# Appendix A

# Framework Travel Plan

# Department for Infrastructure Jersey Future Hospital Framework Travel Plan

JFH-ARP-ZZ-XX-TN-Y-0032

Issue | 11 April 2018

This report takes into account the particular instructions and requirements of our client.

It is not intended for and should not be relied upon by any third party and no responsibility is undertaken to any third party.

Job number 237035-00

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# **Document Verification**

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# 1 Introduction

## 1.1 Overview

Arup has been appointed by the Department for Infrastructure (DfI) to develop a Framework Travel Plan in support of a planning application for new health care services in St Helier, including the development of a new hospital. This document should be read in conjunction with the JFH Transport Assessment (TA).

The proposed location of the JFH responds to the following sustainable development themes:

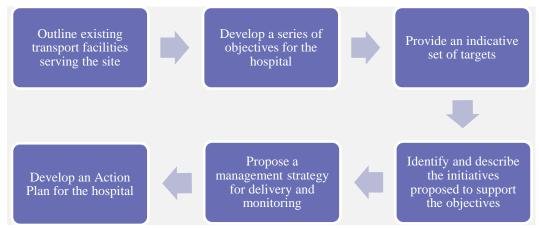
- using previously developed land; and
- being in the most accessible position for its catchment area, in this case the entirety of the States of Jersey, in order to reduce the need to travel by private car where possible, effectively exploiting existing or proposed transport infrastructure.

The document builds on the existing 2005 Jersey General Hospital Travel Plan developed by Halcrow Group Limited and is intended to be periodically updated in line with the phased construction of the Hospital. The Travel Plan sets out updated baseline travel information and establishes principles to be considered to maximize sustainable transport usage by staff and patients at the hospital throughout development and when it becomes operational.

This Framework Travel Plan has been informed by work previously undertaken for the Health and Social Services Department (HSSD) on Jersey General Hospital, alongside recent travel survey responses<sup>1</sup>.

# **1.2 Travel Plan Structure**

This document sets out the Framework Travel Plan for Jersey Hospital, it is intended to form a central element of the overall long-term connectivity strategy for the site. The report structure outline is shown in Figure 1.



#### Figure 1: Travel Plan Structure

<sup>1</sup> Staff and Patient Travel Surveys distributed to staff employed at Jersey General Hospital and neighbouring health facilities, patients and visitors (23/01/2017 - 03/02/2017).

The structure of the report has been informed by guidance published by the SoJ, including the Eco Active Workplace Travel Plan Toolkit published by the Department for Transport (DfT) as well as other relevant UK policy. The guidance aims to assist with the development and implementation of business travel plans, including the structure they should follow and elements they should contain.

# **1.3** Timescales

The Travel Plan is proposed to be an extension to the 2005 Jersey General Hospital Travel Plan and is intended to be periodically updated to reflect the phase construction of the Hospital. A baseline travel survey has been undertaken to identify the existing travel characteristics of staff and visitors and this information has been used to identify appropriate targets for the site. Subsequent travel surveys will take place on a regular basis to monitor the progress of the Travel Plan.

Considering that services related to the Jersey Future Hospital are currently in operation on the site, it was possible to undertake staff, patient and visitor surveys in order to ascertain baseline data for the Travel Plan.

# **1.4 Benefits of a Travel Plan**

The Travel Plan has the potential to bring benefits to staff, patients and visitors and also to the wider community as a whole. There are many possible benefits of having a successful Travel Plan, some of which are noted below. A Travel Plan can:

- Act as a tool for resource for facility and site management and bringing expenditure under control;
- Improve site connectivity by reducing congestion and improving more sustainable links;
- Improve public image and external relations;
- Assist in controlling transport and travel expenditure;
- Create a healthier environment and workforce;
- Help meet environmental goals;
- Provide fair travel costs for staff and patients; and
- Improve staff and patient facilities.

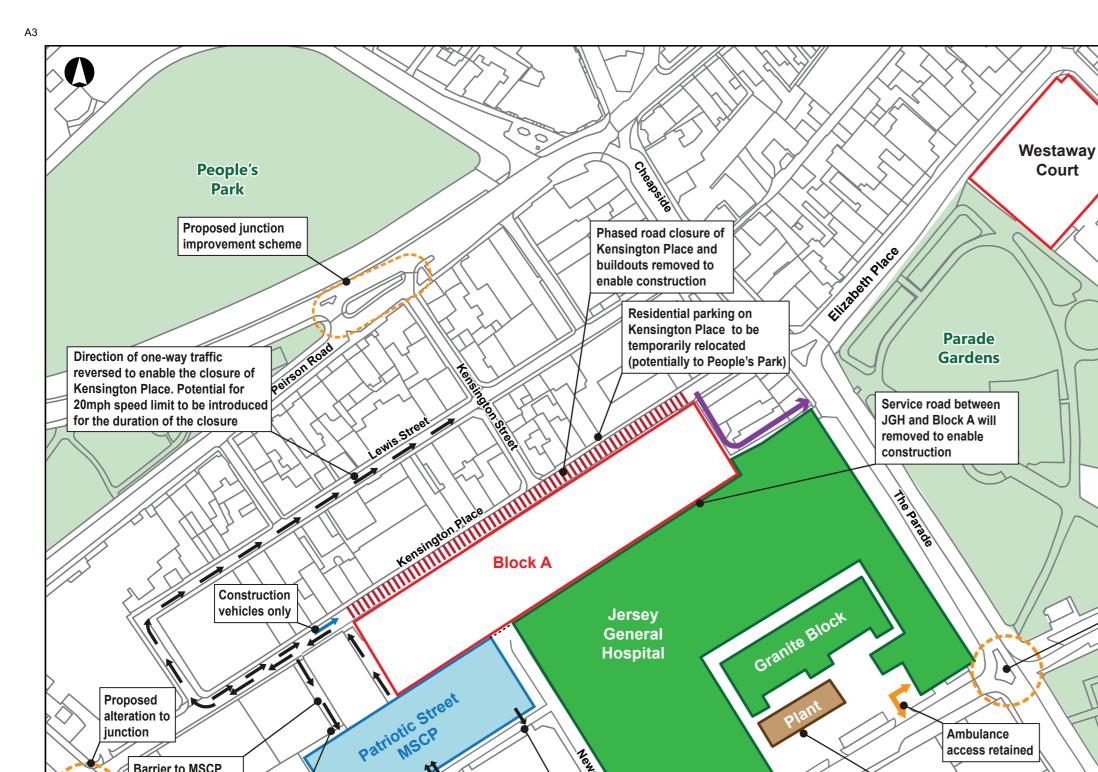
# 2 Site Assessment

## 2.1 Local Context

The proposed hospital construction site is located directly south of Kensington Place and north of Gloucester Street and includes the existing Jersey General Hospital site and some existing properties along Kensington Place.

An illustration of the proposed hospital construction phases (Phase 1A and Phase 1B) are set out in Figure 2 and Figure 3 and the transport proposals associated with the Final State are presented on Figure 4 overleaf. The phased approach to construction is outlined below:

- Phase 1A Estimated for the period 2018-2022 and involves constructing one half deck onto Patriotic Street MSCP, redevelopment of Westaway Court for clinical use, the demolition of acquisitions on Kensington Place and the construction of Phase A;
- Phase 1B: Estimated for the period 2022-2024 following Block A and Westaway Court becoming operational, Phase 1B involves the demolition of Peter Crill House and Gwyneth Huelin Wing and the construction of Block B;
- Phase 2 Interim State: Demolition of 1980s and 1960s block and the construction of Block C (entrance building), estimated for the period 2025-2026; and
- Phase 2 Final State: Post 2026 when JFH will be fully operational including Block C (entrance building) and all associated transport infrastructure will be provided.



Patriotic

Place

Gloucester Street

 $\mathcal{O}$ 

Ambulance access retained

 $\Diamond$ 

Plant relocated to Granite Block forecourt to enable demolition of the energy centre. Staff parking relocated to Patriotic Street MSCP

