New South Glasgow Hospitals Campus
Travel Plan 2014 - 2015

Contents Amendments Record

This document has been issued and amended as follows:

<table>
<thead>
<tr>
<th>Status/Revision</th>
<th>Revision description</th>
<th>Issue Number</th>
<th>Approved By</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Draft</td>
<td></td>
<td>01</td>
<td>A DeVenny</td>
<td>20/08/2014</td>
</tr>
<tr>
<td>Final Draft</td>
<td></td>
<td>02</td>
<td>A DeVenny</td>
<td>23/10/2014</td>
</tr>
<tr>
<td>Final</td>
<td></td>
<td>03</td>
<td>A DeVenny</td>
<td>03/11/2014</td>
</tr>
</tbody>
</table>
## Contents

1. **INTRODUCTION** ................................................................................................................. 1  
   - Background ......................................................................................................................... 1  
   - NSGHC Planning Context & Programme ................................................................. 1  
   - Travel Plan ......................................................................................................................... 5  
2. **NEW SOUTH GLASGOW HOSPITALS CAMPUS** ............................................. 8  
   - Context ............................................................................................................................... 8  
   - New Build & Infrastructure Developments ............................................................. 9  
   - Traffic & Transport Projects ..................................................................................... 14  
   - Construction .................................................................................................................... 18  
3. **TRAVEL PLAN SUMMARY & ACTION UPDATE** ............................................. 19  
   - Objectives & Targets ....................................................................................................... 19  
   - Action Update .................................................................................................................. 20  
   - Communication ............................................................................................................. 22  
   - Review ............................................................................................................................. 23  
4. **TRAVEL SURVEY REVIEW** .................................................................................... 24  
   - Background ..................................................................................................................... 24  
   - Staff Travel Surveys ....................................................................................................... 24  
   - Conclusions ..................................................................................................................... 26  
5. **TRAFFIC & TRANSPORT SITUATION** ................................................................. 28  
   - Introduction ..................................................................................................................... 28  
   - Walking & Cycling ........................................................................................................ 28  
   - Public Transport ............................................................................................................ 31  
   - Ambulances/ Patient Transport ...................................................................................... 32  
   - Taxis ................................................................................................................................. 32  
   - Private Vehicles ............................................................................................................. 32  
6. **TRAVEL PLAN STRATEGY** .................................................................................... 33  
   - Introduction ..................................................................................................................... 33  
   - Aim, Objectives & Targets ............................................................................................ 33  
   - TP Management Structure .......................................................................................... 35  
7. **ACTION PLAN** ........................................................................................................ 37  
   - Strategic Communication .............................................................................................. 38  
   - Reducing the Need to Travel .......................................................................................... 43  
   - Active Travel .................................................................................................................. 44  
   - Public Transport ............................................................................................................ 44  
   - Managing Car Use ......................................................................................................... 45  
   - Action Implementation Programme ............................................................................ 45  
   - Traffic & Transport Projects Summary ...................................................................... 45
Tables and Figures

Table 1.1 NSGHC Planning Context & Programme ................................................................. 3
Table 1.2 Section 75 Agreement- Travel Plan ....................................................................... 6
Table 2.1 Key Indicator Comparison ..................................................................................... 8
Table 2.2 Staff Relocation to the NSGHC ............................................................................. 9
Table 2.3 Car Parking ............................................................................................................. 13
Table 2.4 Traffic & Transport Projects .................................................................................. 15
Table 3.1 Travel Plan Objectives .......................................................................................... 19
Table 3.2 Staff Mode Share Targets ..................................................................................... 19
Table 3.3 2007 Staff Mode Share- SGH ............................................................................... 20
Table 3.4 Action Update ....................................................................................................... 25
Table 4.1 Staff Mode Share .................................................................................................. 25
Table 5.1 Walk Distances & Times ....................................................................................... 30
Table 5.2 Bus Services, Routes & Frequencies .................................................................... 31
Table 6.1 Staff Mode Share Targets ..................................................................................... 34
Table 7.1 Travel Plan Actions ............................................................................................... 37
Table 7.2 Other NSGHC Traffic & Transport Projects- Summary ........................................ 46
Table 8.1 Monitoring Plan & Programme ............................................................................. 47

Figure 1.1 GG&C Hospital Sites ......................................................................................... 2
Figure 1.2 NSGHC Map ....................................................................................................... 4
Figure 2.1 NSGHC Site Location .......................................................................................... 8
Figure 2.2 New Laboratories ............................................................................................... 10
Figure 2.3 New Adult Hospital and NSGHC ....................................................................... 11
Figure 2.4 New Children’s Hospital .................................................................................... 12
Figure 2.5 NSGHC Car Parking ........................................................................................... 13
Figure 2.6 Phase 1 Fastlink Route ....................................................................................... 16
Figure 2.7 Phase 1 Walking & Cycling Enhancement Locations ........................................... 17
Figure 5.1 NSGHC Traffic & Transport Context ................................................................ 28
Figure 5.2 Points of Access ................................................................................................. 29
Figure 5.3 Cycle Parking ...................................................................................................... 30
Appendices

APPENDIX A NSGHC Masterplan / Arrival Square Drawings
APPENDIX B Pedestrian & Cycle Enhancements
APPENDIX C Survey of Staff Travel to the New South Glasgow Hospital Sites Report of Findings (GG&C, February 2014)
APPENDIX D Travel Plan Action Implementation Programme
APPENDIX E Travel Plan Monitoring & Reporting Programme
1 Introduction

Background

1.1 JMP Consultants Ltd (JMP) has been commissioned by NHS Greater Glasgow and Clyde (GG&C) to prepare a Travel Plan (TP) for the New South Glasgow Hospitals Campus (NSGHC). The TP acts as an update to a TP produced in 2007, by JMP, to support the planning application for the NSGHC and takes cognisance of the Section 75 Agreement associated with that application (07/01158/DC).

1.2 The NSGHC is located in the south of Glasgow near Govan and consolidates the Southern General Hospital (SGH) site. When complete, the NSGHC will include the largest single NHS hospital build project in Scotland comprising of a new 1,109 bed adult hospital, a new 256 bed children’s hospital, new laboratories, a new teaching centre, office accommodation and the refurbishment & upgrade of existing Campus buildings.

1.3 The NSGHC will not only provide healthcare services for the south of Glasgow but will also be a centre of excellence for healthcare at a national level. The updated TP is intended to target staff, patients and visitors at all existing and under construction buildings located within the NSGHC. The TP previously focussed on staff.

1.4 The NSGHC will generate a significant level of travel demands, including those associated with staff, patients and visitors relocating from other hospital sites in Glasgow. Managing travel demand is typically based on either incentivising and/ or restricting certain travel choices. At the NSGHC there is a restriction on car park supply and without incentivising the alternatives it is anticipated that hospital functionality and the operation of the local road network could be affected. There is therefore a real need to ensure that there are sustainable travel alternatives in place and that there are mechanisms to encourage the use of these alternatives.

1.5 In order to support the NSGHC a range of significant transport improvements are proposed, some of which are already under construction including Fastlink. The TP provides the mechanism to implement the behaviour change elements associated with supporting and encouraging sustainable travel choice.

NSGHC Planning Context & Programme

Regional Healthcare Delivery

1.6 In 2002 GG&C agreed the following approach to healthcare provision for the region:

- Adult acute care would be delivered from five hospital sites within Glasgow.
- Two new ambulatory care & diagnostic hospitals would be constructed at the Victoria Infirmary & Stobhill Hospital.
- In-patient services would be provided from three sites - SGH, Gartnavel General and Glasgow Royal Infirmary.
- Full accident and trauma services would be provided from the SGH and Glasgow Royal Infirmary.
1.7 To facilitate GG&C’s approach to healthcare provision a new acute adult hospital was proposed at the SGH site. In 2006 the Board agreed to relocate the Royal Hospital for Sick Children from Yorkhill to the SGH site to complement the site’s existing maternity provision.

1.8 Figure 1.1 details the location of the five agreed hospital sites for future healthcare delivery in the region. Two additional hospital sites are included for reference: the Western Infirmary, which is currently operational but anticipated to close in the future and the existing Royal Hospital for Sick Children at Yorkhill.

1.9 Out-patient services associated with the new acute adult hospital align with the local catchment of the former SGH site, principally the south of Glasgow. GG&C’s approach to healthcare does however increase the catchment area associated with accident & emergency and in-patient care. There will also be an increase in staff based at the NSGHC compared to the former SGH site and there will be a significant transfer of staff, patients and visitors from other Glasgow hospitals, in keeping with the agreed regional healthcare approach.

1.10 In 2013 GG&C also approved the Business Case for a new office block at the SGH site. This office block will cater for clinical and administrative staff relocating from the Western Infirmary, Victoria Infirmary (& Mansionhouse) and Royal Hospital for Sick Children, up to 1,200 staff will be accommodated. The office block will also consolidate existing SGH administrative functions.

Figure 1.1 GG&C Hospital Sites

1. Stobhill Hospital
2. Glasgow Royal Infirmary
3. The Victoria Infirmary (& Mansionhouse)
4. New SGHC
5. Gartnavel General
6. Royal Hospital for Sick Children
7. Western Infirmary
1.11 In 2007, GG&C submitted a planning application (07/ 01158/ DC) to Glasgow City Council (GCC) for the new adult & children’s hospitals and laboratories. JMP supported this application by producing a Transport Assessment (TA) and TP. Planning permission was approved in 2009 subject to conditions and a Section 75 Agreement.

1.12 Further planning applications have been submitted to support new, refurbished and enhanced Campus buildings & healthcare services such as the new office block.

1.13 The new adult and children’s hospitals combined with new laboratories, new teaching facilities, office accommodation and the refurbishment of existing on-site buildings comprises the NSGHC.

1.14 The scale of the NSGHC has implications for safe and sustainable access and a range of measures are proposed to facilitate improved access including: walking & cycling infrastructure upgrades, enhanced bus services, delivering (parts of) Glasgow’s Fastlink and new multi storey car parks (MSCPs). Facilitating safe and sustainable access to the NSGHC forms part of the Section 75 Agreement and the Travel Plan forms a significant part of this Agreement.

1.15 Table 1.1 summarises the NSGHC planning context and programme since 2009. Figure 1.2 includes the NSGHC map while Appendix A includes the NSGHC Masterplan.

Table 1.1 NSGHC Planning Context & Programme

<table>
<thead>
<tr>
<th>Date</th>
<th>Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q4 2009</td>
<td>Refurbishment of SGH Maternity Unit</td>
</tr>
<tr>
<td>Q1 2010</td>
<td>New laboratory development construction start</td>
</tr>
<tr>
<td>Q1 2012</td>
<td>New laboratory development complete</td>
</tr>
<tr>
<td>Q4 2012</td>
<td>New laboratory open &amp; occupied</td>
</tr>
<tr>
<td>Q1 2011</td>
<td>New adult and children’s hospital construction start</td>
</tr>
<tr>
<td>Q1 2015</td>
<td>New adult and children’s hospital anticipated completion date</td>
</tr>
<tr>
<td>Q2 2015</td>
<td>New adult and children’s hospital fully operational</td>
</tr>
<tr>
<td>Q4 2013</td>
<td>New teaching and learning centre construction start</td>
</tr>
<tr>
<td>Q2 2015</td>
<td>New teaching and learning centre anticipated completion date</td>
</tr>
<tr>
<td>Q2 2015</td>
<td>MSCP 1 anticipated completion and formal opening</td>
</tr>
<tr>
<td></td>
<td>MSCP 2 open and operational</td>
</tr>
<tr>
<td>Q2 2016</td>
<td>MSCP 2 extension anticipated completion and opening</td>
</tr>
<tr>
<td>Q1 2014</td>
<td>New office accommodation construction start</td>
</tr>
<tr>
<td>Q1 2015</td>
<td>New office accommodation construction complete</td>
</tr>
<tr>
<td>Q2 2015</td>
<td>New office accommodation opening date</td>
</tr>
<tr>
<td>Q3 2015</td>
<td>Building demolition, landscaping and creation of surface car park development commences</td>
</tr>
<tr>
<td>Q3 2016</td>
<td>Landscaping and car park complete</td>
</tr>
</tbody>
</table>
1.16 It is anticipated that by 1 June 2015 new developments at the NSGHC will be open and fully operational. The final landscaping of the site is anticipated to be complete by summer 2016. Chapter 2 includes more detail on the development programme at the NSGHC.

Figure 1.2 NSGHC Map

1- New adult hospital- 1,109 beds (due to be complete 2015)
2- Arrival Square- transport hub for taxis, Fastlink and buses (due to be complete 2015)
3- Car parks- combined 3,500 spaces* (due to be complete 2016)
4- New children’s hospital- 256 beds (due to be complete 2015)
5- New laboratory development (completed and occupied 2012)
6- Langlands Building for older people rehabilitation services
7- Maternity Unit (refurbished in 2009)
8- Institute of Neurosciences (recently refurbished)
9- The Queen Elizabeth National Spinal Injuries Unit (location of future development)
10- New teaching & learning centre (due to be complete 2015)
11- WestMARC (West of Scotland Mobility & Rehabilitation Centre)

New office accommodation, located to the east of the new teaching centre, due to be complete in 2015.
New co-located emergency departments, located to the south of the new adult hospital due to be complete 2015.
New landscaped park located to the north of the new adult hospital, due to be complete in 2016.
Demolition of existing out-patient and emergency department for surface car parking.

www.nhsggc.org.uk *consented number of parking spaces

1.17 The NSGHC has been designed to facilitate the movement of people within hospital buildings and connections will be provided linking new buildings at-grade and underground.

