Walking Groups</td>
<td>Walking User Groups provides a forum for sharing concerns and ideas regarding walking and advertises the walking pack.</td>
<td>A,C,F</td>
</tr>
</tbody>
</table>

**Initiative 1: Walking Packs**

Creating walking packs for staff and volunteers are incentives to encourage walking as a healthy, cost effective and sustainable mode of travel to work. Compiling walking packs which provide information, maps and personal alarms will encourage more to walk to site. Bespoke packs can be compiled based on the users home postcode with tools such as ‘Walk It’ accessed to create personalised walking maps.

Appendix N shows a map which highlights the best walking and cycling routes in ‘Leicester North’ in which all three UHL sites are within, the map also shows locations of Park and rides. Therefore, maps like this can be helpful to pedestrians within a walking pack.

**Initiative 2: Walking Groups**

The creation of walking groups for staff and volunteers creates somewhere which they can share ideas on how the hospital can improve facilities and infrastructure, to encourage walking into each site. The groups could be an informal online intranet chat, or a more formal meeting for staff and volunteers to discuss and share ideas with the trust.
16.4 Encouraging Cycling and Powered Two-Wheelers use

16.4.1 To encourage cycling and the use of powered two-wheelers a series of measures have been designed specifically for UHL. These were designed by taking into consideration the existing measures from the 2001 and the 2013 TP, the results from the recent travel surveys (as listed below) as well as the site audit analysis in Sections 5.0, 6.0, 7.0 and 8.0.

16.4.2 Data collected from the Travel Surveys showed that across all three sites;

- 4.16% of staff and volunteers already travel to work via bicycle,
- 0.48% of staff and volunteers travel via motorcycle or powered two-wheeler,
- 11.83% of staff and volunteers that travel via car would be willing to try cycling,
- 1.85% of staff and volunteers would be encouraged to cycle if there were shower and changing facilities,
- 3.75% of staff and volunteers would be encouraged to cycle if there were personal alarms made available,
- 6.55% of staff and volunteers would be encouraged to cycle if there were interest free loans and cycle to work schemes,
- 14.44% of staff and volunteers would be encouraged to cycle if there was lockable cycle parking,
- 17.74% of staff and volunteers would be encouraged to cycle if there were improved cycle paths,
- 2.37% of patients and visitors travel via bicycle,
- 0.15% of patients and visitors travel via motorcycle or powered two-wheeler, and
- 0.67% of patients and visitors would cycle if better cycle lanes were provided, and
- 1.12% of patients and visitors would cycle if there was better cycle parking.

16.4.3 Several of the items raised above such as interest free loans, cycle schemes and lockable cycle parking are available for staff and volunteers to utilise. For the travel surveys to highlight these indicates that the initiatives may not be well advertised amongst staff and volunteers.

16.4.4 It would be recommended to raise awareness of existing initiatives, to re-educate staff and volunteers of the availability of these schemes and facilities offered by the trust. This could be via email, newsletters, during sustainable travel weeks or during staff reviews.

16.4.5 Table 16.7 below summarises the proposed initiatives designed to encourage the use of bicycles and powered two-wheelers across all three sites and each initiative satisfies the objectives outlined in Table 2.1 in the introduction.
Table 16.7 - Encouraging Cycling & Motorcycling Initiatives

Initiative 1: Cycling Groups and Buddy Schemes

16.4.6 The creation of cycling groups, enables staff/volunteers and members of the public get involved and share ideas on how the hospital can improve, to encourage cycling into each site. A Bicycle User Group (BUG) could be formed to meet both in person but also discuss ideas on an open internet chat forum.

16.4.7 Cycle Buddy Scheme should be open to all staff and volunteers across the Trust. Staff could put their names forward for the schemes, and they could match themselves against others with a similar journey. A free coffee or lunch could then be organised on a quarterly basis so that cyclists can meet and form new buddy partnerships. This scheme would be led by the BUG with support from the Travel Plan Coordinator and Cycle Officers from LCC and local interest groups.

Initiative 2: Cycle Packs

16.4.8 A cycle pack is an incentive to encourage cycling as a healthy, cost effective and sustainable mode of travel to and from work. Creating cycling packs which provide information, maps and personal alarms, as well as discounts to local retailers, for example; Halfords, The Bike Park, Cycles Ltd, Lutterworth Cycle Centre.

16.4.9 Information can also be included from the National Cycle Network, Leicester Councils “Smarter Travel Leicester” (STL) scheme and on the Choose How You Move website, which includes a journey planner, advice and support on sustainable travel and cycling maps.
16.4.10 Appendix N shows a map which highlights the best walking and cycling routes in ‘Leicester North’ in which all three UHL sites are within, the map also shows locations of Park and rides. Therefore, maps like this can be helpful to cyclists within a cycle pack.

**Initiative 3: Bike 2 Work Week**

16.4.11 Creating and promoting a bike to work week, annually, encourages staff and volunteers to cycle during the week by creating incentives such as; biker breakfast or restaurant vouchers. This will then hopefully inspire them to carry on cycling after the bike to work week is complete.

**Initiative 4: Ride to Work Week**

16.4.12 Similar to the bike to work scheme, however it encourages those that use powered two-wheelers to also be involved.

**Initiative 5: Liaise with local authority over cycle lanes**

16.4.13 Contacting the local authority to set up a meeting to organise the cycle lanes to each hospital site.

### 16.5 Encouraging Car Sharing

16.5.1 To encourage Car Sharing a series of measures have been designed specifically for UHL. These were designed by taking into consideration the existing measures from the 2001 and the 2013 TP, the results from the recent travel surveys (as listed below) as well as the site audit analysis in Sections 5.0 – 7.0.

16.5.2 Data collected from the Travel Surveys showed that across all three sites;

- Out of the 92.69% of staff and volunteers that travel to work by car, 23.2% would be willing to car share.

16.5.3 **Table 16.8** below summarises the proposed initiatives designed to encourage car sharing across all three sites and each initiative satisfies the objectives outlined in Table 2.1 in the introduction.

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Description</th>
<th>Objectives Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Car Sharing Database and Buddy Scheme</td>
<td>Promote to staff and volunteers and organise get-togethers for the car sharer.</td>
<td>A,C,D,G</td>
</tr>
<tr>
<td>2. Emergency Ride Home</td>
<td>Provide a guaranteed free emergency taxi ride home to car sharers who are let down by their sharing partner registered to the car sharing database.</td>
<td>A,C,G</td>
</tr>
</tbody>
</table>

Table 16.8 – Encouraging Car Sharing Initiatives
**Initiative 1: Car Sharing Database**

16.5.4 In order for the car sharing database to have a positive impact, promotion is required as well as incentives. One other incentive UHL could create is get-togethers for the car sharers which include a drink or snack and creates promotion of the measure but also provides somewhere for staff/volunteers to share ideas and meet others willing to also car share in the same area.

16.5.5 This ‘Car Share Coffee Morning’ could include the provision of a large map of the staff/volunteer catchment area whereby individual staff/volunteer members can put a pin in their home location, add their typical working hours and also a contact number, staff members/volunteers could then use these details to make matches.

**Initiative 2: Emergency Ride Home**

16.5.6 In order to improve confidence in joining a car share arrangement, an emergency ride home could be made available to staff/volunteers who are let down by their regular car share partner. While there would be a cost to the Trust where this service is used, this may be offset in part by the reduction in car parking spaces required if car sharing proves to be popular and has been proven to be rarely called upon where promoted by other organisations.

**16.6 Encouraging Public Transport**

16.6.1 To encourage greater public transport usage, a series of measures have been designed specifically for UHL. These were designed by taking into consideration the existing measures from the 2001 and the 2013 TP, the results from the recent travel surveys (as listed below) as well as the site audit analysis in Sections 5.0, 6.0 and 7.0.

16.6.2 Data collected from the Travel Surveys showed that across all three sites;

- 7.58% of Staff and Volunteers used the Hospital Hopper to get to site,
- 7.63% of Staff and Volunteers used the Public Bus to get to site,
- For Staff and Volunteers that travel by car, 54.30% would be willing to use the Hospital Hopper to get to site and 17.7% would be willing to try the public bus,
- 11.07% of Patient and Visitors used public transport to get to site,
- 4.27% of Patient and Visitors used the Hospital Hopper to get to site, and
For Patients and Visitors that travel by car, 25.28% would be encouraged to use Public Bus and 9.02% would be encouraged to use the Hospital Hopper.

**Figure 16.1** shows what was stated in the surveys as to what would encourage Staff, Volunteers, Patients and Visitors to use Public Transport.

### Public Transport Availability

16.6.3 **Figure 16.1** shows what was stated in the surveys as to what would encourage Staff, Volunteers, Patients and Visitors to use Public Transport.

**Plan 58** and **Plan 59** highlight the location of staff/volunteer and visitor/patient postcodes who currently do not use sustainable transport measures, in relation to the availability of public transport.

16.6.5 The plans illustrate that on the whole, the majority of staff/volunteers and patients/visitors are able to access the hospital sites within a 60 minute journey time using public transport. This indicates that with promotion of the TP measures and initiatives, the majority of staff/volunteers could be encouraged to travel more sustainably to the hospital sites as public transport links are available.

16.6.6 The plans illustrate however, that there are several areas in which there is limited access to public transport where staff/volunteers and patients/visitors reside. These areas include south west Loughborough, Shepshed, Ashby-de-la-Zouch, Ibstock and Lutterworth.
16.6.7 In order to improve connectivity to the outlying areas where no public transport is accessible within a 60 minute travel time. Bus services could be improved to provide sustainable transport options to staff/volunteers and patients/visitors of the hospital sites who reside in the outlying areas.

16.6.8 The following services are accessible via St. Margaret’s Bus Station and provide access to the outlying areas in which staff/volunteers and patients/visitors reside:

- Kinchbus Skylink Derby – Derby / Airport / Loughborough / Leicester;
- Arriva 127 – Leicester / Shepshed; and
- Arriva 84 – Leicester / Blaby / Broughton Astley / Lutterworth.

16.6.9 Presently there are no bus routes to Ashby-de-la-Zouch or Ibstock which provide feasible public transport services to and from the hospital sites or the local bus stations. Discussions could be undertaken with the public transport providers and the local authority to investigate more efficient routes to improve the links from these locations to Leicester and the Hospital sites.

16.6.10 The Hopper provides connectivity to the bus station however, the journey length of the route to the outlying areas using the Hopper to connect with St. Margaret’s Bus Station is in excess of 60 minutes. In order to reduce the travel time, the Hopper routes could be reviewed in order to make time savings and reduce the overall travel time to the outlying areas.

**Public Transport Initiatives**

16.6.11 Table 16.9 below summarises the proposed initiatives designed to encourage the use of Public Transport across all three sites and each initiative satisfies the objectives outlined in Table 2.1 in the Introduction.

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Description</th>
<th>Objectives Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Review Hopper</td>
<td>Investigate the possibility of providing additional buses at peak times, increase the destinations supported by the service and increase the service frequency to every 15mins.</td>
<td>A,B, C,D,F,G</td>
</tr>
<tr>
<td></td>
<td>Investigate the possibility of extending the hopper service to Park and Ride Locations.</td>
<td>A,B, C,D,F,G</td>
</tr>
<tr>
<td>2. Engage with Local Bus Service Providers</td>
<td>Continue negotiation with all bus companies. Discussions take place with bus service providers including Centrebus, First Travel, and Arriva and good relationships have been developed.</td>
<td>A,C, D,F,G</td>
</tr>
<tr>
<td></td>
<td>Use relationships with service providers to organise meetings to discuss creation of any new bus routes and services or to extend existing services, as well as, improve bus waiting facilities and services on buses, for example; Wi-Fi, charging ports, etc.</td>
<td>A,B, C,D,F,G</td>
</tr>
<tr>
<td></td>
<td>Re-advertise new discounts on monthly season tickets</td>
<td>A,C,D,G,F,G</td>
</tr>
</tbody>
</table>
Implement a fare discount scheme for members of staff/volunteers.

Table 16.9 - Encouraging Public Transport Initiatives

**Initiative 1: Review Hopper**

16.6.12 On average around 48,000 passengers a month were recorded using the Hospital Hopper in 2018. This shows that for many it is a popular mode of travel, yet as found in the Travel Surveys, many more stated they would like to use this services as an alternative to car travel.

16.6.13 Therefore, to attract more passengers and to continue the success of the service, an investigation into the possibility of expanding the service should be undertaken.

16.6.14 Increasing the frequency of Hoppers may encourage more people to use the service especially during peak hours and during the day. This would encourage more staff, volunteers, patients and visitors to use the service as they know they can just arrive at the stop and a bus will call in a short period of time, as opposed to feeling that they must plan their journey around the bus timetable.

16.6.15 There may be scope to extend the Hospital Hopper route to Park and Ride locations to encourage those staff/volunteers and patients/visitors travelling from further afield to travel more sustainably. The extended service could also be promoted to fee-paying general users (i.e. those not visiting a UHL site), as a method of raising revenue to continue to fund the service, although it is considered likely that the service will continue to require a subsidy if a free staff/volunteer service is to be provided.

16.6.16 The Hopper could be extended to city centre Haymarket Bus Station as well as Leicestershire’s park and ride services, which are discussed in Section 9.0. There could also be an opportunity for the Hopper to circulate around the city centre along the A594, which would provide links to other bus services, creating a wider area of connections for UHL site visit users.

**Initiative 2: Engage with Local Bus Service Providers**

16.6.17 Use relationships with service providers to organise meetings to discuss creation of any new bus routes and services or to extend existing services.

16.6.18 Discounts and advertising discounts will encourage site users to travel via public transport.

16.6.19 Making the bus services themselves more attractive, for example; offering Wi-Fi or charging ports for phones can make public transport by bus more attractive. By engaging with local service operators, the feedback from site user surveys can be shared so that the service providers can in turn improve their services.
16.7 Other Initiatives

16.7.1 *Table 16.10* below summarises the proposed initiatives designed to be implemented across all three sites and each initiative satisfies the objectives outlined in *Table 2.1* in the introduction.

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Description</th>
<th>Objectives Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Transport Awareness Week</td>
<td>Promote a week aimed at encouraging cycling, walking and public transport across the Trust. Which includes a free breakfast or similar incentive such as trial bus passes provided by the operators themselves.</td>
<td>A,B, C,D,F,G</td>
</tr>
<tr>
<td>2. Personal Journey Planning</td>
<td>Provide links to PJP service for all staff, and volunteers, patients and visitors, see description below.</td>
<td>A,C,D,F,G</td>
</tr>
<tr>
<td>3. External Signage</td>
<td>Improve the signage facilities were appropriate according to the wayfinding plans within this TP, this is discussed in more detail below.</td>
<td>E</td>
</tr>
<tr>
<td>4. Staff/Volunteer shower and Locker facilities</td>
<td>Identify any issues or improvements that could be made with the shower and changing facilities and improve where appropriate.</td>
<td>A,C,F,G</td>
</tr>
<tr>
<td>5. Health Leagues</td>
<td>Creating healthy competitions to encourage staff/volunteer to walk or cycle to work. Offering prizes to winners.</td>
<td>A,C,F,G</td>
</tr>
<tr>
<td>6. Engage with Local Service Providers</td>
<td>Use relationships with service providers to organise meetings to discuss improvements to bus waiting facilities and services on buses, for example; Wi-Fi, charging ports, etc.</td>
<td>A,C,D,F,G</td>
</tr>
<tr>
<td>7. Private Car Parks</td>
<td>Working with more private car park owners, for example supermarkets, and even the website Parkopedia to create more and cheaper car parking spaces.</td>
<td>E</td>
</tr>
<tr>
<td>8. New Staff/Volunteer Starter Packs</td>
<td>New staff members and volunteers should receive a leaflets which can provide information to encourage them to use sustainable travel modes.</td>
<td>A,B, C,D,F,G</td>
</tr>
<tr>
<td>9. Promote via website or App</td>
<td>Create and promote the health, cost and environmental benefits including PJP service</td>
<td>A,B, C,D,F,G</td>
</tr>
<tr>
<td>10. Car Park Management</td>
<td>Improve car park technologies.</td>
<td>E</td>
</tr>
</tbody>
</table>

*Table 16.10* - Encouraging Other Initiatives

**Initiative 1: Transport Awareness Week**

16.7.2 In order to raise awareness of sustainable modes of travel, it is suggested that the Trust organises a ‘Transport Awareness Week’ aimed at promoting cycling, walking, and public transport. These weeks can be aimed at individual incentives, for example, just walking or can combine into one big week to promote sustainable travel, with the aim of inspiring individuals to carry on using these methods instead of car travel.

16.7.3 It is beneficial for the TP to encourage more cyclists and pedestrians to travel to and from the hospitals, but not at the cost of increased accidents. As part of Transport Awareness Week, staff/volunteers should
be encouraged to attend a cycle/pedestrian safety training session. This should be open to all employees.

16.7.4 Invite local Public Transport providers and local retailers will provide more trade for them but also encourage the staff and volunteers to use more sustainable methods through discounts and awareness.

**Initiative 2: Personalised Journey Planning**

16.7.5 Personalised Journey Planning is a service which provides information directly to those travelling on the options available for their individual journey. In general terms, this can include providing information on local bus routes, directions to railway stations, and information on local walking and cycling routes, many of which are covered in the measures discussed above. By using Google Maps it is possible for staff / volunteers to input their own home postcode and access a list of bus / train services, timetables, maps and other useful information that will enable them to compare journey times and costs with their current mode of travel.

16.7.6 A further aspect of Personalised Journey Planning involves the use of IT systems to generate highly specific route maps and travel options for any given journey. As a minimum, it would be possible to provide staff, volunteers, patients and visitors with a link to existing publicly-accessible systems, such as Traveline, accessible at: [http://www.travelineeastmidlands.co.uk](http://www.travelineeastmidlands.co.uk) or utilising the Council’s Smarter Travel Leicester: Choose How you Move Scheme, which is ‘other incentive 5’, below.

**Initiative 3: External Signage**

16.7.7 By reviewing the wayfinding Plans 55, 56 and 57 as well as Appendix D, as well suggestions made in Sections 5.0, 6.0, 7.0 and 8.0 will help indicate the improvements that are required to the signage facilities on site.

**Initiative 4: Staff/Volunteer Shower and Locker Facilities**

16.7.8 To encourage staff and volunteers to walk or cycle to work by improving facilities on site, for example; showers and changing rooms, can increase the amount of staff/volunteers willing to walk or cycle to work. Any improvements or upgrades to these facilities could increase the usage.

**Initiative 5: Health Leagues**

16.7.9 A Health League creates a competition between individuals or teams to encourage healthy and sustainable modes of travel. For example; a competition style individuals or teams who record the highest daily step counts, miles cycled to work would win a prize.
**Initiative 6: Engage with Local Service Providers**

16.7.10 Approaching private car parks like the park and ride services creates more use of the park and rides as well as linking more services to the UHL sites. Approaching supermarkets or other private car park establishments not only creates more links but provides those establishments with more trade.

16.7.11 Parkopedia, a website which allows individuals to search for an available car parking space on the day and time they require for a reduced cost.

**Initiative 7: New Staff/Volunteer Starter Packs**

16.7.12 New staff members and volunteers should receive a pack which contains leaflets and other essentials which can provide information to encourage them to use sustainable travel modes including information about the Personalised Journey Planning service.

**Initiative 8: Promote via Website and Apps**

16.7.13 Improving and updating the hospital website so that it is as update as possible, in regard to travel information to each UHL each site. For example, any changes that may impact the journey to site, like road works or delayed or changes of regular services.

16.7.14 The Trust could explore the possibility of commissioning a smart phone application (“app”) which would provide similar information. This will allow access to live bus information, maps for walking or cycling and information about travel or parking on site, making it easier for individuals that travel to hospital on a regular basis.

**Initiative 9: Car Park Management**

16.7.15 Improving the car parking technologies on site will ensure that users can easily access the correct car parks. Technologies such as ANPR and VMS would enable the existing capacities to be used more efficiently.

16.7.16 More detailed car parking management measures are discussed in **Section 14.4.**
17.0 Travel Plan Management Strategy

17.1 Introduction

17.1.1 This section of the Travel Plan sets out the management processes and parties responsible for the ongoing implementation and monitoring of the Travel Plan, following its approval. The DfT Good Practice Guidelines also states that:

"at all times a named individual needs to be responsible for leading the delivery of a Travel Plan".

17.1.2 The implementation of a TP is an on-going requirement and will require support and leadership in achieving its objectives.

17.2 Travel Plan Coordinator

17.2.1 Overall responsibility for the TP will lie with the trust itself and any designated Travel Plan Officers or Highways Officers within LCC. The primary support and leadership for implementing a Travel Plan should come from an individual appointed as the ‘Travelwise Manager’ with support where required provided from appropriate UHL staff members.

17.2.2 The designated Travelwise Manager (TM) for the Trust is as follows:

Name: Ruth Ward
Contact Details: ruth.ward@uhl-tr.nhs.uk

17.2.3 The TM will be responsible for the delivery of the Travel Plan, following its approval. In line with the overarching Travel Plan aims and objectives, the duties of the TM or deputy include:

(i) looking after the day-to-day operations of the Travel Plan;
(ii) organising and distributing annual staff/volunteer and patient/visitor travel surveys (from March 2020 onwards);
(iii) monitoring the success of the Travel Plan against modal shift targets; and
(iv) assessing the effectiveness of proposed measures and initiatives.

17.2.4 One of the main actions of the TM or deputy will be to organise and oversee the regular staff/volunteer and patient/visitor travel surveys that will be used to review and update the Travel Plan accordingly.

17.2.5 The designated TM or deputy for the Travel Plan will be supported by a Travel Plan Steering Group (TPSG) made up of representatives from the Trust staff with an interest in specific modes of travel and where possible local Members and residents groups.
18.0 Communications Strategy

18.1 Introduction

18.1.1 The measures proposed in Section 16.0 of this Travel Plan (TP) consist of a mix of “stick” measures, where use of the private car is made less attractive, and “carrot” measures, where alternatives to the private car are made more attractive. A clear and effective communication strategy can encourage the acceptance “stick” measures, and can also promote awareness of “carrot” measures, and is therefore considered to be a vital step in ensuring the success of any TP.

18.1.2 It is considered that some of the “stick” measures contained within the TP will be visible and may have an effect without any further promotion. For example, changes to car parking supply or car parking charges can discourage car use to those who are already aware of alternative options. However, this approach alone is not considered satisfactory, as it could result in resentment towards individual measures and would limit understanding of the context of the TP measures as a whole.

18.2 Promotion of the TP

18.2.1 Promotion of the TP around the UHL sites should take the following forms;

- Approval of the TP and measures;
- Produce TP information leaflets to promote the new TP;
- Produce regular TP newsletter at least every 6 months;
- Publicise the TP with posters in restaurants and waiting areas;
- Provide information on the TP to new staff and volunteers;
- Promote the TP in patient/visitor “Getting Here” leaflets to be provided with appointment letters, providing a link to where they can get further travel information;
- Update the “Getting to Hospital” website; and
- Produce a TP summary/information page on the UHL website and insite.

18.3 Document Distribution

18.3.1 A version of this TP document and any subsequent TP review documents should be made readily accessible to staff, volunteers, patients and visitors of the hospitals. In order to ensure this, the following strategy will be undertaken;

- Online publication of the document on the Trust’s website and insite;
- Directions on how to access an online version of the TP sent as part of the patient travel information sent with appointment letters;
- Publication of the document to the Intranet; and
- An email sent to staff and volunteers with a link to the TP on the intranet.
19.0 External Stakeholder Engagement

19.1 Introduction

19.1.1 This section of the Travel Plan sets out the benefits in which engaging a collaboration with other organisations can assist in a successful travel plan delivery as well as help drive long-term sustainability for the community, regarding travel to UHL sites.