MSCP egress relocated from Newgate Street to Patriotic Street

Newgate Street

Proposed works to Patriotic Street

 $\bigcirc$ 

Barrier to MSCP access removed to

avoid queuing on

Kensington Place

K

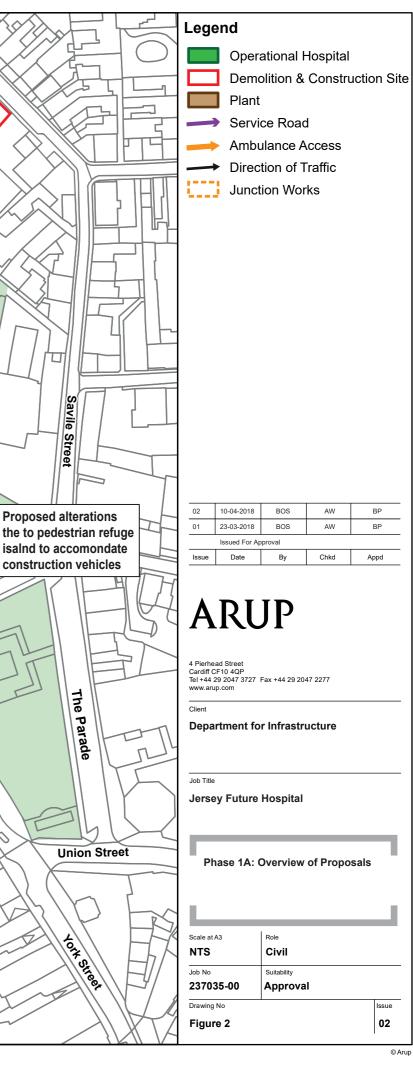
Motocycle access only

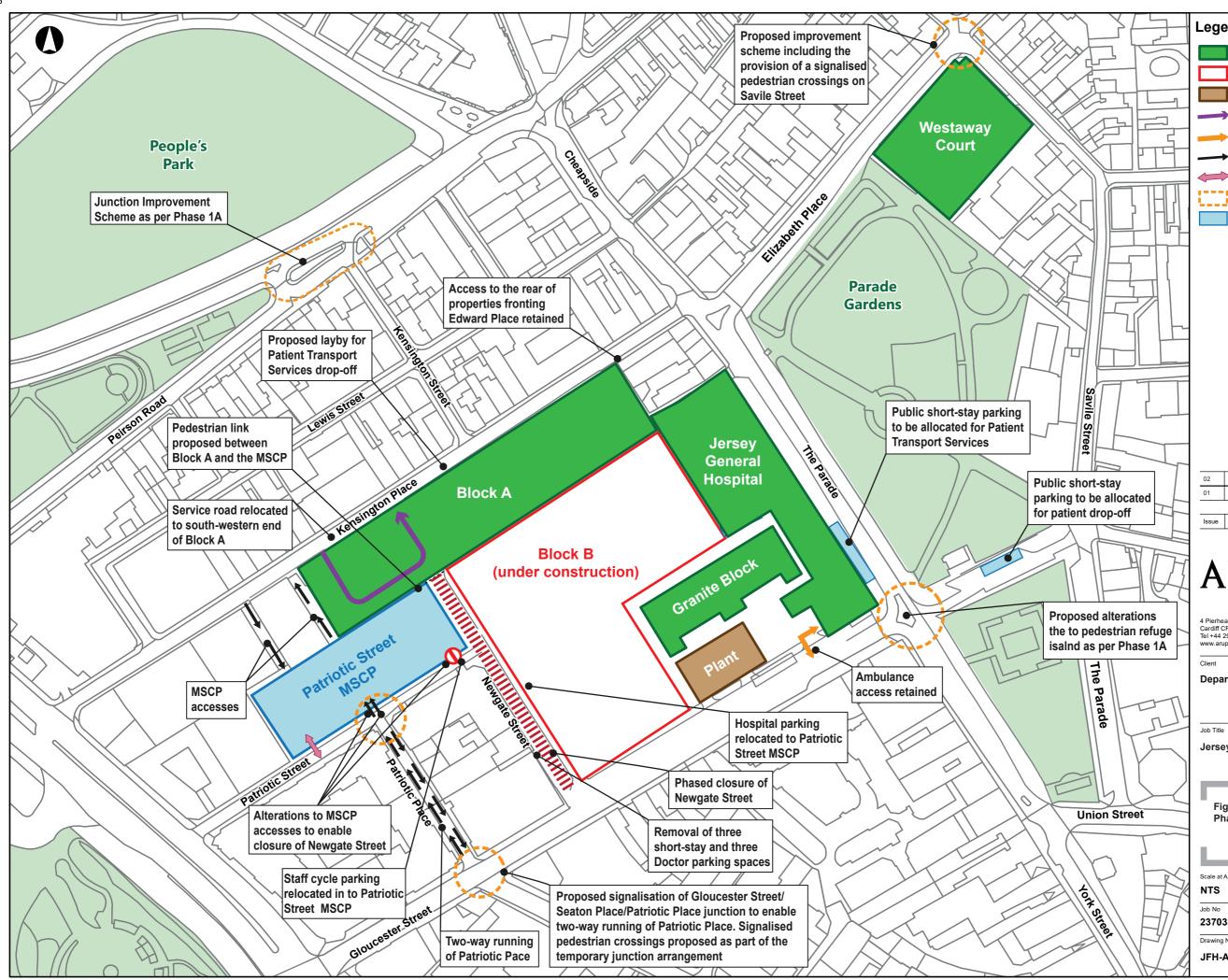
Patrolic Street

MSCP

access

MSCP including an additional half deck, improvements to core and a pedestrian link to Block A





#### Legend

- **Operational Hospital**
- **Demolition & Construction Site**
- Plant
- Service Road
  - Ambulance Access
- Direction of Traffic
- Motorcycle Parking  $\langle - \rangle$ 
  - Junction Improvements
  - Hospital Allocated Parking

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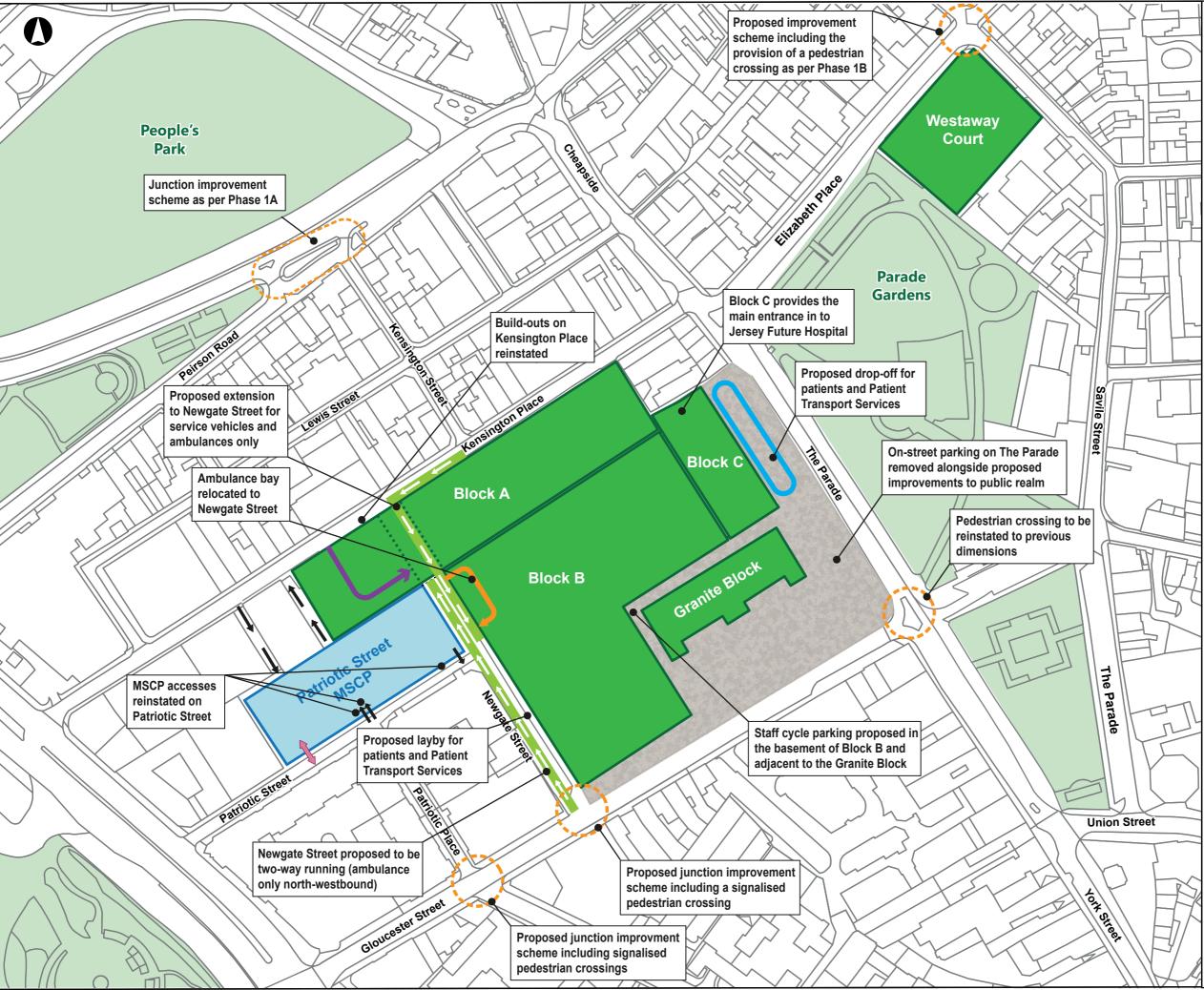
#### Department for Infrastructure

Job Title

Jersey Future Hospital

Figure 18: Overview of Proposals Phase 1B

		_
Scale at A3	Role	
NTS	Civil	
Job No	Suitability	
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Scale at A3	Role	
NTS	Civil	
Job No	Suitability	
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Drawing No Figure 4		

Jersey Future Hospital **Overview of Proposals:** 

Phase 2 Final State

Job Title

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		• •
$\neg$		Service Road
	-	Ambulance Access
	$\rightarrow$	Direction of Traffic
	$\square$	Junction Improvements
	1	Ambulance Only Lane
	ţ	Motorcycle Parking

Legend

**Operational Hospital** 

Service Road

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## 2.2 Walking

- The site primarily interfaces with Gloucester Street, Kensington Place and Newgate Street as shown in Figure 5. Gloucester Street has been identified as forming a key pedestrian/cycle desire line providing onward connectivity to the town centre, waterfront area and Parade Gardens.
- Gloucester Street features a wide carriageway with two running lanes of traffic adjacent to the site and on-street parking bays.
- Kensington Place is sufficiently wide to accommodate on street parking and footways on both sides of the carriageway.
- The Parade has two signal controlled crossings, in the vicinity of the Gloucester Street and Lewis Street junctions. The Elizabeth Place junction incorporates uncontrolled refuge islands that facilitate uncontrolled staggered crossing movements in this area. Gloucester Street has controlled crossing facilities at the Patriotic Place and Esplanade junctions and an uncontrolled refuge island crossing at the junction with The Parade.
- The provision of additional controlled crossing facilities is also important in creating direct linkages that afford priority of pedestrian movement over road traffic. The Elizabeth Place and Spectrum corridors have been previously identified as key desire lines where this form of provision could be appropriate.
- Further, more detailed work is required to establish the capacity for a cycleway on the local highway surrounding the Hospital site (The Parade/Gloucester Street/Newgate Street/Kensington Place). Barriers to implementation are initially thought to be the carriageway width on both Newgate Street and Kensington Place, and potential conflict on Gloucester Street between parked vehicles, moving vehicles, pedestrians and cyclists.
- All controlled crossings located as part of the proposal could be Toucan crossings and cater for both pedestrian and cycle movement.



