Surrey and Borders Partnership **NHS**
NHS Foundation Trust

Travel Strategy 2013 - 2018

For a better life

PURPOSE

The purpose of this document is to set out the Trust's strategy for ensuring a consistent approach in the development of travel plans at all SABP sites. It describes the overarching principles and targets to achieve a reduction in reliance on the private car and increased take up of alternative methods of travel across the Trust.

The Strategy Statement:

The Trust recognises that travel and transport are key to our achieving positive health outcomes for both our staff and people using our services. As a Trust we aim to actively promote and improve the health and wellbeing of our staff and the community we serve though making available and encouraging the use of greener travel options'

Background

Surrey and Borders Partnership NHS Foundation Trust is the leading provider of health and social care services for people of all ages with mental health problems, drug and alcohol problems and learning disabilities in Surrey and North East Hampshire.

The Trust was formed on 1 April 2005 following the merger of Surrey Hampshire Borders NHS Trust, Surrey Oaklands NHS Trust and North West Surrey Partnership NHS Trust. We achieved Foundation Trust status on 1 May 2008.

We deliver high quality care across our 200 services, all of which are registered with the Care Quality Commission. Individual treatment and support which helps people work towards recovery is at the heart of everything we do.

To help us achieve this we employ 2,300 staff across 77 sites, serving a population of 1.3 million. Our services are provided in community settings, hospitals and residential homes with an emphasis on providing local treatment and support close to people's homes wherever possible.

In order to sufficiently ensure that all our 2300 staff are able to access each site to provide the high quality care we aspire to, there is a need to have in place a robust travel strategy. This will ensure that our travel arrangements, incentives and parking infrastructure are in line with our commitment to reducing carbon emissions.

Rationale

Climate change is an unavoidable and pressing issue and is at the heart of corporate social responsibility. Small changes by each of us can make big changes to all. Measures to reduce excessive car use are vital for any organisation and leading by example and demonstrating leadership is especially important for the NHS.

Nationally the NHS generates around 5% of all journeys in the UK. The NHS therefore is a key travel generator and has the opportunity to influence staff, visitors and patients. At present staff, patients and visitors to the NHS travel over 25 billion km a year and over 80% of this is by car.

This document outlines why a travel strategy is required, how measures will be identified, implemented, monitored and enforced. It will also state the travel planning expectation for each Trust site and should ensure that we adopt practices that reduce single occupancy car use and promote greener travelling options. Such options will potentially lead to improved health and wellbeing by increasing physical activity and reduce pressure on Trust car parks.

By reducing the reliance on private car journeys and making greener travelling options such as walking, cycling and using public transport, viable alternatives to the car we can promote more physically active transport. There are key links between active travel and those looking at services around Obesity, decreasing Heart Disease and Stroke, Cancer, Depression and Mental Illness, Osteoporosis and falls in later life. Also people who are more active are generally healthier and take fewer sick leaves.

Adoption of this strategy supports the Trust's Carbon Management Plan and the NHS Sustainable Development Unit's vision.

This Strategy will:

- Ensure that all sites are equally aware of green travelling options and how implementation is supported

- Enable travel measures to be implemented effectively across Surrey and Borders Partnership

- Outline how travel planning implementation will be monitored and enforced at each site.

- Lead to a reduction in the number of single occupancy drivers arriving at each site

- Lead to a decrease in the amount of parking on neighbouring roads

- Lead to an improvement in the choice of transport modes available to employees travelling to work

- Lay down the basis for partnership working on transport and travel between the Trust sites, and with external organisations where there are shared sites
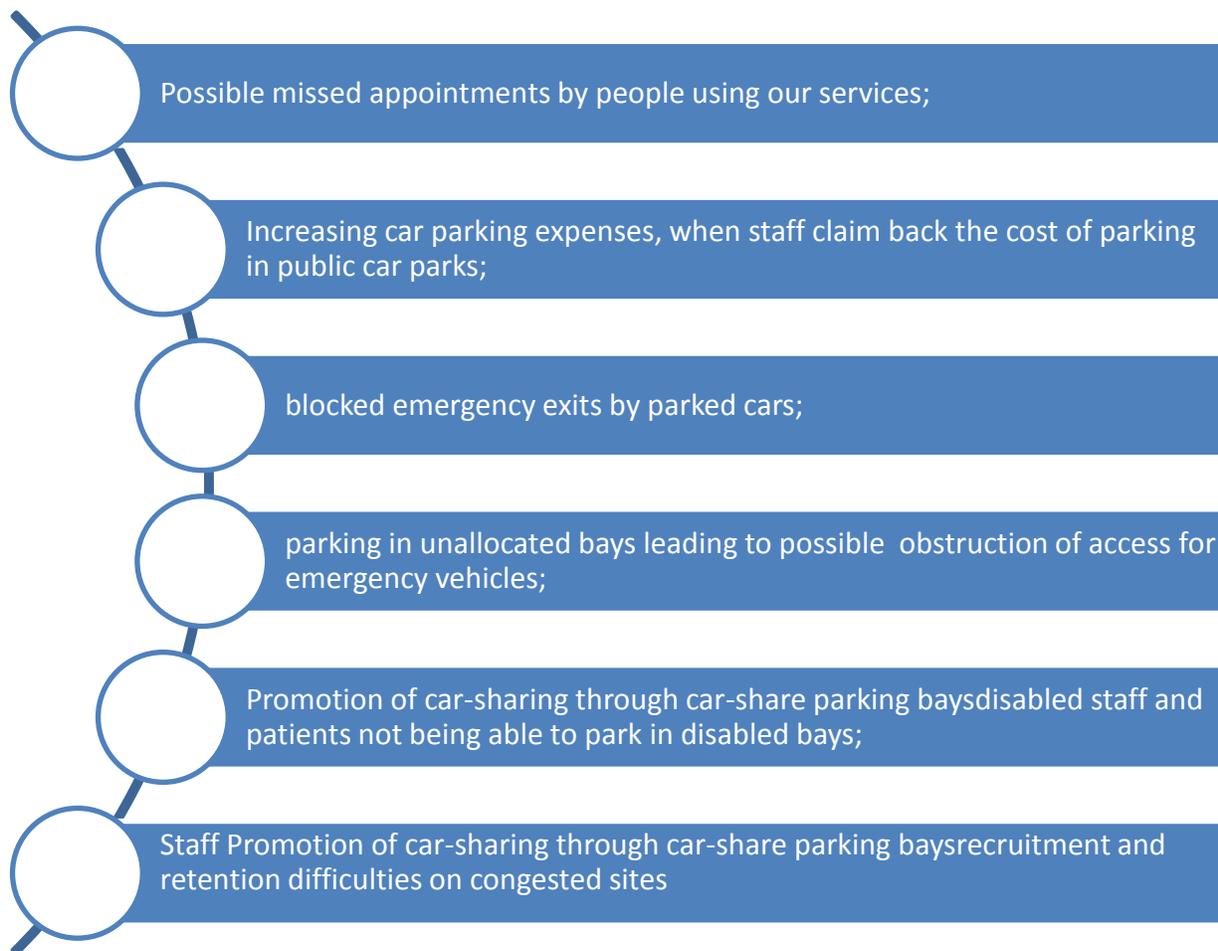
- Lead to an improvement in the health and well being of staff and/or the residents of the site

The Carbon Trust state that cutting carbon emissions as part of the fight against climate change should be a key priority for NHS Trusts. The UK government has identified the NHS sector as key to delivering carbon reduction across the UK in line with its Kyoto commitments.

