Access to Addenbrooke’s – a travel plan
Foreword

Cambridge University Hospitals NHS Foundation Trust is working to ensure that a range of travel options are available for patients, visitors and staff travelling to the Addenbrooke’s campus in Cambridge.

The Trust takes its environmental responsibilities very seriously and our aim is to reduce the demand for car travel by promoting and supporting alternative travel modes. The Trust is not anti-car – we understand that for many people the car is an important asset. But we do need to play our part in balancing the positive aspects of car use for the individual, with the social costs of excessive traffic and congestion, which include adverse consequences for public health.

In 1997 the Trust first launched Access to Addenbrooke’s – the Trust’s travel plan. Since its introduction, the initiative has been extremely successful and we have won a number of awards in the process. Our travel plan is often referred to as the benchmark for other organisations to achieve. This latest version of the document sets out the Trust’s continuing commitment to this strategy and describes our plans for future initiatives, building on the successes that we have already achieved.

In 1999 the Trust first published Addenbrooke’s: the 2020 Vision. This document sets out the Trust’s plans to develop the campus over the next two decades, expanding clinical services to meet the needs of our patients as well as transforming the site into the Cambridge Biomedical Campus. The latest version of the 2020 Vision was published in July 2004. Key to these longer-term development plans is the issue of sustainability and this means that the Trust’s travel plan will become increasingly important in the coming years.

Our success in meeting all our challenging targets to date has been achieved through a combination of self-help (car park management, car park charging, cycle loans etc) and working closely in partnership with other agencies. We will continue to work with our partners to implement the initiatives set out in this travel plan.

This is an important time of change for the Trust and we need to consolidate our position and work with existing on-site partners and those who will be joining us in the future, to limit the environmental impact of the activities of the campus. This travel plan will provide an important contribution to this goal.

Dr Mary Archer
Chairman

Malcolm Stamp
Chief Executive

2004
The Cambridge University Hospitals NHS Foundation Trust’s activities are centred on the Addenbrooke’s Hospital campus on the southern fringe of Cambridge, around three miles from the city centre. From this location, the Trust provides a full district general hospital service as well as some regional and national specialist hospital services. In 2003/04 the Trust treated 385,000 outpatients, and 62,000 inpatients. Around 16,000 return trips are made to and from the campus each day.

The Hospital is also a teaching hospital and shares the campus with the Clinical School of the University of Cambridge. There is also a large research presence on the campus, including University, NHS, Medical Research Council (MRC) and some charitable and commercial research institutions. In total, around 9,000 staff work on the campus. The Trust manages the traffic and car parking arrangements across the whole of the 67-acre site.

All of this activity makes the Addenbrooke’s campus one of the largest traffic generators within Cambridgeshire and creates significant demand for car parking spaces. Up until the mid-1990s, the Trust attempted to construct additional parking capacity to meet the demands from staff, patients and visitors. At around this time, thought was being given nationally, and particularly locally, to traffic reduction, and the Trust embarked on a range of initiatives to encourage staff to travel to work by modes other than driving to work.

In 1997 these initiatives were drawn together into a comprehensive travel plan. The main feature of which was to increase and promote the various access options for people travelling to Addenbrooke’s – and so the travel plan was named Access to Addenbrooke’s.
Objectives

The objectives of the original plan established in 1997 remain the same, namely:

- to reduce the need to travel
- to increase travel choices and make them safe and accessible for all
- to reduce demand for car parking and so reduce traffic congestion on the campus and on the surrounding road network
- to encourage healthy transport options
- to reduce the environmental impact arising from the travel needs of the Addenbrooke's campus.

The scope of this version of the Access to Addenbrooke's plan is wider than previous versions and now covers:

- staff commuting to and from work
- patients and visitors (courses, visitors)
- travel on business – including training
- deliveries.

Progress so far

Since its inception in 1997, there have been four separate phases to the Access to Addenbrooke's initiative. During the first two phases, the focus was very much on taking action for ourselves and we introduced a variety of initiatives including arrangements to control car park management, providing additional cycle parking and interest-free loans for the purchase of cycles and motorcycles.

The third phase of the initiative, which commenced in November 2001, focused on partnership working with the local authorities and our local public transport operator – Stagecoach in Cambridge. During this phase a new bus station was built on the campus, we supported a direct bus route to the campus from the Trumpington Cambridge Park & Ride site and we jointly subsidised weekly staff bus tickets with Stagecoach in Cambridge.

