



**Sustainable Travel Planning
and Car Parking Management**

Scottish Health Technical Memorandum 07-03

SHTM 07-03

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Preface

The aim of this guidance is to identify best practice and wider considerations in developing travel plans, advising on how NHSScotland can develop effective travel plans for sites and discussing a range of transport solutions for NHS boards.

A travel plan is a package of actions designed by an organisation to improve efficiency and effectiveness of transport activity. It will prioritise reducing the need to travel in the first instance and encourage the use of responsible, healthy and sustainable travel options. These are typically site specific and aim to reduce reliance on the car by improving travel choices to and from sites for staff and visitors. Additionally, national policy sets out that all developments which will generate significant amounts of transport movement are required to provide a travel plan.

This guidance is written in line with the ambitions of the [NHSScotland climate emergency and sustainability strategy: 2022-26](#) which sets out targets for a net zero health service by 2040. It is also acknowledged the challenges of car parking management are significant and effective car parking control can place considerable pressure on estates and facilities teams. Whilst NHS estates and facilities teams can influence various aspects car parking management and available infrastructure, it is also acknowledged there are elements, such as connectivity to sites, which are outwith the control of the NHS directly. As such, continued effective partnership working is paramount to the success of any active travel or car parking management interventions. This guidance sets out a range of measures for improving connectivity to sites through partnership working.



1. Introduction

Background

- 1.1. “Earth’s issuing a distress call... a planet on the brink”, the United Nations Secretary General stated in the latest State of the Global Climate report (see ref 1). Amid the triple planetary threat posed by climate change, biodiversity loss, and pollution, the need for action on all fronts has never been greater.
- 1.2. Transport is a significant contributor to emissions both globally and nationally. Emissions from domestic transport made up 25% of Scotland's total greenhouse gas emissions in 2019. To change this, the Scottish Government aims to transform Scotland's transport system from one based on fossil fuels to one based on renewable energy and active travel (walking, wheeling, and cycling). Furthermore, many journeys are short distance. 17% of journeys in Scotland in 2019 were under 1 km, and more than half (54%) were under 5 km. Lots of short distance trips offer real opportunities for increased active travel or use of public transport.
- 1.3. However, emissions should not be considered in isolation. Transport, and more specifically road transport, is linked with an array of adverse mental and physical health impacts linked to air pollution from tailpipe emissions and particulate matter (PM) from tyre and brake wear, noise, congestion and road traffic collisions. Furthermore, active travel improvements have the potential to positively impact greenspace and biodiversity and strengthen climate change adaptation measures. As explained in later sections, access to spaces is as important as movement between spaces.
- 1.4. Travel planning supports the implementation of sustainable transport interventions such as active travel, public transport, and journey sharing. As well as positive environmental impacts, these modes of travel also have both physical and mental health benefits.
- 1.5. This document considers the current challenges around travel to NHS sites (including car parking concerns) and proposes best practice solutions which can address these issues for the benefit of staff, patients, and visitors. However, there can be significant variations in access to effective public transport between urban and rural settings and, as a result, different NHS boards will have different challenges depending on their geography.
- 1.6. The document also:
 - considers transport options which benefit both the environment and wider population health
 - identifies what can be done to encourage and motivate staff, patients, and visitors to adopt more sustainable means of travel and what NHS boards can do to help facilitate this

- identifies crucial elements which can determine the success of any travel interventions, such as partnership working
- makes suggestions on how to monitor travel to NHS sites, allowing the success of any travel interventions to be assessed
- identifies links to other assessment tools for consideration

2. Policy and strategy considerations

- 2.1. This document provides guidance as to how targets for sustainable transport that NHS boards will be expected to achieve as per NHSScotland's Climate Emergency and Sustainability Strategy. It is underpinned by several national policies and strategies which should be considered in the development of local policy or guidance relating to active travel, travel planning and car parking management. These documents offer different levels of focus, from national-level policy to NHS-specific considerations for both new developments and redevelopments.

NHSScotland Climate Emergency and Sustainability Strategy: 2022-2026

- 2.2. The primary strategic document for NHSScotland, the Climate Emergency and Sustainability Strategy, outlines a number of actions for NHS boards across the broad spectrum of sustainability, energy, and transport. In the context of transport and travel, it aims to:
- align NHS actions to support the National Transport Strategy
 - prioritise the sustainable travel hierarchy, including reducing the need to travel
 - enable active travel
 - decarbonise fleet and business travel

National Planning Framework 4 (NPF4)

- 2.3. [National Planning Framework 4 \(NPF4\)](#) is the national spatial strategy for Scotland and informs local authority Local Development Plans (LDPs). It sets out spatial principles, regional priorities, national developments and national planning policy and serves to encourage, promote and facilitate development that addresses the global climate emergency and nature crisis. Specifically, sustainable transport policy principles aim to encourage, promote and facilitate developments that prioritise walking, wheeling, cycling and public transport for everyday travel and reduce the need to travel unsustainably.
- 2.4. Whilst NPF4 is primarily focused on future development, as it informs local authority LDPs, its spirit should also be applied to any redevelopments which have an impact on placemaking and travel planning.

National Transport Strategy 2

- 2.5. Produced by Transport Scotland, the [National Transport Strategy](#) is an inclusive strategy for all of Scotland, recognising the different needs of our cities, towns, remote and rural areas and islands.
- 2.6. Further, the strategy is developed for the whole transport system (both people and freight) and it considers why we travel and how those trips are made, by including walking, wheeling, cycling, and travelling by bus, train, ferry, car, lorry and aeroplane. It is a strategy for all users: those travelling to, from, and within Scotland.
- 2.7. The strategy does not identify or present specific projects, schemes, initiatives or interventions, but sets out the strategic framework within which future decisions on investment will be made.

National Walking Strategy

- 2.8. Soon to be replaced by the National Walking Framework at the time of writing, [Let's Get Scotland Walking - the National Walking Strategy](#) sets out a vision where everyone benefits from walking as part of their everyday journeys, and everyone has access to welcoming and safe environments to walk in. It places walking at the heart of everyday life, from walking to work and school and having easy access to greenspaces, to creating towns and cities which are walkable and attractive.

Scottish Health Technical Note (SHTN) 02-01: Sustainable Design and Construction (SDaC) Guide

- 2.9. This guide is NHSScotland's response to Scottish Government's climate emergency declarations and related national commitments. It details the process and various approaches, actions and considerations required to deliver sustainable performance outcomes, with additional supporting standards, signposting to good practice case studies and reference to a number of leading industry frameworks, methodologies and detailed sustainability targets.

Public health

- 2.10. In using this guidance, it is important to consider the wider impacts of transport and travel in the context of the NHS when implementing travel planning and car parking management solutions. The following paragraphs outline the public health considerations of travel and transport to and from NHS sites.

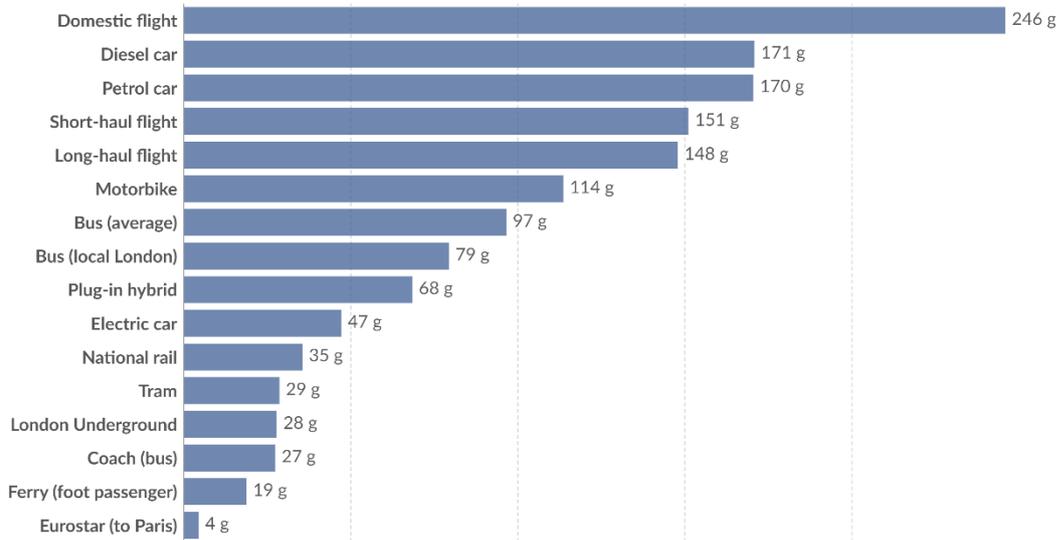
- 2.11. In [2023/24, health and social care](#) accounted for £19.1 billion worth of spend by the Scottish Government and is a significant proportion of government spend overall. Health and wealth are intrinsically linked, with recent data showing 24% of children and 21% of adults live in relative poverty in Scotland (see ref 1). Further, it is estimated that 17% of the population (940,000 people each year) live in absolute poverty (see ref 1). Whilst this has declined since the 1990s, it has remained persistent over the past decade.
- 2.12. Lack of access to suitable transport is a prominent form of poverty, as outlined in the [Scottish Index of Multiple Deprivation](#). Access to, and availability of, transport has a significant impact on overall health and wellbeing. As highlighted by Public Health Scotland, transport poverty impacts not only those in communities served by the NHS, but also NHS employees directly. Transport must be available, reliable, affordable, accessible and safe to enable individuals to meet their daily needs and achieve a 'reasonable quality of life' (see ref 2). As a public body and anchor organisation, the NHS is duty bound to improve all aspects of public health, and it must be recognised that better transport is a means to achieving improved population health.
- 2.13. The impact of inadequate transport networks on public health goes beyond social and economic factors. As mentioned previously, air pollution (both at NHS sites and in the wider community) carries serious health repercussions for road users, pedestrians, and local residents alike. Poor air quality has been identified as a major cause of preventable deaths by the World Health Organization (WHO), given the contribution of poor air quality to increased rates of respiratory and cardiovascular diseases as well as mental health issues and was responsible for an estimated 4.2 million premature deaths worldwide in 2019 (see ref 3).
- 2.14. Particulate matter (PM), found in exhaust emissions and tyre and brake wear, is linked to a range of diseases such as stroke, heart disease, lung cancer, and both chronic and acute respiratory diseases, including asthma (see ref 3). This is particularly acute in young and older members of the population. Additionally, petrol and diesel vehicles are some of the most polluting forms of travel per kilometre travelled. Different forms of travel and their associated emissions is shown below in Figure 2.1.