1.18 Two listed buildings will remain within the NSGHC including the Clock Tower Building.
Travel Plan

New South Glasgow Hospitals Campus Travel Plan

1.19 The updated TP is intended to go ‘live’ in autumn/winter 2014 (November), approximately 4 months prior to completion of the main NSGHC buildings and 7 months prior to full occupation. The TP will be implemented and managed by the Travel Planning & Systems Manager (Travel Plan Coordinator (TPC)). GG&C have recruited a TPC and this person is now in the post.

1.20 The TP has been informed by information provided by GG&C and key stakeholders. Staff travel information collected by GG&C in 2013 forms the basis of understanding travel behaviour, particularly mode of travel. Travel behaviours at the NSGHC will change as new buildings open and staff, patients and visitors transfer to the Campus. It will therefore be necessary to undertake further travel surveys in 2015.

1.21 The TP takes cognisance of the TA produced by JMP to support the planning application (07/ 01158/ DC). The TP is one of many mechanisms proposed to mitigate the effects of the NSGHC on the local and strategic road network. In this respect the TA concluded that the operation of the road network would be detrimentally affected if travel demands could not be managed appropriately. A mode share target of 45% for staff single occupancy travel formed part of the TA and TP. This mode share target equates to a 20% reduction in single occupancy staff travel, compared to SGH travel behaviour and forms part of the Section 75 Agreement. Parking supply at NSGHC was quantified by the TA and mode share target, thus there is a real emphasis on ensuring alternative travel choices are available from the outset.

1.22 In addition to mode share targets, the Section 75 Agreement also makes reference to traffic flow volumes, it will therefore be necessary to undertake traffic surveys once the new adult and children’s hospitals are operational to monitor movements on and off the Campus.

1.23 Given the scale of development at the NSGHC there is a need to effect real travel behaviour change. This TP has a one year programme, with a specific focus on the period leading up to the completion and occupation of new buildings at the NSGHC. By its very nature the TP will be updated in 2015 when the new hospitals/ facilities are operational and site specific quantitative and qualitative data can be collected. The TP will be updated yearly thereafter, thus allowing the Plan to focus on different aspects of transport as required.

1.24 JMP has scoped and agreed the parameters of the TP with GCC and GG&C. GCC noted the requirement for the TP to be ‘hard hitting’ and to consider a phased approach as staff, patients and visitors relocate to the NSGHC.

1.25 As stated this TP acts as an update to the previous TP (2007) and covers the following scope:

- Review of the NSGHC development proposals and traffic & transport projects.
- Review of the objectives, targets and Actions included in the previous TP (2007). Demonstration of progress made in respect of previous TP Actions.
- Re-evaluate the baseline traffic & transport context at the NSGHC.
- Review key travel survey results collected in 2013.
• Update TP aims, objectives and targets taking cognisance of the Section 75 Agreement and the baseline situation as of 2014.

• Provide an updated Action Plan for the Campus identifying a clear implementation strategy and programme for supporting and encouraging sustainable travel behaviour with a particular focus on Actions for implementation prior to the completion of key NSGHC developments in 2015.

• Strategy for monitoring the Travel Plan including detail on how future travel information will be collected and reported.

1.26 Transport infrastructure and services, e.g Fastlink and enhanced bus services are being led by GG&C and others. In partnership with GG&C, GCC also have some obligations to support the NSGHC for example facilitating enhanced pedestrian & cycle routes and implementing off Campus parking controls. The TP includes reference to transport infrastructure at the NSGHC however the focus of the Plan is on supporting and encouraging the behaviour change element of travel demand management.

1.27 GG&C are committed to the implementation of this Travel Plan and have agreed to the Actions described in this Plan.

Section 75 Agreement

1.28 Table 1.2 illustrates the high level particulars of the Section 75 Agreement, relating to the Travel Plan.

Table 1.2 Section 75 Agreement- Travel Plan

<table>
<thead>
<tr>
<th>Particular</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not less than 6 months prior to the anticipated date of first occupation a TP will be submitted.</td>
<td>This TP will be submitted 4 months prior to the anticipated construction completion and 7 months prior to occupation.</td>
</tr>
<tr>
<td>Appointment of TPC, no later than 6 months before anticipated occupation.</td>
<td>A TPC was appointed in summer 2014, 9 months prior to anticipated occupation.</td>
</tr>
<tr>
<td>Annual reporting to be provided on the anniversary of the submission of the ‘first’ report.</td>
<td>Commitment from GG&amp;C to adhere to this particular. The appointed TPC will be responsible for the submission of yearly TPs.</td>
</tr>
</tbody>
</table>

1.29 The detailed scope of the TP as described in the Section 75 Agreement has been considered from the outset in this TP.

TP Context, Policy & Guidance

1.30 A TP is a site specific management tool designed to encourage people to rethink their travel choices and requirements in order to minimise and manage the impacts of travel on the environment. A large part of the TP is providing individuals with the relevant information so they are equipped to consider a change of travel behaviour. A TP also provides the mechanism to consider innovative transport, behaviour change and workplace planning initiatives.

1.31 A TP is a continuous and evolving document requiring monitoring, review and revision to ensure that it remains relevant. The benefits of a TP for employers, employees and the wider community are extensive and include:
• Improving the environmental credentials of the employers business;
• Alleviating car parking shortages;
• Reducing the carbon footprint of the organisation/ development;
• Reducing the traffic impact on the local road network;
• Improving the health and wellbeing of the workforce through formation of active travel patterns; and
• Staff retention and recruitment.

1.32 The provision of a TP compliments Scottish Planning Policy and Planning Advice Note 75.

1.33 The Regional Transport Strategy, Glasgow and the Clyde Valley Strategic Development Plan, Glasgow City Plan and Glasgow’s Local Transport Strategy all seek to support and encourage land use planning which integrates with the local transport network while supporting sustainable travel choice through the production and implementation of TPs. Again the provision, implementation and management of a TP at the NSGHC compliments regional and local planning policy.

1.34 GG&C are committed to travel planning at their sites. All large hospitals in the Glasgow region have an active TP and the Travel Planning & Systems Manager (TPC) has a remit to implement, monitor, review and revise TPs to best meet the needs of site users. The TPC will be supported by senior management.
2 New South Glasgow Hospitals Campus

Context

2.1 This Chapter illustrates the base situation at the NSGHC upon opening of the new adult & children’s hospitals in 2015 and considers:

- NSGHC developments;
- Traffic and transport projects designed to support the NSGHC; and
- Strategic improvements proposed to Glasgow’s transport network.

2.2 Figure 2.1 illustrates the location of the NSGHC, located at the former SGH site near Govan. Appendix A contains the NSGHC Masterplan.

Figure 2.1 NSGHC Site Location

2.3 Table 2.1 provides a comparison of key indicators between the NSGHC and the former SGH site.

Table 2.1 Key Indicator Comparison

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Former SGH</th>
<th>NSGHC 2014</th>
<th>NSGHC 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of beds (total)</td>
<td>Circa 900</td>
<td>Circa 900</td>
<td>1,900</td>
</tr>
<tr>
<td>Full and part time staff (total)</td>
<td>4,230</td>
<td>4,560</td>
<td>10,560</td>
</tr>
<tr>
<td>Car parking spaces</td>
<td>1,384</td>
<td>1,750</td>
<td>2,369</td>
</tr>
<tr>
<td>Cycle parking spaces</td>
<td>44</td>
<td>Circa 100</td>
<td>529</td>
</tr>
</tbody>
</table>
2.4 The current patient/visitor activity at the NSGHC (2014) is 444,000 persons per annum. This is anticipated to increase to approximately 653,000 persons per annum when the new hospitals are open (2015).

2.5 Table 2.2 provides a detailed breakdown of staff relocating from other Glasgow hospitals to the NSGHC. This breakdown is in addition to the staff already ‘based’ at the NSGHC (former SGH site).

Table 2.2 Staff Relocation to the NSGHC

<table>
<thead>
<tr>
<th>Relocation Hospital</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glasgow Royal Infirmary</td>
<td>Circa 22</td>
</tr>
<tr>
<td>The Victoria Infirmary and Mansionhouse</td>
<td>1,640</td>
</tr>
<tr>
<td>Gartnavel General</td>
<td>566</td>
</tr>
<tr>
<td>Royal Hospital for Sick Children (Yorkhill)</td>
<td>1,921</td>
</tr>
<tr>
<td>Western Infirmary</td>
<td>1,748</td>
</tr>
<tr>
<td>Royal Alexandra Hospital (Paisley)</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,907</strong></td>
</tr>
</tbody>
</table>

2.6 Staff working patterns at the NSGHC vary but are typically as follows:

- Nursing staff 12 hour shift pattern, 07:15-19:30 or 19:30-07:30
- Administrative staff 09:00-17:00

2.7 GG&C have recently implemented a revision to hospital visiting times across the region. Visiting times are now daily 12:30 - 20:00. This is intended to be more flexible for the public and will seek to help ‘spread’ traffic demands.

**New Build & Infrastructure Developments**

**New Laboratories**

2.8 The new laboratories opened in 2012 providing 25,000 sqm of floorspace over 5 storeys. 800 staff are based in the laboratories and subterranean connectivity is provided to the under construction adult & children’s hospitals. Facilities management services for the Campus are also located in the new laboratories as are mortuary services. Vehicular access to the new laboratories is from Hardgate Road and Govan Road and is restricted to emergency services vehicles, mortuary and NHS vehicles only.

2.9 Staff based in the new laboratories can make use of cycle parking provided adjacent to the main laboratory entrance. The new laboratories are less than a minutes’ walk from Arrival Square (under construction). Figure 2.2 illustrates the new laboratories as of spring 2014.
Arrival Square

2.10 Arrival Square will be a dedicated transport interchange located within the NSGHC adjacent to the new adult & children's hospitals. Arrival Square will be accessed from Govan Road and Hardgate Road via a new route and junction with Govan Road. Access to Arrival Square is for public transport, patient transport, taxis, emergency vehicles and NHS vehicles only. Located in a central position within the Campus, the Square will provide access to Fastlink and other bus services. A taxi rank and patient transport drop off facilities will also be provided. Shelters, seating and real time travel information will be provided at Arrival Square. The entire Campus is within a 5 minute walk of Arrival Square.

2.11 A transport office will be provided in the foyer of the new adult hospital as will real time travel information.

2.12 Construction of Arrival Square is currently underway and is anticipated to be operational for the opening of the new adult & children's hospitals in 2015. The programme associated with Fastlink and bus services accessing Arrival Square is detailed further in this Chapter. More detailed drawings of Arrival Square are included in Appendix A. Arrival Square will be part of a Quality Bus Corridor, thus only operators which satisfy Strathclyde Partnership for Transport (SPT) requirements will be permitted to access Arrival Square.
New Adult and Children’s Hospitals

2.13 The new adult hospital, due to open in 2015, will be a 14 floor building with 1,109 beds and a roof top helipad. Shops, a cafe and restaurant will be provided. Connections will be provided linking the hospital to the new children’s hospital and the Institute of Neurosciences.

2.14 The new children’s hospital will have 256 beds within a 5 storey building. Connections will be provided to the redeveloped maternity unit. The new children’s hospital is due to open in 2015. A new co-located emergency department will also be provided for adults & children, accessed via Hardgate Road and Govan Road. Dedicated ambulance-only areas will be provided at the new emergency department.

2.15 Arrival Square is an approximate 1 minute walk from the new adult and children’s hospitals. Staff, patients and visitors to the new hospitals will also be able to make use of new and existing car parks. Cycle parking will be provided throughout the NSGHC and buildings will have showers and changing areas for staff.

2.16 Figures 2.3 and 2.4 include artist’s impressions of the new adult & children’s hospitals.

**Figure 2.3 New Adult Hospital and NSGHC**

[Image: New Adult Hospital and NSGHC]

[www.nhsggc.org.uk](http://www.nhsggc.org.uk)
2.17 The new Teaching & Learning Centre is a joint venture between the University of Glasgow (UoG) and GG&C and is intended to support medical teaching and research. The Centre will replace the existing Walton Conference Centre. A 500 seat lecture theatre will be provided as well as an innovation centre. Construction commenced in 2013 and is due to be complete in 2015. The Teaching & Learning Centre is located to the east of the new adult hospital.

New Office Accommodation

2.18 The new office block will provide 1,200 workspaces for clinical and administrative staff relocating to the NSGHC from the Western Infirmary, Victoria Infirmary, parts of the existing Southern General site and Royal Hospital for Sick Children. Construction commenced in 2014 and is due to be complete and operational by summer 2015. The new office block is located to the east of the Teaching & Learning Centre.