19.1.2 By engaging with local stakeholders who provide supporting services (such as bus operators) as well as local organisations with a shared interest in achieving Travel Plan objectives (such as local employers) then the benefits of ‘Area Travel Planning’ may be realised. These include greater collective impact through the sharing or resources and information based on the economies of scale. The organisations in which UHL can engage with are the following:

(i) University of Leicester;
(ii) De Montfort University;
(iii) Leicester College;
(iv) Leicester Tigers Rugby;
(v) Leicester City F.C;
(vi) Gorse Hill Hospital;
(vii) Leicestershire Partnership Trust;
(viii) Beaumont Shopping Centre;
(ix) Leicestershire County Council;
(x) Leicester City Council; and
(xi) Local bus operators; Arriva Midlands, First Leicester, Kinchbus and Centrebus.

19.1.3 The list above are organisations in which UHL can connect with due to being located or having services near the UHL sites. Their sites also create trips in which require parking as well as encouraging the use of sustainable travel modes to reduce the demand for parking and single-use occupancy vehicles travelling to their sites.

19.1.4 It is advised that the Travel Plan Coordinator (TPC) or nominated TPSG member approach the above organisations and with support from Leicester City Council in particular, organise an Area Travel Planning group session whereby collective objectives and solutions can be discussed and implemented collectively.

19.1.5 There are several benefits of working alongside other sites and services. Shared resources, funding, knowledge, shared problem solving and increase in success.
19.1.6 There are several ways in which it is possible to engage with stakeholders, and these are detailed below:

i. Focus Groups;
ii. Questionnaires;
iii. Websites and Podcasts;
iv. Stakeholder Interviews; and
v. Email and Mail Shots

19.1.7 Communication strategies listed above allow for stakeholders to work together by sharing information, resources, key documents and costs.

19.1.8 There are six primary commitments to increase the success of stakeholder engagement, these are:

(i) Encouraging active involvement of stakeholders;
(ii) Ensuring stakeholders have the opportunity to have a say;
(iii) Explaining at the outset what elements of the project can be influenced, when and in what way;
(iv) Understanding and responding to stakeholder needs and concerns with considered and timely responses;
(v) Engaging respectfully with stakeholders and expecting the same in return; and
(vi) Evaluating and improving engagement with stakeholders on an ongoing basis.

19.1.9 The UHL Trust has a stakeholder engagement PPI strategy. This document states the aims, visions, goals, benefits, importance and legal requirements of the strategy, and also, how it will engage stakeholders. The PPI strategy includes three year action plan.

19.2 Considerations

19.2.1 In addition to local universities and colleges; local businesses, sporting venues and local bus operators could be approached with the possibility of sharing the cost of the Hopper service for those educational facilities to join in the scheme. This could also assist by influencing new routes and creating funding to increase the frequency of the service which is what was highlighted within the staff / volunteer and patient / visitor surveys.

19.2.2 Working with the park and rides from Leicester City Council and possibly also working with High Cross shopping centre.

19.2.3 Continue working with the rugby and football clubs as per existing arrangements but look into the possibility of amending those arrangements if future need dictates this to be necessary.
20.0 Monitoring and Review

20.1 Introduction

20.1.1 Monitoring and review is of central importance to the progression of the TP. Good Practice Guidelines from the DfT state that:

“Monitoring and review are essential to ensure Travel Plan objectives are being achieved.”

20.2 Targets

20.2.1 After reviewing the data collected from the Travel Surveys (in Section 10.0 and 11.0), a series of targets can be established in order to encourage the overall modal shift to more sustainable forms of travel. These should consist of short, medium and long term modal shift goals. Table 20.1 below details the UHL TP targets for Staff and Volunteers:

<table>
<thead>
<tr>
<th>Travel Mode</th>
<th>Modal Split Percentage</th>
<th>Modal Shift Change Targets</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2013</td>
<td>2019</td>
<td>Short Term Target</td>
</tr>
<tr>
<td>Car (Single-Occupancy)</td>
<td>51.7%</td>
<td>59.08%</td>
<td>- 3.5%</td>
</tr>
<tr>
<td>Car (with passengers)</td>
<td>-</td>
<td>4.54%</td>
<td>+/-0%</td>
</tr>
<tr>
<td>Car (as passenger)</td>
<td>-</td>
<td>2.40%</td>
<td>+/-0%</td>
</tr>
<tr>
<td>Taxi</td>
<td>0.4%</td>
<td>0.64%</td>
<td>+/-0%</td>
</tr>
<tr>
<td>Car Share</td>
<td>7.9%</td>
<td>7.32%</td>
<td>+1%</td>
</tr>
<tr>
<td>Public Bus</td>
<td>21.8%</td>
<td>7.64%</td>
<td>+1%</td>
</tr>
<tr>
<td>Hospital Shuttle Bus</td>
<td>7.59%</td>
<td>1.60%</td>
<td>+/-0%</td>
</tr>
<tr>
<td>Train</td>
<td>2.1%</td>
<td>6.14%</td>
<td>+0.5%</td>
</tr>
<tr>
<td>Walking</td>
<td>4.9%</td>
<td>4.17%</td>
<td>+0.5%</td>
</tr>
<tr>
<td>Bicycle</td>
<td>0.9%</td>
<td>0.48%</td>
<td>+/-0%</td>
</tr>
<tr>
<td>Motorcycle</td>
<td>6.0%</td>
<td>5.45%</td>
<td>+/-0%</td>
</tr>
</tbody>
</table>

Table 20.1 - Staff and Volunteer Targets

20.2.2 The majority of respondents who selected “other” primarily gave detail relating to a mixed-mode journey, with the most common being the use of the park and rides.
20.2.3 **Table 20.2** below details the UHL TP targets for Patients and Visitors:

<table>
<thead>
<tr>
<th>Travel Mode</th>
<th>Modal Split Percentage</th>
<th>Modal Shift Change Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2013</td>
<td>2019</td>
</tr>
<tr>
<td>Single-Occupancy Car</td>
<td>23.3%</td>
<td>32.28%</td>
</tr>
<tr>
<td>Car: As Passenger or With passenger</td>
<td>48.8%</td>
<td>38.45%</td>
</tr>
<tr>
<td>Taxi</td>
<td>2.9%</td>
<td>3.32%</td>
</tr>
<tr>
<td>Volunteer Car</td>
<td>2.7%</td>
<td>0.95%</td>
</tr>
<tr>
<td>Ambulance</td>
<td>2.4%</td>
<td>0.63%</td>
</tr>
<tr>
<td>Public Bus</td>
<td>15.0%</td>
<td>11.08%</td>
</tr>
<tr>
<td>Hospital Shuttle Bus</td>
<td>4.27%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Walking</td>
<td>1.9%</td>
<td>3.48%</td>
</tr>
<tr>
<td>Bicycle</td>
<td>0.3%</td>
<td>2.37%</td>
</tr>
<tr>
<td>Train</td>
<td>0.3%</td>
<td>0.79%</td>
</tr>
<tr>
<td>Motorcycle</td>
<td>0.0%</td>
<td>0.16%</td>
</tr>
<tr>
<td>Other</td>
<td>2.4%</td>
<td>2.22%</td>
</tr>
</tbody>
</table>

**Table 20.2** – Patient and Visitor Targets

20.2.4 The majority of respondents selecting “other” primarily gave detail relating to a mixed-mode journey, with the most common being a mixed “car plus bus” (either Public Bus or Hospital Hopper) journey.

20.3 **Monitoring**

20.3.1 The monitoring of travel behaviour is essential to measure progress towards the objectives outlined in the Introduction. Therefore, a regular travel survey should be scheduled in order to effectively monitor the traffic impact of the developments. Such future surveys should focus on establishing the ongoing staff/volunteer and patient/visitor modal splits at UHL, and do not need to be as extensive as the survey detailed in this TP.

20.3.2 On-going travel surveys can be based upon the surveys designed for inclusion within this TP. However, it may be appropriate to tailor surveys to ascertain views on specific proposed policies or the use of
specific new measures. As a minimum, surveys should include a question concerning mode of travel, to allow progress against mode share targets in the following Section 21.0 to be measured.

20.3.3 Further monitoring indicators could include car parking and cycle parking occupancy snap shot surveys.

20.4 Annual Review

20.4.1 In order to record and communicate the progression of the TP, the TPC should produce an annual review report, which should, as a minimum, include the following:

- Reporting of progress against the targets set out in Tables 20.1 and 20.2 above,
- Provision of information relating to new initiatives introduced,
- Provision of information on proposed initiatives due for implementation, and,
- Details of relevant external transport-related news (e.g. new local bus services, new local cycle infrastructure).
21.0 Action Plan and Budget

21.1 Introduction

21.1.1 In order to maximise the value of the TP measures to encourage sustainable travel and to achieve the targets set out in monitoring and review, it is important to establish a clear timetabled Action Plan. This is intended to ensure that the steps to implementing each measure are thought through in detail.

21.1.2 It is also important to ensure that appropriate resources are made available to ensure that the TP can continue to be implemented on the same basis in future, particularly as there may be a capital cost associated with some measures. Resources are not exclusively restricted to financial contributions, but also include key staff member time (TM and TPSG members) required to undertake the monitoring and promotional activities outlined in this TP.

21.1.3 The proposed Action Plan for 2019 is set out in Appendix O.

21.2 Budget

21.2.1 The anticipated relative cost of each TP measure has been set out in Appendix O. Those categorised as “low” primarily involve only stationary costs and the cost of staff time. Those categorised as “medium” would be expected to cost under approximately £10,000. Costs categorised as “high” would be expected to cost £10,000 or more to implement.

21.2.2 Funding should continue to be made available not only for the implementation of the measures proposed in this TP, but also for their management and communication. As identified in Sections 16.0 to 20.0, the communication and management of a TP is best undertaken by a TM, and funding should continue to be made available for the provision of this role.

21.2.3 In addition to freeing up capital and revenue budgets for health care spending, one of the justifications for increased parking charges is that the resulting revenue should be spent on providing sustainable alternatives. Therefore, if parking charges are increased to such a level as to generate a surplus, this should be allocated in the first instance to funding some of the measures proposed in this TP.

21.2.4 Many of the benefits and resultant cost savings to be derived from the implementation of these TP measures (reduced absenteeism, reduction in Did Not Attends (DNA’s) etc.) can be difficult to quantify and attribute to the TP in the short term. It is demonstrable by organisations who have committed to the TP process in the long term however that these ‘secondary’ benefits, in addition to the short term benefits associated with car parking management schemes as an example, do deliver long term organisational and financial benefits.
21.2.5 It may be perceived as counterproductive that a reduction in demand for car parking (and associated revenue), aligned with an investment in sustainable travel infrastructure and promotional activities can result in organisational and financial benefits.

21.2.6 It is the case however that the cost of car parking provision (land, maintenance, security etc) likely outweighs the revenue generated from charging and further, with future service expansion plans proposed by the Trust. The land currently occupied by car parking spaces could be developed to provide core service facilities, reducing the need to expand the site and incur capital land charges in securing this.
Plans
Legend

- Glenfield Hospital
Legend

- Royal Infirmary

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UHL GENERAL HOSPITAL

Dr Title:
ACCESSIBILITY
INDICATIVE CYCLE CATCHMENT

Drawn By: LS  Checked By: SS
Designed By: LS  Date: 05/03/2019
Scale: NTS

PLAN 9

Legend
General Hospital
Cycle Catchment
2500m
3000m
3500m
4000m
4500m
5000m
Contains OS data © Crown copyright (and database right) (2018)
Vehicular and Pedestrian Access Point
Pedestrian Only Access Point
Main Entrance
UHL GLENFIELD HOSPITAL

ACCESSIBILITY

INDICATIVE WALKING CATCHMENT

PLAN 13

Legend

Glenfield Hospital  Walking Catchment

- 500m
- 1000m
- 2000m

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UHL GLENFIELD HOSPITAL

ACCESSIBILITY

INDICATIVE CYCLE CATCHMENT

PLAN 14

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UHL GLENFIELD HOSPITAL

ACCESSIBILITY

INDICATIVE PUBLIC TRANSPORT CATCHMENT

PLAN 15

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UHL ROYAL INFIRMARY

Dr Title: ACCESSIBILITY

INDICATIVE CYCLE CATCHMENT

Drawn By: LS
Checked By: SS
Designed By: LS
Date: 04/03/2019

Scale: NTS

PLAN 19

Contains OS data © Crown copyright [and database right] (2018)
Car Park reference A to Z can be found at Appendix L.
Car Park reference A to V can be found at Appendix L.
Main Entrance

Motorcycle Parking

Emergency Vehicle Parking

Car Park reference A to O can be found at Appendix L.
Car Park reference 1 to 4 can be found at Appendix L
1. THIS DRAWING IS TO BE READ IN CONJUNCTION WITH ALL RELEVANT ARCHITECTS AND ENGINEERS DRAWINGS AND SPECIFICATIONS.
2. DO NOT SCALE THIS DRAWING. ANY AMBIGUITIES, OMISSIONS AND ERRORS ON DRAWINGS SHALL BE BROUGHT TO THE ENGINEERS ATTENTION IMMEDIATELY. ALL DIMENSIONS MUST BE CHECKED / VERIFIED ON SITE.
3. ALL DIMENSIONS ARE IN METRES UNLESS NOTED OTHERWISE.
4. FOR GENERAL NOTES REFER TO DRAWING.
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3. ALL DIMENSIONS ARE IN METRES UNLESS NOTED OTHERWISE.

4. FOR GENERAL NOTES REFER TO DRAWING.

Location A
7.5t Box Van
- Access and Egress

Location B
7.5t Box Van
- Access and Egress

Location C
7.5t Box Van
- Access and Egress

58.5m

GATEWAY STREET

SCALE: 1:250

SCALE: 1:250

SCALE: 1:250

SCALE: 1:250
1. THIS DRAWING IS TO BE READ IN CONJUNCTION WITH ALL RELEVANT ARCHITECTS AND ENGINEERS DRAWINGS AND SPECIFICATIONS.

2. DO NOT SCALE THIS DRAWING. ANY AMBIGUITIES, OMISSIONS AND ERRORS ON DRAWINGS SHALL BE BROUGHT TO THE ENGINEERS ATTENTION IMMEDIATELY. ALL DIMENSIONS MUST BE CHECKED / VERIFIED ON SITE.

3. ALL DIMENSIONS ARE IN METRES UNLESS NOTED OTHERWISE.

4. FOR GENERAL NOTES REFER TO DRAWING.

SCALE: 1:500

DESIGN: PRINCIPAL DESIGNER

IN VARIOUS LOCATIONS INCLUDING:

- Access and Egress
- Access and Egress

PLAN 30

The content of this drawing is for indicative information only and NOT suitable for Construction.
The content of this drawing is for indicative information only and NOT suitable for Construction.
Plan 36

GH - Staff & Volunteer
Post Code Data vs. Cycle

Leicester

\[\text{Site GH}\]

\[\text{GH Postcode vs Cycle}\]

\[\begin{array}{c}
0 \\
1.49 \\
2.23 \\
2.98 \\
\end{array}\]
LRI - PATIENT AND VISITOR POST
CODE DATA VS. WALKING

PLAN 52
Legend

- Glenfield Hospital
- General Hospital
- Royal Infirmary
- Birstall
- Enderby
- Meynell's Gorse
- LGH Car Postcodes Patient
- GH Car Postcode Patient
- LRI Car Postcode Patient

Public Transport Catchment - LRI
- 60 minutes

Public Transport Catchment - LGH
- 60 minutes

Public Transport Catchment - GH
- 60 minutes

---

Project: UHL
Status: PRELIMINARY

Originator:
Volume:
Level:
Rev:
Role:
Category / Number:
Type:
Project No:
Chkd:

PRELIMINARY

PATIENT POSTCODES
(CAR MODE) vs
PT CATCHMENT AREA

71033 CUR 00 XX DR TP 08012 P01

\nofs02\projects\TRANSPORT PLANNING\TPNO71033 - Leicester Hospitals Travel Plan\Q4-Production\4A-Models-Drawings\TP\PT vs Postcode Car\PLAN 58

---

56 The Ropewalk, Nottingham, NG1 5DW
0115 941 5551
nottingham@curtins.com
www.curtins.com

-Curtins- 

ALTERNATIVE OPTIONS: 

- Ashby-de-la-Zouch
- Shepshed
- Loughborough (SW)
- Lutterworth
- Shepshed
- Loughborough (SW)
- Lutterworth

---

GENERAL NOTES:
Rev: Date: By: Chkd:
Description:
Glenfield Hospital current layout
Glenfield Hospital 2019 - 2025

ICU Programme 2019-2020
- 3 New Build Roof Top Wards
- Interventional Radiology Suite (internal refurbishment)
- Expansion to current ICU
- Administrative Accommodation

Additional Car parking
- For illustrative purposes only
- Location, capacity to be decided

Treatment Centre – 2021-2023
- Outpatient/Daycase Facility
- In-patient wards
- In-patient theatres

General ward refurbishments 2023-2025

Adult ICU Expansion 2022-2023
Further expansion to ICU – ‘Super ICU’
Leicester Royal Infirmary – current layout

One team shared values
Leicester Royal Infirmary 2019 - 2025

- ICU programme
  - Internal refurbishments (2019-2020)
- EMCHC (Phase 1) (2019-2020)
- Adult ICU Expansion (2020–2022)
- Children's Hospital - Phase 2 (2022-2024)
- General Ward refurbishments (2024-2025)
- Carparks 2019-2022
- Maternity Unit (2021-2023)
  - Enabling Works (2020-2021)
- Paed Wards to Adults (2024-2025)
- Enabling Works (2020-2021)
- Children's Hospital - Phase 2 (2022-2024)
- General Ward refurbishments (2024-2025)
- Carparks 2019-2022
Leicester General Hospital – current layout
Leicester General Hospital 2025

Retained Estate –
- H-Block Diabetes centre of Excellence
- Haemodialysis Unit
- GP Diagnostics Hub
- Brandon Unit – Administrative Accommodation – staff moved from the LRI & GH to release space for clinical services
- Midwifery led Unit – dependant on public consultation

One team shared values
Appendix B
## Measures recommended in the 2001 TP

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
<th>Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Encouraging Cycling</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DfT Cycle Bid</td>
<td>New cycle sheds erected at all 3 sites in 2003.</td>
<td></td>
</tr>
<tr>
<td>Bike2Work</td>
<td>BikeWeek takes place at each of the hospitals annually, combined with biker breakfast/restaurant vouchers.</td>
<td></td>
</tr>
<tr>
<td>Cycle discounts</td>
<td>Discounts negotiated with several retailers for UHL staff, the retailers involved are Halfords (Putney Road), The Bike Park, Cycles Ltd and Lutterworth Cycle Centre.</td>
<td></td>
</tr>
<tr>
<td>Sustrans leaflets</td>
<td>Leaflets relating to cycling issues were advertised on UHL intranet.</td>
<td></td>
</tr>
<tr>
<td>Puncture repair kits</td>
<td>Repair kits available for staff to borrow at each hospital in the event of a cycle puncture.</td>
<td></td>
</tr>
<tr>
<td>New cycle shed</td>
<td>An undercover, secure shed was developed at LRI to accommodate an additional 90 cycles in 2008.</td>
<td></td>
</tr>
<tr>
<td>Bikes 4 Work</td>
<td>Salary sacrifice scheme to purchase cycles launched March 2010. No longer in operation.</td>
<td></td>
</tr>
<tr>
<td>Shower and Locker facilities</td>
<td>General segregated male/female shower and locker facilities exist at each site.</td>
<td></td>
</tr>
<tr>
<td>Cycle England Bid</td>
<td>Support was given to the Cycle England Bid.</td>
<td></td>
</tr>
<tr>
<td>Installation of 6 new Sheffield stands</td>
<td>At the front of A&amp;E, supplied by Leicester City Council in 2005.</td>
<td></td>
</tr>
<tr>
<td>Bike Marking Day</td>
<td>Bike marking by the local police took place at the LRI in January 2008.</td>
<td></td>
</tr>
<tr>
<td><strong>Encouraging Motorcycling</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toy Run</td>
<td>An annual charity event to encourage the use of powered 2 wheelers. Donations to the Children’s Ward.</td>
<td></td>
</tr>
<tr>
<td>Installation of 2 motorcycle hoops</td>
<td>At the rear of LGH, supplied by Leicester City Council in 2005.</td>
<td></td>
</tr>
<tr>
<td>Ride To Work</td>
<td>Day to encourage the use of powered 2 wheelers, combined with Bike2Work.</td>
<td></td>
</tr>
</tbody>
</table>

There have been a variety of events which have successfully promoted cycling and the health benefits of active travel. As shown in the upcoming site audits, cycle storage is well used in parts. Although there are shower and changing facilities provided, responses in the staff surveys suggest that these are inadequate.

**Result: moderately effective measures**

There have been events which have successfully promoted motorcycling as an alternative to single-occupancy car travel. Provision has been made for anyone wishing to motorcyle to work.

**Result: useful and effective measures**
### Encouraging Public Transport Use

<table>
<thead>
<tr>
<th>Service</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bus access</td>
<td>Continued negotiation with all bus companies. Discussions take place with bus service providers including Centrebus, First Travel, and Arriva and good relationships have been developed.</td>
</tr>
<tr>
<td>Bus Lay-by</td>
<td>New 40m DDA compliant lay-by, installed in 2002.</td>
</tr>
<tr>
<td>Network ticket</td>
<td>The Bus Information Strategy group developed this and it is now available.</td>
</tr>
<tr>
<td>Star Trak</td>
<td>Star Trak real time passenger information signs were placed in the reception areas of all hospitals and at the bus stops on the hospital sites. The system is no longer active due to support discontinuing from the local authority.</td>
</tr>
<tr>
<td>Bus Information</td>
<td>Information displayed in reception areas and updated regularly, in conjunction with Leicestershire County Council.</td>
</tr>
<tr>
<td>First Leicester Discount</td>
<td>10% discount on monthly season tickets in 2004. Discontinued due to lack of interest. Now superseded by greater discounts.</td>
</tr>
<tr>
<td>Shuttle Bus</td>
<td>The Hospital Hopper bus linking the three hospital sites was established in 2006.</td>
</tr>
<tr>
<td>Single timetable</td>
<td>The possibility of a single timetable was investigated in 2002 but some bus companies were unable to commit.</td>
</tr>
<tr>
<td>Kickstart bus bids</td>
<td>The number 14 and number 16 bus service was linked in 2006 to provide a route from the bus station to the GH and LGH.</td>
</tr>
<tr>
<td>Inner Circle</td>
<td>Funding provided to the Leicester City Council to part fund the inner circle service for 1 year.</td>
</tr>
</tbody>
</table>

There have been a variety of initiatives which have successfully improved public transport infrastructure and accessibility. The Hospital Hopper bus service has been one of the more popular initiatives brought in since the 2001 TP, and there are currently over 11,000 passengers on the bus each week. The Hospital Hopper was mentioned frequently by staff, patients and visitors of the Trust, and is discussed in more detail throughout this chapter.

**Result:** effective measures

### Encouraging Car Sharing

<table>
<thead>
<tr>
<th>Car Sharing</th>
<th>UHL-wide data base was set up to share the details of people wishing to car share with like-minded people.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informal car share</td>
<td>Staff are encouraged to car share by restricting the available number of parking spaces. Many do so on an informal basis and are not registered to the database.</td>
</tr>
<tr>
<td>City Wide Car share scheme</td>
<td>Inclusion in city wide car share scheme including both councils and the universities.</td>
</tr>
</tbody>
</table>

There have been efforts to encourage car sharing at UHL. In conjunction with car parking controls, car sharing initiatives have resulted in a decrease of single occupancy car trips. The database could be better publicised and utilised.