The fourth and current phase started in March 2003 with the launch of a programme aimed at integrated communication. The focus of this phase is to raise awareness and encourage patients and visitors to travel to the campus by means other than the private car. The majority of the initiatives introduced during each of these phases are continuing.

The Trust has achieved considerable success with its travel plan initiatives and one of the keys to this success is partnership working, with the local authorities and the local public transport providers. The Trust also considers that it is vital that staff are fully involved in the developing initiatives and this involvement is achieved through discussions with staff-side representatives, staff seminars, by providing information updates and regular meetings to review progress and prepare new initiatives. This commitment continues in this phase of Access to Addenbrooke’s.

The Trust has been undertaking an annual travel/travel survey since 1993. This comprehensive survey based on a physical count of everybody arriving and leaving the campus, ensures that the Trust has accurate and detailed information on actual travel patterns.

The results of these annual surveys are summarised in the tables opposite and demonstrate the remarkable success the Trust has had in reducing staff car dependence, as well as showing the work that remains to be done with patients and visitors.
Patients and visitors – results of the annual travel survey

Staff – results of the annual travel survey
The recently opened multi-storey car park pictured at night.

The future
In the short-term, the demand for both emergency and booked hospital care will increase annually. The Trust has plans to increase hospital capacity in the short/medium term by re-designing and extending the existing buildings and also by constructing a new Elective Care Centre (30,000 m²), which will be operational by the spring of 2007.

Similarly, the University has plans to develop teaching and research space. The first phase of construction of a new building to be occupied by the Cancer Research UK teams is due to open later in 2005. Associated with this development is a new 1,250 space multi-storey car park. This has been provided to replace car parking spaces lost to the footprint of the new research building, to provide additional capacity for the occupants of the building and to service other future developments. The Trust is temporarily using some of these spaces to replace spaces lost to the footprint of the Elective Care Centre.

The Trust will need to provide its own multi-storey car park facility to replace the spaces that it is borrowing from the University/Cancer Research UK project, and is working on preparing a business case to promote this proposal. Space in any new car park facility will need to be carefully planned as controlling spaces is one of the most effective tools in reducing dependency on car travel, and will help the Trust to deliver its modal shift targets. On the other hand, the Trust does need to ensure that those patients, visitors and staff who do have to drive to the campus are able to park their vehicles when they arrive.

The Trust has plans to upgrade access to the whole campus to meet the requirements of the Disability Discrimination Act (DDA). This will ensure that the campus and buildings are accessible to all, and will also support a new Wayfinding Strategy that will improve travel information available to patients and visitors. As part of this strategy we also plan to overhaul the external/internal pedestrian and vehicular signage on the campus.

Proposals developed as part of the adopted Landscaping Strategy will see a reduction of on-road car parking, and the re-allocation of roadspace to pedestrians, cyclists and motor cyclists. A number of areas on the campus will be pedestrianised.

‘...these proposals will ensure that in the longer-term, the campus is at the centre of an integrated transport interchange.’

Artist’s impression of the Elective Care, Diabetes and Genetics Centre due to open early 2007.
In the longer-term, the Trust, in conjunction with the Medical Research Council and the University of Cambridge, have plans to develop the Addenbrooke’s campus as a biomedical research campus over the next two decades. This development will nearly double the size of the existing site. These proposals are set out in the Trust’s document 2020 Vision at Addenbrooke’s, which has been carefully prepared with sustainability as an integral part.

The county council has recently adopted its Structure Plan – this fully supports the 2020 Vision development and promotes the concept of an additional road link from the south that will be an access-only route, not a through road. It is expected that this will be operational by 2008.

The county council is planning to construct a Cambridge Guided Bus System. This is planned to provide a direct link with Hinchinbrooke Hospital in Huntingdon, through St Ives, via a new settlement at Northstowe, through Cambridge city centre to the Addenbrooke’s campus. This system should be operational by 2007. The Trust’s 2020 Vision includes significant proposals to re-design the main entrance courtyard area to allow the guided buses to pass directly through the centre of the campus. This redesign may include the introduction of ‘bike towers’ (multi-storey for bicycles) so that we can enhance and consolidate cycle parking facilities too. Coupled with the existing on-site bus station, these proposals will ensure that in the longer-term, the campus is at the centre of an integrated transport interchange.