**Figure 5: Pedestrian Access Locations** 

#### Table 1: Assessment of Walking Routes to the Hospital

Road	Footways	Crossings	Environment
Gloucester Street	There are footways present on both sides of Gloucester Street with widths of approximately 2.5m.	There is a refuge island at the junction with The Parade and two signalised crossings; one directly north of the junction with Seaton Place, and at the junction with Esplanade. Given Gloucester Street is a highly trafficked route, it could be considered beneficial to provide an additional crossing facility.	Footways on Gloucester Street are in good condition and lit. However it is noted that there is an aspiration to increase the width of footways. Whilst Gloucester Street is restricted to 30mph, it is a highly trafficked route.
Newgate Street	Whilst footways are available on both sides of Newgate Street, they are less than 2m in width indicating two wheelchair users would be unable to pass (Manual for Streets).	Dropped kerbs providing an uncontrolled crossing are provided across Patriotic Street at the junction with Newgate Street and on Newgate Street directly north of the vehicular access to the hospital. Uncontrolled crossings would typically be considered acceptable in such low traffic volume and speed environments. However it should be noted there have been two serious accidents involving pedestrians on Newgate Street. These are discussed further in Section 3.10.	Whilst Newgate Street is not heavily trafficked, the presence of on-street parking and a number of other car park accesses results in potential conflict with pedestrians. The road is lit and footways are in good condition.
Patriotic Street	The footways on Patriotic Street are under 2m in width.	There are no controlled crossings on Patriotic Street, however dropped kerbs are provided at the junctions with the Esplanade, Patriotic Place and Newgate Street	There are a number of potential conflicts between pedestrians on the north side of Patriotic Street and the vehicular accesses to the car parks.

Road	Footways	Crossings	Environment
Esplanade (West) West of Gloucester Street	Footways on both sides of the Esplanade are of a good quality and sufficient width. There is also a segregated cycleway on the south-west side of the Esplanade	There is a signalised pedestrian crossing at the Esplanade junction with St Aubin's Road, Kensington Place and Gloucester Street. However pedestrians need to use three separate signals to cross from the south-west side of the esplanade to the north-east side of the Gloucester Street. In a meeting with DfI Transport Policy it was indicated there is a concern that pedestrians on the Esplanade are unable to see the signal on the opposite side of the road when large vehicles are passing.	Whilst there are high traffic flows on the Esplanade, there are a number of signalised crossings. The road is lit and the footways are in good condition.
Esplanade (East) east of Gloucester Street	Shared footway/cycleway on south-western side of the road with a width of at least 3m. Footway on the north-east side of the road appears to be 2m in width.	Signalised crossings are provided at all entries to the Esplanade crossroads with Castle Street. At the junction with the Route de la Liberation (west) there is an uncontrolled crossing.	The shared footway/cycleway is set back from the road which provides a more pleasant environment for pedestrians, however there is a potential conflict with cyclists.
King Street	King Street is a traffic free route that runs through the town centre.	There is an uncontrolled crossing on New Cut.	The route is lit and the surfacing is in good condition.
York Street	Footway widths generally exceed 2m.	There are three zebra crossings provided on York Street and one on the junction with Seale Street.	York Street only consists of one lane of traffic and observed road speeds were low. The street is also lit and the paving is in good condition.

# 2.3 Cycling

An off-road cycle route (Route 1) is provided on the south side of the Esplanade, 200m south of Jersey General Hospital. This cycle route follows the perimeter of the Island providing links to First Tower and St Aubin's to the west and Grouville to the east.

Route 1A is a spur off Route 1 which loops south through the harbour Waterside development, providing a link to the recreational and residential developments. The cycle route network is illustrated within the Jersey Cycle Guide attached as Appendix A.

There are approximately 29 existing cycle stands in the vicinity of the hospital, located on The Parade, Gloucester Street and Newgate Street.

Cycle parking for staff is provided within the basement staff car park accessed from Newgate Street. There are a total of 76 cycle stands which are sheltered and secured.

## 2.4 Public Transport

Bus services in Jersey are operated by Liberty Bus and all route via Liberation Station, located 600m from the Jersey General Hospital. There are also bus stops located on The Parade, Gloucester Street and the Esplanade.

The bus stop on The Parade is located adjacent to the Emergency Department access into the hospital, approximately 50m from the junction with Gloucester Street. The bus stop is demarked by white lining on the road and there are no waiting facilities.

The bus stop on Gloucester Street is located, directly south-west of the junction with The Parade and Cannon Street, approximately 100m from Jersey General Hospital. There is a shelter at this bus stop.

The closest bus stops on the Esplanade to Jersey General Hospital are located in the vicinity of the junction with Patriotic Street, approximately 250m from the Gwyneth Huelin entrance to Jersey General Hospital. The eastbound stop is demarked by white lining on the road and has no waiting facilities.

The west bound service is demarked by a bus bay and a flag however there are no waiting facilities. In a meeting with DfI Public Transport and Liberty Bus (dated 12/01/2017) it was indicated that improvements are planned for this bus stop which will be partially funded by voluntary contributions from a local developer.

Service	<b>Destination</b> from	Service Frequency		Arrival of first	Depart ure of
	Liberation Station	Monday-Saturday	Sunday & Bank Holidays	bus (AM)	last bus (PM)
		Bus Services from T	The Parade		
19	La Pouquelaye	60 minutes	-	07:48	18:10
	Bus servic	es from Gloucester St	reet (Parade Garde	ns)	
5	St John's Church	60 minutes	120 minutes	07:34	22:25
	B	us services from the E	splanade (A1)		
7/7a	St John's Church	60 minutes	120 minutes	07:50	21:10
8	Portinfer	120 minutes	-	07:54	19:00
9	Greve de Lecq	60 minutes	60 minutes	07:09	23:15
12/12a	Corbiere	60 minutes	60 minutes	07:20	23:20
15	Airport	15 minutes	30 minutes	06:30	23:45
22	L'Etacq	120 minutes	120 minutes	10:05	18:20
	Remaini	ng bus service from Li	iberation Bus Statio	n	
1/1a/1g	Gorey Pier	12 minutes	30 minutes	06:58	23:40
2/2a	St Catherine	60 minutes	120 minutes	07:45	19:05
3	Durrell	60 minutes	60 minutes	07:00	23:15
4	Bonne Nuit	120 minutes	-	08:00	19:15
13	Durrell	120 minutes	-	07:30	18:30
16	Le Marais	30 minutes	30 minutes	06:45	19:50
20	Langley Park	120 minutes	-	11:05	15:15
21	Five Oaks	120 minutes	-	07:40	18:25
23	Durrell Wildlife Park	60 minutes	60 minutes	07:35	17:45

#### **Table 2: Local Bus Services**

Given the relatively close proximity to Liberation Bus Station (600m), most of the developed areas of Jersey are accessible by bus. However many of the service frequencies are relatively low (60-120mins) which may deter use. There are also limited services overnight which could be a potential barrier to staff working shifts.

# 2.5 Local Highway Network

Jersey General Hospital is currently accessed from numerous priority junctions with Kensington Place, The Parade, Gloucester Street and Newgate Street. Staff parking is accessed from three priority junctions Gloucester Street and a single junction with Newgate Street. Disabled parking for patient and visitors is accessed via a second access on Newgate Street located directly north.

Ambulances access the emergency department via the northern access off Gloucester Street whilst ambulances and Patient Transport Services also share the access for the disabled parking off Newgate Street.

Service vehicles utilise the private road located directly west of the hospital which is accessed via the Kensington Street, The Parade and Newgate Street. There is an additional service road from The Parade located 65m north of the junction with Gloucester Street which is used by engineers and shared with Patient Transport Services.

The Parade is a one-way street that runs along the north-eastern boundary of Jersey General Hospital. Elizabeth Place is a two-way road that runs north from The Parade to a signalised crossroad with Savile Street and Parade Place. The parking to Westaway Court is accessed via Savile Street, approximately 40m south-east of the signalised junction.

From the junction with Elizabeth Place, The Parade runs south-east to Gloucester Street, a one-way street that runs along the south-eastern boundary of Jersey General Hospital. Newgate Street runs along the south-western boundary of the hospital and forms a priority junction with Gloucester Street.

To the south-west, Gloucester Street forms a signalised crossroads with Seaton Place and Patriotic Place. The road then intersects the Esplanade with a signalised junction.

The Esplanade has a carriageway that consists of three lanes in both directions and has a posted speed limit of 30mph. To the east, the Esplanade can be used for journeys to St Clement and Grouville. To the west, the Esplanade provides a link towards St Brelade and St Lawrence via the A1 St Aubin's Road.

Figure 5 gives an overview of the local roads around the hospital site.

# 2.6 Car Parking

### 2.6.1 Study Area

The study area includes 13 parking areas as summarised in Table 3 below.