**Result:** some effective measures

### Encouraging Walking

| Walking maps         | Walking maps encouraging staff to walk around the site exist on the intranet. The Leicester City Council were due to initiate a walking map via [www.walkit.com](http://www.walkit.com). A link to this site was due to be placed on the UHL intranet, although this has not materialised. |

There has been some effort made to encourage walking to/from/around the UHL sites. However there is much scope for improving the initiatives to encourage walking.
<table>
<thead>
<tr>
<th>Directly Discouraging Car Travel</th>
<th>Walking</th>
<th>The health benefits of walking advertised across all three sites.</th>
<th>Result: measures in need of improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Car Park Charges</td>
<td>Car park charges introduced for staff, visitors and patients in 2007 at GH and LGH (charges already in place at LRI). Parking charges have been reviewed and increased.</td>
<td></td>
<td>There have been economic incentives to encourage people to use other forms of transport to and from the Trust sites. The best way of discouraging car travel is to make other modes of transport more attractive. Result: effective measures</td>
</tr>
<tr>
<td>Car Park Comparison Table</td>
<td>The Trust supplied a car park comparison table containing information about other hospitals and their parking.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Increasing Accessibility

<table>
<thead>
<tr>
<th>Volunteer driving</th>
<th>Facilities for volunteer drivers were provided. Volunteer drivers bring patients to the hospitals in their own vehicle and are reimbursed their expenses, however not by UHL. Specific areas at set aside at each site for these drivers to park in.</th>
<th>There have been measures which promote the accessibility of the sites. The volunteer initiative is still serving people well, and some survey respondents praised the scheme. Saffron Lane Park and Ride no longer operates. Result: some effective measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saffron Lane</td>
<td>Off-site car park spaces acquired and people were encouraged to use this facility as part of a Park and Ride. Usage ceased in 2005.</td>
<td></td>
</tr>
</tbody>
</table>

Other Initiatives

<table>
<thead>
<tr>
<th>Alternative Transport Groups</th>
<th>Meetings took place at each hospital, but ceased due to low attendance.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>External Signage</td>
<td>Project undertaken to identify the signage required to direct people to the hospitals. Project did not go ahead due to prohibitive costs.</td>
<td>There are a wide range of other measures that have been implemented since 2001. Some of these have been effective, others not. The investigation into GIS postcode plotting has resulted in Curtins supplying such information within this TP. The production of information with appointment letters has helped inform patients and visitors of alternative modes to the private car. Result: some effective measures</td>
</tr>
<tr>
<td>LIFT travel plan</td>
<td>Work with PCT partners to generate a LIFT (Local Improvement Finance Trust) TP</td>
<td></td>
</tr>
<tr>
<td>New Travel Survey</td>
<td>An updated travel survey was carried out on all three sites in 2004.</td>
<td></td>
</tr>
<tr>
<td>Patient Information</td>
<td>A4 travel information sheet sent out with all appointments.</td>
<td></td>
</tr>
<tr>
<td>Emergency plans</td>
<td>Emergency plans for fuel crisis situation.</td>
<td></td>
</tr>
<tr>
<td>Junior doctors leaflet</td>
<td>Production of a leaflet for junior doctors to explain how to manage their car park permits in 2008.</td>
<td></td>
</tr>
<tr>
<td>Wording on patient letters</td>
<td>The wording on patients' letters was reviewed to accommodate new charging mechanism and highlight the use of alternative transport modes.</td>
<td></td>
</tr>
<tr>
<td>GIS Plotting of Staff Postcodes</td>
<td>The costs of plotting staff address and related base site onto maps for further investigation was looked into. GIS postcode plotting is subsequently undertaken in this TP.</td>
<td></td>
</tr>
<tr>
<td>Safer Routes to Healthcare</td>
<td>Initially worked with Sustrans on Safer Routes to Healthcare project, but Leicester wasn’t selected as one of the pilot areas so it was discontinued.</td>
<td></td>
</tr>
</tbody>
</table>
Measures recommended in the 2013 TP

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Measure</th>
<th>Cost</th>
<th>Timescale</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cycle to work scheme</td>
<td>Reintroduce salary sacrifice scheme. Allow staff to purchase cycles with a tax reduction.</td>
<td>Low</td>
<td>On-Going</td>
<td>TPC</td>
</tr>
<tr>
<td>Review of existing cycle storage</td>
<td>Assess current cycle provision and identify areas to provide additional cycle parking.</td>
<td>Low</td>
<td>On-Going</td>
<td>TPC</td>
</tr>
<tr>
<td></td>
<td>Provide new cycle parking at building entrances.</td>
<td>Medium</td>
<td>Medium</td>
<td>TPC</td>
</tr>
<tr>
<td>Cycle Lanes on Site</td>
<td>Identify cycle routes across each site.</td>
<td>Low</td>
<td>Short Term</td>
<td>TPC</td>
</tr>
<tr>
<td></td>
<td>Mark out cycle lanes identified.</td>
<td>Medium</td>
<td>Medium Term</td>
<td>TPC</td>
</tr>
<tr>
<td>Liaise with the Local Authority over cycle lanes</td>
<td>Contact local authorities to organize consultation.</td>
<td>Low</td>
<td>Long Term</td>
<td>TPC</td>
</tr>
<tr>
<td></td>
<td>Work with the local authority to provide cycle lanes to the hospitals.</td>
<td>Low</td>
<td>Long Term</td>
<td>TPC</td>
</tr>
<tr>
<td>Cycle discounts</td>
<td>Continue to negotiate with local retailers to provide discounts for hospital employees.</td>
<td>Low</td>
<td>On-Going</td>
<td>TPC</td>
</tr>
<tr>
<td>Cycle buddy scheme</td>
<td>Implement and advertise a cycle buddy scheme where cyclists can meet up and arrange to cycle to and from work together.</td>
<td>Low</td>
<td>Short Term</td>
<td>TPC</td>
</tr>
<tr>
<td>Staff showers</td>
<td>Provide showers and changing facilities for the use of staff travelling to work by cycle.</td>
<td>Medium</td>
<td>Medium Term</td>
<td>TPC</td>
</tr>
<tr>
<td>Review Hopper service</td>
<td>Investigate the possibility of providing additional buses at peak times.</td>
<td>Low</td>
<td>Short Term</td>
<td>TPC</td>
</tr>
<tr>
<td></td>
<td>Investigate the possibility of extending the hopper service.</td>
<td>High</td>
<td>Medium Term</td>
<td>TPC</td>
</tr>
<tr>
<td></td>
<td>Promote Hospital Hopper to general users.</td>
<td>Low</td>
<td>On-Going</td>
<td>TPC</td>
</tr>
<tr>
<td></td>
<td>Implement findings and recommendations.</td>
<td>Low – High</td>
<td>Long Term</td>
<td>TPC</td>
</tr>
<tr>
<td>Fare Discounts</td>
<td>Implement a fare discount scheme for members of staff.</td>
<td>Low</td>
<td>Medium Term</td>
<td>TPC</td>
</tr>
<tr>
<td>Electronic Bus Information</td>
<td>Investigate reintroducing real time bus information on electronic boards.</td>
<td>High</td>
<td>On-Going</td>
<td>TPC</td>
</tr>
<tr>
<td></td>
<td>Produce a smart-phone App providing sustainable transport information across the three sites.</td>
<td>Medium</td>
<td>Medium Term</td>
<td>TPC</td>
</tr>
<tr>
<td>Task Description</td>
<td>Duration</td>
<td>Strategy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>-------------------</td>
<td>----------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Car sharing database</strong></td>
<td>Low, Short Term</td>
<td>TPC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promote Leicestershare car sharing scheme.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Car share spaces</strong></td>
<td>Low, Short Term</td>
<td>TPC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide marked guaranteed car share spaces in the most attractive (i.e. convenient) spaces within existing car parks.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Ride Home</strong></td>
<td>Low, Short Term</td>
<td>TPC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide a guaranteed free emergency taxi ride home to car sharers who are let down by their sharing partner registered to the cat sharing database.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Review of pedestrian routes</strong></td>
<td>High, On-Going</td>
<td>TPC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess current pedestrian provision and identify areas to improve infrastructure.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide improved infrastructure as described in the measures section.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess current traffic calming measures and identify areas to improve infrastructure.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Walking Buddy Scheme</strong></td>
<td>Low, Short Term</td>
<td>TPC</td>
<td></td>
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<tr>
<td>Implement and promote the walking buddy scheme.</td>
<td></td>
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</tr>
<tr>
<td><strong>Transport Awareness Week</strong></td>
<td>Low, Short Term</td>
<td>TPC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promote a week aimed at encouraging cycling, walking and public transport across the Trust.</td>
<td></td>
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<tr>
<td>Hold ‘Transport Awareness Week’ in the spring/summer.</td>
<td></td>
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<tr>
<td><strong>Transport Newsletter</strong></td>
<td>Low, Short Term</td>
<td>TPC</td>
<td></td>
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</tr>
<tr>
<td>Establish and then produce a Trust-wide newsletter or e-newsletter every quarter.</td>
<td></td>
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<tr>
<td><strong>Promote Smarter Travel Leicester (STL) Scheme</strong></td>
<td>Low, Short Term</td>
<td>TPC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promote the benefits of the STL scheme.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Personalised Journey Planning (PJP)</strong></td>
<td>Low, Medium Term</td>
<td>TPC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide a PJP service for all staff, patients and visitors. Promote the PJP service.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Car Park Management</strong></td>
<td>Low, Short Term</td>
<td>TPC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review existing car parking uses and requirements going forward.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Install barrier control at all UHL car parks, with pay on exit facility.</td>
<td>High, Medium Term</td>
<td>TPC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase out entirely the use of rented off-site car parking at all UHL sites.</td>
<td>Medium, Long Term</td>
<td>TPC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix C
Leicester General Hospital

<table>
<thead>
<tr>
<th>Service</th>
<th>Operator(s)</th>
<th>Route</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>First</td>
<td>GENERAL HOSPITAL - Leicester City Centre</td>
<td>15 mins Monday - Friday 30 mins Saturday 30 mins/hourly 30 mins/hourly</td>
</tr>
<tr>
<td></td>
<td>40 Centrebus</td>
<td>CircleLine (Clockwise)</td>
<td>hourly no service no service</td>
</tr>
<tr>
<td>45</td>
<td>Centrebus</td>
<td>CircleLine (Anti-clockwise)</td>
<td>hourly no service no service</td>
</tr>
<tr>
<td>54A</td>
<td>Centrebus</td>
<td>GENERAL HOSPITAL - Leicester City Centre</td>
<td>hourly no service no service</td>
</tr>
<tr>
<td>UHL</td>
<td>Centrebus</td>
<td>GENERAL HOSPITAL - Beaumont Leys via LRI and Glenfield Hospital (Limited Stop)</td>
<td>30 mins Monday - Friday hourly until 9pm Monday - Friday no service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GENERAL HOSPITAL - Hamilton Tesco (Limited Stop)</td>
<td>30 mins Monday - Friday hourly until 9pm Monday - Friday no service</td>
</tr>
</tbody>
</table>

Underlined services are supported by Leicestershire County Council.

For the next timetabled departures from a specific bus stop, text the 8 letter SMS code to 84268. Normal text message rates apply and the return text message costs 25p.

Glenfield Hospital

<table>
<thead>
<tr>
<th>Service</th>
<th>Operator(s)</th>
<th>Route</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>14A</td>
<td>First</td>
<td>GLENFIELD HOSPITAL - Leicester City Centre</td>
<td>15 mins Monday - Friday 20 mins Saturday 30 mins/hourly 30 mins/hourly</td>
</tr>
<tr>
<td>14A</td>
<td>First</td>
<td>GLENFIELD HOSPITAL - Beaumont Leys</td>
<td>15 mins Monday - Friday 20 mins Saturday 30 mins/hourly 30 mins/hourly</td>
</tr>
<tr>
<td>26</td>
<td>Arriva</td>
<td>GLENFIELD HOSPITAL - Leicester City Centre</td>
<td>hourly no service no service</td>
</tr>
<tr>
<td>27</td>
<td>Arriva</td>
<td>GLENFIELD HOSPITAL - Leicester City Centre</td>
<td>20/40 mins hourly hourly</td>
</tr>
<tr>
<td>29</td>
<td>Arriva</td>
<td>GLENFIELD HOSPITAL - Leicester City Centre</td>
<td>20/40 mins hourly hourly</td>
</tr>
<tr>
<td>29A</td>
<td>Arriva</td>
<td>GLENFIELD HOSPITAL - Coalville</td>
<td>hourly no service no service</td>
</tr>
<tr>
<td>29A</td>
<td>Arriva</td>
<td>GLENFIELD HOSPITAL - Coalville</td>
<td>hourly no service no service</td>
</tr>
<tr>
<td>29A</td>
<td>Arriva</td>
<td>GLENFIELD HOSPITAL - Coalville</td>
<td>hourly no service no service</td>
</tr>
<tr>
<td>40</td>
<td>Centrebus</td>
<td>CircleLine (Clockwise)</td>
<td>hourly no service no service</td>
</tr>
<tr>
<td>40</td>
<td>Centrebus</td>
<td>CircleLine (Anti-clockwise)</td>
<td>hourly no service no service</td>
</tr>
<tr>
<td>120</td>
<td>Roberts Coaches</td>
<td>GLENFIELD HOSPITAL - Leicester City Centre</td>
<td>2 hourly no service no service</td>
</tr>
<tr>
<td>120</td>
<td>Roberts Coaches</td>
<td>GLENFIELD HOSPITAL - Coalville</td>
<td>2 hourly no service no service</td>
</tr>
<tr>
<td>UHL</td>
<td>Centrebus</td>
<td>GLENFIELD HOSPITAL - Beaumont Leys (Limited stop)</td>
<td>30 mins Monday - Friday 30 mins/hourly no service</td>
</tr>
<tr>
<td>UHL</td>
<td>Centrebus</td>
<td>GLENFIELD HOSPITAL - Hamilton Tesco via LRI and General Hospital (Limited stop)</td>
<td>30 mins Monday - Friday 30 mins/hourly no service</td>
</tr>
</tbody>
</table>

Underlined services are supported by Leicestershire County Council.

KEY: Some journeys will operate as a through journey between Leicester and Burton-upon-Trent. In these instances, please remain on bus for through journey. See Traveline for details.

For the next timetabled departures from a specific bus stop, text the 8 letter SMS code to 84268. Normal text message rates apply and the return text message costs 25p.

Bus service numbers in red go to Leicester, blue operate in an anti-clockwise direction, green operate in a clockwise direction.

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Leicester Royal Infirmary

**Service** | **Operator(s)** | **Route** | **FREQUENCY**
--- | --- | --- | ---
20 | First | LRI - Leicester City Centre | Monday – Saturday Daytime 30 mins | Monday – Saturday Evening 30 mins | Sunday and Bank Holidays no service
20 | First | LRI - Blackmore Drive | 30 mins | 30 mins | no service
47 | Arriva | LRI - South Wigston - Wigston Magna | 15 mins Monday – Friday (00 mins Saturday) | service 47A | service 47A
47A | Arriva | LRI - South Wigston - Wigston Magna | no service | 30 mins | 30 mins
48 | Arriva | LRI - Leicester City Centre | 15 mins Monday – Friday (00 mins Saturday) | service 48A | service 48A
48A | Arriva | LRI - Leicester City Centre | no service | 30 mins | 30 mins
49 | Arriva | LRI - Wigston Magna - Flexncer | 15 mins | no service | no service
49 | Arriva | LRI - Leicester City Centre | 15 mins | no service | no service
83 | Centrebus | LRI - Leicester City Centre | hourly Monday – Friday (less frequent pm) | no service | no service
83 | Centrebus | LRI - Clarendon Park - Aylestone - Glen Parva | hourly Monday – Friday (less frequent pm) | no service | no service
84 | Arriva | LRI - Cosby - Lutterworth | Cosby 20 mins (Lutterworth hourly) | hourly | hourly
84 | Arriva | LRI - Leicester City Centre | 20 mins | hourly | hourly
85 | Arriva | LRI - Biady - Counteway - South Wigston | 20 mins | hourly | hourly
86 | Arriva | LRI - Eyses Monree via Saffron Lane and Milligan Road | 30 mins | hourly | hourly
86 | Arriva | LRI - Eyses Monree via Saffron Lane | 30 mins | hourly | hourly
87 | Arriva | LRI - Eyses Monree via Aylestone Road | 30 mins | hourly | hourly
87 | Arriva | LRI - Leicester City Centre | 30 mins | hourly | hourly
88 | First | LRI - Eyses Monree via Saffron Lane | 10 mins Monday – Friday 12 mins Saturday | 30 mins | 30 mins
88 | First | LRI - Leicester City Centre | 12 mins Monday – Friday 12 mins Saturday | 30 mins | 30 mins
88A | First | LRI - Leicester City Centre | 12 mins Monday – Friday 12 mins Saturday | 30 mins | 30 mins
88A | First | LRI - Leicester City Centre | 10 mins Monday – Friday 12 mins Saturday | 30 mins | 30 mins
283 Entery P&R | Roberts Coaches | Enderby Park & Ride site - LRI - Enderby Park & Ride site | 15 mins | 15 mins until 7pm | no service
X84 | Hinckley Bus | LRI - Purborough - Lutterworth - Rugby | hourly | no service | no service
X84 | Hinckley Bus | LRI - Leicester City Centre | hourly | no service | no service
X6 | Travel de Courcey | LRI - Frose Park - Counteury via MK9 (Limited Stop) | hourly Monday – Friday | no service | no service
X6 | Travel de Courcey | LRI - Leicester City Centre (Limited Stop) | hourly Monday – Friday | no service | no service
UHL | Centrebus | LRI - Beaumont Leys via Glenfield Hospital (Limited Stop) | 30 mins Monday – Friday | hourly until 9pm Monday – Friday | no service
UHL | Centrebus | LRI - Hamilton Tesco via General Hospital (Limited Stop) | 30 mins Monday – Friday | hourly until 9pm Monday – Friday | no service

Underlined services are supported by Leicestershire County Council

**KEY:**
- Terminates at Broughton Astley

For the next timetabled departures from a specific bus stop, test the 8 letter SMS code to 842618. Normal text message rates apply and the return text message costs 25p.

### Further information

**Concessionary travel for older people and for disabled people**

The English National Concessionary Travel Scheme offers free off-peak travel on local bus services in all parts of England. For more information please call 0116 305 0002.

**Community Transport**

For older or disabled people who cannot use ordinary buses, community transport may be available. Further details may be obtained by telephoning 0116 305 0002 or visiting www.leicestershirevillages.com/communitytransport

A large print version of this guide is available upon request. Please contact the Helpline on 0116 305 0002.

**www.chooseshowyoumove.co.uk/publictransport • 0116 305 0002 • chooseshowyoumove@leics.gov.uk**

Sustainable Travel Group, Environment and Transport, Leicestershire County Council, Glenfield, Leicester, LE3 9RJ

The information contained in this leaflet is correct at time of printing, but may be subject to change. Every effort will be made to maintain these services. However, no liability can be accepted for failure to operate the services as specified.
Appendix D
LRI Wayfinding Signs

Introduction

At LRI there is an abundance of signage around the vicinity of the site which directs traffic to the site. This signage, shown in Figures below, highlights the variety signage styles and sizes. A description of the signage found is given below each figure. The locations of each sign are shown in Plan 55.

1 shows the signage for vehicle parking on and off site, as well as the location of the Adults A&E. This clearly directs traffic off Jarrom Street onto Havelock Street for access to site.
2 shows the different style of signage which can be found at LRI. It is less clear than other signage but still shows the site location and directs traffic to the main car park.
3 highlights that this site is LRI and gives some clarification of where Adult A&E is located along with the main hospital car parks as well as pick up and drop off zones.
4 shows the access to Children’s A&E as well as the main hospital car park and pick up and drop off points.
5 was located near the bus stops along Aylestone Road and directs pedestrians to certain areas on site.
6 was located near the staff multi-storey car park. It guides traffic along Welford Road to the hospital site including Adult and Child A&E locations. It also highlights alternative hospital parking.
7 shows signage for a number of services including LRI helping direct traffic along Aylestone Road. It highlights Children’s A&E as well as the main hospital car parking site.
8 directs traffic to Adult A&E.

9 directs vehicles to Adults A&E as well as the pedestrians entering the site through Gate 1, which is a pedestrian only access. The use of a colour coded system to help direct pedestrians to certain buildings.
10 shows pedestrians the location of the pedestrian access to site.
11 shows the location of an information point, which is provided to help direct pedestrians to the correct locations. It also highlights the direction of the main entrance.
12 again helps direct traffic to the main car park, Adults A&E and Children’s A&E as well as pick up and drop off points. It also shows the cycle route off site and details of car parking prices.
13 mainly directs delivery and servicing vehicles to the appropriate areas on site as well as the direction in which to find the visitors car park.
14 directs vehicular traffic to the main parking facilities. However, the available spaces signage was not showing the available spaces within the car park as it does not currently work.

**Conclusion**

At LRI there is sufficient signage for all vehicles as well as pedestrians, which mainly directs them to; main buildings, A&E locations as well as car parks and pick up and drop off points.

The pedestrian signage to main buildings is provided through a colour coded system which allows them to easily follow the signage on site. However, there is a lack of signage for cycle parking.
LGH Wayfinding Signs

Introduction

At LGH there is an abundance of signage around the site which directs traffic to the site. This signage, shown in Figures below, highlights the variety signage styles and sizes. A description of the signage found is given below each figure. The locations of each sign are shown in Plan 56.

1

1 highlights the entrance to the site.
2 directs traffic at the roundabout to certain buildings on site. There is also signage to staff parking.
3 directs traffic to the maternity unit and highlights that this part of the site is parking for UHL staff permit holders and pay and display for visitors.
4 directs traffic to certain buildings as well as staff permit holder parking.
5 directs traffic to certain areas of the hospital site as well as car park locations, if you are aware of what the car park numbering system. If new to site or unaware of the car park numbering system this is not entirely helpful.
6 shows signage for UHL permit holders only access.
7 highlights the entrance to site.
8 directs traffic to the site entrance.
9 directs traffic to certain areas on site as well as delivery and servicing vehicles. However, signage is not easily visible.

Conclusion

Overall LGH has sufficient signage for all vehicles and pedestrians to direct them to different areas on site. However, there is a lack of cycle signage and would benefit from a similar colour coded system similar to LRI, rather than a numbering system for the car parks.
GH Wayfinding Signs

Introduction

At GH there is an abundance of signage around the site which directs traffic to the site. This signage, shown in Figures below, highlights the variety signage styles and sizes. A description of the signage found is given below each figure. The locations of each sign are shown in Plan 57.

1 highlights old LPT signage which directs traffic to certain areas on site.
2 highlights the entrance to the site.
3 directs pedestrians to the different areas on site.
4 is council signage that directs pedestrians and cyclists, off site, to a variety of locations.
5 highlights another entrance to site as well as highlighting that there is pay and display car parking on site.
6 highlights local council signage which directs traffic to site from Groby Road roundabout.
7 highlights the entrance to site and directs vehicles to the main entrance and car park.
8 directs traffic to areas on site.
9 again directs traffic to different locations on site.
10 also directs traffic to different locations on site, including car parking and delivery and servicing locations.
Conclusion

Overall GH has sufficient signage for all vehicles and pedestrians to direct them to different areas on site. However, there is a lack of cycle signage on site and would benefit from a similar colour coded system similar to LRI. There is also a lack of signage for staff car parking, especially to the offsite car park along Groby Road, however staff are given a map of staff car park locations.
Every effort will be made to maintain these services but no liability can be accepted for failure to operate the service as specified. Information correct at time of print but may be subject to change. Printed February 2019.

Further information
www.leicesterparkandride.co.uk
0116 305 0002
parkandride@leics.gov.uk
@CHYMLeics
ChooseHowYouMove
Safe and Sustainable Travel Team, Environment and Transport, County Hall, Glenfield, Leicestershire, LE3 8RJ

Large print timetables are available upon request. Please contact the helpline on 0116 305 0002.