2.19 Showers and changing areas will be provided and the building has been designed to support ‘hot-desking’ and ‘agile working’.

Car Parking

2.20 New multi storey car parks are proposed to support the NSGHC, in addition to existing surface car parks. In total there will be 3,468 spaces. Table 2.3 summaries the car park proposals.
Table 2.3  Car Parking

<table>
<thead>
<tr>
<th>Car Park</th>
<th>Number of Spaces</th>
<th>Anticipated Opening Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSCP 1</td>
<td>895</td>
<td>April 2015</td>
</tr>
<tr>
<td>MSCP 2</td>
<td>691</td>
<td>Operational as of 2014</td>
</tr>
<tr>
<td>MSCP 2 extension</td>
<td>900</td>
<td>Q2 2016</td>
</tr>
<tr>
<td>3</td>
<td>198</td>
<td>Operational (existing surface car parking)</td>
</tr>
<tr>
<td>4</td>
<td>199</td>
<td>Q3 2016</td>
</tr>
<tr>
<td>Various</td>
<td>Approx 585</td>
<td>Operational (existing surface car parking)</td>
</tr>
</tbody>
</table>

2.21 The car park proposals indicate that upon occupation of the new adult and children’s hospitals in 2015 there will be a shortfall of 1,131 spaces (in respect of the 3,500 spaces which formed part of the planning application consent). By 2016, there will be a shortfall of 32 spaces at the Campus.

2.22 GG&C are currently investigating the feasibility of acquiring a site for use as a temporary staff car park (approximately 800 spaces). Consideration is also ongoing with regard to Park & Ride opportunities.

2.23 Figure 2.5 illustrates the NSGHC car park proposals.

Figure 2.5  NSGHC Car Parking

GG&C 2014
2.24 MSCP 1 will have a ‘drop and move’ area located in the ground floor. A waiting area will also be provided and GG&C are currently investigating the feasibility of providing shuttle buggies for those with mobility difficulties from MSCP 1 to the main adult hospital entrance at Arrival Square.

2.25 Car parks will be accessible from Govan Road and Hardgate Road. A revised Car Park Strategy is currently being prepared by GG&C which details how car parks will be accessed, controlled and managed. The outcomes of this Strategy will be in place prior to the opening of the new hospitals in 2015.

Demolition and Landscaping

2.26 Following the opening of the new hospitals, the existing surgical blocks located to the north of the new adult hospital will be demolished to create a new landscaped park and recreational area, anticipated to be complete in 2016.

2.27 The existing emergency department and out-patient buildings, located in the north of the Campus, will be demolished in 2016 and approximately 200 car parking spaces provided at this location (Car Park 4).

Future Development Opportunities

2.28 In addition to the numerous projects already underway at the NSGHC there are future development opportunities including the ICE House at the National Spinal Injuries Unit, which is being led by the UoG.

2.29 The TP targets all staff, patients and visitors at existing, under construction and proposed NSGHC buildings. The evolving nature of the TP will ensure it adapts to the changing baseline situation.

Traffic & Transport Projects

2.30 There is a real challenge in managing increased travel demands associated with the NSGHC, not only in respect of ensuring those ‘relocating’ to the Campus are provided with sustainable travel choices but that the impact of increased demand does not detrimentally affect the transport resource and local Govan community. It is also important to note that the former SGH site was subject to periods of congestion and suffered from a layout which was not conducive to sustainable accessibility. The NSGHC Masterplan provides the opportunity to provide purpose built transport infrastructure thus improving upon the nature of the former SGH site.

2.31 Significant investment has been allocated to enhancing the accessibility of the NSGHC. Partnerships have been established between GG&C, GCC, Sustrans & SPT to deliver such enhancements. Along with the requirement for a TP, improvements to accessibility also form part of the Section 75 Agreement.

2.32 Table 2.4 summarises traffic & transport projects designed to support the NSGHC. Wider strategic improvements to Glasgow’s transport network, which may affect the accessibility of the NSGHC are also detailed in Table 2.4. More detail relating to proposals associated with the Section 75 Agreement is provided in the following paragraphs.
### Table 2.4 Traffic & Transport Projects

<table>
<thead>
<tr>
<th>Proposal/Project</th>
<th>Summary</th>
<th>Programme</th>
<th>Responsibility</th>
<th>Section 75</th>
<th>GG&amp;C Allocated Funding (as per Section 75)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revisions to SGH accessibility</td>
<td>Upgrade and creation of vehicular and pedestrian access points and improvements to streetscape</td>
<td>Ongoing</td>
<td>GG&amp;C</td>
<td>✓</td>
<td>As part of new build costs</td>
</tr>
<tr>
<td>Phase 1 Fastlink</td>
<td>High quality bus system which utilises dedicated bus lanes on the existing road network.</td>
<td>Operational by 2015.</td>
<td>SPT, GCC, NHSGGC, Renfrewshire Council &amp; West Dunbartonshire Council</td>
<td>✓</td>
<td>£1.5m</td>
</tr>
<tr>
<td>Enhanced bus services</td>
<td>Increase in the number of buses directly serving the Campus and changes to service routes.</td>
<td>Ongoing</td>
<td>SPT, GG&amp;C</td>
<td>✓</td>
<td>£2.225m</td>
</tr>
<tr>
<td>Pedestrian &amp; cycle enhancements</td>
<td>Off campus improvements to walking and cycling routes adjacent to the NSGHC.</td>
<td>2014-2016</td>
<td>GG&amp;C, Sustrans, GCC</td>
<td>✓</td>
<td>£0.75m</td>
</tr>
<tr>
<td>On-street parking controls</td>
<td>Introduction of resident's parking permits.</td>
<td>2014-2016</td>
<td>GG&amp;C, GCC</td>
<td>✓</td>
<td>£0.75m</td>
</tr>
<tr>
<td>Subway modernisation</td>
<td>Significant upgrade to subway stations and services.</td>
<td>2011-2018</td>
<td>SPT</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Govan interchange</td>
<td>Provision of a fully integrated interchange for subway, Fastlink and bus services.</td>
<td>Ongoing</td>
<td>SPT</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

**Fastlink**

2.33 Figure 2.6 illustrates the Fastlink route (indicative). This route comprises Phase 1 of Fastlink, long term, there are proposals to extend Fastlink to Braehead and to create a separate route to the north of the River Clyde, connecting the City Centre to West Dunbartonshire.
2.34 Fastlink will utilise dedicated bus lanes which will run alongside or form part of the existing road network. No other private road vehicles will be able to utilise Fastlink lanes. New/ enhanced bus stops will also be provided. Construction of the bus lanes and alteration of existing road junctions is underway and it is envisaged that the lanes will be operational shortly. New Fastlink buses will be ready by 2015 and there is a long term programme to upgrade existing bus corridors to Fastlink standards by 2020.

2.35 It is envisaged each Fastlink bus will be capable of accommodating approximately 50 persons, as well as wheelchairs/ buggies. Journey times between the NSGHC, Govan Interchange and Central Station will be approximately 6 and 15 minutes, respectively. The frequency of Fastlink services is anticipated to be approximately every 10 minutes at peak periods and 20 minutes off peak.

2.36 Fastlink buses will access the NSGHC from a new junction and route from Govan Road. Within the Campus, Fastlink buses will be able to turn and exit via the boulevard route and onto Govan Road. Long term Fastlink buses will route through the Campus onto Hardgate Road for onward travel to Braehead.

2.37 GG&C have contributed £1.5m towards the cost of Fastlink, approximately 4% of the total project cost. It is envisaged that Fastlink Phase 1 will be operational for the opening of the new adult and children’s hospitals (summer 2015).

Enhanced Bus Services

2.38 In partnership with SPT, GG&C are currently in the process of identifying where enhancements can be made to bus services and where the best opportunities are to ensure high bus patronage is achieved. Over £2m has been allocated to enhancing services, it is anticipated this will be directed towards:

- Encouraging travel interchanges by public transport.
- Encouraging commercial operators to enter the NSGHC from Govan Road. Although some operators already directly serve the Campus, the internal layout of the site can lead to congestion. This has been resolved with the development of Arrival Square.
• Encouraging commercial operators to review and revise timetables/ routes to better cater for the needs of staff, patients and visitors.

• Improving the quality of bus services already entering the NSGHC.

• Providing a cross River bus service to cater for demands associated with the relocation of staff, patients and visitors from hospitals in the north of the City.

• Providing connectivity to the east, e.g Shawlands and surrounding environment to cater for the ‘relocation’ of services to the NSGHC from the Victoria Infirmary.

• Ensuring those with mobility difficulties are catered for.

• Ensuring staff who work shifts are considered including consideration of early start times and late finishes.

2.39 It is envisaged that bus enhancements will be in place for the opening of the new adult and children’s hospitals in 2015. The enhancement programme will be ongoing and must be flexible to changing circumstances at the NSGHC. On-going consultation will be undertaken with SPT and GCC relating to bus enhancements.

Pedestrian & Cycle Improvements

2.40 Figure 2.7 illustrates the location of pedestrian and cycle enhancements, which are currently being implemented as Phase 1 of the improvement programme. CCTV and help point improvements are also currently underway in the Clyde Tunnel.

Figure 2.7 Phase 1 Walking & Cycling Enhancement Locations
Phase 1 enhancements include:

- Shared paths;
- Pedestrian/ cycle crossings;
- Advanced stop lines;
- Increased footway widths; and
- Improved signing and lining.

Appendix B contains the drawing designs for Phase 1 enhancements. Traffic Regulation Orders (TROs) to support the designs are being progressed separately. Phase 1 enhancements will be in place for the opening of the new adult and children’s hospitals in 2015.

Phases 2 and 3 of the enhancement programme will be delivered in 2014/2015 and 2015/2016, respectively. Enhancement locations and designs for future Phases have yet to be confirmed.

GCC, GG&C and Sustrans are funding the improvements, with GCC responsible for implementation.

GG&C have also recently commissioned a study relating to streetscape and pedestrian/ cycle accessibility from Moss Road (A739) to the new adult and children’s hospitals. The recommendations of the study will be considered for implementation as appropriate.

On-Street Parking Controls

GCC are responsible for implementing parking controls and local councillors and members of the public are currently taking part in relevant consultations. At this stage the following indicative programme is associated with parking controls:

- Phase 1- promotion of TROs along key streets adjacent to the NSGHC and implementation by December 2014.
- Phase 2- promotion of TROs and implement resident parking key zones surrounding the NSGHC by summer 2015.
- Phase 3- implementation of further resident parking controls should these be warranted by demand/issues.

This TP takes cognisance of traffic and transport projects designed to support the NSGHC with a focus on ensuring staff, patients and visitors are encouraged to make use of Fastlink, enhanced bus services and improved active travel infrastructure. Disincentivising off-Campus parking will be delivered via resident parking controls and TRO enforcement.

Construction

In order to facilitate construction there are a number of temporary measures currently in place such as no-entry restrictions. A construction compound located to the west of Hardgate Road has been created to cater for construction staff parking. Post construction this compound has been identified as a possible NSGHC temporary staff car park.
3 Travel Plan Summary & Action Update

Objectives & Targets

3.1 Table 3.1 summarises the Travel Plan objectives included in the previous TP (2007) to support the NSGHC planning application (07/ 01158 / DC).

Table 3.1 Travel Plan Objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>Sub-objectives</th>
</tr>
</thead>
</table>
| Overarching | 1- To reduce the need to travel and distance travelled.  
| | 2- Encourage both commuting and business trips by the most sustainable mode practicable.  
| | 3- Minimise the transport element of the NSGHC’s carbon footprint. |
| 1 | • Raise awareness and use of sustainable travel as part of wider GG&C policies and objectives.  
| | • Review essential user status (on-call doctors etc).  
| | • Improve access to pool vehicles to reduce the need to bring a car to work (if applicable).  
| | • Review meeting policy to reduce personnel attendance.  
| | • Facilitate and promote car sharing to meetings.  
| | • Consider expanding home working and compressed working week. |
| 2 | • Develop a decision hierarchy for business travel modes.  
| | • Reimburse only public transport costs where this is viable.  
| | • Allocate staff resources and budget for travel planning.  
| | • Facilitate and promote sustainable commuting.  
| | • Develop a travel campaign for staff, patients and visitors. |
| 3 | • Provide travel guidance to all staff.  
| | • Minimise carbon dioxide emissions from NSGHC business and commuter travel.  
| | • Reduce the cost (absolute & staff-time) of business travel.  
| | • Improve work/ life balance. |

3.2 Targets are essential for monitoring the progress and success of a TP and should be ‘SMART’ – specific, measurable, achievable, realistic and time-related.

3.3 Table 3.2 details the mode share targets included in the TP relating to staff travel. Again it is important to note that these targets now form part of the Section 75 Agreement and are necessary to mitigate the impact of the NSGHC on the local transport resource.