Surrey & Borders Partnership NHS Foundation Trust partnered with the Carbon Trust on the Carbon Management programme in order to realise substantial carbon and cost savings. This Carbon Management Plan commits the NHS Trust to a target of reducing CO_2 by 18% and underpins potential financial savings to the organisation of around £576,000 per year by that date.

Strategy Coverage

A travel plan sets out how to combat over-dependency on cars by supporting all the possible alternatives to people travelling in cars on their own. By reducing car miles this strategy can not only benefit the environment but can produce financial benefits and productivity improvements for both individual members of staff and the Trust. Car parking demand often exceeds supply within a number of our sites, which results in:

Possible missed appointments by people using our services;

Increasing car parking expenses, when staff claim back the cost of parking in public car parks;

blocked emergency exits by parked cars;

parking in unallocated bays leading to possible obstruction of access for emergency vehicles;

Promotion of car-sharing through car-share parking baysdisabled staff and patients not being able to park in disabled bays;

Staff Promotion of car-sharing through car-share parking baysrecruitment and retention difficulties on congested sites

This strategy concentrates on improving existing travel choices whilst giving incentives to use more sustainable travel and disincentives to car use by ensuring there are realistic alternatives available. It is important that travel proposals offer staff realistic alternative options as people's ability to change their travel will vary.

In addition to this overarching strategy, each site will have site specific tailored plan that will state how this agenda is being met at that location. This document suggests a framework to developing, implementing and monitoring a travel plan to encourage travel by alternative methods other than the car.

Key Policy Drivers

The NHS Sustainable Development Unit (SDU) vision is:

NHS organisations are exemplar in leading the population-wide shift to more active and low carbon travel such as public transport, cycling and walking.

According to the NHS Sustainable Development Unit:

- All Trusts should have a Board approved active travel plan as part of their sustainable development management plan.
- The NHS should consider introducing a flat rate for business mileage regardless of engine size or even modal option (car, cycle and foot).
- NHS organisations should establish consistent monitoring arrangements so reductions in emissions from road vehicles used for NHS business can be measured.
- Mechanisms to routinely and systemically review the need for staff, patients and visitors to travel need to be established in all NHS organisations.
- Healthcare delivery must continue to move closer to the home.
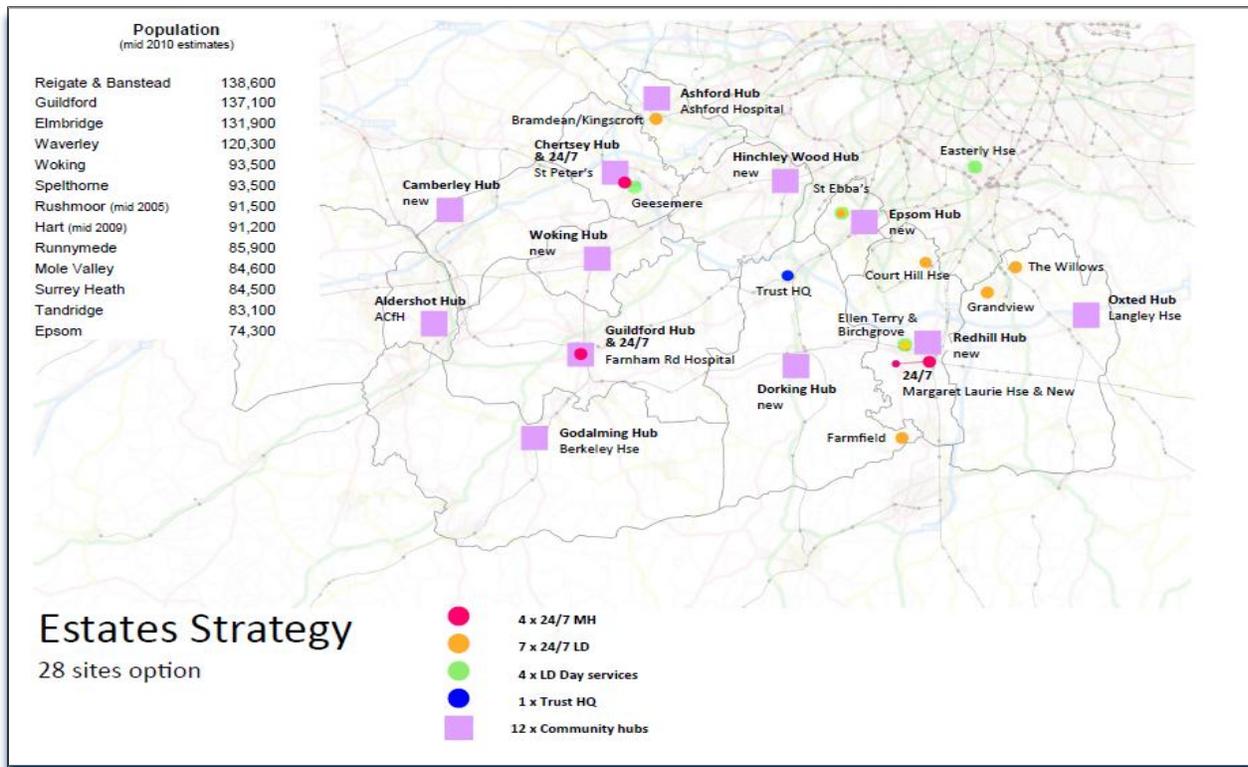
Development Plans

Surrey and Borders Partnership NHS Foundation Trust's has a number of properties spread throughout Surrey, Croydon and North East Hampshire. It is in the process of improving existing sites to meet the changing demands for health care provision within our locality for example, the enabling works at the Farnham Road Hospital (FRH) site above, which will provide top class facilities that will be in line with our green agenda.

Although Surrey County Council and Guildford Borough currently support maintaining the current parking provision at FRH, arrangements need to be in place to minimize our dependence on the use of single use vehicles to the site in order to reduce the amount of emissions on our sites and increasing pressure on available car parking.