Car Park	Capacity	Maximum Stay	Walking Distance to Jersey General	Walking Distance to Westaway Court
Patriotic Street	625	All day	190m	550m
People's Park	55	All day	500m	400m
Inn on the Park	38	All day	550m	600m
Elizabeth Lane	44	All day	400m	150m
Esplanade	119	3 hours	400m	700m
Les Jardins	540	All day	500m	800m
Sand Street	531	All day <sup>1</sup>	270m	750m
Victoria Layby 1	61	All day	700m	750m
Victoria Layby 2	79	All day	950m	1,000m
Pier Road	57	Level 1: 3 hours	1,000m	1,175m
Pier Road	658	Level 2-12: all day	1,000m	1,175m
Minden Place	234	3 hours	700m	1,050m
Nelson Street	32	All day	800m	875m
Victoria Layby 3	64	All day	1,200m	1,375m
<sup>1</sup> Capacity taken t	from DfI data	(26/02/2018) <sup>2</sup> Addit	tional parking allocate	d to staff and patients

#### Table 3: Summary of Car Parks

In addition to the public car parks outlined above, the hospital designated car parking includes:

- Staff Parking accessed from Gloucester Street;
- Staff Parking accessed from Newgate Street;
- Disabled parking accessed from Newgate Street;
- Staff parking designated within Patriotic Street MSCP; and
- Patient and Visitor parking designated within Patriotic Street MSCP.

On street parking has also been surveyed in the vicinity of the hospital in order to understand the impacts of construction on resident parking and determine any necessary mitigation.

## 2.6.2 Public Car Parks

A summary of parking survey data collected in April 2016 by DfI Parking is set out in Table 4 below. The table indicates the availability of spaces at 08:00, 11:00 and 14:00 on a typical day.

Car Park	Capacity <sup>1</sup>	Short/ Long Stay	Availa	aces able at 00 <sup>2</sup>	Availa	aces able at 00 <sup>2</sup>	Availa	aces able at 00 <sup>2</sup>
Patriotic Street	625	Long	231	45%	0	0%	17	2%
People's Park	55	Long	14	36%	2	0%	9	9%
Inn on the Park	38	Long	20	71%	1	0%	4	8%
Elizabeth Lane	44	Long	24	77%	10	34%	16	41%
Esplanade	119	Long	76	78%	33	34%	37	38%
Les Jardins	540	Long	69	13%	3	1%	19	5%
Sand Street	531	Short <sup>3</sup>	473	91%	164	31%	201	43%
Victoria Layby 1	61	Long	6	3%	1	0%	0	0%
Victoria Layby 2	79	Long	61	71%	15	0%	2	0%
Pier Road L1 (Shopper)	57	Short	47	73%	27	36%	31	66%
Pier Road L2-12	658	Long	412	90%	204	47%	226	50%
Minden Place	234	Short	197	82%	153	76%	146	61%
Nelson Street	32	Long	3	12%	0	0%	1	2%
Victoria Layby 3	64	Long	49	72%	49	64%	49	59%
Total (Long)	2315	-	963	54%	316	18%	378	21%
Total (Short) <sup>4</sup>	822	-	716	87%	343	45%	378	50%
Total	3338	-	1679	50%	659	20%	755	23%

 Table 4: Available Public Car Parking (Recorded Tuesday 19 April 2016)

<sup>1</sup> Capacity taken from data provided by DfI Jersey Car Parking

<sup>2</sup> Includes electric spaces

<sup>3</sup> Parking over 3 hours incurs a proportionately higher charge

<sup>4</sup> Includes Sand Street multi-storey car park

The results of the parking survey set out in the table above indicates that there is spare capacity. However, a significant number of the long-stay parking spaces available are within the Pier Road car park, located 1km from Jersey General Hospital. Car parks closer to the hospital including Patriotic MSCP, Esplanade, People's Park and Sand Street are all either full or near capacity at 11:00.

## 2.6.3 Hospital Car Parks

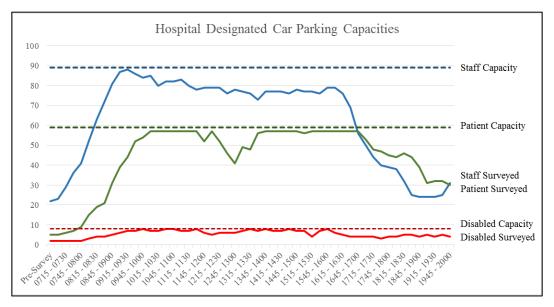
A parking survey was also undertaken on Tuesday 7 and Wednesday 8 February 2017 of the hospital car parks. A summary of the findings are set out in Table 5 below.

Car Park	Capacity	08:00	11:00	16:00
Gloucester Street (staff)	46	33	45	46
Newgate Street (staff)	17	9	16	12
Newgate Street (disabled)	8	3	7	6
Patriotic Street MSCP (Patient)	59	15	57	57
Patriotic Street MSCP (Staff)	26	13	26	25

 Table 5: Spare Car Parking Capacities (7/8 February 2017)

The results of the parking survey indicate that the hospital car parks are close to full capacity. Figure 6 below presents the number of parking spaces occupied within the hospital car parks. It can be seen that all car parks are at/close to capacity following the AM peak hour.

#### Figure 6: Hospital Designated Car Parking Capacities



## 2.6.4 Motorcycle, Scooter and Moped Parking

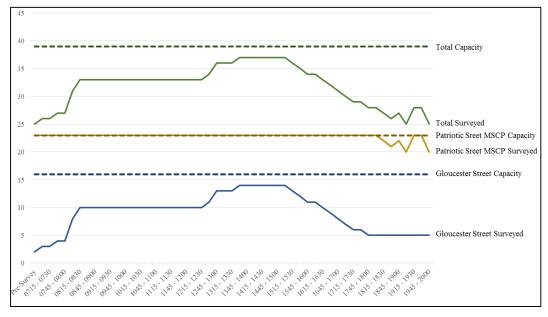
There are two principal parking areas for motorcycles, scooters and mopeds within the vicinity of Jersey General hospital, as summarised in Table 6 below.

Car Park	Capacity	08:00	11:00	16:00
Gloucester Street (staff only)	16	8	10	11
Patriotic Street MSCP (Public)	23	23	23	23

#### Table 6: Motorcycle, Scooter and Moped Parking Capacities (7/8 February 2017)

Figure 7 below illustrates the number of motorbike, scooter and moped parking spaces occupied in comparison with the total capacity. The survey results indicate there is minimal spare capacity in motorbike parking.

Figure 7: Motorcycle / Scooter / Moped Parking Capacities (Surveyed 7/8 February 2017)



## 2.7 Summary

The site assessment has indicated there is pressure on staff and patient hospital car parking facilities, particularly during AM hours. There is less pressure on offsite car parks. There are opportunities to access the hospital on cycle and by bus.

There are opportunities to improve pedestrian connectivity from the surrounding area towards the site.

# 3 Aims and Objectives

# 3.1 Aims

The following Travel Plan aims and objectives have been prepared for all those it is targeting (staff, patients and visitors) and build on those previously set in the 2005 TP. As an evolving document, these will be continually reviewed through the phased construction of the Hospital. The overarching aims of the Travel Plan are to:

- Influence the travel behaviour of staff, patients and visitors;
- Encourage travel by cycle and by foot by improving their attractiveness;
- Encourage travel by public transport modes by improving their attractiveness;
- Minimise the number of car trips generated by the hospital;
- Help reduce local road congestion;
- Promote healthy lifestyles and a sustainable, vibrant local community of which the hospital is a part of; and
- Implement measures which are economically self-sustaining when applied in unison with one another.

Although the Travel Plan relates to staff, patients and visitors, it is expected that the majority of the targets and travel plan measures will mainly focus on staff as it is considered more difficult to influence patient and visitor travel behaviour.

## **3.2 Objectives**

The site specific objectives of the Travel Plan will respond to the aims through:

- Making alternative travel modes to the car accessible and user friendly, to encourage increased public transport usage;
- Promoting the health and wellbeing of staff, patients and visitors to the hospital;
- Promoting local walk, cycle and public transport connections in the area; and
- The provision of an on-site Travel Plan Co-ordinator who will ensure the Travel Plan measures are implemented and monitored.

# 4 Targets

In order for the Travel Plan to succeed and to enable a measurement of success, targets must be set which allow for the assessment of measures and data. Such targets need to be Specific, Measurable, Achievable, Realistic and Timed (SMART) ensuring that wherever possible targets for modal spilt can be achieved.

## 4.1 Existing Travel Patterns

The baseline targets have been informed by travel surveys undertaken at the site in January 2017 to ascertain existing travel patterns of people travelling to the hospital. The travel surveys captured responses from employees, patients and visitors.

### 4.1.1 Employees

A total of 517 employee survey responses were returned. Almost all of the employees surveyed typically start work before 09:30, with only a small number of staff surveyed starting work during the day or evening period.

The main mode of travel for employees is given in Table 7 and the results show that just over 50% of employees arrive by car, either as a driver or as a passenger.

Mode	Total
Car (as driver)	43.3%
Car (as passenger)	7.1%
Motorbike / Scooter / Moped	3.8%
Bus	8.0%
Electric Bicycle	0.5%
Bicycle	9.1%
Walk	27.4%
Other	0.9%

Table 7: Employee Mode Share (Employees Only)

Table 8 gives a breakdown of travel mode by job category. Doctors and Utility staff show a particularly high bicycle mode share, while managers reveal a high car mode share.

Mode	Administration	Doctor	Manager	Nurse	Utilities	Total
Bicycle	3.0%	19.9%	2.3%	5.6%	22.2%	9.1%
Bus	17.0%	2.1%	4.5%	6.8%	0.0%	7.8%
Car (as driver)	40.0%	48.9%	61.4%	45.8%	38.9%	46.2%
Car (as passenger)	4.4%	5.0%	6.8%	6.2%	5.6%	5.4%
Electric Bicycle	0.0%	0.0%	2.3%	1.1%	0.0%	0.6%
Motorbike / Scooter / Moped	3.0%	3.5%	2.3%	4.5%	11.1%	3.9%
Other	0.7%	1.4%	2.3%	1.1%	0.0%	1.2%
Walk	31.9%	19.1%	18.2%	28.8%	22.2%	25.8%

#### **Table 8: Primary Method of Travel to Work**

The existing 2005 Travel Plan for Jersey General Hospital set out long term mode share targets which are given in Table 9.