Figure 2.1 - Carbon Emissions per Travel Mode, per Kilometre of Travel - United Kingdom

Carbon footprint of travel per kilometer, 2022



The carbon footprint of travel is measured in grams of carbon dioxide-equivalents¹ per passenger kilometer. This includes the impact of increased warming from aviation emissions at altitude.



Data source: UK Government, Department for Energy Security and Net Zero
 OurWorldInData.org/transport | CC BY
 Note: Official conversion factors used in UK reporting. These factors will vary across countries depending on energy mix, transport technologies, and occupancy of public transport. Data for aviation is based on economy class.

Source: Department for Energy Security and Net Zero, via [Our World in Data](https://www.ourworldindata.org), 2023

2.15. Mental health and wellbeing are additional factors which can be influenced by transport accessibility, both directly and indirectly. Direct impacts (in the case of poor public transport, for example) can include limited opportunities for social interaction, education, and access to healthcare and quality greenspace. Further, it may also negatively impact whether people can attend job interviews or take up employment (see ref 4). Indirect impacts include forced car ownership. People experiencing forms of transport poverty, such as poor public transport provision and car centric land use planning, are often forced to buy a car or use private hire vehicles to access employment or meet their daily needs, despite having limited resources. This ‘forced car ownership’ occurs in both urban and rural areas but is particularly problematic in rural areas where distances are longer and there are fewer public transport services (see ref 5) which can compound existing financial constraints.

Car culture

2.16. Forced car ownership perpetuates car culture. Car culture is the perceived view that use of a car is a superior mode of transportation and can reinforce behavioural choices whereby car transport becomes the default, regardless of public or active travel options. National policy supports a move away from car journeys wherever possible through the sustainable transport hierarchy found below. Despite this policy direction, there remains a prevailing car culture that leads many people to strongly resist interventions that restrict private car use to

support other modes, as these are incorrectly perceived to be attacks on individuals' freedom to drive.

- 2.17. This presents a number of problems for NHS boards when managing car parking across sites, particularly given the limited options available to enforce car parking restrictions or other disincentives. Car parking scarcity can impact health and wellbeing by way of increased stress for both staff and patients, especially where other transport options are unavailable or overlooked. For example, there is anecdotal evidence of NHS staff arriving at work much earlier than required in order to find a car parking space. Subsequently, this can also impact patient journeys to NHS sites and lead to their own concerns around parking availability when presenting at NHS sites where car parking demand outstrips supply. These experiences of both staff and patients demonstrates a clear need for improved public transport and active travel access at these NHS sites.

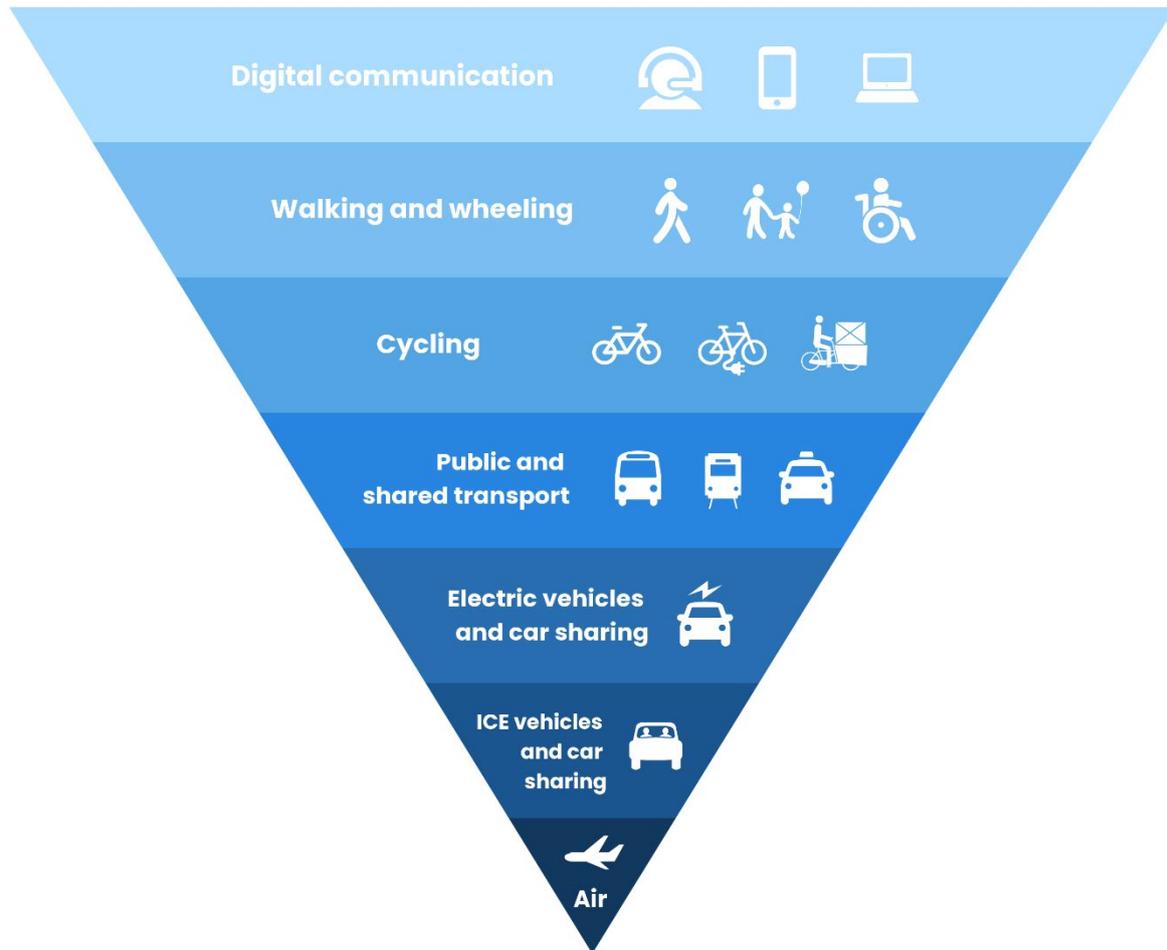
NHS Board Policy

- 2.18. This guidance is intended to assist NHS boards across NHSScotland in the formation of local level policy. It is intended to act as a basis on which to form policies or strategies which are specific to the needs of the NHS board in question, taking into account local geographies, challenges and other aspects.