In preparing the longer-term development plan for the campus, the Trust has given a commitment to the following guiding principles:

- To continue with the Access to Addenbrooke’s initiatives, setting challenging but achievable targets for further modal shifts away from car use by staff and patients/visitors.

- As the campus is developed, the location and form of the existing and new developments should encourage safe, convenient and legible pedestrian, cycle and bus and public transport routes throughout the campus.

- Support the development of IT links to reduce the need for travel to and from the campus where these opportunities are clinically appropriate and cost-effective.

- Car parking income will continue to be invested in support of public transport services and other site-wide initiatives.

- Any hospital services, including support services, that can be located away from the campus will be relocated to improve patient access and to reduce the need to travel to the hospital.

- Staff car parking charges will be increased to reduce the differential between on-site parking costs and public transport travel costs.

- The general environment of the campus will be enhanced to improve the user experience.

- The Trust will work in close co-operation with other organisations located on the campus to ensure that their travel plans are consistent with the Access to Addenbrooke’s travel plan.

The Trust is currently developing a Wayfinding Strategy to improve sign-posting and travel information for patients and visitors.
‘The Trust has already made very significant changes to the staff travel modes and, with more developments planned for the site...’

Transport links
This plan illustrates the transport links that will be created as the campus develops. Particular importance will be placed on safe and convenient pedestrian and cycling routes, together with improved public transport access to the campus.
Delivering our future plans

**Targets**
To ensure that we make continuous progress towards the fulfilment of the 2020 Vision at Addenbrooke’s, we have set ourselves a series of targets for each element of the travel plan Access to Addenbrooke’s.

**Staff travel**
In 2000, the Trust set itself a target of reducing the number of staff driving to work in single occupancy vehicles by 1% each year up to 2005, from an initial level of 50% in 2000. The Trust has already exceeded this target – the 2003 survey shows that this percentage has already fallen to 34% single occupancy cars.

The Trust has already made very significant changes to the staff travel modes and, with more developments planned for the campus, will need to continue with promoting non-car travel modes to maintain the progress made so far.

**Patients and visitor travel**
The Trust does not have direct control over the modal choice of patients and visitors. Many patients travelling to the campus do so with an escort to support them in what can be stressful visit because of their consultation or treatment process. This is highlighted by the fact that the 2003 traffic survey showed that 90% of patient and visitors travel to the campus by car (9,280 people) are made by car and that 62% of these trips include travelling with an escort. Nevertheless, the Trust has set the following targets.

<table>
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<tr>
<th>Target One</th>
<th>To reduce the share of patients and visitors travelling to the campus by car (car alone and with an escort) from 92% in 2002 to 88% in October 2006.</th>
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<tr>
<td><strong>Target Two</strong></td>
<td>To increase the share of patients and visitors travelling to the campus by bus from 6% in 2003 to 10% by October 2006.</td>
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The 2003 survey showed that the proportion of patients and visitors travelling to the campus by car had fallen to 90% in the year since 2002. This shows that the Trust is well on track to meet the target that it has set itself for 2006.

**Travel on business including training**
Trust staff undertake a significant amount of business travel as part of their daily jobs. Whilst pool cars and lease cars are available, the Trust continues to pay travelling expenses to staff who use their own private cars for work purposes. The Trust plans to carry out a study to analyse information about the use of private cars to reduce this use and for benchmarking with other organisations.

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<th><strong>Target Three</strong></th>
<th>To undertake a comprehensive audit of business mileage and business travel patterns by April 2005.</th>
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<tr>
<td><strong>Target Four</strong></td>
<td>To undertake a comprehensive audit of campus deliveries by April 2005.</td>
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**Deliveries**
The current position with campus-wide deliveries is unclear. This target will shed new light on this area of transport to the campus.
Travelling by bus

Staff
The proportion of staff travelling to work by bus has risen from 4% in 1993 to 23% in October 2003. This shift has been achieved through a range of measures, including:

- increased frequency and reliability of bus services – now 60 buses /hour serving the site
- provision of an on-site bus station – constructed on a former staff car park
- sale of discounted bus tickets. £9 weekly ticket sold at £3 discount to staff (95,000 sold to date)
- increased parking charges on the campus to reduce the differential between the cost of parking and bus travel
- improved information available to all

Patients and visitors
The proportion of patients and visitors travelling to work by bus has risen from 3% in 1993 to 6% in October 2003. Although this improvement is not as dramatic as the staff statistics, it still represents a significant shift and has been achieved through:

- improved information provided through various publicity campaigns

Action plan
- commission a new 15-minute service between the Addenbrooke’s campus and the Trumpington Park & Ride site (July 2004) – provided by the Trust at reduced cost fares – the Addenbrooke’s Shuttle
- explore the potential for a similar service to and from the Newmarket Road Park & Ride site (2005)
- install two new bus stops (Rosie/Robinson Way) to be fully DDA compliant (2004), and also a third similar new bus stop (Long Road entrance) (2005)
- work with local authorities to introduce real-time information for service buses (2006) and the Addenbrooke’s Shuttle (2005)
- continue with the sale of discounted tickets, improving security controls (2004)
- support the county council with its plans to introduce the Cambridge Guided Bus System – (2007) and to consider the development of the central ‘hub’ (artist’s impression below), to provide a direct route through the campus as part of the 2020 Vision proposals.
Travelling by rail

Only a handful of people are recorded as travelling to the campus by rail. This may well be as a result of under-reporting at the times of the annual survey. The county and city councils have recently dropped plans to construct a railway station at Addenbrooke’s as a result of uncertainties about the business case and the lack of support from the rail authorities and operators. However, the conventional and the planned Guided Bus System will provide good connections to the main Cambridge railway station.

Action plan
- improve recording methods for annual survey (2005)
- introduce staff interest-free loans for season ticket purchases (2005) and travel discounts for staff (2004)

The planned Guided Bus System will provide good connections to the main Cambridge railway station.

Travelling by bicycle

Staff

The proportion of staff cycling to work has increased from 17% in 1993 to 25% in 2003. This shift has been achieved by:

- offering staff interest-free cycle purchase loans
- increasing the number of secure cycle racks available on the campus (now 1300 available)
- providing shower and changing facilities
- constructing cycle lanes on some of the campus roadways

Patients and visitors

It is unrealistic to expect any significant increase in the use of bicycles by patients and visitors.

Action plan
- offer adult cycle training (2004)
- re-launch Bicycle Users’ Group (2004)
- create more showers /locker facilities for cyclists (2005)
- promote the health benefits of cycling. Find consultant champion (2005)
- introduce more cycle lanes on the campus linking to off-site routes working with local authorities and Sustrans (2005)
- explore potential for bike towers on-site (2004)
- introduce pool bikes (2005)

The proportion of staff cycling to work has increased from 17% in 1993 to 25% in 2003.
Travelling on foot
Although the proportion of staff and patients and visitors walking to the campus has roughly doubled in the last 10 years, the actual numbers of people walking to the campus remains relatively few. This is as a result of the location of the hospital that is surrounded on two boundaries by open fields. It is unrealistic to expect a significant rise in the numbers of patients and visitors travelling to the campus on foot but the Trust will continue to direct its efforts into promoting walking as a preferred mode of travel for staff.

Action plan
• **plan new pedestrian** routes based on a whole route approach to ensure no discontinuities along the route – paying particular attention to the needs of people with mobility difficulties (2004)

• **improve** the main drive ensuring that some road space is re-allocated for pedestrian use (2005)

• **improve** pedestrian links between the existing multi-storey car park and the staff entrance to main building (2005)

• **construct** new footpaths on the campus (Robinson Way) to link with existing on and off site connections ensuring DDA compliance (2004)

• **introduce** traffic calming measures to reduce vehicle speeds on the perimeter roadway, constructing standardised pedestrian crossings where necessary (ongoing)

• **improve** street lighting for pedestrian safety (2005)

• **select** a palette of materials for use on footways (2004) as part of the Trust’s Landscape Strategy
‘In 1993, 74% of staff working on the campus drove to work. By 2003 this figure has fallen to 42%, of whom 8% car share.’

**Travelling by car**

**Staff**

In 1993, 74% of staff working on the campus drove to work. By 2003 this figure has fallen to 42%, of whom 8% car share. This modal shift has been secured through a range of initiatives, including:

- **controlling** the availability of parking spaces and managing access to these spaces – establishing priority groups
- **introducing** updated staff car parking charges
- **encouraging** staff who live within two miles of the hospital to seek alternative travel modes by restricting access to on-site car parks

**Patients and visitors**

A very high proportion of patient and visitors travel to the campus by car. The Trust recognises that it may be difficult to achieve significant changes for patient and visitors’ travel.