Mode	2005 Long Term Target (by Year 3)	2017 Survey Results
Walking	30%	25.6%
Cycling	10%	9.1%
Bus	6%	7.8%
Car Sharing (passengers)	21%	5.4%

Table 9: 2005 Mode Share Targets

Both walking and cycling mode shares from the 2017 employee survey fall just below the long term mode share target set in 2005, whilst bus mode share has exceeded the long term target of 6%. Car sharing remains significantly below the 21% target set in the 2005 Travel Plan (only 5.4%). Despite this, 32% of car drivers surveyed said they would be willing to car share with colleagues, which suggests there is potential to increase car sharing among employees of Jersey General Hospital. This Travel Plan will outline a number of measures to encourage employees who travel by car to consider car sharing.

A total of 27 respondents (5%) said they either already owned an electric vehicle or planned to buy one within the next five years, while 145 (28%) said they might own one within the next five years. It is important that the future hospital infrastructure caters for people who currently own an EV, as well as allowing those who plan to buy one in the near future to have access to electric charging points.

Table 10 shows where employees typically park their cars in order to get to Jersey General Hospital. Most respondents parked outside of the hospital grounds, with a significant number of drivers using the Patriotic Street Multi Storey Car Park (MSCP). Figure 6 shows that designated hospital parking for staff reaches capacity during the morning peak travel period.

Car Park	Employee Count
Elizabeth Lane	2
Esplanade	2
Les Jardins	1
On-street	1
Other	23
Patriotic Street Multi-Storey	112
People's Park	6
Resident Parking Zone	1
Victoria Avenue Layby 1	8
Victoria Avenue Layby 2	4
Waterfront	1
West Park Apartments	1
Hospital Designated Parking	58
Total	220

#### Table 10: Car Parks typically used by Car Drivers / Motorbikes / Scooters / Mopeds

The survey conducted in January 2017 allowed respondents to comment on what they thought would encourage them to use alternative modes of transport to the private car. Some of the most popular responses included;

- Improved facilities at work (Drying rooms, ironing boards, lockers, showers, changing rooms);
- Better facilities at bus stops;
- More direct / quicker bus routes;
- More frequent bus services;
- Safer cycle routes; and
- Reduced distance from bus stops (both home and work).

Almost 75% of car drivers have a journey time within 30 minutes, with almost all employees taking under 45 minutes to get to work. As many employees live within 30 minutes' drive of the hospital, it is feasible that some of these people will be within cycling distance and could be persuaded to switch to cycling to work for some or all of their working week. People travelling by bus have the largest proportion of journeys over 45 minutes which, together with the comments received from the survey, reinforce the fact that travelling by bus is less convenient. A summary of employee journey times is given in Table 11 overleaf.

Journey Time	Bicycle	Bus	Car (as driver)	Car (as passenger)	Motorbike / Scooter / Moped	Walk	Grand Total
Up to 15 minutes	27.7%	10.0%	22.3%	28.6%	40.0%	46.6%	28.8%
16 - 30 minutes	61.7%	45.0%	52.1%	53.6%	60.0%	35.3%	48.2%
31 - 45 minutes	10.6%	30.0%	21.8%	17.9%	0.0%	15.0%	18.8%
46 - 60 minutes	0.0%	15.0%	2.9%	0.0%	0.0%	2.3%	3.1%
Over 60 minutes	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%	0.4%

**Table 11: Staff Journey Times** 

Improved cycle parking facilities and the provision of safer local cycle routes are seen as being the most important factors to encourage more employees to cycle to work. To encourage car sharing, the majority of staff commented that introducing a car share scheme would be the most likely factor to encourage them to switch to car sharing. This would provide assistance for employees finding somebody to car share with and could be delivered as part of a package of measures, including the allocation of priority car share parking spaces in prominent locations.

### 4.1.2 Patients and Visitors

A total of 566 visitor and patient responses were received from travel survey at Jersey General Hospital although response rates for each question varied. Approximately 64% of patients and visitors travelled to the hospital by car, compared with 50% of staff. When asked 'What would encourage you to use an alternative form of travel?' a significant number of patient and visitors answered 'nothing', which reinforces the fact that it will be difficult to influence patient and visitor travel behaviour. Almost all other responses for this survey question focussed on providing more frequent bus services and lower bus fares with very few answers relating to active travel modes. A breakdown of combined and separate patient and visitor mode shares are given in Table 12 and Table 13 respectively.

Mode	Number of Trips	Mode Share
Car (as driver)	197	39.2%
Car (as passenger)	128	25.5%
Walk	113	22.5%
Bus	31	6.2%
Taxi	9	1.8%
Patient Transport	13	2.6%
Ambulance	3	0.6%
Bicycle	3	0.6%
Motorbike/scooter/moped	3	0.6%
Other	2	0.4%
Total responses	502	

#### Table 12: Combined Patient and Visitor Mode Share

Similar mode share results are seen across patients and visitors, revealing high car use and low levels of cycling.

Table 13: Patient and Visitor Mode Share
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Mode	Patient		Visitor		
	Count	Mode Share	Count	Mode Share	
Car (as driver)	122	33.0%	75	56.8%	
Car (as passenger)	117	31.6%	11	8.3%	
Walk	79	21.4%	34	25.8%	
Bus	24	6.5%	7	5.3%	
Taxi	8	2.2%	1	0.8%	
Patient Transport	11	3.0%	2	1.5%	
Ambulance	2	0.5%	1	0.8%	
Bicycle	3	0.8%		0.0%	
Motorbike/scooter/moped	3	0.8%		0.0%	
Other	1	0.3%	1	0.8%	
Total	370	100%	132	100%	

Whilst patient and visitor data has been included in the Travel Plan, no formal targets have been set in relation to future mode shares. Combined car driver and passenger mode shares are similar for Patients and visitors, with just over 60% of users travelling by car to the hospital. Although it will be difficult to influence patient and visitor travel behaviour, a significant proportion of patients and visitors do not have a disability that affects their mode of travel, as shown in Table 14. Therefore, some of the measures identified in this Travel Plan should be considered for this user group, particularly people who are familiar with travelling to the hospital and make regular visits.

Row Labels	Patient	Visitor	Total	Total %
No	296	125	421	80%
Yes	91	12	103	20%
Grand Total	387	137	524	

#### Table 14: Disability That Affects Travel

Most people travelling by car use the Patriotic MSCP. Table 15 shows main hospital car parks including on-street locations.

Table 15:	Patient and	Visitor	Car Par	k Use
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Car Park	Patient	Visitor	Total	Total %
Dropped off	62	3	65	20.4%
Esplanade	8	1	9	2.8%
On-Street	23	12	35	11.0%
Other	15	7	22	6.9%
Patriotic Street Multi-Storey (ground floor)	60	33	93	29.2%
Patriotic Street Multi-Storey (other floors)	23	17	40	12.5%
People's Park	2		2	0.6%
Sand Street Multi-Storey	7	1	8	2.5%
Waterfront		1	1	0.3%
Within Hospital Grounds	34	10	44	13.8%
Total	234	85	319	100.0%

Table 16 shows potential uptake of EVs among patients and visitors of Jersey Hospital. Although the proportion of patients and visitors that said they already own or plan to own an EV within the next five years is less compared to the staff response, almost 20% of respondents answered either 'yes' or 'maybe', which indicates that there is a requirement for hospital associated infrastructure to meet this demand.

#### **Table 16: Electric Vehicles**

Row Labels	Patient	Visitor	Total	Total %
Maybe	32	17	49	15.7%
No	187	64	251	80.2%
Yes	9	4	13	4.2%
Total	228	85	313	

## 4.2 **Baseline Targets**

The targets that have initially been set respond to the overarching aims of the Travel Plan (to encourage travel by sustainable modes and minimise the number of car trips) and are summarised in Table 17.

Mode	2017 Survey Result	Future Hospital Target (5 year)
Walking	25.6%	30%
Cycling	9.1%	15%
Public Transport (bus)	7.8%	10%
Car Sharing	5.4%	10%

The targets are primarily focused on Jersey General Hospital employees as targets for patients and visitors, whose characteristics are constantly changing, are challenging to achieve and do not meet the SMART principle. By focusing on employees it should be possible to achieve a real change in travel patterns but with longer-term reciprocal benefits to patients and their visitors.

Aim	Indicator	Base.	Year 1 Target	Year 3 Target	Year 5 Target
Encourage walking	Proportion of employees walking to work	25.6%	Increase the proportion of walking trips to 27%	Increase the proportion of walking trips to 28%	Increase the proportion of walking trips to 30%
Encourage travel by bicycle	Proportion of employees cycling to work	9.1%	Increase the proportion of cycling trips to 10%	Increase the proportion of cycling trips to 12%	Increase the proportion of cycling trips to 15%
Encourage travel by public transport	Proportion of employees using public transport	7.8%	Increase the proportion of public transport trips to 8%	Increase the proportion of public transport trips to 9%	Increase the proportion of public transport trips to 10%
Minimise single- occupancy car trips to the hospital	Proportion of single-occupancy car trips by employees	36.2%	Reduce the proportion of single occupancy car trips by 1%	Reduce the proportion of single occupancy car trips by 3%	Reduce the proportion of single occupancy car trips by 5%
Minimise single- occupancy car trips to the hospital	The proportion of employees car sharing	5.4%	Increase the proportion of people car sharing by 1%	Increase the proportion of people car sharing by 3%	Increase the proportion of people car sharing by 5%

The targets in Table 18 reflect the responses given in the staff survey as well as the improved provision for alternative travel modes as part of the Jersey Future Hospital Development. Some of the largest changes in mode share are expected to be seen in walking, cycling and car sharing. The proposed hospital development has the potential to make a positive impact and increase all three mode shares.