All current and future redevelopment of our sites will require the production of a site specific travel plan to support the planning application.

The Hubs

The Trust is in the process of developing 12 community Hubs. The Hubs and their configuration are discussed in greater detail in the estates strategy. The introduction of the Hub concept means that our ways of working will change and infrastructure is being put in place to support a stronger remote working arrangement.

Surrey AND Borders Partnership Travel Strategy Enablers

According to NHS Sustainable Development Unit (SDU) all NHS organisations have Board approved and corporately implemented sustainable travel plans. All NHS Boards should do likewise. Where staff do not need to travel to meet or do their work, there should be every incentive and opportunity available to reduce the time and distance travelled. This can increase productivity, improve safety, save money, and reduce carbon emissions. All NHS organisations should make training and equipment available that promotes telephone, video and web-conferencing.

Partnerships

Key partnerships are essential in delivering the goals of this strategy. Travel is an area where cooperation and delivery with local authorities and other local partners is beneficial for a number of reasons; including the possibility of developing sound communities. Meaningful collaboration between local authority and NHS travel planners can deliver integrated travel plans at shared sites.

Surrey County Council has responsibility for promoting and increasing sustainable travel in the county. It does so by requiring all businesses and organisations that apply for permission to develop or alter their premises to submit and implement an approved travel plan. The Surrey Local Transport Plan (2011-26) is the framework used to tackle transport generated congestion and pollution from organisations by limiting land used for car parking, encouraging alternative modes of travel and improving access to community facilities.

Surrey County Council's vision is to be 'an outstanding Council, making Surrey a better place'.

Behaviour change

By providing incentives to staff and visitors to choose active travel, organisations should help remove the barriers that stop them from making the change to cycling, walking or travelling by public transport. Availability of information about access to sites having low carbon options first and car travel as a last resort could help change behaviour and culture of driving to all sites. Car parking at NHS sites is always contentious. Building and maintaining car parking facilities is costly for NHS organisations. Resources employed in building, maintaining, lighting, running and securing car parking is money diverted away from patient care. Unregulated parking at some site is causing unnecessary disruption and reducing the amount of parking spaces available to people who really need them.

Car sharing

Car sharing (at an average of 2-3 people per car) can be more carbon efficient than bus journeys. SABP is actively encouraging those people who must drive to take full advantage of car-pooling. There are many systems available that allow staff to easily interchange shared cars. It is suggested that such systems can be highly successful in improving access, reliability and staff satisfaction, especially when combined with highly prominent multi occupancy car parking spaces and guaranteed ride home services.

SABP Commitments Going forward

The Trust's "Vision and Values" places an obligation on us all to "treat people well" and to "create respectful places". Implementation of this policy will provide the framework to ensure that delivery of our services is carried out in a sustainable and considerate way by reducing our carbon footprint, easing congestion and acting in a socially responsible manner within the community as a whole.
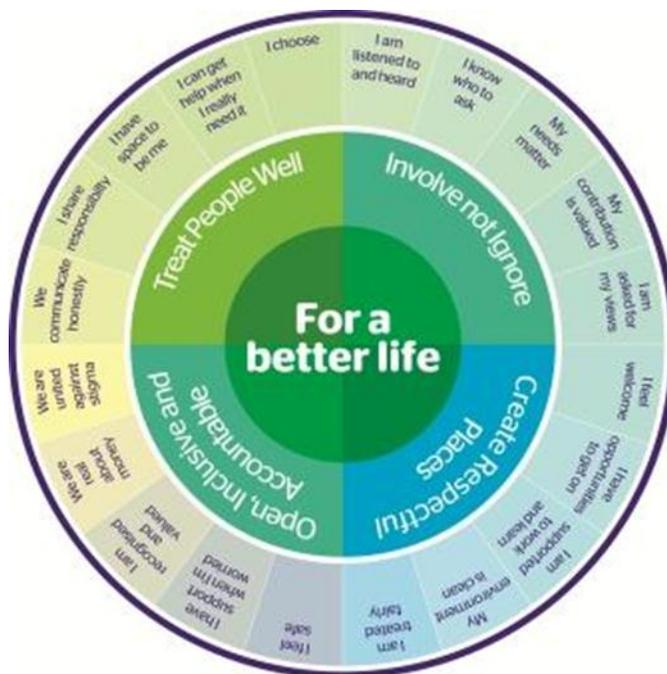
The Trust Board has the responsibility to be a good neighbor to local residents will be taking a lead on the reduction of greenhouse gases by having in place a robust travel strategy. Reducing the use of private cars, either travelling to the NHS or on NHS business, is one of the big opportunities to reduce our carbon related to travel. In total they account for over 50% of carbon emissions in the UK domestic travel sector. Fifty six per cent of all journeys by car are less than five miles and 23% are less than two miles.

Guiding Principles

- **No parking charges for all stakeholders*** If charges are incurred on sites that do not belong to SABP these will be reimbursed through the normal process as outlined in the Travel Expenses Policy.
- **No Parking permits will be issued to any member of staff living within 5 miles radius**** of their main work base if the car is not required as part of their role in the Trust
- **Parking space preference will be allocated for use by car share scheme members**** as an aid to encouraging car sharing.
- **Parking will be enforced throughout the organisation using a number of different methods eg barriers, monitoring of car parking areas etc.** a general disregard of or failure to comply with parking restrictions will result in the issue being escalated through the disciplinary policy arrangements.

*No parking fines will be reimbursed.

**A new parking permit will be launched that will only be issued to those who live outside of an agreed radius of their base. Individual sites will be assessed to determine the local criteria which will be determined by the following rules:

- Access to public transport links.
- Access to safe cycling and walking routes.

Exemptions will be made for:

- Members of the car sharing scheme.
- Essential drivers who use a vehicle as part of their day to day role for example to carry large or bulky equipment or to transport patients.
- Blue badge holders.
- Pregnant employees.
- Car pool or car club vehicles.
- Vehicle need for use as part of role.