3. What is a Travel Plan?

- 3.1. A travel plan is designed to improve transport options to an individual site or within an organisation. Such plans aim to lessen the environmental impact of transport arrangements through reduced emissions, as well as ease congestion, reduce journeys made for staff business requirements, improve public health and relieve car parking pressures by reducing reliance on single occupancy car use.
- 3.2. Given the overall aim of a travel plan is to reduce single occupancy car use, sustainable travel options such as walking, wheeling, cycling, and public transport should be prioritised when designing a package of actions. Taking different modes of travel within the same journey (such as cycling then taking a train) is known as 'multi-modal' travel and this should also be encouraged where necessary. Shifting from one mode of transport to another (such as driving a private car regularly to cycling) is referred to as 'modal shift' and is a metric for measuring the success of a travel plan or interventions over time. Key elements of a successful travel plan include:
- financial incentives or disincentives
 - car parking constraints
 - a range of alternative modes of transport
 - strong management support and backing
 - progressive, incremental implementation over time; clear Specific, Measurable, Achievable, Relevant and Timed (SMART) objectives
 - close partnership with Local Authority and public transport operators
 - dedicated resource responsible for development, implementation and monitoring of travel plans
 - formal appointment of a travel plan manager
 - designation of a travel plan champion or senior sponsor on a voluntary basis
- 3.3. The last factor is significant as this designation provides a focal point for the adoption of successful transport management practices.
- 3.4. A further aim of a travel plan is to give best practice, pragmatic advice for reducing the need to travel in the first instance - taking into account specific roles or responsibilities which may necessitate travel. This is the basis of the sustainable transport hierarchy, which has been updated to reflect the prevalence of electric vehicles (EVs) that, whilst useful in combating some transport-related emissions, cannot be the sole solution. Instead, a 'digital first' approach is encouraged, which is facilitated by the widespread use of conferencing software introduced during the COVID-19 pandemic, followed by prioritisation of active travel and public/ shared transport.

Figure 3.1 - Sustainable Travel Hierarchy



Source: Energy Saving Trust, 2024

- 3.5. A travel plan is an evolving, live document designed to be updated over time in line with local governance arrangements, site needs, or changes in the transport network. The benefits of a travel plan can be split into three categories.

Organisational benefits

- 3.6. Organisational benefits related to active travel include:
- having a travel plan with accessible and up-to-date travel information aids staff, patient and visitor journeys, likely reducing the number of missed appointments and staff absences due to transport poverty
 - travel plans grant the opportunity to work strategically and collaboratively with Local Authorities and Regional Transport Partnerships (RTP)
 - travel plans are designed to promote active travel and public transport use wherever possible and, if fully implemented and realised, this reduces car parking pressures on site

Individual benefits

- 3.7. More sustainable and active travel can also have benefits to the individual, such as:
- reducing the need to travel in the first instance and/ or using active travel reduces the financial burden associated with owning a car or using public transport significantly
 - stress related to traffic congestion and car parking is avoided or greatly reduced
 - undertaking active or multi-modal travel has a great number of mental and physical health benefits; this includes reduced risk of depression and anxiety, as well as significantly lower instances of respiratory and cardiovascular illness

Environmental benefits

- 3.8. Environmental benefits include:
- reduced overall car use and increased car sharing reduces carbon emissions which is necessary for NHSScotland to meet net zero targets
 - reduced traffic on and nearby sites reduces air and noise pollution, improving quality of life and reducing environmental health risks for staff, patients, visitors and local residents
 - fewer cars making fewer journeys significantly reduces the instances of road traffic collisions and increased use of active travel improves community cohesion, both of which make local communities nicer and safer places to live

Community benefits

- 3.9. Community benefits can include:
- improved air quality
 - less congestion
 - less noise
 - improved community cohesion and enhanced sense of community

Data collection and monitoring

- 3.10. Data monitoring is the on-going tracking of programme activities. For example, “is everything going to plan?”, “Are we on track?” and “Are we gathering the information we need?”.
- 3.11. Reduced overall car use should be the main metric for success of a travel plan and its associated interventions. Modal shift is also a significant metric, particularly in terms of

quantifying the success of any interventions designed to change the primary mode choice for essential journeys. Data, in this respect, is key.

- 3.12. Unfortunately, data for staff commuting and patient travel is not well established across NHSScotland at the time of writing. The majority of information that currently exists is travel survey data. Whilst somewhat useful, they cannot be used as the sole source of information for understanding travel habits due to historically poor response rates and the sporadic nature of when surveys were completed.
- 3.13. Regardless, the use of surveys for assessing travel habits is encouraged as they can be helpful in supporting NHS boards to gauge how sites are performing in line with expected outcomes. Additionally, there are times when a snapshot view of travel habits is required such as coinciding with NHS board or national reporting.
- 3.14. Recording some modes of travel is more challenging, such as walking or wheeling because these practices are often combined with public transport use, for example, and can be overlooked by respondents in travel surveys. Using walking or cycling counters could help counteract this, depending on available funding.
- 3.15. The following outlines the steps required to form a data management plan in relation to transport and travel:
- identification - identify what information, if any, exists at NHS board level. For example, some data may exist from historic travel surveys that can provide anecdotal information on general travel habits, such as single occupancy car journeys
 - external sources - it is prudent to check external sources of information. In this case, the NHS board's respective [Regional Transport Partnership](#) (RTP) should be consulted in the first instance. Whilst the RTP may not have site-specific information, other regional insights may be available. Given the role of RTPs, their objectives will align with national priorities. Communication with the RTP is beneficial in any case and will be expanded on in Section 9
 - gap analysis - after clarifying what data is available and useful, a gap analysis should be undertaken. This is a good opportunity to identify what information the NHS board requires and where it is likely to come from (internally or externally)
 - data gathering and monitoring - before embarking on data collection and monitoring, undertaking a Data Protection Impact Assessment (DPIA) is recommended. Undertaking a DPIA will ensure the collection and use of data meets General Data Protection Regulation (GDPR) requirements, is considered fair use of data, and the handling of data conforms to local policies and standards. It can also be beneficial for outlining the roles and responsibilities for ongoing data collection and management. Contact your local data team for more specific information
 - definitions - defining a data management plan is key to planning the frequency of data collection and how it will be analysed. Data gathering can be split into two parts. Firstly, collecting data at a NHS board level is likely to be through surveys. Secondly, data

collection from external sources should also be considered. RTPs should be engaged with at this stage, in addition to Transport Scotland, the Office for National Statistics (ONS) and third sector organisations such as Sustrans and Cycling Scotland as required

4. Travel plan evaluation

- 4.1. Travel plan evaluation is the process of assessing the success, impact and effectiveness of interventions. For example, “Is what we are doing working?” “Is it having the effect we expected?”.
- 4.2. Travel plans should be treated as a ‘live’ document. They should be updated every two years and re-evaluated against the success of the amendments they suggest after implementation. It is important they are adapted if a particular intervention is unsuccessful to ensure spending on transport improvements is efficient and effective.
- 4.3. Engagement with local authorities should be treated as a basis for meaningful dialogue in developing a realistic, viable and acceptable travel plan. Travel plan evaluation tools should also be used to assess NHS board’s travel plan. However, the Workplace Travel Plan Evaluation Tool was archived in 2008 and there is currently no available alternative. Transport for London (TfL) has developed a similar tool called iTrace. It is designed for use by London boroughs, although it may be useful in some cases within NHSScotland. The [Active Mode Appraisal Toolkit](#) can be useful for assessing the overall benefits and costs of proposed walking and cycling interventions.
- 4.4. The Network Planning Tool (NPT) for Scotland is a web application for strategic cycle network planning. The intended audience is local authorities undertaking cycle network planning to support evidence-based and transparent investment, scheme location and design decisions. However, it is also useful for those developing travel plans as it gives an overview of the cycle ‘friendliness’ of an area, topography and the movement patterns of those travelling by cycle for various purposes. It can also be adjusted to reflect route choices cyclists likely to make (such as direct/ busy or indirect/ quiet). NHS boards may find it useful to refer to the NPT for Scotland when assessing possible improvements that could be made to cycling infrastructure proximal to sites. The tool can be accessed via the [NPT Scotland website](#).