Bus travel has a lower target due to limitations with the current service. Unless major changes are made to bus journey times and routes, it is unlikely that employee mode share for this mode of travel will increase significantly. Apart from the planned improvements to the west bound service on the Esplanade stop, where there are currently no waiting facilities, there is no intention to make improvements to the bus network or waiting facilities, so it is unknown whether any further improvements will be made to local bus services.

A significant number of staff who were surveyed said they would be willing to car share. Therefore, this Travel Plan outlines a series of measures to encourage car sharing among hospital employees.

The targets will be monitored throughout the phased development of the Hospital to remain reflective of the current transport facilities. If by the end of a particular year, travel surveys indicate that mode shifts are not following the aspired patterns, the effectiveness of the Travel Plan measures will be reviewed and adjusted accordingly.

#### **Initiatives and Measures** 5

#### 5.1 Introduction

There are a wide variety of possible measures that can be implemented by organisations to promote sustainable initiatives and measures. Figure 8 shows the seven categories that these measures fall into. All but the 'Smarter Choices' are considered Design Measures, which are physical measures that can be implemented in and around the hospital site. The 'Smarter Choices' are softer measures which encourage people to take more sustainable transport options.



#### **Figure 8: Categories of Measures**

#### 5.2 **Proposed Initiatives and Measures**

In response to the aims, objectives and targets proposed within the Travel Plan, a database of potential sustainable travel initiatives and measures have been developed for the hospital and is attached in Appendix B.

The database indicates the benefits (reducing costs, reducing carbon and improving health) of each measure scored on a three-point scale. Interventions that have previously been considered by Jersey General Hospital and included within the 2005 Travel Plan are coloured blue. Though the database contains a range of measures, they are not exhaustive and may require updating in the future due to the nature of a Travel Plan being a 'living document'.

Whilst the database contains individual measures and initiatives, it should be emphasised that implementation of single measures or even a number of measures will not be as effective as a package of measures. Best practice is to consider complementary packages, and it may be necessary to substitute certain measures with others to get the best and maximum impact.

Based on the targets that have been set, informed by the travel survey responses, it is recommended that the following potential interventions from Appendix B are prioritised to offer the greatest benefits and assist the hospital in achieving the targets. These interventions should offer win-win scenarios and generate continuity with regards to sustainable Travel Planning:

- Actively encourage cycling to work – active travel modes including cycling are the most sustainable modes of transport and have many benefits, not only to the environment but to the individual, including improving physical and psychological health. As many employees live within 30 minutes' drive of the hospital, it is feasible that some of these people will be within cycling distance and could be persuaded to switch to cycling to work for some or all of their working week. The survey suggested that improved cycle parking facilities were imperative to encourage people to cycle. Provision for secured/sheltered cycle stands is proposed to double from the existing 72 spaces at the hospital. This is in addition to new cycling facilities which include lockers and showers. Any temporary or long-term updates to cycling routes and facilities throughout the hospitals phased construction should be publicised prior to their implementation and publicised through hospital notice boards and the hospital website. A complementary package of measures promoting the health benefits of cycling should also be actively promoted;
- Improve facilities for pedestrians as part of the infrastructure proposals set out in the TA, pedestrian crossings are proposed on Gloucester Street at the junctions with Newgate Street and Patriotic Place/Seaton Place. New footways are also proposed along the north-west border of the future hospital and towards The Parade. Similar to cycling, the provision of information including walking routes on notice boards and the hospital website/intranet should be periodically updated throughout the phased construction of the hospital to inform staff and visitors of changes to access routes as they become available;
- Encourage travel by bus the survey suggested that employees see the bus as a less convenient option than driving to work. The bus service operator, Liberty Bus, currently offer a range of tickets including an annual pass for frequent users. One of the measures suggested includes installing TV screens in waiting areas providing information on bus timetables. This could be delivered in conjunction with other measures including the offer of an interest free season ticket loan scheme for staff to purchase an annual ticket for public transport. A campaign to raise the awareness of these initiatives should be implemented alongside a complementary campaign which highlights the actual costs of motoring. A leaflet describing the

services serving Jersey Hospital and bus information should also be provided with patient appointment bookings.; and

• Minimising single occupancy car trips – the travel survey responses suggest that for many employees there is a lack of alternative transport available to them either due to distance travelled, hours of work and/or personal circumstances. However, many respondents did indicate that they would be willing to car share. Increasing the focus on car sharing initiatives should therefore assist the hospital in achieving their target of reducing the proportion of employees who drive to work alone by 5% within the next five years. The Travel Plan should therefore focus on promoting a car sharing database and set up informal meetings to allow potential car sharers to become acquainted. Reserved car sharing spaces are also proposed within Patriotic Street MSCP to encourage staff to avoid single occupancy car journeys.

# 6 Management

## 6.1 **Overview**

The overall responsibility of the Travel Plan will remain with the hospital. This will ensure that travel planning measures are fully integrated in the day-to-day running of the hospital and remain throughout its phased development. In order to maximise the chances of success, it is important to have a clear implementation strategy identifying roles and responsibilities to maintain the momentum of the Travel Plan.

It is important to remember that the Travel Plan will be a living document, which means that measures excluded at this time could be reconsidered or reintroduced at any time in the future, during and beyond the phased construction period as the hospital, local community and surrounding transport network evolves. It is recognised that travel needs and patterns will change as development of the site occurs and new measures will become available. It is therefore encouraged that the Travel Plan is fully reviewed on a frequent basis to ensure that the objectives are being met and that the hospital remains at the forefront of Travel Plan advances.

## 6.2 Travel Plan Coordinator

The future hospital will be responsible for appointing a Travel Plan Coordinator with the sufficient time and resources to fulfil the role. It is expected that this role will be a part time position that could be allocated to an existing member of the hospital's administration. The Coordinator will be responsible for a number of tasks, including:

- Promoting and encouraging the use of travel modes other than the car to all staff, patients and visitors;
- Taking ownership of the Travel Plan targets and implementing the necessary measures;
- Establishing a Travel Plan Steering Group to assist in taking initiatives forward;
- Providing a point of contact for travel information for staff, patients and visitors;
- Developing and disseminating appropriate Travel Plan marketing information, and to ensure that all relevant and up to date material is clearly displayed on Travel Plan notice boards around the hospital and staff intranet;
- Arranging for travel surveys to be undertaken when necessary;
- Updating the key milestones, deliverables and the programme outlined in the Travel Plan Action Plan; and
- To act as an example to staff, patients and visitors.

# 6.3 Liaison with Others

In order to secure a successful Travel Plan, it is important that the Coordinator liaises with a range of groups and individuals, including:

- Key stakeholders including the SoJ, DfI and public transport bodies; and
- Staff, patients and visitors of the hospital.

## 6.4 Travel Plan Steering Group

It is proposed that a Travel Plan Steering Group be established to ensure that employees, patients and visitors are engaged with the ongoing review and development of the Travel Plan. All employees will be invited to join the Steering Group and information about meetings will be displayed in areas frequented by patients and visitors.

# 6.5 Marketing and Promotion

It is recognised that for the Travel Plan to be successful, it is essential that the target audience are involved and made aware of its implementation and evolution.

A detailed strategy for on-going promotion and awareness raising of the Travel Plan will be developed by the Travel Plan Coordinator. The strategy will include:

- A series of meetings to explain the purpose of the Travel Plan;
- 'Branding' the Travel Plan to raise its profile and to make it instantly recognisable. An official 'launch event' will be held. All leaflets and publications produced as a part of the Travel Plan will take on this branding; and,
- Information about transport options and the Travel Plan will be included in employee recruitment packs and patient visitor information packs as appropriate.

Transport and travel information will also be provided in areas where people congregate throughout the hospital.

# 7 Monitoring and Review

The Travel Plan sets out what the hospital should do to recognise and address the transport requirements of staff, patients and visitors whilst considering the environmental impact of movements to and from the site. Its overall aim is to enable a modal shift toward sustainable travel to and from the hospital. This should help make a positive contribution to local communities, preserve the natural environment and use resources sustainably and efficiently.

Effective travel planning is an ongoing improvement process and monitoring plays a key part in this.

## 7.1 The Need for Monitoring

An important part of any Travel Plan document is the continual monitoring and review of its effectiveness. It is essential that a Travel Plan document is not a oneoff event, but evolves over time as the hospital is developed. Regular monitoring and reviewing will help to gauge progress towards targets and objectives and, if necessary, enable the Travel Plan document to be refined and adapted in order to improve its progression.

## 7.2 Monitoring

As a living document, there will be the need to update the Travel Plan as required. This requirement should be borne from the monitoring exercise which will take place in year's one, three and five following implementation of the plan. The criteria for monitoring will need to understand the travel needs of staff, patients and visitors so that transport measures can be adapted or added to provide for these needs.

The monitoring will be the responsibility of the Travel Plan Co-ordinator and will review:

- Travel patterns (via a travel survey) comprehensive travel surveys will be undertaken with a commitment to review the Travel Plan targets at each monitoring phase. This review will identify elements of the Plan that are not working as well as others.
- Full Site audit undertaken by the Travel Plan Co-ordinator, the audit will identify any barriers that obstruct walking, cycling and using public transport and make recommendations for improvements; and
- Parking counts (all vehicles including bicycles).