Table 3.2 Staff Mode Share Targets

<table>
<thead>
<tr>
<th></th>
<th>2007 (SGH)</th>
<th>Occupation of NSGHC (2015)</th>
<th>Section 75 Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Car driver alone</td>
<td>65%</td>
<td>45%</td>
<td>✓</td>
</tr>
</tbody>
</table>
3.4 Table 3.2 illustrates a 20% target modal shift for staff driving alone to the NSGHC. This is a considerable target and one which will require significant resources to obtain. A breakdown of how this 20% target could be achieved, and as detailed in the previous TP (2007), is as follows:

- 7% increase in car sharing;
- 3% increase in cycling;
- 3% increase in walking;
- 5% increase in bus use; and
- 2% increase in train travel.

3.5 When these targets were established the level of significant investment in public transport services was unquantified (Fastlink/ enhanced bus services) thus it will be necessary to revise specific mode share targets, which are detailed in Chapter 6. It is important to note that no change is proposed to the target 20% reduction in single occupancy vehicle trips.

3.6 Table 3.3 summarises the 2007 staff mode share at the SGH site.

### Table 3.3 2007 Staff Mode Share - SGH

<table>
<thead>
<tr>
<th>Mode</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Car (lone driver)</td>
<td>65%</td>
</tr>
<tr>
<td>Car (as driver with passenger(s))</td>
<td>8%</td>
</tr>
<tr>
<td>Car (as passenger)</td>
<td>5%</td>
</tr>
<tr>
<td>Train</td>
<td>2%</td>
</tr>
<tr>
<td>Bus</td>
<td>12%</td>
</tr>
<tr>
<td>On foot</td>
<td>4%</td>
</tr>
<tr>
<td>Bicycle</td>
<td>2%</td>
</tr>
<tr>
<td>Taxi</td>
<td>0%</td>
</tr>
<tr>
<td>Motorbike</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
</tr>
</tbody>
</table>

### Action Update

3.7 Table 3.4 summarises the Actions included in the TP (2007) to support staff travel to the NSGHC. It is important to note that these Actions were based on the baseline situation of the SGH site and GG&C operations as of 2007. It also illustrates progress in respect of Action implementation.

### Table 3.4 Action Update

<table>
<thead>
<tr>
<th>Action</th>
<th>Implementation</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction of public transport information stands at reception points.</td>
<td>✓</td>
</tr>
<tr>
<td>Action</td>
<td>Implementation</td>
<td>Outcome</td>
</tr>
<tr>
<td>--------</td>
<td>----------------</td>
<td>---------</td>
</tr>
<tr>
<td>2</td>
<td>Include leaflets relating to cycle facilities and routes at information stands, as well as information on inter-site transport provision and specially targeted travel guides.</td>
<td>✔️</td>
</tr>
<tr>
<td>3</td>
<td>Carry out a detailed review of pedestrian provisions.</td>
<td>✔️</td>
</tr>
<tr>
<td>4</td>
<td>Introduction of bollards, pedestrian guardrail or planters at critical locations.</td>
<td>✔️</td>
</tr>
<tr>
<td>5</td>
<td>Establish if shower facilities are sufficient, and monitor their use.</td>
<td>✔️</td>
</tr>
<tr>
<td>6</td>
<td>Increase the provision of secure, covered cycle racks.</td>
<td>✔️</td>
</tr>
<tr>
<td>7</td>
<td>Production and circulation of cycle route maps, including information on the intranet.</td>
<td>✔️</td>
</tr>
<tr>
<td>8</td>
<td>Ensure transport helpline is equipped to deal with cycle queries.</td>
<td>✔️</td>
</tr>
<tr>
<td>9</td>
<td>Promotion of cycle purchase scheme.</td>
<td>✔️</td>
</tr>
<tr>
<td>10</td>
<td>Investigate an increase to the cycle mileage allowance.</td>
<td>✔️</td>
</tr>
<tr>
<td>11</td>
<td>Set up a bicycle user group.</td>
<td>✔️</td>
</tr>
<tr>
<td>12</td>
<td>Introduce a bike rental system.</td>
<td>✔️</td>
</tr>
<tr>
<td>13</td>
<td>Conduct a cycling to work programme.</td>
<td>✔️</td>
</tr>
<tr>
<td>14</td>
<td>Facilitate a cycling roadshow at the Campus.</td>
<td>✔️</td>
</tr>
<tr>
<td>Action</td>
<td>Implementation</td>
<td>Outcome</td>
</tr>
<tr>
<td>--------</td>
<td>----------------</td>
<td>---------</td>
</tr>
<tr>
<td>15</td>
<td>Campaign to raise awareness of public transport provision.</td>
<td>✓</td>
</tr>
<tr>
<td>16</td>
<td>Negotiate a discount with the operators of annual travel cards.</td>
<td>✓</td>
</tr>
<tr>
<td>17</td>
<td>Provide a subsidy on annual travel cards.</td>
<td>✓</td>
</tr>
<tr>
<td>18</td>
<td>Provision of interest free loans for the purchase of annual travel cards.</td>
<td>✓</td>
</tr>
<tr>
<td>19</td>
<td>Provide appropriate staff with an opportunity to work from home.</td>
<td>✓</td>
</tr>
<tr>
<td>20</td>
<td>Develop a policy on the appropriate use of taxis for business purposes.</td>
<td>✓</td>
</tr>
<tr>
<td>21</td>
<td>Transport department to purchase single bus tickets for business use.</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Negotiate a discount with the operators of the ‘one ticket’ initiative.</td>
<td>✓</td>
</tr>
<tr>
<td>23</td>
<td>Review of car park management strategy.</td>
<td>✓</td>
</tr>
<tr>
<td>24</td>
<td>Consider introduction of Road Traffic Order to enforce parking restrictions.</td>
<td>✓</td>
</tr>
<tr>
<td>25</td>
<td>Promote a car share scheme.</td>
<td>✓</td>
</tr>
<tr>
<td>26</td>
<td>Introduce a reduction in car parking charges for those who participate in car share scheme.</td>
<td></td>
</tr>
</tbody>
</table>

**Travel Plan Coordinator (TPC)**

3.8 GG&C have employed a TPC since 2007. This person was responsible for managing the TP and implementing the Actions illustrated in Table 3.4. The position of TPC has recently been re-advertised and a new TPC is now in the post as of summer 2014.

**Communication**

3.9 A communication strategy was detailed in the previous TP, this included the following:

- Posters;
- Email;
- Staff induction manual;
- Launch event;
• Recruitment information;
• Intranet; and
• Website.

Review

3.10 It has been 7 years since the setting of TP objectives, targets and the communication strategy. In this time there have been changes to the baseline situation at the Campus, changes to the NSGHC proposals and changes to how GG&C operates. It will therefore be necessary to review the appropriateness of objectives, targets and communications going forward and revise these accordingly. It would also be appropriate to set an aim for the TP, thus providing a focus for the objectives and targets.

3.11 The previous TP was directed towards staff travel demands. The updated TP has a requirement to consider staff, patient and visitor travel demands, thus it will be necessary to create additional objectives/ targets. This is in keeping with the Section 75 Agreement, which also includes a mode share target associated with all car driver trips to the Campus, not just staff.

3.12 Since 2007, 23 TP Actions have been implemented to date or are currently under review. Actions range from the provision of public transport information to promoting car sharing. It is important to note that Actions were targeted towards facilitating new development. This TP has a remit to cover all buildings and it will therefore be necessary to ensure that Actions cover all site users and take cognisance of what work has been done to date. TP Actions also consider the stage of the NSGHC development programme.

3.13 Chapters 2, 4 and 5 detail the proposed and existing traffic & transport situation at the NSGHC. The outcomes of these Chapters will allow JMP to revise TP objectives, targets and Actions going forward, as detailed in Chapters 6 & 7.
4 Travel Survey Review

Background

4.1 In November 2013 GG&C completed staff travel surveys at the following five locations:

1. NSGHC (former SGH site);
2. The Victoria Infirmary (and Mansionhouse);
3. The Royal Hospital for Sick Children;
4. The Western Infirmary; and
5. Gartnavel General.

4.2 Survey findings from all locations, except Gartnavel General, were used to inform a consolidated report, prepared by GG&C, presenting the findings of travel behaviour associated with staff who currently work at the NSGHC and those who are due to relocate to the Campus in 2015.

4.3 In total, 3,076 staff from: NSGHC, The Victoria Infirmary (and Mansionhouse), the Royal Hospital for Sick Children and the Western Infirmary responded to the survey. This equates to a 30% response rate. The survey was distributed electronically and in paper copy to staff, a prize draw was associated with the survey to incentivise participation.

4.4 A separate report was prepared for Gartnavel General detailing the results of the 2013 staff travel survey. Gartnavel General has a lower car driver alone mode share than the other surveyed sites. Given the nature of the data collection and this lower mode share, Gartnavel General travel information has been discounted in this Chapter.

Staff Travel Surveys

Brief

4.5 The purpose of the travel surveys was to provide insight into staff travel behaviour at five locations in the GG&C region. On completion of the NSGHC in 2015, there will be a period of transition whereby all or parts of healthcare services provided at the Victoria Infirmary, The Royal Hospital for Sick Children, the Western Infirmary and Gartnavel General will transfer to the NSGHC.

4.6 The following paragraphs summarise the key findings of the staff travel surveys (exc Gartnavel General). The full report is provided in Appendix C (Survey of Staff Travel to the New South Glasgow Hospitals Sites, Report of Findings, February 2014). No questions were asked relating to staff business travel.

Mode of Travel

- 18% of respondents noted that all or part of their journey involved active travel. 12% walk and 6% cycle.
- 29% of respondents used public transport for all or part of their journey to work. 17% travelled by bus, 5% use the train, 4% travel by subway, 2% use a combination of rail & bus travel and 1% use taxis or ferries.
- 78% of respondents reported they use a car for all or part of their journey. 66% noted they were alone in the car while 12% either car shared or travelled as a passenger.
It is important to note that the survey questions allowed respondents to answer more than one mode of travel. Table 4.1 illustrates staff travel mode.

### Table 4.1  Staff Mode Share

<table>
<thead>
<tr>
<th>Mode</th>
<th>2013 Staff Travel Mode Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bus</td>
<td>17%</td>
</tr>
<tr>
<td>Bus and train</td>
<td>2%</td>
</tr>
<tr>
<td>Car, as a lone driver</td>
<td>66%</td>
</tr>
<tr>
<td>Car, as a driver bringing passenger(s) to work</td>
<td>12%</td>
</tr>
<tr>
<td>Car, as a passenger</td>
<td>12%</td>
</tr>
<tr>
<td>Car, as a participant in car sharing</td>
<td></td>
</tr>
<tr>
<td>Cycle</td>
<td>6%</td>
</tr>
<tr>
<td>Motorbike/ moped/ scooter</td>
<td>0.3%</td>
</tr>
<tr>
<td>Subway</td>
<td>4%</td>
</tr>
<tr>
<td>Taxi or Ferry</td>
<td>1%</td>
</tr>
<tr>
<td>Train</td>
<td>5%</td>
</tr>
<tr>
<td>Walk</td>
<td>12%</td>
</tr>
</tbody>
</table>

Resident Area and Distance Travelled
- 40% of respondents live within the Glasgow City Council area. 14% live in Renfrewshire. 11% live in South Lanarkshire and 8% live in East Dunbartonshire & East Renfrewshire.
- 37% of respondents noted their journey to work was between 4 & 10 miles. 27% had a journey of less than 4 miles.

Supporting Active Travel
- Respondents noted they would be more inclined to walk or cycle if there were:
  - more safe cycle routes to hospitals
  - improvements in the fabric and lighting of roads, pavements, footpaths and cycleways
  - improved secure cycle storage, showers, lockers, drying and changing facilities
  - more promotion of active travel schemes
  - safety incentives for active travel
  - more pool cars or shuttle buses for people who need to travel between sites

Supporting Public Transport
- Lack of availability and/ or reliability of public transport services at weekends and for early morning/ late shifts was noted as an issue for staff.
• Poor connectivity and a lack of direct access to hospital sites by public transport is a concern.
• Poor north-south public transport connections is thought to be a barrier to public transport use.
• Improved lighting and walking routes between bus stops and hospital sites was requested.
• Improved bus stop infrastructure e.g seating and real time information was noted as a means of facilitating bus use.
• Cheaper tickets, simpler zoning, combined tickets and discounted travel tickets for part time workers were proposed to assist in spreading the cost of season tickets.
• Knowledge of the existing discounted public transport ticket scheme offered by GG&C in conjunction with SPT, Scotrail and CalMac was not widespread.

Car Travel
• 6% of respondents reported they were part of a formal or informal car sharing arrangement.
• 46% of car users parked in a residential street.