Equality Impact Assessment

- 4.5. The [Equality Act 2010](#) means that public authorities (including NHS boards) have a legal duty to have ‘due regard’ to the need to:
 - eliminate discrimination, harassment and victimisation
 - promote equality of opportunity and foster good relations between the protected groups
- 4.6. Equality analysis is a way of considering the effect on different groups protected from discrimination by the Equality Act, such as people of different ages. There are two reasons for this:

- to consider if there are any unintended consequences for some groups
- to consider if the service, function, policy or practice will be fully effective for all target groups

4.7. In the formation of any strategy, policy, or plan relating (in this case) to active travel and car parking management, it is prudent undertake an Equality Impact Assessment (EIA) and assess what the potential impact on the Equality Act 2010 Protected Characteristics could be. This is to ensure 'due regard' from the outset and allows collaboration with stakeholders. For reference, The Equality Act 2010 Protected characteristics are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

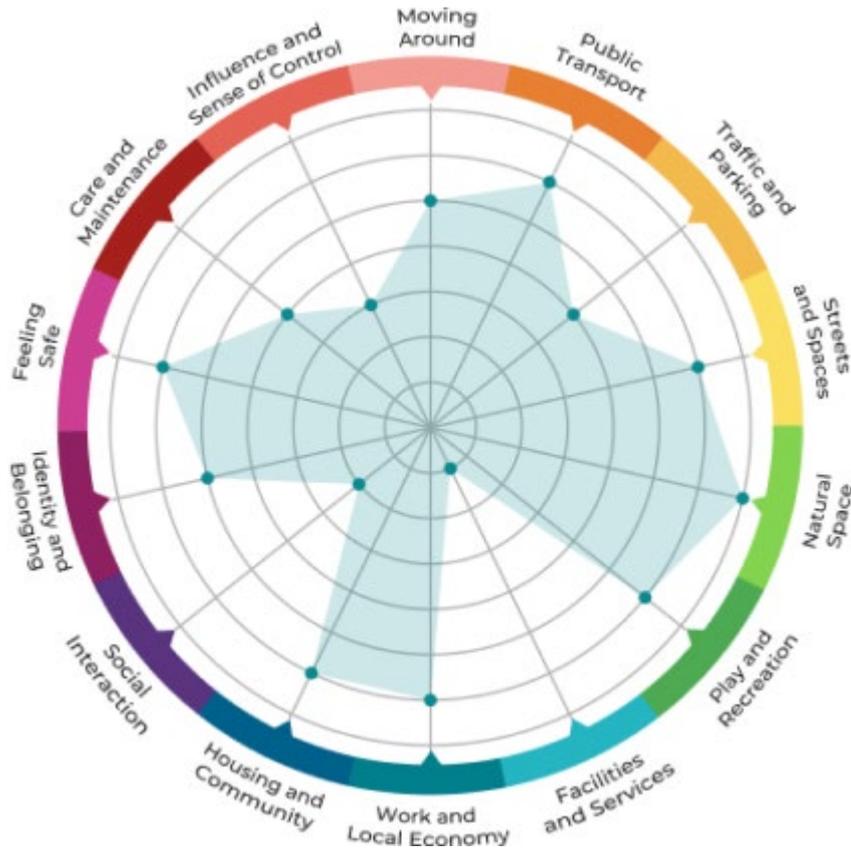
4.8. NHS board-specific information can be sourced from your local Equality and Diversity Manager or equivalent.

Place Standard Tool

4.9. The Place Standard Tool (PST) is a framework of assessing different aspects of physical new and existing spaces and users' interactions with them and can be used to discover the 'lived experience' of a space. It provides a simple framework for analysis, based around 14 questions to help structure conversations about place and its use with stakeholders.

4.10. It allows the physical consideration of place and space, as well as social elements, such as involving communities and ensuring stakeholders have a voice. Additionally, if considering place from a climate perspective, a new Place Standard with a Climate Lens is available and provides additional focused questions around climate and place.

Figure 4.1 - PST Example



4.11. Prior to evaluation, PST engagement is particularly useful when used early to:

- identify needs, assets and opportunities
- align priorities

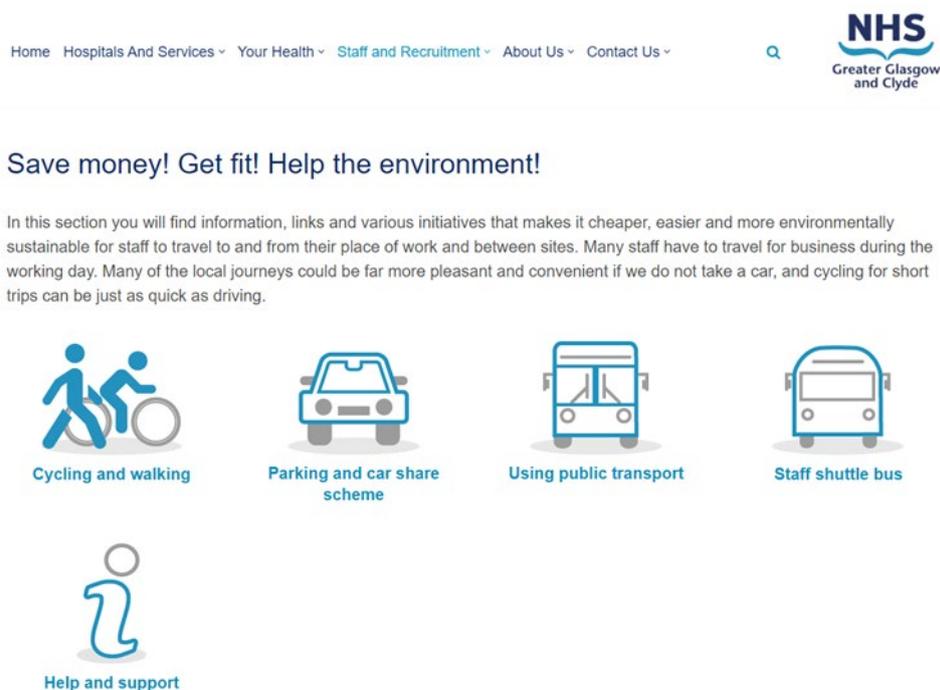
4.12. Further information on accessing and using the [Place Standard Tool](#) can be found on the Place Standard website.

5. Steps to success

Accessibility of information

- 5.1. Easy access to information is crucial in the success of a travel plan or strategy. Success in this regard can be simple, straightforward measures to ensure equitable access to information. This can include:
- use of staff/ public noticeboards in key areas such as canteens or entrances
 - up to date bus timetables or electronic signage
 - online communications
 - a dedicated repository of information
 - use of social media
 - use of staff newsletters, notices, mailing lists, or intranets
- 5.2. A good example of dedicated resources is from NHS Greater Glasgow and Clyde (GG&C) below. NHS GG&C have created a repository of travel information and benefits for staff in an easily accessible format, with contact information for teams specifically responsible for active travel and travel planning.

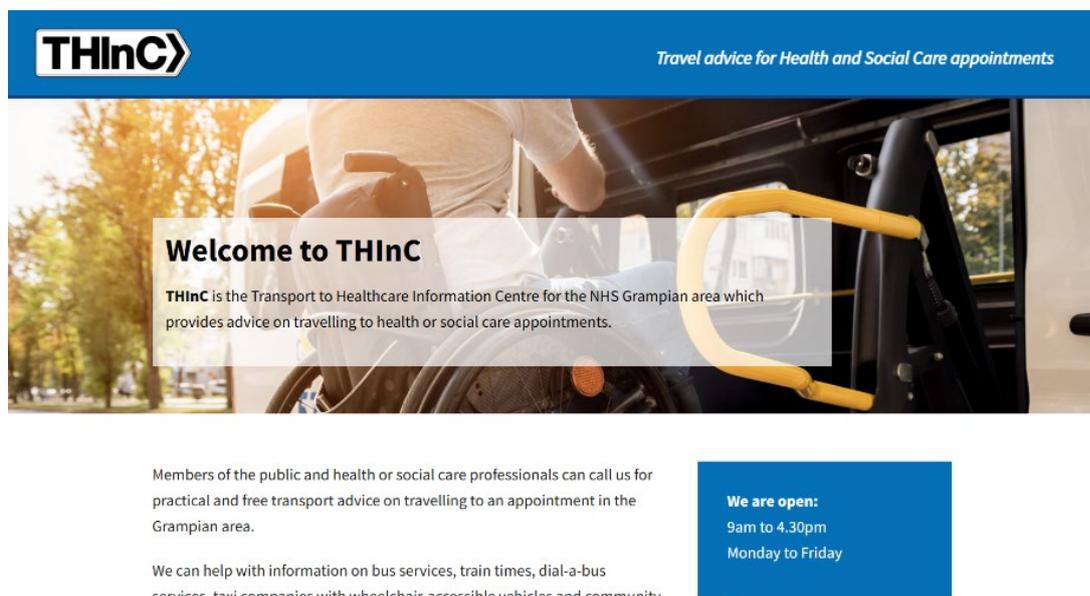
Figure 5.1 - NHS GG&C Staff Travel Information



- 5.3. Further, NHS Tayside showcase a good example of partnership working and making information accessible.