Concessionary Travel
Leicester City Council older persons’ pass holders £1.75 before 9.30am, Monday to Friday
£1.50 all other times
Leicester City Council disabled persons’ pass holders £1 anytime
Non-Leicester City Council older or disabled persons’ pass holders Not available before 9.30am, Monday to Friday. £1.50 all other times

Season Tickets
Not available on bus. For tickets see www.leicesterparkandride.co.uk

* Under 5s travel for free.
Children over 5 standard fares apply
Tickets to be purchased from the driver when boarding (cash only). To help speed up boarding, passengers are asked to have the correct fare ready.
A fast and frequent service to the city centre

- Under 5s travel for free
- Free parking for bus users with on-site security*
- Free on-board Wi-Fi
- Convenient stops for the city centre, Leicester Royal Infirmary, De Montfort University and the National Space Centre

* There is no overnight parking allowed. If you are attending hospital where you may have to stay overnight, please make arrangements for your car to be collected.

For more information visit www.leicesterparkandride.co.uk
Appendix F
We need your views to help us develop Leicester Hospitals new Travel Plan. Our Travel Plan will be designed to make travelling to our sites easier and encourage the use of public transport, whilst ensuring that those who need to travel by car can do so. The outcome of the Travel Plan will be used to develop a Travel strategy for patients, visitors and staff. Replies to this survey are NOT linked to the provision of car park permits.

Please complete this short anonymous survey to help us shape our plans for sustainable travel and car park provision in the future.

As a thank you for completing this Travel Survey and assisting us in the development of our Travel Plan, every completed survey shall be put into a free prize draw to win a £50 High Cross shopping voucher.

The information provided will be treated as confidential and processed in accordance with the Data Protection Act 2018.

Section A: Information About You

1. Do you have access to a car?

☐ Yes ☐ No

2. What is your home postcode? (full postcode required e.g. LE1 2ST)
This is to enable us to assess different transport mode choices, from different areas.

..........................................................................................................................

3. Which site do you usually work at? (Please tick only one)

☐ Leicester Royal Infirmary ☐ Leicester General

☐ Glenfield Hospital ☐ Other

To fill in this survey online, please scan the QR code
Staff Travel Survey
(Including Volunteers)

If Other to Question 3, please specify……………………………………………………………………
………………………………………………………………………………………………………………

4. Do you work at more than one site / need to travel between sites during the working day?

☐ Yes  ☐ No

If yes, which do you travel to and from? ……………………………………………………………
………………………………………………………………………………………………………………

4a. If you travel between sites, do you need to carry equipment?

☐ Yes  ☐ No

If Yes, what equipment do you transport? ……………………………………………………………
………………………………………………………………………………………………………………

5. Do you normally work:

☐ Full Time  ☐ Part Time

☐ Other

If Other, please specify…………………………………………………………………………………
………………………………………………………………………………………………………………
6. What shift do you usually work? (Please tick only one)

- [ ] Full Rotation over 7 days
- [ ] Early / Lates
- [ ] Twilight’s
- [ ] Nights
- [ ] Regular 12 hours
- [ ] Consultant Shifts
- [ ] Days
- [ ] Weekends
- [ ] Other

If Other shifts, please specify…………………………………………………………………
…………………………………………………………………………………………………..
…………………………………………………………………………………………………..

7. Do you work On Call?

- [ ] Yes
- [ ] No

7a. If Yes, please specify On Call hours?

…………………………………………………………………………………………………..
…………………………………………………………………………………………………..
…………………………………………………………………………………………………..

University Hospitals of Leicester
NHS Trust
8. Do you have a disability which affects your travel arrangements?

- Yes (Registered Disabled with Blue Badge)
- Yes (Registered Disabled, No Blue Badge)
- Yes (Not registered Disabled)
- No

Any additional information (optional)
.......................................................................................................................................
.......................................................................................................................................

Section B: Journey to Work Part 1

1. How do you normally travel to work?

- Car (as driver, single occupant)
- Car (as driver, with passenger/s)
- Car (as passenger)
- Taxi
- Foot
- Other

- Public Bus
- Hospital Shuttle Bus
- Train
- Bicycle
- Motorbike or powered two-wheeler

If Other, please specify .......................................................................................................................................
.....................................................................................................................................
Staff Travel Survey  
(Including Volunteers)

2. How far do you travel to work?

- [ ] Up to 1 mile
- [ ] Over 1 mile and up to 3 miles
- [ ] Over 3 miles and up to 5 miles
- [ ] Over 5 miles and up to 10 miles
- [ ] Over 10 miles and up to 20 miles
- [ ] Over 20 miles

3. How long does your journey to work usually take?

- [ ] 0 – 15 minutes
- [ ] 16 – 30 minutes
- [ ] 31 – 60 minutes
- [ ] 61 – 90 minutes
- [ ] Longer than 90 minutes

4. If your normal mode of travel is unavailable how would you travel to work?

- [ ] Car (as driver, single occupant)
- [ ] Car (as driver, with passenger/s)
- [ ] Car (as passenger)
- [ ] Taxi
- [ ] Foot
- [ ] Other

- [ ] Public Bus
- [ ] Hospital Shuttle Bus
- [ ] Train
- [ ] Bicycle
- [ ] Motorbike or powered two-wheeler

If Other, please specify ………………………………………………………………………

………………………………………………………………………………………………….
Staff Travel Survey
( Including Volunteers)

5. Do you regularly car share?

☐ Yes  ☐ No

5a. If you regularly car share, do you share:

☐ With a colleague  ☐ With a friend or family member

☐ With a member of Leicester-Share

6. Do you regularly use the hospital shuttle bus?

☐ Yes ( for travel to/from work)  ☐ No

☐ Yes ( for travel between sites)

Continue to Section C
### Section C: Journey to Work Part 2 (Car Users Only)

1. What are your reasons for travelling to work by car?  
   Please tick no more than three.

<table>
<thead>
<tr>
<th>Reason</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>To save time</td>
<td></td>
</tr>
<tr>
<td>To save money</td>
<td></td>
</tr>
<tr>
<td>Convenience</td>
<td></td>
</tr>
<tr>
<td>Lack of public transport connections</td>
<td></td>
</tr>
<tr>
<td>Personal commitment</td>
<td></td>
</tr>
<tr>
<td>Medical condition / treatment prevents other use</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Bad weather</td>
<td></td>
</tr>
<tr>
<td>Too far away from home</td>
<td></td>
</tr>
<tr>
<td>To carry things</td>
<td></td>
</tr>
<tr>
<td>Security concerns</td>
<td></td>
</tr>
<tr>
<td>Disability prevents use of alternatives</td>
<td></td>
</tr>
<tr>
<td>No other option</td>
<td></td>
</tr>
</tbody>
</table>

If Other, please specify …………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………

2. Would you be willing to try more sustainable and healthy options such as walking, cycling, public transport, the shuttle bus service or car sharing some of the time?

- [ ] Yes
- [ ] No

If yes, what would you be willing to try? …………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………
3. Are there any particular barriers which make it difficult for you to use these more sustainable and healthy options? If so, what are they?

…………………………………………………………………………………………………..

…………………………………………………………………………………………………..

4. Do you have a car parking permit provided by the Trust?

☐ Yes (full permit)       ☐ No

☐ Yes (night and weekends only permit)

5. Where do you usually park?

☐ Hospital Car Park (on-site)       ☐ Private Car Park (off-site)

☐ Hospital Car Park (off-site)       ☐ On Street, away from Hospital

☐ Other

If Other, please specify ………………………………………………………………………

…………………………………………………………………………………………………..

…………………………………………………………………………………………………..

6. Do you find it difficult to park?

☐ Yes       ☐ No
7. If car parking was more expensive but there were more available spaces, how much more would you pay per month?

- Up to £1
- £1-2
- £2-3
- £3-4
- £4-5
- More than £5

Section D: Journey to Work Part 3 (To be answered by all)

1. Which of the following changes would most encourage you to walk or cycle to work? Please tick no more than three.

- Cycle training
- Lockable cycle parking
- Showers and changing rooms at work
- Interest free loans for bicycles (cycle to work scheme)
- Improved footways and crossings
- Improved cycle paths
- Personal alarm (e.g. rape alarm)
- Personal journey help and advice
- Nothing
- Not a viable option
- Other

If Other, please specify: ..........................................................................................................................
2. Which of the following changes would most encourage you to use public transport to or from work (including rail travel)? *Please tick no more than three.*

- Better quality bus waiting facilities
- Readily available timetables for Public Transport
- Extension of the hospital shuttle bus service
- Discounted bus fares
- Discounted train fares
- New bus service (If so, please specify location below)
- Existing bus or train services extended to fit your work hours. (If so, please specify bus or train service below)
- More direct route
- Better quality train waiting facilities
- More frequent bus services
- More frequent train services
- Better security on bus services
- Better security on train services
- New train service (If so, please specify location below)
- Nothing
- Other (Please specify below)

If Other, please specify ……………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………

3. If a new bus route was available near your house, would you be willing to pay commercial rates to use the service? E.g. £3 a day

- Yes
- No
4. Would you be willing to pay for the use of alternative facilities? E.g. Cycle Parking

☐ Yes  ☐ No

5. What would most encourage you to car share to and from work?

........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

6. Do you have any other comments about your travel to work patterns?

........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

Thank you for completing the survey.

Please return your survey to Reception or the Car Parking Office by Friday 29th March 2019.

Date completed ..................................................................................................................

Time completed ..............................................................................................................

Disclaimer
If you wish to be entered into the prize draw, for completing this survey, please provide an email address below, which will be kept anonymous.

........................................................................................................................................
........................................................................................................................................
Appendix H
What should be in our... ...Travel Plan?

Build a car park

Build more bike sheds

Provide public transport discounts

Date | Hospital | Time | Location
--- | --- | --- | ---
Tuesday 19 March | Leicester General | 08.00 - 15.00 | Main Reception and Canteen
Wednesday 20 March | Leicester General | 10.00 - 17.00 | Canteen and Outpatients
Thursday 21 March | Leicester General | 10.00 - 17.00 | Canteen and Outpatients
Monday 25 March | Leicester Royal | 08.00 - 15.00 | Main Reception and Canteen
Tuesday 26 March | Leicester Royal | 10.00 - 17.00 | Canteen and Main Reception
Wednesday 27 March | Glenfield Hospital | 10.00 - 17.00 | Canteen and Outpatients
Thursday 28 March | Glenfield Hospital | 08.00 - 15.00 | Main Reception and Canteen

To influence the plans please complete a travel survey. Surveys available for patients and visitors at [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk), for staff on Insite and from main reception and car park offices.

As a thank you for completing this Travel Survey and assisting us in the development of our Travel Plan, every completed survey will be entered into a free prize draw to win a £50 High Cross shopping voucher!
University Hospitals of Leicester
Staff and Volunteer Survey Results
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Plan 44 – Leicester Royal Infirmary Staff and Volunteer Postcode Data vs Travel Mode Public Transport
Plan 45 – Leicester Royal Infirmary Staff and Volunteer Postcode Data vs Travel Mode Car
1.0 Introduction

1.1 Background

1.1.1 In order to fully analyse the results, the information from both the paper and electronic surveys were entered into a single database. The following pages show a summary of the results from this database.

1.1.2 In total, 2,028 staff and volunteer survey responses were collected over the two week period.

2.0 Section A: Information about you

2.1 Question 1: Do you have access to a car?

2.1.1 The graph, labelled Figure 2.1 below, shows that 85.4% of respondents have access to a car, compared to the 14.6% that do not. This figure was expected to be high, as in 2017, it was estimated that 74% of adults aged 17 and over in England held a driving licence.

2.1.2 Out of the 2,028 respondents to the survey, 2,027 answered Question 1.

Figure 2.1 – Do you have access to a car?
2.2 Question 2: What is your home postcode?

2.2.1 The survey received 1,974 responses to Question 2, some of these responses, however, were invalid and therefore it is unclear how many accurate postcodes were given to this question.

2.2.2 Out of the 1,974 postcodes, 1,784 (92%), were Leicester postcodes. The most common Leicester postcodes belonging to staff residences are in the LE2 and LE3 areas. 287 (14.82%) of the respondents live in LE2, and 254 (13.12%) live in LE3, out of the 1,937 respondents of this question. Both postcodes border LE1, Leicester City Centre, with LE2 lying south and south-east of LE1, and LE3 lying to the west.

2.2.3 These postcodes have also been plotted using GIS software, for each UHL site, to demonstrate the areas in which respondents live. The GIS postcode plotting for all three UHL sites is shown in Figure 2.2 below. The postcode plotting data for the three sites individually are shown in Plans 32, 33 & 34.

2.2.1 Figure 2.2 above, shows postcodes that were given in Question 2 from all three hospital sites. From this, the majority of postcodes are Leicester postcodes and therefore Leicester is darker in colour on the eatmap. However, the map also shows that staff do travel from areas such as Nottingham and Derby in the north, Northampton and Coventry in the south and Birmingham to the south west.
2.2.2 Plan 32 shows postcodes that were given in Question 2 from participants at LGH. From this, the majority of postcodes are Leicester postcodes and therefore Leicester is darker in colour on the Heatmap. However, the map also shows that staff do travel from areas such as Nottingham, Derby and Grantham in the north, Coventry in the south and Birmingham to the south west.

2.2.3 Plan 33 shows postcodes that were given in Question 2 from participants at GH. From this, the majority of postcodes are Leicester postcodes and therefore Leicester is darker in colour on the Heatmap. However, the map also shows that staff do travel from areas such as Nottingham and Derby in the north and Coventry in the south.

2.2.4 Plan 34 shows postcodes that were given in Question 2 from participants at LRI. From this, the majority of postcodes are Leicester postcodes and therefore Leicester is darker in colour on the Heatmap. However, the map also shows that staff do travel from areas such as Nottingham, Derby and Grantham in the north, Peterborough in the east, Coventry and Northampton in the south and Birmingham to the south west.
2.2.5 **Figure 2.3** below, shows postcodes that were given in Question 2 from participants that choose the option of ‘Other’ to which site they worked at. The main comments from respondents that selected other stated that they work across sites.

2.2.6 From this figure, the majority of postcodes are Leicester postcodes and therefore Leicester is darker in colour on the eatmap. However, the map also shows that staff do travel from areas such as Nottingham, Derby and Grantham in the north, Coventry and Northampton in the south and Birmingham to the south west.

![Figure 2.3 - 'Other' Postcode Data](image-url)
2.3 Question 3: Which site do you usually work at?

2.3.1 The chart, labelled Figure 2.4 below, demonstrates the proportion of respondents representing each of the hospitals. There were 1,928 responses to this question, and LRI returned the greatest number of questionnaires at 1,059 forming 54.93% of the total response. This is to be expected as LRI has the greatest number of employees.

![Pie chart showing the distribution of responses for each site.](image)

**Figure 2.4** – Which site do you usually work at?

2.3.2 Glenfield Hospital totalled 421 (21.84%) of the responses and Leicester General equalled 323 (16.75%). The other 125 (6.48%) of the responses where for ‘Other’. Some of the qualitative responses given in the other category were mainly staff highlighting that they work across more than one site.
2.4  **Question 4: Do you work at more than one site / need to travel between sites during the working day?**

2.4.1  **Figure 2.5** below, demonstrates the proportion of respondents that work and travel between the UHL sites. There were 1,922 responses to this question which showed that 1,033 (53.75%) of respondents do not work or travel between the sites.

<table>
<thead>
<tr>
<th>Q4: Do you work at more than one site/need to travel between sites during the working day?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>54%</td>
</tr>
</tbody>
</table>

**Figure 2.5 -** Do you work at more than one site / travel between sites?

2.4.2  The survey also asked that if the respondent stated ‘Yes’ to Question 4, they must explain where they travel to and from. Some of the qualitative responses are as follows;

- Across all 3 UHL sites,
- Other sites or clinics around Leicester and the surrounding areas,
- County Hall,
- Loughborough University,
- Other trusts across the UK,
- Home Visits,
- Rotate between the sites therefore base site, and
- Alliance sites.
2.5 Question 4a: If you travel between sites, do you carry equipment?

2.5.1 The graph, labelled Figure 2.6 below, demonstrates the proportion of respondents that carry equipment to the different UHL sites. There were 870 responses to this question from the 889 respondents that stated they work/travel between sites. Out of the 870 responses, 517 (59.43%) respondents answered 'No' to carrying any equipment.

![Pie chart showing 41% Yes and 59% No for Q4a: If you travel between sites, do you carry equipment?](image)

Figure 2.6 - Do you carry equipment?

2.5.2 The survey also asked that if the respondent stated ‘Yes’ to Question 4a, they must explain what equipment they transport. Some of the qualitative responses are as follows;

- Laptop, portable scanner,
- Files, Books and Patient notes,
- Medical equipment (e.g. ultrasound machines, refrigerated medicines, testing kits and samples, sharps bin etc.),
- Presentation or education equipment, and
- Theatre clothing.
2.6 Question 5: Shift Length

2.6.1 Figure 2.7 below, demonstrates the proportion of respondents and the shift length they work at different UHL sites. There were 1,894 responses and out of these responses, 1,396 (73.71%) respondents stated that they worked ‘Full Time’.

![Figure 2.7 - Do you normally work...?](image)

2.6.2 The survey also asked that if the respondent stated ‘Other’ to Question 5, they must specify. Some of the qualitative responses are as follows;

- Volunteer hours,
- Bank Staff, and
- Student.
### 2.7 Question 6: What shift pattern do you usually work?

#### 2.7.1 This question asked participants to answer the shift pattern that best represents the shifts they work. The results are shown in Figure 2.8 below. 1,887 answers were given to this question and the graph below shows that the majority of the respondents work day shifts (54.43%).

![Q6: What shift pattern do you usually work?](image)

**Figure 2.8 - What shift pattern do you usually work?**

#### 2.7.2 A large proportion of participants (10.81%) answered ‘Other’, which also asked specification. Some of the qualitative responses are as follows;

- Volunteer hours,
- Student,
- Mixture of shifts therefore no pattern, and
- Also work on call.

#### 2.7.3 This suggests that a large sum of staff at UHL have to be flexible with their working hours and this could present a barrier to the use of sustainable modes of transport.
2.8 Question 7: Do you work On Call hours?

2.8.1 The graph, labelled Figure 2.9 below, demonstrates the proportion of respondents that work On Call hours. There were 1,883 responses to this question and the majority of responses, 1,519 (80.67%), answered ‘No’ to working On Call.

![](Q7.png)

Figure 2.9 - Do you work On Call?

2.9 Question 7a: Specify on call hours

2.9.1 We asked participants, if they answered ‘Yes’ to Question 7, then they had to specify what on call hours they worked. Some of the responses received were as follows;

- Weekdays,
- Weekends,
- During the night,
- 24hrs and 7 days a week,
- Once a week, and
- A Mixture.
2.10 Question 8: Do you have a disability which affects your travel arrangements?

2.10.1 Figure 2.10 below, demonstrates the proportion of respondents that have a disability. There were 1,875 responses to this question and the majority of responses, 1,790 (95.47%), answered ‘No’ to having a disability.

![Graph showing distribution of responses to Q8: Do you have a disability?]

2.10.2 The survey also provided an additional option, in case the options given did not represent that individual participant. Some of the responses received were as follows:

- Epilepsy,
- Severe Asthma,
- Pain and arthritis,
- Poor vision,
- Waiting on application for Blue Badge,
- Have good and bad days, and
- Medication has different effects at different times.
3.0 Section B: Journey to work (Part 1)

3.1 Question 1: How do you normally travel to work?

3.1.1 The graph, labelled Figure 3.1 below, shows that 1,106 (59.08%) out of 1,872 respondents, travel to work via car, as the driver and single occupant of the vehicle. A further 130 (6.94%) of staff also travel to work by car but as a driver with passengers or as a passenger.

![Figure 3.1 - How do you normally travel to work?](image)

3.1.2 The next common mode of transport was the hospital shuttle bus with 142 (7.59%) of respondents travelling via hospital hopper bus and 143 (7.64%) travelling via Public Bus. There was also a high proportion of respondents, 120 (6.41%), travelling via foot.

3.1.3 The survey also provided an ‘Other’ option to this question if the list of transport methods did not represent an individual’s mode of transport to work. Some of the other comments were as follows;

- Park & Ride,
- A mixture of the options above (e.g. walk and drive, car and bus, cycle and car, etc.), and
- A mixture of different modes depending on the site they are commuting to.
3.1.4 **Table 3.1** below, shows how respondents travel to work at each site.

<table>
<thead>
<tr>
<th>Mode of Transport</th>
<th>LRI</th>
<th>LGH</th>
<th>GH</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Bicycle</td>
<td>50</td>
<td>8</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td>Car (as driver, single occupant)</td>
<td>491</td>
<td>217</td>
<td>308</td>
<td>89</td>
</tr>
<tr>
<td>Car (as driver, with passenger/s)</td>
<td>51</td>
<td>12</td>
<td>18</td>
<td>4</td>
</tr>
<tr>
<td>Car (as passenger)</td>
<td>33</td>
<td>2</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Foot</td>
<td>84</td>
<td>15</td>
<td>19</td>
<td>2</td>
</tr>
<tr>
<td>Hospital Shuttle Bus</td>
<td>89</td>
<td>27</td>
<td>21</td>
<td>5</td>
</tr>
<tr>
<td>Public Bus</td>
<td>115</td>
<td>17</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Taxi</td>
<td>7</td>
<td>0</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Train</td>
<td>25</td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Motorbike or powered two-wheeler</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>76</td>
<td>9</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>1028</td>
<td>312</td>
<td>413</td>
<td>117</td>
</tr>
</tbody>
</table>

*Table 3.1 – How respondents travel to work*

3.1.5 This shows that the most popular mode of transport across all three sites is Car (as driver, single occupant). **Figures 3.2 to 3.5** below visualise the data that is in **Table 3.1** above.
Figure 3.2 – LRI Mode of Transport

Figure 3.3 – GH Mode of Transport
**Figure 3.4** – LGH Mode of Transport

**Figure 3.5** – ‘Other’ Mode of Transport
3.1.6 **Plan 35** shows where staff and volunteers travelled from via foot to get to GH. From this plan it shows that the majority of postcodes are Leicester postcodes, which was to be expected, and therefore Leicester is darker in colour on the heatmap.

3.1.7 **Plan 36** shows where staff and volunteers travelled from via bicycle to get to GH. From this plan it shows that the majority of postcodes are Leicester postcodes and therefore Leicester is darker in colour on the heatmap.

3.1.8 **Plan 37** shows where staff and volunteers travelled from via public transport to get to GH. From this plan it shows that the majority of postcodes are Leicester postcodes and therefore Leicester is darker in colour on the heatmap.

3.1.9 **Plan 38** shows where staff and volunteers travelled from via car to get to GH. From this plan it shows that the majority of postcodes are Leicester postcodes and therefore Leicester is darker in colour on the heatmap. However, the map also shows that staff and volunteers travel from areas such as Nottingham and Derby in the north and Coventry in the south.

3.1.10 **Plan 39** shows where staff and volunteers travelled from via foot to get to LGH. From this plan it shows that the majority of postcodes are Leicester postcodes, which was to be expected, and therefore Leicester is darker in colour on the heatmap.

3.1.11 **Plan 40** shows where staff and volunteers travelled from via public transport to get to LGH. From this plan it shows that the majority of postcodes are Leicester postcodes and therefore Leicester is darker in colour on the heatmap. However, the map also shows that staff and volunteers travel from areas such as Nottingham in the north.

3.1.12 **Plan 41** shows where staff and volunteers travelled from via car to get to LGH. From this plan it shows that the majority of postcodes are Leicester postcodes and therefore Leicester is darker in colour on the heatmap. However, the map also shows that staff and volunteers travel from areas such as Nottingham and Grantham in the north and Coventry and Kettering in the south.