**Action plan**

- **extend** the existing two-mile boundary to include staff living on a high quality bus route and possibly those staff living within three miles of the campus (2004)
- **increase** car parking charges to reduce differential between the cost of parking and bus travel in consultation with staff-side representatives (ongoing)
- **improve** information available on alternative travel modes to the campus as part of Wayfinding project and introduce new outpatient appointment letters that can include additional travel and other information (2005)
- **plan** for new multi-storey car park capacity to replace the spaces ’borrowed’ from the Cancer Research UK project (2004/5)
- **construct** 17 short-stay bays outside the Rosie Hospital to facilitate operational needs of the Rosie Hospital (2004)

‘A very high proportion of patient and visitors travel to the campus by car.’
Reducing the need to travel
The Trust has introduced a number of measures to reduce the need for staff, patients and visitors to travel to the campus. For staff the initiatives include home-working, tele-working and video-conferencing. For patients these include establishing outreach clinics and clinical networks; transferring work to GP surgeries and process changes to reduce activity at the hospital campus.

Action plan
- **install** a Picture Archiving and Communication System (PACS) to transmit digital CT and X-ray images between hospitals – reducing the need for patient movement for urgent diagnosis (2006)
- **promote** and encourage staff home-working, tele-working initiatives and flexible working hours (ongoing)
- **promote** the use of more video-conferencing (ongoing)
- **work** with Clay Farm and other neighbouring developers to ensure maximum number of affordable key worker housing units are available for staff within cycling/walking distance (ongoing)

Business travel
The Addenbrooke’s Business Travel Service was set up in 1999. This service provides a number of fleet cars for the use of Trust employees, reducing the need for staff to bring their own cars to work. As a result of the success of this scheme the number of vehicles has increased from four when the scheme was launched, to 16 now.

Action plan
- **encourage** staff business travel by train and public transport (2004)
- **undertake** an audit of business mileage and introduce stronger financial control of staff travel claims to promote the use of business fleet cars (2004)
- **consider** limiting the engine size of lease vehicles made available to eligible employees as part of lease car policy review (2004)

Deliveries
The Addenbrooke’s campus receives nearly 550 light goods vehicles and 200 heavy goods vehicles each day (October 2003 survey). It may be possible to reduce the number of vehicles accessing the campus by co-ordinating these deliveries.

Action plan
- **undertake** an audit of how goods are delivered to the site (2005)

Communication and information
The Trust has a number of initiatives to ensure that patients, visitors and staff have as much information as possible to inform their travel choices. These initiatives so far have included:

- **an integrated** communication programme to encourage all who travel to the campus to consider alternatives to the single occupancy car travel mode
- **our award-winning** website – including links to Access to Addenbrooke’s Travel Bureau – which provides travel information
- **individual** ‘travel plan’ research project for staff

Action plan
- **update** the Trust’s communications strategy to plan and co-ordinate the approach to all these activities and initiatives (2004)
- **provide** individualised travel planning information for staff on request (ongoing)
- **develop** and implement the Wayfinding project ensuring that this work is co-ordinated with Access to Addenbrooke’s initiatives to ensure maximum benefit to both projects (2004/05)
- **introduce** new technology for letter production so that more information on travel options can be enclosed with patient appointments letters
- **work with** the University and other partners to co-ordinate travel plans for Cancer Research UK and other 2020 Vision developments – including the proposed Papworth relocation (2005)
Monologing progress and plan review

Monitoring progress
The annual travel survey means that the Trust can accurately monitor the progress being made as a result of the travel plan, Access to Addenbrooke’s initiatives. These annual surveys will be continued.

The Trust will also participate in the Annual Travel for Work survey that is conducted at the same time of year. This will provide information about the main mode (by distance) and will also allow the Trust to compare its own progress against other organisations in the Cambridgeshire Travel for Work Partnership.

A development for the future will see the Trust asking for more feedback from the users of different modes in order to determine whether we are meeting their requirements, but also to take suggestions on board. Further information on Access to Addenbrooke’s initiatives will be abstracted from the Addenbrooke’s staff survey, which is undertaken once every two years.

Plan review
The Trust regularly updates its travel plan Access to Addenbrooke’s and this plan will be reviewed in the Autumn of 2006.

Links to other Cambridge University Hospitals NHS Foundation Trust strategies:
2020 Vision at Addenbrooke’s (July 2004)

Tell us what you think about Access to Addenbrooke’s. We welcome comments, questions, observations and suggestions.

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