We recognise that we have an important role to play in reducing traffic congestion and pollution. Our Travel strategy is a package of measures tailored to meet the needs of our individual sites and aimed at promoting greener, healthier travel choices. We provide facilities to support staff and members in choosing smarter ways of travelling to and for work. Through the Travel Strategy we aim to:

1. **Ensure there is equity in the reimbursement of travel expenses**

Targets
- Ensure all stakeholders are aware that they are able to reclaim parking charges incurred at other sites
- Ensure all stakeholders are aware of our travel strategy & local travel plans
- Ensure all travel incentives are clearly advertised for all to be familiar with them

Actions
- Generate greater positive media coverage on travel strategy and incentives
- Increase awareness of our travel strategy both within the organisation and with partners
- Develop tailored travel action plans relevant to all sites and regularly update these

2. **Reduce unnecessary travel**

Targets
- Reduce the amount of meetings where travel is needed
- Reduce single car usage for business mileage
- Regular travel monitoring

Actions
- Enable more remote and home working as an option for staff
- Promote the car share scheme and database
- Develop initiatives to reduce car usage for business mileage

- Encourage telephone and video conferencing
- Involve staff, visitors, patients and contractors through travel surveys

3. **Encourage the use of more sustainable modes of transport**

Targets
- Continue to improve the infrastructure to allow for the development of cycle/pedestrian friendly facilities

Actions

- Develop policies on payment for business mileage for cycling and walking
- Implement schemes to encourage other modes of transport instead of single occupancy car use making other modes more viable.
- Travel allowances that incentivise the use of low carbon vehicles with differentiated rates where the maximum rates are paid for low carbon options such as cycling and walking
- Carry out regular checks on bike use and promote a cycle to work scheme

4. **Reduce single occupancy car use to and from sites**

Targets
- Establish and encourage drivers to register with the car share database
- Reduce the number of single occupancy vehicle journeys for commuting and business travel

Actions

- Provide protected car share parking spaces
- Get you home scheme for car sharers
- Raise awareness of available transport services i.e. Peter Bus and inter-site staff shuttle service (Chertsey to Ashford)
- Review recruitment, employment practices and working practices

5. **Reduce the proportion of staff and visitors parking at sites**

Targets
- Increase the numbers of people regularly cycling, walking or using public transport to travel to work
- Increase the numbers of people cycling, walking or using public transport to attend meetings

Actions
- Annual transport season tickets repaid through payroll, discount tickets deal with public transport operators, use of car share and cycle to work schemes
- Work with Local Authority to improve public transport access to sites

Available Incentives

Facilities

- Introduction of protected car sharing only parking spaces at sites as a proportion of overall number of available parking spaces.*
- Availability of essential infrastructure for active travel such as showers, changing rooms, hairdryers, drying rooms, locker facilities, and covered secure cycle storage at site. (Already available at some sites and included in plans for new hubs and building refurbishments).
- Conferences and meetings for staff are now being held mostly at THQ, a location that strongly favors travel by public transport and active transport options.
- Parking management, through permits and time-limited bays to support business travel needs *
- Promotion of car-sharing through car-share parking bays

Financial
- Cycle to Work scheme (bicycle hire)
- A lease car scheme that is based on maximum emissions
- Use of Car Club cars using low-emission vehicles for business use*
- A 20p per mile bicycle mileage allowance for business trips
- A 5p per mile passenger allowance when car sharing for business travel and membership of surreycarshare.com
- Interest-free loans for bus and rail season tickets *

Access
- Promote public travel links to sites
- Easy access to Trust information including service location and travel planning pages available via intranet and extranet
- Facilities complemented by safe cycle and pedestrian routes ensuring a genuinely sustainable transport system *

Flexibility
- Remote working
- Video teleconference
- Themed training arrangements
- Conference and meeting webcasting, podcasting and webinars, and related internet technologies, are now routine options especially in meetings with other external parties
- Opportunities to work from home or 'hot desk' at local offices to reduce travel
- Promotion of smarter working practices, such as conference calling to reduce travel to meetings
- Flexible working hours to support the use of public transport, or to avoid peak-time congestion if travelling by road

Well- Being
- A drive to ensure improved health and well being

These are schemes that are currently in the development stage

Benefits

The overall benefits of the travel strategy are summarised below:

Patients / Visitors

- Improved opportunities for accessing the hospital by all modes of transport and in particular improved accessibility for those individuals without easy access to a private car
- Improved access to visitor / patient / disabled car parking spaces
- Improved access to the site for staff, patients and visitors with mobility impairments
- Greater convenience in terms of travel choice and information availability
- Opportunities for improved health for patients and visitors through the encouragement of more walking and cycling to the site

Staff

- Improved opportunities for accessing the workplace by all modes of transport and in particular improved accessibility for those individuals without easy access to a private car
- Greater convenience in terms of travel choice and information availability
- Opportunities for improved health for staff through the encouragement of more walking and cycling to the site
- Improved vehicle circulation and less congestion on larger sites which will particularly benefit those walking between different elements of the site
- Individual cost savings and benefits to travellers through financial incentives

Key Organisations / Site Management

- Opportunities for improved health for staff and patients through the encouragement of more walking and cycling. The key organisations recognise that there is an opportunity to 'lead by example' through promoting the health benefits of regular use of these modes of travel
- Cooperation with local authorities and neighbours
- A mechanism to manage existing parking problems at sites
- Less congestion within sites, giving improved access for essential vehicles such as ambulances
- Improved accessibility to assist recruitment of staff and patients
- An improvement in the environmental image of key sites

Environmental and Community

- Enhancing the environmental performance of the Trust
- Reducing the impact on the environment by minimising staff, patient and visitor car journeys resulting in lower CO_2, NO_2 and other harmful vehicle emissions
- Fewer vehicle movements throughout the day contributing to less traffic noise, congestion, community severance, queues and delays to public transport caused by our services.

Constraints

The Trust's diverse and widespread estate makes it impractical to provide a solution through a single travel plan, indeed specific new developments must be provided with their own unique travel plan to address the problems found within the locality. Similarly the Trust is not always the land owner and, as a tenant of another organisation, is obliged to operate within the terms of the landlord's travel plan.

Given these constraints, and in order to achieve a coordinated approach to travel planning, this overarching strategy sets guiding principles which are to be used in conjunction with other Trust policies, procedures and guidelines to implement sustainable travel solutions that address local requirements.

Conclusion

The adoption of this strategy and its use in conjunction with existing, and future local travel plans, policies and procedures will allow the Trust to meet its obligations to reduce our carbon footprint and deliver our services in a sustainable way while retaining the flexibility needed within a diverse and geographically spread organisation.

The list below is representative of some of the larger sites within the Trust estate others will be included.

Travel Strategy Implementation Plan

The document "Surrey and Borders Partnership NHS Foundation Trust Travel Strategy 2012-2017" has been sent out for consultation on the principles of the strategy, the comments raised and the responses to them are attached as appendix 1.

It is proposed to implement the travel strategy in stages across the Trust in order to allow trialling of some of the suggested initiatives and assess their benefits. Some work is already underway in order to meet the requirements of local planning conditions eg St Peter's Hospital Campus.