- 5.4. Regional transport partnership Tactran, alongside NHS Tayside, has developed the [Go NHS Tayside](#) website, which aims to assist those attending appointments or visiting hospital sites in Tayside.
- 5.5. The pilot initially focused on helping those attending appointments at the Urology Department at Perth Royal Infirmary (PRI) with almost 400 people accessing the website to help plan their journey during the pilot phase.
- 5.6. Due to the success of the pilot, the Go NHS Tayside website has been expanded to encompass all NHS Tayside sites, giving patients, visitors and staff the ability to plan sustainable journeys online and find out which types of transport they can use to attend their appointments. The site aims to help patients, visitors and staff access health facilities and services more easily, whilst raising awareness and use of more sustainable modes of transport.
- 5.7. The Go NHS Tayside website has been developed with Scottish Government funding through its [Mobility as a Service \(MaaS\) Investment Fund Scotland](#), which helps organisations pilot their own innovative online journey planning tools to achieve modal shift from single occupancy private vehicles to more active and public transport modes.
- 5.8. The [Transport to Healthcare Information Centre \(THInC\) for NHS Grampian](#) is an excellent example of improving access to information for journey planning. It provides advice for members of the public and health and social care professionals alike, signposting them to relevant options and helping them to sustainably plan their journey. Community Transport operators are important partners in THInC alongside NHS Grampian, Aberdeenshire Council and Nestrans, the regional transport partnership. THInC offers a model for other NHS boards to learn from and replicate.

Figure 5.2 - THInC website



Change Management

- 5.9. Making the change from private car use to public/ shared transport or active travel should be made as smooth, easy and comfortable as possible for employees. This approach maximises the chances of achieving modal shift and minimises the possibility of any negative reactions to the proposed changes.
- 5.10. As a first step, NHS boards should consider whether encouraging employees to make a part-time commitment (such as a few days per week) to using public/ shared transport or active travel would lead to better rates of success in the longer term. This approach may be more successful – when compared to seeking an immediate switch away from current travel habits – as it gives employees an opportunity to adopt new habits whilst slowly phasing out ingrained travel behaviours.
- 5.11. NHS boards should make subsequent considerations around the feasibility of their travel plan for employees. For example, seasonal variations in weather should be accounted for; it is important that warm/ dry shelters are available to employees using public transport and showers, changing facilities, drying units, and secure bike storage are available to those travelling by cycle. In other words, NHS boards should ensure employees are not penalised or inconvenienced for adopting sustainable modes of transport. Equally, staff who are unable to use public transport or travel actively This ensures the travel plan is comprehensive, realistic and achievable for employees, thus reducing the likelihood of rejection.
- 5.12. Not only are perceptions around achievability important, but perceptions of people who travel sustainably are important too. Do not make those who use the alternatives - such as public transport or active travel - feel less catered for when compared with those who travel by private car. Ensure that the transport they use and the facilities they need are of good quality and well maintained. This could tip the balance between success and a negative response.
- 5.13. Challenging the prevailing culture of car dependency can be difficult and, however carefully changes are introduced, there may be some opposition to your proposals. It is useful to be aware that you may encounter some colleagues who are resistant to change or lack understanding of the need for improvements to be made. A method of dealing with complaints is necessary to overcome problems that may arise.

Senior level commitment

- 5.14. Another critical factor in the success of a travel plan is ensuring that there is high-level management support from senior leaders, such as the Chief Executive and Directors, as well as NHS board backing, to ensure that travel plans have an opportunity to succeed.

Utilising existing networks such as the NHS board Sustainability Champions Network and Exec Sustainability Leads group is also recommended. These groups are crucial for knowledge sharing, raising issues, and having a forum for discussion both among sustainability champions and those responsible for delivering on sustainability issues at an executive level. For further information, contact your local sustainability manager or equivalent in the first instance.

Consultation and engagement

- 5.15. Consultation and engagement are important factors in the development of policy, strategy, and site-specific travel plans. Early engagement with staff, patient/ community, and trade union representatives is recommended to ensure any potential issues are highlighted and taken into account in the development of a travel plan.
- 5.16. The development of a travel plan may be supported by a short life working group (SLWG) or equivalent. This will allow for employee consultation to explain the need for and the benefits arising from travel plans. Wherever possible, employees and trade union representatives should be included on SLWGs.
- 5.17. Often, problems with car parking on NHS sites have subsequent impacts on parking in surrounding areas, with employees and patients competing for space with residents, which can often lead to conflict. Full consultation with the local population throughout the development of a travel plan can improve NHSScotland's relationship with communities. It will also allow residents to comment on operational matters such as 24-hour car parks being sited in a way that limits noise and light pollution to surrounding properties. Colleagues responsible for community engagement should be engaged locally.
- 5.18. Finally, as per [Director Letter \(DL\) \(2021\) 38](#), the NHS board should have a dedicated lead for active travel to assist the development of such interventions. A dedicated lead is then well placed to liaise with NHS boards' respective Executive Sustainability Leads and Sustainability Champions to ensure a consistent approach.

6. Producing a travel plan

- 6.1. There are several steps and considerations which should be taken in the production of a travel plan. It is worth noting travel plans are site-specific and are usually underpinned by organisational policy or guidance, which sets the general direction or ambition for an organisation:
- policy - whilst it's beneficial to have a travel plan specific to certain sites, having an overarching travel plan or policy for the NHS board as a whole is recommended. Whilst the formation of organisation-wide policy is not the focus of this guidance, much of the same principles can apply
 - data gathering - where possible, and as explained further in Section 4, it is important to understand what issues exist on sites in terms of access to public transport and active travel routes, parking issues, and site congestion. This can be based on qualitative or quantitative data to build an understanding and help steer future action
 - sites of focus - once a high-level understanding of sites has been obtained, it is prudent to select sites which face particular challenges. For example, focus may be placed initially on large acute hospitals given the number of visitors, before progressing to smaller sites. However, this is at the discretion of those developing a travel plan based on the needs of their NHS board
 - roles and responsibilities - before embarking on the development of a travel plan, it is crucial to define roles and responsibilities for the development of active travel initiatives generally. Ideally, a travel plan coordinator (or closest equivalent) is in place to lead the development and delivery of travel plans and active travel initiatives
 - stakeholders and engagement - often, travel planning and active travel does not have a defined 'home' within an organisation so wider stakeholders must also be defined. Define who is leading the work but also outline who must be engaged and consulted with along the way. Wider stakeholders can include estates managers, operational service leads, communications managers, public health consultants, health improvement managers and local authority representatives. Early and continued engagement with stakeholders is vital for successful development of a travel plan and any subsequent interventions
 - reporting - a defined reporting framework is crucial for the ongoing measurement and evaluation of both a travel plan and any active travel interventions. Suggested frameworks for reporting will be included within Section 4

Steps to producing a travel plan

Step 1 - getting started

Securing support

- 6.2. As mentioned, senior support for the development and implementation of a travel plan is critical, both at an executive level and site level such as an Operational Service Manager.
- 6.3. The need for a travel plan, and how it relates to wider strategic sustainability aims under [Director Letter \(DL\) \(2021\) 38](#) can also be emphasised here. Consider emphasising and listing the health, economic and environmental benefits of having a travel plan, including leveraging the support of your NHS boards' Executive Sustainability Lead or Sustainability Champion.
- 6.4. Externally, organisations such as the [Community Transport Association \(CTA\)](#) can aid NHS boards in developing efficient, collaborative transport services by offering independent strategic advice and act as convenors and facilitators of non-profit community-led operators across the country.

Communications

- 6.5. Ideally, a dedicated communications campaign will take place prior to the development of a travel plan. This is to ensure both staff, patients, and visitors are as engaged as possible from the outset and they are clear on the expectations in terms of possible participation in future surveys.
- 6.6. Refer to the Steps to Success section for more specific information and case study examples from across NHSScotland.

Step 2 - identify roles and responsibilities

- 6.7. It is best practice to identify specific roles and clear responsibilities from the outset. Ownership of specific tasks is equally beneficial to establish. Additionally, ensure staff, patients and visitors are adequately involved in the process wherever possible or reasonable.
- 6.8. As detailed in the Consultation and Engagement Section, it may be suitable for a Short Life Working Group (SLWG) to be formed.

Step 3 - undertake a site survey

- 6.9. Firstly, establish what site or sites will be a point of focus. If your NHS board has no prior travel plan, it is useful to choose a site with a large staff population, or one that has known transportation challenges so any resulting interventions can be maximised.
- 6.10. Undertaking a site survey is important in order to:
- develop a clear picture of realistic alternatives available so that you can make recommendations to staff and to others about the way they travel
 - identify barriers to alternative means of transport
 - identify possible areas where improvements could encourage use of more sustainable modes of travel, for example, improvements to bus stop waiting facilities, provision of more direct walking routes and so on
 - identify the most appropriate questions for your staff travel survey
- 6.11. The site assessment is a crucial part of the travel plan development, and it is important as much detail as possible is collected at this stage. It should always be carried out before the staff travel survey so that relevant questions are asked, allowing for assessment against the actual situation.
- 6.12. The site assessment should include a review of the following:
- transport links to and within the site
 - facilities for walking, wheeling, and cycling (including whether or not changing or drying rooms exist)
 - car parking and presence of car parking issues. For example, does demand regularly exceed supply
- 6.13. It is also useful to gather anecdotal data from staff, patients, and visitors. Consider opportunities for this in a site survey, using the points above as a guide.
- 6.14. The travel plan should include a plan of the site showing its location and key features, including:
- car parking spaces - specifying dedicated staff, disabled and patient/ visitor spaces
 - car sharing facilities - preferential spaces for car sharers (if available)
 - cycle facilities - storage, lockers, repair stands, changing/ shower facilities, routes
 - walking facilities - lockers, changing/ shower facilities, routes
 - number of staff
 - number of patients/ visitors
 - public transport - location of railway stations, bus stops and timetables
 - fleet/ pool car information

- 6.15. Consult your local communications department to ensure any plan meets accessibility standards.