## 7.3 Analysis and Reporting of Monitoring

The Travel Plan Coordinator will lead the development of the monitoring exercise and will be responsible for analysing the data collected. A full monitoring report will be produced by the Travel Plan Coordinator. The report will summarise the monitoring data collected, report on progress with measures that have been implemented and suggest any changes to existing measures or new measures required. Clearly identified targets for the next review period will be established. Following the production of the monitoring report, the Travel Plan Coordinator will be responsible for disseminating its findings to the relevant stakeholder and user groups including DfI Transport Policy.

# 8 Action Plan

Table 19 summarises the potential actions which could be undertaken in order to deliver the Travel Plan objectives. The list of Travel Plan measures outlined in Appendix B is wide-ranging and therefore the Action Plan specifically focuses on potential measures that have been identified as preferable to help the hospital achieve its Travel Plan targets.

This timetable will be reviewed with stakeholders and updated as required throughout and beyond the hospitals phased development. As stated previously, the Travel Plan is an evolving document and as such will be reviewed over time and adapted where necessary to accommodate changing demands and guidance on encouraging sustainable travel.

Mode	Measure	Action	Responsibility	Timescale
All	Travel Plan Coordinator	To be appointed	JFH	Immediate commencement
All	Travel Plan Steering Group	To be established	Travel Plan Coordinator	Year 1
All	Launch Travel Plan / Promote Travel Plan Brand	Establish marketing strategy	Travel Plan Coordinator	Year 1
All	Travel packs – mapping, timetables, location of facilities, information on travel choices	To be prepared and distributed	Travel Plan Coordinator	Year 1
All	Intranet site/notice boards to include public transport information	To be established	JFH/Travel Plan Coordinator	Year 1
Public Transport	Explore discounted travel passes with local operators	To be established	Travel Plan Coordinator	Year 1
Reducing car use	Introduce and encourage staff to use the car sharing database	To be provided	Travel Plan Coordinator	Year 1
Reducing car use	Host informal meetings to allow potential car sharers to meet	To be established	Travel Plan Coordinator	Year 2
Reducing car use	Incorporate dedicated staff car share parking in a prominent location	To be established	Travel Plan Coordinator	On completion of works to Patriotic Street MSCP
Car	Introduce dedicated EV car parking spaces (minimum of 2additional spaces)	To be installed	JFH/DfI Jersey Car Parks	On completion of works to Patriotic Street MSCP
Public Transport (bus only)	Promote the public transport discounts and interest free season ticket loans available to employees to spread the cost of public transport	To be established	Travel Plan Coordinator	Year 2

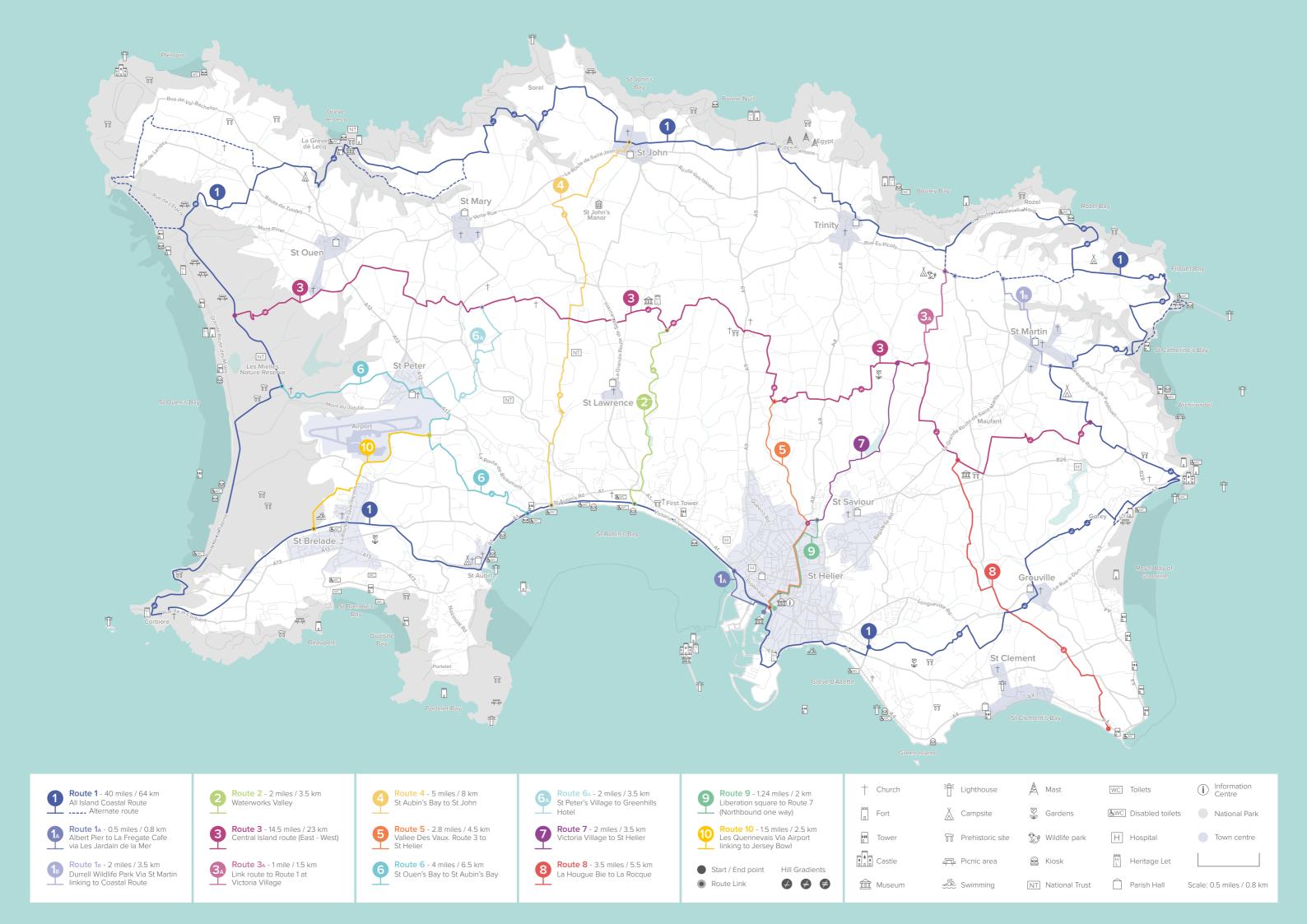
#### Table 19: Action Plan

All	Monitor Travel Plan	Undertake monitoring surveys	Travel Plan Coordinator	Year 3 and Year 5
All	Check site infrastructure	Site audits / parking counts	Travel Plan Coordinator	On-going
Ease of Use	Introduce a Pay by App parking control system	To be installed	DfI Jersey Car Parks	TBC

Appendix A

Cycle Map

ROUTE	DESCRIPTIONS	LENGTH	APPROXIMATE TIME	THINGS TO SEE AND DO	REFRESHMENT STOPS	TOILET STOPS	NO. OF HILLS	DIFFICULTY LEVEL
1	Around Island coastal route. Clockwise	40 miles 64 km	6.5 hours	Liberation Square, Les Jardain de la Mer, Elizabeth Castle, St Aubin's Harbour, Corbière Lighthouse, Les Mielles Nature Reserve, Grève de Lecq Barracks, La Mare Wine Estate, St John's Church, Rozel Harbour, St Catherine's Breakwater. Mont Orgueil Castle and Gorey Village	Old Station Cafe, pubs/cafes at St Aubin's, Le Braye Cafe, pubs/cafes at Grève de Lecq, La Mare Wine Estate, pubs/shops near St John's Church, pubs/cafes at Rozel Harbour, St Catherine's Breakwater and pubs/cafes/shops at Gorey Harbour	St Aubin's Harbour, Corbière, Le Braye, Gève de Lecq, Rozel Bay and Gorey Harbour	7	Difficult
1A	The top of Albert Pier to La Fregate Cafe via Les Jardins de la Mer	0.5 miles 0.8 km	7 minutes	The Jubilee Needle, The Marina, The Freedom Tree, Swimmers 2	Cooper's Cafe, Tiffin, The Radisson Blu Hotel, La Fregate Cafe	None	0	Easy
1B	Durrell Wildlife Park to St Martin	2 miles 3.5 km	15 minutes	Durrell Wildlife Park, St Martin's Arsenal and St Martin's Church	Durrell Wildlife Park and pub/shop near St Martin's Church	Durrell Wildlife Park and pub near St Martin's Church	0	Easy
2	Waterworks Valley	2 miles 3.5 km	30 minutes	Millbrook Reservoir, St Lawrence Millennium Stone and Dannemarche Reservoir	Old Station Cafe and shops en route	Opposite Old Station Cafe	0	Medium
3	Gorey to St Ouen	14.5 miles 23 km	2.25 hours	Gorey Harbour, Mont Orgueil Castle, La Hougue Bie, Eric Young Orchid Foundation, Island Centre Stone, Hamptonne and St Ouen's Church	Pubs/shops at Gorey, La Hougue Bie and Oaklands Lodge	Gorey Harbour, La Hougue Bie and Oaklands Lodge	5	Difficult
ЗА	Victoria Village to Durrell Wildlife Park	1 mile 1.5 km	15 minutes	War Memorial and Durrell Wildlife Park	Durrell Wildlife Park	Durrell Wildlife Park	0	Easy
4	St Aubin's Bay to St John	5 miles 8 km	1.25 hours	Tesson Mill, The Jersey War Tunnels, Morel Farm, St John's Manor and St John's Church	The Jersey War Tunnels and pubs/shops near St John's Church	The Jersey War Tunnels and pub near St John's Church	1	Medium
5	Vallée des Vaux Trinity Hill to Liberation Square	2.8 miles 4.5 km	30 minutes	Springfield Stadium, The Central Market, The Royal Square, St Helier Parish Church, Liberation Square. Southbound one way from Vallée des Vaux	Shops, pubs and restaurants throughout the town	Throughout the town	0	Easy
6	St Ouen's Bay to St Aubin's Bay	4 miles 6.5 km	45 minutes	Val de la Mare Reservoir, German railway bridge and St Peter's Church	Pubs/shops near St Peter's Church	Pubs/shops near St Peter's Church	1	Medium
6A	St Peter's Village to Greenhills Hotel	2 miles 3.5 km	30 minutes	La Hague Manor, Gargate Mill, Inland German bunkers and Greenhills Hotel	Pubs/shops near St Peter's Church and Greenhills Hotel	Pubs near St Peter's Church and Greenhills Hotel	1	Difficult
7	Victoria Village to St Helier	2 miles 3.5 km	15 minutes	Eric Young Orchid Foundation and Grands Vaux Reservoir	Shops en route	None	0	Easy
8	La Hougue Bie to La Rocque	3.5 miles 5.5 km	30 minutes	La Hougue Bie, Grouville Millennium Cross, Croix de la Bataille, Grouville Mill and La Rocque Harbour	La Hougue Bie	La Hougue Bie and La Rocque Harbour	0	Easy
9	Liberation Square to the Caesarean Tennis Club	1.24 miles 2 km	15 minues	Public Library, The Fish Market, Springfield Stadium. Northbound one way	Shops, pubs and restaurants throughout the town	Throughout the town	0	Easy
10	Railway walk to Jersey Rugby & Hockey Club	1.5 miles 2.5 km	15 minutes	Les Quennevais Sports Centre & swimming pool, Jersey Bowl and Rugby Club	Jersey Bowl and Rugby Club	Les Quennevais Sports Centre & swimming pool and Jersey Bowl	0	Easy