3.1.13 **Plan 42** shows where staff and volunteers travelled from via foot to get to LRI. From this plan it shows that the majority of postcodes are Leicester postcodes and therefore Leicester is darker in colour on the heatmap.

3.1.14 **Plan 43** shows where staff and volunteers travelled from via bicycle to get to LRI. From this plan it shows that the majority of postcodes are Leicester postcodes and therefore Leicester is darker in colour on the heatmap.

3.1.15 **Plan 44** shows where staff and volunteers travelled from via public transport to get to LRI. From this plan it shows that the majority of postcodes are Leicester postcodes and therefore Leicester is darker
in colour on the heatmap. However, the map also shows that staff and volunteers travel from areas such as Nottingham in the north and Coventry and Stamford in the east.

3.1.16 Plan 45 shows where staff and volunteers travelled from via car to get to LRI. From this plan it shows that the majority of postcodes are Leicester postcodes and therefore Leicester is darker in colour on the heatmap. However, the map also shows that staff and volunteers travel from areas such as Nottingham, Derby and Grantham in the north Peterborough in the east and Birmingham and Coventry in the south west.
3.2 Question 2: How far do you travel to work?

3.2.1 The graph, labelled Figure 3.6 below, shows that the majority of respondents, 459 (25.16%), travel over 5 miles and up to 10 miles on their commute to work. This was closely followed by 416 (22.81%) respondents stating that they travel over 3 miles and up to 5 miles, and 370 (20.29%) stating that they travel over 10 miles and up to 20 miles.

![Figure 3.6 - How far do you travel to work?](image)

3.2.2 390 (21.38%) members of staff stated that they live between 0 and 3 miles. It is considered that they live close enough to their work to either walk, cycle, or use public transport to get to work. In order to reduce the number of people travelling to work by car, it is necessary to encourage this 21.38% to use more sustainable forms of transport. It is understandable that a portion of this percentage have other commitments, outside of work.
### 3.3 Question 3: How long does your journey to work usually take?

3.3.1 **Figure 3.7** below, shows that 779 (42.71%) out of 1,824 respondents to this question, journey takes between 31 and 60 minutes to get to work. This was closely followed by 693 (37.99%) of respondents stating that the commuting time was between 16 and 30 minutes.

![Bar Chart](image)

**Figure 3.7** - How long does your journey take?
3.4 **Question 4: If your normal mode of travel is unavailable how would you travel to work?**

3.4.1 We asked participants how they would travel to work if their usual mode of transport was unavailable, 1,820 responses were collected for this question. **Figure 3.8** below, shows that the majority, 317 (17.42%) would still travel to work via car but as a passenger. This was closely followed by Taxi, 310 (17.03%) and Public Bus, 292 (16.04%). This indicates that the third most popular choice of travel is Public bus, therefore, encouragement of this mode is necessary as respondents are able to commute via public transport.

![Figure 3.8 - If normal mode is unavailable how would you travel?](image)

3.4.2 A large number of respondents, 229 (12.58%), would travel by car as a single occupant driver is their normal mode of transport was unavailable.

3.4.3 263 (14.45%) participants chose the option of ‘Other.’ Some of the comments to this answer were as follows:

- Work from home instead,
- Depends on the site,
- No other option,
- Mixture of modes, and
- Park and ride.
3.5 Question 5: Do you regularly Car Share?

3.5.1 Figure 3.9 below, shows that out of the 1,817 responses to this question, 1,684 (92.68%) state that they do not car share when commuting to work.

![Pie chart showing Car Share responses]

Figure 3.9 – Do you Car Share?
3.6 Question 5a: If you regularly car share, who do you share with?

3.6.1 Those who responded ‘Yes’ to Question 5, were asked who they car share with. There were 133 responses to this question and 74 (55.64%) stated that they share with a colleague. This is shown in Figure 3.10 below.

![Figure 3.10 - Who do you Car Share with?](image)

3.6.2 0% of respondents to this survey car share via Leicester-Share. The results from Question 5 and 5a suggests that an introductory scheme and car-share database could increase the number of shared trips, to encourage those that do not already car share or it could mean that those that can already car share do so informally.
3.7 Question 6: If you regularly use the hospital hopper bus?

3.7.1 Figure 3.11 below, shows the results from Question 6. Out of 1,801 responses to this question, 978 (54.30%) participants stated that they do not use the hospital shuttle bus for work. 597 (33.15%) responded that they do however use the Hospital Hopper to travel between sites.

Figure 3.11 - Do you use the Hospital Shuttle Bus?
4.0 Section C: Journey to work (Part 2 – Car users only)

4.1 Question 1: What are your reasons for travelling to work by car?

4.1.1 We gave the participants the opportunity to tick up to three of the choices that were labelled, and 1,224 participants responded to this question. **Figure 4.1** below, shows that the most popular reasons why staff and volunteer travel to work via car were; to save time (45.02%), convenience (31.94%), too far away from home (42.97%) and a lack of public transport connections (46.90%).

![Figure 4.1 - Why do you travel by car?](image)

4.1.2 222 (18.14%) of respondents chose ‘Other’ and the following are some of the comments given by those who chose the option of other.

- Family commitments / Children,
- Public transport unreliable,
- Use park and ride,
- Travel between sites / needed as part of my contract (on call),
- Public transport unreliable at night, and
- Hospital Hopper too long / stops are limited or not nearby.
4.2 Question 2: Would you be willing to try more sustainable and healthy options such as; walking, cycling public transport, the hospital hopper bus service or car sharing, some of the time?

4.2.1 Figure 4.2 below, shows that, out of 1,219 responses, 710 (58.24%) would not be willing to use a more sustainable mode of transport to travel to work.

![Pie chart showing responses to Question 2]

Figure 4.2 - Would you be willing to try sustainable and healthy modes of transport?
4.2.2 We asked the participants that responded ‘Yes’, what they would be willing to try? Figure 4.3 below shows that 226 (44.40%) would be willing to car share and 274 (53.83%) out of 509, would be willing to use the Hospital hopper bus. This could be due to that the hopper bus is free.

![Bar Chart](image)

**Figure 4.3** - What would you be willing to try?

4.2.3 50 (9.82%) responded ‘Other’ and some of the comments were as follows:

- Extend hours and services at the Park and Rides,
- Extend public transport services,
- Travelling to different sites/areas when on shift can make this difficult,
- Improve changing and showering facilities for cycle users,
- Reduced prices on public transport, and
- Better cycling storage.
4.3  **Question 3: Are there any particular barriers which make it difficult for you to use these more sustainable and healthy options?**

4.3.1 1,062 participants responded to this question and some of the comments are as follows:

- No bike safety,
- Long distances,
- Huge increase of travel time,
- Travel during the working day,
- Family commitments,
- Health reasons,
- Lack of / limited public transport
- Tiredness after shifts,
- Park and ride limited hours, and
- Cost.

4.4  **Question 3: Do you have a car parking permit provided by the Trust?**

4.4.1 Figure 4.4 below, shows that out of 1,201 respondent's, 822 (68.44%) have a full permit provided by the Trust.

![Figure 4.4 - Do you have a permit?](image)

68% Yes (full permit)

27% Yes (night and weekends only permit)

5% No
4.5 Question 5: Where do you usually park?

4.5.1 Figure 4.5 below, shows that 631 (52.76%) out of 1,196 respondents, park in an on-site hospital car park.

There was an option of ‘Other’ if the choices provided did not meet individuals choice. Some of the comments are as follows:

- Dropped off,
- Park and Ride,
- Friends or family house closer to the site,
- Rent a space,
- Names of private car parks (e.g. tigers ground, university ground, Bannatynes NCP, etc.)
4.6 Question 6: Do you find it difficult to park?

4.6.1 It was anticipated that staff would state that they find it difficult to park, however, Figure 4.6 below, shows that out of 1194 responses, 656 (54.94%) stated that they do not find it difficult to park. This could be because out of the 1,106 that travel by car, 68% have a full permit.

Figure 4.6 - Do you find it difficult to park?
4.7  Question 7: If parking was more expensive but there were more available spaces, how much more would you pay per month?

4.7.1  Figure 4.7 below, shows that out of the 1,116 responses, 430 (38.53%) of staff would be willing to pay up to £1 per month more, for parking. This was anticipated, however, 223 (19.98%) of respondents stated that they would be willing to pay more than £5 per month.

![Figure 4.7 - How much more would you be willing to pay to park?](image-url)
5.0 Section D: Journey to work (Part 3)

5.1 Question 1: Which of the following changes would most encourage you to walk or cycle to work?

5.1.1 Figure 5.1 below, shows what incentives would encourage staff and volunteers to walk or cycle to work. Out of 1,786 responses, 915 (51.23%) stated that it was not a viable option and 315 (17.64%) said nothing. However, 317 (17.75%) and 331 (18.53%) said that improvement of cycle paths and more facilities like showers and changing rooms would encourage them to walk or cycle.

[Diagram showing Q1: What would encourage you to Walk or Cycle?]

5.1.2 There was also an option to choose ‘Other’ in which we asked participants to specify what changes would encourage them to walk or cycle to work. Some of the comments were as follows:

- Not safe to cycle on the roads around LRI,
- Length of journey time would increase after a long shift,
- Depends on weather,
- Improve cycle parking facilities and security, and
- Live too far away to walk or cycle.
5.2 Question 2: Which of the following changes would most encourage you to use Public Transport to or from work?

5.2.1 Figure 5.2 below, shows that out of 1,766 responses to this question, 459 (25.99%) said that nothing would encourage them to use public transport. However, the following options were the most popular:

- 413 (23.39%) favoured a more direct route,
- 463 (26.22%) favoured discounted bus fares,
- 575 (32.56%) would prefer more frequent bus services, and
- 481 (27.24%) would prefer the extension of the Hospital Hopper.

5.2.2 The option of other was given and the question also ask that if you chose New bus or train services then to list them below. Some of the comments from this question are as follows:

- New bus route around LRI from Leicester City Centre,
- Improve the hopper (e.g. run at the weekends, loop round, quicker, timings),
- Increased bus services in rural villages,
- More connections to Fossepark, and
- Increase number of buses at peak times and increase services for night staff.
5.3 Question 3: If a new bus route was available near your house, would you be willing to pay commercial rates to use the service?

5.3.1 Figure 5.3 below, shows that out of 1,761 responses, 986 (55.99%) would not be willing to pay.

![Figure 5.3](image)

**Figure 5.3 - Would you be willing to pay for Public Transport?**
5.4 Question 4: Would you be willing to pay for the use of alternative facilities?

5.4.1 Figure 5.4 below, shows that out of 1,759 responses to this question, 1,446 (82.21%) would not be willing to pay for alternative facilities.

![Figure 5.4 - Would you be willing to pay for alternatives?](image)

5.5 Question 5: What would most encourage you to car share to and from work?

5.5.1 There were 1,354 responses to the penultimate question of the survey. The majority of the comments to this question were as follows;

- Nothing,
- Availability - If someone work similar hours and lived nearby,
- More information or schemes to car share with other staff,
- If on-site parking or free parking was available as part of a car share package, and
- If you knew the person was safe to share with.
5.6  Question 6: Do you have any other comments about your travel to work patterns?

5.6.1  The final question of the survey was designed to capture information not covered by the previous questions and to give respondents an opportunity to provide additional information in specific areas if desired. There were 876 responses and Figure 5.6 below shows a Word Cloud which finds the key words that were mentioned in the comment section. The bigger the word the more times it was mentioned.

![Word Cloud Image](image-url)
5.6.2 The majority of comments were as follows:

- Limited public transport for those that live outside of Leicester,
- More (free) facilities for cycling, especially secure and sheltered parking,
- Improvement of the Hopper,
- Night staff and late shifts need more secure access to public transport especially during winter months,
- Improve Park and Ride (or introduce park and bike) connections with longer hours for parking,
- Subsidies fees for those that use more healthy and sustainable options,
- Long distances travellers should have priority,
- More disabled and standard staff parking spaces,
- Staff should get free parking or public transport,
- Allocations for parking permits are unfair, and
- Why do volunteers get free parking and mileage costs?
Our Locations

Birmingham
2 The Wharf
Bridge Street
Birmingham
B1 2JS
T. 0121 643 4694
birmingham@curtins.com

Glasgow
Queens House
29 St Vincent Place
Glasgow
G1 2DT
T. 0141 319 8777
glasgow@curtins.com

Bristol
Quayside
40-58 Hotwell Road
Bristol
BS8 4UQ
T. 0117 302 7560
bristol@curtins.com

Kendal
28 Lowther Street
Kendal
Cumbria
LA9 4DH
T. 01539 724 823
kendal@curtins.com

Cambridge
50 Cambridges Place
Cambridge
CB2 1NS
T. 01223 631 799
cambridge@curtins.com

Leeds
Rose Wharf
Ground Floor
Leeds
LS9 8EE
T. 0113 274 8509
leeds@curtins.com

Cardiff
3 Cwrt-y-Parc
Earlwood Road
Cardiff
CF14 5GH
T. 029 2068 0900
cardiff@curtins.com

Liverpool
51-55 Tithebarn Street
Liverpool
L2 2SB
T. 0151 726 2000
liverpool@curtins.com

Douglas
Varley House
29-31 Duke Street
Douglas
Isle of Man
IM1 2AZ
T. 01624 624 585
douglas@curtins.com

London
40 Compton Street
London
EC1V 0BD
T. 020 7324 2240
london@curtins.com

Manchester
Merchant Exchange
17-19 Whitworth Street West
Manchester
M1 5WG
T. 0161 236 2394
manchester@curtins.com

Edinburgh
1a Belford Road
Edinburgh
EH4 3BL
T. 0131 225 2175
edinburgh@curtins.com

Nottingham
56 The Ropewalk
Nottingham
NG1 5DW
T. 0115 941 5551
nottingham@curtins.com

Registered in England and Wales number: 2054159
Registered office: Curtin House, Columbus Quay, Riverside Drive, Liverpool L3 4DB
Appendix J
Patient and Visitor Travel Survey

We need your views to help us develop Leicester Hospitals new Travel Plan. Our Travel Plan will be designed to make travelling to our sites easier and encourage the use of public transport, whilst ensuring that those who need to travel by car can do so. The outcome of the Travel Plan will be used to develop a Travel Strategy for patients, visitors and staff.

Please complete this short anonymous survey, to help us shape our plans for sustainable travel and car park provision in the future.

As a thank you for completing this Travel Survey and assisting us in the development of our Travel Plan, every completed survey shall be put into a free prize draw to win a £50 High Cross shopping voucher.

The information provided will be treated as confidential and processed in accordance with the Data Protection Act 2018.

Section A: Information About You

1. Are you at the hospital today:
   - [ ] As an Outpatient
   - [ ] As a Visitor
   - [ ] As in Inpatient
   - [ ] Other

   If Other, please specify ………………………………………………………………………

2. Which Department/Ward are you visiting today?
   ………………………………………………………………………………………………………
   ………………………………………………………………………………………………………

3. Which age range do you fall into?
   - [ ] 16-25
   - [ ] 26-35
   - [ ] 36-45
   - [ ] 46-55
   - [ ] 56-65
   - [ ] 65+

To fill in this survey online, please scan the QR code
4. What is your home postcode? (full postcode required e.g. LE1 2ST)
This is to enable us to assess different transport mode choices, from different areas.

……………………………………………………………………………………………………

5. Do you have access to a car?

☐ Yes  ☐ No

6. Which site are you visiting?

☐ Leicester Royal Infirmary  ☐ Leicester General

☐ Glenfield Hospital

7. Do you have a disability which affects your travel arrangements?

☐ Yes (Registered Disabled with Blue Badge)  ☐ Yes (Not registered disabled)

☐ Yes (Registered Disabled, No Blue Badge)  ☐ No

Any additional information (optional)

........................................................................................................................................
........................................................................................................................................

Continue to Section B
### Section B: Journey to Hospital

1. How did you travel to the site?

<table>
<thead>
<tr>
<th>Car (as driver, single occupant)</th>
<th>Public Bus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Car (as driver, with passenger/s)</td>
<td>Hospital Shuttle Bus</td>
</tr>
<tr>
<td>Car (as passenger – private car)</td>
<td>Train</td>
</tr>
<tr>
<td>Car (Volunteer Driver)</td>
<td>Bicycle</td>
</tr>
<tr>
<td>Taxi</td>
<td>Foot</td>
</tr>
<tr>
<td>Ambulance (Non-Emergency)</td>
<td>Motorbike or powered two-wheel</td>
</tr>
<tr>
<td>Ambulance (Emergency)</td>
<td>Other</td>
</tr>
</tbody>
</table>

If Other, please specify …………………………………………………………………………

………………………………………………………………………………………………..

2. If you travelled by car, where did you park?

<table>
<thead>
<tr>
<th>Hospital Car Park</th>
<th>On the road (outside the grounds)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Car Park (outside the hospital)</td>
<td>Other</td>
</tr>
</tbody>
</table>

If Other, please specify …………………………………………………………………………

………………………………………………………………………………………………..
3. If you travelled by car, did you find it difficult to park?

Yes  No

4. If you travelled by car, why? Please tick no more than three.

- To save time
- To save money
- Convenience
- Lack of public transport connections
- Personal commitment
- Medical condition / treatment prevents other use
- Other

Bad weather
- Too far away from home
- To carry things
- Security concerns
- Disability prevents use of alternatives
- No other option

If Other, please specify …………………………………………………………………….
………………………………………………………………………………………………….
5. **If you travelled by car**, what would encourage you to use an alternative mode of travel? *Please tick no more than three.*

- More cycle parking
- Improved cycle lanes
- More frequent bus services
- More frequent train services
- Improved footpaths and crossings
- Better quality bus waiting facilities
- Readily available Public Transport timetables
- Personal journey help and advice
- Extension of the hospital shuttle bus service
- Better security on public transport
- Discounted bus fares
- Discounted train fares
- Nothing
- Additional bus route (Please specify below)
- More direct route
- Other

If Other, please specify ……………………………………………………………………………………………………
…………………………………………………………………………………………………
…………………………………………………………………………………………………

6. **If you travelled by car**, did you know that parking at the hospitals in Leicester is currently one the cheapest in the East Midlands. Given this information, would you be willing to pay more to park?

- Yes
- No
Patient and Visitor Travel Survey

6a. If Yes, how much more per hour?

- 0-10p
- 20-30p
- 40-50p
- 10-20p
- 30-40p
- 50p+

7. If you travelled by car and were no longer able to travel by car, how would you get here?

- Public Bus
- Hospital Shuttle Bus
- Train
- Taxi
- Foot
- Bicycle
- Ambulance (Non-Emergency)
- Motorbike or powered two-wheeler

If Other, please specify ……………………………………………………………………….
………………………………………………………………………………………………….
………………………………………………………………………………………………….
8. Do you have any other comments about travel to our sites?

…………………………………………………………………………………………………..

…………………………………………………………………………………………………..

…………………………………………………………………………………………………..

…………………………………………………………………………………………………..

…………………………………………………………………………………………………..

Thank you for completing the survey.

Please hand in to one of the main reception desks or Car Parking Office by Friday 29th March 2019.

Date completed ………………………………………………………………………………..

Time completed ………………………………………………………………………………..

Disclaimer
If you wish to be entered into the prize draw, for completing this survey, please provide an email address below, which will be kept anonymous.

…………………………………………………………………………………………………..

…………………………………………………………………………………………………..
Appendix K
University Hospitals of Leicester

Patient and Visitor Survey Results
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1.0 Introduction

1.1 Background

1.1.1 In order to fully analyse the results, the information from both the paper and electronic surveys were entered into a single database. The following pages show a summary of the results from this database.

1.1.2 In total, 899 patient and visitor survey responses were collected over the two week period.

2.0 Section A: Information about you

2.1 Question 1: Patient or Visitor?

2.1.1 The chart, labelled Figure 2.1 below, shows that out of 899 responses to this question, 395 (43.94%) were visiting the hospital as an outpatient. 282 (31.37%) were visitors and 16 (1.78%) were inpatients.

2.1.2 The other 206 (22.91%) of the responses were for ‘Other’. Some of the qualitative responses given in the other category were mainly individuals filling in the survey on behalf of the outpatients.

![Figure 2.1 – Patient or Visitor](image_url)
2.2  **Question 2: Which Department or Ward are you visiting?**

2.2.1  The survey received 699 responses to Question 2. Tables 2.1, 2.2 and 2.3, below, show the responses that were given at each hospital site.

<table>
<thead>
<tr>
<th>LRI</th>
<th>No. of Participants</th>
<th>LRI</th>
<th>No. of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>A &amp; E</td>
<td>10</td>
<td>Oncology</td>
<td>18</td>
</tr>
<tr>
<td>Acute Frailty Unit</td>
<td>8</td>
<td>Operating Theatres</td>
<td>4</td>
</tr>
<tr>
<td>AMU</td>
<td>1</td>
<td>Orthopaedics</td>
<td>1</td>
</tr>
<tr>
<td>Audiology</td>
<td>2</td>
<td>Orthoptics</td>
<td>1</td>
</tr>
<tr>
<td>Autism</td>
<td>1</td>
<td>Out Clinic</td>
<td>2</td>
</tr>
<tr>
<td>Balmoral 6</td>
<td>1</td>
<td>Outpatients</td>
<td>9</td>
</tr>
<tr>
<td>Balmoral Eye department</td>
<td>1</td>
<td>Paediatrics</td>
<td>1</td>
</tr>
<tr>
<td>Bloods</td>
<td>1</td>
<td>Pharmacy</td>
<td>3</td>
</tr>
<tr>
<td>BMTU</td>
<td>2</td>
<td>Phlebotomy</td>
<td>3</td>
</tr>
<tr>
<td>Chaplaincy</td>
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<td>Physiotherapy</td>
<td>3</td>
</tr>
<tr>
<td>Chemical Pathology</td>
<td>1</td>
<td>Plastic Surgery</td>
<td>1</td>
</tr>
<tr>
<td>Children's A &amp; E</td>
<td>2</td>
<td>Prayer Room</td>
<td>6</td>
</tr>
<tr>
<td>Children's ENT</td>
<td>4</td>
<td>Radiography</td>
<td>13</td>
</tr>
<tr>
<td>Children's Oncology</td>
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<td>Radiology</td>
<td>1</td>
</tr>
<tr>
<td>Children's Orthopaedics</td>
<td>1</td>
<td>Radiotherapy</td>
<td>3</td>
</tr>
<tr>
<td>Children's Outpatients</td>
<td>1</td>
<td>Rheumatology</td>
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</tr>
<tr>
<td>Children's Physiotherapy</td>
<td>17</td>
<td>RKCSB</td>
<td>1</td>
</tr>
<tr>
<td>CICU</td>
<td>1</td>
<td>Roger's Ward</td>
<td>1</td>
</tr>
<tr>
<td>Clinic 4</td>
<td>7</td>
<td>Sandringham</td>
<td>2</td>
</tr>
<tr>
<td>Clinical Education Centre</td>
<td>1</td>
<td>Skin Clinic</td>
<td>24</td>
</tr>
<tr>
<td>COPD</td>
<td>1</td>
<td>Surgery</td>
<td>12</td>
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<tr>
<td>Customer Service</td>
<td>1</td>
<td>TAA</td>
<td>2</td>
</tr>
<tr>
<td>Dermatology</td>
<td>13</td>
<td>TIA</td>
<td>1</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1</td>
<td>Trauma Clinic</td>
<td>3</td>
</tr>
<tr>
<td>Digestive Diseases</td>
<td>1</td>
<td>Triage</td>
<td>1</td>
</tr>
<tr>
<td>Discharge Lounge</td>
<td>1</td>
<td>Urology</td>
<td>3</td>
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<tr>
<td>DVP</td>
<td>1</td>
<td>Vascular</td>
<td>1</td>
</tr>
<tr>
<td>DVT Clinic</td>
<td>1</td>
<td>Ward 5</td>
<td>1</td>
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<tr>
<td>Early Pregnancy Assessment Unit</td>
<td>10</td>
<td>Ward 6</td>
<td>6</td>
</tr>
<tr>
<td>Education</td>
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<td>Endocrinology</td>
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<td>Ward 9</td>
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<td>Endoscopy</td>
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<td>Ward 12</td>
<td>1</td>
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<td>ENT</td>
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<td>Ward 16</td>
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</tr>
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<td>6</td>
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<td>Fracture clinic</td>
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<td>Ward 22</td>
<td>1</td>
</tr>
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<td>1</td>
<td>Ward 24</td>
<td>4</td>
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<tr>
<td>Genetics</td>
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<td>Ward 27</td>
<td>1</td>
</tr>
<tr>
<td>GP assessment unit</td>
<td>2</td>
<td>Ward 28</td>
<td>1</td>
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<tr>
<td>Gynaecology</td>
<td>1</td>
<td>Ward 29</td>
<td>1</td>
</tr>
<tr>
<td>Haematology</td>
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</tr>
<tr>
<td>Haemophilia Centre</td>
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<td>Ward 31</td>
<td>5</td>
</tr>
<tr>
<td>Hampton Suite</td>
<td>2</td>
<td>Ward 32</td>
<td>11</td>
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<tr>
<td>Hearing</td>
<td>2</td>
<td>Ward 33</td>
<td>8</td>
</tr>
<tr>
<td>Hepatology</td>
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<td>Ward 34</td>
<td>1</td>
</tr>
<tr>
<td>HR</td>
<td>2</td>
<td>Ward 37</td>
<td>2</td>
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<tr>
<td>ICU</td>
<td>1</td>
<td>Ward 38</td>
<td>1</td>
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</tbody>
</table>
### Table 2.1 – LRI Responses to which Department/Ward

<table>
<thead>
<tr>
<th>Department/Ward</th>
<th>No. of Participants</th>
<th>Department/Ward</th>
<th>No. of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunology</td>
<td>1</td>
<td>Ward 40</td>
<td>1</td>
</tr>
<tr>
<td>Jarvis Building</td>
<td>2</td>
<td>Ward 43</td>
<td>1</td>
</tr>
<tr>
<td>Kinmouth Unit</td>
<td>1</td>
<td>Women's health</td>
<td>2</td>
</tr>
<tr>
<td>Maternity</td>
<td>3</td>
<td>X-ray</td>
<td>2</td>
</tr>
<tr>
<td>Max Fax</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr Singh Clinic</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MRI</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 2.2 – LGH Responses to which Department/Ward

<table>
<thead>
<tr>
<th>Department/Ward</th>
<th>No. of Participants</th>
<th>Department/Ward</th>
<th>No. of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture</td>
<td>1</td>
<td>Restaurant</td>
<td>1</td>
</tr>
<tr>
<td>Beechwood</td>
<td>1</td>
<td>Rheumatology</td>
<td>3</td>
</tr>
<tr>
<td>BIU</td>
<td>2</td>
<td>Teaching Centre</td>
<td>1</td>
</tr>
<tr>
<td>Blood Transfusion</td>
<td>1</td>
<td>Theatre</td>
<td>1</td>
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### Table 2.3 – GH Responses to which Department/Ward

<table>
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<tr>
<th>Department/Ward</th>
<th>No. of Participants</th>
<th>Department/Ward</th>
<th>No. of Participants</th>
</tr>
</thead>
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2.2.2 Tables 2.4, 2.5 and 2.6 below, highlight the responses given in comparison to the services that are moving.