Step 4 - undertake a staff travel survey

- 6.16. Once the site assessment has been completed it is necessary to conduct a staff travel survey. A blank copy of the staff travel survey should be included in the travel plan.
- 6.17. A template staff travel survey accompanies this document via a Microsoft Forum link. The template is designed to be used by all NHS boards to collate information and, from a national perspective, allow for measurement and comparison over time.
- 6.18. The staff travel survey will identify:
- how staff currently travel to and from work, and why they choose to travel the way they do
 - where staff are travelling from (via partial home postcodes). This will provide the basis for negotiation with bus operators and also an indication of whether car sharing is viable and for what number of staff. Please note the Data Management section and liaise directly with local data protection teams when handling such information
 - any shift patterns that may be in place
 - who is willing or able to adapt their travel habits
 - what interventions would be most effective in persuading car users to adopt more sustainable modes of travel
 - which measures would be most popular amongst staff
- 6.19. The staff travel survey will also help to:
- raise awareness of the travel plan and introduce ideas to staff
 - obtain ideas and suggestions from staff - allowing staff to have their say in the early stages of travel plan development will ensure a sense of ownership of the plan, and staff will be more likely to change their travel behaviour
- 6.20. It is important that the survey results are utilised to inform the travel plan, with measures and targets relating back to the feedback you receive.
- 6.21. Using suggested communications methods, the questionnaire should be distributed to as many staff as possible, particularly as the survey is an important way of raising awareness of the travel plan, and a mechanism for obtaining staff 'buy in'.
- 6.22. It is important to bear in mind that the response rate is likely to be less than the number of surveys allocated for completion. Historically, survey response rates have been poor across NHS boards, which has contributed to a lack of robust data nationally. In fact, it is unlikely that a response rate of 70% or higher will be achieved. In order to maximise the response

rate, incentives could be offered to those staff who complete and return the questionnaires by the deadline. Timely reminders can also be utilised to increase the return rate.

- 6.23. An example of a staff travel survey is provided in Appendix A, as well as in our Resource Hub which can be accessed here.

Step 5 - undertake travel audits

- 6.24. Completing travel audits will provide information on wider transport to and from sites. This can include:

- patient/ visitor transport
- deliveries/ supplies
- business travel audit, including other NHS boards and services such as the Scottish National Blood Transfusion Service (SNBTS)

- 6.25. It is possible to tackle each of these areas in turn and phase them into a travel plan. Producers of a travel plan may wish to focus on staff travel initially before progressing to patient and visitor travel. However, there can be instances where all three aspects of travel can be tackled simultaneously.

Audit of patient/ visitor transport

- 6.26. It is essential to conduct an audit of patient/ visitor travel to NHSScotland premises to identify the total number of visitors to the site and the modes they are currently using, and to identify whether there are any interventions which might encourage them to use more sustainable modes of travel or reduce the need to travel in the first instance. However, given the nature of visits, sensitivity in this area, particularly when asking questions in person or via survey, is encouraged and recommended.
- 6.27. Cooperation from patients and visitors is needed when carrying out this task, which can be completed by asking a few simple questions as patients arrive, such as:
- how did you travel here today?
 - did you know that you could use public transport?
 - if you had known about public transport routes here, do you think you would have used them?
- 6.28. This option can be completed at reception as patients report for their appointments.
- 6.29. Alternatively, patients and visitors can be asked to complete a questionnaire to provide details of their journey. This option will provide more detailed information as it will be

possible to ask more questions. Once more, sensitivity is encouraged, and patients or visitors may not be comfortable with completing a questionnaire.

- 6.30. A third option exists which reduces the need for direct patient or visitor interaction whereby tokens can be issued to allow patients or visitors to 'vote' on how they got to site by placing the token in the corresponding container. Similar schemes can be found in supermarkets, which sometimes allow shoppers to vote on what charity organisation the operator should donate to.
- 6.31. This method provides a level of interaction and engagement absent in other methods and if using transparent containers for tokens shows a snapshot of typical transport habits for all building or site users.
- 6.32. In order to provide patients and visitors with accurate and detailed information about public transport services, routes and timetables can be published online.

Audit of deliveries/ supplies

- 6.33. A review of the way in which deliveries reach sites within the organisation can be important in terms of organising staff time and identifying the amount of road and parking space needed, as well as offering the opportunity of consolidating deliveries to improve efficiency and reduce costs.
- 6.34. An audit will require a record to be kept of deliveries and suppliers serving each site for a set period. The following details should be recorded or taken from delivery manifests wherever possible, depending on the type of service procured:
- the time of arrival
 - the time of departure
 - the nature of the delivery/ supplier visit
 - the mode of transport
 - where the trip originated (if possible)
 - whether the trip was made as a special trip or as part of a series of calls

Business travel audit

- 6.35. When addressing the business travel element within the travel plan it will be necessary to carry out an audit of business travel. This involves recording and reviewing all business travel to establish whether it is being undertaken in an efficient and environmentally friendly manner, or whether it is necessary at all.

- 6.36. The easiest route for this is a report of business mileage claims via finance or payroll teams via eExpenses (correct at the time of writing). Once all of the elements of business travel have been identified all expenditure should be recorded as well as time spent on business travel. This information should include:
- all business mileage (company and private vehicles)
 - expenditure on business mileage
 - insurance costs associated with travel, if applicable
 - fares for public transport
 - mileage and time spent for any walking and cycling business mileage
- 6.37. At the time of writing, a standardised form for reporting business travel mileage and associated emissions is being developed. Public transport fare reimbursement costs are also available, though does not currently support the inclusion of origin/ destination information due to significant build costs. Any further information in this regard can be directed to NHSScotland Assure Climate Change, Sustainability and Environment team.

Step 6 - identify targets and indicators for improvement

- 6.38. Further to earlier sections which outlined the high-level ambition of a travel plan in terms of increasing modal shift, decreasing single occupancy car journeys and improving overall health, this section is about defining the vision for change in order to move away from the current position to the vision for the future.
- 6.39. Set objectives and targets will need to be identified for inclusion in the travel plan.
- 6.40. Objectives are the high level aims of the plan. Objectives will give the plan direction and will provide the necessary focus.
- 6.41. Targets are the measurable goals which will need to be set in order to assess whether or not the objectives of the plan have been achieved.
- 6.42. It is important that all objectives, targets and indicators are informed by the results of the staff surveys and site audits as these will provide the information on the current position.
- 6.43. Each objective should have a corresponding target. Targets should be Specific, Measurable, Achievable, Relevant and Timed (SMART). Descriptions of targets should be clear and concise so that they are understood by all staff. There should be three types of targets included in the plan:
- short term - one year or less (quick wins)
 - medium term - generally one to three years
 - long term - more than three years

- 6.44. Phasing targets over a longer timeframe will help to ensure that the plan becomes a working document rather than a burden that gets put on a shelf and forgotten about.
- 6.45. Remember, a travel plan is a dynamic process and considered an evolving document. It is a continuous cycle of action-monitor-review. The purpose of setting objectives, identifying targets and defining indicators is to be able to monitor change, and where change is not being achieved, to amend those elements which have not worked appropriately.