Outline Implementation Plan

Year 1- 2013/14

- Adoption & ratification of strategy & implementation Plan by Executive Board
- Inform stakeholders of actions taken through communication strategy
- Completion of parking enforcement measures at St Peter's Hospital campus
- Initiation of Pilot at THQ- Use PDSA cycle to test effectiveness of change
  - Develop travel plan for site
  - Trial pool car club vehicle at HQ site
  - Improve infrastructure for cyclists at Headquarters eg cycle racks through EIP programme
  - Introduce incentives i.e. interest free loans to staff for public transport season tickets
  - Trial new car parking permits based on strategy principles
  - Trial car sharing scheme
  - Enhance the use of remote conferencing facilities
  - Introduce enforcement
  - Provision of cycles through cycle to work scheme

Year 2-2014/15

- Review first year initiatives and feedback
- EIP planning for further improvements
- Continued engagement with stakeholders
- **Full Trust-wide Consultation**
- Assess other locations' suitability to improvement
- Continue trials by location using PDSA Cycle
- Site staged trailing & Roll out:
    1. St Peters Site
    2. Epsom Site
    3. Ridgewood site
    4. Farnham Road

Year 3 -2015/16

- Roll out initiatives across all suitable sites

Financial Costs

1. Car parking enforcement measures at St Peter's Campus included installation of fencing to prevent inappropriate parking, line marking of roadways and parking bays and additional signage. The cost of these improvements was £8,500. Similar sums may be required at other large sites where parking is un- controlled.

2. Installation of secure cycle parking facilities and facilities for cyclists may cost up to £10,000 per site depending on the extent of improvement needed, for instance improvements to shower or changing facility.

3. Pool car club. This would require up front funding of approximately £6,000 per car per year however the majority of this would be recovered from users of the cars and offset against their business mileage claims.

4. Interest free loans to staff for travel tickets. This cost will vary but is recoverable from staff through salary deduction.

Site Specific Commitments *(not all sites covered-principles transferable)*

Site Name	Ashford & St Peters Campus – including ACU, Bournewood House, Lake House etc
Location of Site	Chertsey
Estimated Number of Staff on site	500
Estimated Number of available Parking Spaces	253 + 50 rented from Viridion HA
Notes	Joint draft Travel Plan with ASPH pending approval by SCC. Rural site served by Peter Bus service, staff inter site shuttle & commercial bus services. Restricted offsite parking

Site Name	Farnham Road Hospital
Location of Site	Guildford
Estimated number of Staff on site	200
Estimated Number of available Parking spaces	168
Notes	Approved Travel Plan in place for site redevelopment. Town centre site served by commercial bus operators and near-by railway station with public car parks and cycle routes.

Site Name	Trust HQ
Location	Leatherhead
Estimated number of Staff on site	200
Estimated number of available Parking spaces	165
Notes	Sole occupancy of site. Edge of town site near to railway station, bus station, public car parks and cycle routes.

Site Name	West Park
Location	Epsom
Estimated number of Staff on site	250
Estimated number of available Parking spaces	191
Notes	Shared site, Central Surrey Health & Public Health Laboratory – Out of town setting, site under redevelopment. Poorly served by bus routes or public transport

Site Name	St Ebbas
Location	Epsom
Estimated number of Staff on site	100
Estimated number of available Parking spaces	100
Notes	Edge of town setting, site under redevelopment. Poorly served by bus routes or public transport

Site Name	Ridgewood Centre
Location	Frimley
Estimated number of Staff on site	50
Estimated number of available Parking spaces	50
Notes	Sole occupancy of site – site being rationalised. Out of town setting, Poorly served by bus routes or public transport.

Site Name	Berkeley House
Location	Godalming
Estimated number of Staff on site	50
Estimated number of available Parking spaces	20
Notes	Sole occupancy of site
Site Name	Cedar Unit – Ashford Hospital

Location	Ashford
Estimated number of Staff on site	60
Estimated number of available Parking spaces	Nil – No allocated parking available pay and display only
Notes	Shared site with ASPH

Site Name	Napier House
Location	Staines on Thames
Estimated number of Staff on site	25
Estimated number of available Parking spaces	5
Notes	

Site Name	Mid Surrey Assessment Unit
Location	Epsom General Hospital
Estimated number of Staff on site	60
Estimated number of available Parking spaces	20
Notes	Shared site with Epsom & St Helier NHS Trust. Urban setting, restricted offsite parking, bus routes nearby.

Site Name	Easterly House
Location	Thornton Heath Croydon
Estimated number of Staff on site	22
Estimated number of available Parking spaces	Nil
Notes	Approved Travel Plan in place. Sole occupancy of site - residential area with no off street or on street parking but near to local bus, tram and rail services.

Equality Analysis

1. About the policy/project/change

Title of the policy / project / change:	Travel Strategy
What are the intended outcomes / changes expected as a result of this policy / project / change:	• Reduce the amount of meetings where travel is needed • Reduce single car usage for business mileage • Regular travel monitoring • Continue to improve the infrastructure to allow for the development of cycle/pedestrian friendly facilities • Reduce the number of single occupancy vehicle journeys for commuting and business travel • Increase the numbers of people regularly cycling, walking or using public transport to travel to work • Increase the numbers of people cycling, walking or using public transport to attend meetings
Are there links with other existing policies/projects: (if yes – provide details)	• Hub Development Strategy • ASPH Travel Plan- 136 agreement • Trust emissions reduction target

2. Decide if the policy / project / change is equality relevant

Does the policy/project involve, or have consequences for people using services, carers, employees or other people? If yes, please state the groups of people who are likely to be affected. If yes, then the policy/project is equality relevant. If no, you can skip to section 6. However the majority of Trust policies and projects are equality relevant because they affect people in some way.	• Yes- all staff who drive to and from work will be affected • All staff who use their vehicles for work • All staff who cycle to work

3. Gathering evidence to inform the equality analysis

What evidence have you gathered to help inform this analysis? This can include evidence from national research, surveys & reports, interviews and focus groups, policy monitoring and evaluations from pilot projects, etc. If there are gaps in the evidence available under any of the characteristics, please explain why this is the case and state what actions will be taken to close the gaps as part of the action plan. Please ensure you check Annex C of the guidance notes for sources of evidence.