Conclusions

4.7 The key conclusions associated with the travel surveys are as follows:

• The format of the staff travel surveys allowed respondents to provide more than one mode of travel, this could have affected the results and caution should be exercised when reviewing the results in comparison to 2007 staff travel information and mode share targets. It is recommended that future travel surveys seek to obtain one main mode of travel only for the purposes of assessing targets.
• The car driver alone mode share associated with the existing NSGHC and staff who are due to relocate to the Campus in 2015 is high when compared to local Census information and in comparison to other GG&C sites. Local Census information for 2011 illustrates that 46% of Glasgow City Council residents drive to work alone. Gartnavel General has a 58% car driver alone mode share. It is clear that the TP and enhancement programme detailed in Chapter 3 has a significant challenge in reducing single occupancy vehicle trips to the NSGHC. It is envisaged that the car parking situation will be key in disincentivising car trips.
• The car driver alone mode share is in keeping with the results of the 2007 surveys (Chapter 3 65%), however it is important to note that this mode share considered the SGH site only. Future travel surveys will provide the opportunity to rebase mode shares and targets based on one main mode and all staff based at the NSGHC.
• The high off-site car parking (46%) will be reviewed as staff relocate to the NSGHC. It is anticipated that his figure will decrease due to off-Campus parking control measures, the NSGHC parking situation and improvements to public transport services. It is also important to note that caution should be taken when reviewing results as the data includes those based at other hospital sites, where the off-Campus car parking situation is different.
• Information relating to staff business travel will be collected in future travel surveys.
• Actions identified in this TP will seek to target staff concerns relating to active travel and personal safety.
• Public transport to the NSGHC, particularly by bus is not presently considered favourable by staff. It is envisaged that the design of the NSGHC and the financial contribution by GG&C to enhance public transport services will incentivise staff travel by bus (and Fastlink). The TP provides the behaviour change element associated with incentivising public transport.
5 Traffic & Transport Situation

Introduction

5.1 This Chapter details existing transport infrastructure and services within the NSGHC locale and illustrates where improvements are proposed to support new Campus developments. A more detailed breakdown of development improvements is included in Chapter 2. Appendix A includes the Campus Masterplan and drawings of Arrival Square.

Traffic & Transport Communication

5.2 The GG&C website (www.nhsgg.org.uk) contains a link to each hospital. For each hospital, where applicable, information relating to visiting times and travel is provided. Travel information comprises of a journey time estimate using Google maps for: walking, cycling, public transport and car travel. Information relating to car parking is also provided.

5.3 A dedicated NSGHC website (http://www.nhsggc.org.uk/content/default.asp?page=home_southerngeneralcampus) has been created to inform the public of the development programme.

5.4 Figure 5.1 illustrates the traffic and transport context of the NSGHC.

Figure 5.1 NSGHC Traffic & Transport Context

Walking & Cycling

5.5 Figure 5.2 illustrates the points of access to the NSGHC.
5.6 Within the Campus there is an extensive network of footways/footpaths provided. The majority of footways/paths are 2m wide with dropped kerbs and pedestrian crossings provided at appropriate locations. Way-finding signing and street lighting is also provided.

5.7 Given the scale of the NSGHC, walking times across the Campus are approximately 10 minutes. Within the Campus there are circa 100 cycle parking spaces located adjacent to building entrances.

5.8 As part of the Campus development proposals, pedestrians and cyclists will be provided with:

- New points of access to the Campus;
- New and revised footways/paths connecting to building entrances;
- Increased cycle parking spaces (529 spaces in total);
- Showers, lockers and changing areas for staff; and
- Open green space areas.

5.9 Table 5.1 illustrates distances and walking times from the NSGHC to local facilities and amenities.
### Table 5.1 Walk Distances & Times

<table>
<thead>
<tr>
<th>Facility/ Amenity</th>
<th>Approximate Distance from NSGHC</th>
<th>Approximate Walking Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Govan Road Bus Stops</td>
<td>500m</td>
<td>6 minutes</td>
</tr>
<tr>
<td>Lidl</td>
<td>680m</td>
<td>8 minutes</td>
</tr>
<tr>
<td>Govan Road Cafes/ Restaurants</td>
<td>915m</td>
<td>11 minutes</td>
</tr>
<tr>
<td>Elder Park</td>
<td>1,100m</td>
<td>14 minutes</td>
</tr>
<tr>
<td>Dobbies Garden Centre</td>
<td>1,600m</td>
<td>20 minutes</td>
</tr>
<tr>
<td>Braehead Shopping Centre</td>
<td>2,500m</td>
<td>31 minutes</td>
</tr>
</tbody>
</table>

*(from centre of the Campus)*

5.10 External to the site there is a good network of pedestrian and cycle facilities connecting the NSGHC to neighbouring communities such as Shieldhall, Linthouse and Drumoyne. Signalised crossings and under-passes are provided. Walking and cycling is achievable through a dedicated route at the Clyde Tunnel for travel to/ from the north.

5.11 In order to enhance the accessibility of the NSGHC for those travelling on foot and by bike a number of off-site improvements are currently under construction/ implementation including new footways and improved CCTV facilities in the Clyde Tunnel.

5.12 Figure 5.3 illustrates cycle parking facilities at the new laboratories.

**Figure 5.3 Cycle Parking**
Public Transport

Bus

5.13 Bus stops are located within the NSGHC at the maternity hospital and in proximity to the existing out-patient hospital. Table 5.2 illustrates bus services, routes and frequencies from stops within the NSGHC and within a 6 minute walk of the Campus at Govan Road.

Table 5.2 Bus Services, Routes & Frequencies

<table>
<thead>
<tr>
<th>Bus Stop</th>
<th>Service/Operator</th>
<th>Route</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Monday-Saturday</td>
<td>Sunday</td>
</tr>
<tr>
<td>NSGHC</td>
<td>747/ First Glasgow</td>
<td>Glasgow International Airport – Braehead – NSGHC – Partick - Buchanan Bus Station</td>
<td>30 mins</td>
</tr>
<tr>
<td>NSGHC</td>
<td>999/ Skyline</td>
<td>NSGHC - Govan interchange circular</td>
<td>30 mins</td>
</tr>
<tr>
<td>NSGHC</td>
<td>189/ First Glasgow</td>
<td>Govan interchange – NSGHC - Partick</td>
<td>30 mins</td>
</tr>
<tr>
<td>NSGHC</td>
<td>25/ Skyline</td>
<td>Nitshill – Priesthill - Pollok Centre - North Pollok – Cardonald - NSGHC – Govan interchange.</td>
<td>30 mins</td>
</tr>
<tr>
<td>NSGHC</td>
<td>89/90 First Glasgow</td>
<td>Govan interchange - NSGHC- Partick - Maryhill – Springburn – Parkhead – Rutherglen – Shawlands – Govan interchange</td>
<td>20 mins</td>
</tr>
<tr>
<td>Govan Road</td>
<td>21/ Gullivers Travel</td>
<td>Neilston – Barrhead – Newmains – Renfew – Braehead – NSGHC – Govan interchange</td>
<td>20 mins</td>
</tr>
<tr>
<td>Govan Road</td>
<td>23/ McGills</td>
<td>Erskine – NSGHC- City centre</td>
<td>30 mins (M-F)</td>
</tr>
</tbody>
</table>

5.14 Existing bus stop infrastructure is good with shelters, seating and timetable information provided.

5.15 With the exception of Service 747, all services allow interchange opportunities at Govan for onward travel by subway and bus. Connectivity to the rail network is also available at Partick and in the City Centre.

5.16 Proposals at the NSGHC include the creation of Arrival Square, which will provide public transport passengers with good quality infrastructure such as shelters, seating and real time information. Fastlink and enhancements to bus services will provide the opportunity to ensure there are more frequent bus services accessing the Campus which meet the needs of Campus users.

Subway

5.17 The nearest subway station to the Campus is Govan. The subway runs from 06:30 to 23:45 Monday to Saturday and 10:00 to 18:12 on Sunday. The frequency of the subway is every 5 minutes in the peak hour and 8 minutes during off-peak periods.
5.18 Govan subway station has recently been modernised and now includes smart ticketing facilities. Public realm improvements to Govan interchange have also been completed and Fastlink infrastructure is in place.

Rail

5.19 The nearest train station to the NSGHC is Cardonald, 1.3km to the south. Pedestrian access to the station is convoluted due to the strategic road network.

5.20 Cardonald lies on the Glasgow to Gourock/ Wemyss Bay line. Rail frequencies from Cardonald are on average every 30 minutes Monday to Saturday and 60 minutes on a Sunday. Rail interchange in available from Cardonald at Glasgow Central Station.

Ambulances/ Patient Transport

5.21 Ambulances and patient transport vehicles access the Campus from Govan Road and Hardgate Road. The existing emergency department is located to the north of the Campus. Given the scale of the Campus, patients are dropped off at specific Campus buildings, where areas are marked for such purposes.

5.22 When the new adult and children's hospitals become operational, the emergency department will move to the south of the Campus. Arrival Square and adjacent areas will facilitate access for those arriving by patient transport vehicles. Existing drop off facilities at buildings such as the Clocktower will remain operational.

Taxis

5.23 At present there are no formal taxi ranks within the Campus, however there are often waiting/passing taxis available adjacent to the existing emergency department. As part of Arrival Square, provision will be made for a dedicated taxi rank including a monitor system and feeder rank.

Private Vehicles

5.24 Vehicular access to the Campus is from Govan Road and Hardgate Road. The speed limit within the Campus is 15mph. At present there are approximately 1,750 car parking spaces within the Campus. Car parks within the Campus are segregated between staff and patient/visitor parking. Staff parking is controlled via a permit system and car parks and managed by an external organisation.

5.25 GG&C are currently reviewing their Car Parking Strategy, which will consider: off Campus parking, inappropriate on-Campus parking, car park designation, car park enforcement, car park monitoring, opportunities for Park & Ride and opportunities for temporary/permanent increased parking supply.
6 Travel Plan Strategy

Introduction

6.1 A TP is an active, dynamic document that requires a strategy for its implementation and requires to be updated on a regular basis. This Chapter includes updated objectives & targets, it also details who will be responsible for the management of the TP, what their responsibilities will entail (relating to the TP) and how the TP will be funded.

6.2 At the NSGHC, the TP will be akin to a Communications Strategy. The ‘hard’ measures required to support sustainable travel are currently underway e.g creation of Arrival Square. The TP will therefore act as the mechanism to ensure that staff, patients and visitors are aware of these ‘hard’ measures so they may be encouraged to travel sustainably. The TP is therefore focussed on behaviour change through communicating relevant travel information.

Aim, Objectives & Targets

6.3 As stated previously, it is necessary to update the TP objectives and targets to take cognisance of: changes to the NSGHC development; the Section 75 Agreement and the existing traffic & transport situation. In order to give focus to objectives and targets an overall TP aim has been established.

Aim

6.4 The Aim of the NSGHC TP is to: ‘support a shift in staff, patient and visitor travel behaviour away from single occupancy car travel to sustainable travel alternatives’.

Objectives

6.5 The TP objectives are as follows:

1. To communicate all aspects relating to traffic and transport with staff, patients and visitors in a clear, concise and comprehensive manner.

2. To communicate the programme associated with traffic & transport projects such as Fastlink and to encourage the use of such services/infrastructure.

3. To deliver a TP which is ‘hard hitting’ and is capable of supporting and encouraging sustainable travel behaviour while recognising the challenges of travel demand management at a large complex hospital site.

4. To reduce the need to travel and distance travelled.

5. Encourage staff business trips by the most sustainable mode practicable.

6. Minimise the transport element of the NSGHC’s carbon footprint.

7. Allocate resources to implement TP Actions and ensure senior management support for the Travel Plan Coordinator.

Targets

6.6 Table 6.1 illustrates mode share targets for staff. This target relates to existing staff already based at the NSGHC and those due to relocate in 2015. For reference the 2007 staff mode share is also
The targets equate to a 20% reduction in single occupancy travel to the Campus. This is a considerable target, one which will be achieved through a package of transport improvements. The behaviour change element of encouraging sustainable travel will be delivered through the TP. The mode share target is in keeping with the Section 75 Agreement.

### Table 6.1 Staff Mode Share Targets

<table>
<thead>
<tr>
<th>Mode</th>
<th>2007 (SGH staff only, one main mode of travel)</th>
<th>2013 (existing NSGHC + staff at other hospitals who may relocate to the NSGHC)*</th>
<th>2015 Target (upon occupation of all buildings)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bus</td>
<td>12%</td>
<td>17%</td>
<td>23%</td>
</tr>
<tr>
<td>Bus and train</td>
<td>-</td>
<td>2%</td>
<td>12%</td>
</tr>
<tr>
<td>Car, as a lone driver</td>
<td>65%</td>
<td>66%</td>
<td>46%</td>
</tr>
<tr>
<td>Car, as a driver bringing passenger(s) to work</td>
<td>13%</td>
<td>12%</td>
<td>14%</td>
</tr>
<tr>
<td>Car, as a passenger</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Car, as a participant in car sharing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cycle</td>
<td>2%</td>
<td>6%</td>
<td>7%</td>
</tr>
<tr>
<td>Motorbike/ moped/ scooter</td>
<td>0%</td>
<td>0.3%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Subway</td>
<td>-</td>
<td>4%</td>
<td>7%</td>
</tr>
<tr>
<td>Taxi or Ferry</td>
<td>-</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Train</td>
<td>2%</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>Walk</td>
<td>4%</td>
<td>12%</td>
<td>12%</td>
</tr>
</tbody>
</table>

(*nb values do not sum 100% due to method of data collection)

6.6.1 It is important to recognise that mode share information collected in 2013 by GG&C did not focus on one main mode of travel. In order to ensure consistency the targets have been set considering the 2013 base data set. Notwithstanding, it is important to note that there is just a 1% difference between the 2007 and 2013 car driver alone mode share. In 2015 when further travel surveys will be undertaken, only one main mode of travel will be considered and the targets recalculated accordingly. More importantly the 20% reduction in single vehicle travel to site forms the basis of mode share targets, irrespective of the data source. This target will be applied to all future TPs for the NSGHC, where appropriate.