Step 7 - identify interventions

- 6.46. The key to a successful travel plan is to include a package of pragmatic interventions which identify transport alternatives staff and visitors will be prepared to use.
- 6.47. Not one single solution exists as different people will respond to different measures based on their needs and circumstances. Therefore, a combination of measures should be introduced to allow people to 'pick and mix' according to what suits their own requirements and lifestyle.
- 6.48. A successful travel plan should be mindful of behaviour change approaches and adopt different techniques based on the situation. Consider the enablers. What would encourage individuals to adopt more sustainable and active travel where possible? For example:
- try to get the incentives, such as subsidised public transport, in place first so that staff are supportive of the travel plan, before advancing to potentially more stringent measures
 - educate staff, patients, and visitors on the wealth of benefits that come from increased active and sustainable travel and reduced car use
 - consider 'disincentives' such as the repurposing of car parking spaces and kerbs for active travel infrastructure or enhanced greenspace
- 6.49. It is not always possible to get the best results from the travel plan simply by picking out the measures that seem the most attractive or most popular. Refer to the results of the surveys and audits to identify what kind of changes are needed most and see what is feasible and likely acceptable. It is important to think about how different measures would interact with each other, so there is cohesion between all measures that are introduced. The NHS board should be prepared to receive and respond to negative feedback from less popular interventions, such as the removal of car parking spaces.
- 6.50. Remember:
- do not pick measures that all target the same group of people. For example, if all of the measures are to encourage cycling, those who do not want to cycle won't change their behaviour. Refer also to any EIA to ensure an equitable and consistent approach among different groups and protected characteristics

- start by focusing on the incentives before any disincentives. For example, bring in season ticket loans or subsidies to actually enable people to take advantage of them before the potential removal or repurposing of car parking spaces
- use national learning networks and governance groups to share learning, expertise and guidance about schemes that have worked well locally in different locations or geographies

6.51. The travel plan should include targets from each of the following measures:

- walking
- cycling
- wheeling
- public transport
- use of private car for travel to work
- reducing the need to travel
- business travel
- visitors
- deliveries

Step 8 - monitor, review and report

6.52. It is important to bear in mind that a travel plan is an evolutionary document that continually changes to meet the needs of the participants. Therefore, monitoring and review are essential elements of any travel plan or strategy.

6.53. A robust monitoring system must be in place to ascertain whether the plan is achieving its aims. Monitoring should take place on a regular basis, normally annually, and should be by means of further questionnaires as well as traffic surveys counting vehicle movements and cars parking on site.

6.54. Further indications of modal shift that can be utilised for audit and monitoring purposes include the uptake of discount transport schemes, the number of parking permits provided, the number of cycle facilities required (taking into account seasonal variations), and the number of staff on car share registers, if applicable.

6.55. The success of having a Travel Plan can be measured in two ways:

- measuring against specific project-based targets. This will help to assess support and actions needed to achieve these targets
- measuring against baseline/ background attitudes. This can help assess the profile of travel planning in the organisation and how people in the organisation feel about travel

- 6.56. Targets should be measured as often as is appropriate. Some targets will have longer timescales to meet and so only need to be measured annually, whereas others may need to be measured every month.
- 6.57. The travel plan itself should be revisited and monitored on an annual basis to ensure that the targets are being achieved, progress is being made, and information is current and correct. Annual review enables new targets to be set.
- 6.58. An annual staff travel survey should be undertaken for snapshot views of modal shift and travel patterns over time. This is particularly useful for longer term trend analysis and showing successful initiatives. For example, increased season ticket loans may result in the number of people driving to work decreasing.
- 6.59. Surveys should include the question “Do you know about the [insert site] Travel Plan?”
- 6.60. It will need to be decided if every member of staff will be given the opportunity to put forward their views or if a sample will be surveyed.
- 6.61. Additionally, check how many employees are using a car share scheme (if available) and measure the uptake of loans for bus or rail travel (if available).

7. Levels of car parking provision

- 7.1. Effective car parking management is essential for both an effective travel plan and successful travel strategy. Car parking management can be an effective intervention in reducing the overall burden of car parking and its associated stresses, reducing car dependency, alleviating congestion, and promoting and improving public health.
- 7.2. Car parking on NHS sites is a well-documented issue, with many sites suffering from a high demand for car parking spaces from staff, patients, and visitors. This problem is particularly acute in cases where people need to travel a greater distance that is potentially underserved by public transport or active travel options.
- 7.3. This section will highlight the objectives of car parking management and strategies for success.

Determining levels of provision

- 7.4. From a buildings and estates perspective, it is important to establish what is required of the NHS board in providing car parking. In this case, reference should be made to [Scottish Planning Policy](#) and the relevant local authority's Local Development Plan (LDP). If considering a new development, levels of car parking provision should be in-line with any minimum requirements from local authority planning or building standards requirements. Additionally, reference should also be made to the guidance set out in Scottish Health Technical Note (SHTN) 02-01 the Sustainable Design and Construction (SDaC) Guide.
- 7.5. A pragmatic approach should be applied to the number of car parking spaces provided and this guidance recognises the need for a certain level of car parking provision. Clearly, accessibility to a site by means other than the car will affect the level of parking provision. However, good car parking management and wider sustainability aims are not mutually exclusive. In fact, they can be said to be complementary. The redevelopment of a car park, for example, allows the application of the SDaC and consideration of the sustainable travel hierarchy, flood risk management, implementation of nature-based solutions, increased greenspace, and inclusion of active travel facilities. The Place Standard Tool (PST), explained in earlier sections, is another useful tool in taking a whole-systems approach to car parking provision and how this relates to aspects such as service design and delivery, site operations, and the locality in which sites are based.

Factors affecting demand

- 7.6. There are a range of factors which can affect the demand for parking on sites, ranging from the type of site, the type of service delivered, through to the location of sites and their

accessibility. The demand will best be met on a site-by-site basis, based upon the number of staff, patients, and visitors at the site and the type of facility.

- 7.7. The location of a healthcare site, and whether or not it is easily accessible by sustainable means, is the largest determining factor on whether car travel is chosen over more sustainable options. In turn, this will also affect the number of parking spaces that need to be provided. Shift patterns are one other important factor to consider as night-shift workers, for example, will not have the same public transport options available to them.
- 7.8. Forced car ownership is another important factor to consider. Research shows that for low-income groups, the costs of owning and maintaining a car often result in deprivation in other areas of their lives, such as fuel poverty and reduced participation in social activities (see ref 5).

Objectives of car parking management

1. **reduce car dependency:** referencing the sustainable transport hierarchy, encourage staff, patients, and visitors to use alternative modes of transportation wherever possible
2. **promote active travel:** increase access to walking, wheeling, and cycling facilities and infrastructure to improve mental and physical wellbeing
3. **enhance environment:** lower emissions, reduce noise pollution, and improve air quality by reducing the number of cars on the road
4. **optimise car parking utilisation:** ensure that available car parking spaces are used efficiently and prioritise essential users

Strategies for successful car parking management

- 7.9. Currently, all NHSScotland car parking is free at the point of use, with little or no managed car parks in the estate. However, whilst this guidance is not proposing the introduction of car parking charges, car parking management is an important and worthwhile intervention in reducing car use and ensuring the success of active travel initiatives. Recent research found (see ref 6) that five car parking intervention types had an impact on more or more elements: car kilometre reduction, modal split, and car ownership. A summary of findings is detailed below.

Table 7.1 - Car parking interventions

Intervention type	Impact (car km)	Impact (modal split)	Impact (car ownership)
1. Parking standards, off-site or non-adjacent provision of residential parking, low-car and car-free housing	Decrease	Positive	Decrease
2. Parking pricing, on- and off-street	Decrease	Positive	Decrease
3. Parking levies	Decrease	Positive	No evidence found
4. Park and ride (see Climate Change website)	Increase	Negative	No evidence found
5. Parking capacity reductions at city or neighbourhood level	Decrease	Positive	No evidence found

Source: ClimateXChange, 2023

- 7.10. Further, analysis of a report commissioned by the NHS Net Zero Travel and Transport Team, NHS England (See ref 7) highlighted a number of key factors in the support of car parking management.
- 7.11. From a review of available literature, the report found that organisations who included some form of car parking demand management in workplace travel planning achieved more than double the reduction in car use of those who had not (18% vs 9%).
- 7.12. However, car parking management (in all its forms) is just one measure which can be taken alone is not the sole solution to addressing car parking concerns. As also found within the report, modal shift does not come from car park management alone and work with local authorities, public transport providers and other is needed. Without this, little success can be expected from active travel interventions.