### LGH

<table>
<thead>
<tr>
<th>Department</th>
<th>No. of Participants</th>
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<th>Location moving to</th>
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Table 2.4 – Participants surveyed attending departments that are moving from LGH

### GH

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Table 2.5 - Participants surveyed attending departments that are moving from GH

### LRI

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<td>GH</td>
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<td>Endocrinology</td>
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Table 2.6 – Participants surveyed attending departments that are moving from LRI
<table>
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<th>Department Code</th>
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<td>Urology</td>
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<td>GH</td>
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</tbody>
</table>

Table 2.6 - Participants surveyed attending departments that are moving from LRI
2.3 Question 3: Which age range do you fall into?

2.3.1 Figure 2.2 below shows the age range of respondents. Out of the 695 responses to this question, the majority of participants, 193 (27.77%), were aged 65+.

![Age Range Pie Chart]

Figure 2.2 - Age Range
2.4 Question 4: What is your home postcode?

2.4.1 The survey received 660 responses to this question some of these responses, however, were invalid and therefore unclear how many accurate postcodes were given to this question.

2.4.2 Out of the 660 postcodes received, approximately 570 (86%), were Leicester postcodes.

2.4.3 These postcodes have also been plotted using GIS software, for each UHL site, to demonstrate the areas in which respondents live. This supports TP measures, so that they can be targeted to particular residential areas. The GIS postcode plotting for all three sites are shown in Figure 2.3 below. The postcode plotting data for the three sites individually are shown in Plans 46, 47 & 48.

2.4.4 Figure 2.3 below, shows postcodes that were given in Question 2 from all 3 sites. From this, the majority of postcodes are Leicester postcodes and therefore Leicester is darker in colour on the heatmap. However, the map also shows that patients and visitors do travel from areas further away. Areas such as Sheffield and Doncaster in the north, Peterborough in the east, Oxford in the south, areas in Wales and Birmingham to the south west and Warrington and Wigan in the north west.

![Figure 2.3 – UHL Postcode Data](image-url)
2.4.5 **Plan 46** shows postcodes that were given in Question 2 from participants at LGH. From this, the majority of postcodes are Leicester postcodes and therefore Leicester is darker in colour on the Heatmap. However, the map also shows that patient and visitors do travel from areas such as Warrington and Bolsover in the north, Peterborough to the east and the surrounding areas of Leicester including Melton, Rutland, Harborough, Hinckley and Bosworth.

2.4.6 **Plan 47** below, shows postcodes that were given in Question 2 from participants at GH. From this, the majority of postcodes are Leicester postcodes and therefore Leicester is darker in colour on the Heatmap. However, the map also shows that patients and visitors do travel from areas such as Sheffield in the north, Peterborough in the east, Daventry in the south and the surrounding areas of Leicester.

2.4.7 **Plan 48** shows postcodes that were given in Question 2 from participants at LRI. From this, the majority of postcodes are Leicester postcodes and therefore Leicester is darker in colour on the Heatmap. However, the map also shows that patients and visitors do travel from areas such as Sheffield and Wigan in the north, Oxford and Northampton in the south and Birmingham to the south west.
2.5 Question 5: Do you have access to a car?

2.5.1 The chart labelled Figure 2.4 below, demonstrates that out of 657 responses to this question, 550 (83.71%) have access to a car.

![Figure 2.4 – Do you have access to a Car?](image)

Q5: Do you have access to a car?

- **Yes**: 84%
- **No**: 16%
2.6 Question 6: Which site are you visiting?

2.6.1 Figure 2.5 below, shows which site the 641 respondents to this question were visiting. 385 (60.06%) were at LRI, compared to the 141 (22.00%) at GH and 115 (17.94%) at LGH.

![Pie chart showing the distribution of site visits with 60% at LRI, 22% at GH, and 18% at LGH.](image-url)
2.7 Question 7: Do you have a disability which affects your travel arrangements?

2.7.1 The graph, labelled Figure 2.6 below, shows that out of the 636 responses to this question, 468 (73.58%) do not identify with having a disability.

![Figure 2.6 – Do you have a Disability?](image)

2.7.2 There was also the option for participants to give any additional information to this question. Some of the comments are as follows:

- Completing the survey on behalf of a patient which has a blue badge,
- Completing the survey on behalf of a patient which doesn’t have a blue badge, and
- Waiting for application approval for a blue badge.
3.0 Section B: Journey to Hospital

3.1 Question 1: How did you travel to site?

3.1.1 Figure 3.1 below, demonstrates the mode of transport the respondents used to get to site. The most popular mode of transport was car. Out of 632 respondents; 204 (32.28%) travelled by car (as driver, single occupant), 146 (23.10%) travelled by car (as driver, with passenger/s), 97 (15.35%) travelled by car (as passenger) and 6 (0.95%) travelled by car with a volunteer driver. However, the most popular mode of public transport was public bus as 70 (11.08%) chose this mode of transport over any other option.

![Mode of Travel to site](image)

3.1.2 The survey also asked that if the respondent stated ‘Other’, they must specify. Some of the qualitative responses are as follows:

- Park and Ride, and
- Mixture of the above options.
3.1.3 **Plan 49** shows where patient and visitors travelled from via car to get to GH. From this plan it shows that the majority of postcodes are Leicester postcodes and therefore Leicester is darker in colour on the heatmap. However, the map also shows that patient and visitors do travel from areas such as Nottingham and Derby in the north and Bicester in the south.

3.1.4 **Plan 50** shows where patient and visitors travelled from via car to get to LGH. From this plan it shows that the majority of postcodes are Leicester postcodes and therefore Leicester is darker in colour on the heatmap. However, the map also shows that patient and visitors do travel from areas such as Peterborough to the east.

3.1.5 **Plan 51** shows where patient and visitors travelled from via Public Transport to get to LGH. From this plan it shows that the majority of postcodes are Leicester postcodes and therefore Leicester is darker in colour on the heatmap. However, there is also a postcode located to the north in Loughborough.

3.1.6 **Plan 52** shows where patient and visitors travelled from via walking to get to LRI. From this plan it shows that the majority of postcodes are Leicester postcodes and therefore Leicester is darker in colour on the heatmap.

3.1.7 **Plan 53** shows where patient and visitors travelled from via car to get to LRI. From this plan it shows that the majority of postcodes are Leicester and Loughborough postcodes and therefore Leicester is darker in colour on the heatmap. However, the map also shows that patient and visitors do travel from the wider areas of Leicester as well as areas such as Oakham to the east and Thrapston to the south east.

3.1.8 **Plan 54** shows where patient and visitors travelled from via Public Transport to get to LRI. From this plan it shows that the majority of postcodes are Leicester postcodes and therefore Leicester is darker in colour on the heatmap. However, the map also shows that patient and visitors do travel from areas surrounding Leicester near Coventry to the south west.

3.1.9 It should be noted that postcode data was not plotted, for the follow categories due to there being less than five results from the survey:

- GH Public Transport
- GH Foot
- LGH Foot
3.2 Question 2: If you travelled by car, where did you park?

3.2.1 Figure 3.2 below, shows that out of 453 responses to this question, 346 (76.38%) parked in the Hospital Car Park.

![Figure 3.2 – Where did you Park?](image)

3.2.2 This question also asked that if the respondent stated ‘Other’, they must specify. Some of the qualitative responses are as follows:

- Dropped off,
- Park and Ride, and
- Staff Car Park.
3.3 Question 3: If you travelled by car, did you find it difficult to park?

3.3.1 Figure 3.3 below, shows that out of 446 responses, 227 (50.90%) found it difficult to park compared to the 219 (49.10%) that did not.

Figure 3.3 - Did you find it difficult to park?
3.3.2 **Figures 3.4, 3.5 and 3.6** below, show responses from each site. At LGH only 35% found it difficult to park compared to GH 44% and LRI 59%.

![LGH difficulty to park](image)

**Figure 3.4** – LGH difficulty to park
Figure 3.5 – LRI difficulty to park

Figure 3.6 – GH difficulty to park
3.4 Question 4: If you travelled by car, why?

3.4.1 The graph, labelled Figure 3.7 below, shows that 234 (52.12%) out of 449 respondents, travelled via a car because it was convenient and a further 198 (44.10%) said it saves time. 161 (35.86%) and 150 (33.41%) stated that they travelled via car because there is a lack of public transport connections and the site is too far away from home.

![Q4: Why did you travel by car?](chart)

Figure 3.7 - Why did you travel by car?

3.4.2 The survey also provided an ‘Other’ option to this question if the list provided did not represent an individual’s choices. Some of the other comments were as follows:

- Bus didn’t turn up,
- Medical condition makes public transport an unrealistic option,
- Prefer to drive, and
- Commitments before/after visit to site.
3.5 Question 5: If you travelled by car, what would most encourage you to use an alternative mode of transport?

3.5.1 The graph, labelled Figure 3.8 below, shows what would encourage car users to use an alternative mode of transport. Out of 444 responses, 189 (42.57%) stated that nothing would encourage them to use a different mode of transport. However, 117 (26.35%) stated that more frequent bus services, along with 92 (20.72%) stating more direct routes and 83 (18.69%) responding that an extension of the hospital hopper would encourage them.

![Figure 3.8](image)

Figure 3.8 – What would encourage an alternative mode?

3.5.2 The options of ‘Other’ and ‘Additional Information’ received a total of 91 (20.50%) of the 444 responses. The comments received by these options were as follows;

- Shuttle bus required between main city bus stations,
- Hopper needs to go to Park and Rides,
- More buses in rural villages,
University Hospitals of Leicester
Patient and Visitor Survey Results

- Shorter journey times,
- More reliable bus services, and
- More direct services.

3.5.3 When compared to the staff and volunteer survey results, there were similar responses from the staff and volunteers. It should be noted that the following information was taken from two separate questions within the staff and volunteers survey results, therefore the percentages exceed 100%. To look at the staff and volunteer results in more detail, the results can be found in Appendix I of the Travel Plan.

3.5.4 Staff and volunteers stated that to encourage them to walk, cycle or use public transport the following were the most popular responses:

- 51.23% - walking or cycling is not a viable option,
- 17.64% - nothing would encourage them to walk or cycle,
- 36.28% - improvement of cycle paths and more facilities (showers and changing rooms) would encourage them to walk or cycle,
- 23.39% - a more direct public transport route would encourage them to use public transport,
- 26.22% - discounted bus fares would encourage them to use public transport,
- 32.56% would prefer more frequent bus services, and
- 27.24% would prefer the extension of the Hospital Hopper to encourage them to use public transport.
3.6 Question 6: If you travelled by car, did you know that parking at the hospitals in Leicester is currently one of the cheapest in the East Midlands. Given this information, would you be willing to pay more to park?

3.6.1 Figure 3.9, below, shows that 361 (81.49%) out of 443 respondents to this question, would not be willing to pay more to park on-site.

Figure 3.9 - Would you pay more to park?
3.7  Question 7: If yes, how much more per hour?

3.7.1  Figure 3.10 below shows the 82 participants who answered yes to question 6, how much more would they be willing to pay. Out of the 82 responses, 18 (21.95%) stated between 0 and 10p and another 18 (21.95%) stated 50p+.

![Pie chart showing distribution of responses to Question 7](image-url)
3.8 Question 8: If you travelled by car and were no longer able to travel by car, how would you get here?

3.8.1 Figure 3.11 below shows that out of 443 responses to this question, 142 (32.05%) would have got a taxi and 112 (25.28%) would have used a Public Bus.

![Graph showing modes of transport for Q7: How would you get to site, if not by car?]

- **Ambulance (Non-Emergency)**: 38 responses
- **Motorbike or powered two-wheel**: 1 response
- **Taxi**: 142 responses
- **Train**: 19 responses
- **Bicycle**: 1 response
- **Foot**: 7 responses
- **Hospital Shuttle Bus**: 40 responses
- **Public Bus**: 112 responses

Figure 3.11 – How would you get to site, if not by car?

3.8.2 There was also the option of other, some of the comments were as follows:

- Asked family/friends for a lift,
- No alternative,
- Voluntary car service, and
- Multiple modes.
3.9  Question 9: Do you have any other comments about travel to our sites?

3.9.1  The final question of the survey was designed to capture information not covered by the previous questions and to give respondents and opportunity to provide additional information in specific areas if desired. There were 386 responses and Figure 3.12 below shows a Word Cloud which finds the key words that were mentioned in the comment section. The bigger the word the more times it was mentioned.

Figure 3.12 – Word Cloud

3.9.2  The majority of comments were as follows;

- Poor road signage,
- Insufficient disabled parking,
- Parking is expensive and should be free,
- Drop off zone in LRI should be outside the car park as have to queue just to get dropped off,
- Roads around LRI not safe for cyclists,
- Extend and improve Hopper,
- LRI states full when you can see top floor is empty,
• Pay for car parking on exit rather than paying for a length of time,
• Parking machines need to give change and accept card payments not just coins,
• Cycle parking facilities are very poor,
• Better direct public bus services and expand services in the evening,
• Waiting 2-3hrs to get non-emergency hospital transport home,
• Better bus waiting facilities,
• Direct bus routes to and from the park and rides,
• Why free disabled parking at GH and LGH but not LRI?
## Our Locations

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<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>City</th>
<th>Phone Number</th>
<th>Email Address</th>
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<td><strong>Birmingham</strong></td>
<td>2 The Wharf, Bridge Street, Birmingham</td>
<td>Birmingham</td>
<td>0121 643 4694</td>
<td><a href="mailto:birmingham@curtins.com">birmingham@curtins.com</a></td>
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<td><strong>Glasgow</strong></td>
<td>Queens House, 29 St Vincent Place, Glasgow</td>
<td>Glasgow</td>
<td>0141 319 8777</td>
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<td><strong>Kendal</strong></td>
<td>28 Lowther Street, Kendal, Cumbria</td>
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<td>0161 236 2394</td>
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<td>56 The Ropewalk, Nottingham</td>
<td>Nottingham</td>
<td>0115 941 5551</td>
<td><a href="mailto:nottingham@curtins.com">nottingham@curtins.com</a></td>
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<tr>
<td><strong>Cambridge</strong></td>
<td>50 Cambridge Place, Cambridge</td>
<td>Cambridge</td>
<td>01223 631 799</td>
<td><a href="mailto:cambridge@curtins.com">cambridge@curtins.com</a></td>
</tr>
<tr>
<td><strong>Douglas</strong></td>
<td>Varley House, 29-31 Duke Street, Douglas</td>
<td>Douglas</td>
<td>01624 624 585</td>
<td><a href="mailto:douglas@curtins.com">douglas@curtins.com</a></td>
</tr>
<tr>
<td><strong>Edinburgh</strong></td>
<td>1a Belford Road, Edinburgh</td>
<td>Edinburgh</td>
<td>0131 225 2175</td>
<td><a href="mailto:edinburgh@curtins.com">edinburgh@curtins.com</a></td>
</tr>
</tbody>
</table>
Appendix L
These following tables show the car parking capacity at all UHL sites as well as offsite capacity at LRI.

**LGH Car Parking Summary**

See Plan 23 for car parking locations

<table>
<thead>
<tr>
<th>Car Park Ref</th>
<th>Description</th>
<th>Staff Parking</th>
<th></th>
<th>Public Parking</th>
<th></th>
<th>Drop Off Bays</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Standard</td>
<td>Accessible</td>
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<tr>
<td>A</td>
<td>Car Park 1</td>
<td>-</td>
<td>-</td>
<td>181</td>
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<td>-</td>
</tr>
<tr>
<td>B</td>
<td>Haemodialysis Unit</td>
<td>3</td>
<td>-</td>
<td>26</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td>C</td>
<td>Rear of Haemodialysis</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>D</td>
<td>Main Entrance</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>6</td>
<td>-</td>
</tr>
<tr>
<td>E</td>
<td>Disabled Car Park</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>10</td>
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</tr>
<tr>
<td>F</td>
<td>Outpatients Dept 1&amp;2</td>
<td>-</td>
<td>-</td>
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<td>3</td>
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<tr>
<td>G</td>
<td>Hadley House</td>
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<td>H</td>
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<tr>
<td>I</td>
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<td>O</td>
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<tr>
<td>X</td>
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<td></td>
<td>1067</td>
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# GH Car Parking Summary

See **Plan 24** for car parking locations

<table>
<thead>
<tr>
<th>Car Park Ref</th>
<th>Description</th>
<th>Staff Parking</th>
<th>Public Parking</th>
<th>Construction</th>
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<tr>
<td>C</td>
<td>Ivypene Cottage</td>
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</tr>
<tr>
<td>D</td>
<td>Gate House</td>
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<td>-</td>
</tr>
<tr>
<td>E</td>
<td>PET-CT Centre</td>
<td>-</td>
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<td>66</td>
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<tr>
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<td>East of Heli-Pad</td>
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<td>-</td>
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<tr>
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<td>Heart Foundation</td>
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<tr>
<td>H</td>
<td>Pathology Area</td>
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<td>J</td>
<td>Baldwin Centre</td>
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<tr>
<td>K</td>
<td>Old Print Room Car Park</td>
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<td>-</td>
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</tr>
<tr>
<td>L</td>
<td>Estates</td>
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<tr>
<td>R</td>
<td>FE</td>
<td>9</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
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<td>-</td>
<td>-</td>
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<tr>
<td>T</td>
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<td>-</td>
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<tr>
<td>U</td>
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<td><strong>362</strong></td>
<td><strong>44</strong></td>
<td><strong>22</strong></td>
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</tbody>
</table>

* Contractor bays
LRI Car Parking Summary

See **Plan 25** for car parking locations

<table>
<thead>
<tr>
<th>Car Park Ref</th>
<th>Description</th>
<th>Staff Parking</th>
<th>Public Parking</th>
<th>Contractor</th>
<th>Drop off Bays</th>
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<td>Standard</td>
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<td>Jarvis Public Parking</td>
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<td>-</td>
<td>1</td>
</tr>
<tr>
<td>C</td>
<td>Children’s A&amp;E</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>D</td>
<td>Ambulance Entrance</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<td>E</td>
<td>Short Stay</td>
<td>-</td>
<td>-</td>
<td>30</td>
<td>-</td>
</tr>
<tr>
<td>F</td>
<td>Kensington</td>
<td>4</td>
<td>3</td>
<td>-</td>
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</tr>
<tr>
<td>G</td>
<td>Winifred Street</td>
<td>19</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>H</td>
<td>Main Surface</td>
<td>-</td>
<td>-</td>
<td>96</td>
<td>17</td>
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<td>-</td>
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</tr>
<tr>
<td>J</td>
<td>Adult A&amp;E</td>
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<td>M</td>
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<td><strong>11</strong></td>
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<td><strong>65</strong></td>
</tr>
</tbody>
</table>

* Since survey, this has now changed and part of the car park is now public.

** Currently out of use.
**LRI Off Site Car Parking Summary**

See **Plan 26** for car parking locations. N.B these spaces are rented, though UHL do not rent the entire car park.

<table>
<thead>
<tr>
<th>Car Park Ref</th>
<th>Description</th>
<th>Public Parking</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td>1</td>
<td>NCP Car Park Leicester Welford Road</td>
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</tr>
<tr>
<td>2</td>
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</tr>
<tr>
<td>3</td>
<td>Raw Dykes</td>
<td>130</td>
</tr>
<tr>
<td>4</td>
<td>King Power Stadium</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>1743</strong></td>
</tr>
</tbody>
</table>
Appendix M
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

CAR PARKING PROTOCOL (Patients/Visitors/Carers)

1. **Introduction**
   The UHL is under constant pressure to provide the public with parking spaces. As activity increases, the pressure grows on a fixed resource, to allow all hospital users to park. In order to provide options for all groups the following systems are in place. These discounts are not available retrospectively.

2. **Car Park Tariffs**
   The table below details the tariffs that exist in the public car parks on the 3 hospital sites:

   **Car Park Charges (6am till 8pm)**

<table>
<thead>
<tr>
<th>Time</th>
<th>Tariff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exit within 30 mins</td>
<td>No charge (LRI only)</td>
</tr>
<tr>
<td>Up to 1 hour</td>
<td>£1.70</td>
</tr>
<tr>
<td>1 to 2 hours</td>
<td>£2.90</td>
</tr>
<tr>
<td>2 to 3 hours</td>
<td>£3.40</td>
</tr>
<tr>
<td>3 to 4 hours</td>
<td>£4.50</td>
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<tr>
<td>4 to 8 hours</td>
<td>£6.70</td>
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<td>8 to 12 hours</td>
<td>£11.30</td>
</tr>
<tr>
<td>12 to 24 hours</td>
<td>£13.30</td>
</tr>
<tr>
<td>Motorbikes</td>
<td>FREE</td>
</tr>
</tbody>
</table>

   **Patient and prime carer saver tickets**

   | Daily                      | £6.10          |
   | Weekly                     | £17.00         |
   | Monthly                    | £56.40         |
   | Saver (only available at the LRI) | £25.00 (for £50 of parking credit) |
   | Inpatients for over 6 weeks| FREE parking (for prime carer) |

   Nightly Tariff (8pm till 6am) - maximum charge £2.30

   There will be no charge for those entering and exiting the car parks within 30 minutes, at the LRI site only.