The Protected Characteristics & Evidence Using the relevant available evidence - what is known, understood or assumed about each of the equality groups / protected characteristics identified below that could be relevant to this policy / project / change. Record the sources of the evidence used
Age *(consider & record evidence for people from all age ranges – e.g. this might include safeguarding, capacity & consent)* **Equality Act 2010, Consultation on Principles, discussion with surrey county Council travel plan lead, Review of Hub development proposal, Review of other existing NHS Travel Strategies and plans-**
Caring responsibilities *(consider and record relevant evidence – e.g. part time working, shift patterns, general caring responsibilities)* **Consultation on Principles, discussion with surrey county Council travel plan lead, Review of Hub development proposal, Review of other existing NHS Travel Strategies and plans, Review of Compressed hours work, Staff survey results**
Disability *(consider and record relevant evidence – e.g. attitudinal, physical and social barriers etc.)* **Equality & Human Rights Steering Board work, Equality Act**
Gender reassignment (Transgender) *(consider and record relevant evidence – e.g. issues of privacy of data, historical records, promoting dignity & reducing harassment)* **Equality & Human Rights Steering Board work, Equality Act**
Marriage and civil partnership (applies to employment only) *(consider and record relevant evidence – e.g. part time working, shift patterns, general caring responsibilities etc.)* **Consultation on Principles, discussion with surrey county Council travel plan lead, Review of Hub development proposal, Review of other existing NHS Travel Strategies and plans, Review of Compressed hours work, Staff survey results**
Pregnancy and maternity *(consider and record relevant evidence – e.g. working arrangements, part time working, infant caring responsibilities etc.)* **Review of Leave Paid & unpaid procedure)**
Race / ethnicity *(consider and record relevant evidence – e.g. different ethnic groups, nationalities, language barriers, cultural differences etc.)* **Bulling and Harassment policy & its reference to Disability Discrimination Act 1995**
Religion or belief *(consider and record relevant evidence – e.g. people of different religions, beliefs or no belief)* **Equality & Human Rights Steering Board work, Equality Act** , Human Rights Act 1998
Sex / gender *(consider and record relevant evidence – for men and women - also consider links to other characteristics – e.g. caring)* **Equality & Human Rights Steering Board work, Equality Act**, Human Rights Act 1998
Sexual orientation *(consider and record relevant evidence – for heterosexual people as well as lesbian, gay and bi-sexual people)* **Equality & Human Rights Steering Board work, Equality Act**

4. Engagement and Involvement

Record the names of the people and/or groups involved in gathering evidence and/or testing the evidence against the policy / project / change. Who and how were they involved?	
Who – name of individual / group(s) represented	How have these people been involved – e.g. meeting
John Cook, Transport Manager	Meeting, research and drafting of key principles and exploring deficiencies
Billy Hatifani, Director of Risk & Safety	Meeting, research and drafting of key principles and exploring deficiencies
Chris Rivers, Associate Director Estates	Meeting, research and drafting of key principles and exploring deficiencies

5. Analysis of the potential impact of the policy / project / change

Based on the evidence you have gathered; describe any actual or likely impacts that may arise as a result of the decision and whether these are likely to be positive or negative. Where actual or likely impacts are identified, you should also state what actions will be taken to promote the likelihood of positive impacts as well as minimise or mitigate against possible or likely negative impacts, i.e. what can the Trust reasonably do to actively manage the consequences of its decision / action

Eliminate discrimination, harassment and victimisation: Does the policy / project / change, help eliminate discrimination, harassment and victimisation in any way? If yes, provide details. If no, provide reasons	
Age	This strategy will affect all people who drive and to and from work equally regardless of their age. **Positive Impact** on Age is the strategy aims to improve wellbeing by reduction in emissions
Caring responsibilities	**Possible Negative Impact** - This strategy may adversely affect people who have caring responsibilities especially those that drive their children to school or nursery en-route to work and after work. **Solution to improve likelihood of positive impact-** more emphasis on positive outcomes eg reduction in traveling between site due to better IT conference systems & reduction of emissions. Vehicle need for ferrying children and other vulnerable groups will be considered when permits are issued.
Disability	**Possible Negative Impact** - This strategy may adversely affect people with a physical disability if implemented without due consideration of the varying degrees of need for vehicle usage due to disability. **Solution to improve likelihood of positive impact-** Due considerations will be in place when accessing the people who will have access to permits

Gender reassignment	**Positive Impact** -This strategy will affect all people who use their vehicles at work and those that drive to and from work equally regardless of their gender reassignment. The Strategy will improve wellbeing by reduction in emissions
Marriage & civil partnerships	**Positive Impact** - This strategy will affect all people who drive to and from work equally regardless of their gender- The Strategy will improve wellbeing by reduction in emissions
Pregnancy & maternity	**Possible Negative Impact -**This strategy will affect all people who use their vehicles at work and those that drive to and from work equally regardless of them being pregnant- it could however may have larger impact on this group- **Solution to improve likelihood of positive impact-** Due considerations will be in place when accessing the people who will have access to permits to take account of pregnancy
Race / ethnicity	**Positive Impact** - This strategy will affect all people who use their vehicles at work and those that drive to and from work equally regardless of their race or ethnicity- The Strategy will improve wellbeing by reduction in emissions & unnecessary travel
Religion or belief	**Positive Impact** - This strategy will affect all people who use their vehicles at work and those that drive to and from work equally regardless of religion or belief. The Strategy will improve wellbeing by reduction in emissions & unnecessary travel between sites
Sex / gender	**Positive Impact** - This strategy will affect all people who use their vehicles at work and those that drive to and from work equally regardless of their gender. The Strategy will improve wellbeing by reduction in emissions & unnecessary travel between sites
Sexual Orientation	**Positive Impact** - This strategy will affect all people who use their vehicles at work and those that drive to and from work equally regardless of their sexual orientation. The Strategy will improve wellbeing by reduction in emissions & unnecessary travel between sites

Advance equality of opportunity: Does the policy / project / change, help develop equality of opportunity in any way? This could include removing or minimising disadvantages suffered by people due to their protected characteristics, taking steps to meet the needs of people from protected groups where these are different from the needs of other people, or encouraging people from protected groups to participate in activities where their participation is disproportionately low. If yes, provide details. If no, provide reasons	
Age	This strategy does not advance equality of opportunity in any way for people with this protected characteristic
Caring responsibilities	This strategy does not advance equality of opportunity in any way for people with this protected characteristic

Disability	This strategy does not advance equality of opportunity in any way for people with this protected characteristic
Gender reassignment	This strategy does not advance equality of opportunity in any way for people with this protected characteristic
Pregnancy & maternity	This strategy does not advance equality of opportunity in any way for people with this protected characteristic
Race / ethnicity	This strategy does not advance equality of opportunity in any way for people with this protected characteristic
Religion or belief	This strategy does not advance equality of opportunity in any way for people with this protected characteristic
Sex / gender	This strategy does not advance equality of opportunity in any way for people with this protected characteristic
Sexual Orientation	This strategy does not advance equality of opportunity in any way for people with this protected characteristic

Promote good relations between different groups: Does the policy / project / change, help foster good or improved relations between different groups in any way? If yes, provide details. If no, provide reasons.	
Age	This strategy does not help improve relations between groups
Caring responsibilities	This strategy does not help improve relations between groups
Disability	This strategy does not help improve relations between groups
Gender reassignment	This strategy does not help improve relations between groups
Pregnancy & maternity	This strategy does not help improve relations between groups
Race / ethnicity	This strategy does not help improve relations between groups
Religion or belief	This strategy does not help improve relations between groups
Sex / gender	This strategy does not help improve relations between groups
Sexual Orientation	This strategy does not help improve relations between groups

What do you consider the overall impact:

Considering the combined impact of the analysis and the actions required to promote the likelihood of positive impacts and minimise or mitigate against potential negative outcomes – does the analysis support the implementation of the policy / project / change?
Yes this policy will not be attractive to a number of people for various reasons but the benefits are clear and there is overwhelming evidence to support a clear approach on managing travel.