Appendix B

Database of Initiatives

 Date
 24 March 2017

 Key
 Green = High / significant impact. Minimal cost, easy to implement

 Amber = Medium / average impact, cost and implementation

**Red** = Low / minimal impact. Expensive, difficult to implement **Blue** = Recommendation included within Jersey General Hospital 2005 Travel Plan

# **1** The Commuter Journey

## **1.1** Measures to Encourage Walking and Cycling to Work

Travel Plan Initiatives and Measures with associated Benefits

Travel Plan Intervention		Benefits	
	Value	Carbon	Health
Priority - Install safe, secure and covered employee cycle parking			
<b>Priority</b> - Provide cloakroom facilities with storage lockers and places to hang wet clothes			
<b>Priority</b> - Provide showers for staff who cycle to work			
Raise awareness through promotional material of the health benefits of walking and cycling			
Produce a map showing safe walking and cycling routes, indicating distances and travel times to common destinations			
Ensure that footpaths and cycle routes are direct, well lit and well maintained (especially those to and from bus stops)			
Ensure that sign posting for pedestrians and cyclists is clear			
Invite local police safety officers and staff to contribute to assessment of pedestrian and cycle routes			
Raise awareness of the Bicycle User Group / Motorcycle User Group (BUG / MUG) to encourage cycling and motorcycling			
Establish a 'cycle buddy' scheme to accompany 'novice' or vulnerable users			
Provide cycle safety training for interested employees			
Car parking on footways and at crossing points should be discouraged and enforcement applied if necessary			
Provide a pool of umbrellas at reception for staff members or visitors			
Provide a puncture repair service, and/or a 'spares box' for cyclists			
Provide personal alarms to staff with concerns over personal security			

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Travel Plan Intervention	Benefits			
	Value	Carbon	Health	
Provide access to self-defence classes for vulnerable staff				
Negotiate preferential rates for cycle insurance				
Introduce an awareness campaigns such as 'Bike to Work Week'				
Arrange for employee health checks to see how their fitness improves with time				
Offer bicycle and safety equipment to employees waiving the rights to car mileage or a parking space				
Encourage presentations by local cycling organisations, cycle shops or maintenance clinics for staff bikes				
Negotiate staff discounts with local cycle shops				
Continue to explore other incentives that could be offered to staff who walk and cycle to work				

## **1.2** Measures to Encourage Travel by Public Transport

Travel Plan Intervention		Benefits	
		Carbon	Health
Priority - Raise awareness of discounted travel passes and season tickets with Liberty Bus			
Priority - Raise awareness of the interest free loans available for public transport season tickets			
Priority - Raise awareness of actual motoring costs and amounts saved through using different modes			
Priority - Set up notice boards/televisions in waiting rooms around the hospital providing up to date public transport information			
Ensure that sign posting to public transport is clear			
Produce a map showing bus routes to the site and the nearest bus stops			
Send public transport information with a location plan to visitors. Provide written directions for reaching the site by bus			
Display public transport information on the Hospital's Intranet and website			
Publicise national public transport telephone help-lines and web-sites that can help to plan journeys			
Set up a Public Transport User Group (PTUG) to encourage the use of public transport			
Provide a local public transport support line for staff and visitors to the site			
Amalgamate loans for cycle purchase with a season ticket loan to enable staff to combine public transport and cycle journeys			
Negotiate with local bus operators to secure alterations to bus timings			
Negotiate with local bus operators to secure additional services to serve the site			
Provide high quality waiting facilities at bus stops serving the site			

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Travel Plan Intervention			
I ravel Flan Intervention		Carbon	Health
Install a change machine on-site (useful when purchasing bus tickets)			
Form a partnership with other local businesses to fund a 'works bus' service			
Provide courtesy shuttle buses to common lunchtime destinations and / or between sites			
Establish a 'bus buddy' scheme to accompany 'novice' or vulnerable users			
Provide an incentive to staff who use public transport to get to work			

## **1.3** Measures to Encourage Car Sharing

Travel Plan Intervention		Benefits	
I raver r fan intervention	Value	Carbon	Health
<b>Priority</b> – Focus on improving and increasing awareness of the car share database			
<b>Priority</b> - Encourage staff, including those who car-share informally, to register with the formal system			
<b>Priority</b> - Set up 'postcode coffee clubs', to allow potential partners to become acquainted and to discuss travel arrangements			
Provide a guaranteed ride home in case of emergency			
Priority - Guarantee prime location parking spaces for car-sharers within Patriotic Street MSCP			
Encourage staff that have children at the same school to car-share			
Encourage staff to car-share when travelling to meetings			
Develop a guide for staff who car share, identifying the rules of the system i.e. charging mechanisms, emergencies and behaviour			
Lower parking charges for car sharers			
Provide a 'reward' to those making their first successful car sharing partnership			
Raise awareness of actual motoring costs and amounts saved through using different modes			
Provide an incentive to staff who car share on their journey to work			

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## **1.4** Measures to Better Manage Car Parking

Travel Plan Intervention	Benefits		
	Value	Carbon	Health
Ensure that sign posting for car parking is clear (especially for visitors and car-sharers)			
Car parking on footways and at crossing points should be enforced effectively, as should blocking and unauthorised parking,			
Introduce realistic parking charges for staff and / or visitors to recoup the cost of providing the spaces			
Agree a method of charging and the rationing of spaces with staff			
Introduce a parking permit scheme giving priority to 'essential users'			
Reallocate parking spaces targeted at specific users			
Relocate senior management parking spaces and introduce premium parking charge			
Car park rationing – limit access to the car park on a rota basis			
Introduce parking 'cash-out' – all staff are allocated a bonus sum from which parking charges are deducted. The less you park			
the higher your bonus			
Offer to buy 'the right to park on site' from staff			

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## 2 Assessment of Travel Plan Measures for Business Travel

### 2.1 Assessment of Travel Plan Measures for Business Travel

Travel Plan Intervention	Benefits		
	Value	Carbon	Health
Encourage the use of alternative modes to the car through companywide policies for travel			
Provide regular transport services between sites			
Provide a pool of business travel passes			
Set mileage targets for business travel in a business plan			
Target the most prolific drivers with particular measures			
Specific scheduling of meeting times and locations around public transport timetables to allow travel by this mode			
Provide a cycle / motorcycle mileage allowance for staff travelling on company business			

## 2.2 Assessment of Travel Plan Measures for Working Practices

Travel Plan Intervention	Benefits		
	Value	Carbon	Health
Provide facilities on-site such as: leisure, crèche, catering, hairdresser, dry cleaning, or banking facilities			
Be flexible with work hours where this can enable the use of public transport to work			
Encourage the use of tele- and video-conferencing where possible			
Priority - Give new staff an information pack on public transport routes / cycle facilities as part of their induction			
Encourage the use of electronic communication			
Use the Travel Plan as a public relations opportunity for both internal and external image – make the most of photo opportunity and environmental initiatives			
Offer new recruits a graduated relocation package relating to distance from the work place			
Encourage staff to use public transport for regularly repeated journeys			
Provide secure facilities for equipment such as lap-top computers – removing the need for staff to carry them unnecessarily			

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# **3** Assessment of Travel Plan Measures for Visitors

Travel Plan Intervention	Benefits		
	Value	Carbon	Health
Promote public transport routes on maps sent to visitors or on publicity about the hospital. Identify the locations of bus stop and			
approximate taxi / bus fare and times between the station and the site			
Provide lifts or taxis from the site to and from local stations			
Encourage visitors to travel by public transport by publicising the fact that the hospital is environmentally aware and has a Travel			
Plan			
Provide complementary public transport tickets or a free taxi ride from the station for visitors to events and meetings			

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# 4 Assessment of Travel Plan Measures for Services

Travel Plan Intervention	Benefits		
	Value	Carbon	Health
Encourage the use of local suppliers			
Rationalise deliveries			
Consider the use of a site visit notice board to encourage doubling up of deliveries			
Encourage the use of electronic communication			