6.6.2 A 20% reduction in staff single occupancy travel has been set, in recognition of the Section 75 Agreement. How this mode share may be achieved in respect of an increase in sustainable travel modes is detailed as follows:

- **6% increase** in bus travel, this accounts for the provision of Fastlink which will operate a 10 minute service between the NSGHC and the City Centre via Govan interchange and enhanced bus services providing cross River and cross City (south) services.

- **10% increase** in the bus and train mode share, this accounts for the provision of Fastlink whereby staff will likely travel to key mainline stations such as Partick, Central and Queen Street and then be able to make use of enhancements to bus services and Fastlink for onward travel to the NSGHC.

- **2% increase** in car sharing. It is important to note that in the short term GG&C resources are directed towards public transport improvements and the onus is therefore on ensuring a high
patronage of such services. GG&C have an established car sharing database, however this needs to be promoted. To do this efficiently requires significant resources and these will be allocated in 2016. Mode share targets for car sharing will therefore be amended in the future, to reflect future priorities.

- **1% increase** in cycling, although this appears to be a small increase it is important to recognise that in respect of the survey data this represents 31 more cyclists. It is also important to note that the survey data includes staff who work at other hospitals, these hospitals are located in City Centre locations in proximity to good quality cycle infrastructure. Once NSGHC buildings are occupied and staff travel surveys undertaken it will be possible to reevaluate the cycle mode share.

- **3% increase** in subway use, this accounts for the fact that the subway provides an excellent cross River service and the enhancement of Govan interchange and Fastlink will provide further onward connectivity to the NSGHC.

- **2% reduction** in train use, this accounts for the movement of staff from City hospitals to the NSGHC. At NSGHC the nearest train station is an approximate 15 minute walk and a 30 minute service is available. It is important to note that although the train mode share is likely to reduce the train and bus mode share will significantly increase to take account of those who will interchange.

- **Maintain** existing levels of walking, which is good at 13%, this can be confirmed when NSGHC buildings are occupied in 2015.

6.7 It is envisaged that a large proportion of the modal shift target will be achieved through the implementation of the ‘hard’ measures such as Fastlink. The TP priority will be to ensure that traffic and transport related information is appropriately communicated to staff, patients and visitors and that sustainable travel uptake is maximised. Disincentivising single occupancy car travel will be achieved by the parking situation at the NSGHC and off-Campus parking controls.

6.8 In the case of other Campus users, the Section 75 Agreement includes a maximum 72% mode share target for car driver trips e.g relating to patients and visitors. Upon occupation of the new adult & children’s hospitals the TPC will commence data collection in respect of travel surveys and traffic surveys.

**TP Management Structure**

6.9 For the TP to be successful it will require resources and active participation from a range of stakeholders. The implementation of the TP will be led by the TPC who will be responsible for coordinating all the promotional activities, marketing materials and offering general travel planning assistance. The TPC will have an office at the NSGHC.

6.10 TPC responsibilities will include, relevant to the NSGHC TP:

1. Gaining support and commitment to travel planning from GG&C senior management, staff/union representatives and patient & visitor representatives.

2. Establishing a Travel Plan Forum and identifying key representatives for information dissemination & awareness raising.
3. Travel surveys analysis and reporting to be completed on a yearly basis.
4. Updating the TP on a yearly basis.
5. Raising awareness of the purpose of the TP and the TPC’s remit.
6. Implementing TP Actions.
7. Monitoring the success of the TP.
8. Managing TP budgets and resources.

6.11 The appointed TPC will also have other traffic and transport related responsibilities not just at the NSGHC but at other hospital sites in the region.

6.12 The post of TP will be funded by GG&C on an ongoing basis. The TPC will be allocated resources to implement the Strategy.
7  **Action Plan**

7.1 This Chapter details TP Actions for implementation at the NSGHC. The Actions have been designed to consider:

- The existing and proposed baseline traffic and transport situation at the NSGHC;
- Staff travel survey information;
- The updated TP aim, objectives & targets; and
- The requirement for the TP to be ‘hard hitting’.

7.2 Table 7.1 illustrates the proposed TP Actions. TP Actions are intended to influence travel behaviour change and will be implemented in tandem with other NSGHC projects such as Fastlink and enhanced bus services. All Actions have been agreed with GG&C and cover the period from autumn/winter 2014, when the TP goes ‘live’, until autumn/winter 2015. TP Actions will be reviewed and updated on a yearly basis thereafter.

7.3 Actions have been subdivided into the following categories:

- Strategic communication;
- Reducing the need to travel;
- Active travel;
- Public transport; and
- Managing vehicle use.

**Table 7.1  Travel Plan Actions**

<table>
<thead>
<tr>
<th>Action</th>
<th>Implementation Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish Transport Forum.</td>
<td>TPC, senior management &amp; key department staff.</td>
</tr>
<tr>
<td>Develop a Travel Plan Brand.</td>
<td>TPC &amp; senior management.</td>
</tr>
<tr>
<td>Senior management communications.</td>
<td>Senior management, TPC, key department staff.</td>
</tr>
<tr>
<td>Improvement to web based travel information.</td>
<td>TPC, senior management &amp; key department staff.</td>
</tr>
<tr>
<td>Establish traffic and transport contact details.</td>
<td>TPC.</td>
</tr>
<tr>
<td>Review of GG&amp;C transport phone line operations.</td>
<td>TPC.</td>
</tr>
<tr>
<td>Question &amp; Answer sessions.</td>
<td>TPC &amp; senior management.</td>
</tr>
<tr>
<td>Development of a Travel Plan Guide.</td>
<td>TPC.</td>
</tr>
<tr>
<td>Development of Travel Options Leaflets (TOLs).</td>
<td>TPC.</td>
</tr>
<tr>
<td>Personalised travel planning sessions.</td>
<td>TPC.</td>
</tr>
<tr>
<td>Press releases.</td>
<td>TPC &amp; senior management.</td>
</tr>
<tr>
<td>Notice boards.</td>
<td>TPC &amp; key department staff.</td>
</tr>
<tr>
<td>Action</td>
<td>Implementation Responsibility</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Way-finding review.</td>
<td>TPC, senior management &amp; key department staff.</td>
</tr>
<tr>
<td>Travel roadshows.</td>
<td>TPC.</td>
</tr>
<tr>
<td>Staff manual and recruitment.</td>
<td>TPC, senior management &amp; key department staff.</td>
</tr>
<tr>
<td>Promote ‘agile’ working.</td>
<td>TPC, senior management &amp; key department staff.</td>
</tr>
<tr>
<td>Fleet vehicle operation review.</td>
<td>TPC &amp; key department staff.</td>
</tr>
<tr>
<td>Establish a Business Travel Network.</td>
<td>TPC &amp; key department staff.</td>
</tr>
<tr>
<td>Bike rentals.</td>
<td>TPC.</td>
</tr>
<tr>
<td>Journey sharing.</td>
<td>TPC.</td>
</tr>
<tr>
<td>Bicycle User Group (BUG).</td>
<td>TPC &amp; key department staff.</td>
</tr>
<tr>
<td>Personal safety.</td>
<td>TPC.</td>
</tr>
<tr>
<td>Travel Options Leaflet.</td>
<td>TPC.</td>
</tr>
<tr>
<td>Behaviour change.</td>
<td>TPC.</td>
</tr>
<tr>
<td>Travel Options Leaflet.</td>
<td>TPC.</td>
</tr>
<tr>
<td>Integrated ticket promotion.</td>
<td>TPC &amp; key department staff.</td>
</tr>
<tr>
<td>Promote journey sharing scheme.</td>
<td>TPC.</td>
</tr>
<tr>
<td>Through the TOLs provide staff, patients</td>
<td>TPC.</td>
</tr>
<tr>
<td>and visitors with information relating to</td>
<td></td>
</tr>
<tr>
<td>car parking.</td>
<td></td>
</tr>
<tr>
<td>Car Parking Strategy</td>
<td>TPC, senior management &amp; key department staff.</td>
</tr>
</tbody>
</table>

7.4 It is important to note that the Actions included in Table 7.1 cover a one year period; there are a number of other Actions the TPC may wish to pursue in 2015 when the TP is next updated. The focus of Actions at this stage is geared towards the relocation of staff, patients and visitors from other Glasgow hospitals to the NSGHC, thus strategic communication Actions will be prioritised.

7.5 The following paragraphs provide more detail on each Action. Appendix D details the programme for TP Action implementation. Table 7.2 summarises other traffic and transport projects which are being delivered/ will be considered at the NSGHC.

### Strategic Communication

#### Establish a Transport Forum

7.6 The TPC will establish/ attend a Transport Forum with relevant Campus stakeholders and senior management. Representatives from the following groups may form part of the Forum:
Staff;
Patient;
Human Resources;
Finance Department;
Marketing, communications and public relations;
Estates/ Facilities Management;
Sustainable Development Management Team;
Chief Executives Management Team;
Development project managers;
Transport (Fleet) Managers; and
Health & Safety.

7.7 ‘Special’ representatives may attend the Forum as and when appropriate e.g SPT or GCC. Forum meetings will be held on a quarterly basis, however in the run up to the opening of the NSGHC, monthly meetings will be required.

7.8 The purpose of the Forum is to build awareness of traffic and transport opportunities and constraints at the NSGHC so that appropriate solutions can be implemented in a timely fashion. The Forum will be implementation led and will comprise of stakeholder decision makers. Given the scale of the NSGHC it may be pertinent to establish a number of Forums thus ensuring meetings remain focussed.

7.9 The TPC will have a variety of responsibilities and will have a number of Actions to implement prior to the opening of the new hospitals. The TPC will therefore require assistance in implementing Actions and the Forum will provide the opportunity to find others who can and are willing to take on additional responsibilities.

Travel Plan Brand

7.10 Effective communication about travel options is essential. To facilitate this, a Travel Plan Brand will be created. This will enable all travel planning information to be produced with a consistent format and identity. The Brand will be created at Board level and used on all communications to help build awareness and knowledge of sustainable travel at all GG&C sites including the NSGHC.

Senior Management Communications

7.11 In order to stress the importance of managing the traffic and transport situation at the NSGHC, senior management will communicate with staff, patients and visitors on the matter. Communication will be direct, ‘hard hitting’ and undertaken on an ongoing basis. Senior management will communicate via email, press releases and offer the opportunity for face to face discussions with key user groups.
Web Based Travel Information

7.12 Existing travel information provided on the NSHGCC requires updating for the NSGHC. Although it is possible to plan a journey by car, public transport or by active travel it does not incentivise a particular travel choice e.g the benefits of journey choice is not detailed.

7.13 An Action has therefore been identified to review the Board’s approach to how they incentivise travel choice via web based mediums, including: their website, staff intranet and social media. The aim of this review is to pull together all traffic & transport related information in one location for each hospital. The NSGHC website will therefore be updated accordingly.

7.14 The website/ intranet/ social media will contain information relating to the purpose of the TP and include travel planning documents, survey results and monitoring reports. It will also provide information on upcoming events, links to relevant websites and offer a forum to allow staff (patients and visitors) to communicate and discuss TP Actions and topics.

7.15 Web based mediums should be the first place staff, patients and visitors should look for travel information, given that they can be updated quickly and cost effectively. It is also a valuable tool in promoting GG&C hospitals to perspective staff and suppliers.

7.16 A similar example is the recent success of the Commonwealth Games relating to ‘Keep Glasgow Moving’, whereby the onus was very much focussed on letting people know that it would not be possible to travel ‘normally’ and that they would have to make changes. This was followed up by providing a broad range of information on how to make such changes. Although on a smaller and permanent scale, this approach should be adopted at the NSGHC.

Contact Details

7.17 An email address will be established for traffic and transport queries at the NSGHC. This email address will link to the account of the TPC (and others). The email address will be used to field all queries from staff relocating to the NSGHC. Web based mediums should contain links to relevant contact information.

Transport Phone Line Review

7.18 GG&C already have an established transport phone line, which allows patients and visitors the opportunity to seek advice on travel to hospital sites.

7.19 An Action has been identified to review the effectiveness of the phone line and to consider the opportunity to offer phone advice to staff, principally relating to staff relocating to the NSGHC. It will also be necessary to ensure a consistent approach is considered across all communications. Phone operators will therefore be fully versed in the TP and knowledgeable about all aspects of transport ranging from public transport timetables to fielding queries from those with mobility difficulties.

Question & Answer Sessions

7.20 The TPC will create a Q&A document which may include questions such as ‘where do I park?’ ‘what bus goes to the NSGHC?’. The document will be made available in hard and electronic format. A link to the document will be emailed to all staff based at the NSGHC and to those due to relocate to the Campus.