6. Action Planning

Actions to be taken as a result of this analysis (add additional rows as required):	Name of person who will take this action	Date action due to be completed
1. Clear exclusion criteria to be developed to ensure that groups that are adversely affected by the strategy are clear about how they can be exempted from it	Transport Manager	March 2015
2.		
3.		

7. Authorisation

Name & job title of person completing this analysis:	Billy Hatifani
Date of completion:	16 April 2013
Name & job title of person responsible for monitoring and reporting on the implementation of the actions arising from this analysis:	Transport Manager
Name & job title of authorised person: (If there are doubts about the completeness or sufficiency of this equality analysis, seek advice from the Equality and Human Rights Team or the Legal Services & Reporting Manager in the Clinical Risk & Safety Team)	Billy Hatifani
Date of authorisation:	16 April 2013

The completed template should be presented (within a paper or as a separate paper / appendix) to the appropriate committee, steering group or management team, *before* decisions are taken.

A copy should also be forwarded to the Equality & Human Rights Team.

Appendix 1

TRAVEL PLAN DOCUMENT – CONSULTATION RESPONSES

Issue- Travel Strategy

When considering the distance from a site by Radius the actual distance from the site by road should also be considered. e.g. Ripley is probably within a 5 mile radius of HQ at Leatherhead but by road it is 12 miles. Also access to public transport from the more remote areas should be considered. Again using Ripley as an example, there are only 2 buses per hour, one goes from Guildford to Woking via Ripley and the other Guildford to Kingston via Ripley and both arrive in the village at almost the same time. The nearest Train stations are at West Clandon and East Horsley, but no public transport from Ripley to either station. Both these stations are situated on the Guildford to Waterloo line and to get to Leatherhead means changing trains. So when calculating distance from a site accessibility to public transport from villages should also be considered especially as Surrey has a lot of rural areas.

Response
The points you raise are valid and this is why it is better to provide an overarching strategy for travel planning which provides the framework for more tailored travel plans at specific sites. The distance of any applicable exclusion zone will be determined by local factors such as access to public transport; safe pedestrian routes and local environment. A Trust property located in a built up area is likely to have a bigger exclusion zone than one in a more remote rural area.

Issue- On-site Training

Training should be carried out at each site. Therefore, only the trainer/s would need to travel and not all those attending the course and this would save a considerable amount in travelling costs and time.

Response

Not all sites have facilities to enable training to be thoroughly carried out but on line training is available throughout the Trust. The range of on line modules is expanding and this does help to reduce business travel.

Issue- travel comment

I know when I worked for a different authority, when they introduced the same mileage payments for cycling as they did for driving, then lots of people took to their bikes. It seemed to be the incentive needed to make the shift.
Also here in this traffic congested area, I would say I would cycle for work related journeys if the roads were safer for cyclists. Cycle lanes on the roads are not safe, they need to have protective barriers between motor vehicles and cyclists as often seen in Europe.

Response

An incentive of this sort can make a big difference however it has to be balanced against the needs of the service. Unfortunately the provision of cycle lane equipment is not within our remit.

Issue- Remote and home working

Response
That your role provides an opportunity to work from have 2 days per week demonstrates that this system can and does work. However it is clear from the detailed comments you have shared there are practical and professional difficulties still to be overcome. This document does provide solid support for working from home and this is an opportunity to embed that principle and build upon it.

Issue- travelling distance

Working for a community LD team that covers SWS surrey and NE Hants, and soon to take on some work towards Woking, this is a patch that stretches from Hindhead to Camberley. Many of the people we see are not necessarily near a bus or train route, and having to factor in walking or waiting for public transport when you work 16 hours a week could limit time for face-to-face contact. Personally cycling is not an option for me as I've not cycled for 35 years, and don't intend to start being based in Guildford! We see people in their own environments, and try to accommodate appointments to suit the client, to reduce DNAs. I have walked to appointments before during the bad weather last year; this added on a significant time as my work base is 2 miles out of the town Centre.

Response
This document supports the concept of community teams and the delivery of services within local settings. However not all Trust staff work in this way and some could adopt different travel patterns for their daily commute without the need to travel singly in their own car. Some people are able and willing to use public transport, to walk or cycle to work, to car share or to use a pool vehicle all of which are encouraged by this strategy. The strategy supports those views and provides a basis for change.

Community work

As a member of a community team, working in the community means what it says. My geographical area covers NE hants, SW Surrey and all the compulsory meetings across the Trust. I cover around 500 square miles as part of my general work. The Trust's use of Hubs has reduced local facilities and local access to health care delivery. The Trust's policy of remote working implies more travelling around and using the car. How much would it cost the Trust to pay me to cycle from Aldershot to Leatherhead for example (even if I were able to do this, which I cannot?) How much would it cost the Trust in my time if I got public transport (for where public transport is available, as it is not in many rural areas)? Is this cost effective? How many clients could I see in a day's work? Your report quotes the wrong figures. You use figures from domestic car use and state that 50% of journeys are under 5 miles. But we are involved with business miles; what are the figures for business miles driven? (The domestic comparison is therefore nonsense). I think a lot of work is required to revise this draft policy.

Response

This strategy does not set out to prevent business travel where it is vital to our work in the community but it does promote alternative methods of travel and support to those people who are not obliged to undertake business travel. Some of our low mileage business travellers could adopt new methods of travel without adversely affecting their work. They would not feel pressured into bringing a car into work when they might prefer to use alternative means.

Issue- travelling

I work in a community based team serving those adults with learning disability. Where ever possible people are supported to travel to our bases however many services users are unable to do so and we a required to provide treatment and intervention in the community. Given bus/train timetables, rural area (increased travelling time using public transport) it seems impractical to discourage clinicians not to use their cars. Where ever possible we try to arrange appointments in areas i.e. morning in Aldershot, afternoon in Guildford areas.

Response

Thoughtful planning of appointments is important in reducing unnecessary travel as is considerate location of our bases close to our services users. This strategy does not set out to prevent business travel where it is vital to our work in the community but it does promote alternative methods of travel and support to those people who are not obliged to undertake business travel. Some of our low mileage business travellers could adopt new methods of travel without adversely affecting their work. They would not feel pressured into bringing a car into work when they might prefer to use alternative means.