3. **Patient Daily Max Charge Ticket (£6.10)**
   The daily ticket is available to patients and prime carers. It costs £6.10 and is available from the car park office. The daily ticket expires at the end of the day it is purchased on.

   **Reducing your day charge:**
   If you are delayed through no fault of your own, or have extended treatment that lasts longer than four hours, you or your carer can apply for a discount to reduce your car park fee to the daily rate of £6.10. Only one person may claim the discount.
for each patient.

**To claim the £6.10 maximum charge you need to:**
1. Ask a member of staff on the ward or department to sign, date and write the time you leave on your appointment card, letter or a compliments slip
2. Take the signed, dated and time stamped appointment card, letter or compliments slip to the car park office for your discount just prior to leaving.

**Over payment (LGH and GH)**
If a patient/visitor or carer has paid more than £6.10 to park and is then delayed through no fault of their own or has extended treatment the £6.10 maximum payment would apply. Over payments will be refunded by contacting the car park office with the appropriate paperwork i.e. car park ticket and validated proof of appointment delay.

**Over Running prepaid limit (LGH and GH)**
Patients/visitors or carers that are concerned about over running the limit on their pay and display ticket should contact the car park office with their car details. On returning to the car a car park attendant should be found who will assist the car park user with rectifying the payment.

4. **Weekly Ticket (£17.00)**
The weekly ticket is available to patients or prime carers. It costs £17.00 and is available from the car park office. It is valid for 6 days after the date of purchase (date of purchase included in ticket). For example, if purchased on a Tuesday it will expire at the end of the following Monday.

5. **Saver Cards (£25)**
*Only available at the LRI*
These can be used at any time; regular car park tariff will be deducted with each use.
Costs £25 but £50 credit will be given (£25 free credit). Saver cards can be used over any number of months and only run out when the £50 credit has been depleted.
Purchased from the car park office, proof will be required that you are a patient or prime carer.

6. **Monthly ticket (£56.40)**
The monthly ticket is available to patients or prime carers. It costs £56.40 and is available from the car park office. The ticket can be used at any time during the calendar month. For example, if purchased on 6th November it will expire at the end of 5th December.

7. **Carer’s Tickets**
The prime carer of a patient that has been in hospital for more than 6 weeks will be provided with free parking from the beginning of the 7th week, there will be one exemption per patient but this can be passed
between carers. To obtain this the carer must visit the car park office with the patient number and explain they are the carer of a patient that has been in hospital for more than 6 weeks, this information will be verified against the patient database and a free pass produced if eligible. If a second person requests a pass for the same patient they will be declined.

8. **All saver tickets (daily, weekly, monthly and saver)**
Saver tickets are available from the car park offices. The car park offices at the GH and LGH can only accept cash payments. Please note that these tickets do not guarantee a space and refunds will not be given. The weekly and monthly ticket can also be used across the other two hospital sites. To transfer your saver ticket visit the car park office. Only one saver ticket can be issued at one time per patient.

9. **Reimbursement for patients on qualifying benefits**
Patients receiving qualifying benefits can have their parking charges reimbursed. The qualifying benefits are notified by the Department of Social Security and you will require proof of entitlement to the benefit and proof of hospital attendance from an appointment card or letter. The current qualifying benefits are:-

- Income Support Letter – valid for six months from the date in the top right hand corner
- NHS Tax Credit Exemption Certificate Card
- Income Based Job Seekers Allowance Letter - valid for six months from the date in the top right hand corner.
- HC2 Exemption certificate
- Income Related Employment and Support Allowance
- Pension Credit Guarantee Credit.

In addition to the above if you are named on a HC3 Exemption Certificate, contact cashiers for advice, as you may qualify for some help.

**LRI**
Before leaving the hospital the person on benefits must go along to the cashiers’ office with the paperwork required to obtain a card entitling them to free exit.

**LGH and GH**
Payment for the car parking must be made; this will then be refunded by the cashiers department on production of the car parking ticket and the required benefits paperwork.

10. **Cases of hardship**
The flowchart in Annex 1 details how cases of hardship will be dealt with. The flowchart details the options open to people.
The final option on the flowchart is that the general manager and/or head of nursing discuss the case. If the decision is made that patient/prime carer has a 'case of hardship' they will be released from the car park for free.

11. **Kidney Patients at Leicester General**
   A limited number of free spaces are available close to the dialysis units at the Leicester General. 8 spaces exist in car park 1a near the dialysis centre. Patients must register with dialysis reception when using these areas.

12. **Haemophilia Patients**
   Registered haemophilia patients can park in the B car park when they need urgent/rapid access to the Sandringham building. On arrival they press the buzzer, give their name and as long as they are on the list are allowed in to park. To register patients must contact the Clinical Nurse Specialist in the Cancer and Haemotology directorate.

13. **Asthma, Allergy Patients and Cystic Fibrosis Patients (LGH and GH)**
   The saver ticket currently available at the LRI is the most suitable option for the above patients however this is not currently available at the LGH and GH.

   Below are details of how this can be replicated at the GH and LGH.

   The 3 separate options have to be authorised by a member of staff, please provide a list of staff names that will be authorising these permits.

   **Dated 15 week permit**, the named staff member should complete the form (appendix 2), this should then be taken to the car park office by the patient with payment £21.75 (1.5 hours per day = £2.90, 15 weeks, £43.50), cash only, where the permit will be issued.

   **Long Term**, the named staff member should complete the form, this should then be taken to the car park office by the patient where the permit will be issued. No payment is required as a £3.40 pay and display ticket must be placed alongside the permit whenever used.

   **CF patients**, these are aimed at the CF patients coming in regularly for short periods. The named staff member should complete the form, this should then be taken to the car park office by the patient with payment £17 (each visit is ½ hours = £1.70 for 20 days - £34), cash only, where the permit will be issued.

14. **Disabled Parking**
   **LRI**: Free disabled spaces exist around the site. If these spaces are full and the driver parks in the main public car park they will be subject to the tariffs displayed.
LGH and GH: Disabled parking bays exist close to the hospital entrances, if these are full and the driver parks in the pay and display area there will be no charge as long as the disabled badge is displayed.

15. Drop Off and Pick Up Points
Drop off points exist near to the hospital entrances that allow users to drop off patients/visitors then relocate their vehicle. The drop off bays are limited to a 20 minute stay.
15. **Unauthorised Parking**

Vehicles parked in unauthorised areas will be recorded and dealt with in a manner appropriate to the disruption caused, and any pattern of unauthorised parking.

The remedial methods will include:-

1. Notification of inappropriate/unauthorised parking.
2. Parking Charge Notice.

The remedial actions will be subject to the UHL unauthorised parking procedure document. The penalty charges will be set at £80 with a payment period of 28 days, but reduce to £45 if payment is made within 14 days. These charges being in line with the guidance from the British Parking Association.
Appendix 2

LGH/GH Saver Tickets

Only 1 permit will issued to the patient or prime carer the details below must be completed for a permit to be issued

<table>
<thead>
<tr>
<th>Site</th>
<th>Permit Type</th>
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</thead>
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<tr>
<td>GH – Glenfield Hospital</td>
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<td>Long term (annual)</td>
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<td></td>
<td>CF monthly permit</td>
</tr>
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</table>

To be completed by staff member:

Patient number: ..............................................

Department/Ward: .............................................

Contact number: .............................................

Car Registration: .............................................

Staff member’s name: ........................................

Staff member’s job title: ..................................

Staff member’s signature: ..................................

Date: .....................................................

Dated permit for 15 weeks £21.75/15 weeks (1.5 hours per day = £2.90, 15 weeks, £43.50)

Long Term Permit provided, this must be displayed along with £3.40 pay and display ticket on every visit. (5 hours per day = £6.70)

CF permit £17/month, CF patients come in regularly for a month but only for very short periods of time i.e. less than 30 minutes (Each visit. ½ hour per day = £1.70 for 20 days = £34)

Therefore these ticket is a half price ticket to replicate the LRI saver.
UHL Car Park Protocol
(Staff)
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

CAR PARKING PROTOCOL (Staff)

1. **Introduction**
   The UHL is under constant pressure to provide staff with parking spaces. As recruitment and activity increases, the pressure on the fixed/dwindling resource grows.

   The provision of a car parking permit or the facility to park is not the responsibility of the UHL, it is each individual employee’s responsibility to get themselves to and from work.

   In order to prioritise access to the limited parking available, a criteria system is in place.

2. **Issuing of Permits**
   Each member of staff will be scored according to the criteria. The application form is detailed in Appendix A. The application form must be completed accurately, if the application form is not fully completed it will be returned to the applicant.

   A waiting list will only be created for a car park should the car park become full i.e. fully subscribed. Staff that have not qualified for a permit will not be placed on a waiting list.

   Staff are scored according to the hours they work and their cross site commitments.

   Staff must be on duty whilst utilising any of the on or off site car parks. All members of staff must adhere to the parking restrictions on site (which may be amended from time to time) or their vehicle will be considered to be parked in an unauthorised manner.

   Staff or directorates being issued with a permit will be required to renew their permit request annually unless advised otherwise.

   Permits will detail the area that should be used for parking, the date of expiry and the registration number of the car/s for which the permit is valid.

   The permit is issued to the designated member of staff and is not transferable. Management of permits issued to directorates will be the responsibility of the directorate.

   Any abuse of permits may result in the withdrawal of the permit.

3. **Parking Locations**
   See site maps.
4. **Car Parking Charges**

4.1 **General**

A payment according to the individual’s relevant earnings (including any regular known enhancements but not ad hoc enhancements) is taken from salary every month whether the permit is used or not.

The charges for all permits are as follows:

<table>
<thead>
<tr>
<th>Staff Salary</th>
<th>Monthly Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to £9,999.99</td>
<td>£7.60</td>
</tr>
<tr>
<td>£10,000 to £19,999.99</td>
<td>£15.34</td>
</tr>
<tr>
<td>£20,000 to £29,999.99</td>
<td>£22.96</td>
</tr>
<tr>
<td>£30,000 to £39,999.99</td>
<td>£31.08</td>
</tr>
<tr>
<td>£40,000 to £70,000</td>
<td>£34.94</td>
</tr>
<tr>
<td>Over £70,000</td>
<td>£42.57</td>
</tr>
</tbody>
</table>

Charges can be paid for via salary exchange, for more information please refer to Park and Save on in-site (included in these details are how and when you can enter and exit the scheme).

The above charges will be reviewed yearly.

Note: If an invoice is raised for payment, the charge will be at the over £70k rate, except in specifically identified circumstances.

A deposit of £25 will be deducted on the issuing of the window permit and access card/key, (where applicable). This will be refundable when the window permit and access card/key are returned. The permit and access cards are validated annually to assist with potential banding movements and management of leavers.

Only one personal permit will be issued per staff member. Multiple car details can be added to the single permit on production of evidence showing all cars are registered at the same address e.g. VO5, log book. It is the individual’s responsibility to transfer the permit between vehicles, photocopied permits are not valid and will be considered fraudulent.

If either the permit or access card are lost or deliberately damaged the £25 deposit will be lost and a new permit/access card will not be issued until another deposit is paid. If the lost permit/access card is found within one month of notifying the car park office of the loss the charge will be cancelled.

All UHL staff must have charges deducted direct from salary via payroll. Alternative arrangements will be made for non-UHL staff.

The issuing of a pass does not guarantee a car parking space.
It is the employee’s responsibility to check that the appropriate charge is being taken from their salary.

Staff surrendering the use of their permit must return the permit and any access cards. Until the car park administrators receive these the charges will not be stopped and the refund of the deposit will not be made. Retrospective refunds will not be made for permits/access cards that are not returned, regardless of the expiry date on the permit.

4.2 Part-Time Staff
Charges for part-time staff will be made according to their salary, not the WTE salary.

4.3 Night/Weekend Staff
The same payment levels will apply to night staff as other staff, as the funding contribution is for the space provision, and although the spaces are more available at night, they benefit from more lighting and security infrastructure. Locations allocated to night staff will be appropriate to the hours they work.
Night and weekend permits are valid during the times below Monday to Friday, all day at weekends and on bank holidays.
The hours for night/weekend permits are:
LRI 15.45pm till 8:00am
LGH 16:30pm till 8:30am
GH 16:30pm till 8:30am
If night staff wish to park in any visitor car park, they will have to pay the relevant tariff.

4.4 Car Sharing
A car sharing permit will be issued to a group wishing to register, enabling the permit to be transferable and utilised by any of the designated vehicles.

All applicants must fill in an application form, and pass the required criteria, and not hold a separate individual permit.

The primary sharer i.e. the person with the highest score and therefore qualifying for the permit will have the payment taken from their wages.

4.5 Termination
All permits will be charged for until the permit and access card is returned. Refunds will not be backdated regardless of the expiry date on the actual permit.

4.6 Alternative Site Access
Car park charges will not be paid for powered two wheelers or pushbikes. Users of these should use the facilities provided.

5. Specialist Groups
5.1 Registered Disabled Members of Staff
Disabled members of staff will be allocated to the closest car park available where possible and subject to space being available. At application the disabled member of staff will be asked to visit occupational health for a recommendation letter detailing the car parking requirements. Normal charges (see section 4.1), will apply.

Proof of blue badge will need to be shown each year at renewal.

5.2 Health/Compassionate Grounds
There will be, on occasion, a need for a pass to be issued on, for example, health or compassionate grounds, clear indication should be given as to the duration of this pass. Each individual’s circumstances will require assessment. Human Resources/Occupational Health will be requested to advise if there are any grounds to issue a temporary pass.

On the advice of Human Resources/Occupational Health, staff will be issued with the appropriate car park permit (on/offsite), as a general rule occupational health permits will be for onsite only. The letter advising of the need for a pass should always be completely unambiguous stating the exact requirements requested to enable the staff member to access their workplace. Once a permit becomes available the employee will be issued with one for the agreed duration, and appropriate charges will be made for a pass. See section 4.1.

Additional Caring Responsibilities
If an individual feels they have additional needs that need to be considered when applying for a parking permit which are associated with their role as a carer for someone with serious health they must complete a Parking Permit for Carers form. The form should then be emailed to the Travelwise Manager. The details supplied on the form will then be reviewed by a panel consisting of a HR manager, an occupational health representative, the Service Equality Manager and the Travelwise Manager. Any permits will be issued for a maximum of 1 year, at this point another review will take place.

5.3 On Call Chaplains
5.3.1 LRI
Between the hours 6pm to 8am and all day at weekends Chaplains can park in the Jarvis car park, they must display their gold on call permit. Outside these hours, the usual locations are to be utilised.

5.3.2 LGH
Between the hours 6pm to 8am and all day at weekends Chaplains can park to the left of the main entrance next to the bike shed, they must display their gold on call permit. Outside these hours, the usual locations are to be utilised.

5.3.3 GH
Between the hours 6pm to 8am and all day at weekends Chaplains can park in the volunteer bays opposite the bus stop, they must display their gold on call permit. Outside these hours, the usual locations are to be utilised.

5.4 Other NHS Staff

Other members of NHS staff not employed by the UHL, may apply for a permit as per UHL staff. These will be assessed as per UHL guidelines. If a permit is issued, it will have to be paid for.

Any individual invoice raised will be charged for yearly and the minimum amount an invoice can be raised for is £30.

Where groups of non UHL staff exist a combined invoice can be generated. Individual staff will have to apply as per normal and a nominated manager must bring all forms to the car park office. The nominated manager will be responsible for paying for the total car park permit bill, only one invoice will be raised. The nominated manager will be responsible for collecting monies back from individual staff if they desire. The minimum invoice amount will be £30/month.

Any member of staff utilising public car parks on site will have to pay the current tariff.

5.5 Non NHS Staff

Other members of staff not employed by the UHL, but being engaged in an activity on the sites, may apply for a permit as per UHL staff. These will be assessed as per UHL guidelines. If a permit is issued, it will have to be paid for.

Any individual invoice raised will be charged for yearly and the minimum amount an invoice can be raised for is £30.

Any member of staff utilising public car parks on site will have to pay the current tariff.

5.6 Invited Guests and Other Visitors

Limited arrangements can be made for dignitaries and visitors to the sites (not including LRI onsite). Bookings should be made with the car park management staff, allowing sufficient time to organise spaces, and recognising the restricted number of spaces that will be available on each site.

Parking for larger numbers (not including LRI offsite) can be arranged at one of the UHL car parks. Cost codes will be required, to enable a booking to be made. The cost likely to be incurred will be advised at the time of booking. All bookings to be made via the car parks management staff.
The number of spaces booked will be required to be paid for, regardless of uptake.

5.7 Contractors
Due to the nature of the site and development works, a large number of contractors may be on site at any one time. Generally main contractors will be given compounds for the duration of the contract, and a number of car parking permits will be issued. Payment will be required for all permits.

Additional contract labour will be required to park off site. Any contractor parking in any UHL public car park will be charged as per current tariff.

5.8 Service Engineers
Service engineers will not be offered permits and if they park in the public car parks will have to pay the appropriate tariff.

5.9 Retired Staff
Retired staff can not retain their permits after retirement.

5.10 Car Parking Permits for Staff Going on Maternity Leave, Long Term Sick and Special Leave (also refer to Park and Save guidance)
If a member of staff has acquired the pass on the point system and they are prepared to carry on paying for the pass at the appropriate rate for the duration of the time they are off work (even if their benefits have expired), they can keep the pass. Staff will be invoiced at the home address if necessary at the appropriate rate.

If they are not prepared to carry on paying and have acquired the pass on the points system, their pass will be issued to another member of staff, but on their return from maternity leave, long term sick or special leave, they will be required to apply for a new permit approximately 1 month before returning to work. A permit will be issued but it may not be for the same car park as prior to the leave.

If the pass has been acquired by means of special circumstances, or by any other method than the points system, their pass will be issued to another member of staff, and on their return from maternity leave, long term sick or special leave, they will be required to fill in a new application form.

When a staff member reaches their 26th week of pregnancy they will qualify for a permit (if available). This will only be valid for the period at which the individual is at work prior to the birth of the child i.e. from 26 weeks until the staff member goes on maternity leave.

5.11 Car Park Arrangements for Community Midwives

LRI
There are three levels of parking which will apply at the LRI:-
1. **Drop Off**, less than one hour. Park in emergency 1771 area and display permit.

2. **On Call Staff**, outside the hours of 8.00am and 5.00pm, Monday to Friday. Park in Multi storey and display permit.

3. **Long Stay**, more than one hour. Find own parking arrangements e.g. a local public car park.

When parking in 1771 emergency parking area or the multi storey a valid permit must be clearly displayed. Failure to display the permit could result in Parking Charge Notice.

A list of each numbered permit, with the contact number of the holder, will be kept in Maternity Reception. Any changes to staff details and hence permit holders must be recorded on the list. The permit must be collected by the Community Midwives Officer when a member of staff leaves their post. This can then be issued to the post’s replacement.

The 1771 emergency area requires a key code. The code and any changes will be given to the Community Midwives Officer, who will disseminate the information.

Abuse of this agreement, i.e. parking in 1771 emergency area for longer than one hour, or in the multi storey Monday to Friday, 8.00am to 5.00pm, will result in the loss of these facilities.

**LGH**
There are 3 levels of parking at the LGH:

1. **Drop Off and Emergency**, 20 minutes or less. Outside the main maternity entrance in a 20 minute bay. Permit must be displayed

2. **Long Stay**, more than 20 minutes. Park in the small car park outside maternity if space allows otherwise use any other staff car park but ensure the permit is displayed (this includes the weekly meetings, normally on a Thursday where a maximum of 10 people are in attendance).

3. **Training**, whole days. Inform the car park office which days you will be parking on site, same areas as long stay.

**GH**
There are 2 levels of parking at the GH:

1. **Long Stay**, more than 1 hour. Midwives who attend mothers with babies in the ECMO unit can be at the GH for between 4-5 hours a day. Any staff car park can be used for this as long as the permit is displayed.

2. **Training**, whole days. Inform the car park office which days you will be parking on site, same areas as long stay.
5.12 **Bank/Agency Staff**
Permits will not be issued to agency staff.

Bank staff can apply for a permit. Bank staff will have to pay by invoice (the monthly rate will be according to the FTE wage), this will be a fixed rate whether the permit is used or not.

If the invoice is not paid without first surrendering the permit to the car park office the individual will not be able to re-apply for a car park permit at any of the three sites. If the car parks office is informed re-application can be made as and when.

Alternatively bank staff at the LGH and GH have the following option: Bank staff can if required be issued with a unique coloured permit and then pay and display in any of the car parks. The coloured permit must be displayed along with the pay and display ticket. Holders of the bank staff coloured permit will be charged at a 3 to 4 hour rate or the night rate.

5.13 **Voluntary Groups and Volunteer Drivers**
See appendix B and C. These include volunteer hospital radio staff.

5.14 **External Service Contract Staff**
A large number of services are provided on site by out-sourced service providers, who employ significant numbers of staff.

Contracted out staff utilise the parking on and off site, and this option will continue, subject to the UHL application system and payment being made by the employing company.

5.15 **Transfer to other sites when job changes**
The management of change process for car parking permits can only be instigated through Human Resources; individual managers can not initiate this process. The management of change process applies to UHL employees only.

The HR representative should contact the Travelwise manager in the first instance.

If enough notice is given it is hoped that all permits would be available once the change was due to take place. If enough permits are not available staff affected will be placed at the top of the appropriate waiting list and offered alternative permits.

Permits will only be held back for staff being moved using the management of change process and not for any other reason e.g. directorate asking individual to move, manager asking employee to move.
5.16 Students
The provision of parking is primarily targeted at UHL staff and public needs. Students in their own right can not apply for permits. Directorates can appeal for group permits. The provision for temporary staff is difficult to provide, as with a finite capacity, any provision will reduce that capacity available for permanent staff. The hospital hopper provides a cost effective alternative to car usage.

Students at LGH and GH (NOT LRI)
DeMontfort University
Contact at DMU: Julie O’Key, jokey@dmu.ac.uk, 2013816
A single contact at DeMontfort University can request XX number of permits for students, the maximum being 100 in total (GH plus LGH). The university will inform the UHL monthly how many of the permits were used on each site and it is this amount that the university will be invoiced for, as long as the numbers do not vary greatly. The university will be invoiced at a cost of £5/month per permit.

The permits will be identified as DMU 1, DMU 2 etc… will be site specific (LGH or GH). The university will send an updated database through monthly detailing permit number, car registration, student name and contact department. This will be used to check vehicle details against the permit when on site.

The university will work with the students re: charging and reclaiming.

Seconded students at LGH and GH (NOT LRI)
Seconded students can apply for permits in their own right as they are on UHL payroll and therefore to all intense and purposes a member of UHL staff. On the application form in the comments section they need to put ‘Seconded student on UHL payroll working at GH and LGH’. The payment will come out of the students payroll directly. These applications will be co-ordinated through the Head of Nursing-Education.

Leicester University
Following discussions with Leicester University parking for their students was not seen as a problem so no provision has been made for them.