7.21 The TPC will organise and chair Q&A sessions for staff. One at the NSGHC and one in each hospital where staff are due to relocate from. The sessions will be promoted via email and web based mediums.
7.22 The TPC will also organise and chair Q&A sessions for patients and visitors. The sessions will be promoted via web based mediums, posters in relevant hospitals, press releases and via staff dissemination.

7.23 A ‘hard’ approach will be taken in the Q&A sessions. It is likely the TPC will be required to field contentious and often confrontational queries. It is therefore important that the TPC is provided with senior management support and fully versed on how the NSGHC compares to other Scottish hospital sites thus being able to offer suitable comparisons.

Travel Plan Guide

7.24 A Travel Plan can often be a ‘dry’ document and it is often the case the intended audience are put off from reading the document in the first instance.

7.25 A Travel Plan Guide which summarises the content of the TP will therefore be provided. The Guide will be a colourful glossy version of this TP and will be made available in hard and electronic format. A link to the Guide should be emailed to all staff based at the NSGHC and to those due to relocate to the Campus.

7.26 The Guide will include the following:

- Aim, objectives and targets;
- An explanation of why travel planning is important and how all site users can play their part in achieving its objectives and targets;
- Information about the Actions that have and will be introduced to support sustainable travel; and
- How the TP will be monitored and reviewed.

7.27 For patients and visitors, a link to the Guide will be made available on the website.

Travel Options Leaflets (TOLs)

7.28 Travel Options Leaflets will be produced by the TPC. They will include information on walking and cycling facilities on-site, local travel information, including fares, timetables and routes which serve the Campus, information on locking your bike, details of journey share schemes, information on walking and cycling times to residential areas, local facilities etc.

7.29 The Travel Options Leaflets will be provided in hard and electronic formats. Leaflets will be uploaded to the website and intranet. Paper versions of the leaflets will be distributed as follows:

- With patient appointment information;
- In Glasgow hospital public areas; and
- In local GP surgeries.
Personalised travel planning sessions

7.30 The TPC will host one to one travel planning sessions with staff, patients and visitors ‘based’ in hospitals due to relocate to the NSGHC. The sessions will run three times at each hospital where staff, patients and visitors are due to relocate. The sessions will take the form of ‘drop in’ and will be held over a 6 month period prior to full NSGHC occupation anticipated to be on 1 June 2015.

Press Releases

7.31 The TPC will prepare press releases for key landmarks in the NSGHC programme relating to transport such as:

- First day of Fastlink operation and information relating to service frequency.
- Updates on the car parking situation.
- Q&A sessions.
- Updates on walking & cycling enhancements.
- Updates relating to off Campus car parking controls.

Notice Boards

7.32 At NSGHC buildings a notice board will be provided in key staff areas. Notice boards will promote TP Actions as well as any forthcoming transport events. They will also display travel survey results and other feedback or achievements. Leaflet holders will be attached to the notice boards to allow individuals to access travel leaflets and information.

7.33 For patients and visitors a transport office is provided in the new adult hospital lobby. The TPC will ensure that transport information is available in all NSGHC buildings either from reception areas or on notice boards located in prominent public locations.

Way-Finding Review

7.34 GG&C have identified an Action to review way-finding within the NSGHC. The Action considers the requirement to ensure a consistent approach to way-finding within the site, with clear identification of transport routes, connections and walk times within the Campus. Way-finding will align with the Travel Plan Brand.

Travel Roadshow

7.35 The TPC will manage and supervise a Travel Roadshow at the NSGHC which will be open to staff, patients and visitors. Representatives from: SPT, First Group, Arriva, the Energy Savings Trust, GCC and Sustrans will be invited to the Roadshow.

7.36 The Roadshow will be held in the new adult hospital over a period of 5 consecutive days and will be open to staff, patients and visitors. The Roadshow is intended to incentivise sustainable travel and to congratulate and support those who have embraced a change of behaviour with the aim to encourage individuals to keep up with the change in behaviour. The Roadshow will therefore be fun, interactive and offer prizes.

Staff Manual & Recruitment

7.37 GG&C have identified an Action to review the Staff Manual in respect of: working from home, travel to work and business travel. It is evident from the staff travel survey that driving a car to work is the ‘norm’ for the majority. The Action will seek to change this behaviour by making it clear that
sustainable travel is encouraged at a corporate level. The car parking situation should also be made clear. A ‘hard’ stance will be required in this respect.

7.38 The traffic and transport situation at NSGHC will be reiterated to staff during the recruitment process, so that the car parking situation is made clear to staff from the outset. Staff will be informed of sustainable travel alternatives during the recruitment process.

7.39 The TPC in partnership with senior management will provide assistance and support for this Action.

Reducing the Need to Travel
Promote ‘Agile’ Working

7.40 As previously noted, GG&C are ensuring that new office accommodation at the NSGHC is designed to support ‘agile’ working, they are also reviewing how ‘agile’ working will operate efficiently across the Board.

7.41 In tandem with the outcomes of this ‘agile’ working review, the TPC will promote: flexible working, home working and hot desking. The TPC will ensure that senior management are aware of the benefits of ‘agile’ working in respect of traffic & transport. The TPC/ senior management will also seek buy in from other departments such as IT and human resources.

7.42 The TPC will promote ‘agile’ working to staff by creating a number of resources demonstrating the benefits of working from home/ flexible working e.g reduced peak hour congestion. The social, economic and health benefits of flexible working will also be promoted. The TPC will engage staff through web based mediums and senior management.

Fleet Vehicle Operation Review

7.43 It is often the case that staff who are required to use fleet vehicles drive their own private vehicles to/ from work. The TPC with senior management support will review any opportunities for reducing the need for staff to bring their own cars to work by understanding any issues relating to fleet vehicles. Where it may not be practical to allow staff to take fleet vehicles home, the TPC will review the feasibility of a centralised fleet vehicle store at another hospital.

Establish a Business Travel Network (BTN)

7.44 The TPC will establish a Business Travel Network (BTN). The purpose of the BTN will be to act as a Forum for staff for all matters relating to business travel and ‘agile’ working. The TPC will require assistance in establishing a BTN and it is hoped that other staff in different departments will be in a position to assist.

7.45 The remit of the BTN will include, but not be limited to:

- Reducing the need for unnecessary business trips by promoting video and tele-conferencing;
- Promoting ‘agile’ working;
- Promoting shared business travel trips;
- Reviewing business travel procedures and policies; and
- Promoting sustainable travel modes for business trips.
Active Travel

7.46 Active travel (walking and cycling) is cheap, offers reliable journey times and is environmentally friendly. For staff, it can lead to a healthier workforce, which is more productive. For patients and visitors, it can ease the burden of navigating an unknown public transport and road network and create a more relaxed travel experience.

Bike Rentals

7.47 The TPC will establish the feasibility of providing public bike rentals at the NSGHC and at other GG&C hospitals. In spring 2014, Glasgow introduced the first public bike rental scheme in a Scottish City. The TPC will seek to investigate the opportunities for locating Glasgow bikes in or adjacent to hospital sites.

Journey Sharing

7.48 The existing GG&C journey sharing portal allows staff the opportunity to find someone to share a walking and cycling trip with in addition to traditional car sharing trips. The TPC will promote active travel journey sharing to staff via web based mediums & TOLs.

Bicycle User Group (BUG)

7.49 The TPC will promote the existing Bicycle User Group (BUG) and widen the remit of this Group in order to assist with the following:

- Review and make recommendations for cycle infrastructure improvements;
- Organise Dr Bike visits;
- Work with senior management to promote cycling;
- Consider what resources would be required to promote cycling to patients and visitors; and
- Participate in national and local cycling events.

Personal Safety

7.50 Based on the results of the staff travel survey, personal safety when travelling was found to be a determining factor in why staff choose to travel to work by private transport. The TPC will provide resources such as hints, tips and Q&A documents to alleviate any queries staff, patients and visitors may have. Resources will be made available in hard and electronic format and will be uploaded to web based mediums. Personal safety equipment will be considered for distribution to key user groups, e.g those who work shifts.

Travel Options Leaflets

7.51 The TPC will be responsible for producing Travel Options Leaflets. Such leaflets should promote the social, economic and health benefits of active travel and provide site specific detail relating to the NSGHC, such as: cycle parking locations, shower facilities, cycle routes etc.

Public Transport

Behaviour Change

7.52 The TPC in partnership with those delivering Fastlink and enhanced bus services will provide support and assistance relating to behaviour change and how this should be considered in respect of delivering new public transport services. The TPC should consider innovate and best practice
nudge techniques to ensure high public transport patronage. Techniques may include: comparisons, cost efficiencies and ‘peer pressure’. Behaviour change techniques will be communicated to staff, patients and visitors through electronic and web based resources.

Travel Options Leaflets

7.53 Through a TOL the social, economic and health benefits of public transport travel will be promoted. Staff, patients and visitors will be provided with information relating to public transport routes, timetables, costs and interchange opportunities.

Integrated Ticketing

7.54 SPT operate the Zone Card which allows Card holders the opportunity to travel by a range of public transport modes within the former Strathclyde region. Travel is permitted by bus, train, subway and ferry. Unlimited Cards are available for 1 week, 4 weeks, 10 weeks or a year. The TPC will investigate the feasibility of selling Zone Cards (and other public transport ticket types) at the NSGHC. The feasibility of providing discounted and taster tickets for staff will also be considered.

Managing Car Use

Journey Sharing

7.55 The TPC will promote the existing journey sharing website to staff wishing to car share. Promotions will be web based and those staff due to relocate to the NSGHC from other hospital sites will be targeted directly by email. The TPC will investigate the opportunities for providing dedicated car sharing spaces at the NSGHC.

Travel Options Leaflets

7.56 The TPC will create resources which will be made available to all staff, patients and visitors highlighting the economic and environmental impact of private car use and providing detail on the NSGHC car park situation.

Car Park Strategy

7.57 As previously noted GG&C are currently preparing a Car Park Strategy. An Action has been identified to complete this Strategy and to implement the outcomes accordingly.

Action Implementation Programme

7.58 Appendix D illustrates the programme for Action implementation. The programme is based on the assumption the new hospitals will be fully operational by 1 June 2015.

Traffic & Transport Projects Summary

7.59 The following table illustrates traffic and transport related projects at the NSGHC which are currently being managed and implemented by others. These projects do not necessarily fit with the scope of the TP or TPC, however such projects have been considered in TP Actions and behaviour change related support will be provided as necessary.
Table 7.2 Other NSGHC Traffic & Transport Projects- Summary

<table>
<thead>
<tr>
<th>Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvements and enhancements to the former SGH site layout to better accommodate pedestrians, cyclists, buses and vehicles.</td>
</tr>
<tr>
<td>Fastlink due to be operational for opening of new adult and children’s hospitals by summer 2015.</td>
</tr>
<tr>
<td>Enhanced bus services due to be operational by summer 2015.</td>
</tr>
<tr>
<td>Off Campus parking controls, Phases 1 &amp; 2 due to be implemented by summer 2015.</td>
</tr>
<tr>
<td>Off Campus walking &amp; cycling enhancements, Phase 1 due to be completed by summer 2015.</td>
</tr>
<tr>
<td>Streetscape commission and implementation of appropriate recommendations.</td>
</tr>
<tr>
<td>Updated Car Park Strategy, currently under review.</td>
</tr>
<tr>
<td>Increased cycle parking to be provided as part of the construction process.</td>
</tr>
<tr>
<td>Increased &amp; improved shower &amp; changing facilities for staff due to be provided as part of new buildings.</td>
</tr>
<tr>
<td>Construction of Arrival Square, provision of real time public transport information and transport help desk due to be operational by summer 2015.</td>
</tr>
<tr>
<td>Consideration of how students and conference delegates will travel to/ from the new Teaching &amp; Learning Centre and the City Centre, currently under review.</td>
</tr>
</tbody>
</table>

Summary

7.60 This Chapter identifies 29 TP Actions for implementation at either GG&C Board or NSGHC level. The TPC will be responsible for managing the implementation of the majority of Actions, however senior management support and assistance from other staff will be required to ensure success.

7.61 All Actions will be implemented within a one year programme, commencing in autumn/winter 2014. The very nature of a TP will ensure Actions can be reviewed and updated on a yearly basis thereafter thus ensuring they may remain relevant and resource efficient.

7.62 The focus of Actions in 2014/2015 is on ensuring effective communication is prioritised, particularly for those staff relocating to the NSGHC from other hospital sites. The next priority for the TP will be maximising public transport patronage particularly on Fastlink and enhanced bus services by ensuring the behaviour change elements of incentivising public transport travel are achieved.

7.63 It is anticipated that in 2015/2016, the TP priorities will shift towards journey sharing and business travel. Future travel surveys undertaken when the new hospitals are operational will determine such priorities.

7.64 Monitoring the success of TP Action implementation will be a vital part of the TPC’s role. The programme associated with monitoring is included in the following Chapter, the majority of monitoring work will be undertaken once the new hospitals are occupied.
8 Monitoring

Monitoring Plan & Programme

8.1 A TP is an evolving document which requires monitoring, review and revision to ensure that it remains relevant to all Campus users. The TPC will be responsible for monitoring and the requirements of the Section 75 Agreement will be considered as appropriate.