Issue- Different Hours of Work

Unfortunately this strategy does not take into account those staff that work different hours to those who MAY be close enough to share a vehicle or to access other forms of transport if available. It also does not take into account those who have to either take or pick up children or other family members in a timely fashion before or after work. There are also times when medical (or other important) appointments must be attended during working hours, when public transport does not provide appropriate access.

Response

This will be considered as part of the exemption criteria when deciding who gets a permit

Issue- Peterbus

Peterbus service. According to local newspapers this will cease in March 2013

Response

Unfortunately this decision was outside of our control, but we are working with Ashford and St Peter's NHS Trust to try to improve access to the Chertsey campus for patients, visitors and staff using a variety of methods.

Issue-Travel strategy

Can you advise how the Trust plan to implement the action noted on page 10 to enable more remote and home working as an option for staff please? Currently, not all staff have access to a laptop and remote access, and this has the potential to make the Trust vulnerable in terms of equality. This in itself will bring about increased costs for the purchase and ongoing maintenance of such equipment.

Response
Opportunities already exist for some staff to work from home and remote working is a reality with hot desks and improved access to our network available at most of our sites as well as through Blackberry devices. Not all staff roles are suitable for home or remote working but it is clear that the use of these work systems is sustainable from a financial point of view.

Issue- Comments for the consultation:

The strategy has laudable aims but completely ignores and therefore alienates all the staff in the Trust who work as part of community teams and whose role requires them to visit clients in their own homes or day services. I would love to be able to ditch the car for the benefit of my health and the environment but there is no way I could do my job without it. My job takes me to Staines, Epsom and Aldershot every week – sometimes all in one day. We are expected to cover huge geographical areas making it increasingly difficult for our service users to get to us even if they are able to and clearly impractical for us to try and use public transport to get to them.

Some positive suggestions:

- Provide more of the statutory and mandatory training to teams in their own base rather than have everyone travel across the trust to a different venue
- Research and publicise public transport routes and timetables for each team base so that we can help our service users make the best choices
- Increase entitlement to remote access working to enable more staff to do admin work from home
- Increase knowledge and use of tele conferencing

Response

This strategy does not set out to prevent business travel where it is vital to our work in the community but it does promote alternative methods of travel and support to those people who are not obliged to undertake business travel. Some of our low mileage business travellers could adopt new methods of travel without adversely affecting their work. They would not feel pressured into bringing a car into work when they might prefer to use alternative means.

Issue- Community Team consideration
Just reading through draft version, whilst I think the overall strategy is positive, I am a little concerned, and wonder if Community team needs have been taken into consideration. Whilst we can all make small changes, big things can't change.

I class myself as an essential car user, who covers West surrey and Northeast Hampshire to see adults with LD in their own environments' is essential for me to see them in their own environments so that I can assess and make recommendations. I work out of 3 bases, Aldershot, Greenlaws , Guildford and Bourne House in Ottershaw. The patch area that I cover is huge, stretching from Cranleigh in the South to Staines in the North. My car is essential and the most effective way of me covering such an area.

It would be useful and realistic to have more acknowledgement that whilst trying to reduce reliance on the private car, Use of the car is sometimes the most efficient and effective way of working to provide services. Whilst I may be able to cut down on travel by admin days at home and trying conferencing calling. I will still need to drive to appointments and to HQ for training and meetings on a weekly basis a 68 mile round trip from Aldershot.

Response
This strategy does not set out to prevent business travel where it is vital to our work in the community but it does promote alternative methods of travel and support to those people who are not obliged to undertake business travel. Some of our low mileage business travellers could adopt new methods of travel without adversely affecting their work. They would not feel pressured into bringing a car into work when they might prefer to use alternative means.

Issue- Public Transport:
I work 16 hours a week, based in Guildford in the SWS/NE Hants LD team, and my caseload area covers up to Camberley/Yateley down to Hindhead. We will soon be covering Woking as well. If I had to rely on public transport, I feel I would be travelling a lot more, reducing my contact time, and time to fit in administration, reports etc.

Often public transport is not available in some areas I have to cover; not everybody lives in a town Centre or near a bus route. This could also result in having to use a combination of trains and buses, with possible waits for connections, which I feel would not be the best use of my time.

I don't see clients on clinic basis; as a behavior specialist, it is often the working/home environment of the person I see that has impact on their behavior, so I need to travel to where they are to observe/assess. Where possible, I travel with other team members, but this can be difficult to achieve, depending on how long an appointment needs to be.

Response
This strategy does not set out to prevent business travel where it is vital to our work in the community but it does promote alternative methods of travel and support to those people who are not obliged to undertake business travel. Some of our low mileage business travellers could adopt new methods of travel without adversely affecting their work. They would not feel pressured into bringing a car into work when they might prefer to use alternative means.

Issue- Use of Car for Role

I agree with the strategy in principle but would also like to reiterate many of the comments already made. I work across NW and SW Surrey and NE Hants with people with learning disabilities so often seeing people in their own homes as they cannot access our sites (usually due to poor public transport links!). I would say on average my journey times to get to a visit is 30 mins by car (so an hour of travel time to see one client)– you can imagine even if public transport/alternative mode of transport were available how much extra time this would take out of my clinical time each day.

In addition, I work across three sites – Ottershaw, Greenlaws and Aldershot Centre for health - but regularly attend meetings at Ramsay house, and trust HQ – which are both a considerable distance from all the sites above.

I live a considerable distance away (52 miles from Ottershaw) in Sussex and so do require my car for getting to work. My manager has been very supportive in giving me a day a week/fortnight working remotely from home. This makes a huge difference to me as I therefore can cut down my travel, but there are down sides – is quite isolated working from home, it of course limits the opportunities to attend meetings/client visits – so I often find myself re-arranging a planned home working day as the client/network around the client can only meet on a particular day, and it limits the informal support I receive from my fellow team members. In addition, prior to me having a trust laptop and RAS access, I would say it was almost impossible to work 'IG safely' from home as I would find myself wanting to take information home to write reports, but having no safe way of doing this (apart from transferring all onto a safe stick and then deleting afterwards, which takes a considerable time if I am assimilating a number of sources of information into a lengthy report).

Sorry its all rather negative – like I said I think it is a good idea in principle I am just concerned about how moves to limit individual people travelling in their own cars will impact on the quality of our clinical work and wellbeing. I would also like to add that where possible I think most of the people I know in the trust do car share where they can

Response

This strategy does not set out to prevent business travel where it is vital to our work in the community but it does promote alternative methods of travel and support to those people who are not obliged to undertake business travel. Some of our low mileage business travellers could adopt new methods of travel without adversely affecting their work. They would not feel pressured into bringing a car into work when they might prefer to use alternative means