Assessing and monitoring demand

- 7.13. The following can help boards develop understanding and implement control measures for more sustainable access to sites:

- conduct regular surveys to understand usage patterns and how this correlates with, for example, staff shift patterns and clinical services. Anecdotal site knowledge can also be utilised to inform understanding
- monitor peak usage times and identify areas or times where car parking demand exceeds supply. For example, parking issues may be particularly acute if all clinics commence at 9am and a staggered approach may be more suitable

Implement parking policies and controls

- to promote car sharing, look to introduce dedicated car parking for pool cars on a permit basis

Promote alternative transport options

- ensure site accessibility enables active and sustainable travel in all forms
- develop safe and accessible walking, cycling, and wheeling paths that also enable the creation of good quality greenspace and nature-based solutions
- provide clear information about public transport routes and schedules

Introduce financial incentives

- working with public transport providers, as explained in the next section, offer subsidies or vouchers for discounted public transport
- develop a rewards or incentive programme for staff who commute as sustainably as possible - also known as gamification

Develop a communication and engagement plan

- regularly communicate the benefits of reduced car use and the availability of alternative transport options
- engage with staff and visitors through surveys and feedback mechanisms to understand barriers to sustainable travel

Enhance public transport connections

- work with local transport authorities to improve public transport services to NHS facilities
- implement shuttle services from public transport hubs to hospital entrances

Manage parking demand through technology

- use technology such as parking apps to provide real-time information on parking availability
- implement automatic number plate recognition (ANPR) systems to manage parking enforcement. However, these systems come with cost implications which must be factored into any decision making

Health and environmental benefits

- improved physical health
- encouraging walking and cycling contributes to cardiovascular health, weight management, and overall fitness
- reduced car dependency lowers the risk of sedentary lifestyle diseases
- enhanced mental well-being
- active travel can reduce stress and improve mental health by providing regular physical activity and exposure to outdoor environment
- fewer cars on the road result in lower greenhouse gas emissions, contributing to cleaner air and a healthier environment
- cost savings
- reducing the need for extensive car parking infrastructure can save costs associated with construction and maintenance
- financial incentives for sustainable travel can be more cost-effective than expanding parking facilities

Summary

- 7.14. It is recognised car parking is a contentious issue within the NHS estate. This guidance also recognises that a certain level of car parking is needed and a pragmatic approach must be taken.
- 7.15. However, car parking management is proven to be an effective intervention when encouraging uptake of other more sustainable transport and can be executed in conjunction with other measures listed above to ensure a successful travel plan. It also creates opportunities to fundamentally shift how car parking need is assessed alongside improved sustainability and public health outcomes.

8. Partnership working

- 8.1. Partnership working and collaboration is crucial in the creation and delivery of a successful travel strategy, policy, or plan. It is dependent upon a number of factors and a range of individuals and organisations combining to meet, often, shared aims and objectives. This is especially true in the context of transport management and car parking.
- 8.2. Partnership working can be split into two categories, internal and external collaboration respectively. Real-world examples, outlined below, have demonstrated that a close working relationship with the local planning, Regional Transport Partnerships (RTPs), city regions, and highway authorities can be extremely beneficial for each party to understand the wishes and requirements of the other. This should lead to a better understanding of the purposes of the travel plan and, hence, a more successful plan.

Regional transport partnerships

- 8.3. As noted earlier in the document, the role of RTPs is to strengthen the strategic planning and delivery of regional transport developments. This regional, holistic approach including working closely with local authorities and third sector organisations, means good partnership working with RTPs is recommended. A list of RTPs and the respective NHS boards they cover is listed below:

- [Shetland Transport Partnership](#) (ZetTrans)
 - NHS Shetland
- [Highlands and Islands Transport Partnership](#) (HITRANS)
 - NHS Highland
 - NHS Western Isles
 - NHS Orkney
- [North-East of Scotland Transport Partnership](#) (NESTRANS)
 - NHS Grampian
- [Tayside and Central Scotland Transport Partnership](#) (TACTRAN)
 - NHS Tayside
 - NHS Forth Valley (in part)
- [South-East of Scotland Transport Partnership](#) (SESTRAN)
 - NHS Fife
 - NHS Forth Valley (in part)
 - NHS Lothian
 - NHS Borders

- [Strathclyde Partnership for Transport \(SPT\)](#)
 - NHS Greater Glasgow & Clyde
 - NHS Lanarkshire
 - NHS Ayrshire & Arran
- [South-West of Scotland Transport Partnership \(Swestrans\)](#)
 - NHS Dumfries and Galloway

8.4. Each NHS boards' approach may differ slightly and will depend on the location of services, offices, or accommodation offered. In that instance, NHSScotland Assure should be contacted for further advice.

Local authorities

8.5. Typically, RTPs will have established connections with relevant local authority partners. If these connections are not already in place from a sustainability perspective between the NHS board and local authority, consider leveraging the connections within RTPs to liaise with them as required on all aspects of sustainability and wider transport and travel aspects.

City regions and public and community transport providers

8.6. Using RTPs as a 'conduit', NHS boards should also consider how they can work with local public transport providers to develop shared solutions to transport problems. In some cases, RTPs are also operators of public transport options, such as the Glasgow Subway, managed by SPT. The NHS is a large employer across Scotland and its staff, patients, and visitors will contribute significantly to public transport utilisation through the need to attend work, attend appointments, or visit NHS sites.

8.7. Further, by including other groups of stakeholders such as those responsible for city regions or grow deals (see [Scottish Government website](#)), a 'critical mass' for success can be more easily achieved. The six City Region Deals in Scotland are:

- [Glasgow City Region](#)
- [Aberdeen and Aberdeenshire](#)
- [Inverness and Highlands](#)
- [Edinburgh and South East Scotland](#)
- [Stirling and Clackmannanshire](#)
- [Tay Cities](#)

8.8. A recent [Workforce Mobility Project](#) undertaken as part of The Edinburgh and [South East Scotland City Region Deal](#) shows the benefits of working collaboratively across regions.

The Workforce Mobility Project aims to work across sectors and enable the reduction of transport barriers to employment, training, and further education across the region. Also included as part of the project was a review of bus networks within the Scottish Borders. There is significant transport poverty in the Scottish Borders with limited access to public transport and transport spend equating to circa 20% of the average household income compared to circa 9% in urban areas (see ref 8). Through engagement with the Workforce Mobility Project, the following outcomes were achieved:

- increased bus frequency of 20 minutes to Borders General Hospital
- early morning and evening town services
- a demand-based network
- taxi-bus services to remote rural locations
- a benefit cost ratio of 8:1

8.9. Adopting a networking, collaborative approach allows for more effective communication between organisations and an increased likelihood for success of a travel strategy, plan, or policy. A travel plan has more opportunity for success if undertaken as part of a community-wide approach, rather than attempting work in isolation.

Internal partnerships and governance

8.10. As mentioned in Section 7, internal partnerships including senior engagement are crucial in the formation of a travel plan, policy, or strategy. Good governance in this respect is recommended and may be included as part of the NHS boards' sustainability workstream governance or equivalent. For example, a specific sub-group focussed on transport and active travel may exist, with clear roles and responsibilities.

8.11. Multiple stakeholders should be included in the formation of any subgroup to ensure organisational buy-in, alignment of strategies and priorities, and different experiences and perspectives. Recommended stakeholders for inclusion are as follows:

- Executive Sustainability Lead or Sustainability Champion
- Estates and Facilities Lead
- Sustainability Manager/ Officer
- trade union/ staff side representatives
- clinical representatives (if not captured as part of the Sustainability Champion role)
- public health representatives
- health improvement representatives, or equivalent
- equality and diversity representatives

- 8.12. Please note, this is not an exhaustive list of representatives and should be used as a guide depending on individual NHS board needs, requirements, and resourcing capabilities.

9. Other sources of information

9.1. Links to useful information and further reading are linked below:

- [National Planning Framework 4 \(NPF4\)](#) - Scottish Government website
- [Transport Assessment Guidance](#)
- [Scottish Planning Policy \(SPP\)](#) - Scottish Government website
- [Scottish Health Technical Note \(SHTN\) 00-02](#) (nhs.scot)
- [National Transport Strategy](#)
- [Strathclyde Regional Bus Strategy](#)
- [Network Planning Tool \(NPT\) Scotland](#)

Abbreviations

CTA:	Community Transport Association
DL:	Director Letter
DPIA:	Data Protection Impact Assessment
EIA:	Equality Impact Assessment
EST:	Energy Savings Trust
EV:	Electric Vehicles
GDPR:	General Data Protection Regulation
HITRANS:	Highlands and Islands Transport Partnership
LDP:	Local Development Plan
NESTRANS:	North-East of Scotland Transport Partnership
NPF4:	National Planning Framework 4
NPT:	Network Planning Tool
ONS:	Office for National Statistics
PM:	Particulate Matter
PST:	Place Standard tool
RTP:	Regional Transport Partnership
SDaC:	Sustainable Design and Construction Guide
SESTRAN:	South-East of Scotland Transport Partnership
SHTM:	Scottish Health Technical Memorandum
SHTN:	Scottish Health Technical Note
SIMD:	Scottish Index of Multiple Deprivation
SLWG:	Short Life Working Group
SMART:	Smart, Measurable, Achievable, Relevant, Time-bound
SNBTS:	Scottish National Blood Transfusion Service
SPT:	Strathclyde Partnership for Transport
Swestrans:	South-West of Scotland Transport Partnership

TfL: Transport for London
WHO: World Health Organisation
ZetTrans: Shetland Transport Partnership

References

1. [Poverty and Income Inequality in Scotland 2022-23](#)
2. Poor Health is Widening Health Gaps - [Public Health Scotland](#)
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