8.2 Table 8.1 includes the TP Monitoring Plan and Programme. Late summer 2015 (once the schools return) will be the priority monitoring period, when the new hospitals are fully operational and the TPC will seek to collect as much qualitative and quantitative data as possible. Going forward the TPC will seek to undertake data collection at the same time of the year thus ensuring consistency in data comparison, especially pertinent to assessing mode share targets.

Table 8.1 Monitoring Plan & Programme

<table>
<thead>
<tr>
<th>Monitoring Action</th>
<th>Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Install automatic traffic counters/ undertake surveys at entrances to the NSGHC from Govan Road and Hardgate Road to record vehicular traffic, bicycles and pedestrian movements.</td>
<td>September 2015</td>
</tr>
<tr>
<td>Install CCTV cameras and traffic counters at entrances to MSCPs and surface car parks.</td>
<td>September 2015</td>
</tr>
<tr>
<td>Record pedestrian and cycle access to the NSGHC from Moss Road.</td>
<td>September 2015</td>
</tr>
<tr>
<td>Undertake staff travel survey.</td>
<td>September 2015</td>
</tr>
<tr>
<td>Undertake patient and visitor travel survey interviews.</td>
<td>September 2015</td>
</tr>
<tr>
<td>Undertake quantitative and qualitative review of those travelling by public transport in partnership with SPT and bus operators.</td>
<td>September 2015</td>
</tr>
</tbody>
</table>

8.3 GG&C have agreed to the Plan and programme illustrated in Table 8.1 and consultation will be undertaken with GCC throughout. The following paragraphs provide more detail on Monitoring actions.

Traffic Counters

8.4 In keeping with the Section 75 Agreement, the TPC with key department staff support will collect quantitative traffic, bicycle and pedestrian movements. Data will be collected in late summer 2015 over the course of a week, then on a yearly basis thereafter. The TPC will seek to ascertain the feasibility of installing permanent automatic traffic counters at entrances from Govan Road and Hardgate Road as a means of assessing any differences in seasonal flows.

Car Park Data Collection

8.5 Permanent CCTV and traffic flow counters are already operational/ will be installed at all Campus MSCPs. The TPC will seek to assess the feasibility of installing a similar system at surface car parks for the purposes of car park enforcements and monitoring.
Pedestrian/ Cycle Access

8.6 A count of pedestrian and cycle movements to the Campus from Moss Road will be undertaken. Again this count will be undertaken at the same time as data collection illustrated in Paragraph 8.4.

Staff Travel Survey

8.7 The TPC will coordinate the yearly staff travel survey. The survey will be distributed to all staff based at the Campus and will be made available in electronic and hard copy. A prize will be associated with the survey to encourage participation.

8.8 The ‘first’ survey will be undertaken in September 2015 and will run for approximately 3 weeks.

8.9 Postcode information will be obtained from the surveys and mapped using GIS. This will allow the TPC to better understand staff home locations and thus re-evaluate future mode share targets, particularly in relation to walking and cycling for those staff relocating to the Campus.

Patient/ Visitor Travel Survey

8.10 The TPC will co-ordinate yearly patient/ visitor travel surveys. The surveys will be undertaken as a face to face interview within public places in main Campus buildings. The surveys will seek to understand any issues associated with traffic and transport. In September 2015 the ‘first’ surveys will be undertaken, they will be undertaken on a yearly basis thereafter.

Public Transport Review

8.11 The TPC in partnership with others will undertake a review of public transport patronage, particularly associated with Fastlink and enhanced bus services. The review will be based on a count of bus passengers, and a face to face interview to assess views and perception of public transport. Staff, patients and visitors will be targeted in the review. The review will take place over the course of one week in September 2015, by which point services will have been operational for approximately 4 months.

Reporting

8.12 Data monitoring reports will be submitted to Glasgow City Council (GCC) annually following completion of the Actions identified in Table 8.1. It is anticipated data reports will be submitted to GCC in November 2015.

8.13 The Travel Plan will be updated on a yearly basis and submitted to GCC. The updated Travel Plan will detail any correctional procedures required to meet TP targets and illustrate the success of Action implementation to date. The next updated TP will be submitted in November 2015.

8.14 Ongoing monitoring will also take place via the TPC who will collect any feedback and suggestions from staff, patients and visitors.

8.15 The TPC will provide regular reports and updates to senior management on the budget and business case for Action implementation.

8.16 Appendix E provides a more detailed illustration of the programme associated with monitoring & reporting. The outcomes of TP monitoring will be made available to all staff, patients and visitors in hard and electronic format.
9 Summary & Conclusions

Summary

9.1 JMP Consultants Ltd (JMP) has been commissioned by NHS Greater Glasgow and Clyde (GG&C) to update the Travel Plan (TP) for the New South Glasgow Hospitals Campus (NSGHC). The updated TP takes cognisance of the Section 75 Agreement associated with the planning application (07/ 01158 / DC) for the new adult & children's hospitals and laboratories.

9.2 The NSGHC will generate a significant level of travel demands, including those associated with staff, patients and visitors relocating from other hospital sites in Glasgow. There is therefore a real need to ensure that there are sustainable travel alternatives in place and that there are mechanisms to encourage the use of these alternatives. The TP provides the mechanism to implement the behaviour change elements associated with supporting and encouraging sustainable travel choice.

9.3 The updated TP is intended to go ‘live’ in autumn/winter 2014, approximately 4 months prior to completion of NSGHC buildings and 7 months prior to occupation. The TP will be implemented and managed by the Travel Planning & Systems Manager (Travel Plan Coordinator (TPC)). The TP has a one year programme, with a specific focus on the period leading up to the completion and occupation of new buildings at the NSGHC. By its very nature the TP will be updated in 2015 when the new hospitals/facilities are operational and site specific quantitative and qualitative data can be collected.

9.4 JMP has scoped and agreed the parameters of the TP with GCC and GG&C. GCC noted the requirement for the TP to be ‘hard hitting’ and to consider a phased approach as staff, patients and visitors relocate to the NSGHC.

9.4.1 A 20% reduction in staff single occupancy travel has been set, in recognition of the Section 75 Agreement. This mode share will be achieved by increasing the sustainable travel mode share, particularly by bus.

Conclusions

9.5 GG&C are committed to travel planning at their sites. The TPC has a remit to implement, monitor, review and revise TPs to best meet the needs of all site users. The TPC will be allocated resources to manage the NSGHC TP and will be supported by senior staff.

9.6 Twenty-nine TP Actions have been identified for implementation ranging from improving web based travel information to providing tips & advice on personal safety. All Actions will be implemented within a one year programme, commencing in autumn 2014. The focus of Actions in 2014/2015 is on ensuring effective communication is prioritised, particularly for those staff relocating to the NSGHC from other hospital sites.

9.7 A Monitoring Plan has been developed for the TP, which includes a programme associated with the collection of qualitative and quantitative data. Data reports will be submitted to GCC on a yearly basis. The TP will next be updated and submitted to GCC in November 2015.
The very nature of a TP will ensure Actions can be reviewed and updated on a yearly basis thus ensuring they may remain relevant and resource efficient.
<table>
<thead>
<tr>
<th>Job No</th>
<th>Report No</th>
<th>Issue No</th>
<th>Report Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCT3828</td>
<td>03</td>
<td>03</td>
<td>New South Glasgow Hospitals Campus</td>
<td>A51</td>
</tr>
</tbody>
</table>

NSGHC Masterplan / Arrival Square Drawings
Appendix B

Pedestrian & Cycle Enhancements

<table>
<thead>
<tr>
<th>Page</th>
<th>Job No</th>
<th>Report No</th>
<th>Issue no</th>
<th>Report Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>B52</td>
<td>SCT3828</td>
<td>03</td>
<td>03</td>
<td>New South Glasgow Hospitals Campus</td>
</tr>
</tbody>
</table>
NEW SOUTH GLASGOW HOSPITAL
WALKING AND CYCLING ACCESS
MOSS ROAD
GENERAL LAYOUT
PHASE 1

Notes:

Exchange House, 231 George Street, G1 1RX
Brian Deven
Glasgow City Council
1:500
October 2013

4U7000/100/8
D/NA/4U7000

A739
LANGLANDS
MYSBRE
A739
MOSS ROAD
A739

500 METER LINE CHRISTEN 200 METER LINE
NEW SOUTH GLASGOW HOSPITAL
WALKING AND CYCLING ACCESS
SHEEHALL ROAD
GENERAL LAYOUT
PHASE 1

Glasgow City Council
Exchange House, 231 George Street, G1 5XD

Drawn by:
WM

Traced by:
WM

Prepared by:

Scale: 1:500

Date: October 2013

File No: 4U7000/100/6

Original Drawing Size: 841 * 594 (A1)

Client: Glasgow City Council

Approved by:

Exchange House, 231 George Street, G1 1RX
Brian Devlin

NOTES:

- Works
- Shiel Hall Road
- M8
- CR
- M9

Design Office:

Prepared by:

Traced by:

Scale:

Date:

Rev:

Checked:

Revisions:

Date:

Checked by:

Approved by:

Appvd Date:
LANGLANDS ROAD / A739 UNDERPASS

SHIELDHALL ROAD 9.3m
LANGCROFT PLACE 24HOUR STAFF

WALKING ENTRANCE
BUS STOP
LANGCROFT ROAD 64
WALKING WOUNDED

Subway ASSESSMENT ENTRANCE

SKIPNESS DRIVE BM 9.61m
247

LANGLANDS ROAD 15
36

LANGLANDS COURT 3
1

GREENGAIRS AVENUE 221
126

GREENGAIRS AVENUE Sign 638 115
22

11
38
374
Raised table 2m wide

133
15
314

MELDON PLACE 54
247

LANGLANDS ROAD 129
18

El Sub Sta
129
18

12

LANGLOANS AVENUE 115
43

153
36

105

18
20
24

150
8.6m

147
141
139

PHASE 1

Subway
247

MALLAIG ROAD 199
286

19

26
18

24

20

150
8.6m

147
141
139

PHASE 1
Appendix C

Survey of Staff Travel to the New South Glasgow Hospital Sites
Appendix D

Travel Plan Action Implementation Programme
<table>
<thead>
<tr>
<th>Action</th>
<th>Implementation Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Establish Transport Forum.</td>
<td></td>
</tr>
<tr>
<td>2. Develop a Travel Plan Brand.</td>
<td></td>
</tr>
<tr>
<td>3. Senior management communications.</td>
<td></td>
</tr>
<tr>
<td>4. Improvement to web based travel information/ social media</td>
<td></td>
</tr>
<tr>
<td>communication.</td>
<td></td>
</tr>
<tr>
<td>5. Establish traffic and transport contact details.</td>
<td></td>
</tr>
<tr>
<td>6. Review of NHSGCC transport phone line operations.</td>
<td></td>
</tr>
<tr>
<td>7. Question &amp; Answer sessions.</td>
<td></td>
</tr>
<tr>
<td>9. Development of Travel Options Leaflets (TOLs).</td>
<td></td>
</tr>
<tr>
<td>10. Personalised travel planning</td>
<td></td>
</tr>
<tr>
<td>14. Travel roadshow.</td>
<td></td>
</tr>
<tr>
<td>15. Staff manual and recruitment.</td>
<td></td>
</tr>
<tr>
<td>16. Promote &quot;agile&quot; working.</td>
<td></td>
</tr>
<tr>
<td>17. Fleet vehicle operation review.</td>
<td></td>
</tr>
<tr>
<td>18. Establish a Business Travel Network.</td>
<td></td>
</tr>
<tr>
<td>20. Journey sharing.</td>
<td></td>
</tr>
<tr>
<td>22. Personal safety.</td>
<td></td>
</tr>
<tr>
<td>23. Travel Options Leaflet.</td>
<td></td>
</tr>
<tr>
<td>25. Travel Options Leaflet.</td>
<td></td>
</tr>
<tr>
<td>26. Integrated ticket promotion.</td>
<td></td>
</tr>
<tr>
<td>27. Promote journey sharing scheme.</td>
<td></td>
</tr>
<tr>
<td>28. Through the TOLs provide staff, patients and visitors with</td>
<td></td>
</tr>
<tr>
<td>information relating to car parking.</td>
<td></td>
</tr>
</tbody>
</table>

(assumption 4 weeks per month)
Appendix E

Travel Plan Monitoring & Reporting Programme
Install automatic traffic counters/undertake surveys at entrances to the NSGHC from Govan Road and Hardgate Road to record vehicular traffic, bicycles and pedestrian movements.

Install CCTV cameras and traffic counters at entrances to MSCPs and surface car parks.

Record pedestrian and cycle access to the NSGHC from Moss Road.

Undertake staff travel survey.

Undertake patient and visitor travel survey interviews.

Undertake quantitative and qualitative review of those travelling by public transport in partnership with SPT and bus operators.

Data reporting

Travel Plan Update

(assumption 4 weeks per month and long term monitoring & reporting in August, September, October & November)