Student Permits (SHPP)
- Students who do not attend the Leicester University and De Montfort University but are attending universities from outside of Leicestershire or attending Loughborough University, colleges in Leicestershire and on placement at any of the UHL can take up a monthly SHPP (Student Hospital Parking Permit). Parking will be allocated according to their work commitments in line with UHL staff permit allocations.
- Students attending the Leicester Royal Infirmary have the option to take up a SHPP which will allow them to park at the Glenfield Hospital or the Leicester General Hospital and utilise the hopper bus.
• The permit can be purchased at any time during the calendar month. For example, if purchased on 20th July it will expire at midnight on the 19th August.
• Payment for the SHPP is made direct to the car park office at the time of collecting the permit. Student ID and evidence of their placement must be provided at the time of purchase. These permits are only available for one month at a time and are not refundable should the student not complete a whole month on placement.
• On applying for the SHPP permit, car park office staff must establish if the student will be attending the site for more than 3 months. If a student is on placement for more than 3 months they must apply for a regular staff permit by submitting the application form and pay via invoice.
• The cost of the SHPP permit will be set at £7.42 per month and will rise in line with any future increase for staff car parking.
• Should a waiting list be implemented at a future point students will be treated as all other staff, scored then and added to waiting list.

5.17 UHL vehicles/Interserve Marked Vehicles (working on the UHL FM Contact)
No payment will be expected for UHL vehicles parked on site i.e. Breast Care, portering, pathology, and IT these vehicles will need permits. If the users of these vehicles bring a private vehicle to site they will have to apply and pay for a permit in the same manner as all other staff. Staff driving the pathology vehicles can apply for a permit at any site to assist with the first transfer of samples.

5.18 Leicester University Staff
LGH and GH
Number of free permits issued to the university will be:
GH – 56 (28 of these spaces must be where the lease dictates)
LGH – 31

University employees can apply for permits in their own right these will be assessed as per UHL staff.

LRI
100 permits are allocated to the university at the LRI 50 for NCP Bannatyne and 50 for the multi-storey car park, these are paid for on block by the university and administer by them.

DeMontfort Staff
2 cross site permits for LGH/GH are required by DMU staff, these will be charged at £41.57/month and included in the student invoice detailed in 5.17.
5.19 Study Trials
The UHL recognises that we are a teaching hospital; a minimum charge will be made to the directorate for every individual that is on the trial. This will need agreeing and setting up with the car park office.

5.20 Events
Various events take place at all of the hospital some of which will inevitably take up car parking spaces. Any such event should be discussed with the car park office directly and if necessary ad hoc arrangements put in place.

5.21 Clinical Education Centres (not at the LRI)
Spaces close to the clinical education centre can be booked for use by people attending courses at the above centres. These must be booked through the car park office and are charged £3 per day per space. Maximum of 10 spaces a day.

5.22 Renal technicians
3 spaces will be reserved for renal technicians at the LGH but permits will have to be paid for.

5.23 Facilities Yard
Parking in the facilities areas at each hospital requires the appropriate permit.

5.24 Med-Strom
The car park teams on each site will work with the bed manager to ensure Med-strom can perform their duties.

5.25 Evington Centre (LGH)
This area will be treated in the same way as LPT staff. Visitors will have to register on arrival.

5.26 Hadley House and Juniper Lodge (LGH)
Separate permits will be required for these areas at the LGH.

5.27 LPT Staff
A certain number of separately identifiable coloured permits will be issued for the use of staff who share the site with UHL, these will be for use on the LPT land only.

5.28 Rugby Club parking
On match days the Rugby club rents onsite spaces from the LRI for parking.

5.29 Staff in Hospital Accommodation
LGH Hospital Close
Residents of Hospital Close are exempt from charges.
The accommodation officer/warden at the LGH will issue 2 car park permits per household when keys are issued to premises. These will be free of charge.
The accommodation officer/warden will inform the car park office which permits are active.
Any cars parked on hospital close without a permit will be liable to a warning and Parking Charge Notice.
LGH Hospital Close residents permits will be valid in any LGH staff car park at nights and weekends i.e. 16:30pm till 8:30am Monday to Friday and all day at weekends.

Other users of Hospital Close

Headway House
The area near Headway House and the garages leased by Headway House allow for the parking of 6 vehicles. Headway House will be given permits to manage these areas, if Headway House permits are found elsewhere either on Hospital Close or the main hospital grounds they will be liable to a warning and Parking Charge Notice.

Finance on Hospital Close
Staff working in this area need to apply and pay as per other UHL staff. Detail must be given in the Base Site section that the individual works from the management building on Hospital Close and the permit issued will reflect this area if and when possible.

GH Accommodation
Residents in hospital accommodation at the GH are exempt from charges.
The accommodation officer/warden at the GH will issue 2 car park permits per household when keys are issued to premises. These will be free of charge.
The accommodation officer/warden will inform the car park office which permits are active.
Any cars parked in the residents area without a permit will be liable to a warning and Parking Charge Notice.
GH resident permits will be valid in any GH staff car park at nights and weekends i.e. 16:30pm till 8:30am Monday to Friday and all day at weekends.

5.31 Non Executive Directors
Non Executive directors do not pay for their car park permits as agreed with the Chairman of the Trust (Jan 2008)

5.32 Emergency Cardiac Team (GH)
The GH car park office holds a list of approximately 10 staff these staff are allowed to park in the volunteer bays at the front of the hospital when they are called in out of hours (1630 until 0830 Monday to Friday and all day weekends).

5.34 Sales People
People setting up sales in the restaurants are expected to unload using the drop off and pick up bays or at the GH the estates yard and then either pay and display or move the vehicle off site.

6. **Unauthorised Parking**

Vehicles parked in unauthorised areas will be recorded and dealt with in a manner appropriate to the disruption caused, and any pattern of unauthorised parking.

The remedial methods will include:

1. Notification of inappropriate/unauthorised parking.
2. Parking Charge Notice.

The remedial actions will be subject to the UHL unauthorised parking procedure document.
Appendix A (to be updated)
Appendix B

Volunteers excluding WRVS

Who are the volunteers?
Two distinct groups of people exist under the volunteer banner. Volunteers work within the hospital helping out in various ways; volunteer drivers bring people to the hospital.

There are 2 groups of volunteer drivers, those from the community and WRVS drivers. The use of a community driver is arranged by the patient who will pay for any costs incurred. WRVS drivers drive for the hospital on the request of a ward or other UHL employee.

Support and Fundraising groups
The Trust must ensure that these groups continue and are not out of pocket. At present not all members of these groups have volunteer identification badges however to ensure completeness all these volunteers will be added to the volunteer database and will be issued with a badge and a number. This will only apply to those members who actually volunteer within the hospital e.g. on fundraising stalls. Those members who attend meetings only will not be added.

Car Parking
All volunteer workers will be issued with a permit (lasting 6 months) to allow them to park in the public car park for free at the Leicester General and Glenfield hospitals but not the Leicester Royal Infirmary. The permit MUST be displayed CLEARLY in the car at all times when on hospital grounds.

The volunteer co-ordinator will issue the car parks office with a list of which volunteers should be on site each week. Any volunteer onsite outside their normal days should inform the car park office on arrival that they are onsite either in person or by telephone so their details can be added to the patrol list.

When patrolling the car parks any cars displaying volunteer permits will have the details checked against the weekly list. If the volunteer is not on the list for that day (either the initial list or the supplementary list) they will be issued with a warning. Continued abuse would result in a Parking Charge Notice. The car park office will kept a note of any volunteers who appear to be working regularly more hours than supplied on the list from the volunteer co-ordinator.

WRVS workers at the LGH will be issued with the same permits as described above.
At the Leicester Royal Infirmary volunteer workers will need to go to the car park office when on their return to the car park and show their UHL badge that clearly identifies them as a volunteer (this includes the radio fox volunteers). Their details will be logged for the volunteer co-ordinator to check weekly and they will be released for free. Abuse of the free car parking will result in the removal of the privilege.

**Volunteer Induction Day**
Volunteer have a one day induction session before becoming active volunteers. At this point they will not have a volunteer permit. The volunteer co-ordinator will request xx number of daily permits for the use of these people on the induction day. There are usually 25 people at the induction day and approx 10 of these will require parking for the day, the induction days take place once a quarter. The permits will be sent out to the volunteers, on the day they should park in a staff area and display the permit. If the volunteer parks in the pay and display area with or without the permit they will have to pay.

At the LRI a list of the volunteers on the induction day will be given to the car park office, the volunteer will need to visit the car park office on completion of the induction day to get their ticket will be voided for the day.

**Volunteer Support Groups (GH and LGH)**
Support groups that meet at the hospitals will have to inform the co-ordinator of the date and time of meetings. The co-ordinator will in turn inform the meeting contact where to direct the attendees to park. The car parks office will be informed of these meetings and approximate number of attendees. Areas will be coned off for the attendees to park in, a car park attendant will man these spaces for approximately 30 minutes prior to the meeting. The car registration numbers of attendees will be checked against the cars parked up for the meeting.
Appendix C

Volunteer Drivers Protocol

The University Hospitals of Leicester rely upon various volunteer groups that transport patients to and from hospital. All the volunteer drivers can be identified by the logo below:

The driver number detailed on the logo can be used to look up the voluntary organisation and contact number of the driver; this can be used if problems occur with parking. A database of the drivers is kept by volunteer services. In addition to those listed Lincolnshire ambulance volunteers utilise the spaces behind the public house at the LRI and have their own logo. At the LGH and GH WRVS drivers will also be using the volunteer driver spaces, they have a separate WRVS identifiable logo.

There are identified areas at each site where volunteer drivers can park. Volunteer drivers can also use the 20 minute drop off bays at each site.

For maps of the volunteer areas speak to the volunteer co-ordinator.

May 2019
Appendix N
Appendix O
<table>
<thead>
<tr>
<th>Initiative</th>
<th>Measure</th>
<th>Description</th>
<th>Cost</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encouraging Walking</td>
<td>Walking Maps</td>
<td>Walking maps encouraging staff to walk around the site exist on the intranet. The Leicester City Council were due to initiate a walking map via <a href="http://www.walkit.com">www.walkit.com</a>. A link to this site was due to be placed on the UHL intranet, although this has not materialised.</td>
<td>Low</td>
<td>On Going</td>
</tr>
<tr>
<td></td>
<td>Promote Walking</td>
<td>Promote the health benefits of walking, by advertising across all three sites.</td>
<td>Low</td>
<td>On Going</td>
</tr>
<tr>
<td></td>
<td>Walking Buddy Scheme</td>
<td>Implement and promote the walking buddy scheme.</td>
<td>Low</td>
<td>On Going</td>
</tr>
<tr>
<td></td>
<td>Walking Groups</td>
<td>Implement and advertise a forum to staff about walking groups where walkers can meet up and propose improvements the hospital could make to increase walking to site. These groups could also advertise the walking buddy scheme.</td>
<td>Low</td>
<td>On Going</td>
</tr>
<tr>
<td></td>
<td>Walking Packs</td>
<td>Create walking packs which include; walking maps, information on the health benefits, as well as, information on buddy scheme and walking groups.</td>
<td>Low</td>
<td>On Going</td>
</tr>
<tr>
<td></td>
<td>Continue the reviews of pedestrian routes</td>
<td>Assess current pedestrian provision and identify areas to improve infrastructure.</td>
<td>Medium</td>
<td>On Going</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide improved infrastructure as described in the measures section of the TP.</td>
<td>High</td>
<td>AD HOC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assess current traffic calming measures and identify areas to improve infrastructure.</td>
<td>Low</td>
<td>On Going</td>
</tr>
<tr>
<td>Cycle to work scheme</td>
<td></td>
<td>Continue the salary sacrifice scheme which allows staff to purchase cycles with a tax reduction.</td>
<td>Low</td>
<td>On Going</td>
</tr>
<tr>
<td>Cycle discounts</td>
<td></td>
<td>Negotiate with local retailers to provide discounts for hospital employees.</td>
<td>Low</td>
<td>On Going</td>
</tr>
<tr>
<td>Puncture repair kits</td>
<td></td>
<td>Repair kits available for staff to borrow at each hospital in the event of a cycle puncture.</td>
<td>Low</td>
<td>On Going</td>
</tr>
<tr>
<td>Cycling Groups &amp; Buddy Schemes</td>
<td></td>
<td>Implement and advertise a cycle group or buddy scheme where cyclists can meet up to discuss improvements that could be made to encourage more cycling to site and arrange to cycle to and from work together.</td>
<td>Low</td>
<td>On Going</td>
</tr>
<tr>
<td>Cycle Packs</td>
<td></td>
<td>Create cycle packs which include information about; the cycle to work scheme, cycle discounts, Sustrans information, map showing location of repair kits and information on cycle groups and buddy schemes.</td>
<td>Low</td>
<td>On Going</td>
</tr>
<tr>
<td>Dr. Bike visits</td>
<td></td>
<td>Visits from Dr. Bike for staff to have bike checks and advice. Negotiate with local retailers to provide and attend including discounts for hospital employees.</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Bike2Work</td>
<td></td>
<td>Bike Week takes place at each of the hospitals annually, combined with biker breakfast/restaurant vouchers.</td>
<td>Low</td>
<td>Annual</td>
</tr>
<tr>
<td>Ride to Work</td>
<td></td>
<td>A day to encourage the use of powered 2 wheelers, combined with Bike2Work.</td>
<td>Low</td>
<td>Annual</td>
</tr>
<tr>
<td>Bike Marking Day</td>
<td></td>
<td>Bike marking event involving the local police to encourage cycling to work</td>
<td>Low</td>
<td>Annual</td>
</tr>
<tr>
<td>Liaise with the Local Authority over cycle lanes</td>
<td>Contact local authorities to organise consultation.</td>
<td>Low</td>
<td>Long Term</td>
<td></td>
</tr>
<tr>
<td>Review of existing Cycle &amp; Motorcycle</td>
<td></td>
<td>Provide improved infrastructure as described in the measures section of the TP.</td>
<td>Medium</td>
<td>On Going</td>
</tr>
<tr>
<td>Action Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Infrastructure and storage</strong></td>
<td>Provide new cycle parking at building entrances and signage.</td>
<td>Medium</td>
<td>On Going</td>
<td></td>
</tr>
<tr>
<td><strong>Car Sharing Database and Buddy Scheme</strong></td>
<td>Promote Leicestershare car sharing scheme</td>
<td>Low</td>
<td>On Going</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Promote to staff and organise get-togethers for the car sharer.</td>
<td>Low</td>
<td>On Going</td>
<td></td>
</tr>
<tr>
<td><strong>Permit Incentive</strong></td>
<td>Promote incentives of permits for car sharing staff.</td>
<td>Low</td>
<td>On Going</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Ride Home Incentive</strong></td>
<td>Provide a guaranteed free emergency taxi ride home to car sharers who are let down by their sharing partner registered to the car sharing database.</td>
<td>Low</td>
<td>On Going</td>
<td></td>
</tr>
<tr>
<td><strong>Encouraging Car Sharing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Electronic Bus Information</strong></td>
<td>Real time bus information on electronic boards.</td>
<td>Medium/High</td>
<td>Medium Term</td>
<td></td>
</tr>
<tr>
<td><strong>Review Hopper service</strong></td>
<td>Investigate the possibility of providing additional buses at peak times, increase the length of the service and increase the service to every 15mins.</td>
<td>High</td>
<td>On Going</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Investigate the possibility of extending the hopper service to Park and Ride Locations</td>
<td>High</td>
<td>Medium Term</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Promote Hospital Hopper to general users.</td>
<td>Low</td>
<td>On Going</td>
<td></td>
</tr>
<tr>
<td><strong>Engage with Local Bus Services</strong></td>
<td>Continue negotiation with all bus companies. Discussions take place with bus service providers including Centrebus, First Travel, and Arriva and good relationships have been developed.</td>
<td>Low</td>
<td>On Going</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Use relationships with service providers to organise meetings to discuss creation of any new bus routes and services or to extend existing services, as well as, improve bus waiting facilities and services on buses, for example; Wi-Fi, charging ports, etc.</td>
<td>Medium</td>
<td>Long Term</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Re-advertise new discounts on monthly season tickets</td>
<td>Low</td>
<td>On Going</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Implement a fare discount scheme for members of staff.</td>
<td>Low</td>
<td>On Going</td>
<td></td>
</tr>
<tr>
<td><strong>Review Infrastructure</strong></td>
<td>Assess current walking facilities to Bus Services on and off site.</td>
<td>Medium</td>
<td>Medium Term</td>
<td></td>
</tr>
<tr>
<td><strong>Transport Awareness Week</strong></td>
<td>Promote a week aimed at encouraging cycling, walking and public transport across the Trust. Which includes a free breakfast or similar incentive.</td>
<td>Low</td>
<td>Annual</td>
<td></td>
</tr>
<tr>
<td><strong>Personal Journey Planning</strong></td>
<td>Provide a PJP service for all staff, patients and visitors.</td>
<td>Medium/High</td>
<td>On Going</td>
<td></td>
</tr>
<tr>
<td><strong>Car Park Charges</strong></td>
<td>Review car parking charges and consider links between costs and mode shift. Patients on certain qualifying benefits receive a re-imbursement for parking.</td>
<td>Low</td>
<td>Short Term</td>
<td></td>
</tr>
<tr>
<td><strong>Car Park Comparison Table</strong></td>
<td>Continue to update the car park comparison table containing information about other hospitals and their parking for any useful information UHL could use.</td>
<td>Low</td>
<td>On Going</td>
<td></td>
</tr>
<tr>
<td><strong>External Signage</strong></td>
<td>Improve the signage facilities were appropriate according to the wayfinding plans within this TP.</td>
<td>Medium</td>
<td>Short Term</td>
<td></td>
</tr>
<tr>
<td><strong>Staff shower and Locker facilities</strong></td>
<td>Identify any issues with the shower and changing facilities and improve where appropriate.</td>
<td>Medium</td>
<td>Short Term</td>
<td></td>
</tr>
<tr>
<td><strong>Health Leagues</strong></td>
<td>Creating healthy competitions to encourage staff to walk or cycle to work. Offering prizes to winners.</td>
<td>Low</td>
<td>On Going</td>
<td></td>
</tr>
</tbody>
</table>
### Action Plan

<table>
<thead>
<tr>
<th>Engagement Area</th>
<th>Activity Description</th>
<th>Medium</th>
<th>Medium Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage with Local Service Providers</td>
<td>Use relationships with service providers to organise meetings to discuss improvements to bus waiting facilities and services on buses, for example; Wi-Fi, charging ports, etc.</td>
<td>Medium</td>
<td>Medium Term</td>
</tr>
<tr>
<td></td>
<td>Contact and work with the operators of the park and rides to extend parking hours and services available to link with hospital sites.</td>
<td>Low</td>
<td>Long Term</td>
</tr>
<tr>
<td>Private Car Parks</td>
<td>Working with private car park owners, such as; Leicester City Football, Tigers, LPT, NCP and even the website Parkopedia to create more and cheaper car parking spaces.</td>
<td>Low</td>
<td>Long Term</td>
</tr>
<tr>
<td>Promote via website or App</td>
<td>Create and promote the health, cost and environmental benefits including PJP service.</td>
<td>High</td>
<td>On Going</td>
</tr>
<tr>
<td></td>
<td>Produce a smart-phone App providing sustainable transport information across the three sites.</td>
<td>Medium</td>
<td>Medium Term</td>
</tr>
<tr>
<td>Car Park Management</td>
<td>Review existing car parking uses and requirements going forward.</td>
<td>Low</td>
<td>On Going</td>
</tr>
<tr>
<td></td>
<td>Improve car park technologies.</td>
<td>High</td>
<td>Medium Term</td>
</tr>
<tr>
<td>Patient appointment letters</td>
<td>Update the wording on patients’ letters was reviewed to accommodate new charging mechanism and highlight the use of alternative transport modes.</td>
<td>Low</td>
<td>On Going</td>
</tr>
<tr>
<td>New Staff Starter Packs</td>
<td>New staff members should receive a leaflet which can provide information to encourage them to use sustainable travel modes.</td>
<td>Medium</td>
<td>On Going</td>
</tr>
<tr>
<td>Transport Newsletter</td>
<td>Establish and then produce a Trust-wide newsletter or e-newsletter every quarter.</td>
<td>Low</td>
<td>On Going</td>
</tr>
</tbody>
</table>
## Our Locations

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birmingham</td>
<td>2 The Wharf, Bridge Street, Birmingham</td>
<td>T: 0121 643 4694</td>
</tr>
<tr>
<td></td>
<td>B1 2JS</td>
<td><a href="mailto:birmingham@curtins.com">birmingham@curtins.com</a></td>
</tr>
<tr>
<td>Bristol</td>
<td>Quayside, 40-58 Hotwell Road, Bristol</td>
<td>T: 0117 302 7560</td>
</tr>
<tr>
<td></td>
<td>BS8 4UQ</td>
<td><a href="mailto:bristol@curtins.com">bristol@curtins.com</a></td>
</tr>
<tr>
<td>Cambridge</td>
<td>50 Cambridge Place, Cambridge, CB2 1NS</td>
<td>T: 01223 631 799</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:cambridge@curtins.com">cambridge@curtins.com</a></td>
<td></td>
</tr>
<tr>
<td>Cardiff</td>
<td>3 Cwt-y-Parc, Earlswood Road, Cardiff</td>
<td>T: 029 2068 0900</td>
</tr>
<tr>
<td></td>
<td>CF14 5GH</td>
<td><a href="mailto:cardiff@curtins.com">cardiff@curtins.com</a></td>
</tr>
<tr>
<td>Douglas</td>
<td>Varley House, 29-31 Duke Street, Douglas</td>
<td>T: 01624 624 585</td>
</tr>
<tr>
<td></td>
<td>IM1 2AZ</td>
<td><a href="mailto:douglas@curtins.com">douglas@curtins.com</a></td>
</tr>
<tr>
<td>Dublin</td>
<td>39 Fitzwilliam Square, Dublin 2, Ireland</td>
<td>T: 00353 1 507 9447</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:dublin@curtins.com">dublin@curtins.com</a></td>
<td></td>
</tr>
<tr>
<td>Edinburgh</td>
<td>1a Belford Road, Edinburgh, EH4 3BL</td>
<td>T: 0131 225 2175</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:edinburgh@curtins.com">edinburgh@curtins.com</a></td>
<td></td>
</tr>
<tr>
<td>Glasgow</td>
<td>Queens House, 29 St Vincent Place, Glasgow</td>
<td>T: 0141 319 8777</td>
</tr>
<tr>
<td></td>
<td>G1 2DT</td>
<td><a href="mailto:glasgow@curtins.com">glasgow@curtins.com</a></td>
</tr>
<tr>
<td>Kendal</td>
<td>28 Lowther Street, Kendal, Cumbria, LA9 4DH</td>
<td>T: 01539 724 823</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:kendal@curtins.com">kendal@curtins.com</a></td>
<td></td>
</tr>
<tr>
<td>Leeds</td>
<td>Rose Wharf, Ground Floor, Leeds, L29 8EE</td>
<td>T: 0113 274 8509</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:leeds@curtins.com">leeds@curtins.com</a></td>
<td></td>
</tr>
<tr>
<td>Liverpool</td>
<td>51-55 Tithebarn Street, Liverpool, L2 2SB</td>
<td>T: 0151 726 2000</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:liverpool@curtins.com">liverpool@curtins.com</a></td>
<td></td>
</tr>
<tr>
<td>London</td>
<td>40 Compton Street, London, EC1V 0BD</td>
<td>T: 020 7324 2240</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:london@curtins.com">london@curtins.com</a></td>
<td></td>
</tr>
<tr>
<td>Manchester</td>
<td>Merchant Exchange, 17-19 Whitworth Street West</td>
<td>T: 0161 236 2394</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:manchester@curtins.com">manchester@curtins.com</a></td>
<td></td>
</tr>
<tr>
<td>Nottingham</td>
<td>56 The Ropewalk, Nottingham, NG1 5DW</td>
<td>T: 0115 941 5551</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:nottingham@curtins.com">nottingham@curtins.com</a></td>
<td></td>
</tr>
</tbody>
</table>